Survey Response Details

Response Information

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Response Details

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1) Country

Zambia (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Dr Ben Chirwa Director General

3) Postal address:

315 Independence Avenue, P O Box 38718, Lusaka 10101. Zambia

4) Telephone:

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+26 0211 2358881

6) E-mail:

bchirwa@nacsec.org.zm

7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The NCPI data gathering process involved administering the NCPI questionnaire to representatives of the government ministries, departments, civil society organisations, bilateral agencies and multilateral agencies. These were selected on the basis of their work in HIV and AIDS as well as also having participated in the previous NCPI. Data collected was analysed in SPSS and compared

with data from existing policy documents. This was then presented to key stakeholders for input. Three stakeholders meetings were organised for this purpose.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Disagreements on the data presented were largely resulting from the lack of knowledge on existing policy provisions. This concern was presented to the stakeholders as well as on the need for wider dissemination of policy documents. Where a perception was presented which went against what is contained in the policy document, a position as presented in the literature was adopted and presented in the report. There were also disagreements on the overall ratings for some policy areas. It was felt that the nation has achieved more in the policy area and that the ratings did not adequately present this picture. It was agreed to present the ratings as they are reflected by the data collected, but to also add information that will help to give a clear picture.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

The main concern on the NCPI data related to the data collection process and tool that was employed. It was felt that the data collection process was subjective and the results could go either way as it was based on people's perceptions. There were calls from stakeholders to be given room to adapt the tool to the local conditions. It was also difficult to collect certain information especially on risky groups that were considered non-existence or not an issue such as MSM and IDUs.

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11)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Central Statistical Office	Mr Mayaka Assistant Director	A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Gender Division	R Mutema/Specialist Social Legal and Governance	A.III, A.IV
Respondent 3	Ministry of Agriculture	A. Simwanza/Principal Agriculatural Officer	A.III, A.IV
Respondent 4	Ministry of Agriculture	D. Kunda/Seniour Sociologist	A.V
Respondent 5	ministry of communication and Transport	Ms A. Gondwe/Seniour HRDO	A.III, A.IV
Respondent 6	Ministry of Community Development	Human Resources Manager	A.III, A.IV
Respondent 7	Ministry of Defence	Mr. R. Mulenga/M&E Manager	A.III, A.IV, A.V

Respondent 8	Ministry of Education	Mr P. Chileshe/HIV Mobilisation Coordinator	A.III, A.IV, A.V
Respondent 9	Ministry of Finance	Mrs Chirwa/HIV Focal Point	A.III, A.IV, A.V
Respondent 10	Ministry of Foreign Affairs	Human Resources Manager	A.III, A.IV
Respondent 11	Ministry of Health	Mr G. Sikazwe/Health Promotion Specialist	A.III
Respondent 12	Ministry of Health	Mr. Kaliki/Acting M&E Deputy Director	A.V
Respondent 13	Ministry of Home Affairs	Mr Gezepi/FPP	A.III, A.IV
Respondent 14	Ministry of Justice	Mrs Mwamba/HRM	A.III, A.IV
Respondent 15	Ministry of Labour	Deputy Director-HRD	A.III, A.IV, A.V
Respondent 16	Ministry of Tourism	Mr E. Chewe/AG Director	A.II
Respondent 17	Ministry of Works and Supply	Mr M. Tembo/Machine Supervisor	A.III, A.IV, A.V
Respondent 18	Ministry of Youth and Sport	Mr Bhuka/Assistant Director HRD	A.III, A.IV, A.V
Respondent 19	University of Zambia	Professor Baboo-Chair Prevention Theme Group	A.III
Respondent 20	National AIDS Council	Dr B. Chirwa/Director General	A.I, A.II
Respondent 21	National AIDS Council	Mr. O. Mulenga/M&E Director	A.V
Respondent 22	National AIDS Council	PACA-Eastern Province	A.I, A.II
Respondent 23	National AIDS Council	PACA-Central Province	A.I, A.II
Respondent 24	National AIDS Council	PACA-Copperbelt Province	A.I, A.II
Respondent 25	National AIDS Council	PACA-Lusaka Province	A.I, A.II

13) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

Provincial AIDS Coordinating Advisors-Luapula, Northern, North-Western,Southern and Western Provinces (AI, AII) District AIDS Coordinating Advisor-Lusaka, Kafue (AI, AII)

14)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	AIDS Alliance Zambia	Mr Haloba & Ms Mutemwa/M&E Specialist	B.III, B.IV

