

Zimbabwe Report NCPI

NCPI Header

COUNTRY

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

Amon Mpofu

Postal address:

National AIDS Council P.O. Box MP 1311 Mount Pleasant Harare, Zimbabwe

Telephone:

002634-791170/1/2/8/790575, 00263772415145

Fax:

0002634-791243

E-mail:

ampofu@nac.org.zw

Describe the process used for NCPI data gathering and validation:

The questionnaire was circulated to all the participants before the day of the meeting. During the meeting participants were asked to reach a consensus and when a deadlock was encountered, the participants would vote. Data gathered was further validated in a large stakeholders meeting.

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

Further researches were done to clarify grey areas and in some areas voting was conducted to reach a consensus.

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

Misinterpretations of questions.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
National AIDS Council	Isaac Taramusi	Yes	Yes	Yes	Yes	Yes	Yes
National AIDS Council	John Marondo	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Labour and Social Services	Laizah Chourombo	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Higher and Tertiary Education	Fidelis Musegedi	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Defense	Stanford Chigumira	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health and Child Welfare	Mkhokheli Ngwenya	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Public Service	Ephias Chimanikire	Yes	Yes	Yes	Yes	Yes	Yes
WHO	Sarah Banda	Yes	Yes	Yes	Yes	Yes	Yes
National AIDS Council	Shorai Huwa	No	No	No	No	No	No
Consultant	Fabian Taziwa	Yes	Yes	Yes	Yes	Yes	Yes
Consultant's Assistant	Jonathan Mutsvanga	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
USG-PEPFAR	Tendayi Ndori- Mharaddze	Yes	Yes	Yes	Yes	Yes
Zimbabwe AIDS Prevention Service Organization	Thomas Kazonda	Yes	Yes	Yes	Yes	Yes
Zimbabwe National Network for People Living with HIV	Tendai Mhaka	Yes	Yes	Yes	Yes	Yes
Elizabeth Glaser Pediatric AIDS Foundation	Mildrate Murandu	Yes	Yes	Yes	Yes	Yes
Zimbabwe Congress of Trade Union	Nathan Banda	Yes	Yes	Yes	Yes	Yes
Zimbabwe Congress of Trade Union	Mildred Mudzudzu	Yes	Yes	Yes	Yes	Yes

Padare	Obert Chigodora	Yes	Yes	Yes	Yes	Yes
UNICEF	Judith Sherman	Yes	Yes	Yes	Yes	Yes
International Labour Organization	Ida Tsitsi Chimedza	Yes	Yes	Yes	Yes	Yes
UNDP	Rita Osei	Yes	Yes	Yes	Yes	Yes
UNAIDS	Gloria Billie	Yes	Yes	Yes	Yes	Yes
UNFPA	Samson Chidiya	Yes	Yes	Yes	Yes	Yes
National AIDS Council	Isaac Taramusi	Yes	Yes	Yes	Yes	Yes
National AIDS Council	John Marondo	Yes	Yes	Yes	Yes	Yes

A - 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

IF YES, what was the period covered:

2011 to 2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

Current Strategic Plan is a result based plan, monitoring impacts and outcomes. In addition there is programme prioritization based on high intervention. The development of the plan was informed the Modes of Transmission study conducted in 2010.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

National AIDS Council of Zimbabwe, Ministry of Health and Child Welfare,

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

SECTORS

Included in Strategy **Earmarked Budget**

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:

Public Service

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

ZDHS 2005/2006 quantified the proportion of Orphans and Vulnerable Children, women and girls, young men and women and mobile populations who are vulnerable.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Orphans and Vulnerable Children, women and girls, young men and young women and mobile populations.

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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 implementation?:

No

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

A planning workshop which involved National Association of Non-Governmental Organisations and Zimbabwe AIDS Network was held to give a multi sectoral input into Zimbabwe National HIV and AIDS Strategic Plan. Follow-up meetings involving legislators, faith based organisations, politicians, most at risk populations and people living with HIV to validate the Zimbabwe National HIV and AIDS Strategic Plan were also held.

