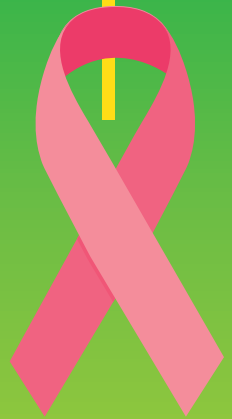




# NATIONAL AIDS COUNCIL

## 2017 Annual Report





# **NAC 2017**

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## **Annual Report**

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# NATIONAL AIDS COUNCIL

## Mission Statement



NAC is committed to providing coordinated leadership to stakeholders through decentralised multi-sectoral response to the HIV and AIDS pandemic in the nation

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## Vision



A National HIV/AIDS/STI/TB Council which effectively and efficiently coordinates the national AIDS response in Zambia

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## Values



The operations of NAC are guided by nine core values namely; integrity, commitment, team oriented, gender responsive, human rights based, transparency, accountability, professionalism and Innovation.

## ACKNOWLEDGEMENTS

The National AIDS Secretariat wishes to acknowledge with gratitude the invaluable contributions by a large number of individuals and organisations who in one way or another contributed to the generation of the NAC 2017 Annual Report and supported the implementation of the work plan. NAC would like to thank the following:

1. President's Emergency Plan for AIDS Relief (PEPFAR);
2. Centre for Disease Control (CDC);
3. DREAMS Initiative Project;
4. Country Coordinating Mechanism (CCM);
5. Germans Technical Cooperation (GIZ);
6. Global Funds (GF);
7. Government of the Republic of Zambia;
8. International Organisation for Migration (IOM);
9. Southern Africa Development Community Parliamentary Forum (SADC-PF);
10. United Nations Children's Fund (UNICEF);
11. United Nations Development Programme (UNDP);
12. United Nations Joint Programme on AIDS (UNAIDS);
13. United Nations Population Fund (UNFPA); and
14. World Health Organisation (WHO).

NAC is looking forward to the continued partnership while aiming at front loading resources in order to achieve the 90-90-90 target by the year 2020.

Finally, I want to express my gratitude to the staff of the National AIDS Council for their dedication and hard work during the period under review. Without their cooperation and support the report would not have been possible.

Mr Fortune Chibamba  
*Acting Director General*

*NATIONAL HIV/AIDS/STI/TB COUNCIL*

## FOREWORD

The National AIDS Council (NAC) is a corporate body established by an Act of Parliament No 10 of 2002. NAC is mandated to coordinate the national HIV and AIDS multi-sectoral response. NAC and its partners developed a new National Strategic Framework (NASF) 2017-2021 to guide the implementation of programmes during this period. Further, the NAC Secretariat developed its own five-year Strategic Plan to guide its operations based on the NASF and the Act.

The year 2018 is the second year of implementation of the NAC Strategy. The year 2017 was significant in that it marked the beginning of the five-year strategic plan, which is in line with the Seventh National Development Plan (7NDP) whose goal is “Leaving No One Behind”. This annual report includes a review of progress in 2017 against the planned activities in the Workplan.

The key results for the Workplan were to contribute towards the reverse and halting of HIV new infections by the year 2020. This was achieved through the following high impact interventions:

- (a) Reduction of Mother to Child transmission;
- (b) Correct and consistent use of condoms;
- (c) Social and behavior change;
- (d) Scaling up Voluntary Medical Male Circumcision; and
- (e) Increasing HIV Testing and Counselling just to mention a few.

This report aims at providing a focused summary narrative, based on the agreed benchmarks for the period January to December 2017, on progress made in achieving aspirations of the NAC strategic plan and its objective to inform both internal and external clients on key achievements, challenges and next steps.

On behalf of the National HIV/AIDS/STI/TB Council, I would like to express my continued appreciation to the government and all our valued partners for their support and commitment towards the vision of having a Nation that is Free from the threat of HIV.

# Projects, Programmes and Events

## 1.0 Introduction

**T**he Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemic remain the most serious threats to the national development agenda. This disease has the capacity of decimating Zambia's human capital, negating efforts to promote human development and progress towards achieving the Sustainable Development Goals (SDGs) and the Fast Track Strategy to end HIV as a public health threat by 2030. Although HIV and AIDS may affect the overall long-term economic growth, the short-term impacts are evident at household and community levels. The disease, in, Zambia consistently shows economic setbacks in households that have experienced AIDS-related illness and death of a family member.

Over the years, the HIV incidence reduced by 58 per cent along with the significant increase in treatment coverage of Antiretroviral (ART) in the country. Despite these achievements, slow progress in behavioural change, high levels of stigma, prohibitive legal and policy environment for key populations, reduced funding and resource tracking remained major constraints. Zambia has a mature and heterogeneous HIV epidemic driven by a combination of behavioural, structural and biomedical epidemic drivers. Based on the resolutions of the 2016 High Level Political Declaration, the Seventh National Development Plan, the National Aids Strategic Framework 2017-2021 and the NAC five years Strategic Plan 2017-2021, appropriate responses have been put in place to address the identified High impact Intervention areas.

### **ALIGNMENT OF NAC COORDINATION MANDATE TO THE SNDP, NASF 2017-2021**

The National HIV/AIDS/STI/TB Council was established by an Act of Parliament in 2002. The Council is a semi-autonomous statutory body that operates under the auspices of the Ministry of Health. The Council is



appointed by the Minister of Health with representation from Government, civil society organisations, private sector and the general public. The Council approves all annual workplans and annual reports prepared by the secretariat.

The development of the 2017 Annual Budget and Action Plan was informed by the results of several consultative processes and analysis of formal assessment reports. These included: review of annual progress report for 2016; review of the Joint Financing Agreement (2010); the Sixth National Development Plan (SNDP); and Revised National Strategic Framework for HIV and AIDS (2014-2016) with priority identified by the NAC Council Secretariat.

A brief description of progress, achievements, lessons learnt and challenges regarding National HIV and AIDS Coordination responses that included, among others, data tables, figures and feature articles describing the local and state-wide coordination are highlighted.

## 2.0 National Response Strategy Development

### Main activities and result areas

#### *Conducting follow-up trainings for sub-grantees in Elimination of Mother to Child Transmission (eMTCT) on Financial Management.*

Initial trainings were done in 2016, when the sub-grantees were given financial support to create demand for elimination of Mother-to-Child Transmission (eMTCT). In 2017, most sub-grantees were winding up their initial projects. Therefore, the trainings could not be done. However, going forward, there is need to re-train all the stakeholders in the implementation of eMTCT projects across cities in order to not only strengthen eMTCT knowledge but also to develop systems and tools to use to track data and achievements.

