



THE SHARE II STORY BOOK



Celebrating
our Successes
and Sharing
our Stories



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TABLE OF CONTENTS

1

INTRODUCTION

5

STORY 1

Girls for Change:
A Community Supports
its Children

7

STORY 2

Standing Up and Being Counted:
HRH Chief Nalubamba
Stands in for a Missing Generation

9

STORY 3

Repealing an Act:
Deceased Brother's Widow's
Marriage Act of 1926

11

STORY 4

If You Build It, They Will Come:
Agriculture and Other Services Come
to Chikanta Chiefdom

13

STORY 5

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

15

STORY 6

A Stronger Healthier
Mukuni Leya
Youth

17

STORY 7

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

19

STORY 8

Learning from the Stars:
Zambia's Musicians Connect
with Youth on HIV/AIDS

21

STORY 9

Defeating the Crocodile:
HIV/AIDS Messages Incorporated
into the Ubuilile Traditional Ceremonies

23

STORY 10

A Fresh Take on an Old Partnership:
Trade Unions, Employers and Farm Employees
Join Hands to Fight HIV

25

STORY 11

If Justice be Blind, Let Justice
be HIV-Competent: The Case of the
Judiciary in Zambia

27

STORY 12

Standing Together Against Poverty
and HIV: The Nsongwe Community
Garden Association

29

STORY 13

Speaking the Same Language:
Empowering DATFs through Creation
of the District Coordination Toolkit

31

STORY 14

Informed HIV Leadership
Changes Mindsets: Mushili Mosque
Addresses HIV

33

STORY 15

Catch Them Young!
Lusaka DATF Rises to Challenge HIV Stigma
and Discrimination in Schools

35

STORY 16

Culture vs. Science:
Halting Efavirenz Misuse and
Preventing HIV

37

STORY 17

"We the People": A Community-driven
Process Changes Long-standing
Cultural Norms

39

STORY 18

Living Policies: MAL Implements its HIV/AIDS
and Wellness Policy and Reaches Staff
and Farmers

41

STORY 19

Stepping Up: Chieftainess
Shimukunami Fights HIV Through
HIV Policy Decrees

43

STORY 20

Leadership Behind Bars: Inmates
at Zambia's Maximum Security Prison
Join the Fight Against HIV

45

ACKNOWLEDGMENTS

46

PARTNERS

INTRODUCTION

This Story Book features some of the successful interventions supported by SHARe II, a project funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by John Snow, Inc. (JSI) and its partners, that have impacted the lives of Zambians over the past five years. SHARe II's reach is very broad; the project reaches over one million beneficiaries. SHARe II and its partners have implemented many successful interventions, but only a few of the project successes are highlighted in this booklet. The successes that are not featured in the booklet have had equally important impacts in the national HIV response and the lives of Zambians; they will be highlighted in other end of project documents.

SHARe II is a five-year period running from November 9, 2010 through November 4, 2015, and is funded by PEPFAR through the United States Agency for International Development (USAID). The project has been implemented by JSI in collaboration with consortium partners: Initiatives Inc.; LEAD Program-Zambia; Zambia Interfaith Networking Group (ZINGO); Zambia Health Education and Communication Trust (ZHECT) and the former Zambia AIDS Law Research and Advocacy Network (ZARAN). In addition SHARe II provided sub-grants to the Livingstone Tourism Authority (LTA); Network of Zambians Living Positively (NZP+); Independent Churches of Zambia (ICoZ); Grassroots Soccer Zambia (GRS); and Serenity Harm Reduction Programme Zambia (SHARPZ), to implement specific program activities towards the attainment of SHARe II project goals and objectives.

The purpose of the SHARe II project is to support and strengthen the multi-sector response to HIV/AIDS and contribute to USAID/Zambia's achievement of its Country Development Cooperation Strategies (CDCS), specifically to reduce the impact of HIV/AIDS through a Multi-Sector Response. SHARe II builds upon successes, innovations and best practices, including those from the predecessor SHARe project (2004-2010), and works through strategic coalitions



“At SHARe II, we are catalysts. We come in and potentiate the work our partners are doing—we catalyze—and then we leave them to carry on. We pass on the baton.”

—DR. MICHAEL CHANDA, SHARE II DEPUTY CHIEF OF PARTY ON THE ROLE OF SHARE II

and partnerships with stakeholders to support Zambia’s HIV response efforts, and thus contribute towards the attainment of Zambia’s vision of a ‘nation free from the threat of HIV/AIDS’.

The mission of SHARe II is to serve as a catalyst in the development of a sustainable HIV/AIDS multi-sectoral response at all levels, through innovative leadership involvement; an improved policy and regulatory environment; effective structures for coordination, collaboration and technical support; and enhanced workplace programs, to reduce the impact of HIV/AIDS in Zambia. The project’s vision is ‘an enabling environment that supports an equitable and sustainable HIV/AIDS multi-sectoral response at all levels’. By design 70% of SHARe II program activities contributed to the ‘health systems strengthening’ PEPFAR program area, while 30% contributed directly towards the ‘HIV prevention’ PEPFAR program area. SHARe II interventions create an enabling HIV response environment, promote HIV care and treatment, and prevent new HIV infections, including creating demand for prevention of mother to child transmission (PMTCT), antiretroviral therapy (ART), and voluntary medical male circumcision (VMMC) services, HIV testing and counseling (HTC), and condoms. The following are the four SHARe II objectives or tasks:

OBJECTIVE 1: Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment

The goal of achieving universal access to HIV prevention, treatment, care and support in Zambia cannot be attained in a sub-optimal HIV-related policy and regulatory environment and where HIV leadership is inadequate. In an enabling policy and regulatory environment leaders speak openly about HIV and support HIV programming, and the laws and policies make it easier for implementers of HIV-related services to offer their services freely and objectively, and for PLHIV and others to access these services freely.

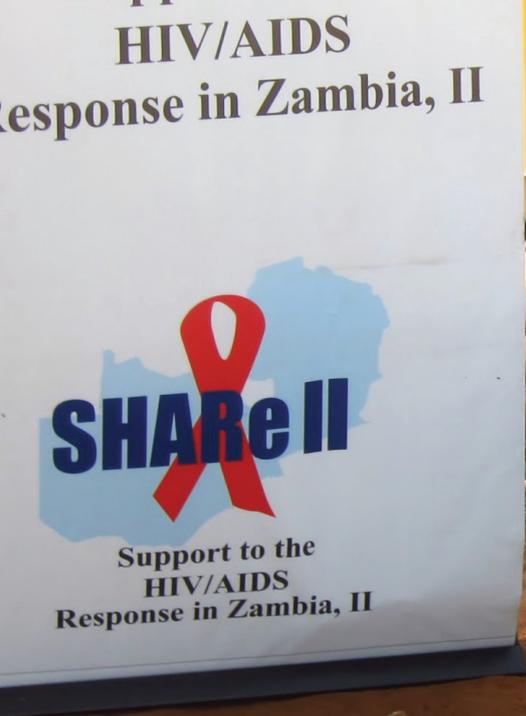
SHARe II works with political, traditional, religious and other influential opinion-leaders (musicians, sportsmen, etc.) using tailored packages of interventions to increase their leadership of and participation in the national HIV response. SHARe II also works under the overall leadership of GRZ to strengthen the capacity of legal and policy players and entities to formulate and implement HIV-related laws and policies.

As part of this support SHARe II has trained over 87% of Zambia’s magistrates in HIV-related case management, ensuring that the judiciary in Zambia is HIV-competent. SHARe II has also supported partner chiefdoms to strengthen chiefdom health systems and chiefdom HIV responses, leading to greater uptake of HIV-related services including PMTCT, ART, VMMC, condoms, and HTC, driven by correct messaging by the leaders, with Chiefs and Headpersons leading by example.

OBJECTIVE 2: Strengthen organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response

SHARe II provides technical assistance to strengthen the capacities of HIV coordinating structures. We work with the National AIDS Council (NAC) and its decentralized structures and selected umbrella civil society organizations to strengthen their capacity to coordinate, manage and implement the national HIV response. This is done through provision of technical assistance, expansion of successful evidence-based interventions and use of best practices across sectors, as well as advising on resource mobilization.

This technical support was critical in the revival of the PLHIV response through the Network of Zambian Living with HIV and AIDS (NZP+) and in strengthening district HIV response coordination by linking District AIDS Task Forces (DATFs) to local sources of funding, including local government sources. By providing technical support to DATFs to host



stakeholder forums SHARe II contributed significantly to improvements in district HIV response coordination and joint planning.

OBJECTIVE 3: Strengthen and expand HIV/AIDS workplace programs

SHARe II works with both the public and private sectors to expand access to workplace HIV programs and strengthen linkages and referral systems with community-level partners and implementers. SHARe II also works with selected partners in the informal sector to reach workers running small scale businesses through workplace-based HIV programs. Through this work, SHARe II and its partners expand access to HIV prevention, care, support and treatment services for employees, dependents, and

defined outreach communities. SHARe II has met all the life of project (LOP) PEPFAR targets, largely through Objective 3 activities.

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

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



Across all four project objectives, SHARe II and its partners ensure that sustainability, to the extent possible, is built into project interventions. As SHARe II comes to an end, we are confident that many of the successful interventions, those featured in this booklet and many others not featured, will continue within our partner communities and organizations. Our role as earlier highlighted was to catalyze. SHARe II has successfully passed on the baton; the many Zambian partners and leaders we worked with will continue to spearhead and respond effectively to HIV/AIDS in Zambia. ■

PEPFAR/USAID-FUNDED SHARE II project provides capacity-building and support to influential leaders (such as religious leaders, magistrates, chiefs and musicians) to increase their participation in Zambia's HIV/AIDS response, equipping them to be effective HIV/AIDS change-agents; supports the formulation and review of HIV-related policies and laws to improve the legal and policy environment; strengthens the capacity of civil society, District AIDS Task Forces, and other structures to coordinate and implement HIV interventions; expands access to quality workplace HIV/AIDS programs in the public, private, and informal sectors; and supports collaborative efforts in the national HIV/AIDS response.



GIRLS FOR CHANGE:

A Community Supports its Children

“**G**irls for change! Girls for change! Girls for change!” a group of adolescent girls chant, triumphantly waving their certificates in the air. Their celebration marks an enormous feat achieved by these young girls of Simoonga Basic School, which teaches grades one through nine: not becoming pregnant in 2012. The success of the Girls for Change Campaign, supported by the PEPFAR/USAID-funded SHARe II project, was the result of a behavioral and attitudinal shift within the Simoonga community, and the determination of a group of girls to make better decisions for their lives.

Simoonga village, a poor settlement community on the outskirts of the tourism capital of Zambia, Livingstone, is a SHARe II outreach community; five SHARe II-supported Tourism HIV/AIDS Public-Private Partnership (PPP) partners draw their workers from Simoonga. A major problem identified by both the PPP partners and the community was the high rate of teenage pregnancies among school-going pupils, which signifies a high rate of unprotected sex, and thus a high HIV risk. HIV is a particularly pressing issue in this region of Zambia: the adult HIV prevalence in Livingstone is 25.3%, almost twice the national average of 13.3%.

Concerned, SHARe II engaged its PPP partners, the Simoonga community, and Simoonga School in dialogue, and learned that Simoonga’s only basic school had a high dropout rate due to teenage pregnancies and teenage marriages among girls. With only 150 female pupils, 24 girls became pregnant between 2008 and 2010, including an all-time high of 11 pregnancies in 2011 alone.

The community largely attributed this high rate of pregnancy and early marriage to the traditional counselling provided to girls during rites of passage initiation training and ceremonies at puberty, which teaches young girls to value the role of women in reproduction and prioritize their role in the home above all else. Such messages are very powerful in molding young girls’ thinking and behavior; many conform

to the teachings and get pregnant and/or dropout to marry shortly after initiation. Over the next few months, SHARe II worked with the PPP partners, the community, and the school, and provided technical assistance to design a locally owned multi-level intervention to address the problem, which was implemented by community mobilizers from Simoonga who were trained by SHARe II.

Obtaining Community Buy-in: Trained mobilizers met with traditional leaders—the custodians of local norms and traditions—and community members to discuss how early marriages and teen pregnancies negatively impact community development and health. Girls who get pregnant must drop out of school, and are more likely to have miscarriages and other complications. While educating boys is equally important, returns on educating girls are particularly high in the areas of health outcomes and health status for the family, and in child education. The traditional leaders agreed and unanimously decided to change community norms and discourage early marriages and teen pregnancies.

Technical Support to Traditional Counselors: With community concurrence, the mobilizers respectfully engaged the traditional counselors and worked with them to include open discussions on sexuality, HIV/AIDS and respectful gender relations in their instructions. With the community solidly behind them, the traditional counsellors felt empowered to discard some age-old teachings and traditions that put young women at risk for HIV/AIDS and early pregnancy and adopt more inclusive instruction that also addresses health risks and empowers girls to have self-esteem and make positive assertive decisions.

Simoonga School Program: The teachers and mobilizers facilitated school-based discussions for pupils focusing on HIV and pregnancy prevention, as well as the consequences of early marriages. Male and female students received information and support around self-respect, self-worth, abstinence, respectful gender relations and the importance



Students at the Simoonga Basic School, near Livingstone, Zambia, hold certificates to mark their successful completion of the “Girls for Change” Campaign.

of education. For their part, the grade nine girls initiated the Girls for Change Campaign in 2012, with the slogan “My last sexual encounter was the last one until I finish school” which they would recite every morning at the beginning of class, vowing to stop engaging in sexual activities, remain in school, and focus on their education.

Securing a Brighter Future: With the entire community’s support behind them, none of the grade nine girls fell pregnant in 2012—a first in many years—and the girls capped off their campaign by performing highest in the class! As of June 2015, the school is on track to repeat its success in preventing teen pregnancies and early marriages for a fourth successive year.