15)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	CIDRZ	Ms Matafwali/Research Cordinator	B.III, B.IV
Respondent 3	CARE International	Ms M. Simasiku/HIV/AIDS Director	B.II, B.III
Respondent 4	UNAIDS	Mr K. Musonda & MS J. Chizemba/Program Officer	B.II, B.III
Respondent 5	WHO	Dr Sunkutu	B.III
Respondent 6	World Vision	Mr Sepiso/Prevention Specialist	B.III
Respondent 7	CSPR	Mr W. Chilufya/CIVIC Engagement Officer	B.I, B.II
Respondent 8	ZPCT II	Dr Shumba/Seniour Clinical Care Specialist	B.III, B.IV
Respondent 9	TALC	Mr V. Sakanga/M&E Specialist	B.III, B.IV
Respondent 10	ZINGO	Mr B Nyeleti/BCC Specialist	B.III, B.IV
Respondent 11	Youth Vision Zambia	Mr C. Katuta/Policy Health Advisor	B.II
Respondent 12	SFH	Ms M Mukamba/Programs Manager	B.III
Respondent 13	NZP+	Mr C Mukumbwa/Advocacy Program Officer	B.I, B.II, B.III
Respondent 14	ZNAN	Mr E. Chani/M&E Advisor	B.II
Respondent 15	CARITAS Zambia	Mr G Ngulube/Program Officer	B.I, B.II
Respondent 16	AFYA MZURI	Ms Nkonge/Information Coordinator	B.III
Respondent 17	USG PEPFAR	Mr Ian Milimo/PEPFAR State Project Manager	B.I, B.II, B.III, B.IV
Respondent 18	Zambia Civic Education	Program Manager	B.I
Respondent 19	Tasintha Program	Ms S Phiri/Program Officer	
Respondent 20	Human Rights Commission	Ms C. Nkhata/HIV Officer	B.I
Respondent 21	Ministry of Justice	Ms Mwaba Zulu/HIV Focal Point	B.I
Respondent 22	Zambia Police	Dr Malama/Medical Director Mr Makasa/National VCT Officer	B.I, B.II
Respondent 23	ZARAN	Ms M. Mondela	B.I, B.II, B.III, B.IV
Respondent 24			
Respondent 25			

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16)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

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17) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

2006-2010

18)

1.1 How long has the country had a multisectoral strategy?

Number of Years

8

19)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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20) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Finance, Agriculture, Human Rights, Trade and Inducstry, Energy, Community Development

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21)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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23)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2005

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24)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

The entire population with emphasis on the at risk and vulnerable populations; poor women, pregnant women, migrant populations, IDU, commercial sex workers, OVCs, youths, prisoners, uniformed personnel

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

27)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

28)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

The National Strategic Framework 2006-2010 was developed through a participatory and consultative process involving significant contribution and support from multilateral and bilateral agencies, NGOs, FBOs, the media, traditional healers, youths organisations, public sector etc

29)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

30)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

31)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

Page 15

32)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	

33)

2.2 *IF YES*, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	

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34)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

Yes (0)

Page 17

35)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES*, to what extent has it informed resource allocation decisions?

4 (4)

36)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

37)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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38)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

During recruitment, HIV testing is mandatory and only those who come out negative are considered for military recruitment. However, during service, while HIV testing is promoted, one can test for HIV only voluntarily.

39)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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40)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

41)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

•Ministry of Gender-provides guidelines on the protection of women •Zambia Police and the courts of law handle cases of sexual violence against women and child defilement cases •The prison system ensures that rights of prisoners are protected •ZARAN, Legal Aid, Women and Law in Southern Africa, Women in Law and Development in Africa handle cases of HIV and AIDS related abuse

42)

Briefly comment on the degree to which these laws are currently implemented:

•Sexual offences and Gender violence bill (in draft) for the protection of women against sexually related abuse •Defilement law-protecting children against sexual molestation

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43)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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44)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	No

45)

IF YES, briefly describe the content of these laws, regulations or policies:

Sodom Law: The penal code through the sodomy law describes homosexuality as unnatural and outlaws it making it punishable. Law on Prostitution: Commercial sex work is also a punishable offence under the statutory laws of Zambia. Sex education and condom distribution: While sex education is allowed in schools, the Ministry of Education does not allow the distribution of condoms in schools. Law on drug abuse- narcotics: IDU is an illegal practice and anyone found in possession or using drugs is sentenced to serve sentence.

46)

Briefly comment on how they pose barriers:

•The Sodom law makes it difficult for homosexuals to seek and access relevant services, facilities and products related to HIV prevention, treatment, care and support. •Condoms cannot be distributed in prisons and considering that the practice is common in prisons, prisoners have continued to engage in unprotected sex •Sexually active school going children cannot easily access condoms and continue to engage in unprotected sex •Sex workers cannot easily be reached out e.g. there is still no accurate estimates of number of sex workers in Zambia •IDUs can also not be reached as it is a crime and there is very little that is known about this practice and the extent of the problem in as far as risky behaviours is concerned.