#### *Disburse grants to community organisations through selected city councils.*

A second disbursement of K316,000 (50%) by the Lusaka City Council was to enhance efforts on the fast track strategy using the community mode for eMTCT. As a result, twenty communities were engaged in demand generation for eMTCT linked to five Health Facilities i.e. Chipata, Chaisa, Mtendere, Chilenje and Chawama compounds. The project is currently underway, while the District AIDS Task Force (DATF) is still going round to monitor the implementation while tracking the results.

*Going forward, there is need to Re-train all the stakeholders in the implementation of eMTCT projects across cities, in order to strengthen not just eMTCT knowledge but also develop systems and tools to use to track data and achievements*

#### **Monitor project implementation by sub-grantees**

The National HIV/AIDS/STI/TB Council supported the Lusaka City Council in addressing bottle-necks in the implementation of eMTCT and DREAMS projects. The team held meetings with the Planning Unit to strategise the fast tracking of community projects and to improve the burn rate. The Lusaka City Council should wind up and close down the initial



eMTCT projects of 2016 such as the Mulangile and Lusapile of Chaisa compounds.

Ndola City Council was supported to resolve conflicts regarding the management of funds and financial accounts with DATF for eMTCT and DREAMS funds.

The team collaborated with the Joint United Nations Programme of HIV and AIDS (UNAIDS) and the Alliance of Mayors and Municipal Leaders Initiative for Community Action on AIDS (AMICAALL) should close the initial eMTCT projects conducted in Livingstone, Ndola and Kitwe. An evaluation report was just finalised on the same. Earlier in 2017, the team closed down the Nchelenge eMTCT project whose achievements were also documented.

***Orientation meetings of Councillors and Management in the Decentralised AIDS response were held***

Focus in 2017 was directed towards the establishment of the office of the District AIDS Coordination Advisor (DACA) in the Local Authorities. The orientations were not done. However, orientations were included in the planned activities for 2018. The biggest challenge for this activity is mobilisation of resources to support the orientations country-wide. The concern is that, NAC reaches out to UNDP to build on the long term partnership. NAC benefited in capacity building for District AIDS Coordination Advisors (DACAs) and the governance structures in the overall implementation of the decentralisation policy in Zambia. To this end, a concept paper is being worked on to give guidance on how the resources can be mobilised for this very crucial purpose.

***Participate and contribute to the AMICAALL conference in Livingstone***

Facilitated the participation of NAC staff and stakeholders in the LGAZ and AMICAALL annual conference from 24 to 28 April 2017 in Livingstone. The team supported AMICAALL to prepare adequately by suggesting input and mobilising key stakeholders to make themed presentations at the meeting.

This platform was also used to advocate for the absorption of the DACA position in the Local Councils following the Presidential directive and to build consensus on the need to institutionalise the HIV coordinating functions in the Local Councils.

***Facilitate harmonisation of District AIDS Task Force (DATF) functions into the local Authority structures***

Successfully organised a meeting between the NAC Director General and the Local Government Association (LGS) chairperson to discuss collaboration mechanisms in the DACA recruitment process.

Presented NAC devolution plan and the 2015 DACA Register to LGSC. Further, a task team was constituted from both institutions. Progress is that the Public Service Management Division (PSMD) authorised the inclusion of DACAs on the Local Authority structure and that the DACA recruitment formally commenced.

Further, NAC submitted thirty-nine Curriculum Vitae of former DACAs to LGSC however, only twenty-two DACAs that met the set criteria were selected and have since been appointed and deployed to the various local authorities. It must be mentioned, here, that some of the DACAs that were deployed, have since been confirmed into service. The critical experience is that, the DACAs were not given job descriptions to outline integration into the local council systems, reporting channels and terms of reference. For instance, the linkage to the NAC structures with the Provincial AIDS Coordination Advisor (PACA) had been left out and jeopardised harmony and linkage to technical input and support.

The other challenge is that there is misuse of NAC assets such as vehicles, computers in some cases, while the HIV and AIDS programmes including DACAs and PACAs are not allowed access to such assets in some local councils. This needs to be addressed urgently in order to ensure assets are not only given to support allocated functions but also to enable multi-sectoral HIV coordination functions to be fully internalised in the local government systems in Zambia.

***Develop a performance assessment tool for Local Authorities***

This has been partially done. NAC collaborated with AMICAALL and UNAIDS to develop a draft performance assessment tool for local authorities. However, while awaiting input from other stakeholders to strengthen expected outputs, the draft was shared with PACAs in order to guide the expected outputs of the DACAs and the multi-sectoral HIV coordinating functions in the local councils. Above all, effort must be made to ensure the development of performance standards and assessment tools are inextricably linked to the revision of the District HIV Coordination Toolkit mentioned above.



### ***Migrate DACAs to Local Authorities***

In collaboration with the Local Government Service Commission (LGSC), NAC successfully recruited twenty-two DACAs and deployed them to various districts. The DACAs involved were those who met the set criteria from the list of old DACAs of 2015. Some of these DACAs were confirmed in service by December 2017. Currently, there is a recruitment process for sixty DACAs to cover all the old districts. This process, however, needs to be extended to all the DACAs that are required including those for the new districts. This measure is expected to reduce the recruitment costs and ensure that all the DACAs are available for the initial orientation expected to take place in the first Quarter of 2018.

### ***Coordinating trainings for in and out of school adolescents with support from the German Corporation for International Development (GIZ) in Southern Province***

Actively collaborated with **German Corporation for International Development (GIZ)** in the review meeting, where the initial results were presented of the impact study for the join-in circuit (J-IC) as a delivery method for Comprehensive Sexuality Education (CSE) that was conducted in Livingstone and Choma districts of Southern province in 2016 and 2017. This effort should inform the Ministry of General Education (MoGE) about the overall response to reduce the HIV impact on adolescents and young people in the country. The collaboration between GIZ and NAC should be extended to the decentralisation for development (D4D) project, which has a wider coverage and more HIV related outputs with higher impact, in order to intensify the partnership and contribute to strengthening the achievement of results in the HIV intervention framework especially that the DACAs are now placed at the local level.