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

Yes

1.9

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

Yes, all partners

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

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

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

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

No

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

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

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. 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

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

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

Yes

IF YES, for which population groups?:

HIV infected pregnant women on ART, Children and Adults less than 2 years on ART, TB/HIV clients on ART and all age groups of clients on ART.

Briefly explain how this information is used:

The information is used for planning, resource mobilisation, advocacy, reporting for national and international reporting and monitoring and evaluation.

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

We have national, provincial, district up to service/health delivery areas.

Briefly explain how this information is used:

The information is used for planning, resource mobilisation, advocacy, reporting for national and international reporting and monitoring and evaluation.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

Zimbabwe National HIV and AIDS Strategic Plan has a component of health systems strengthening and a move towards task sharing.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Reduction in HIV prevalence, development of Zimbabwe National HIV and AIDS Strategic Plan 2011 to 2015, Conducted a survey on HIV modes of transmission in the country to guide programming, development of the 2011 to 2015 Monitoring and Evaluation plan to monitor implementation of the Zimbabwe National HIV and AIDS Strategic Plan 2011 to 2015, grants received from Global Fund Round 5 and 8 Phase One, Scale up and decentralisation of ART programme, increase in ART coverage from 35% in 2009 to 80% 2011, decentralisation of ART programme and adoption of male circumcision initiative 2010.

What challenges remain in this area:

Dwindling funding in HIV programming, Delay in disbursements of funds from funding partners and human resources loss due to brain drain.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Head of State support to the Zimbabwe HIV and AIDS Conference in 2011, Head of State support for the formation of the Zimbabwe Parliamentarians Against HIV and AIDS to spearhead the fight against HIV and AIDS. Most of the Head of State addresses have an HIV and AIDS component.

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Mr David Mutambara

Have a defined membership?:

Yes

IF YES, how many members?:

15

Include civil society representatives?:

Yes

IF YES, how many?:

5

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

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

IF YES, briefly describe the main achievements:

The country is adhering to the Three Ones principle of One Coordinating Body which is the National AIDS Council of Zimbabwe, One Strategic Plan which is the Zimbabwe National HIV and AIDS Strategic Plan 2011 to 2015 and One Monitoring and Evaluation System administered by National AIDS Council of Zimbabwe hence achieved the following: Harmonised reporting, one shared vision, multi-sectoral approach in HIV response, Behaviour Change programmes implemented in all districts in the country, implementation of National Action plan for Orphans and Vulnerable Children 11 and well coordinated funding.

What challenges remain in this area:

No regulatory instrument to ensure 100% reporting rate by implementers, dwindling funding.

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

2.5%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

Financial: Basic Education Assistance Module (BEAM)

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

No

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

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

9

Since 2009, what have been key achievements in this area:

Formation of Zimbabwe Parliamentarians against HIV and AIDS, incorporation of HIV and AIDS curricula in all education syllabuses at all levels.

What challenges remain in this area:

The legal and policy framework is not tolerant to men having sex with men, sex workers and Injected Drug Users (IDUs)

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No
Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Section 23 of the constitution of Zimbabwe.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Those whose rights have been violated in the government can appeal to the public service commission or the Ombudsman. There are victim friendly courts and victim friendly units under police.

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

Degree of implementation is poor because of low levels of awareness in the public service.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

Sexual Offences Act: Those who wilfully transmit HIV will be sentenced up to 20 years in prison. Sex work is criminalised under miscellaneous offences act.

Briefly comment on how they pose barriers:

Sodomy Act: Criminalises men having sex with men.