Mrs. Mbewe, a school guidance teacher, wants this model of collaboration between parents, community leaders, the school and other stakeholders to be replicated: “Now I want this school to teach other schools!” The headmaster agrees, stating: “The future of this nation depends on how we bring up our children; we all have a stake in the matter.”

Thanks to a SHARe II-supported participatory process that was led by community members themselves, Simoonga village has unified behind the goal of reducing teenage pregnancies and early marriages, improving prospects for the future of its daughters. ■

STANDING UP AND BEING COUNTED:

HRH Chief Nalubamba Stands In for a Missing Generation

Under a shady tree in front of a half-finished self-help community school, the people of Shikalapu village with pride and happiness danced and sang. They outlined the developmental projects they had undertaken since 2009, when the Mbeza Chiefdom development strategic plan developed with SHARe technical support under the visionary leadership of His Royal Highness (HRH) Chief Nalubamba, was launched. In attendance were representatives from the Government of Zambia (GRZ), NGOs, and other visitors.

The devastating story of HIV/AIDS is written in bold print for all to read in the demographic of the people gathered. There are numerous young adults under 30, a large crowd of children, many of them infants in the arms of young mothers 15-24 years, a good number of elders over 60, but an entire generation is clearly missing; the 30–60 year olds. Only a handful are there in this gathering, including Chief Nalubamba. Most are no longer with us – they have died from HIV/AIDS.

Mbeza Chiefdom, located in the heart of Illaland in Namwala District, is serious cattle country. The people of Mbeza may look very simple and ordinary, but if you scratch the surface, beneath this veneer, you will find a quietly wealthy people with over 50% of households that count their heads of cattle in several hundreds, with some owning thousands. When the people of Mbeza in their praise songs call their chiefdom ‘the land of milk and honey,’ they mean it literally. If you care to ask, they will show you their herds of cattle. And if

you also ask, they will show you the graveyards dotted around the countryside that tell the sad story of HIV/AIDS in this proud chiefdom, where many of the mothers, fathers and children of the chiefdom are buried. This side of the story of Mbeza is the story of Zambia – it is repeated in chiefdom after chiefdom across the country – it is the story of the devastating impact of HIV/AIDS in Zambia, where adult HIV prevalence is 13.3%.

And so when it is his turn to speak, Chief Nalubamba discards the aura of royal authority that ordinarily surrounds him. Instead, the Chief stands in for this missing generation and speaks to the young adults gathered today, like a father speaks to his children. He counsels on the need to work hard, starting from the household level, to ensure no one in Mbeza Chiefdom lives in poverty. Having been trained by SHARe II in HIV messaging together with other chiefdom leaders, he confidently addresses the issues of HIV/AIDS, gender-based violence, and early marriages, encourages men to treat their wives with love and respect. He reiterates the message about fighting poverty, because it is not only a driver of HIV, is also a driver of many other ills. He congratulates the village for their developmental achievements and using a local proverb, reminding them that, “One who does not plan and waits to react to events is a fool.” He assures them that with their strategic plan and their hard work, Mbeza will continue to develop, and become a proud and healthy chiefdom again. The young men and women in the crowd, many of them fatherless, listen intently to him, and one can tell that they truly appreciate the words of wisdom



Chief Nalubamba stands in for a missing middle-age generation and counsels his young people, about fighting poverty and HIV/AIDS, and acceptable gender norms.

that are coming from their leader and that they revere him the more because of the choice he has made to be both parent and royal leader to them.

In Mbeza Chiefdom, the operationalization of the chiefdom strategic plan, which integrates HIV, has led to the evolution of Strategic Villages (SVs) which serve as hubs of development and local responses to HIV. The ethos in the SVs is that even when central government resources are not forthcoming, life in the chiefdom must go on and developmental progress must be made. The SVs are undertaking development projects, based on the strategic plan, including building community schools and clinics, maintaining community granaries, and improving road networks – all through self-help projects. When it is his turn to speak Senior Headman Shikalapu, one of the over-60 sages present, also talks to his people and leads by example to change gender norms that are normally biased towards condoning male aggression. He does this by openly and repeatedly praising his wife and the other women of Shikalapu village for their intelligence, their diligence, their beauty, and their participation in village decision-making. He declares that in his village there is no room for gender-based violence and encourages younger men to treat their wives with love and respect. “If you do that,” he says, “HIV will be a thing of the past in our village and we will prosper.”

“The Chief encourages younger men to treat their wives with love and respect.”

In his remarks, a representative from World Vision lauded the chiefdom’s progress: “Let me confess to SHARe II now – when I was writing the proposal for HIV community work in Mbeza chiefdom, I just lifted the section on HIV from the Mbeza Development Strategic Plan, sent it to World Vision USA, and it was fully funded. Now we are implementing programs, including those aimed at helping vulnerable children to meet their basic needs, chiefdom-wide. It is such a pleasure to work with an organized community like Mbeza – all you have to do is buy into their plans!” The response from SHARe II? “No need to be apologetic, that was the plan all along!” ■

REPEALING AN ACT:

Deceased Brother's Widow's Marriage Act of 1926



Community dialogue on the Deceased Brother's Widow's Marriage Act in Mbeza Chiefdom.

“In 2011, a week after burying my husband, I was inherited and I became the third wife to his older brother... he did not even like me, this man, but my husband had a lot of cattle,” reported a widow in Southern province during a key informant interview. “Of course his two wives were also not happy that I was joining this marriage. To punish and humiliate me, he made me sleep next to a pile of my dead husband’s clothes for many months, but you know I actually gained some comfort from that familiar pile of old clothes,” she notes with a sad smile.

Chapter 57 of the Laws of Zambia, the Deceased Brother's Widow's Marriage Act (DBWMA), states that *“No marriage heretofore or hereafter contracted between a man and his*

deceased brother's widow within Zambia or without, shall be deemed to have been or shall be void or voidable, as a civil contract, by reason only of such affinity.” By allowing a surviving brother to marry his deceased brother's widow, this law essentially legalizes widow inheritance and therefore has an impact on the country's HIV/AIDS-related legal framework.

Widow inheritance has long been reported among almost all tribes in Zambia, both patrilineal and matrilineal. It is called *kukena mwandu* in Lozi, *kunjilila mung'anda* in Tonga, *ukupiana* in Bemba, *chokolo* in Nyanja, and *kuswana* in Kaonde. There are a few exceptions such as the Luvale and Lunda for whom the practice, though allowable by law, was

never a traditional norm, and therefore not practiced. Among the practicing tribes, a widow can be inherited by her deceased husband's brother, presumably so that she and her children can be cared for by family. However, widow inheritance is often a means for the family to gain control of a man's property upon his death. Widows, particularly in rural communities, are not always accorded the opportunity to give informed and voluntary consent to the type of marriages protected under this law. They tend to be viewed as property that the deceased man had "acquired." Using the provisions of the DBWMA, a surviving brother can thus force their deceased brother's widow into marriage, causing emotional and psychological harm to the widow and her children, and often socially and financially disadvantaging them and putting all parties involved at greater risk of HIV infection.

Although the DBWMA has been around for over 90 years, the real world impact of the law on Zambian women was unexplored. In 2013, therefore, SHARe II partnered with the Zambia Law Development Commission (ZLDC) to conduct a feasibility study on repeal or maintenance of this Act. The ZLDC has a parliamentary mandate to conduct research and make recommendations on the amendment or removal of weak and/or archaic legislation. The study focused on traditional leaders and community members in Zambia's chiefdoms. Chiefs and other traditional leaders in Zambia are the custodians of customary law and norms; they are respected and have enormous power to influence individual behavior within their chiefdoms. They are thus well-positioned to discourage harmful cultural practices such as early marriages, sexual cleansing after the death of a spouse and widow inheritance, which mostly take place in rural areas. However, traditional leaders are unable to legally ban widow inheritance in their communities due to the presence of the DBWMA, since statutory law takes precedence over customary law in Zambia.

The feasibility study was conducted in 44 chiefdoms in all 10 provinces of Zambia. Of the 42 chiefs interviewed 40 (95%) supported repeal of the DBWMA, confirming that the law hampers their efforts to curb widow inheritance in their chiefdoms. Of 727 other key informant interview respondents, 665 (91.5%) supported repeal of the law. In addition, 48 focus groups were conducted with local leaders from faith-based organizations, local government and traditional structures, and 90% of the respondents reached through focus group discussions and public gatherings—including more than 309 village headpersons, 22 judges and magistrates, 63 civil society and faith-based organization leaders, 56 local authority leaders and over 4,402 ordinary Zambians—supported repeal of the Act.

During the feasibility study, SHARe II and ZLDC also collected information on the real-world impact of the DBWMA and widow inheritance practices. These findings showed that most women in communities where widow inheritance was practiced were economically dependent on their husbands and if widowed have little choice but be inherited upon their husband's death. For a widow, lack of economic and social power translates into disempowerment during this subsequent marriage, reducing their social standing and putting them at significant risk of gender-based violence and HIV infection. Most widows reported that the process of being inherited could be degrading and humiliating. In most cases, women were not given the right to make choices on what type of life they would lead after the death of their spouses, and were treated as mere property rather than human beings who deserve to be treated with dignity and respect. Some inherited widows were forced to start living and sleeping with someone they would otherwise not have chosen to be with.

Due to the overwhelming support for repeal of the DBWMA—from government, traditional, community and religious leaders, as well as community members—SHARe II and ZLDC can confidently conclude that the consensus on the ground is that the DBWMA should be repealed in order to facilitate a supportive legal environment for HIV prevention, gender equity and equality, an respectful gender norms. ■

HARMFUL EFFECTS OF THE DBWMA

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

IF YOU BUILD IT, THEY WILL

Agriculture and Other Services Come to Chikanta

The people of Chikanta Chiefdom had never seen anything like it before. They watched in amazement as enormous trucks with 40-foot containers—loaded with fertilizers, seeds, pesticides, and other agricultural products—rumbled into their chiefdom, covered in dust from their long drive down dusty potholed backcountry roads. Thousands of chiefdom residents, most of whom are small-scale farmers, converged on the makeshift fairgrounds, swarming agriculture vendors' tables and grilling them for information about their products, and buying inputs for the next farming season.

Two years earlier, such an event had not seemed possible. In July 2011, SHARe II was in Chikanta at the Chief's invitation to conduct a developmental and HIV baseline assessment, and found a chiefdom grappling with high poverty levels, poor agricultural productivity, high HIV rates, and other challenges, with no clear roadmap for tackling these challenges. A week later, chiefdom leaders and residents, led by Chief Chikanta—with technical support from SHARe II—were hard at work creating a roadmap to end poverty, and deal with HIV/AIDS, illiteracy, gender inequities, and other challenges.

On November 10, 2012, Chief Chikanta stood tall and proud with his people as the *Chikanta Chiefdom Development Strategic Plan: 2012-2016* was launched by the Republican Vice President, His Honor Dr. Guy Scott, at Chungu Palace in Chikanta Chiefdom. The strategic plan, which integrates HIV and gender as developmental issues, is intended to foster development for this rural chiefdom. In Zambia, almost 80% of the country's eight million rural residents live in poverty; nationwide, 13.3% of adults are living with HIV; and poverty is a major underlying driver of the HIV epidemic. With limited central government resources, chiefdoms like Chikanta have had to take charge of their own development agenda to fight poverty and poverty-related ills such as HIV, and improve their people's living standards.

The Chikanta strategic plan identified agriculture as the chiefdom's economic mainstay, highlighting increased productivity, improved marketing, value-addition and equitable participation as key focus areas for growth. However, there were major challenges: the roads into Chikanta were very bad and farmers had great difficulty accessing agriculture inputs/resources from the closest towns over 100 km away, telecommunication and electricity infrastructure was limited, and there were no banks in the chiefdom. However, Chikanta Chiefdom also had a few things going for it: good fertile soils, above average rainfall, and hardworking people. It also had one trump card: a chief determined to improve life for his people. Recognizing the difficulties and high costs of buying and transporting agricultural inputs and products on the chiefdom's poor roads—and realizing that no one else would drive the development of his chiefdom except he and his people—Chief Chikanta sought guidance from the chiefdom's strategic plan.

Drawing from the plan, he contacted agriculture and health stakeholders (identified in the strategic plan) and invited them to a fair, in the remote, hard-to-reach Lutente village, in order to give Chikanta farmers access to products/resources that could improve their crop-yields, incomes, and health, on their doorsteps. Now, Chikanta chiefdom had never held a fair of any kind, but the chief firmly believed that if he called them, the stakeholders would come. The fair was announced far and wide, and his people trooped to the fairgrounds in thousands to witness this novelty, not really believing anyone else would come. To their amazement, the stakeholders came!

Nine agricultural companies brought containers loaded with inputs to sell at the fair, and four decided to open up permanent shops in the chiefdom! Just like that, Chikanta farmers now no longer had to travel hundreds of kilometers and pay high prices to buy and transport agricultural inputs; they could buy them right there in Chikanta! One bank, which typically only offers services in major towns, allowed farmers to open accounts for as little as K10 (\$1.50).

COME: Chiefdom

Agricultural company SEED.CO sets up at the Chikanta fair in front of a truck loaded with seed and fertilizer.



The bank stand was overwhelmed with hundreds of eager farmers opening their first-ever bank accounts, giving them access to loans and investments, greater cash security and other financial options.

HIV/AIDS has had a devastating impact on this agricultural chiefdom. HIV/AIDS-related deaths and illnesses have etched grief into the very fabric of the chiefdom, reduced household productivity, diverted limited household resources to treatment, left behind hundreds of orphans, and impoverished many. SHARe II provided HIV testing and counseling services at the fair. Hundreds of people were counseled and tested, received their test results, and were linked to appropriate HIV prevention, care and treatment services.