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47)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

48)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

49)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

50)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

51)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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52)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

53)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

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54)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Youths 15-24, stigma and discrimination), pregnant women, HIV exposed infants, service providers, traditional healers, PLWHA, OVCs, general population (VCT, condom use

55)

Briefly explain how this information is used:

This information is used for planning purposes, program design, identification of funding gaps, allocation of resources and projection of resource needs e.g. drugs.

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56) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

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57)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

District, Provincial, National levels

58)

Briefly explain how this information is used:

This information is used to identify gaps in service/infrastructure provision, strategic planning, activity planning and decentralised planning starting with the community, district, provincial and national.

59)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

60)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

9 (9)

61)

Since 2007, what have been key achievements in this area:

•The development of the National Strategy for Prevention HIV and STIs (2009) which was completed

in a collaborative way involving key stakeholders. •The Joint Mid-term Review of the National AIDS Strategic Framework held in 2008 conducted in consultation with key players and resulting in the re-definition and refining of the national priorities and programming. Annual costed multisectoral workplan developed at national and provincial level

62)

What are remaining challenges in this area:

•External dependency on financing the national response. Much of funding for HIV and AIDS is sourced from outside government. This compromises on sustainability as when a donor withdraws funding, or when there is a problem of financial flow (as was the case with the global financial crisis, then program implementation suffers •The NASF 2006-2010 does not address emerging issues in HIV and AIDS such as male circumcision. There is need to integrate these and the corresponding indicators into the NASF. However, the National Strategy for Prevention of HIV/STI- 2009 was sensitive to this and comprehensively covered topics on male circumcision, alcohol, multiple concurrent partnerships as well as on IDU and MSM

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63)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

64)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

65)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

66)

2.2 IF YES, who is the Chair?

Name	Bishop Joshua Banda
Position/title	Chairman

67)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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68)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

15

69)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

5

70)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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71)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

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72)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

•The active involvement of various stakeholders in the National HIV Prevention Conference which resulted into the development of the National Strategy for Prevention of HIV/STI- 2009 •The involvement of all sectors during the National AIDS Day Commemorations. The civil society and private sector have continued to work with government during the planning and implementation of this annual event by giving technical and material input •The Parliamentary Committee on Health has also involved participation from various stakeholders. Civil society representatives are periodically invited to make submissions to a committee of members of parliament •The District AIDS Task Force in all districts has continued to include representation from the civil society organisations as well as the private sector who even chair these committees •Involvement of various stakeholders in the NAC theme groups such as the prevention theme groups. Membership within the theme groups includes the civil society organisations and the private sector and successful meetings have continued to take place and NAC has in most instances left the chairing of these meetings to the Civil Society and the private sector

73)

Briefly describe the main challenges:

Inadequate financing and technical capacity for HIV and AIDS activities. Mechanisms involving interaction between various stakeholders continue to face financial challenges. For example, the DATFs are able to implement all planned activities due to financial constraints. They also lack in key technical capacities such as monitoring and evaluation. The committees are sometimes irregular in the frequency of holding meetings and some organisations do not always send representatives to attend these meetings.

74)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

40

75)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes

Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

76)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

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77)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes (0)

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78)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

•The health insurance policy which until the review discriminated against People Living with HIV and AIDS. Following the review, PLWHA are now able to be insured •The Joint Mid-Term Review in its recommendations advocated for the revision of laws on MSM and IDU to allow provision of HIV and AIDS related services. This follows the recognition of these risky groups in the policy documents against the continued persecution of the practices within the Zambian statutory instruments

79)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

The defence/security wings still conduct mandatory HIV testing for employment purposes. This is despite the National AIDS Policy recommending the abandonment of such practices. Condom distribution in prisons is still not allowed. Commercial sex work, IDU and the issue of MSM are illegal all bearing on the inconsistencies that remain between aligning and harmonising the policy instruments and the legal provisions.

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80)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

9 (9)

81)

Since 2007, what have been key achievements in this area:

•Politicians have been able to come forth and voice out on HIV and AIDS during conferences or when called upon. During the official launch of HIV and AIDS related events, the presence of politicians has been evident at national, provincial, district and community level. •The commitment shown by the president, Vice-President and the former president on HIV efforts. The first president for example continues to champion the HIV response in Zambia through involvement in charitable activities at national and international level.