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

No

Avoid commercial sex:

No

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

-

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in _____

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

Yes

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

Yes

Briefly describe the content of this policy or strategy:

Zimbabwe Communication Strategy supporting the elimination of new HIV infections in children and keeping mothers and their children alive 2011 to 2015. National Communication Strategy is in its draft form. Behaviour Change Communication Strategy for Vulnerable People ended in 2010. Population Services and International Communications on TB.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	No	No	Yes	No	-
No	No	No	No	No	-
No	No	No	Yes	Yes	Mobile population
No	No	No	No	No	-
No	No	No	Yes	No	-

No	No	No	Yes	No	-
No	No	Yes	Yes	No	-
No	No	No	No	Yes	Orphans and Vulnerable Children

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

Establishment of drop in centres for sex workers, situational analysis in prisons-prison study, reduction in sex partners.

What challenges remain in this area:

Restrictive policy for men having sex with men, sex workers and injected drug users.

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

Yes

IF YES, how were these specific needs determined?:

Through HIV Modes of Transmission survey.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

N/A

Risk reduction for sex workers:

N/A

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Provision of ART services to adults, children, TB/HIV clients and pregnant women.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Strongly Disagree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Cash transfers to households: US\$25 per month covering 250 000 households. Basic Education Assistance Module in schools, Health Assistance-payment of medical bills.

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

Yes

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

Yes

IF YES, for which commodities?:

ARVs, HIV Test Kits

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

ART coverage increased from 35% in 2009 to 80% in 2011, TB/HIV Collaboration, Adoption of WHO ART Guidelines of 2010, Decentralisation of ART services, Establishment of ART follow-up sites, Improvement in availability of ART drugs, Continued support from International partners in procurement of ART Commodities for the scale-up of Treatment and Care

What challenges remain in this area:

Nutritional Support for People Living with HIV, Dwindling HIV and AIDS funding, Delay in initiation of TB/HIV patients on ART, Inadequate CD4, Haematology, Bio Chemistry machines to monitor clients on treatment.

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

vulnerable children?:

Yes

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

Yes

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

Yes

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

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

32%

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

5

Since 2009, what have been key achievements in this area:

Rolling out of Orphans and Vulnerable Children Village Area Register,Pooled Funding in terms of Program of Support for Orphans and Vulnerable Children,Revitalisation of Basic Education Assistance Module in 2009 and Establishment of Assisted Medical Treatment Orders.

What challenges remain in this area:

No cash transfers were done in 2010,Coordination gaps within the coordinating ministry especially in sub-national level structures and Inadequate funding.

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

Limited funding to implement Monitoring and Evaluation activities.

1.1 IF YES, years covered:

2011-2015

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

Yes, all partners

Briefly describe what the issues are:

All outcome areas are addressed in the Monitoring and Evaluation plan.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

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

Yes

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

6%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

Limited funding for Monitoring and Evaluation activities

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

M & E Director	1	-	2004
M & E Coordinator	1	-	2004
IT Coordinator	1	-	2004
Database Officers	11	-	2004
provincial M & E officers	20	-	2004

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

-	-	-	-
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4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

Quarterly Monitoring and Evaluation meetings, distribution of hard and soft copies of reports and publishing reports

What are the major challenges in this area:

Under reporting by implementing partners

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

Yes

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

Yes

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

Country Response Information system (CRIS) managed by National AIDS Council Information Technology section under Monitoring and Evaluation. National Database for Research and Surveys managed by National AIDS Council.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

From National, provincial, district and up to Health Facility Level

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

Resource mobilization

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

Programme planing like in the development of national strategic plans, resource allocation when budgeting and programme monitoring and evaluation like evaluation of the impact of Behaviour Change programme.

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

At national level?:

Yes

IF YES, what was the number trained:

29

At subnational level?:

Yes

IF YES, what was the number trained:

125

At service delivery level including civil society?:

Yes

IF YES, how many?:

1580

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

mentorship

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

8

Since 2009, what have been key achievements in this area:

Evidence based programming, training in monitoring and evaluation, development of 2011-2015 Monitoring and Evaluation plan, Development of Global Fund Round 8 Performance Framework to mobilize resources, HIV Modes of Transmission study to inform programming, supporting researches and development of HIV research database and continual monitoring of incidence and prevalence using HIV National Estimates.