Most impressive were the people of Chikanta who attended the fair, quite obviously very serious farmers. In fact a popular saying in Chikanta goes, "In Chungu we do not often look smart; if you see a very smartly dressed person they most likely are a visitor" meaning, farmers are often dirty from their labors in the fields, but they are nonetheless proud to be farmers. They asked intelligent questions about the various agricultural products offered, making decisions about what would most suit their farming activities, and buying the inputs required.

Chief Chikanta has been on an aggressive campaign to market the chiefdom strategic plan and engage stakeholders to partner in his chiefdom's development. Since 2012, he has been invited to attend many meetings in Zambia and abroad. As keynote speaker at a World Bank meeting, he remarked, "We villagers are not afraid of hard work – partner with us to improve our roads, electrify our rural areas, and guide us on the 'how-to' – then leave the rest to us and we will work hard to drive our own development."

Chief Chikanta and his people—through the *Chikanta Chiefdom Development Strategic Plan 2012-2016*, facilitated by SHARe II—are empowered to initiate and drive the development of their chiefdom, reaching out to developmental partners locally, nationally, and even internationally. In the Chikanta Chiefdom of today, agriculture productivity is up; HIV is being addressed; there is a greater push for gender equity; education for both girls and boys is prioritized; road and communication infrastructure is being improved; and plans for connecting the chiefdom to the national electricity grid to give a further boost to farming productivity are at an advanced stage. The chiefdom dared to plan, and now largely controls its own destiny. ■

Chief Chikanta addresses his people at the Chikanta agriculture and health fair.



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 low-income compounds on the fringes of the capital city.

SHARe II has been working with NZP+, the national organization mandated to coordinate and manage the HIV 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 response to the HIV epidemic in Zambia. The effects of this support and strengthening at the secretariat level have permeated down to the district level, and down even to Mwelwa's local support group. Previously, 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 response.

NZP+ has more than 100,000 members and 4,500 support groups nationwide. However, for many years NZP+ has struggled to carry out its mandates. Limited resources and inadequate management systems at the national level resulted in poor performance. The decline in the functioning of NZP+ was not only felt internally, it had far reaching consequences on the effectiveness of the national HIV response. A national HIV response that does not take into consideration the views and needs of PLHIV—of which there

are an estimated 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 response.

SHARe II provided technical assistance to NZP+ to strengthen its capacity to coordinate the PLHIV response to HIV, including developing strategic and operational plans. The two plans have been very helpful to NZP+ in its efforts to mobilize resources to operate effectively again. At the heart of NZP+ are its PLHIV support groups, a safe space for PLHIV, where they can obtain information, share experiences, promote positive health, dignity, and prevention, and plan for joint action. Support groups also encourage PLHIV to contribute to the HIV response through awareness creation, information dissemination, referral, and most importantly, HIV prevention.

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 antiretroviral therapy (ART), and had to be put on a more intensive second line treatment as a result, 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 helped form five support groups. “In our support groups we talk about the importance of adherence. I tell them my story,” says Mwelwa of her more difficult second-line treatment regime involving three pills taken twice daily.

Mwelwa also carves out time in her schedule to mentor youth 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.”

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

SHARe II has strengthened NZP+, assisting the organization in the development of a strategic direction that not only addresses the advocacy needs of PLHIV, but also asks that PLHIV lead the HIV prevention response. Mwelwa’s outlook perfectly embodies this concept, “As people living with HIV, 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.” ■



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

“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.”

—Mwelwa Chibuye

A STRONGER HEALTHIER

Mukuni Leya Youth

On a sunny March day in Chibule village in Munokalya Mukuni Chiefdom, Dorothy Simasiku—clad in her school uniform—stands in the shade of her classroom quietly nursing her baby. Nearby, Dorothy’s mother, Beauty, who brought the baby to school for breastfeeding, is watching the pair intently. Beauty makes the trek on foot to and from school twice a day so that her granddaughter can feed because the family cannot afford infant formula for the baby. Dorothy became pregnant at the age of 15 years and dropped out of school. Her circumstances changed when SHARe II-trained Mukuni leaders (*balaya* – responsible for socializing the young) spoke to her and other youth about their plans and hopes for healthy, educated, strong, and resilient youth who will provide leadership and contribute positively to tomorrow’s world, not only in Mukuni, but also in Zambia and internationally.

Mukuni leaders believe that they are, to some degree, complicit in Dorothy’s predicament—if they had put in place a more supportive environment, Dorothy and others in similar situations might have made different choices. Taking a “better late than never” approach, they are now acting to prevent previous omissions and mistakes. Groups of trained leaders are making the rounds in each of the 284 villages of Mukuni chiefdom talking to parents—the gatekeepers—about the need to preserve the future of Mukuni Chiefdom by safeguarding the lives of the chiefdom’s youth. Then they talk to the youth and tell them they are the chiefdom’s future and that the chiefdom values them. They provide education on HIV; sexual reproductive health (SRH); gender norms, gender-based violence (GBV), and respectful gender relationships; the importance of education; the culture and traditions of the Leya people of Mukuni; the duties and responsibilities of parents and other adults in the socialization of chiefdom youth; and the responsibilities of the chiefdom youth to remain healthy and to be educated, so that they can help to build a strong and proud Leya Chiefdom.

HIV prevalence in Livingstone, Zambia’s tourism capital—around which most of Mukuni Chiefdom is located—is 25.3% among adults, which is considerably higher than

Dorothy Simasiku, 17, nurses her daughter outside Ng’andu Basic School.

the national prevalence of 13.3%. The chiefdom has buried hundreds of its people, young and old, over the past three decades as a result of HIV. The chiefdom leaders identified the erosion of Mukuni Leya culture and traditions—particularly among the young—as a key driver of the local HIV epidemic. With the chiefdom’s proximity to Livingstone and the great rushing waters of the wondrous Victoria Falls, the advent of tourism has led to extensive outside influence on the Mukuni community, resulting in a loss of protective Mukuni cultural values and traditions over time. The Mukuni leaders are particularly concerned about the chiefdom’s adolescent girls and young women, who are disproportionately affected by HIV; face a high likelihood of dropping out of school due to teen pregnancies and early



marriages; may have limited access to education due to social and gender norms that prioritize boy education above girl education; and are very vulnerable to GBV including sexual GBV—all factors that often leave them in a cycle of vulnerability and poverty.

Deciding that blaming was not a real solution, and making a firm resolution to reverse the course of the HIV epidemic in the chiefdom and restore Mukuni Leya pride in its young and old, the leaders decided they would offer practical solutions. They reached out to SHARe II for technical assistance to undertake cultural re-modelling to: support a stronger chiefdom HIV response; facilitate gender equity and equality; and provide a basis for socializing an informed, healthier, stronger, and more resilient Leya youth. The chiefdom and SHARe II extensively reviewed Mukuni cultural norms, and developed and implemented a community-led, youth-focused program that utilizes the existing hierarchy of the chiefdom's female and male cultural standard-bearers and leaders as the main implementers, to ensure local ownership, leadership and sustainability. The leaders provide information aimed at helping young people avoid HIV infection, GBV, teen pregnancies, early marriages and dropping out of school. They emphasize the need for support systems for teens like Dorothy, and the opportunity to return to school and complete their education. With just a few words, they signal a major shift in chiefdom policy and

thinking, and empower parents like Beauty to support their children to finish school.

After a talk from their leaders, Dorothy's parents made a conscious decision to re-enroll their 17 year-old daughter at Ng'andu Basic School. To facilitate Dorothy's return to school, Beauty shares responsibility in caring for the baby, providing necessary support to guarantee the educational needs of her daughter and the nutritional needs of her granddaughter are met without interruption. Like 24 other young girls who have recently returned to school in Mukuni chiefdom, Dorothy is grateful for the opportunity to continue her education and for the many other possibilities life will afford her after she has completed her education. Meanwhile, program rollout continues. Under the shade of a large tree in Mukuni's Gundu village, dozens of schoolgirls sit listening intently to the teachings from a trained female *balaya* on SRH, gender issues and HIV/AIDS. Nearby, in Namilangu village, trained headmen are doing the same with adolescent boys. "We are teaching young people how to prevent HIV, how to have respectful relations. We are happy when we receive reports of change in our communities. We are thankful that we have a part in preventing HIV. Young people should not end up like some of us who are already infected," says Betty Muti, a trained *balaya* living with HIV. ■

Mukuni Leya adolescent boys discuss HIV/AIDS, sexual reproductive health and gender relations with two adult male balaya.



A NEW LEASE ON LIFE:

Zambia's Parolees Living with HIV

In Livingstone's Malota compound, 37-year old Peter Simuyandi's construction business is booming. 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. Peter—who discovered he was HIV positive during his incarceration—also received other important information and skills through SHARe II HIV peer education training; information that allows him to live a healthy life and to encourage others to do the same—both inside and outside of prison.

On April 8, 2014, Peter was granted parole as a result of SHARe II's support to the Zambia Prisons Service (ZPS) 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, risky behaviors such as tattooing, sharing of needles and razors and unprotected anal sex are commonplace, posing a high risk for HIV transmission, and contributing to the 27.4% HIV prevalence among adult prisoners, compared to 13.3% among adults in the general population. Nutrition is inadequate, access to antiretroviral therapy (ART) and other treatment services is poor, and legal barriers prevent provision of condoms for prevention of HIV and other sexually-transmitted infections. "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.



Peter Simuyandi, a parolee living with HIV used the skills he learned in prison to start a construction company in Malota compound, Livingstone. Photo credit: Lubuto Library Partners.

The ZPS is well aware of the problems it faces in providing quality and humane custodial and correctional services to inmates and has identified long term and short term strategies to deal with some of these challenges, including implementing the parole program. However, the Parole Board had been unable to hold parole hearing due to lack of funding for two years (2012 – 2013). SHARe II financially supported the ZPS Parole Board hearings during 2014. In a prison environment characterized with a high burden of HIV, tuberculosis, and other diseases, a strong and effective parole system plays a critical public health role including advancing HIV prevention and treatment for inmates, apart from the primary role of promoting good behavior amongst inmates and being a cheaper means for the state to administer punishment.

As a result of SHARe II support to the ZPS Parole Board, the Board was able to hold three hearings in 2014, process 397

applicants, and grant parole to 151 eligible prisoners, of whom 29 (19.2%) were released on the grounds of HIV infection. 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 truly regretted my crime and had 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 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."

Parole is a conditional release from prison. There are certain expectations of those who are granted early release. ZPS expects parolees living with HIV to adhere to treatment, maintain general health, have a livelihood, and if trained as an HIV peer educator while in prison, to use 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. In prison she was trained as a peer educator and learned about prevention of mother to child transmission (PMTCT) of HIV. Since her release, Rose has been reaching out to pregnant women in Malota compound, providing important information about PMTCT. 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. In nearby Dambwa compound, parolee cousins Mwila Mubebe and Precious



Mwila, a parolee in Dabwa compound in Livingstone is maintaining her health and livelihood through the sale of handmade mats. Photo credit: Scarlett Chidgey.

Moono consider themselves privileged to have learned to knit doormats while serving out sentences for possession of illicit substances; the sales help feed their families. Both obtained training in HIV peer education and take great pride in disseminating this knowledge within their community.

In between construction projects, Peter treks out to a nearby village to speak to people about HIV at the local clinic and the Kabuyu Support Club, a group he formed to educate PLHIV and to encourage them to live positively. "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. ■



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

LEARNING FROM THE STARS: Zambia's Musicians Connect with Youth on HIV/AIDS

The scene was the same in each school: teenagers yelled with excitement, jumped from their desks and waved through the classroom windows as they watched the visitors arrive. It was clearly no ordinary school day. Today, the students would have a chance to talk one-on-one with some of Zambia's most popular musicians, such as the Liseli Sisters, Ruff Kid, Maiko Zulu, B-Flow, the Ngosa Brothers, and others. The artists were equally thrilled – albeit nervous – as they walked into each classroom. As music stars, they were all used to performing in front of hundreds of fans on stage. However, in their new role, the stakes were even higher; they were addressing uniform-clad students about arguably the most serious issue facing Zambia's youth: HIV/AIDS.

Most of Lusaka's youth have attended multiple HIV/AIDS education sessions, and many can attest to the disease's devastating impacts first-hand. According to the 2012 UNAIDS World AIDS Day Report, Zambia recorded a 58% reduction in new HIV infections between 2001 and 2011. This is a commendable achievement, but more is required to slow down the country's HIV/AIDS epidemic. The 2013/14 Zambia Demographic and Health Survey shows that HIV prevalence among young people aged 15-24 remains high at 6.6%. Zambian youth, it appears, are still largely turning a deaf ear to HIV/AIDS messaging. Why?

When dealing with youth, the messenger matters almost as much as the message. HIV outreach in the 15 target schools had typically been given by adult authority figures like teachers and pastors—with whom open discussions about sex and intimacy are culturally taboo. When adults preached abstinence, they were seen as out of touch with youth culture. The "message-fatigue" created by this approach was reflected in students' indifference to HIV/AIDS. As one student said, it was not uncommon for girls to say "Why be scared of AIDS? It's just a disease, like any

other!" She explained, "They think you get HIV, take ARVs, and that's it!" Taking a different approach, the USAID-funded SHARe II Project, with support from the Ministry of Education, trained 22 music icons, highly popular Zambian music stars, to offer Lusaka's school-going youth the opportunity to openly and honestly discuss issues of sexuality and HIV/AIDS with artists whom they idolize and could more easily relate to. In each classroom, instead of giving a lecture, teachers introduced the trained musicians, and then left the room.