82)

What are remaining challenges in this area:

•Need to improve allocation of resources to HIV and AIDS programmes. There is need for improved political will in the allocation of resources for HIV and AIDS activities. While the cooperating partners have come forth to finance HIV and AIDS efforts, the government financial contribution remains minimal. There is need for more health facilities to be constructed, more health personnel to be trained and deployed, more laboratory equipment to be procured, more drugs to be made available and all this calls for political will •The HIV response has not been fully incorporated into the informal sector. While workplace policies have been effective in targeting the formal sector, plans on how the informal sector is going to be targeted remains silent. However, the National Strategy for Prevention of HIV/STI- 2009, does recognize the need to reach out to the out of school youths. •Need for improved coordination of the work by different partners especially at district and community level. The interaction between government and other sectors can still improve. Some organisations have continued to implement activities for which government is not aware

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83)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

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84)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
h. Abstain from injecting drugs (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

85) **In addition to the above mentioned, please specify other key messages explicitly promoted:**

Risk reduction in multiple concurrent partnerships

86)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

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87)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

88)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

89)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

90)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

91)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

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92)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Sex workers, Clients of sex workers, Prison inmates
Stigma and discrimination reduction	Sex workers, Clients of sex workers, Prison inmates
Condom promotion	Sex workers, Clients of sex workers
HIV testing and counselling	Sex workers, Clients of sex workers, Prison inmates
Reproductive health, including sexually transmitted infections prevention and treatment	Sex workers, Clients of sex workers, Prison inmates
Vulnerability reduction (e.g. income generation)	Sex workers
Drug substitution therapy	
Needle & syringe exchange	

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93)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

94)

Since 2007, what have been key achievements in this area:

•The development of the National Strategy for Prevention HIV and STIs (2009) which was completed in a collaborative way involving key stakeholders. The strategy went a step further to include emerging issues in HIV prevention such as male circumcision •The National Prevention Conference organised by NAC in October 2009 which brought together various stakeholders to deliberate on issues related HIV prevention and strategies to employ •The increase in the number of line ministries, departments and companies that have introduced workplace policies

95)

What are remaining challenges in this area:

•There is need for more sensitisation of the National HIV Policy contents especially in rural areas. •While more companies have developed workplace policies, these have not been fully disseminated and employees are not fully aware of the benefits of such policies •The absence of policy targeted at the informal sector as the workplace policies are tailored towards the formal sector

Page 45

96)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

97)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

•Provincial and national level consultative meetings that looked at the drivers of the HIV epidemic and gaps in prevention interventions. •Literature review of available documents i.e. Zambia Sexual Behaviour Survey, Zambia Demographic Health Survey, NASF review report, Modes of Transmission report, Epidemiological Synthesis Study •Consultations with civil society organisations including local and international NGOs •Visits to service delivery areas i.e. rural health centres and hospitals and conducting interviews with service providers

98)

4.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 47

99)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

100)

Since 2007, what have been key achievements in this area:

•The drop in the prevalence rate from 16 to 14.3% •The increase in BCC activities related to HIV prevention •The promotion of male circumcision as an HIV prevention strategy •The expansion of PMTCT services to most government clinics •The increased activity in condom distribution •The intensified media campaigns to address multiple concurrent partnerships •The scaling up of male circumcision

101)

What are remaining challenges in this area:

•There are still areas that have not been reached with HIV prevention interventions. •The HIV prevention interventions are not adequately evaluated •Factors such as cultural practices have continued to dilute efforts •Inadequacy in qualified personnel including for PMTCT. •The shift of emphasis to treatment and care has left HIV prevention needs unattended. •Sustainability of solutions/interventions

Page 48

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

104)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

105)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

•Through monitoring data by NAC and implementing partners. For example, data from HIV testing sites is used for such purposes and consultations are held with various implementing partners •Population based and other survey and specifically the Zambia Demographic Health Survey also gives an indication of the specific needs in the area of treatment through the HIV testing exercise as well as on the number of orphans and their needs •Discussions at various levels with different stakeholders

107)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	Agree

Page 51

108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

109)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

Page 52

110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

ARVs and condoms

Page 53

111)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

112)

Since 2007, what have been key achievements in this area:

The development and approval of new protocols for ART The availability of free ART in all the 72 districts and inclusion of more health centres to administer ART Increased numbers of people accessing ART Significant increase in paediatric ART uptake Workplace provision of ART Formation of support groups for people on ART which has also improved adherence Training of health workers and community health providers in ART services.

