



NATIONAL HIV/AIDS/STI/TB COUNCIL

PROGRAMME IMPLEMENTATION STATUS REPORT THE PERIOD 1ST JANUARY TO 31 DECEMBER 2013

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ACRONYMS AND ABBREVIATIONS

ACSZ	Agriculture and Commercial Show of Zambia
AIDS	Acquired Immune-Deficiency Syndrome
AMICAALL	Alliance of mayors and Municipal Leaders on HIV/AIDS in Africa
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BCP	Behavior Centered Programming
CBO	Community-Based Organization
CCM	Country Coordination Mechanism
CDC	Centre for Disease Control and Prevention
CDF	Community Development Fund
CP	Cooperating Partner
CSO	Central Statistical Office
DACA	District AIDS Coordination Advisor
DATF	District AIDS Task Force
EMTCT	Elimination of Mother to Child Transmission
EPP	Estimates and Projections Package
GARPR	Global AIDS Response Progress Reporting
GIZ	Deutsche Gesellschaft fur Internationale Zusammenarbeit
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
HLM	High Level Meeting
HMIS	Health Management Information System
HTC	HIV Testing and Counseling
ICASA	International Conference on AIDS and STIs in Africa
ICT	Information Communication Technology
IEC	Information, Education and Communication
JFA	Joint Financing Agreement
JMTR	Joint Mid-Term Review
KP	Key Populations
MARPS	Most At Risk Populations
MCDMCH	Ministry of Community Development Mother and Child Health
MEP	National HIV & AIDS Monitoring and Evaluation Plan (2011-2015)
MOE	Ministry of Education
MOH	Ministry of Health
MOJ	Ministry of Justice
MSM	Men-having Sex with Men
NAC	National HIV/AIDS/STI/TB Council
NACAS	National HIV&AIDS Communication and Advocacy Strategy
NACMIS	NAC Management Information System
NARF	NAC Activity Reporting Form
NASF	National HIV&AIDS Strategic Framework
NTP	National TB Program
NZP+	Network for Zambian People Living with HIV
NWASCO	National Water Supply and Sanitation Council
OVC	Orphans and Vulnerable Children
PACA	Provincial AIDS Coordination Advisor
PATF	Provincial AIDS Task Force
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PSAF	Panos Institute Southern Africa
PSMD	Public Service Management Division
SADC	Southern African Development Community

SAfAIDS	Southern African AIDS Information Dissemination Service
SHARe	Support to the HIV&AIDS Response in Zambia
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
TDRC	Tropical Diseases Research Centre
TOR	Terms of Reference
TWG	Technical Working Group
UNAIDS	Joint United Nations program on HIV & AIDS
UA	Universal Access
UNDP	United Nations
UNGASS	United Nations General Assembly Special Session on HIV&AIDS
UNICEF	United Nations Children's Fund
UNJT	United Nations Joint Team
UNWTO	United Nations World Tourism Organization
UNZA	University of Zambia
USG	United States Government
USAID	United States Agency for International Development
VMMC	Voluntary Medical male Circumcision
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey
ZEMA	Zambia Environmental Management Agency
ZITF	Zambia International Trade Fair
ZMW	Zambian Kwacha

EXECUTIVE SUMMARY

Background

The adoption of the multi-sectoral and decentralized approaches to the implementation of the national response has created new opportunities for many and diverse stakeholders at all levels of the response. However, this has rendered the coordination and management of the response complex, dynamic and demanding. This complexity has resulted in stakeholders increasingly demanding *inter alia*, for a strong enabling policy, social and legal environment that support strategic partnerships and alliances, gender equality and respect for human rights. Additionally, this has called for strengthening existing coordinating structures including those at sector, provincial, district and community levels.

It is against this back drop that the Government of the Republic of Zambia (GRZ) designated the National HIV/AIDS/STI/TB Council (NAC) through an act of Parliament of 2002, to coordinate and manage the national multi-sectoral and decentralized response to the epidemic. The functions of the Council have been grouped under the following programmatic categories: policy and planning monitoring and evaluation, HIV and AIDS research; gender and human rights mainstreaming, multi-sectoral and decentralized coordination and support and resource mobilization. It is along these broad categories that NAC developed its third five year strategic plan for the period 2011 to 2015. This five year plan guides the Council in facilitating coordination and management of the national multi-sectoral and decentralized HIV and AIDS response.

To operationalise the strategic plan within the context of the National HIV&AIDS Strategic Framework 2011-2015, a National Operational Plan (NOP) 2011 – 2015 and other sector specific plans were developed. NAC develops an annual work plan and budget. The 2013 NAC budget was approved by the Council and Cooperating Partners (CPs) on 30th May 2013. The total budget requirement was estimated at ZMK 34,768,052 of which ZMK 10,881,324 was requested primarily from the Joint Financing Agreement partners (JFA). This was to be complemented by government, the United Nations Joint Team (UNJT) and United States Agency for International Development (USAID) partners such as Communication Support to Health (CSH), Support to HIV&AIDS Response (SHARe II) project and Centre for Diseases Control and Prevention (CDC) (see log frame in Annex 1).

To meet the leadership, good governance and programmatic expectations of the said partners, NAC is under obligation to provide periodic progress reports on the implementation of activities as specified in the workplan.

Key Result areas

This report therefore, provides highlights on activities undertaken by NAC from January to June 2013 and is in line with the following National Strategic Framework (NASF) results areas and their expected outputs:

1. **Enabling Policy and Legal Environment** to ensure that NAC coordinated and advocated for the development of the policy and legal environment necessary for effective implementation of the national multi-sectoral response by 2015
2. **Coordination and Management of the response** for an effectively coordinated and managed the multi sectoral HIV response at national and sub national levels.
3. **HIV and AIDS, Gender and Human Rights Mainstreaming** resulting in Public and Private sectors supported by NAC to effectively mainstream HIV and AIDS, gender and human rights within the workplace and programmes

4. **Capacity Development and Systems Strengthening** with view to increasing NAC's own capacity to coordinate and manage the implementation of NASF
5. **Resource Mobilization and Management** resulting in NAC having supported the mobilization, allocation and monitoring of funds for the multi-sectoral response to HIV and AIDS
6. **Monitoring and Evaluation, and HIV Research** - NAC generating and providing timely and relevant data and strategic information on the epidemic and the national response
7. **NAC Operations** to ensure smooth running of the NAC Secretariat to meet the outputs (i) to (vi) above.

Progress in the key results areas

Enabling Policy and Legal Environment

Significant progress has been made in the policy review process as well as developing of the statutory instrument. A report covering stakeholders' views across the country was compiled to inform the revision of the Policy. Accordingly, a concept note was developed to guide the Policy Review and development of the Statutory Instrument. However, for both processes, delays were noted in the preparation of a new rights-based HIV Policy and the development of the Statutory Instrument.

NAC facilitated the approval of a PANOS Institute Southern Africa (PSAF) protocol on HIV prevention for sexual minorities and a second protocol by Population Council and NASTAD on formative assessment of HIV risk and size estimation and using census and enumeration methods among key populations most at risk of HIV, and integrated biological and psychological and behavioral (IBBS) among female sex workers in Zambia. Initial findings of the PANOS study confirmed that sexual minorities presented a concentrated epidemic which required targeted interventions in order to arrest the spread of HIV infection amongst sexual minorities and the general population. By December 2013, the Population Council/NASTAD study was yet to commence.

Whilst these gains have been made, more could have been done. Lessons learnt include creating an enabling environment for consensus around policy issues. Therefore, there is need to expedite the policy review process. In addition, the two studies need to be finalized in order for results to feed into the revision of the National AIDS Strategic Framework (NASF 2011-2015)

Response Coordination and Management

Coordination is the cornerstone of NAC's mandate. Some notable achievements in this area include the commencement of the process of devolving response coordination and management to the Local Authorities through the migration of the position of District AIDS Coordinating Advisors into Local Authorities and also strengthening of District HIV and AIDS Strategic Plans focusing on high impact interventions and setting service standards for District AIDS Task Force (DATFs).. Additionally, progressive effort was noted in the exploration of innovative ways of local resource mobilisation for the national response such as integration of HIV and AIDS, and Gender into Environmental Impact Assessments and also through Public Private Partnerships. Local Authorities have resolved to allocate 5 percent of the CDF to HIV & AIDS activities. There is need however, to quicken the processing of tapping into financial resources that are available in

environmental capital projects in order to strengthen effective coordination and management of the multi sectoral HIV response at national and sub national levels.