### ***Coordinating the distribution of Condoms through non-health facility channels using NAC sub-national structures***

This was done in collaboration with the Medical Stores Ltd, Ministry of Health (MoH) and other cooperating partners such as the University of Maryland to order and distribute male and female condoms to all provinces to enhance HIV prevention using non-health service providers and outlets. This distribution channel should be formalised as a distribution arm for HIV prevention through capacity building and systems development support.



The major challenge of this programme is the lack of consistence to ensure the steady supply of condoms at points of need such as in bars, night clubs and lodges. The other challenge is that of data collection for feedback to inform decision making. Further, there is inadequate buy-in of the vision from the provincial medical offices who, in some cases, would still take the intended condoms to health facilities for distribution.

### **Lessons learnt**

The implementation of Elimination of Mother-to-Child Transmission of HIV (eMTCT) in the fast track city programme requires on-going capacity building for implementing agencies, improving data collection tools and strengthening the monitoring systems. The programme in the city councils is gaining ground and should be anchored onto solid strategic plans of the concerned cities in order to ensure alignment with the current National AIDS Strategic Framework (NASF) and buy-in by all local stakeholders.

Although the authority obtained from PSMD to recruit DACAs indicated that DACAs should fall under the Administration and Human Resource Management Department, the recruitment of DACAs should adhere to the provisions of the NAC devolution plan of 2016, aligned to the decentralisation process aimed at devolving NAC's HIV coordination functions, by ensuring that the DACA position becomes a planning position to help in both the internal and external mainstreaming of HIV, gender and human rights and not an Human Resource (HR) position.

### **Constraints**

NAC has not yet signed a Memorandum of Understanding (MoU) with the United National Development Programme (UNDP) to facilitate collaboration on implementation of targets on the annual workplan. This has contributed to challenges in accessing financial support for key programmes, especially the development of the District Coordination Tool kit.

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## 3.0 National Response Coordination

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NAC's mandate as provided by the Act No. 10 of 2002 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, Sexually Transmitted Infections (STI) and Tuberculous (TB) in order to reduce the personal, social and economic impacts of HIV and, AIDS, STI and TB'. The day-to-day affairs of the Council are coordinated and managed by the NAC Secretariat under the leadership of the Director-General. NAC is multi-sectoral in composition and is appointed by the Minister of Health. Council members are drawn from various stakeholders including government, Civil Society Organisations (CSOs), private sector and the general public.





## Main activities and result areas

All provinces disseminated the NASF 2017-2021 to all districts and to adolescents.

Southern and Eastern provinces (i.e. Livingstone and Chipata districts), conducted the U-Report mobilisation campaigns targeted at adolescents and young people.

*The DPOs acting as DACAs were too committed with other activities that contributed to slowing down the HIV response at local level. It is therefore critical that all concerned stakeholders expedite the DACA recruitment process so that full time DACAs can be in place to sustain the HIV response.*

All provinces facilitated the collection and distribution of condoms through non-health community structures.

All provinces launched the Test Your Life campaign through mobilising adolescents for HIV prevention through local radio programmes.

Six provinces (Luapula, Northern, Eastern North-western and Western) are working towards mainstreaming HIV in capital projects.

Luapula provided HIV services during the EXPO and Mutomboko ceremony while Eastern province provided services during the Ncwa'la ceremony.

NAC facilitated the launch of the National HIV Testing Counselling and Treatment (HTCT) day; the National launch was officiated by the Republican President Mr Edgar Chagwa Lungu on 15 August 2017 at the Olympic Youth Development Centre (OYDC). NAC developed Talking Points to guide the sub-national structures in conducting the HTCT launch day events.

NAC actively coordinated the commemoration of the 2017 World AIDS Day on 11 December 2017. Western province collaborated with Namibia to commemorate the AIDS day in Katima Mulilo under the cross-border partnership with Sesheke. It must be mentioned that Zambia was chosen to host the 2018 international AIDS day.

NAC supervised the districts through undertaking monitoring visitations and conducting data validation meetings to enhance improvements in data management and HIV response reporting at district level.

The critical challenge of the sub-national level is the lack of transport to enable them adequately reach out to support all districts.



## Lesson learnt

The absence of DACAs at district level affected the HIV response coordination because it became increasingly difficult to mobilise the local stakeholders and resources to support the HIV activities. The District Provincial Officers (DPOs) acting as DACAs were too committed with other activities resulting in the slowing down of the HIV response at local level. It is, therefore, critical that all concerned stakeholders should expedite the DACA recruitment process so that full time DACAs are put in place to sustain the HIV response.

Although the authority obtained from PSMD to recruit DACAs indicated that DACAs should fall under the Administration and Human Resource Management department, the recruitment of DACAs needed to adhere to the provisions of the NAC devolution plan of 2016 aligned to the decentralisation process aimed at devolving the NAC's HIV coordination functions by ensuring that the DACA position becomes a planning position to help in both internal and external mainstreaming of HIV, gender and human rights and not an HR position.

The National AIDS Strategic Framework 2016-2021 prescribes change of the district HIV coordination structures from District HIV and AIDS Task Forces (DATFs) to District HIV and AIDS Committee (DHAC). Since HIV is no longer an emergency, it should be mainstreamed into the national development planning processes. The HIV coordination structures at sub-national level should, therefore, adapt and adopt the new term in order to show alignment to the existing guiding framework. Going forward, the use of the term DHAC should replace the term DATF.

## Constraints

1. The non-availability of transport at sub-national level especially in provinces makes it difficult to reach out support to all districts and implement planned activities.
2. The high staff turn-over in the local authorities makes it difficult for provincial staff to sustain the HIV and AIDS response at the local level especially in districts where there are no DACAs.
3. The inadequate operational funds to the sub-national structures increases hardships especially at the provincial level.
4. It is not clear whether some of the NAC staff (PITMEOs) who head the provincial offices are acting Provincial AIDS Coordination Advisors (PACAs) or not.
5. NAC did not participate in some of the traditional ceremonies making it difficult to assess the HIV prevention interventions at these ceremonies.

## 4.0 Resource Mobilisation

The National HIV/AIDS/STI/TB Council (NAC) continued to receive support from both bilateral and multilateral cooperating partners to strengthen its role in coordinating multi-sectoral, gender transformative and rights based response. Partners that have continued to support some elements of the NAC Annual Work Plan include PEPFAR, CDC, UNAIDS, UNICEF, UNDP, UNFPA, GIZ, SADC, IOM and the World Bank on some of the on-going programmes such as the roads contracts, DREAMS, small grants programmes; adolescents and youth programmes, parliamentary project on sustainable financing.