113)

What are remaining challenges in this area:

Distance to the health centres is a challenge especially in remote parts of the country. Treatment adherence is also compromised by erratic nutritional support Shortage of qualified staff at the health centres affects effective implementation of ART considering the competing needs Stigma is still a challenge in HIV treatment Availability of laboratory equipment remains a challenge especially in rural areas

Page 54

114)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

115)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

116)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

117)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 56

118)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the rounded percentage (0-100)

16

119)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

120)

Since 2007, what have been key achievements in this area:

•Increase in the number of OVCs benefiting from mitigating services e.g. educational and nutritional support •Increased NGO activity in giving support and care for OVCs. •The government initiated skills training programmes to empower OVCs through the Zambia National Service. •Continued training of community care providers to support OVCs •Development of the Zambia Council for Children Bill which has been approved by cabinet

121)

What are remaining challenges in this area:

The support given to orphans is not comprehensive enough. For example, educational support needs to cover the whole educational cycle and not just end at primary education as is a case for the support given to most orphans. Care givers of orphans are also not adequately supported especially in the area of material support The growing number of orphans and vulnerable children outpaces the support that can be given. There is need to increase funding to the orphanages The capturing of information on OVCs and general monitoring mechanism for activities related to OVC support need to be improved-there is no database on OVCs The street kids rehabilitation program lacked follow up

Page 57

122)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

123)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2006

124)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2010

125)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

126)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

127)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners (0)

Page 60

128)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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129)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

130)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

Page 62

131)

Part A, Section V: MONITORING AND EVALUATION

3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

12

132)

3.2 IF YES, has full funding been secured?

Yes (0)

133)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

134)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

135)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

Through a national M&E system assessment conducted annually i.e. Joint Annual Program Review. The Joint Mid-term Review of the National AIDS Strategic Framework of 2009 also comprehensively assessed the M&E plan Quarterly data audits at district and provincial level

136)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

137)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	No
Elsewhere? (please specify)	

138) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

11

139) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

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140)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of <u>all</u> the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M&E Director	Full time	2007
Permanent staff 2	M&E Specialist	Full time	2005
Permanent staff 3	M&E officer	Full time	2009

Permanent staff 4	MIS Specialist	Full time	2005
Permanent staff 5	Programmer Statistician	Full time	2008
Permanent staff 6	Librarian	Full time	2008
Permanent staff 7	Resource Centre Specialist	Full time	2005
Permanent staff 8	Data Entry Clerk	Full time	2006
Permanent staff 9	IEC officer	Full time	2008
Permanent staff 10	UNAIDS M&E Advisor	Full time	2005
Permanent staff 11	Secretary	Full time	2005
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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141)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

142) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

Partners are supposed to submit reports on a quarterly basis in accordance with the M &E framework. The M&E working group which meets on monthly basis, Dissemination workshops/conferences The NACMIS and the national data collection tool-NARF. The NAC Activity Reporting System is also in place to compel partners to submit the required number of NAC Activity Report Forms.

143)

What are the major challenges?

Late production and submission of reports, Poor record keeping by some partners, Incompleteness of reporting forms due to lack of understanding of the indicators Existence of parallel monitoring and evaluation tools not aligned to NAC Absence of the legal framework to compel partners to submit data.

Page 70

144)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly (0)

145)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

146) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

•Civil society organisations including PLWHA, church organisations, NGOs have a key role to provide guidance in the implementation of the National M&E system. •Assessment of the M&E systems performance

147)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

148)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

The NACMIS managed by the National AIDS Council.

149)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

150)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

151) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

At provincial, district and facility levels

152)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

153)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

154)

Provide a specific example:

The development of the National HIV Strategic Framework (2006-2010) made reference to past monitoring and evaluation data including output, outcome and impact indicators data.

155)

What are the main challenges, if any?

•Low data quality •Lack of technical capacity at lower levels to manage data.

Page 75

156) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

157)

Provide a specific example:

Monitoring data has been used to project on treatment (ARVs) and prevention (condoms) resource needs

158)

What are the main challenges, if any?

Most NAC M&E staff are funded by donors and its not sustainable. No funding assistance at the district level

Page 76

159)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

5 (5)

160)

Provide a specific example:

Joint Annual Review Reports, MTR Report and Epidemiological Synthesis have been used for planning and the advocacy at the policy level during the HIV Prevention Convention Promotion of prevention

161)

What are the main challenges, if any?