HIV and AIDS, Gender and Human Rights Mainstreaming

The introduction of Gender Score Card has been a milestone in tracking progress on issues related to girls women and HIV. Further, NAC's efforts to ensure that the three cross cutting issues are mainstreamed simultaneously have resulted in increased knowledge in the obligations of both Public and Private sectors. Whilst there have been great success in this area it was observed that there has been much information sharing and documentation on best practices particularly on private sector workplace programs. This calls for developing a strategy on how to fully engage the private sector in the response.

Capacity Development and Systems Strengthening

Efforts to increase NAC's own capacity to coordinate and manage the implementation of NASF 2011 – 2015 continued. This is evident in the completion of the first phase of the realignment process undertaken by the institution. The efforts included the introduction of performance-based staff contracts. During the review period, lack of funds reversed some of the gains made as resulting in uncertainty among staff and key technical positions falling vacant at both national and sub-national levels. There is need to ensure that funds are readily available in order for personnel to gain confidence in the institution and to retain key staff.

Resource Mobilization and Management

Resource mobilization is one of NAC's main functions as stipulated in the NAC Act of 2002. In the light of dwindling financial resources to the sector in recent years, NAC sought to engage non-traditional partners as potential financiers. These included the local authorities to allocate 5 percent of the council budget to HIV & AIDS activities, the Road Development Agency (RDA) and the Zambia Environment Management Authority (ZEMA). The DATFs have also engaged local and international partners to support their operations and programs. These initiatives are innovative ways of sustaining local funding for the HIV response. A resource mobilization strategy was developed to guide the process of mobilizing resources for response coordination and management

Monitoring and Evaluation, and HIV Research

NAC strives to generate and provide timely and relevant data and strategic information on the epidemic and the national response as per provisions of the National HIV & AIDS Monitoring and Evaluation Plan (MEP). Activities undertaken during 2013 included the Joint Mid-term Review (JMTR) of the NASF 2011 -2015, and participation in the Zambia Demographic and Health Survey (ZDHS). Other notable achievements during the period under review include the preparation and timely submission of the Global AIDS Response Progress Report (GARPR) and the Midterm review of the 10 Target Elimination Commitments Report in accordance with the 2011 United Nations General Assembly High Level Meeting. At a local level, the **nacmisonline**, the web-based routine data collection tool has proved to be a popular planning instrument among partners. Despite the successes scored, several challenges were encountered under the M & E key result area. As with all the other result areas, delayed funding delayed the timely execution of most of the planned activities.

NAC Operations

In order to ensure smooth running of the NAC Secretariat, support activities continued to be undertaken. Operational funds to the PATFs and DATFs were disbursed and staff salaries were paid despite the delayed funding. NAC also embarked on harmonizing the 2013 staff emoluments in line with the Ministry of Health requirements. The financial transactions were well maintained and up-to-date using the NAVISION accounting system. Further to this the Audits of UNFPA , UNDP and JFA funded activities were concluded.

Conclusions

The year 2013 saw enhanced visibility, ownership and leadership of Government and the National AIDS Council in particular on coordinating the multi-sectoral national HIV and AIDS response. Generally NAC undertook to implement all planned activities under the JFA and GRZ over the period under review. However, much of the planned activities were implemented successfully with support obtained from notably the USG and UNJT. Dependency by NAC on external support requires expeditious conclusions on the local health fund agenda. Efforts have been made in fostering partnerships that will ensure the sustainability of HIV programs particularly at sub-national levels with the exploration of accessing locally available funds.

1.0 INTRODUCTION

Zambia has one of the highest HIV prevalence rates in the world. With an adult HIV prevalence rate of 14.3% the country in 2008 was ranked seventh among the most affected countries in the world (UNAIDS). The epidemic has spread across all sectors of society, and threatens to reverse the socio-economic gains attained over the past years. For over 25 years, the Government of Zambia (GRZ), national and international organizations have committed themselves to work together towards universal access to HIV prevention, treatment, care and support. The Government commitment is further enshrined in the country's long-term Vision that aims to have a "nation free from the threat of HIV and AIDS by 2030", where Zambia has further committed herself "to halt and begin to reverse the spread of HIV' by 2015 as agreed in the Millennium Development Goals (MDG).

This program implementation report gives an account of the progress made on activities undertaken by the National HIV/AIDS/STI/TB Council (NAC) as part of its work plan covering the period 1st January to 31st December 2013. It is intended to provide an update to the Council, Cooperating Partners and other stakeholders on the various programs implemented by NAC as well as shed light on the focus for planned activities for 2014.

The report contains an executive summary which provides a synopsis of the key achievements, constraints encountered and lessons learned during the course of executing the activities. The report is organized according to the approved NAC work plan and budget for 2013 in line with the seven (7) key result areas as indicated below:

KEY RESULT AREAS

1. Enabling Policy and Legal Environment
2. Response Coordination and Management
3. HIV and AIDS, Gender and Human Rights
4. Capacity Building and Systems Strengthening
5. Resource Mobilization and Management
6. Monitoring Evaluation and Research
7. NAC Operations

2.0 ENABLING POLICY AND LEGAL ENVIRONMENT

2.1. Background

The multi-sectoral HIV response is coordinated by the National HIV/AIDS/STI/TB Council (NAC) which came into existence by an Act of Parliament in 2002. The mandate of NAC as stipulated by the Act is *“To coordinate and support the development, monitoring and evaluation of the multi-sectoral national response for the prevention and combating of the spread of HIV and AIDS, STI and TB in order to reduce the personal, social and economic impacts of HIV and, AIDS, STI and TB”*. In 2005, the National HIV/AIDS/STI Policy, which outlines the government’s understanding of the HIV & AIDS epidemic and how it impacts various sectors of the economy was developed. The policy comprises measures to inform and guide stakeholders in the development of their sectoral or institutional-level HIV and AIDS policies and programs.

Therefore, with the establishment of NAC and existence of the policy supported by many other national and internal mechanisms, a lot has been achieved in fostering a coordinated approach in the multi-sectoral HIV response mainly through strategic planning and monitoring of players in the HIV field. However, several challenges still abound in the operation of the Council in terms of realizing the intended purpose of the provisions of the Act and the Policy of 2005 which can be attributed to a weak legal framework and outdated policy document. This is manifested by difficulties experienced by NAC in coordinating various players and bringing them together to achieve critical joint activities such as information sharing, planning and leveraging of scarce resources. Because NAC has no legal basis upon which to compel players in the national response to cooperate, the benefits realized from the coordination efforts do not, in most cases, reflect the reality let alone match the time and resources invested.

Given the emerging issues around HIV & AIDS, the multiplicity of players in the sector coupled with dwindling financial support for coordination of the response, there was dire need for a review of the HIV Policy and development of an accompanying Statutory Instrument (SI) which would provide an enabling environment responsive to this critical sector.

2.2. Activities Implemented

a) Policy Review and Development of a Statutory Instrument:

During the period under review, efforts towards the review of the HIV Policy and development of a Statutory Instrument had commenced. A report on stakeholders’ consultations was prepared and shared with the Ministry of Health. The Ministry had been engaged to strategize on how the optimum process of policy review could be taken forward. A concept note to this effect had been drafted articulating the need for policy review and proposed review process. The policy review will be conducted concurrently with the development of the Statutory Instrument.

b) Development of response strategies on policy and legal barriers to universal access for Key Populations:

Laws that criminalize same sex relations and sex work have presented obstacles to effective HIV prevention for sex workers (SW) and men having sex with men (MSM). Specifically, the

Penal Code, Cap 87 of the Laws of Zambia classifies same sex relationships as unnatural and punishable by law. Similarly, section 19 of the Prisons Act, Cap 97 categorizes sodomy as a major prison offence. The illegality of these activities has hampered local research undertakings on and provision of services to key populations and vulnerable groups. In an effort to create an enabling legal and policy environment, priority strategies in the National HIV&AIDS Strategic Framework (NASF) 2011 - 2015 include generating public awareness of the legal barriers that prevent most at risk populations (MARPS) from accessing and utilizing HIV services. The strategies are also focus on ensuring that human rights issues are adequately addressed to reduce stigma and discrimination whilst promoting the dignity of People Living with HIV (PLHIV) and key populations.

After years of declining requests for research on key populations, a Panos Institute Southern Africa (PSAF) protocol on “HIV prevention for sexual minorities” was approved in 2011. During the period under review, data collection for this study was concluded and the final report compiled. The purpose of the study was to conduct comprehensive research aimed at characterizing high risk populations, their association with national HIV epidemics in Zambia and identification of opportunities for appropriate interventions. The study targeted MSM and WSW. Initial findings of the PANOS study confirmed that sexual minorities presented a concentrated epidemic which required targeted interventions in order to arrest the spread of HIV infection amongst sexual minorities and the general population. The findings will have critical implications for the design of preventive programs for sexual minorities. It is also anticipated that the findings of this study will provide a better understanding of how sexual minorities fit into the web of multiple concurrent partnerships and the general population.