The artists created an open forum for students to voice concerns and ask questions that would normally be considered taboo, and shared their personal experiences and views. They gave a fresher, more optimistic perspective on abstinence, encouraging students to adopt healthy attitudes and behaviors, including abstinence and delaying sexual debut. Rather than focusing exclusively on the negative consequences of having sex, including the risk of HIV infection, they extolled fun alternatives to sex—hobbies, interests, and other recreational activities—that can use up one's time and energy. Rather than saying, "If you don't abstain, you will die," they focused on how well students can live and perform in school if they do abstain. They did not shut out those students who are already sexually active; they also encouraged correct and consistent use of condoms for every sexual act and with every sexual partner, to prevent HIV and unwanted pregnancies.

Hearing popular music stars say abstinence *ilichee* ("it's cool") made it socially acceptable in a way that it had never been before. "My friends used to mock me over being a virgin, saying it was childish," one student explained. "Now, I no longer feel out of place for what I stand for. I will continue to abstain until the right time comes." Others appreciated the opportunity to openly discuss their perceptions and fears about HIV/AIDS. A grade 11 pupil



A popular music star entertains and discusses HIV/AIDS with students at Kabulonga Girls High School.

exclaimed, “The program was, in some way, a miracle to me because it gave me an opportunity to speak from my heart.” Her classmates agreed, saying the program, “Gave us the opportunity to air our views as young people when we are usually deprived of the opportunity to speak and say what we feel.”

Zambia’s music stars, through SHARe II’s innovative approach, gave 7,748 Lusaka students a fresh look at how they can prevent HIV and live healthier lives. “I realized we, as youth, are powerful. We are the future,” one student remarked, inspired by the intervention. “I now believe that we can abstain, and can actually achieve an HIV-free generation!” At the end of each session, the stars and SHARe II staff left their contact details for students needing further advice and/or referral to additional services, and many students got in touch.

The lesson? Zambian adolescents prefer to discuss HIV/AIDS with the stars. Therefore equipping music and other stars with correct and consistent messaging skills is important for effectively reaching Zambia’s adolescents with HIV prevention messaging and messaging for HIV service uptake for those living with HIV. ■

“Hearing popular music stars say abstinence *ilichee* (“it’s cool”) made it socially acceptable in a way that it had never been before.”

—A final year Kabulonga Girls High School student

DEFEATING THE CROCODILE:

HIV/AIDS Messages Incorporated into the Ubuilile Traditional Ceremonies



Senior Chief Puta after visiting the ancestral shrine to pray for his chiefdom, where this year, he also prays for an HIV-free community.

The visitor to Zambia's beautiful and picturesque Bwile Chiefdom is greeted by the large expanse of Lake Mweru and its gorgeous white sandy beaches. For the people of Bwile, the lake is central to their lives and livelihood, and is both friend and foe; a source of water, a source of food, a source of income – and a source of danger. In the depths of Lake Mweru where the fish the chiefdom depends on for food and income swim, also dwells one of Africa's most deadly predators – the crocodile – which the Bwile people have had to outwit in order to survive.

For centuries, the people of Bwile have gathered for a few days each July to celebrate how they have overcome adversity, such as crocodiles in Lake Mweru, in the Ubuilile

Traditional Ceremony. Hundreds of people process behind Senior Chief Puta, who is carried to the shrine of their ancestors to pay homage, and then later gather by the lake to sing, dance, and join in aquatic races and storytelling. "It is a people's celebration," Dr. Katele Kalumba, the chiefdom's respected and eminent Nantende Walushiba (the kingmaker) and Zambia's former Minister of Finance, explains. "We celebrate our strategic capacity to survive."

In July 2012, the chiefdom gathered yet again at the lake to celebrate the Ubuilile ceremony – with a difference. In addition to celebrating how the Bwile people have overcome hunger, tribal opponents, and the crocodiles that dwell in their lake, the Senior Chief and senior leaders – inspired by their interactions with the PEPFAR/USAID-funded SHARe II project – stirred the crowd to overcome one more daunting "crocodile:" HIV/AIDS.

The 2012 ceremony occurred after a series of SHARe II visits to Bwile Chiefdom, where SHARe II provided a package of support that included technical assistance for developing the *Bwile Chiefdom Development Strategic Plan 2012-2016*, which mainstreams HIV and training for chiefdom leaders in HIV leadership. As part of HIV leadership and messaging training, more than 150 traditional leaders – including Senior Chief Puta, Dr. Kalumba, sub-chiefs, and headpersons – attended the sessions where besides learning about HIV, they were challenged to identify factors that drove the spread of HIV in their chiefdom and create a realistic plan to stop its spread. After much debate, the leaders began incorporating messages about HIV into the chiefdom's annual festival.

"In the initial stages, there was some dissent and discontent, as some tribal elders felt we were changing things too



Dr. Kalumba, wearing a shirt advertising the role of male circumcision in HIV prevention, encourages people at the Ubuilile Traditional Ceremony to work hard to overcome HIV, just like they have done to overcome other adversaries.

much," Dr. Kalumba states. "But together with our Senior Chief, I explained the real meaning of who we are, of what we celebrate during Ubuilile: our survival." Senior Chief Puta and Dr. Kalumba were convinced integrating HIV messages into the Ubuilile Traditional Ceremony was the best way to "communicate its essence." They have successfully used this method of communication for generations in their chieftom to address other issues. They challenged the leaders of Bwile that the time to act about HIV was now, and because of the HIV training SHARe II had provided, many leaders were won over and stepped up to take on the job of incorporating HIV messages into the Ubuilile Ceremony.

Throughout the festival, these traditional leaders spoke frankly about HIV with the Bwile people, weaving messages and discussion about HIV into ceremonial gatherings. They explained how the people in Bwile Chieftom could overcome HIV, like they had overcome hunger, tribal opponents and the lake Mweru crocodiles; they just needed to commit to a few changes in their lives, like using condoms, taking their anti-retrovirals (ARVs), avoiding excessive alcohol use, and refraining from multiple sexual partnerships. HIV-negative men were encouraged to consider circumcision, an effective HIV prevention strategy.

"You could see from the reaction of the crowd that it was the right thing to do," Dr. Kalumba states, referring to the

incorporation of HIV messages into the traditional celebrations. "It is what the people needed. Because of that, people received it well." The people of Bwile had been waiting all this time for someone to address the issue of HIV/AIDS and the many lives they had lost and continued to lose as a result of the epidemic! They wanted communal solutions to help them deal not only with the devastating impact of the epidemic, but also with preventing further spread. Indeed, less than two months following Bwile's traditional festival, dozens of men went for circumcision, even though circumcision is not a traditional norm in Bwile. At a more organized voluntary medical male circumcision campaign led by SHARe II much later, thousands of Bwile men and boys were circumcised over a period of two months.

The people of Bwile envision a developed chieftom, free from the threat of HIV/AIDS. "My hope is [the people of Bwile Chieftom] continue pursuing that particular vision, and I hope we can use new ideas to protect ourselves against threats like HIV. That is my dream," Dr. Kalumba says, proud of the creativity and boldness his chieftom has already displayed by incorporating HIV messages into their traditional ceremony. The leaders of Bwile Chieftom are confident that it is this spirit of innovation and strategizing that will prove their people victorious over 'new' crocodiles, particularly HIV/AIDS. ■

A FRESH TAKE ON AN OLD PARTNERSHIP:



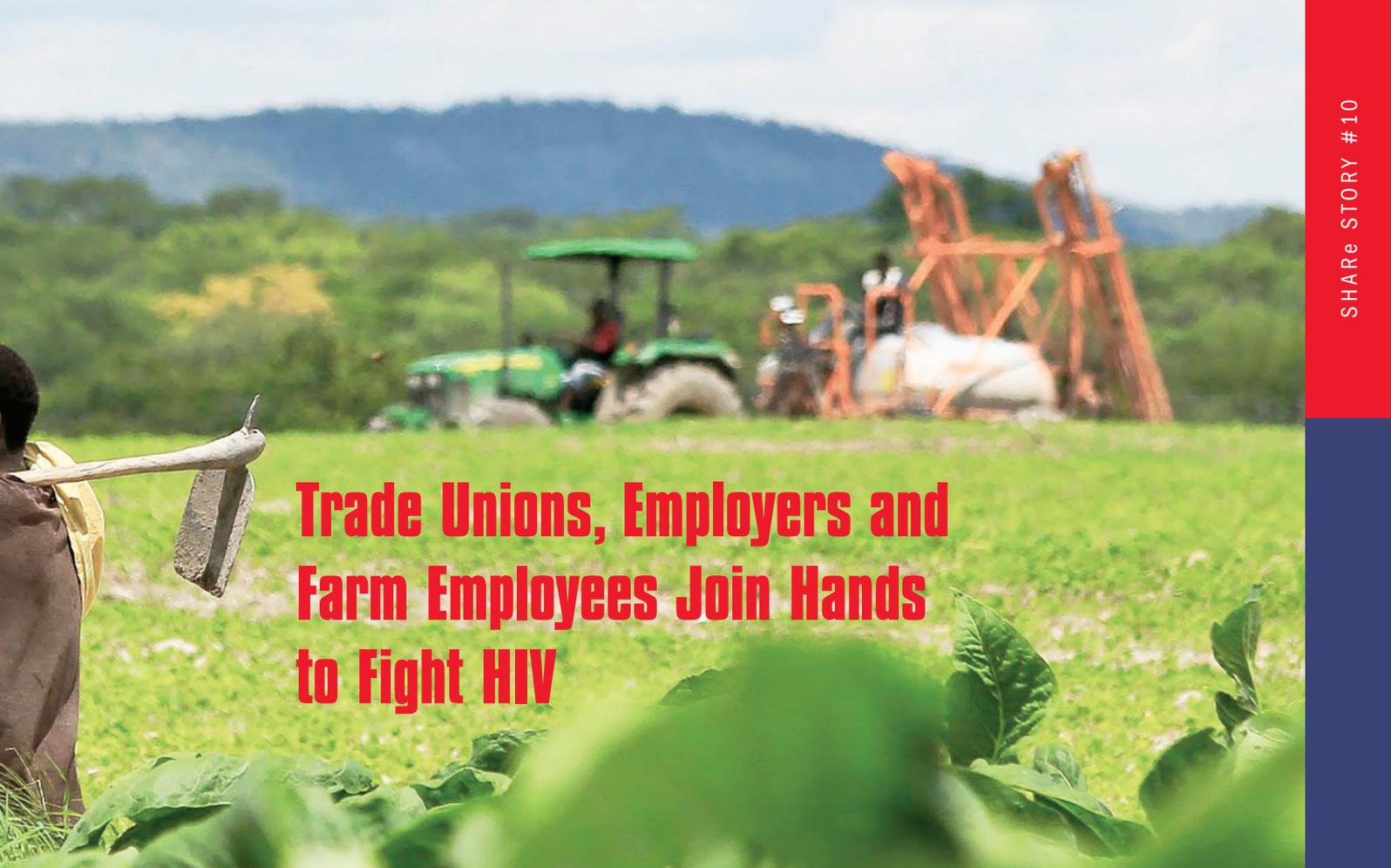
Tobacco and soybean farm workers in Mkushi District.

Known for its rich agricultural soils and reliable rainfall, Mkushi District's farming block, located in Zambia's Central province, attracts job-seekers from other districts and provinces, and even neighboring countries. At first sight, visitors to the district notice the seemingly endless stretches of sprawling farmlands; what is not visible, however, is the HIV risk that migration and the farm-laborer lifestyle pose for those who work on the numerous large-scale farms.

Mkushi farming block is arguably Zambia's bread basket, and the farming that takes place there is commercial scale farming. Farm workers who are employed by the large commercial farm enterprises in Mkushi work long hours at maximum productivity. With limited time and opportunities for recreation, many of them turn to alcohol and sex to unwind at the end of each hard day's work. The workers' compounds are dotted with bars and taverns, and some of the male migrant farm workers use their hard-earned disposable incomes to find sexual partners in the nearby villages. This combination of stress, alcohol, poverty, and unprotected sex with multiple and concurrent partners facilitates HIV transmission, and HIV infection rates are high among farm workers.

Both the farm owners (employers) and farm workers' representatives (unions) were aware that the current environment was high-risk for HIV transmission, and recognized that something had to be done to stem the HIV epidemic among workers. First, however, the two groups had to overcome what has traditionally been an antagonistic relationship that consisted mainly of negotiations on wages and working conditions of service, and learn to sit on the same side of the table to deal with the situation.

In the past in Mkushi, the Zambia Congress of Trade Unions (ZCTU)—which represents most workers on the large farms—was almost always left out of conversations about HIV; as a result, most of the HIV-related programs that had been implemented were not very sustainable and ended when the technical support partners left the area. The PEPFAR/USAID-funded SHARe II staff recognized that the union, as the main voice advocating for good work conditions for farmers, could play an essential role in gaining buy-in from farmers and ensuring the sustainability of workplace HIV programs for the farm workers. In February 2013, therefore, SHARe II staff convened the trade union and its affiliate members in an engagement workshop to discuss their potential role in fighting HIV as well as the importance of working collaboratively with employers.



Trade Unions, Employers and Farm Employees Join Hands to Fight HIV

A month later, one of the ZCTU-affiliated unions that had attended the meeting, the National Union of Plantations, Agriculture and Allied Workers (NUPAAW), approached the Mkushi Farmers Association (MFA)—a group of owners of large-scale farms—to ask for support for HIV and wellness programs for farm workers. The MFA fully understands that a healthy workforce is a key contributor to a healthy bottom line and was very quick to agree to partner with the union on this initiative; an initial group of ten commercial farms contacted SHARe II to request technical support for a peer education training workshop.