What challenges remain in this area:

Limited resources - only 6%, no patient monitoring system and limited data use at sub-national level.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

Civil society has been actively involved in policy and strategy formulations like during the development of National HIV and AIDS Strategic Plan for 2011-2015, civil society was actively in involved from the drafting to the validation of the plan. The civil society was involved in Zimbabwe HIV and AIDS conference held in 2011. Civil society lobbied Parliamentarians to adhere to the Abuja declaration during the budget formulation process in 2011.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") 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)?:

5

Comments and examples:

Civil society was actively involved from the drafting to the validation of the National HIV and AIDS Strategic Plan. The process was consultative and representatives from members of the civil society were present.

3.

a. The national HIV strategy?:

5

b. The national HIV budget?:

3

c. The national HIV reports?:

5

Comments and examples:

Civil society is included in the National HIV strategy and there are outcomes areas that they contribute to in the strategy. Civil society services are mainly not included in the budget only half of them are included in the budget. The national reporting system is all inclusive where every implementer including the civil society have to complete a report on monthly basis using a standard reporting tool (National HIV and AIDS Report Form) and forward it to National AIDS council.

4.

a. Developing the national M&E plan?:

4

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

:

4

c. Participate in using data for decision-making?:

3

Comments and examples:

When developing the National Monitoring and Evaluation Plan for 2011-2015, there was wider consultation of stakeholders that included the civil society and they were also checking whether their components have been included in the plan. The National Research Monitoring and Evaluation Advisory Group have representatives from the civil society. When planning programme for their sector, the civil society uses M & E data from the system

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

Its inclusive to other groups but the policy and legal framework shuns sex workers, men having sex with men, and IDUs

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

There is shift from civil society driven activities to government driven activities.

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

People living with HIV:

>75%

Men who have sex with men:

-

People who inject drugs:

-

Sex workers:

51-75%

Transgendered people:

-

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

<25%

Home-based care:

>75%

Programmes for OVC:**

25-50%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

8

Since 2009, what have been key achievements in this area:

Involvement and active participation in the development of Zimbabwe National HIV and AIDS Strategic Plan and the National Monitoring and Evaluation Plan for 2011-2015, involvement during the HIV and AIDS conference, and representation in Global Fund Country Coordination Mechanism meetings.

What challenges remain in this area:

Policy and legal framework which shun men having sex with men, sex workers and IDUs, Coordination of civil society and challenges in resource allocation.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

People Living with HIV have been actively involved in strategic formulation for example there was wide consultation of people living with HIV, key populations and other vulnerable sub-populations during the development and costing of the National HIV and AIDS Strategic Plan. There were also involved in the National HIV and AIDS Conference held in 2011.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

Section 23 of the Constitution of Zimbabwe

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Those whose rights have been violated in government can appeal to the public service commission or the ombudsmen. There are victim friendly courts and victim friendly units under police.

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

Degree of implementation is poor because of low levels of awareness in the public.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

-

Women and girls:

No

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

Young women and young men below the age of 16 cannot access HIV Testing and Counselling on their own because they are considered minors. Since the legal age of consent is 16 years, this implies that it is only for those who are 16 years and above. Sexual Offences ACT, states that those who wilfully transmit HIV will be sentenced up to 20 years in prison. Sex work is criminalised under Miscellaneous Offences Act.

Briefly comment on how they pose barriers:

Sodomy Act criminalises men having sex with men, thereby preventing them from accessing preventative methods, information, treatment, care and support.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

Gender Violence Act for 2011 states that any perpetrators of violence against women be sentenced.

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

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

HIV and AIDS Policy emphasises non discrimination in service provision. All population sub groups are entitled to HIV and AIDS services without discrimination. Review of the National HIV and AIDS Strategic Plan ensures continuous monitoring of these policies.