Another research protocol, entitled “Formative assessment of HIV risk and size estimation using census and enumeration methods among sex workers (SWs) and their clients, men who have sex with men (MSM), and drug users in Zambia and integrated biological and behavioral survey among sex workers in Zambia” submitted by Population Council has received approval. The overall objective of this project is to increase knowledge on key populations and HIV prevalence among these populations and thus enable HIV prevention, counseling, testing and treatment programs to better serve key populations.

Final reports on the two studies will be available in 2014.

c) Standardization of Knowledge Management Guidelines

NAC has been committed to ensuring that stakeholders understand the use of evidence for high impact HIV intervention programs. As such, the development of a comprehensive Knowledge Management Strategy (KMS) is one of the key deliverables of the NAC 2013 Annual Workplan for improving the collection, processing and sharing information to a broader circle of users as approved by the Council and cooperating partners in 2012. The aim of the KMS is to provide NAC and its partners with the framework and tools required for effective synthesizing and sharing of information.

The development of a comprehensive HIV Knowledge Management Strategy has commenced with Terms of Reference for engaging a consultant having been drafted for review and adoption by the Knowledge Management Technical Working Group. Further to this the NAC Secretariat has also been working in collaboration with Jhpiego to upgrade and improve the functionality of its website to deliver more HIV documents and information.

2.3. Main Results

In creating an enabling policy and legal environment for HIV & AIDS, NAC demonstrated leadership through engagement of key stakeholders in the Policy review and Statutory Instrument development. Notable amongst the stakeholders was Cabinet Office, Ministry of Justice, Law Development Commission, Ministry of Health, Share II project amongst others. Demonstration of leadership was also notable in the facilitation of the PSAF and Population Council studies.

In order to upgrade and improve the functionality of the NAC website to deliver more HIV documents and information, a Memorandum of Understanding (MoU) was drafted to spell out the obligations of NAC and Jhpeigo in its execution.

2.4. Lessons Learnt

One of the key lessons learnt is that creating an enabling policy and legal environment for HIV & AIDS requires extensive stakeholder consultations in order to reach consensus on the provisions of both the policy and other related legal instruments.

2.5. Constraints

Delayed approval of the 2013 work plan and budget and subsequent disbursement of funds was a major impediment to implementation of the activities. This was also attributed to other competing undertakings such as the JMTR process taking place during the same period and requiring wide consultation.

2.6. Way forward

As a way forward, there is need to hasten implementation of the planned activities particularly on the policy review and development of the SI. Provisions of the PSAF and Population Council studies will inform the NASF revision process, therefore there is need that the reports are finalized and approved before the conclusion of the new NASF.

3.0 RESPONSE COORDINATION AND MANAGEMENT

3.1. Background

The coordination and management of the national response is the mainstay of NAC's mandate. As such, NAC on behalf of Government subscribes to the "Three Ones Principle" of a) One national strategic framework b) One coordination body and c) One monitoring and evaluation plan are actualized. To undertake this function effectively, there has been a need to strengthen existing coordinating structures at sector, provincial, district and community levels. Under this realm activities conducted related to social mobilization for HIV service demand creation, building visibility of NAC as well as strengthening national and sub-national structures through coordination and BCC interventions.

3.2. Activities implemented

In the period under review, the Communications Unit implemented several activities which included the following:

- a) 3rd National HIV Prevention Convention.
- b) Revival of the IEC/BCC Technical Working Group.
- c) Signing of a Memorandum of Understanding between NAC and JHPIEGO.
- d) Revival of the IEC/BCC Technical Working Group
- e) Demand creation for high impact interventions
- f) NAC Corporate Visibility
- g) Dissemination of IEC Materials
- h) Coordination activities
- i) Behavior Change Communication

3.2.1 3rd National HIV Prevention Convention

The 2013 National HIV Prevention Convention was the third in series held biannually from 2009. His Honour the Vice President of Zambia Dr Guy Scott officially opened the Convention attended by about 600 delegates mainly from the country's rural communities. The Convention was also attended by high profile international delegates who included UNAIDS Deputy Executive Director Jan Beagle.

The total expenditure on the Convention was K1, 421,347.17 financed by Government of the Republic of Zambia through ministries of Health and Community Development, Mother and Child Health as well as several cooperating partners. The Convention Report has been produced with the support of ZPI. Efforts are underway to produce a documentary of the proceedings of the Convention.



3.2.2 Revival of the IEC/BCC Technical Working Group

The revival of the IEC/BCC Technical Working Group saw the election of the Ministry of Education and MISA Zambia as Chair and Vice respectively. Some of the recommendations of the TWG were to form sub national TWGs, conduct supervisory visits to sub national TWGs, develop and share calendar of events(campaigns, traditional ceremonies, commemoration days, meetings, etc) and to publicise the existence of the national and sub national TWGs.

3.2.3 NAC/JHPIEGO MoU

- a) Through this MoU, JHPIEGO has committed to support the NAC Resource Centre in upgrading of ICT infrastructure through the provision of desktop computers, printers and attendant internet access equipment.¹
- b) JHPIEGO will also support the transfer of the web-based guideline from the Johns Hopkins website to be hosted on the NAC website.
- c) Under the MoU, JHPIEGO also undertakes to support the training of NAC staff in website management whilst providing technical support for maintenance of the NAC website which will host the “Zambia HIV Guide.”

3.2.4 Demand creation for high impact interventions

NAC has promoted innovative strategies to create demand for HIV prevention, treatment and care as well as Sexual Reproductive Health (SRH) services particularly among the young Zambian population aged 15-24 years.

During the period under review NAC in collaboration with the Ministry of Community Development, Mother and Child Health (MCDMCH), Ministry of Education (MoE) and United Nations Children Fund (UNICEF) embarked on modeling ‘*Universal HTC Campaign*’ to inform future national level planning for counseling and testing. The campaign geographical focus was all the five (5) districts in Lusaka Province targeting 150,000 young people aged 16-24 years in secondary and tertiary education institutions. The promotion which included road shows among other activities was held from 20th to 25th May 2013.



Figure 2. People queuing up for HCT services

¹ NAC/JHPIEGO Memorandum of Understanding document, 2013, pg 1.

Addressing bottlenecks to accessing ARVs

During the year under consideration, Kabwe DATF received a report, through one of its stakeholders, that some inmates and remandees at Mpima Prisons in Kabwe had not been receiving ARVs for three consecutive months. A series of meetings with relevant stakeholders brought to the attention of prison authority and MCDCH this grave situation. The van that was used to take inmates to hospital had been allocated to training for prisoner warders while MCDMCH was under the impression that CARISO was providing the service to the prisons when in fact, due to lack of funds, they had stopped providing the services. The Prison authorities swung into action and fixed the transport problems and inmates started receiving the drugs

3.2.5. NAC Corporate Visibility

a) Media Briefings

NAC in partnership with UNICEF designed and implemented a nationwide SMS-based innovative technology platform (U-Report), to ensure access to emergency HIV information for young people through SMS, real-time feedback and referral and linkages to other tool free platforms including the NAC (990 voice) and the tool free Childline (116) for gender based violence.