Not all data is eadily available especially the MSM and IDU

Page 77

162)

Part A, Section V: MONITORING AND EVALUATION

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

163)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

164) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

20

165) **Please enter the number of people trained <u>at subnational level.</u>**

Please enter an integer greater than 0

90

166) **Please enter the number of people trained <u>at service delivery level including civil society.</u>**

Please enter an integer greater than 0

1500

Page 80

167)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

168) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

supervisoty missions, mentorship, quality assurance

Page 82

169) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

9 (9)

170)

Since 2007, what have been key achievements in this area:

The development of the NACMIS, The realignment and revision of the indicators to suite the HMIS needs, The joint annual programme reviews, In-house training in M&E, Training of PATFs and

DATFs in M&E

171)

What are remaining challenges in this area:

Some aspects of the M&E have not been completed, Need to expand on the M&E unit (staff) at the NAC directorate Lack of sustainability in the financing of M&E activities Absence of data at the lower levels e.g. on prevalence rates, Untimely dissemination of data Late and non production and submission of quarterly reports by partners Absence of targets for some key indicators

Page 83

172)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

173)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

The Citizens Economic Empowerment Act (2006) prohibits HIV based discrimination at workplaces The Employment Act stipulates that people cannot be discriminated against based on social status-this is a general law and is not specific to HIV and AIDS The Constitution of Zambia-has a clause protecting citizens against discrimination-this is also a general law and does not specifically identify protection from HIV related discrimination

174)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

175)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

176)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Ministry of Gender-provides guidelines on the protection of women Zambia Police and the courts of law handle cases of sexual violence against women and child defilement cases The prison system ensures that rights of prisoners are protected ZARAN, Legal Aid, Women and Law in Southern Africa, Women in Law and Development in Africa handle cases of HIV and AIDS related abuse

177)

Briefly describe the content of these laws:

•Sexual offences and Gender violence bill (in draft) for the protection of women against sexually related abuse •Defilement law-protecting children against sexual molestation

178)

Briefly comment on the degree to which they are currently implemented:

The police and the courts of laws have ably handled cases of gender based violence and child defilement and perpetrators have been tried and convicted with maximum sentences.

Page 86

179)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

180)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

181)

IF YES, briefly describe the content of these laws, regulations or policies:

Sodom Law: The penal code through the sodomy law describes homosexuality as unnatural and outlaws it making it punishable. Law on Prostitution: Commercial sex work is also a punishable offence under the statutory laws of Zambia. Sex education and condom distribution: While sex education is allowed in schools, the Ministry of Education does not allow the distribution of condoms in schools. Law on drug abuse- narcotics: IDU is an illegal practice and anyone found in possession or using drugs is sentenced to serve sentence.

182)

Briefly comment on how they pose barriers:

The Sodom law makes it difficult for homosexuals to seek and access relevant services, facilities and products related to HIV prevention, treatment, care and support. Condoms cannot be distributed in prisons and considering that the practice is common in prisons, prisoners have continued to engage in unprotected sex Sexually active school going children cannot easily access condoms and continue to engage in unprotected sex Sex workers cannot easily be reached out e.g. there is still no accurate estimates of number of sex workers in Zambia IDUs can also not be reached as it is a crime and there is very little that is known about this practice and the extent of the problem in as far as risky behaviours is concerned.

Page 88

183) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

184)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The HIV policy recognises that HIV and AIDS negatively touches and impacts on fundamental rights. The NASF further identifies the adoption of a human rights approach as a key guiding principle

185)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90

186)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

The Human Rights Commission handles cases of all form of discrimination Zambia AIDS Law Research and Advocacy Network (ZARAN) offers free services to people who have been discriminated against based on their HIV status. Zambia demographic and Health survey Zambia sexual behavioural survey Stigma Index Victim Support Unit of the Zambia Police Courts of law-the industrial court handles cases related to labour disputes

187)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

188)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

People Living with HIV and AIDS, risky groups and vulnerable populations by engaging civil society organisations such as NZP+, TALC, youths, the disabled, and women etc have taken part in the development of HIV and AIDS policies and strategies e.g. development of the National Strategy for the Prevention of HIV/STIs

189)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes

c. HIV-related care and support interventions Yes

Page 92

190)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

The Ministry of Health through the health facilities distributes free condoms. ARVs in government clinics are free. There is free nutritional support for PLWHAs and orphans. There is free HIV testing and PMTCT services for pregnant women visiting government health institutions for antenatal. There are also free VCT and services in government clinics and male circumcision is offered freely in government health facilities. Barriers include low male involvement in PMTCT, long distances to the health facilities, shortages of staff and laboratory equipment and inadequate food supplies However, the programs are donor supported and unsustainable ion the long run

191)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

192)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

193)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

194)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

The HIV policy make emphasis on the need for equity of access, “the government is committed to the promotion of equity of access to all HIV/AIDS/STI/TB treatment programmes and gender equity in making decisions in sexual relationships.”