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

Yes

IF YES, briefly describe this mechanism:

There is a victim friendly unit under police for those victimised. There is also the labour act which enforces non-discrimination.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

HIV positive clients for ART services.

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

Yes

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

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

The strategy promotes equal access without discrimination of sub populations.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Zimbabwe has over the years developed and passed bills that help maintain the rights of the most vulnerable people in the country. For example the Criminal Procedure and Evidence Amendment Act No. 8 of 1997 was crafted in response to the increase in numbers of cases of sexual abuse of minors. Subsequently, Victims Friendly Courts were created to ensure that sexually abused minors testify freely without fear. In a related development, the Criminal Procedure and Evidence Amendment Act and the Sexual Offences Act of 2000 that criminalizes the wilful transmission of HIV even between husband and wife were amended. A stiffer penalty of 20 years for rapists convicted of raping and infecting their victims with HIV was included in the Sexual Offences Act of 2000. The Child Adoption Act (2006) allows for HIV testing in children up for adoption. In 2007 the Government of Zimbabwe enacted the Domestic Violence Act, which criminalises all forms of violence such as psychological, physical and sexual. The legislation to date has been aimed at protecting those who are often vulnerable in society, including women, children, orphans and people with disabilities.

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

Yes

IF YES, briefly describe the content of the policy or law:

Discrimination of HIV positive people is prohibited by GOZ under National HIV and AIDS Policy of 2000 and the Statutory Instrument (SI 202) of 1998.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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

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

Yes

IF YES on any of the above questions, describe some examples:

There is the Zimbabwe United Nations Assistance Framework and Universal Periodic Review documents which periodically monitor compliance with human rights standards.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

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

Yes

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

8

Since 2009, what have been key achievements in this area:

The government set up a human rights commission.

What challenges remain in this area:

Legal and policy framework that shuns other sub populations like Sex Workers, Men having Sex with Men and Injected Drug Users.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

5

Since 2009, what have been key achievements in this area:

Enactment of Gender Based Violence Act of 2011 Medical Research Council of Zimbabwe allowed a study to be conducted on sex workers

What challenges remain in this area:

Policy and legal framework remains restrictive.

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

Through Modes of Transmission Survey Review of Behaviour Change Programme Analysing routinely collected Monitoring and Evaluation data to identify the gaps.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

-

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

-

Risk reduction for men who have sex with men:

-

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

Voluntary male circumcision

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Multisectoral approach to HIV and AIDS response. Implementation of WHO guidelines of 2010. Implementation of male circumcision. Holding of the Zimbabwe HIV conference

What challenges remain in this area:

There is limited funding. There is no cost extension for Global Fund.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

ART gap analysis Analysis of routine monitoring and evaluation data to identify gaps. Review International and National guidelines, standards and national surveys/assessments

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Decentralisation of services. Task shifting and sharing. On job Mentor ship

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Strongly Disagree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Decentralisation of ART and OI services. ART coverage increased from 35% in 2009 to 80% in 2011 Establishment of ART follow-up sites TB and HIV collaboration. Support from government leaders Support from international partners to procure ART commodities. Adoption of WHO ART guidelines of 2010. Policy guidelines developed e.g. Nutrition, OI/ART guidelines

What challenges remain in this area:

Human resources and infrastructure for health Freezing of posts. Reluctant to adopt Intermittent Preventative Treatment Nutritional Support for People Living with HIV Dwindling HIV funding. Delay in initiation of HIV/TB patients on ART

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

Yes

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

Yes

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

Yes

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

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

32%

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

8

Since 2009, what have been key achievements in this area:

Rolling out of OVC register Pooled funding in terms of programme of Support (PoS) Revitalisation of BEAM in 2009 Establishment of Assisted Medical Treatment Orders.

What challenges remain in this area:

No cash transfers were done in 2010 Coordination gap within the coordinating Ministry especially in sub-national levels. Inadequate funding