This media briefing was undertaken in collaboration with UNICEF and the Ministry of Youth and Sport. To create more awareness of NAC's coordination activities, NAC organized a fundraising breakfast aimed at soliciting for support of the Brother of Life Campaign from the private sector. A good number of private companies and statutory bodies participated in the event. The sum of ZMW 130,893 was raised in the form of pledges to ensure sustainability of the campaign which currently being supported by UNICEF.

b) Dissemination of IEC Materials

The NAC Secretariat and its sub-national structures strive to enhance its visibility through various channels. This includes coordination of exhibitions and dissemination of information at various fora. During the reporting period IEC materials were disseminated at the following events:

- i. Nc'wala Traditional Ceremony (23rd February, 2013)
- ii. Zambia U Report Lusaka Province (14th March 2013)
- iii. National TB Day in Mansa (24th March 2013)
- iv. Inter-Company Relay (15th June 2013)
- v. National VCT Day in Mazabuka (30th June 2013).
- vi. World AIDS Day (1st December 2013)

3.2.6. Coordination activities

a) Country Coordination Mechanism Annual Retreat

In order to review performance of the Global Fund national response, the Country Coordination Mechanism (CCM) went on retreat in May 2013. The general focus of the retreat was on reviewing technical assistance requirements for the coordination mechanism.

b) Global Fund (GF) Stakeholder and Constituency Consultative Meetings

Eight (8) Country Coordinating Mechanism (CCM) constituency meetings were planned for and all of them were implemented between February and March 2013. A stakeholder consultative meeting was also convened for adjudicating and approving the Global Fund proposals. To this effect the meeting reviewed the UNDP/MOH Round 8 and Round 10 phase two renewal.

c) Formulation of Decentralized HIV&AIDS Investment Plans for 5 cities²

A retreat was held from 13th to 15th March 2013 to finalize the training materials on leadership for good governance in HIV&AIDS service delivery. The overall objective of the retreat was to consolidate the “Leadership for Good Governance and Enhanced HIV&AIDS Service Delivery” training manual in the five cities of Lusaka, Livingstone, Ndola, Kitwe and Solwezi.

d) Development of the Leadership for Good Governance and Enhanced HIV&AIDS Service Delivery training Manual and Reader

A training was conducted in the use of the MOT/GOALS models for the cities from 7th to 11th October. Apart from the cities, all provincial staff also participated in the training. The thrust of the training was to strengthen the use of evidence in planning. As such, in the development of the Cities HIV&AIDS Investment Plans, the afore mentioned models were used. The models showed that new infections are occurring in young people aged between 15 to 29 years. Field missions were conducted from 27th October to 4th November 2013 to support the districts in situ to develop their Investment Strategic Plans. The strategic plans were also tailored to the investment approach. Lusaka and Solwezi launched their HIV&AIDS Investment Plans on World AIDS Day 2013.

e) Orientation of Councilors and Senior Council Management in HIV & AIDS Coordination Work

During the period under review the NAC and its partners' coordination have been pre-occupied mainly with building capacity in the Local Authorities to ensure they are equipped to provide leadership in mainstreaming HIV, AIDS, Gender and Human Rights in their routine programs. This approach has been phased starting with the larger cities (Lusaka, Ndola, Kitwe, Livingstone etc) as pilot intervention areas. Drawing from the lessons learnt, it is NAC's plan to roll out to all the remaining Local Authorities in the country.

f) External performance assessment of 15 District AIDS Task Forces (DATFs)

Under the auspices of Support to the HIV&AIDS Response in Zambia (SHARe II) Project, external assessors were trained and commissioned to appraise 15 pilot districts. The certification was based on standards and performance expectations derived from the District Coordination Toolkit. Of the fifteen (15) districts assessed, seven³ (7) met the performance expectations and were thus certified.

g) Orientation of DATFs and PATFs on Performance Improvement Standards and the District Coordination Toolkit

The approach outlined in (c) above was a means through which the toolkit was operationalized. The project further supported the rollout of the toolkit and provided an orientation to DATFs of some districts in Western, Muchinga and North-Western Provinces.

The roll out of the coordination tool kit was also, in the last half of the year, extended to the PATFs with the support of the SHARe II Project. This was the first time after a long time that the PATFs

² (Cities identified are Ndola, Lusaka, Kitwe, Solwezi, Livingstone)

³ Kalomo, Namwala, Chongwe, Kabwe, Kapiri-Mposhi, Ndola and Solwezi

were receiving capacity building aimed at system strengthening. The initial training was aimed at establishing performance baseline and, so far, eight out of ten PATFs have been trained

h) Thematic Pillar and Technical Working Group Meetings

NAC in collaboration with the UNJT convened a series of meetings to review the Terms of Reference (TORs) for the Impact Mitigation and Treatment Pillars. These meetings also reconstituted the membership of the pillars. Similarly the IEC/BCC Technical Working Group was re-constituted in April 2013 and orientation undertaken. This was followed by training in Behavior Centered Programming which was held in Kabwe for the IEC/BCC Technical Working Group members.

3.2.7 Behavior Change Communication

NAC continues to coordinate the alignment of stakeholders' BCC efforts to the National HIV & AIDS Communication and Advocacy Strategy and the NASF 2011 - 2015. This is undertaken through orchestrating participation in global and local commemoration days as well as other social mobilization events e.g. traditional ceremonies which attract thousands of people. This undoubtedly necessitates making accessible HIV prevention tools such as IEC materials condom distribution and other HIV services.

a) Commemoration Days and Traditional Ceremonies

During the period under review, BCC activities were undertaken at the following events:

- i. **World TB Day:** The national commemoration of the World TB Day was held in Mansa, Luapula Province on 24 March 2013. The event which was successfully coordinated and organized by the Luapula PATF and Mansa DATF was attended by the Deputy Minister Community Development, Mother and Child Health (MCDMCD) Hon. Jean Kapata and representatives of international organizations such as World Health Organization (WHO). Activities included community sensitization meetings for the youth on drug and alcohol abuse using the "Alcohol and You Toolkit".
- ii. **National Youth Day:** During the National Youth Day held on 12th March 2013, the Zambia U-Report was launched in Lusaka Province. This SMS-based initiative provides a platform for young people to ensure that their opinions are heard by stakeholders regarding HIV prevention, care and support.
- iii. **VCT Day:** Zambia observes VCT Day on 30th June annually and this year the event was commemorated under the theme "*Reaching Everyone Everywhere Annually with HTC Services*". The national launch was held in Mazabuka District in Southern Province with simultaneous satellite VCT Day activities held across the country in all districts.
- iv. **Other social mobilization activities:** These included the annual Inter-Company Relay which brought together thousands of participants to run for health and HIV. NAC participated in the organization of this marathon through the National Executive Committee as well as the Health Sub-committee. Through Lusaka DATF, NAC coordinated various implementing partners in showcasing and providing information and HIV services at the event. NAC with support from Centre for Disease Control and Prevention (CDC) and Communication Support to Health (CSH) coordinated the dissemination of information and provision of HIV services at the Nc'wala Traditional Ceremony which took place in Chipata in February 2013.

b) Approval of IEC Materials Production

In accordance with the National HIV&AIDS Communication and Advocacy Strategy and the Information Education Communication/Behavior Change Communication Guidelines, the IEC/BCC TWG reviewed posters and public service announcements on PMTCT, Condom use and VMMC. Of these, two were approved for production whilst the rest were pending action based on the recommendations of the committee.



3.3 Main Results

Following the launch of the Zambia U Report in Lusaka Province and by the end of June 2013, 10,454 youths country wide had registered for the service. More than five (500) hundred people undertook HTC services to know their HIV status during the Nc'wala ceremony alone. 10,908 information resources were distributed to partners and the general public during social mobilization events of which 4,180 were flyers, 54 magazines, 3,302 posters, 768 Books, 1,600 stickers and 1004 Brochures.

HIV&AIDS strategic plans for five cities were reviewed using the investment framework. The plans for the cities are now more responsive to the local HIV& AIDS situation and using interventions that are not only sustainable but more effective. Further the DATF performance standards were set and improvement plans put in place for them to efficiently coordinate sub-national response to the AIDS epidemic. During the 57th Annual Conference of Local Authorities held in Nakonde from 15th to 19th June 2013, all the local councils in Zambia resolved to allocate 5 percent of their annual budgets to HIV and AIDS interventions. This means increased resources for HIV&AIDS multi-sectoral response at local level. Zambia Environmental Management Agency (ZEMA) and Road Development Agency (RDA) have agreed that NAC provides guidance on the utilization of the HIV&AIDS budgets provided for in all the capital road projects such as road development. This implies an increased resource envelope for HIV, AIDS, Gender and Human Rights activities at both

national and sub-national levels The JMTR thematic consultative meetings resulted in all four (4) pillar groups being re-aligned with leadership streamlined giving relevant line ministries and departments the Chair positions thereby increasing government visibility as well as ensuring sustainability of the response.

3.4 Lessons Learnt

Commemoration of World, national days and traditional ceremonies are very powerful social mobilization tools because during such events a large number of people are reached with appropriate HIV&AIDS messages. These events also bring together traditional and political leaders providing an opportunity sharing advocacy messages especially those meant for policy dialogue. With regard to reaching out to young people with HIV prevention interventions, an evaluation of the program revealed that for continued success of the Zambia U Report it was important to strengthen partnerships with mobile phone companies through which the service is provided. Further, involvement of both male and female local celebrities works out well to promote enrolment of young people and tailored demand creation and needs for services among young people has proven to be a great motivator. The commemoration of international and national days raises the profile of HIV&AIDS services increasing demand on services such as HTC, STI and TB screening.