### Main activities and result areas

Guidelines were developed and shared among all sub-national staff to enable them distribute to districts where there was need. This activity needed to be linked to the Local Councils' mandate to coordinate and to monitor the implementation of capital projects in the districts, as well as the distribution and management of Constituency Development Funds (CDF) at the local level. DACAs need to be effectively equipped to enable them play a specific role in guidance, besides resource mobilisation and that of providing technical input related to HIV response in capital projects.

In collaboration with the National Road Fund Agency (NRFA) and RDA, NAC monitored the implementation of the HIV components in road contracts of the Kazungula bridge project in January and in Petauke and Chama districts in August 2017. This partnership with NRFA and RDA requires support to stem the policy on the implementation of the HIV response in the capital projects to ensure value for money in the HIV funds available for each project.

### Lessons learnt

In order to spur the value for money, monitoring of the HIV component in the road sector, there is need to apply the guidelines developed by a multi-stakeholder team and ensure that all concerned districts and road construction companies comply to its provisions without fail. Reference should be made to the planning and implementation guidelines for the HIV component in the road construction projects.

Institutionalising the HIV response coordination functions in the local councils requires embarking on a robust capacity building programme that



is both short and long term and one that is supported by all stakeholders and partners. NAC, therefore, needs to lead the process of mobilising resources for this purpose based on a solid plan. To this end, it is important that NAC engages UNDP among others, to support the capacity building plans.

## 5.0 Communication

### Main activities and result areas

#### *Launch of Media Awards on HIV and AIDS Reporting*

Based on trends of reduced rates of media coverage on HIV, AIDS and related issues, the National HIV/AIDS/STI/TB Council (NAC) went into partnership with AIDS Health Care Foundation (AHF) to launch Media Awards aimed at reigniting media interest in the above subject matter. The launch was held at a media breakfast meeting on 22 May 2017 sponsored by AHF. This idea was mooted earlier on in April 2017 to promote media ownership of the HIV and AIDS response and to reinforce the role of the media as critical stakeholders in the fight against HIV and AIDS. It was observed that while certain gains were recorded in HIV and AIDS interventions, prevailing issues such as stigma and discrimination and new HIV infections still underscored the need for access to accurate and up-to-date information on HIV prevention, care and treatment in order to manage the epidemic.

#### **Publication of Let's Talk, an adolescent supplement in the Times of Zambia**

With support from UNICEF, NAC signed a Memorandum of Understanding (MoU) with *Times Printpak* Zambia Limited for the publication of a monthly supplement dedicated to HIV, AIDS and sexuality, health and rights issues for the adolescents. The first edition of the supplement hit the streets on Thursday, 28 September 2017. The publication profiled experiences of adolescents and young people around the country in order to inspire one another on positive social behaviour to reduce risks from teenage pregnancies, teenage marriages, HIV and other sexually transmitted infections. The series of the publications started with an orientation workshop for the editorial staff of the *Times of Zambia* to help them appreciate possible information sources and what to look out for. The orientation meeting was to equip editorial staff with the necessary skills and competencies to undertake assignments as they generated content. The picture below depicts some of the typical content from the countryside illustrating teenage pregnancies as one of the results of unprotected sex.



### ***Test Your Life Radio and Television Programmes***

In the last Quarter of 2016, NAC with support from UNICEF launched the twenty-six weeks *Test Your Life* Radio programme on five community radio stations centred around adolescent health particularly on HIV, AIDS, sexual reproductive health and rights. The five radio stations are *Hot FM* in Lusaka, *Flava* in Kitwe, *Falls FM* in Livingstone, *New Generation* in Solwezi and *Breeze FM* in Chipata. After the twenty-six weeks' episodes of 'Test Your Life' radio programmes on the first five community radio stations, NAC undertook to monitor, through visitations to community radio stations to assess the performance in the first round with a view to renew the contracts for a further twenty-six weeks series. Subsequently, an orientation workshop was held in Lusaka from 20 to 21 April 2017 for ten radio station managers, producers and NAC sub-national staff which resulted into an expansion from five community radio stations conducting the 'Test Your Life' radio series to ten. The ten radio stations included the *University of Zambia* Radio station in Lusaka, *Flava* in Kitwe, Radio Lyambai in Mongu, *Breeze* in Chipata, *Byta* in Choma, *FCC* Solwezi Radio Station in Solwezi, KNC in Kabwe.



*Test Your Life Training for Radio and Television Presenters*



### ***Regular Updates of NAC Website***

During the period under review, the NAC website was regularly updated on the news content assigned to the Communications Unit. Below are some of the news articles in chronological order produced and uploaded on the NAC website by the Communications Unit.

#### ***1. MoU for NAC to utilise free slots on Zambia National Broadcasting Corporation (ZNBC)***

NAC initiated discussions with Zambia National Broadcasting Corporation (ZNBC) involving NAC Management team and the Director General of ZNBC to explore possibilities of utilising some of the public broadcaster's free slots to disseminate HIV response programmes. Some of the targeted free slots included Kwacha Good Morning Zambia, Morning Live, National Watch, Morning Drive and Morning Show. A draft MoU was prepared on 12 July 2017 by NAC and was submitted to ZNBC for concurrence. This initiative was aimed at achieving two objectives to increase coverage of HIV and AIDS issues and to raise the profile of NAC. However, NAC to date has not received any response on the proposed MoU.



***NAC Management Signing an MoU with ZNBC for free Air Slots***

## 2. *Development of a NASF Communication Strategy*

As part of operationalisation of the 2017 to 2021 NASF, a NASF Communication Strategy was developed to guide implementers on information dissemination to their respective audiences. To this effect, a draft concept paper on the NASF Communication Strategy was developed but the activity has not been executed due to lack of funds.

## 3. *U-Report Intern visits to schools and UNICEF supported health facilities*

In order to update the sexual reproductive health manuals and Information, Education and Communication (IEC) materials, NAC with support from UNICEF engaged some interns to support the Ministry of Health with the facilitation of the design and finalisation of training and IEC materials. Materials comprising the ABC posters and leaflets, Test for the Test leaflet and condomise posters were designed and developed.