SHARe II, the union, and the employers worked collaboratively to support the training of 20 farm workers to conduct peer HIV education among their fellow employees. All of the stakeholders contributed to this effort either directly or in kind: SHARe II and NUPAAW funded and facilitated this workshop, while the MFA gave the farm workers time off to attend the workshop and provided them transport to and from the training venue. At the workshop closing day ceremony, the general secretary of NUPAAW acknowledged that it was so rare to have a union-employer partnership where both parties were on the same page. He thanked SHARe II for helping NUPAAW recognize that unions and

employers can work together for the benefit of employees, in a partnership that extends beyond negotiating salaries and working conditions. He was confident that the involvement of the union and employers in the workplace HIV programs would make the intervention not only effective, but sustainable.

As a demonstration of management support for the program, farm owners who sent their workers to the training have allocated time during the workday for peer educators to conduct HIV and wellness activities among their employees. Other farm owners who have since learned about this initiative have requested NUPAAW to organize peer education training workshops for their workers as well resulting in a total blanketing of the farming block with effective HIV programs. Perhaps even more importantly, SHARe II has helped establish the foundation for further cooperation between the union and employers on issues related to workplace health and safety. SHARe II provided technical support to build the capacity of NUPAAW to coordinate the Mkushi Farming Block HIV and Wellness Program, to avoid the risk of program failure when SHARe II closes in the future, ensuring program sustainability. ■

If Justice be Blind, Let Justice be HIV-Competent: **THE CASE** OF THE

A child is married off against her will at the age of 13; a man is fired from his construction job when his employer learns that he is HIV-positive; a woman is divorced by her husband and receives no share of their property; two gay men are arrested and held without bail for “inciting criminal conduct.” For these and many other Zambians, the legal system can be either a last line of defense in protecting their human rights, or an agent which perpetrates unfair treatment and miscarriage of justice. The latter is particularly true for the Zambians who are poor, marginalized and/or vulnerable. Because there is no law in Zambia specifically dealing with HIV/AIDS, and very little judicial precedent, magistrates had few resources to draw on when deciding cases, leading to inconsistency in judgments rendered.

To bridge this gap, the PEPFAR/USAID-funded SHARe II project, in collaboration with the Ministry of Justice, has been training Zambian magistrates in HIV-related case management, including gender-based violence, willful HIV infection, underage marriages, labor laws and the rights of people living with HIV (PLHIV). The training includes information on relevant laws and cases in Zambia, comparative case analyses from other countries in the region, and factors that should be considered when making judgments. It aims to standardize and improve the handling and adjudication of HIV-related cases brought before the Zambian courts.

Between November 2010 and September 2014, SHARe II has trained over **87%** of Zambia’s Local Court Magistrates and Subordinate Court Magistrates in HIV-related case management. Why is this important? When a woman filed for divorce at the Chipata Boma Local Court, accusing her husband of willfully infecting her with HIV, **Honorable Eliza Zimba** knew from the SHARe II training that the burden of proof required to use a defendant’s positive HIV status as grounds for divorce is very difficult to meet. She also knew from the training that HIV-infected couples often



Justine Chitengi, SHARe II Policy and Legal Manager, leads a training of Local Court Magistrates in Siavonga, in August 2012.

benefit from HIV and marital counseling. She advised the two to undergo couple HIV testing and counseling (HTC) and later supported them to access HIV-related care. The couple has reconciled and they are still together today.

Honorable Chipex Zimba of Chikwa Local Court used to advise girls’ parents to negotiate and settle out of court, in cases of defilement, as was common at the local court level. Since attending the SHARe II training, **Honorable Zimba** refers all defilement cases to the Subordinate Court, which has legal jurisdiction. He has referred three defilement cases so far, and the men are all undergoing trial. In 2014, **Honorable Lucky Mwanavuna** of Chikanta Chiefdom Local Court worked through the Traditional Court with Chief Chikanta to withdraw six girls from underage marriages; the girls are now back in school. **Honorable Justice Lameck Ng’ambi** from the Lusaka Subordinate Court used his training to grant bail based on the HIV-positive status of an individual who appeared before him. “SHARe II trainings have significantly contributed to the sharpening of my legal skills and expertise as an adjudicator,” he noted. “In the recent past,

JUDICIARY IN ZAMBIA

I have personally utilized some of the training materials and knowledge acquired from the trainings as resource tools in my work.”

In Chipata District, **Honorable Malabo** used his training and the training materials from SHARe II to train 70 of his support staff—including court clerks, interpreters and messengers—on human rights, HIV/AIDS, gender equality and basic HIV prevention. He recognized that staff at all levels of the judiciary system can affect the way cases and individuals are treated, and can benefit from greater sensitivity around these issues. His fellow Chipata magistrate, **Honorable Hakoma** uses his training and position to advocate for reducing stigma against PLHIV. “The SHARe II training”, said **Honorable Hakoma**, “really helped me come to understand and remember, as an adjudicator, how I should treat people who are HIV-positive that appear in my court when sentencing. In prisons for instance, those sentenced need good sanitation, they need good food and medication, they shouldn’t be in a congested space in case of opportunistic infections,” he noted. “We also need to safeguard the health of other inmates, therefore we should take all these things into account.”

In 2012, soon after the **Honorable Leontina Kwenge** of Mabumba Local Court in Mansa participated in the SHARe II training, she met with her local chiefs and headmasters and together, they came up with a plan of action for ensuring that underage girls stay in school, instead of being married off by parents or guardians. Magistrate Kwenge has prevented five underage girls from being married off, and is excited to continue using her newly-acquired knowledge to protect girls and women. “Before the training, some of us thought that we had very little role to play in protecting young girls from underage marriages because we thought it was a prerogative of their Royal Highnesses,” she said. “Our eyes have been opened,

To date, SHARe II has trained **87%** of Zambia’s Local Court Magistrates and Subordinate Court Magistrates in **HIV-RELATED CASE MANAGEMENT.**

and we are now using our powers to protect the voiceless, especially when it comes to issues of gender and HIV risk for young girls.”

These are but a few examples of how trained magistrates are transforming the judicial landscape, making it a more supportive and relevant partner in the national HIV response, one case at a time. With over 80% of the Judiciary trained by SHARe II, the project is helping to build an HIV-competent Judiciary in Zambia. ■

STANDING TOGETHER AGAINST POVERTY

AND HIV: The Nsongwe Community Garden Association



Livingstone city is the heart of Zambia's tourism industry and attracts thousands of visitors yearly. However, underneath the beauty of Livingstone city lies a serious public health issue: Livingstone has an adult HIV prevalence of 25.3%, almost twice the national rate of 13.3%. The PEPFAR/USAID-funded SHARe II project has been contributing to the HIV response in Livingstone through the Tourism HIV Public-Private Partnership (PPP), which establishes workplace HIV/AIDS programs with private sector tourism-related businesses.

The Tourism HIV/AIDS PPP takes comprehensive HIV workplace programs to over 3,000 workers in workplaces of all sizes—from large lodges to informal crafts makers—and HIV social mobilization to 150,000 Livingstone residents. SHARe II also supports the Livingstone Tourism Association (LTA) to mobilize small tourism business enterprises in the district and implement HIV and wellness programs. Both LTA and Tourism HIV PPP workplace HIV/AIDS programs are extended to benefit defined outreach communities, particularly those communities where most of the workers in partner companies live.

The Nsongwe Community Garden Association (NCGA), a coalition of 18 women in Mukuni village outside Livingstone, had already overcome many obstacles by the time they came into contact with the LTA. In 2004, the women received support to start a small garden that would allow them to grow vegetables; three years later, they began selling excess produce to Livingstone-area hotels. However, when some of their members began falling sick and growing weak, the NCGA didn't know where to turn to for help, since none of the organizations they worked with provided health support. With a high HIV prevalence in the adult population, it was likely that some of the women were suffering from HIV-related conditions. Because of a combination of ignorance, stigma and denial, when the women started getting sick, they did not access timely treatment. Further, due to their illnesses, their productivity at the garden dropped—as did their profits.

Luckily, help would soon arrive. In June 2013, the LTA—with SHARe II technical support—visited many of the communities and growers' associations that supply food to LTA member hotels, as part of an initiative to ensure that HIV was mainstreamed among defined tourism outreach communities. The LTA invited each community group to choose a few members to attend an HIV peer education training, and the NCGA sent three women. The training covered facts about HIV; HIV prevention strategies such as partner reduction, condom use and voluntary medical male circumcision; HIV treatment, care and support; and stigma and discrimination. At the end of the training, two of the women from the NCGA chose to get tested for HIV for the first time.



Nsongwe vegetable garden.

In August 2013, the LTA accompanied the peer educators to a sensitization session in Nsongwe. One NCGA member, trained as a peer educator, disclosed at this meeting that she had tested positive for HIV. She encouraged others to also get tested. "When I went for counseling and testing, I had this relief within me," she reminisced, "and I decided to tell my friends so that they could also be encouraged to test." Before she was tested she used to stigmatize people believed to have HIV: "Before we had this information, before we were trained, we would sit in our club and laugh about HIV and AIDS, laugh at those who were sick, that they were promiscuous. But with this information, I was able to test and disclose my status, and nobody laughs at anyone anymore because of this information we have acquired." Of the 22 community members who attended this sensitization, 11 chose to get tested for HIV and two tested positive and were referred for HIV services.

This member's disclosure had an enormous effect on the perceptions of HIV in the NCGA. "Our interaction with LTA has enlightened us because we didn't know that a person can live with HIV as healthy as [she] looks, and can live longer without being sickly," explained another trained peer educator. "We also didn't know that people can be circumcised and live. We used to know that the Luvalas get circumcised and they die, so we didn't want anything to do with circumcision. Now we know we can prevent HIV if our people get circumcised."

One year later, the regular NCGA peer educator sessions have revolutionized the group's approach to HIV. The group is not only aware of the causes and consequences of HIV, but is also willing to discuss issues they once thought were too sensitive to openly discuss. In light of this newfound willingness to speak about the effects of HIV with their peers in the association, the women decided to look at how they could address the challenges members living with HIV face. Whereas previously they would equally share the profits from the garden, now they have reserved a fund to support members living with HIV to access health services at the nearby clinic. They are also paying school fees for five orphans within the group.

The NCGA's actions are changing perceptions in the broader Nsongwe community. "Before we were trained," explained an NCGA member, "it was difficult for people to access condoms, and even to use them. But now, even the men in the community are free to access condoms. Without the interaction with LTA we would have just been getting sick, we would have just been laughing at each other and wondering why people are getting sick, but now with this information, we are able to accept one another." Following in the footsteps of NCGA members, other women in Nsongwe are now willing to be screened for HIV and cervical cancer. ■

SPEAKING THE SAME LANGUAGE:

Empowering DATFs through Creation of the District Coordination Toolkit

District AIDS Task Forces (DATFs) have a crucial role in Zambia's fight against HIV – most importantly, the coordination of the nation's HIV programs at the district level. However, lack of a united technical support effort both between DATFs and amongst their multiple technical support partners has in the past resulted in different and sometimes conflicting coordination approaches and methodologies being espoused. Ultimately, this has led to confusion and inefficiencies in DATF operations. But this began to change in 2011 when the PEPFAR/USAID-funded SHARe II project facilitated the development of the District Coordination Toolkit, which empowered DATFs by giving them one language to speak with each other and with collaborating partners.

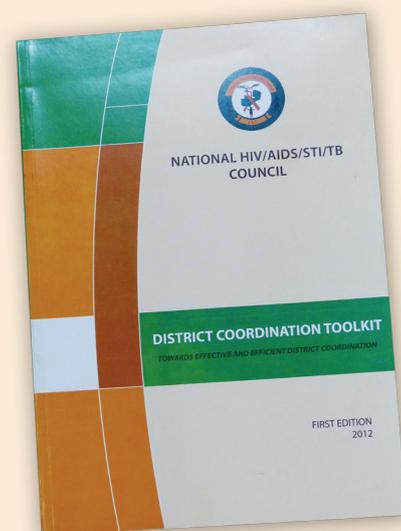
Providing technical support to the DATFs has always been challenging because they are supported by a number of influential technical partners, each with its own package of support, and each requiring DATFs to follow its approach to doing things. Mr. Protasio Katotobwe, a District AIDS Coordination Advisor (DACA) for Kabwe DATF, explains “Past technical support efforts were always difficult to follow because each partner tried to push their guides as the best and in the end the DATFs were left confused and without clear guidelines.” This created a problem because the National AIDS Council (NAC), the national-level coordination structure the DATFs report to, felt the DATFs had received the technical support they needed to function well, when in fact they had not. The multiple technical support packages from partners neither unified DATFs nor improved their coordination of district HIV responses.

Applying lessons learned working with DATFs from the predecessor SHARe project, SHARe II worked to change things. It brought together representatives from all DATFs, NAC, technical support partners, including the Joint United Nations Program on HIV/AIDS (UNAIDS) and the United Nations Development Program (UNDP), and other stakeholders, to develop and implement a toolkit for district HIV response coordination, based on the needs that the DATFs

themselves expressed.

This toolkit explains the DATFs' roles and responsibilities and how they fit into the national HIV response; provides step-by-step management guidelines, training resources, and tools to ensure DATFs can effectively carry out their mandates, including budgeting, financial management, stakeholder coordination, and proposal-writing; and provides templates and examples of reporting forms and data collection tools that ensure data is collected correctly, managed well, and properly utilized.

Because all key players – both end-users and technical support partners – were involved in the design, the District Coordination Toolkit richly benefitted from the vast experiences and perspectives they all brought to the table, while the process of working together allowed for useful work-related relationships and networks to be formed. The toolkit has provided DATFs with the skills and guidance they need to move forward – along with a unified vision and a united technical approach – to reach DATF goals. For the first time, they can speak one language– with each other and with technical support partners. The Isoka DACA, Mr. Mabvuto Mhone, explains, “It is encouraging to see our technical support partners speaking the same language – and it is this toolkit that ensures the same language is spoken. Such clear communication has given DATFs the support and technical guidance they have long needed to take charge of the district-level HIV response.”