The other key lesson learnt is that for a sustainable HIV&AIDS response, NAC's main focus should be on mainstreaming HIV, AIDS, gender and human rights in all development work as well as fostering public-private sector partnerships. It has also been observed that there are a lot of untapped financial resources in environmental assessment and mitigation processes which need to be harnessed for sustainability of the local HIV response.

3.5 Constraints

Late release of financial support to sub-national coordination structures has been a serious caveat to a well-coordinated and managed national response. Coordination of the commemoration events was a challenge due to delayed release of funds.

3.6 Way forward

Given the advocacy and IEC dissemination opportunities that arise from social mobilization activities, partners should be encouraged to support NAC and its sub-national structures in orchestrating the events.

4.0 HIV & AIDS, GENDER AND HUMAN RIGHTS

4.1. Background

Zambia has adopted the SADC approach for simultaneous mainstreaming of HIV, AIDS, Gender and Human rights in order to increase rationalization of resources. The role of NAC as a coordinating body is to ensure that gender and HIV and AIDS are mainstreamed in all development programmes. This is tied to the result NAC supported the Public and Private sectors to effectively mainstream HIV and AIDS and gender within the workplace and programmes. All activities implemented and reported on, are aimed at increasing the public and private sector understanding of HIV and AIDS, gender and human rights mainstreaming.

4.2. Activities implemented

a) Gender Score Card Data Analysis Validation

The Women, Girls, HIV and Gender Score Card is a tool used to take stock of progress made in addressing women's empowerment and gender equality, taking into account the effects of HIV and AIDS. Its main objective is to provide information on women's and girls' socio- economic status and how they cope with the HIV and AIDS pandemic. In May 2013, NAC facilitated a Gender Score Card validation meeting which was supported by UNJT. This meeting drew participants from UNJT, Ministry of Gender and Child Development, SHARE II and NAC. The main objective of the meeting was to analyze the data that had been collected from five (5) provinces namely Central, Copperbelt, Lusaka, Southern and Western with the view to tracking progress made on gender equality and empowerment.

b) Mainstreaming of HIV & AIDS in the Water and Sanitation Sector

NAC in collaboration with the Water Supply and Sanitation Council (NWASCO) and Deutsche Gesellschaft fur Internationale Zusammenarbeit (GIZ) held a meeting aimed at enhancing effective collaboration among the three institutions in the facilitation of the implementation of the HIV and AIDS workplace activities by commercial water utility companies. The objective of the meeting was to devise a criterion of grading the performance of the water utility companies in the area of HIV and AIDS work place activities. An award for best utility conducting HIV/AIDS activities was presented at the NWASCO annual awards ceremony.

c) Private Sector Workplace Programs

The Ministry of Labour and Social Security, NAC and SAfAIDS jointly convened a meeting which brought stakeholders mostly from the Private Sector to share experiences and best practices in provision of HIV care and support in the workplace.

4.3. Main Results

The activities undertaken in the area of HIV, AIDS, Gender and Human Rights mainstreaming yielded a number of positive results. Firstly, there were increased knowledge levels among partners to effectively mainstream HIV and AIDS and gender in their workplans and budgets. Secondly, mainstreaming of the cross cutting issues led to high productivity, a motivated workforce and

reduced HIV –related deaths and associated costs. Similarly, the stakeholders workplace programs meeting resulted in increased understanding among the private sector on simultaneous mainstreaming of HIV and AIDS, gender and human rights.

4.4. Lessons Learnt

Among the key lessons learnt was that for an effective multi-sectoral HIV response, there is need to develop a strategy that will fully engage the private sector. Whilst good efforts have been made by the private sector in relation to HIV&AIDS workplace wellness programs, not much has been documented.

4.5. Constraints

Some of the performance indicators in the Gender Score Card are not collected and others neither disaggregated by age nor gender at national level which has posed a challenge in reporting accurately. Added to this was the lack of information sharing amongst partners. In order for partners to understand their obligations to their employees for effective mainstreaming of HIV&AIDS in the workplace, there is need for a National HIV and AIDS Workplace Policy which has still has not been finalized. Delayed funding has affected smooth implementation of activities.

4.6. Way Forward

There is need to develop a comprehensive national tool for monitoring the Private Sector Wellness programmes as well as plans to document the efforts. This could be attained by developing guidelines for identifying “Best Practices” by organizations. To address issues of defining the role of the private sector in the HIV response there is need to develop a Private Sector Strategy as well mapping of the private sector would be an ideal starting point. The Gender Score Card should be rolled out to the remaining provinces and finally there is need to finalize and launch the National HIV and AIDS Workplace Policy. Partner workplans for HIV&AIDS activities should be consistent with NASF 2011-2015.

5.0 CAPACITY DEVELOPMENT AND SYSTEMS STRENGTHENING

5.1. Background

Capacity development & systems strengthening falls under the remit of the co-ordination pillar which is the main stay of NAC's mandate. This is aimed at ensuring that capacity is built internally in order to support staff capacity development activities at both national and sub-national levels. Since January 2012, NAC had undergone a change process in which the institution had to re-align its work to the NAC Strategic Plan (2011 – 2013) and the NASF 2011-2015 as a whole. This process saw a shift in the organisation structure, systems and processes as well as institutional arrangements.

5.2. Activities Implemented

Major activities undertaken included the development of staff capacity development plan covering all NAC personnel at both national and decentralised levels. Staff were oriented on the realigned NAC and stakeholder expectations. Being a quasi-government institution, NAC is expected to participate in statutory commemoration days. Efforts to review and implement NAC workplace policy were commenced. SHAREII Project trained DACAs in standards for a wellness workplace program. Fifteen DACAs whose districts had been piloted for the performance improvement were targeted.

5.3. Main Results

NAC underwent and completed the re-alignment process 2013. Staff orientation to the realignment was successful and orientation was ongoing as staff recruitment in critical positions continued. The capacity development plan was ongoing with the implementation of the upgraded performance-based contracts which included identifying staff training and development needs assessment. Staff participated in national statutory days such as the International Women's Day and Labour Day which fell on 8th March 2013 and 1st May 2013 respectively.

5.4. Lessons Learnt

Performance-based contract are useful in the assessment of staff training and development needs.



5.5. Constraints

Challenges encountered included lack of funding to support activities. There was a high staff turnover due to uncertainty arising from dwindling funding to support staff emoluments.

5.6. Way Forward

There is need for secure source of financial resources to ensure recruitment of technical staff in positions that fell vacant or have not yet been filled. In light of the development assessments there is need support staff capacity building.

6.0 RESOURCE MOBILIZATION AND MANAGEMENT

6.1. Background

Resource mobilization is a key function for NAC as outlined in the provisions of the NAC Act of 2002. During the past decade NAC enjoyed favorable donor support through the Joint Financing Arrangement (JFA). During this period of “plenty” NAC needed very little support from Government and other non-traditional donors such as the private sector. However, with the changing global priorities resulting in less attention and corresponding resources for managing the epidemic, NAC like all other organizations in the HIV&AIDS sector are having to look for new and innovative ways of maintaining the gains made thus far for the attainment of the global targets of the three zeros: Zero new HIV infections, Zero AIDS related deaths and Zero Stigma and Discrimination.

6.2. Activities implemented

During the quarter under review, NAC engaged traditional JFA members and non-conventional potential financiers of the national response such as the local authorities and the private sector. NAC also engaged Zambia Environmental Management Agency (ZEMA) and Road Development Agency (RDA) who superintend over and facilitate dispensing of large funds meant for internal and external mainstreaming of HIV, AIDS, Gender and Human Rights in the capital projects.

In a bid to mobilize resources particularly for community level HIV service organizations, NAC also developed and operationalized a sub-granting mechanism meant to facilitate access to funds for small CBOs especially in rural areas. This sub-granting mechanism is open to use by all donor agencies and the United States Government (USG) through the Presidents Emergency Plan for AIDS Relief (PEPFAR) has been collaborating with NAC in this initiative. Access to the funds by the CBOs is conducted through Provincial and District AIDS Task Forces (PATFs and DATFs).

6.3. Main Results

NAC secured the 50 percent of JFA funds for the period January to July 2013 meant for both operational costs and HIV programming. Some sub-national level structures such as Mwinilunga DATF in North-Western province has secured funding for its operations in the next five years. The HIV&AIDS community programming supported by the Copperbelt Energy Corporation (CEC). Similarly, Livingstone DATF in Southern Province has also secured technical and financial support for GIZ for the next three (3) years. Solwezi, Luanshya, Mpongwe and Lusaka districts are some of the notable areas where DATFs have received funding for their operations from their local authorities. Mpulungu DATF has accessed environmental impact mitigation funds for HIV & AIDS programming through the RDA contractors working on the township roads. The AMICCAAL

conference held in Nakonde in May 2013 passed a resolution that all councils will earmark five percent of the Constituency Development Fund (CDF) for HIV&AIDS mainstreaming work.