195)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

196)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

•The National HIV and AIDS Strategic Framework 2006-2010 provides core BCC strategies for reaching out to risky groups •Free ART for all in need •Another indicative core strategy is ensuring that every pregnant woman has access to HIV/STI screening and testing. •Mobile VCT and ART follow-up to reach out to the hard to reach rural and remote populations. •Social programmes for reducing poverty for those families and communities affected by HIV and AIDS are recommended in the strategic plan.

197)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

198)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

199)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

Page 97

200)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

201)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

202)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes (0)

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203)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

•The Human Rights Commission of Zambia exists for the sole purpose of upholding and promoting human rights and handles cases of HIV and AIDS nature, •Every government ministry has an HIV/AIDS focal point person mandated to handle HIV and AIDS related issues including human rights abuses.

Page 99

204)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

205)

– Legal aid systems for HIV casework

Yes (0)

206)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes (0)

207)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

208)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

209)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: please specify	**Yes**

Page 101

210)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

211)

Since 2007, what have been key achievements in this area:

Policy awareness on HIV screening for employment purposes gained ground through sensitisation programs The institutionalisation of gender issues through the Gender Ministry will contribute to the promotion and protection of women's rights who are recognised as vulnerable to HIV The policy to roll out ART treatment to all people in need through government clinics is a big

achievement in ensuring equitable access to treatment. Civil society has been assertive in advocating for policies on human rights

212)

What are remaining challenges in this area:

The absence of a law directly protecting the rights of PLHIV with heavy reliance on general laws. Policy and law awareness on human rights is still low particularly in rural areas. Funding for human rights activities remains low compared to areas such as prevention The rights of the disabled in accessing information on HIV and AIDS are not respected as there are no messages on HIV and AIDS targeted at them. Need for improved political will in developing and enacting policies and laws that protect PLWHA. There is no law pertaining to the deliberate infection of a sexual partner

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213)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

7 (7)

214)

Since 2007, what have been key achievements in this area:

Through organisations such as the Zambia AIDS Law Research and Advocacy Network, policies and laws on human rights for PLWHA have been implemented through the free HIV and AIDS legal clinic Institutionalising the Victim Support Unit of the Police service

215)

What are remaining challenges in this area:

•Policy implementation is still very poor. E.g. the policy discouraging mandatory HIV screening for employment purposes has not been effectively implemented as some companies still practice it.
•Policies on the rights of PLWHA are not legally binding and they should be translated into law to make them enforceable.

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216)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

217)

Comments and examples:

•Through the Civil society Specialist within the NAC structure, civil society involvement has been adequately coordinated and encouraged. •NAC regularly invites civil society organisations to attend policy and strategy formulation meetings and other consultative meetings. •The drivers to the epidemic were identified at a conference organised by NAC and attended by civil society organisations among others. •Civil society participated in the formulation and review of the Fifth National Development Plan and specifically on the HIV and AIDS section •Through research, lobbying and advocacy, the civil society has played a key role in highlighting HIV and AIDS related issues to government

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218)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

4 (4)

219)

Comments and examples:

•The National AIDS Council is in the process of developing the follow-up National Strategic Framework and the civil society organisations have been attending planning meetings •Participation is however limited by invitations

Page 105

220)

a. the national AIDS strategy?

4 (4)

221)

b. the national AIDS budget?

4 (4)

222)

c. national AIDS reports?

5 (5)

223)

Comments and examples:

Civil society organisations' services are included in the National AIDS Strategy through submission of action plans to NAC which are subsequently integrated into the National AIDS

Strategic Framework. Civil society organisations submit reports to NAC through the NAC M&E systems. The annual report that NAC produces includes the services that the civil society provide The UNGASS report is to a large measure a product of wide consultations which include civil society organisations. Civil society is not fully involved in the budgeting process especially that they source their own funds. However, the estimated funding for the NASF 2006-2010 includes budgets from cooperating partners including JICA, USG, NORAD, DCI, SIDA, DFID and the EU.

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224)

a. developing the national M&E plan?

4 (4)

225)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

4 (4)

226)

c. M&E efforts at local level?

4 (4)

227)

Comments and examples:

NAC coordinates the Monitoring and Evaluation Theme Group and civil society organisations are key to the activities of this group. As civil society organisations have their own M&E systems, these also feed into the NAC/national M&E system including in the reports that NAC produces. HIV and AIDS indicators also apply to all organisations working on HIV and AIDS and civil society organisations are equally responsible for reporting on these indicators. The civil society continues to take part in the monitoring and evaluation retreats organised by NAC. NAC coordinates HIV and AIDS activities from national up to the local level.

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228) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

229)

Comments and examples:

•NAC coordinates various technical theme groups of which membership is drawn from diverse organisations. •In December 2009, NAC held a strategic planning meeting in which organisations

representing youths, women, faith based, people living with HIV and AIDS, sex workers etc were present.