“For the first time ever, DATFs no longer call NAC for reporting assistance – yet they deliver complete activity reports the first time around!”

—Nachilima Musukuma, NAC Human Resource Director

SHARe II has tracked the toolkit’s impact on local HIV/AIDS response coordination through the organizational capacity certification (OCC) process, a tool SHARe II designed to assess and monitor DATF performance using 28 standards that address eight fields ranging from leadership to financial management to monitoring and evaluation –fields that indicate how well the DATF is functioning. The District Coordination Toolkit has provided DATFs with the tools necessary to strengthen their weak areas; after using the toolkit for less than six months, participating DATFs were meeting an average of 51 percent of standards, compared to an average of 33 percent prior to the introduction of the toolkit.

DATFs that have seen the biggest improvements are not keeping their new skills to themselves. Because of the common language the toolkit established, DATFs have

begun to train and support one another; those that improved their operations have stepped up to train weaker DATFs, using the toolkit as their guide. NAC has also observed a change for the better. “For the first time ever, DATFs no longer call NAC for reporting assistance – yet they deliver complete activity reports the first time around!” explained Nachilima Musukuma, NAC Human Resource Director.

The power this toolkit has given DATFs – the power to take charge of their own success, while giving them the language to communicate effectively with technical support partners – makes DACAs, like Mr. Peter Ndemena, extremely grateful for its development. “There are many organizations strengthening district responses to HIV/AIDS in Zambia,” he says, “but few can mentor DATFs as SHARe II does! The District HIV/AIDS Coordination Toolkit proves that.” ■



District AIDS Coordination Advisors discussing best practices in the use of the DATF Coordination Toolkit.

INFORMED HIV LEADERSHIP CHANGES MINDSETS: Mushili Mosque Addresses HIV

Mr. Peter Juma Phiri, Ndola District Coordinator and Secretary at Mushili Mosque, was one of the 302 leaders trained in HIV leadership and messaging by SHARe II through its partner ZINGO, and one of five leaders trained from Mushili Mosque. The training prepared Mr. Phiri to discuss HIV in the context of Islamic teachings, and he was determined to break the taboo around discussing HIV in the mosque. For example, he gave his fellow Muslims an illustration from the Qu’ran, which showed that even forbidden items can be used to save a life.

“You know, in Islam, beer is not allowed,” he explained, “but when you reach the extent where your life is threatened and the only drink is beer, you can take it to save your life. So condoms, although we were looking at it as taboo to use a condom, it is helpful because you are protecting the life of the other person and protecting yourself as well. So with that information I think a lot of people are coming on board now with the whole issue of using those types of preventative measures.”

Mr. Phiri has taken a similar approach in justifying voluntary medical male circumcision (VMMC) as an Abrahamic practice, saying that many in his mosque now acknowledge it as a good thing. “I have noticed a paradigm shift,” explained Mr. Phiri, “because previously quite a good number of people, we were not aware about some of the preventive measures. Okay, they could have been aware, but they were saying ‘no, this is not in order.’ Now that they understand HIV-preventive measures in the context of religious teachings,” he said, “the atmosphere at the

mosque has changed completely”. Congregants now accept VMMC to save lives, without fear that they are contravening the teachings of the Qu’ran.

In Zambia, religion plays a big role in the lives of people, with around 80 percent regularly attending worship services and participating in religious activities. In spite of this wide reach, the church has been both friend and foe on the issue of HIV. The church has contributed significantly to the HIV response in Zambia through health care provision, home-based care and psychological support. However, this response has not been unified, with some religious leaders finding themselves at cross-purposes with HIV experts and implementers.

Where religious leaders are poorly informed and poorly equipped to deal with the HIV epidemic and its implications, they constitute a powerful negative lobby, which can cause significant harm. Zambian news media frequently reports on religious leaders who discourage congregants from taking anti-retrovirals (ARVs), urging that faith in God is enough to heal those living with HIV, however, this almost always to bad health outcomes for the patient.

Religious leaders that are knowledgeable and well-informed about HIV can effectively use their pulpits—and moral influence—to address the causes and effects of the HIV epidemic, including multiple sexual partners; low condom use; gender inequality; denial, shame and guilt; and HIV-related stigma and discrimination. They can help a church that boldly leads the way in HIV prevention; that



Melody and Esnat: Trained HIV/AIDS youth leaders at Mushili mosque.

views and promotes ARVs as part of God's plan for His people to live longer and healthier lives; and that has no room for HIV-related stigma and discrimination.

SHARe II, recognizing that messages on HIV are most effective when they were taught and understood in the context of faith and doctrine, trained a team of trainers—medical doctors, nurses etc.—from different faiths and doctrines, using the SHARe II “*HIV/AIDS Talking Points for Zambian Leaders*” messaging toolkit. The trainers in turn integrated texts of their faiths into the scientific information, and trained 302 religious leaders from 60 congregations (48 Christian and 12 Muslim) in Kitwe and Ndola.

At least five leaders were trained from each congregation, including the congregation leader, leaders from the youth, women and men's ministries, and the leader's spouse, to ensure total leadership buy-in. This approach has been very effective in changing congregational HIV responses: more congregants are testing for HIV; accessing antiretroviral therapy and services for prevention of mother-to-child transmission of HIV; going for VMMC; and using condoms, without fear of being stigmatized and discriminated against by their religious leaders and fellow congregants.

As of **March 30th 2015**, the 302 trained leaders had reached out to **20,618** congregants, either individually or in small groups, with age-appropriate HIV messages.

At Mushili mosque, two young women, Melody Dumela and Esnat Phiri, were among the leaders trained. Before the training, the two would never discuss HIV with anyone, for both cultural and religious reasons. Now, they are ardent advocates among their fellow youths, encouraging them to go for HIV testing and to abstain from sex. “It is very difficult to discuss these issues with our parents,” noted one of the girls, “but now with the knowledge we have, we can talk and discuss HIV issues among ourselves as youths.”

At the Power Worship Centre in Kitwe, a Christian church, Mrs. Mwanza, the pastor's wife had this to say: “There has been a change in the way people view people living with HIV. Even me, I was looking at them as very bad people. But now, with the knowledge I have, I know it is not so.”

The PEPFAR/USAID-funded SHARe II project is helping to build an HIV-competent and HIV-compassionate church in Zambia, one congregation at a time. ■

CATCH THEM YOUNG!

Lusaka DATF Rises to Challenge HIV Stigma and Discrimination in Schools

In Zambia, District AIDS Task Forces (DATFs) are charged with overseeing coordination of HIV initiatives and stakeholders at the district level. DATF members are typically representatives from key HIV stakeholders and organizations in each district who serve on the task force as volunteers. A District AIDS Coordination Advisor (DACA), an employee of the National AIDS Council (NAC) provides coordination oversight and leadership within each DATF. Historically, DATFs have had challenges in carrying out their coordination mandate effectively due to both financial and technical challenges. In 2010, SHARe II began working with 72 DATFs across the country to strengthen their capacity to coordinate district HIV responses. SHARe II assisted DATFs to identify their operational gaps, targeting technical assistance to areas of identified greatest need. The key activities undertaken to strengthen DATF operations included developing a District Coordination Toolkit – a one-stop how-to resource, and supporting DATFs to convene and mobilize stakeholders around local challenges.

One of the 72 DATFs reached with a specific package of support was the Lusaka DATF. In October 2011, following a self-evaluation which highlighted considerable gaps in performance management systems at the Lusaka DATF, SHARe II provided technical assistance to the DATF and tracked progress in improvement using an organizational capacity certification (OCC) process. The OCC measured the DATF's performance on 28 governance and management standards. At baseline, the DATF was found to have not fully met any standards. For example, the DATF had no list of stakeholders, nor did it hold regular stakeholders' meetings. By February 2013, after SHARe II's intervention, the DATF fully met 24 standards and partially met two; by this time, the DATF had a comprehensive list of stakeholders and was holding regular quarterly stakeholder meetings.

Stakeholder meetings are crucial to the functioning of a DATF, as they lead to better coordination of HIV/AIDS initiatives, with better matching of stakeholder programs

to service needs. After SHARe II technical support, the Lusaka DATF was able to leverage funding and meeting space from stakeholders to facilitate regular meetings, and it was also able to identify the organizations in the district that could meet specific areas of need. Ms. Ellen Chanda, the Lusaka DACA, is grateful for the technical support SHARe II gave the DATF: "From the time we began training with SHARe II, they guided us on a number of issues: how to conduct a meeting, and how to make meetings more effective, and to also ensure that when we meet, we are focused. So I think from the trainings that we underwent," she explained, "we were able to recast the way we conducted our meetings and also to be able to have a focused view on various issues." This focus has helped energize the DATF and made meetings more meaningful – meeting both the needs of stakeholders and the HIV response.

As the DATF began holding regular stakeholder meetings, a stakeholder brought up the issue of the high rate of HIV-related stigma and discrimination against students living with HIV, noting that something should be done for young people living with HIV (PLHIV) in schools. Another DATF member present at that meeting, from the Anti-AIDS Teachers Association of Zambia (AATAZ), stepped up to the plate and offered to tackle the problem. With the DATF's support, AATAZ decided to expand its existing "Catch Them Young" program, which disseminates HIV prevention messages to youth, to include a support group specifically for young PLHIV in schools. The new student support group provides a safe space for students living with HIV to share their challenges and support each other, and also offers students practical skills such as public speaking training. By March 2014, 55 students from 65 targeted schools had joined this new support group.

Without the DATF, the AATAZ Program Manager in charge of the support groups says the program would never have been launched. "To me, the DATF has been very supportive.



Usisiwe Mulenga, a student living with HIV, with AATAZ Assistant Manager Prosperine Zulu.

They will link us to organizations that are looking for projects to fund, and they will also recommend us to organizations for sponsorship or projects. They also monitor whatever activities we do, we report to them," she said. Students in the groups are not necessarily aware of the role that the DATF played in creating the group, but they are very aware of the role that the group is playing in their lives. Busisiwe Muleya, a Lusaka student joined the Catch Them Young support group in 2013 and reflected on how much it changed her perspective: "Before I joined the support group... sometimes I would go and sit on the bed and go 'God, why did you choose me? This pandemic is so much affecting people, why can't you just take my life?' But

when I joined the support group, I learned how to come out. You know, when I have a problem, I don't keep it to heart anymore. I would speak to someone, that someone would give me some encouragement, you know? You feel very lifted."

In resource-limited settings like Zambia, effective HIV/ activities management, planning and coordination is crucial to ensure efficient use of available resources. The Lusaka DATF is among the many Zambian DATFs now effectively using stakeholder forums to improve district HIV response coordination, making crucial linkages that allow available resources to stretch further, to the benefit of PLHIV and those affected by HIV. ■

“ To me, the DATF has been very supportive. They will link us to organizations that are looking for projects to fund, and they will also recommend us to organizations for sponsorship or projects. ”

— AATAZ PROGRAM MANAGER IN CHARGE OF THE SUPPORT GROUPS

CULTURE VS. SCIENCE:

Halting Efavirenz Misuse and Preventing HIV



A group of SHARe II-trained traditional counselors at a ZP camp in the Copperbelt preparing for outreach on Nsunko-Plus.

In August 2013, SHARe II was at the Zambia Police Service (ZP) camps on the Copperbelt conducting a Gender and Sexuality in HIV/AIDS (GESHA) program. GESHA provides a “safe haven” or neutral ground where discussions on very sensitive issues—such as sexuality in the Zambian cultural context, gender roles and masculinity, multiple concurrent partnerships, alcohol abuse and gender-based violence—can openly take place among workmates, couples and community members, without fear of sanctions from cultural standard-bearers. The GESHA approach assists communities to come up with HIV programs that are applicable to their local situations, so that they can address the local drivers of the HIV epidemic.

During this visit, SHARe II learned that many women in the camps were grinding tobacco (*nsunko*) and mixing it with Efavirenz (an antiretroviral-ARV), sodium bicarbonate or urine, and other ingredients, and were either sniffing, ingesting or applying the mixture vaginally. The women believed that in this modified form, “*Nsunko-plus*” would function as an aphrodisiac; would prevent HIV if inserted vaginally; and would serve as a vaginal drying agent for dry sex, which they said their spouses/partners preferred. Efavirenz was being added to *nsunko* not only because it was mistakenly believed to prevent HIV, but also because of the side effects of the drug: vivid dreams and feeling “stoned.” This feeling allowed women to overcome

their shyness and inhibitions and more overtly express their sexual desires, in spite of cultural restrictions on women asserting their sexuality.

SHARe II staff immediately realized that use of *nsunko-plus*, particularly the misuse of Efavirenz, was harmful to the HIV response. First, misuse of ARVs can lead to HIV drug resistance, and the development of resistance to Efavirenz—a cornerstone of Zambia’s first line of HIV treatment—would be detrimental to the national HIV treatment program. In addition to the effects on treatment availability, the supply of ARVs in Zambia is limited and needs to be used for medically appropriate treatment. Further, if the women believe that the mixture would prevent HIV, they may be less likely to negotiate for condom use, actually putting them at higher risk of contracting HIV. Finally, inserting substances into the vagina for dry sex compromises the integrity of the vaginal mucosa, which facilitates HIV transmission.

SHARe II took a systematic approach in its effort to reduce the use of *nsunko-plus*. First, SHARe II staff trained 20 female leaders at the camps who had the influence and authority to conduct sensitization sessions and identify women at risk. Partnering with these trained leaders, SHARe II targeted a larger group of 54 women who had influence in halting the use of *nsunko-plus*, including manufacturers, sellers, women in positions of authority and traditional counsellors. Finally, SHARe II expanded its messaging to men through a GESHA training with couples to address the pressures women felt to continue using *nsunko-plus* in their belief that men preferred dry sex.