6.4. Lessons Learnt

Best Practice

It is evident that the local initiatives such as those itemized below have the potential to contribute significantly to the financing and sustaining the local response. Refocusing on the mandates and streamlining the programs carried out by NAC can reduce costs significantly.

“Kawambwa DATFs taking advantage of the Nakonde Declaration in which council pledged 10% of the CDF allocation to be devoted to HIV/AIDS submitted a project proposal to Kawambwa District Council for the formation of seven Community AIDS Task Forces (CATFs). A budget of ZMK44,000 was approved in this regard. Isoka DATF in response to call for proposal under CDF. disseminated information to stake holders and sourced ZMK54,000”

6.5. Constraints

Financial support especially for operations at both the national and sub-national levels remains the most daunting challenge in the short and long term for the coordination structures.

6.6. Way Forward

NAC is in the process of transitioning the District AIDS Coordination Advisors (DACAs) to the local authorities as a means for reducing its operational cost and sustaining a mainstreamed local response. Additionally, NAC was actively engaging the Ministry of Transport, Works and Supply & Communication, ZEMA and RDA to find innovative ways of tapping into and prudently utilizing the Government funds provided for in the environment impact assessment and mitigation plans. The National AIDS Council also requested NAC Secretariat to develop a robust resource mobilization strategy and communication strategy to address the need for more stable funding for the response.

7.0 MONITORING, EVALUATION AND RESEARCH

7.1. Background

Zambia's national HIV&AIDS multi-sectoral response is anchored on the "three ones" principle of having one (a) coordination authority (b) strategic framework and (c) monitoring and evaluation plan. To this end NAC strives to ensure that the National HIV&AIDS Monitoring and Evaluation Plan (MEP) 2011 – 2015 is implemented. This is realized through coordination of the national response through routine and systematic monitoring and evaluation; facilitate an enabling environment for HIV research; enhancement of strategic information systems as well as documentation of best practices.

7.2. Activities implemented

7.2.1. Conduct the NASF 2011-2015 Joint Mid-Term Review (JMTR)

The Joint Mid-Term Review (JMTR) of the NASF was undertaken through August to the end of September 2013 and was mainly aimed at assessing the implementation of the NASF using a forward looking approach that would document achievements, lessons learnt, gaps, obstacles, challenges and opportunities at community, district, provincial and national level with regard to the four pillars including monitoring and evaluation and financing aspects of the NASF, and to make recommendations for strengthening and improving Zambia's national HIV response. The JMTR of the NASF came at a time of the global economic down turn which had led to budget cuts for programmes including coordination of the HIV response.

The review's specific objectives were:

- (i) To undertake an assessment of trends in the epidemic, and identify sources of new infections (modes of HIV transmission) – 'know your epidemic'.
- (ii) To review progress made towards achieving the targets of the NASF with respect to the 4 pillars – 'know your response'.
- (iii) To review resource mobilization (domestic and international), allocation, flow, and utilization for the NASF interventions - 'know the resource needs and funding for your response'
- (iv) To review management, coordination and institutional arrangements at all levels with a view to identify factors that facilitated or hampered implementation of the NASF and recommend changes - 'know how your response is managed'.
- (v) To review monitoring and evaluation systems including research and surveillance to find out how they have contributed to evidence informed policies, strategies and programmes.
- (vi) To document emerging issues that were not currently in the NASF but needed to be incorporated in the national response and best practices in the response that needed to be scaled up – 'build on what has worked'.

- (vii) To make recommendations on all the objectives for improvement of the national, provincial, district and community HIV response for the last half of the NASF lifespan.

The JMTR provided an opportunity for Zambia to take stock of the response thus far and come up with strategies that would maximize impact of the limited available resources. It would also provide a platform for incorporating emerging scientific advances to ensure an evidence informed response aligned to regional and global commitments. Lastly, the review was an opportunity to revise the NASF to align it with the revised SNDP and the Health Strategic Plan.

7.2.2. Implementation of the Zambia Demographic and Health Survey

One of the data collection tools for M&E of the HIV& AIDS response is the Zambia Demographic and Health Survey (ZDHS). The survey which is conducted every 4-5 years is an instrument for tracking knowledge and behavior at national level and is applied to nationally representative sample of people aged 15 – 49 years. Whilst the Ministry of Health and the Central Statistical Office (CSO) take the lead in this process, NAC and other partners provide strategic input into the process. The current ZDHS commenced during the period under review with a number of activities undertaken notably the launch which was held on 21st June 2013 by the Honorable Minister of Community Development, Mother and Child Health. The ZDHS National Steering and Technical Committees were both constituted. Manuals and questionnaires for the process were developed which were translated into seven (7) major local languages. The data collection tools were pre-tested, enumerators trained, household listing and field work undertaken. The ZDHS would be concluded in 2014.

7.2.3. Preparation of Estimates and Projections

The NAC M & E Unit was part of the Zambian team that attended the second in a series of regional workshops on the new developments and updates on the Estimates and Projections Program (EPP)/ SPECTRUM software used for projecting of the HIV response in both generalized and concentrated epidemics. With the upgraded software, the Zambian team was able to update the current estimates and projections report.

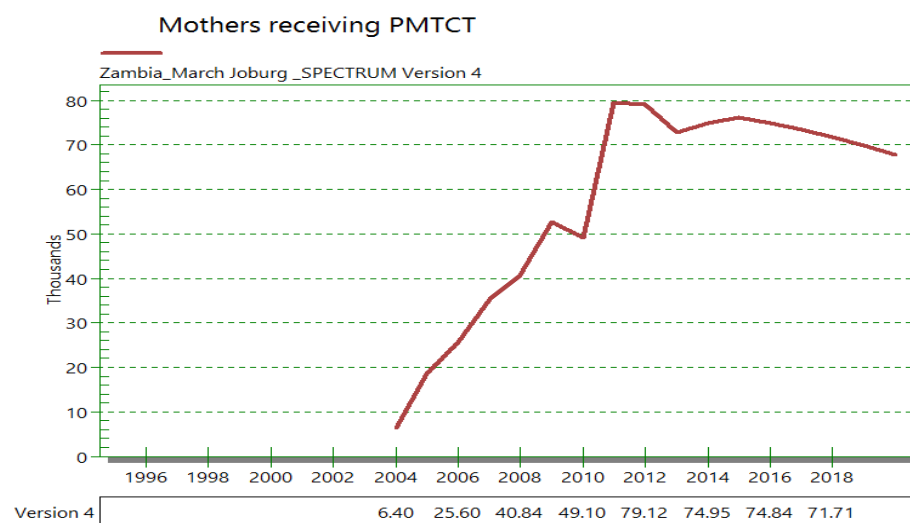


Figure 1. Mothers receiving PMTCT⁴

The graph in figure (1) indicates that there has been a sharp increase in numbers of people accessing PMTCT services from 6,400 in 2004 to 80,000 in 2012. This indicates that the new changes in treatment regimens will positively impact the women by 2020.

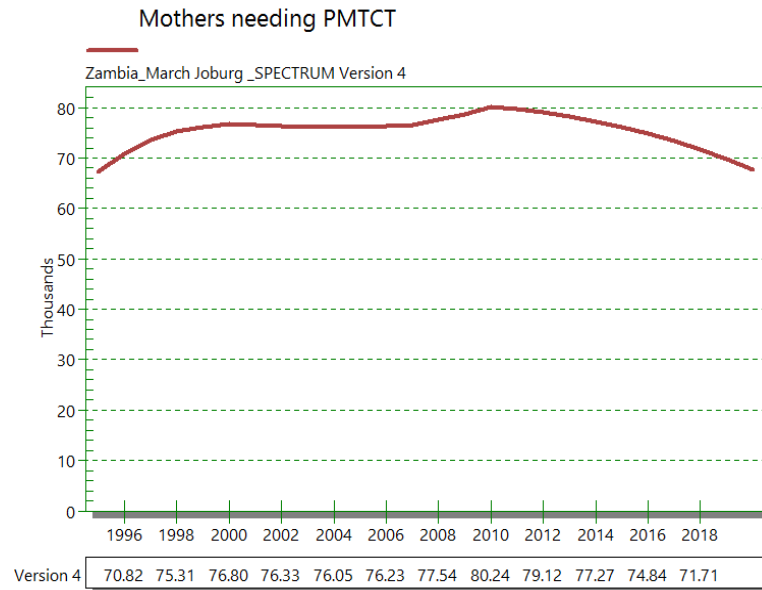


Figure2. Mothers requiring PMTCT services⁵

The graph in figure above shows that despite the increase in the need for PMTCT services, this likely to have a down-ward trend signifying that the new treatment interventions will have a positive impact on the Zambian women.