*Young People Joining U-Report in Progress*

## 4. *Ad-hoc and Quarterly SBCC TWG Meetings*

In order to provide quality assurance, consistent and culturally appropriate messages in line with the NAC Communication Strategy in the national response to HIV and AIDS, NAC facilitated three ad-hoc and four quarterly Social Behavioural Change Committee Technical Working Group



(SBCCTWG) to review IEC materials developed by the implementing partners so that they ensured consistency with key terminologies in the national response.

### **5. *Optimising the Visibility of NAC***

To ensure that the public was abreast with HIV information, NAC participated and supported social mobilisation events with a view to publicising the NAC resource centre. These included *Kuomboka* and *Mutomboko* traditional ceremonies, exhibitions at the 2017 International Women's Day, HIV Testing Counselling and Treatment Day and World AIDS Day.

### **6. *Distribution of IEC Materials***

NAC coordinated the provision of information and communication services, various IEC materials including the 2017 to 2021 NASF and prevention road map documents distribution to the sub-national and other partners. The following materials were distributed:

1. 189 Condom dispensers
2. 904,014 male condoms and 38,432 female condoms
3. 122,000 adolescent centred posters
4. 4,129,2017 WAD and SURGE Posters
5. 498,500 Take the Test 4 Test and U-report flyers
6. 95,000 ABC of prevention leaflet
7. 250 U-Report T/shirts and 250 Caps to five community radio stations
8. 1,221, 2017 WAD T/shirts
9. 300 U-report T/shirts and 300 Caps during U-report mobilisation shows
10. 100 T/shirts and 100 Caps to ZHECT
11. 4,200 copies of the National AIDS Strategic Framework
12. 350 prevention road map
13. 996 Trainers manuals to UNICEF supported districts

### **7. *Distribution of Materials to Adolescents Friendly Spaces***

NAC with support from UNICEF distributed materials to over 100 AFS country wide.



## Constraints

1. Some GRZ supported activities could not be undertaken due to lack of funds.
2. Lack of timely communication on changes affected the implementation of certain activities.
3. Lack of transport also affected activities that were supposed to be implemented at the time the donor was available.
4. Lack of courier services delayed the distribution of most IEC materials
5. Lack of resource centre stationery resulted into the under-utilisation of the facility.
- 6.0 Development of National Guidelines for the HIV response

## 6.0 Development of National Guidelines for the HIV Response

Development of National Guidelines for HIV response and management of HIV are produced by many organisations including national agencies and specialist services. From time to time, it may be appropriate for NAC to collaborate with these groups to produce joint guidelines that speak to specific interventions.

Part III of the NAC ACT states that the secretariat shall have a function to implement council decisions which, among others, include the development of technical guidelines for the coordination of multi-sectoral response for the prevention of HIV, AIDS, STI and TB. In the period under review, NAC facilitated the development of the following guidelines:

1. The process of developing PrEP guidelines.
2. The process of developing HIV Self-Testing implementation frame.
3. The process of developing TB guidelines.
4. Facilitated the development of Zambia Consolidated Guidelines for the Prevention and Treatment of HIV infection.
5. Facilitated the development of the Prevention roadmap.
6. Adolescent health strategy.

## 7.0 Policy and Planning, Monitoring and Evaluation

Given the multiplicity of players in the multi-sectoral response, an enabling policy environment to effectively coordinate stakeholders is critical. In Zambia, the multi-sectoral HIV response is coordinated by the National HIV/AIDS/STI/TB Council (NAC) which was established by an Act of Parliament No. 10 of 2002. The Act mandates NAC to coordinate and support the development, monitor and evaluate the multi-sectoral national response for the prevention and combat 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 addition, the 2005 National HIV/AIDS/STI Policy, outlines government’s understanding of the HIV and AIDS epidemic and how it impacts on various sectors of the economy. The policy comprises measures to inform and guide stakeholders in the development of their sectoral or institutional-level HIV and AIDS policies and programs.

The multi-sectoral response has created new opportunities for many diverse stakeholders, at all levels of the response, starting with the community through to the national level. Nevertheless, this has rendered the coordination and management of the response to be complex, dynamic and demanding. This complexity has resulted in stakeholders increase demand for a strong enabling policy, social and legal environment that would support strategic partnerships and alliances, domestic resource mobilisation, gender equality and respect for human rights. Accordingly, this has called for strengthening of existing coordinating structures at all levels.

### Main activities and result areas

#### *Review of the NAC Act No. 10 of 2002*

HIV and AIDS, STI and TB are not just health issues but they are also developmental issues. It is widely recognised that, just as the causes of HIV and AIDS, STI and TB have a number of facets, so should the response be multifaceted or multi-sectoral. Several challenges that still exist in the operation of the Council in terms of realising the intended purpose of the provisions of the National HIV/AIDS/STI/TB Council Act, No. 10 of 2002 could be attributed to a weak legal framework. This is manifested by difficulties experienced by NAC in coordinating various players in



the response and bringing them together to achieve certain critical joint activities such as information sharing, planning and leveraging of scarce resources. NAC has no legal basis upon which to compel players in the national response to cooperate. The benefits realised from the coordination efforts do not, in most cases, reflect the reality let alone match the time and resources invested.

NAC, through the Minister of Health recommended to Cabinet that approval should be given in principle to the introduction of a Bill in Parliament to repeal and replace the National HIV/AIDS/STI/TB Council Act, No. 10 of 2002 in order:

- (a) To strengthen the legal framework that provides for coordination, monitoring and evaluation of multi-sectoral national response for the prevention and combating of the spread of HIV and AIDS, STI and TB so as to reduce the personal, social and economic impacts of HIV and AIDS, STI and TB;
- (b) To enhance public health protection through adoption of best practices in the prevention and management of HIV and AIDS, STI and TB; and
- (c) To right size the composition of the National HIV/AIDS/STI/TB Council in order to provide for a lean but effective governing body.

The National HIV and AIDS, STI and TB Council (NAC) Bill of 2018 was expected to be presented to Parliament by the Minister of Health after Cabinet's approval. The proposed Bill would strengthen the legal framework that provides for coordination, monitoring and evaluation of the multi-sectoral national response for the prevention and combating of the spread of HIV and AIDS, STI and TB.

## Review of the 2005 HIV Policy

During the period under review, efforts towards reviewing the 2005 HIV Policy continued with the submission of the Cabinet Memorandum. Given the emerging issues in the response coupled with the dwindling resources in general and the multiplicity of players, there was need to review the 2005 HIV Policy and replace it with the HIV Policy that would be responsive to the emerging developments in the national response.