Using a specific training of trainers (TOT) package designed to address the *nsunko-plus* problem, SHARe II trained the participants to not only be peer educators on *nsunko-plus*, but also to lead and facilitate conversations on gender, HIV/AIDS and sexuality using a SHARe II-developed GESHA Trainer’s Manual. Because the motivations for using *nsunko-plus* included dry sex, which women believed their sexual partners preferred, and the aphrodisiac properties it was believed to have, SHARe II engaged men in this program and held a GESHA training for couples to address this issue. When the female participants revealed that they were using *nsunko-plus* as a vaginal drying agent and as an aphrodisiac, their spouses were surprised! The men present indicated that they had never expressed a preference one way or another regarding dry sex, and their wives were simply assuming that their husbands would enjoy it. The women were equally surprised, and used this opportunity to discuss



Tobacco mixed with ARVs. Photo Courtesy of CBC Radio.

the benefits and risks with their partners, and agree to use safer alternatives.

The trained women have been conducting regular outreach among women and couples in the camps with formal training aimed at stamping out the harmful practice of using *nsunko-plus*. Additionally, all of the training participants—including couples and women who attended sensitizations—have been involved in informal information-sharing with friends, colleagues and spouses, one-on-one or in small groups. ZP HIV Coordinators and trainers report that the use of *nsunko-plus* has dropped drastically, with fewer women using the mixture and—consequently—fewer people making and selling it.

One trained leader told SHARe II, “before I attended the meetings... I used to use traditional sexual stimulants. I think it was ignorance that led me to do that. I used different types of stimulants including *nsunko*. When you sniff it you feel dizzy, light and weak but later you recover... I was told that my body would warm, and my vaginal muscles would be much stronger. One day I added it to alcohol and drank but the effects were so bad that I fainted and was taken to the hospital.” Since the training, she noted, “Many women have changed... we were just punishing ourselves for nothing. I would have died but thanks to the [GESHA] team for being courageous to discuss gender and sexuality with the women and our husbands in the camps.” She also observed that the woman who had previously been selling her *nsunko-plus* has since stopped making it.

SHARe II has included a section on *nsunko-plus* in its refresher trainings for GESHA teams and peer educators in all programming, not just for the ZP, as the problem is now believed to be more widespread than initially believed. ■

“WE THE PEOPLE”:

A Community-driven Process Changes Long-standing Cultural Norms

Over the course of a week in June 2014, more than a thousand people gathered in small groups across Nalubamba chiefdom; elsewhere in Chikanta chiefdom, over 1,700 came together. For the first time ever, community members representing each village met to discuss whether they should change their cultural and traditional norms to mitigate the effects of HIV/AIDS in their communities. At the end of the week, the leaders of each chiefdom vowed to change the traditions that community members identified as drivers of HIV, in a landmark demonstration of participatory policy creation.

Zambia has a dual legal system of statutory and customary law. Chiefdoms have the freedom to modify customary law, as long as it is not “contrary to the Constitution or any written law,” or “repugnant to natural justice, morality, good conscience or public good.” Customary law is thus more flexible and adaptable than statutory law, and can rapidly evolve to reflect changing societal norms. In contrast, statutory laws must pass through a highly involved and often prohibitively lengthy process. In Zambia’s rural chiefdoms, health-related behaviors and practices are largely culturally-bound; the key drivers of the HIV/AIDS epidemic in Zambia—including multiple and concurrent sexual partnerships, low condom use, low rates of male circumcision and mother-to-child transmission—are all influenced by cultural norms and practices. Customary law, housed in the nation’s chiefdoms, can positively influence these.

In both Chikanta and Nalubamba chiefdoms, the PEPFAR/USAID-funded SHARe II project had already built HIV competencies in chiefdom leaders by facilitating the development of strategic plans that integrate HIV/AIDS and gender, and by training the leaders in HIV/AIDS leadership. When SHARe II engaged the chiefs and their closest confidantes to think critically about what beliefs, values, customs and practices they thought were the local drivers of HIV, the chiefs looked to their people for solutions. The chiefs and SHARe II engaged senior headpersons, who



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

were charged with making sure that these discussions reached the community level. SHARe II re-trained the leaders in basic HIV/AIDS facts, incorporating gender-based violence and human rights issues, and provided orientation for leading discussions on the HIV drivers with communities. Back in their communities, the trained leaders brought people together, including village headpersons, women and youth leaders, teachers and others, to meetings spanning several days. In Nalubamba chiefdom, 1,087 people participated in these conversations; in Chikanta, 1,745 participated.

Through this participatory process, community members identified and prioritized the cultural practices that could prevent HIV transmission and those that increase HIV risk and vulnerability. The senior headperson had been trained and was HIV-competent, and was able to focus the conver-

sation on identifying practices that facilitated or reduced the risk of HIV, rather than passing value judgments on “good” or “bad” practices. After considerable discussion, each group drew up a list of practices that should be promoted and a list of practices that should be discouraged or banned. For example, both Nalubamba and Chikanta chiefdoms identified sexual cleansing, early marriages, widow inheritance,



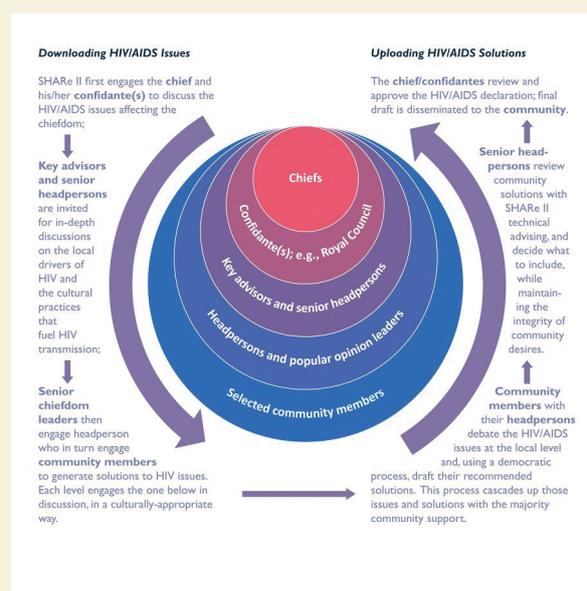
overnight gatherings, home deliveries, and spouse swaps as contributing local factors to HIV transmission. With the submissions from their regions, the senior headpersons and the chief debated over which recommendations to include in their HIV/AIDS declaration. Throughout the process, SHARe II provided technical support to ensure that the customary law being enacted did not contravene statutory law. After several days of debate, the leaders decided on a final set of provisions to include, signed the declarations and disseminated them widely to leaders and community members, as the new way of doing things in their chiefdoms.

The newly-formalized customary laws in both chiefdoms allow widows to stay on their land after the husband's death, something that even statutory laws do not offer. Although the legal age of marriage in Zambia is 21 years, early traditional marriages of girls as young as 12-15 years are common. The new customary laws of both chiefdoms now ban child marriages. Other provisions ban sexual cleansing

Addressing HIV/AIDS drivers in chiefdoms requires a re-examination of practices that have taken place for centuries.

of widows; regulate the hours when bars are allowed to operate; promote voluntary medical male circumcision (VMMC) as a cultural practice; specify punishment for perpetrators of gender-based violence; and promote increased access to health services, including prevention of mother to child transmission of HIV (PMTCT).

Addressing HIV/AIDS drivers in chiefdoms requires a re-examination of practices that have taken place for centuries, and asks people to change attitudes they have held their whole lives. The process cannot be driven by external actors; the impetus and solutions must come from the people themselves. Because these policy decrees are formulated through consensus-building, they are truly created by the communities and therefore much more likely to be adhered to. As Chief Nalubamba of Mbeza chiefdom put it, “This declaration is valuable... [it] will assist in [the] future to make village headpersons more responsible, more action-oriented in terms of what they can do for their people and what they can do for themselves, and I’m sure that you will hear about a change indeed in the fight against HIV/AIDS in Mbeza.” ■



SHARe II's HIV policy declaration development process.

LIVING POLICIES:

MAL Implements its HIV/AIDS and Wellness Policy and Reaches Staff and Farmers



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

In December, Agricultural Extension Officer Chinvata Kambole, Nutritionist Nancy Kaenga, Executive Officer Brian Tembo and Camp Officer Muyeko Phiri from the Chipata Ministry of Agriculture and Livestock (MAL) office were talking to a group of 70 farmers about the best strategies for growing tomatoes during the rainy season, which was imminent. But that is not all they were talking about—they were also talking about HIV prevention and

treatment. Why were these four officers talking about tomatoes and HIV? Because they were directed by the MAL Workplace Wellness and HIV/AIDS Policy.

Developed with technical and financial support from the USAID-funded SHARe II project and launched in July 2014, the new policy was widely disseminated to every MAL office across the country. It defines the duties and responsibility

of each MAL office in implementing HIV and wellness programs for staff, but also defines the duty and responsibility to integrate HIV messaging into agricultural extension services delivered to farmers, in order to safeguard the life of Zambia's farmers. The Chipata MAL office took the policy seriously and quickly began operationalizing it. Like many other MAL offices, the Chipata office had a number of HIV peer educators among its staff, already trained by SHARe II to implement programs—it was relatively easy for trained peer educators to add HIV programs during normal agricultural outreach services provided to farming communities.

At the MAL head office in Lusaka members of the Workplace HIV and Wellness Committee (WHWC) were at Lusaka's New Soweto Market in search of groundnuts, beans, and dried kapenta—a small local dried freshwater fish packed with proteins. They sorted these 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 policy—over 50 Ministry employees with chronic illnesses, including those living with HIV, received these packages. “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 WHWC, responsible for promoting and coordinating HIV and wellness activities in Lusaka and nationally.

The HIV epidemic in Zambia is shifting and so are the needs of the program's beneficiaries, particularly in the workplace. With increased access to antiretroviral therapy (ART), people living with HIV (PLHIV) are living longer, and rising concerns among all staff include non-communicable diseases (NCDs), other communicable diseases, reproductive health and occupational safety. Successful workplace HIV program platforms can be harnessed and expanded to implement effective integrated HIV and wellness workplace programs. This approach mitigates the fatigue arising from implementation of purely HIV-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 system.

Ms. Lukungu who was a key participant in developing the new policy says, “Our new policy has created a complete



MAL extension officers discuss wellness and HIV/AIDS with farmers during agricultural demonstration days.

picture. [Before] we just focused on HIV, on people having the virus. Wellness is much more balanced.” She adds, “This policy offers direction and a new zeal to activities in the Ministry.” Recently, Ms. Lukungu presented the policy to planners within MAL. “I had the planners come to me for 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,” said Ms. Lukungu. Now planners are not only well versed on the role they play in HIV and wellness in the Ministry, but they are also more informed about the NCDs and other health conditions. “After our discussion 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.

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 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.”

The MAL Workplace Wellness and HIV/AIDS Policy is definitely not a ‘bookshelf-only’ policy, it is a living policy, which is impacting HIV programming for MAL staff and Zambia's farmers, and contributing to HIV prevention and greater uptake of high impact HIV services. ■

STEPPING UP:

Chieftainess Shimukunami Fights HIV through HIV Policy Decrees

In Shimukunami chiefdom, the Chieftainess summons 12-year-old Abness Chamulomo and her parents to the palace. Abness, a grade four pupil at Katembula Primary School in Filaba village, was about to become a child-bride through an arranged marriage to 21-year-old Chola Chiwala, a father of two, when Chieftainess Shimukunami heard about her case, and stepped in. Chola had paid Abness's parents a small fee to begin marriage negotiations in early 2015, and later, they agreed upon a K 3,000 (~\$400 USD) bride price. Fortunately, before Chola and the Chamulomo's could finalize the process, Chieftainess Shimukunami intervened and stopped the marriage.

In the SHARe II-facilitated Policy Declaration of Leadership and Commitment on HIV/AIDS for Shumukunami Chiefdom, signed into practice by the Chieftainess in March 2014, traditional leaders and chiefdom residents declared their commitment to addressing the HIV crisis by tackling local drivers of the epidemic—including traditional practices such as early marriage. "We resolve to outlaw early marriages, and any offender shall be punished," the policy declaration states. Based on this policy decree and her authority as the leader of the people of Shimukunami, the Chieftainess immediately halted the marriage process, informed the local police, instituted punishment for those involved and returned Abness to school. "I was scared of getting married because I am young. I feel happy that I will be going back to school. I want to help my family when I finish school," explains Abness.

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



Rescued from an early marriage, 12-year-old Abness is seated next to Chieftainess Shimukunami and SHARe II Gender and Advocacy Manager, Timothy Banda, at the Royal Place in March 2015.

SHARe II respectfully engages chiefdom leaders and their people and assists them to collectively identify cultural determinants of HIV transmission in their communities and the possible solutions to address them. Through a bottom-up consultative and participatory process that allows community voices to be heard, SHARe II helps chiefdoms initiate and maintain changes in community norms in support of HIV prevention through written HIV policy decrees. Regulations on alcohol sale and consumption; bans on sexual cleansing; ensuring access to condoms; encouraging disclosure of HIV status between sexual partners; and promotion of mutual monogamy are a sample of the decrees collectively developed and promoted by the Shimukunami community. Each of these policy decrees is an important component of Shimukunami chiefdom's response to HIV. As important as each of these policy decrees is, the Chieftainess holds those protecting the rights of young girls near and dear to her heart.