7.2.4. Preparation of the Global AIDS Response Progress Report (GARPR)

Zambia is signatory to the 2011 United Nations General Assembly Political Declaration on HIV and AIDS. As such is under obligation to report on progress on AIDS response. Therefore, NAc facilitate the process of compiling the report and eventual submission of the same. One notable achievement was according to the 2012 GARPR country report was the percentage (%) of infants born to HIV-infected women (HIV-exposed infants) who received antiretroviral prophylaxis to reduce the risk of early mother-to-child- transmission in the first 6 weeks (i.e. early postpartum transmission around 6 weeks of age) which was at 51.95 representing 34,062 of the 65,565 number of HIV-infected who gave birth. Zambia was among 7 countries which had showed a rapid decline of HIV among children of 50% or more between 2009 and 2012. The other countries are Botswana, Ethiopia, Ghana, Malawi, Namibia, and South Africa.

Zambia will continue to make progress towards eliminating new HIV infections among children if it maintains its current high coverage level of antiretroviral medicines for pregnant women living with HIV, while also addressing HIV transmission through breastfeeding. However, the number of eligible children receiving HIV treatment needs to be increased. Zambia has committed to roll out

⁴ Zambia Estimates and Projections 2012

⁵ Zambia Estimates and Projections 2012

lifelong antiretroviral therapy for pregnant women living with HIV (option B+), which will accelerate the country's progress towards the goal of eliminating mother-to-child transmission of HIV.

7.2.6. Preparation of the 2011 United Nations General Assembly Political Declaration on HIV and AIDS: 2013 Mid-Term Review Of the 10 Targets and Elimination Commitments Report

In 2006 and 2011, Member States of the United Nations renewed these commitments in high level *Political Declarations on HIV/AIDS*. The *"2011 Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS"* (General Assembly resolution 65/277) which was unanimously endorsed at the United Nations General Assembly High Level Meeting on AIDS in June 2011 called for a special report to the General Assembly on progress in accordance with global reporting on the Millennium Development Goals at the 2013 review of the Goals. In line with the Political Declaration unanimously endorsed at the UN General Assembly High Level Meeting on HIV/AIDS in June 2011, countries have committed to report to the UN General Assembly on progress at the 2013 review of the Millennium Development Goals. Collecting and reporting high-quality results on the AIDS response is an important element of the agenda for shared responsibility and global solidarity. NAC is signatory to the political declaration and is under obligation to report. The report on the 10 targets was developed and submitted in timely manner.

7.2.7. Conducting of supportive supervision on Zambia NACMIS Online (E- Mapping) data cleaning and entry throughout the country

The Zambia NACMIS Online (E-mapping) is a web-based data collection tool developed in 2012 to address the gaps that were inherent in the overall HIV response reporting system. Since its inception, there have been some reporting gaps particularly in remote areas or where the DATFs were not active. As part of its function to ensure high quality data, during the period under review, NAC undertook countrywide E-mapping support supervision sessions. The sessions were focused on data entry and cleaning.



An E-Mapping Session for DATF members at Chilubi Island

7.2.8. Coordination of routine and systematic Monitoring and Evaluation

NAC is mandated to provide overall coordination of routine and systematic M&E of the national response to the HIV epidemic. Some of the activities undertaken in relation to this include the collection and uploading of the NARF 2013 Quarter 1 to 4 Reports.

7.2.9 Management Information System (MIS)

The management Information system unit is the hub of information technology communication for both the national and sub-national structures of NAC. ICT is vital for quick and efficient communication using various web-based applications such as the internet, Skype and the websites. Currently NAC runs two websites, the main NAC website at www.nac.org.zm and the Zambianacmisoline.org which is dedicated to data collection and web-based reporting.

The e-Mapping administrator training which was undertaken for all nine Provincial IT/M&E Officers (PITMEOs) has increased in-house capacity to manage the tool. Further, a leading Internet Service Provider had been engaged to provide Internet services to NAC at 2MB bandwidth. This development would greatly improve connectivity and provide an opportunity for sub-national offices to be linked to NAC HQ using cheaper, cost effective and more reliable technologies such as Asynchronous Digital Subscriber Lines (ADSL).

7.3. Main Results

The key results from the activities undertaken during the period under review include the undertaking of the Joint Mid Term Review Report which provided for information that would inform programming and decision making for the national response. . As for the ZDHS, the activity was being spearheaded by CSO and NAC provided support to the process.

7.4. Lessons Learnt

A number of lessons can be drawn from the various M & E activities undertaken during the period under review. The JMTR process revealed that strategic information was important to inform programming and decision making. A number of indicators as defined in the NASF were not measurable and as such assessment of some indicators proved difficult. For the future ZDHS, there is need for NAC to fully be engaged in the process and work closely with CSO at every stage of implementation. As regards the Estimates and Projections, the current ART and PMTCT interventions will yield a positive impact in attaining the three zeros. The GARPR Report on one hand indicates that Zambia is on course in achieving most of its 2015 targets. On the other hand, the report singled out Paediatric ART indicators as being below average.

The NACMIS on-line continued to attract a number of key partners who were during 2013 on board to provide financial support for the roll out of the e-mapping tool. SHARe II Project had been engaged to further add value to the tool by introducing a link to data collected at traditional ceremonies and commemorations days e.g. World AIDS Day and VCT Day. NZP+ also linked the e-mapping tool to NASF 2011 – 2015 key indicators that address issues of people living with HIV (PLHIV). Another major result was recent inclusion of indicators on Voluntary Medical Male Circumcision (VMMC) in routine clinical data collected through Health Management Information System (HMIS).

7.5. Constraints

Several challenges were encountered in implementing some of the planned M & E activities. Firstly, the delayed resourcing for the JMTR process and subsequent disbursement of funds held back the implementation of activities for the JMTR process. This was compounded by the delay in contracting of consultants. Secondly, NAC's inadequate engagement in the ZDHS process was a limiting factor. Delays in resourcing for the process delayed implementation of some of the planned activities. Thirdly, constraints in respect of the estimates and projections were that Zambia is still using national targets as opposed to the universal ones and that the program has not been rolled

out to the sub-national levels. Fourthly, the Zambian policy and legal environment inhibits provision of responses to some GARPR and United Nations General Assembly HLM questions particularly those related to key populations. Lastly, data collection and supervisory visits were hampered by inaccessibility to some areas e.g. Chilubi Island is 45 km away from the mainland. Whilst all efforts were made to ensure that available ICT equipment was in good state of repair, the sub-national level equipment i.e. computers and printers were obsolete. This was compounded by poor internet connectivity.

7.6. Way forward

As a way forward it is recommended that future reviews and survey processes, ZDHS in particular, should commence early and consider engagement of stakeholders from the outset. In this regard, NAC should be fully involved in the ZDHS. There is need for the Estimates and Projections for HIV and AIDS to be extended to the sub-national levels in order for the sub-national implementing partners to use the projections for targeting in the various HIV and AIDS related service provision programmes. For the GARPR Report and the 2013 Mid-Term Review of the 10 Targets and Elimination Commitments Report, the outcomes of the targets must be contextualized to facilitate a reflection on the gaps and constraints related to achieving Paediatric ART which the report identified to be below average.

8.0 NAC OPERATIONS

8.1. Background

The finance and administration units provide support to the day to day operations of NAC at both national and sub-national levels. This involves management of staff affairs, finances, ICT and procurement and as such the largest operational costs are incurred at provincial and district offices.

8.2. Finance

a) Harmonization of staff salaries and emoluments

NAC embarked on the phased approach towards harmonization of staff salaries and additional emoluments in line with 2013 MOH requirements.

b) Financial operations

During the period under review, operational funds to the all the provinces and districts were disbursed, albeit late. NAC has paid staff emoluments for the period under review. All financial transactions have been accurately documented in the Navision Accounting System and are up-to-date. Audits of UNFPA and UNDP funded activities were completed in the first quarter of 2013. The Audits for NAC was completed in the fourth quarter of 2013 while that for the CDC project is expected to be completed in the 1st quarter of 2014.

The funding from CPs was lower than anticipated. The reduced funds flows resulted in increased operational difficulties and increased debt. NAC has endeavored to manage the debt to manageable levels for suppliers of operational materials and services but still remains with a high statutory debt. The Danish Government withdrew from the Joint Financing Arrangement leaving the JFA with only three members (GRZ, Sweden and United States Government).