Over the years, the HIV response has evolved hence the need to consider innovative approaches such as self-testing, index-case testing, couple counselling, differentiated service delivery of interventions and Test and Treat among others.

The current HIV Policy still talks about Voluntary Counselling and Testing



(VCT) when the country was already implementing the HIV Testing, Counselling and Treatment (HTCT) approach as guided by His Excellence the President.

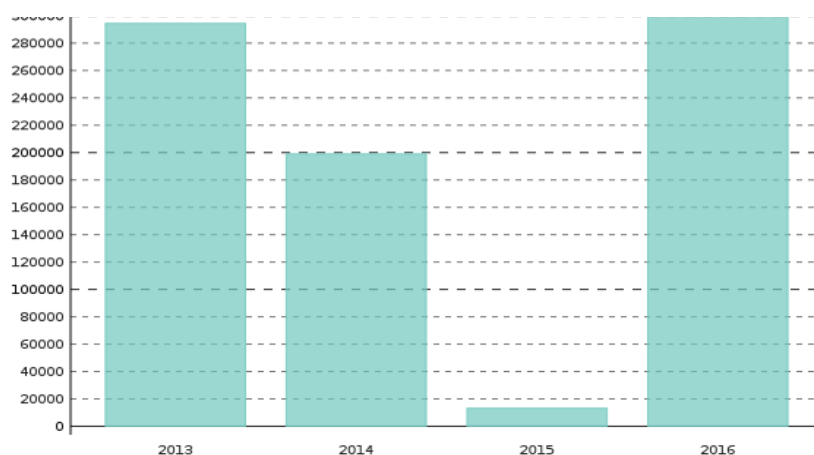
Accordingly, the country assented to the global strategies such as the Fast Tract Strategy, 90-90-90 Targets, Global Fund Strategy to end the epidemic by 2030 and the Social Development Goal (SDG) agenda among others. SDG number three has in tandem with the 7th National Development Plan (SNDP) and articulated achieving universal health coverage and access to quality health care and that no one must be left behind.

### Development Process of the NASF 2017 to 2021

During the period under review, NAC coordinated the process of developing the National AIDS Strategic Framework (NASF) 2017-2021. This was the fifth in a series of national HIV and AIDS strategic frameworks and was a five-year strategy aligned to the Vision 2030, 7NDP, International and regional commitments. The focus of the plan was to intensify the combination of HIV prevention in the national multi-sectoral HIV response with a view to reducing new HIV infections.

The development of the NASF 2017-2021 was informed by, among other things, the programme review of the R-NASF 2014-2016. The Programme Review was conducted in seven of the ten provinces of Zambia covering a total of twenty-one districts. One of the objectives of the Review was to

### Number of Males Accessing VMMC



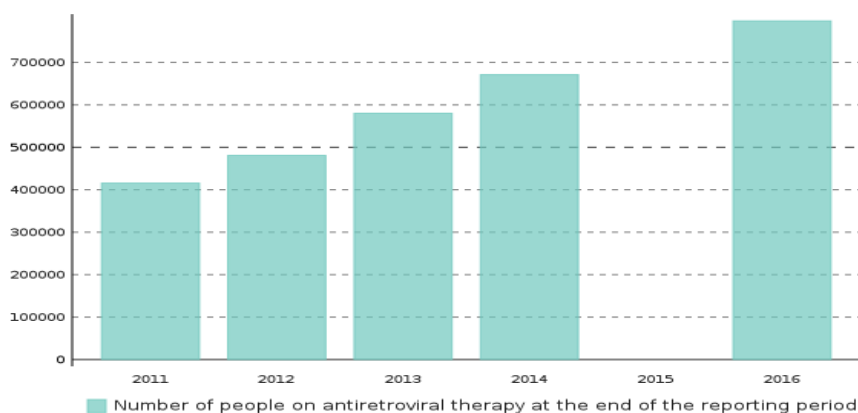
*Source: GAMR, 2017*

collect information that would inform the development of the NASF 2017-



2021. A series of consultation processes and tools were used to conduct the Programme Review and the NASF development included provincial and district stakeholder consultations with implementing partners, PLHIV, a National Adolescent Consultative Meeting, Key population groups and stakeholders and community members. After field consultations and stakeholder engagements, the Programme Review report was drafted.

A Steering Committee, chaired by the NAC Chairperson and comprising Permanent Secretaries (PSs) from other line government ministries, reflecting a multi-sectoral approach provided overall oversight, facilitated high level engagements and mobilised resources for the two tasks. In addition, a Technical Committee comprising different stakeholder groups, including cooperating partners, government ministries, civil society organisations, private sector, network of people living with HIV, implementing partners was formed to support the process, provided direction and facilitated stakeholder consultations. The Technical Committee in collaboration with the NAC secretariat, ensured that existing coordinating structures were fully utilised for the Programme Review as well as the NASF 2017-2021 development processes.



After all the processes were concluded, the Minister of Health launched the document with a clarion call to ensure a well-coordinated response where no one should be left behind. The document was later distributed to all the districts during dissemination meetings.



## Preparation of the Global AIDS Monitoring Report (GAMR)

Zambia, being a signatory to the 2016 United Nations General Assembly Political Declaration on HIV and AIDS, is under obligation to report at the progress on the national response. In view of the above, NAC coordinated the process of collecting the data, compilation of the report and submission to the UNAIDS GAMR team in Geneva. Notable among other achievements during the period under review, was the increased number of people that enrolled on antiretroviral therapy.

The number of males accessing Voluntary Medical Male Circumcision (VMMC) continued to increase according to the Global AIDS Monitoring Report (GAMR). This can be attributed to various campaigns being carried out in communities on the importance of VMMC. Below is the graph showing trends.



Source: GAMR, 2017

Investment in prevention of mother to child transmission (PMTCT) is key to stopping transmission of HIV from HIV positive mothers to their newly born babies. This is where the vision to have an HIV free generation lies. During the period under review, significant progress was made towards increasing the number of positive women accessing therapy to prevent transmission of the virus to newly born babies as can be seen from the graph below.

The overall picture regarding the ten targets of the United Nations General Assembly Political Declaration shows that Zambia has made significant progress towards eliminating AIDS as a public health concern by 2030. However, more still needs to be done.