"As a traditional leader in the chiefdom, my passion for stopping the marriage of young girls began because I almost became a victim when I was just about 12 years old. After the death of my mother, I was taken in by my aunt, and she started coercing me to get married to one of the men in Shimukunami chiefdom. Luckily, my elder sister advised me

to run away from our aunt who was forcing me to get married at a tender age. I followed my elder sister's advice and I ran away and started staying with our other aunt, where I managed to go to school and got married properly to the man of my choice. I was then chosen by our family to be the Chieftainess of Shimukunami chiefdom, even though I was the youngest daughter. This is when my passion of stopping early marrying of young girls began. I was motivated by SHARe II, who assisted me to make a policy declaration and leadership commitment on HIV/AIDS. From the time the declaration was made in 2014, I have been going round in my chiefdom sensitizing my subjects on the dangers of early marrying of young girls and giving my personal life testimony."

Chieftainess Shimukunami has canvassed the chiefdom telling her story, and the community has been listening. When Mwaba Chilekwa, a grade 12 learner made 16-year-old Veronica Meleka in Musuki village pregnant, Veronica's parents pushed for marriage. Mwaba's guardian refused: "I was one of the people at the meeting of making the policy decree. I cannot allow my boys to set a bad

example by allowing them to get married early in my house." Instead, the families negotiated financial support in the form of "damages," which Mwaba has since paid.

Headman Mambwe is one of many supporting the Chieftainess' efforts through enforcement of HIV/AIDS policy decrees. When he learned of Mr. and Mrs. Tiki's efforts to marry off their daughter Margaret, age 15, to 25-year-old Francis Musonda of Kitwe, he reported the case to the palace. Chieftainess Shimukunami immediately halted the Tiki's efforts and notified school authorities. Margaret has now returned to grade 9 at Kabamba primary school where she will continue her studies.

These experiences demonstrate how chiefdoms can make social norm changes to address local drivers of HIV. It also demonstrates the power of democratic processes to drive change: Chiefdom leaders can engage community members in the development of customary law that not only is relevant to their daily lives, but also reflects their desires to mitigate the effects of HIV in their communities. ■

Margaret Tiki, 15, pictured with her mother: Margaret returned to school after Chieftainess Shimukunami halted her marriage to a 25-year old man.



LEADERSHIP BEHIND BARS: Inmates at Zambia's Maximum Security Prison Join the Fight Against HIV

Mukobeko Maximum Security Prison in Kabwe, Zambia is home to the country's most dangerous criminals. Over a thousand inmates serve time for murder, rape, aggravated robbery, pedophilia and other major crimes, and more than 300 of them are on death row. For security reasons, the inmates' access to the outside world, including health information and services, is limited. Inside the prison's 30-meter walls, however, high-risk behaviors—such as sharing needles and razors, tattooing and unprotected anal sex—are reportedly commonplace. Such behavior poses a very high risk for HIV transmission, particularly in the prison environment: the HIV prevalence in Zambian prisons is estimated to be 27.4 percent, well above the national adult HIV prevalence of 13.3 percent.

Living with HIV can be very challenging, even under normal circumstances; for prisoners living with HIV, these challenges are magnified. Inadequate nutrition, poor living conditions and inconsistent availability of antiretroviral medications can accelerate disease progression and, combine to adversely affect treatment outcomes for inmates on HIV treatment.

Through a partnership with Zambia Prisons Service (ZPS), the USAID-funded SHARe II project and the predecessor SHARe project have been supporting and implementing workplace HIV programs and activities inside Mukobeko Prison targeting prison staff. Recognizing the unmet need for similar programs among inmates, SHARe partnered with the ZPS to extend the HIV-related programs and activities to prison inmates and these activities have seamlessly continued under SHARe II.

The SHARe II-supported programs and activities include HIV sensitization, provision of HIV testing and counseling (HTC)

services, and support for inmates living with HIV. In order to increase the sustainability of its intervention, SHARe II trained 25 inmates (in addition to 25 previously trained by the predecessor SHARe project) drawn from each cell, to be peer educators. These prisoners were taught about HIV risk factors in the prison environment, given leadership training and provided with manuals and other materials to guide discussions with other inmates.

The inmate peer educators serve as a point of first contact for inmates who need more information about HIV, who are concerned about their own HIV status, or who are living with HIV and require special assistance. Every Thursday after lock-up, cell captains give the peer leaders time to speak with their fellow inmates on issues related to HIV/AIDS. Each session covers a different topic, such as the value of knowing one's HIV status, and the importance of medication adherence and safe sexual practices. The peer educators also notify the captains about any inmates who are unwell and need to be either referred for treatment or exempted from hard labor.

Because the program demands empathy, confidentiality, discipline and cooperation from the peer educators, ZPS administrators at Mukobeko believe it has been successful both at supporting inmates on HIV-related issues, and at reforming the peer educators' social and health behaviors. In 2013, in recognition of the peer educators' work, administrators began conferring blue armbands—which function as symbols of authority in the prison—to all the trained inmates, giving them greater power to influence change in HIV prevention, care and treatment in the prison. The prison authorities have, however, gone further than merely conferring upon them a higher status in the prison: now,



Overcrowding in Zambia's Mukobeko Prison.

work done in HIV peer education is part of the consideration for qualifying prisoners who apply for parole!

To complement the efforts being undertaken by prison peer educators, SHARe II and other interested stakeholders are working in partnership with the ZPS to advocate for improved living conditions for inmates in Zambian prisons, including better nutrition and more reliable availability of antiretroviral medications for inmates.

The HIV sensitization sessions have helped increase the demand for timely HIV-related services—including HTC, antiretroviral medications and treatment of sexually transmitted infections—among inmates at the prison. By recruiting and training peer educators from different cells within the Mukobeko prison walls, SHARe II has not only found a way to reach this very isolated and very high HIV-risk population, but is also assisting the Zambia Prisons Service in its mandate of rehabilitation of some of Mukobeko's inmates – a win-win situation. ■

SHARe II found a way to reach a very **isolated and very **high HIV-risk** population.**

ACKNOWLEDGMENTS

JSI and SHARe II would like to thank the United States Agency for International Development (USAID) for the opportunity, technical direction, and funding to implement SHARe II. It was a privilege to implement this project, and it allowed JSI and the SHARe II partners to make a positive contribution to the lives of many Zambians. We are particularly thankful to the USAID Contracting Officer's Representative (COR) for SHARe II, Ms. Ngaitila Phiri, for standing with us through the peaks and lows. We truly appreciate her unwavering support.

JSI and SHARe II would also like to thank all the SHARe II partners most sincerely. Our partners welcomed us into their chiefdoms, communities, churches, workplaces, organizations, ministries, schools, and institutions. Without your participation, support, time and commitment, this project would not have been successful. It was an honor and a privilege to work with you to implement SHARe II. We learned much from you and we have made many friends; we are most grateful.

Last, but by no means least, JSI would like to thank the SHARe II team for their stellar work. The team worked under two overarching guiding principles: technical excellence and respectful relationships. The results and achievements of the SHARe II project tell the story of the passion and diligence with which the team carried out their work, while all the time ensuring quality programming and respect to partners and to each other. SHARe II partners have told us about the diligence, the respect, and the technical excellence the SHARe II team brought to the table in their work. We are very proud of them and most grateful to them for living up to JSI ethos. We are also most grateful to the team for writing this SHARe II Story Book.

— Andrew Fullem, JSI Associate Director

PARTNERS

CHIEFDOMS

Chief Bundabunda and the Bundabunda Chiefdom

Chief Chikanta and the Chikanta Chiefdom

Chief Chisunka and the Chisunka Chiefdom

Chief Chibwika and the Chibwika Chiefdom

Chief Cooma and the Singani Chiefdom

Senior Chief Inyambo Yeta and the Mwandu Chiefdom

Chief Kahare and the Mwene Kahare Chiefdom

Chief Kambwali and the Kambwali Chiefdom

Chieftainess Kanyembo and the Kanyembo Chiefdom

Chief Kapijimpanga and the Kapijimpanga Chiefdom

Dr Katele Kalumba

Chief Macha and the Macha Chiefdom

The Litunga La Mboela and the Lwambi Chiefdom

Chief Mukuni and the Mukuni Chiefdom

Chief Mungule and the Mungule Chiefdom

Chief Mumena and the Mumena Chiefdom

Chief Mutondo and the Mwene Mutondo Chiefdom

Senior Chief Mwamba and the Mwamba Chiefdom

Chief Mwansakombe and the Mwansakombe Chiefdom

Chieftainess Mwape and the Mwape Chiefdom

Senior Chief Mwewa and the Mwewa Chiefdom

Chief Nalubamba and the Mbeza Chiefdom

Senior Chief Ndungu and the Vaka Chinyama Cha Mukwamayi Chiefdom

Senior Chieftainess Nkomeshya Mukamambo II

Chieftainess Nyakulenga and the Nyakulenga Chiefdom

Senior Chief Nzamane and the Nzamane Chiefdom

Senior Chief Puta and the Bwile Chiefdom

Senior Chief Shakumbila and the Shakumbila Chiefdom

Chieftainess Shimukunami and the Shimukunami Chiefdom

Chief Sekute and the Sekute Chiefdom

THEOLOGICAL TRAINING INSTITUTIONS

Baptist Theological Seminary of Zambia

Theological College of Central Africa (TCCA), Ndola

Kaniki Bible University College, Ndola

Justo Mwale University, Lusaka

Rusangu University, Monze

United Church of Zambia (UCZ) University College, Kitwe

Trans-Africa Theological College (TTC), Kitwe

Living Waters Global Churches, Kitwe

Living Waters Bible College, Kitwe

Evangelical Bible College, Mufumbwe

Mindolo Ecumenical Foundation, Kitwe

Lutheran Church of Central Africa Seminary, Lusaka

Lutheran Church of Central Africa Seminary, Lusaka

World Council of Churches WCC/EHAIA, Harare, Zimbabwe

United Church of Zambia

PARTNER ORGANIZATIONS

Chikanta Development Trust

Coalition of African Parliamentarians Against HIV/AIDS (CAPAH) Zambia Chapter

Initiatives, Inc.

LEAD Program Zambia Ltd.

Livingstone Tourism Association (LTA)

Independent Churches of Zambia (ICOZ)

MWAROKY

Network of Zambian People Living with HIV and AIDS (NZP+)

Grass Roots Soccer Zambia (GRSZ)

Serenity Harm Reduction Programme Zambia (SHARPZ)

Zambian Health Education and Communications Trust (ZHECT)

Zambia Interfaith Networking Group on HIV and AIDS (ZINGO)

Zambian Association of Musicians (ZAM)

COORDINATING STRUCTURES

National HIV/AIDS/STI/TB Council (NAC)

District, and Provincial AIDS Task Forces (CATFs, DATFs, and PATFs)

Network of Zambian People Living with HIV/AIDS (NZP+) and district chapters

PUBLIC SECTOR

Ministry of Agriculture and Livestock

Ministry of Chiefs and Traditional Affairs

Ministry of Commerce Trade and Industry

Ministry of Community Development, Mother and Child Health

Ministry of Finance and National Planning

Ministry of Foreign Affairs

Ministry of Gender and Child Development

Ministry of Health

Ministry of Home Affairs

Ministry of Information and Broadcasting

Ministry of Justice

Ministry of Labour and Social Security

Ministry of Local Government and National housing

Ministry of Mines, Energy and Water Development

Ministry of Tourism and Arts

Ministry of Transport, Works, Supply and Communication

Ministry of Youth and Sports

Public Service Management Division (PSMD)

AUTHORITIES, COMMISSIONS & AGENCIES

Bangweulu Water Transport Board

Citizens Economic Empowerment Commission (CEEC)

Competition Commission

Drug Enforcement Commission

Engineering Services Corporation Ltd

Lusaka City Council

Mofed-Ports In Tanzania

Mpulungu Harbour Corporation

Mweru Water Transport Board

National Registrar of Societies

National Archives

National Council for Construction (NCC)

Patents Company Registration Agency

Police Public Complaints Authority

Road Development Agency (RDA)

Road Transport and Safety Agency (RTSA)

Zambia Bureau of Standards

Zambia Information Communication Technology Authority (ZICTA)

Zambia Development Agency

Zambia Law Development Commission (ZLDC)

Zambia National Airport Cooperation

Zambia National Information Services (ZANIS)

Zambia Postal Services Cooperation

Zambia Railways Limited (ZRL)

Zambia Telecommunication Cooperation

Zambia Weights and Measures Agency

Zambia Wildlife Authority

HIGHER LEARNING INSTITUTIONS

Cavendish University

Cooperative College

Copperbelt University (CBU)

Kamfinsa School of Public Order and Maintenance

Lilayi Police Training College

Livingstone International University of Tourism and Business Management

Mulungushi University

Natural Resources Development College (NRDC)

National Institute for Public Administration (NIPA)

Sondela Paramilitary Training College,

Zambia College of Agriculture (ZCA), Mpika/Monze

Zambia Open University (ZOU)

PRIVATE SECTOR

Bakabaka Ltd.

Bushtracks Africa

Chipembele Wildlife Education Trust

Chiawa Camp

Chrismar Hotel

Croc Valley Camp

David Livingstone Hotel

Flatdogs Camp

Jollyboys Backpackers

Kiboko Safaris

Kafunta River Lodge

Kubu Crafts

Lion Camp National Union of Plantation Agriculture and Allied Workers

Nomad African Travel

Norman Carr Safaris

NWK-AGRI Services (Former Dunavant)

Old Mondoro Lodge

Protea Hotel

Rainbow Tours and Safaris

The River Club

Robin Pope Safaris (RPS)

Sanctuary Retreats

South African Breweries (SABMiller)

South Luangwa Tourism Association

Sun International Hotel, Zambia

Tongabezi Ltd/Tujatane School

South Luangwa Conservation Society

Tribal Textiles

Shenton Safaris,

Sausage Tree Camp

Wasawange Lodge and Tours

Wilderness Safaris

Wonder Bake Limited

Zambezi Nkuku



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