Page 108

230)

a. adequate financial support to implement its HIV activities?

4 (4)

231)

b. adequate technical support to implement its HIV activities?

4 (4)

232)

Comments and examples:

•NAC or government does not directly fund civil society organisations •Civil society organisations have been able to access funding from cooperating partners. However, smaller organisations including community based organisations fail to access funding due to lacking capacity in proposal development. •Technical support is available and accessible from the Ministry of Health as well as within the civil society organisations, bilateral and multilateral agencies. Trainings in various capacities are also held from time to time to boost the technical base.

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233) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	>75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	25-50%
Home-based care	>75%
Programmes for OVC**	>75%

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234)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

235)

Since 2007, what have been key achievements in this area:

•The active and constant involvement of diverse civil society organisations in government organised HIV and AIDS related meetings and workshops including theme groups and task force •Increased resource mobilisation among civil society organisations who were able to access funding from donors •Increased research activity spearheaded by civil society organisations including research on the drivers of HIV epidemic most of which has been integrated in the NAC documents. •There has been a noticeable expansion of civil society activities to hard to reach rural and remote areas

236)

What are remaining challenges in this area:

•The absence of government funding to civil society organisations in the area of HIV and AIDS •Reduced funding to some civil society organisations following the global economic crisis, •The varying benchmarks set by donors and NAC which have posed a challenge especially where integration is required

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237)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

Page 112

238)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

•Provincial and national level consultative meetings that looked at the drivers of the HIV epidemic and gaps in prevention interventions. •Literature review of available documents i.e. Zambia Sexual Behaviour Survey, Zambia Demographic Health Survey, NASF review report, Modes of Transmission report, Epidemiological Synthesis Study •Consultations with civil society organisations including local and international NGOs •Visits to service delivery areas i.e. rural health centres and hospitals and conducting interviews with service providers

239)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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240)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

241)

Since 2007, what have been key achievements in this area:

•The drop in the prevalence rate from 16 to 14.3% •The increase in BCC activities related to HIV prevention •The promotion of male circumcision as an HIV prevention strategy •The expansion of PMTCT services to most government clinics •The increased activity in condom distribution •The intensified media campaigns to address multiple concurrent partnerships •The scaling up of male circumcision

242)

What are remaining challenges in this area:

There are still areas that have not been reached with HIV prevention interventions. The HIV prevention interventions are not adequately evaluated Factors such as cultural practices have continued to dilute efforts Inadequacy in qualified personnel including for PMTCT. The shift of emphasis to treatment and care has left HIV prevention needs unattended. Sustainability of solutions/interventions

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243)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

244)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

•Through monitoring data by NAC and implementing partners. For example, data from HIV testing sites is used for such purposes and consultations are held with various implementing partners •Population based and other survey and specifically the Zambia Demographic Health Survey also gives an indication of the specific needs in the area of treatment through the HIV testing exercise as well as on the number of orphans and their needs •Discussions at various levels with different stakeholders

245)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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246)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

247)

Since 2007, what have been key achievements in this area:

The development and approval of new protocols for ART The availability of free ART in all the 72 districts and inclusion of more health centres to administer ART Increased numbers of people accessing ART Significant increase in paediatric ART uptake Workplace provision of ART Formation of support groups for people on ART which has also improved adherence Training of health workers and community health providers in ART services.

248)

What are remaining challenges in this area:

Distance to the health centres is a challenge especially in remote parts of the country. Treatment adherence is also compromised by erratic nutritional support Shortage of qualified staff at the health centres affects effective implementation of ART considering the competing needs Stigma is still a challenge in HIV treatment Availability of laboratory equipment remains a challenge especially in rural areas

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249)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

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250)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

251)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

252)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

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253)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 2.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the percentage (0-100)

16

254)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

255)

Since 2007, what have been key achievements in this area:

Increase in the number of OVCs benefiting from mitigating services e.g. educational and nutritional support Increased NGO activity in giving support and care for OVCs. The government initiated skills training programmes to empower OVCs through the Zambia National Service. Continued training of community care providers to support OVCs Development of the Zambia Council for Children Bill which has been approved by cabinet

256)

What are remaining challenges in this area:

The support given to orphans is not comprehensive enough. For example, educational support needs to cover the whole educational cycle and not just end at primary education as is a case for the support given to most orphans. Care givers of orphans are also not adequately supported especially in the area of material support The growing number of orphans and vulnerable children outpaces the support that can be given. There is need to increase funding to the orphanages The capturing of information on OVCs and general monitoring mechanism for activities related to OVC support need to be improved-there is no database on OVCs The street kids rehabilitation program lacked follow up