## **Supportive Supervisory Visits and Data Validation Meetings**

During the period under review, NAC undertook country wide nacmisonline support supervisory visits with support from Centre for Disease Control (CDC). The Nacmisonline is a web-based data collection tool developed in 2012 to address the gaps that were inherent in the overall HIV response reporting system. The sessions were focused on collection, entry, cleaning use for the local response.

### ***Dissemination of findings and facilitating Data use for decision-making***

Within the period under review, NAC coordinated the review of abstracts, posters and other presentations before the International AIDS Conference in Paris and International Conference on AIDS and STIs in Africa (ICASA) in Cote D'ivoire. The manuscripts, conference presentations and abstracts were catalogued on the NAC website and viewed by various stakeholders.

### ***Training on Data use for decision-making, Advocacy and Policy Formulation***

Following the devolvement of the decentralised HIV response to local authorities at district level by government, NAC oriented all the one hundred and nine local authorities on the coordination of the local response. Local authorities were oriented on data collection using the Stakeholders Activity Reporting Form (SARF) a NAC data collection tool, analysis and utilisation.

Further, NAC held data validation meetings in all the ten provinces with stakeholders who provided data through the data base (nacmisonline). These meetings were meant to ensure that community-based data that was provided was authentic for use at both local and national level. Meetings held contributed to improved quality data and use at local level through District Development Coordinating Committees (DDCCs) and Provincial Development Coordinating Committees (PDCCs).

### ***Enhancing and maintaining integration of information systems used for HIV and AIDS programme monitoring and evaluation***

With support from CDC, NAC managed to procure twenty-eight laptops to replace the obsolete ones, access points, a printer and projector for the boardroom, Microsoft licenses, internet subscription for both headquarters and all the ten Provincial centres as well as a server to host services.

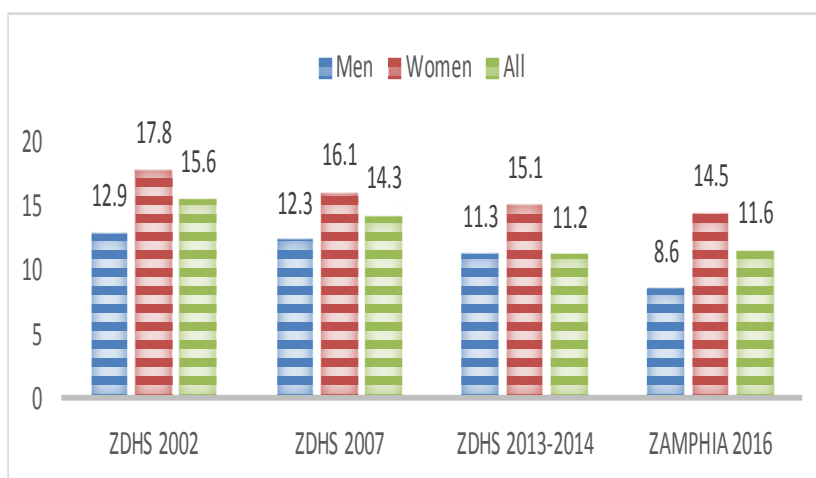


### 7.2.8 *Situation Room*

The HIV situation room is a connected “Situation Room” across locations for physical rooms and mobile devices. It’s a visualisation tool that aids in the decision making. A team of four personnel, one from NAC, two from MoH and one from UNAIDS Zambia participated in a study tour undertaken in Nairobi Kenya to learn how the National AIDS Control Council (NACC) of Kenya had managed to implement an HIV Situation Room.

The Kenya HIV situation room was officially launched by the Kenyan head of state in September 2015 and was subsequently rolled out to subnational structures called counties. Hence, the county Governors were given access to the situation room.

Following the Kenyan tour, NAC coordinated the formation of the Zambian Situation Room Steering Committee. NAC secured over US\$35,000 from UNAIDS and 100 software licenses as initial support to set up the Zambia situation room. The Zambian situation room was set to be launched by the Republican President on 6 March 2018.



Snap Shot from the Situation on Prevalence

The Zambia HIV Situation Room will be able to provide HIV and AIDS maternal and child health and TB programme staff to localise where efforts should be intensified. More accurate programmes allow persons living with HIV to have regular access to care and treatment and when stock outs occur, antiretroviral medicines will be replenished quickly. All the information will be measured by each facility and service delivery point and feedback given to the Zambia HIV Situation Room. The information will be anonymous to ensure maintenance of full confidentiality.



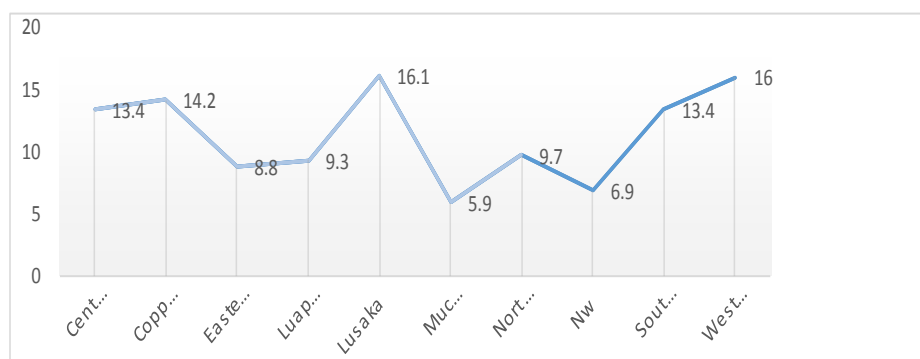
### ***Assessing, reviewing and improving monitoring and evaluation of the HIV and AIDS response***

During the period under review, NAC provided updates on the performance of the response as mandated by the NAC Act of Parliament. NAC conducted several meetings at both national and sub-national levels on the performance of the response. In addition, NAC provided a report on the performance of the response to the Republican President through the Ministry of Health. The report highlighted progress made in the HIV response starting with the steady decline in HIV prevalence rates, incidence, number of people enrolled on antiretroviral therapy, number of positive pregnant women accessing PMTCT and AIDS related deaths. Further, challenges such as the need to increase domestic financing of the HIV response were highlighted.

Recent data from the Zambia Population Based HIV Impact Assessment (ZAMPHIA) survey suggests that HIV prevalence has continued to decline with an overall adult HIV prevalence of 11.6 per cent recorded in 2015-2016. Despite this progress, there still remains distinct gender- and age-related disparities in HIV burden, with 14.5 per cent prevalence among women compared to 8.6 per cent prevalence among men. This disparity is most pronounced among young people aged 20 to 24 years old, where HIV prevalence is more than four times higher among women (8.6%) compared to their male peers (2.1%).