Financial Expenditure against Budget for 2013

Expenditure In Zambian Kwacha			
		2,013	2,012
Decentralised Response			
Mainstreaming activities		0	296,848
Multisectoral Response Coordination		0	102,125
Coordination of decentralised systems & structures		416,910	105,438
Staff costs		0	24,930
Support to Sub national structures		1,395,161	2,042,524
Sub Total		1,812,071	2,571,864

Prevention Coordination			0
Civil Society coordination		52,260	288,100
Mainstreaming activities		9,848	15,000
Private Sector Coordination		76,304	84,600
Public Sector Coordination		0	0
Public Social and Behaviour Change Communication		63,937	752,400
Theme Group expenses		0	0
VCT		12,420	126,950
Sub Total		214,769	1,267,050
Treatment, Care and Support Coordination			0
ART Coordination		1,850	0
PMTCT		0	254,720
Treatment theme Group expenses		0	0
Sub Total		1,850	254,720
Impact Mitigation Coordination			0
Impact mitigation, OVC & other vulnerable groups		51,856	115,676
Theme Group expenses		0	400
Universal access to TB,STI & OI Services		25,873	94,012
Sub Total		77,729	210,088
Monitoring and Evaluation			0
Programe Review		350,884	230,368
Strategic info & Knowledge Mgt		33,340	240,270
M&E Capacity Building		75,654	223,455
Management Information Systems		20,700	674,212
Strategic reporting		0	55,549
Research Coordination		7,950	297,470
Technical Assistance & Monitoring Visits		15,740	0
Theme Group expenses			0
Sub Total		504,268	1,721,324
Policy and Regulatory Environment			0
Capacity Development and Systems Strengthening		0	2,339
Council Expenses		42,770	188,345

Country Coordination Mechanism costs		371,096		409,452
Enabling Policy and Legal Environment		1,672,936		1,035,195
High level leadership coordination		0		131,357
HIV and AIDS, Gender and Human Rights Mainstreaming		0		0
Multisectoral Response Coordination		0		0
Resource Mobilisation		0		0
Sub Total		2,086,802		1,766,688
Administrative Expenses				0
Staff Costs		12,411,495		9,971,271
Bank Charges		50,627		81,638
Audit Expenses		162,002		478,524
Provision for bad and doubtful debts		110,000		0
Property Insurance		124,751		519,664
Communication Costs		226,320		181,849
Equipment Maintenance		60,488		36,680
Vehicle Running Costs		224,574		534,134
Office Expenses		550,335		559,674
Printing & Stationery		68,506		48,132
Utilities		123,341		15,573
Depreciation		456,934		98,808
Other Expenses				
		14,569,373		12,525,948
Total		19,266,861		20,317,682
		2013		2012
Balance as at 1 January		631,673		10,275,495
Add: Fund received in the year		19,490,216		10,673,859
Total funds available in the year		20,121,888		20,949,354
Less: Cash expenditure for the year		19,266,861		20,317,682
Balance as at 31 December		855,028		631,673
Account Name				
Barclays Bank JFA Dollar		11,298		6,182

Barclays Bank JFA Kwacha		39,099		221
Barclays Bank Dollar PETS		-8,031		173,629
Investrust PLC		20,309		9,861
Standard Chartered -Dollar DCI		-7,388		378,176
Stan Chartered - CHAZ		230,892		2,103
Stan Chartered - CCM		362,324		18,819
Stan Chartered - UNDP		192,878		1,711
Zanaco		11,579		1,190
Cash		495		28
Barclays Bank CDC Kwacha		1,572		39,752
		855,028		631,673

8.3 Administration

a) Human Resource and administration

During the period under review, the NAC human resource strength stood at 101 of the required one hundred and sixty (160). New recruitments included the position of the CCM Administrator and the CCM Program Officer Oversight. XX DACAs were recruited to strengthen capacity at sub-national level. The position of Luapula Provincial AIDS Coordination (PACA) which fell vacant in 2012 was advertised internally and short-listing of candidates undertaken. Between 1st January 2013 and 31st December 2013 six (6) positions fell vacant at the secretariat whilst 43 districts of which 29 were newly created, did not have District AIDS Coordination Advisors (DACAS).

S/N	Employee Group	Establishment	Filled	Vacant
1	Director General	01	01	-
2	Directors	02	02	-
3	Managers	04	04	-
4	Coordinators	15	06	09
5	Other professional staff	07	03	04
6	Support staff	08	05	03
7	Provincial Staff	20	18	02
8	District Staff	103	62	41
Grand Total		160	101	59

b) Harmonization of staff salaries and emoluments

NAC embarked on the phased approach towards harmonization of staff salaries and additional emoluments in line with 2013 MOH requirements.

C) ICT Maintenance

The MIS unit ensures that the servers and all computers at the headquarters and sub-national levels are kept in a good state of repair and functional. These activities are conducted with a view to eliminate extra costs of doing business by improving communication especially through free web

applications such as Google, Skype, whatsup extra. Main activities implemented during the period under review included maintenance of the NAC Website and the E-mapping tool maintenance (www.nac.org.zm and www.zambianacmisonline.org respectively. Routine network administration and IT support has been on-going.

8.4 The Procurement Function

The Procurement Function is charged with the responsibility of coordinating and undertaking the acquisition of goods, services and works for NAC. These functions are undertaken as prescribed in the Public Procurement Act, 2008 and Public Procurement Regulations, 2009.

During the period under review, the procurement function facilitated the engagement of consultants, among them the following: i) The Lead and Data Management Consultants including for each of the Thematic areas for the Joint Mid-Term Review of the NASF; and ii) The Local Consultant and Enumerators for the NASA. The Procurement Function also facilitated the procurement of accommodation and conference facilities for various meeting some of which included the following workshops: i) Meeting for the African Parliamentarians Against HIV (CAPAH), The 10th General Assembly and 57th Annual Conference for the Alliance of Mayors and Municipal Leaders Initiative for Community Action on AIDS at Local Level (AMICAALL); NAC Planning Retreat; JMTR Orientation Retreat including the report writing meeting; District Strategic Planning Workshops and the Environment Impact Assessment Roll- out Workshops.

Additionally, the Procurement Function also facilitated the purchase of IT Equipment, stationery and conference facilities for the CCM Secretariat. The other activities include the acquisition of office consumables and motor vehicle repairs and service for the secretariat. However, two planned major procurement activities for the staff medical scheme and Group Life Assurance were not undertaken due to the non-availability of funds. NAC held four Procurement Committee Meetings during the period under review at which a total of twelve requests were considered.

8.5. Main results

The NAC website and e-mapping tool maintenance has ensured availability of the sites to all intended target audiences. IT technical support and network administration has led to minimum network downtime and accessibility to network resources by users. Effective grant management of CDC funds has resulted in timely submission of reports and proposals.

8.6. Constraints

Late disbursement of resources from GRZ and other partners resulted in delayed payment of staff salaries, disbursement of PATF AND DATF operational funds as well as a lag in settlement of statutory obligations. Additionally, NAC has had challenges in meeting the harmonized GRZ salaries. The NAC fleet of vehicles is quite huge and as such maintenance costs are high. With the challenge of financial resources, most vehicles particularly at district level have not been serviced.

8.7 Lessons Learnt

- a) Delayed approval of annual work plans negatively affects the implementation process

- b) Delayed release of JFA funds affected implementation and reporting processes and loss of sub-national staff (DACAs) negatively affecting the coordination of the sub-national response.
- c) The restructuring of NAC at head office led to loss of staff and resulted in insecurity and eventual exodus of technical middle management staff.
- d) The rapid staff attrition caused a lot of work over load on the remaining staff resulting in inefficiencies in programme implementation

8.8 Way forward

NAC will continue to provide operation funds to the sub-national structures (PATFs/DATFs) at 75% of the remaining JFA funds in line with the provisions of the JFA agreement. Only 25% of the remaining JFA funds will be used for NAC operations which includes staff salaries. There was also need to expedite the completion and operationalization of the NAC Resource Mobilization Strategy in order to guarantee sustainable financing of the operation costs for NAC. There would be need to work towards inclusion of an HIV component in the proposed Zambia Health Fund

In future when the ZAMTEL fiber network is fully established, this unit plans to set up voice over IP to facilitate video conferencing with the sub-national offices and partners as a way of cutting down on workshops and meetings related costs such as fuel, transport cost, vehicle repairs, DSA and hotel accommodation.

There was need to develop and implement a staff retention plan which should include *inter alia* appraisal system that encourages lateral and horizontal transfers.