### **Figure 1: HIV Prevalence among Adults (15-49) in Zambia by Province Over Time**

Along with age and gender variance, HIV is not uniformly distributed across the country. Adult (15-59) HIV prevalence varies dramatically by province, ranging from 5.9 per cent in Muchinga to 16.1 per cent in Lusaka.

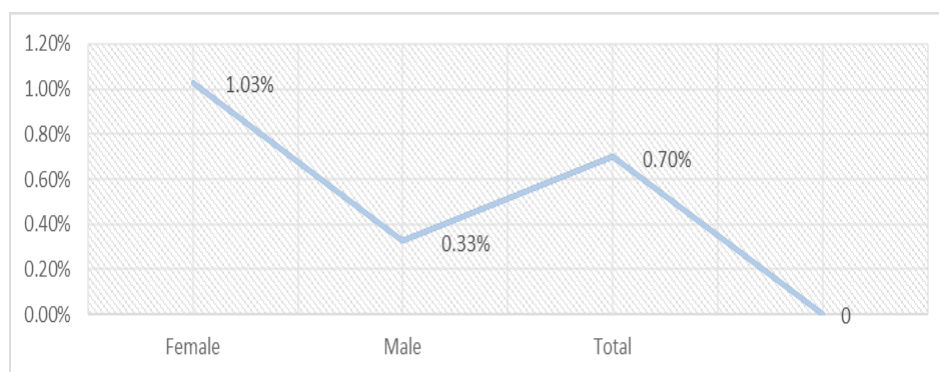




New HIV infections in Zambia overall experienced a decline of about 20 per cent between 2005 and 2016, with 46, 000 in 2016 compared to 77, 500 new infections in 2005. The trend is projected to be declining in the near future.

Declining numbers of new HIV infections demonstrate progress in prevention programmes implemented in Zambia. This progress is attributable to scaling up of Prevention of Mother to Child Transmission (PMTCT) services reducing Mother to Child Transmission (MTCT) and a reduction in adult (15+) new infections because of the benefits of accessing antiretroviral therapy treatment, voluntary male medical circumcision (VMMC) and changes in sexual behaviours.

**Figure 2: HIV Incidence in 2016**

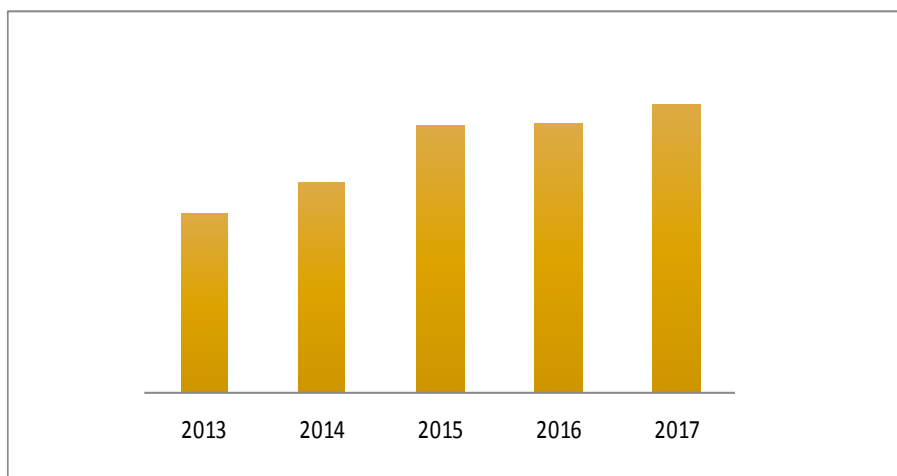


Antiretroviral therapy has perhaps become the single most efficacious dual method for treating patients living with HIV and further preventing new infections. Accordingly, Zambia has moved to implement test-and-start as a national policy. This is anticipated to lead to increased patient load hence the need to move to differentiated care.

The number of people living with HIV enrolled on ART increased from 530,702 in 2013 to 855,070 in 2017. Figure below show the number of People enrolled on ART between 2013 and 2017.



**Figure 3: ART Enrolment between 2013 and 2017**



Source: HMIS, 2017

### ***Coordinate DREAMS Initiative Monitoring and Evaluation Activities***

The DREAMS Initiative is an ambitious partnership to reduce HIV infections among adolescent girls and young women in ten sub-Saharan African countries, Zambia inclusive. The goal of DREAMS is to help girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women. The DREAMS Monitoring and Evaluation component is being coordinated by NAC on behalf of CDC and USAID in general. Some of the activities coordinated include the following:

- (i) Supported DREAMS monthly meetings in the three selected districts;
- (ii) Carried out quarterly Coordinating supervisory visits to DREAMS initiative implementation sites in Chingola, Ndola and Lusaka. Activities focused on lessons for the implementation as well as reporting;
- (iii) A mapping training of all DREAMS implementing partners in the use of GIS for programme planning was held;
- (iv) Coordinated quarterly data quality assessments and feedback meetings with site staff and DREAMS implementing partners; and
- (v) Oriented new DREAMS districts which include Chipata, Kabwe, Kapiri Mposhi and Livingstone among others.



## Main results

Key results from the activities undertaken during the period under review included the successful coordination of the National AIDS Strategic Framework (NASF) 2017-2021 development process which was the basis for the Global Fund funding request. As a result of the above, Zambia is scheduled to receive \$263 Million between 2018 and 2020 from Global fund for malaria, TB and HIV. These funds will be applied on high impact interventions as stipulated in the NASF 2017-2021.

NAC submitted to Cabinet a memorandum to the Ministry of Health to repeal and replace the NAC Act No. 10 of 2002. Following this submission, Cabinet discussed the matter and approved in principle to the introduction of a Bill in Parliament to repeal and replace the National HIV/AIDS/STI/TB Council Act, No. 10 of 2002.

In addition, NAC coordinated the formation of the Zambia Situation Room Steering Committee and subsequent meetings. Secured over US\$35,000 from UNAIDS and 100 software licenses as initial support to set up the Zambia situation room. The Zambia Situation Room was set to be launched by the President of the Republic of Zambia on 6 March 2018. The Zambia Situation Room will be able to provide HIV and AIDS, maternal and child health and TB programme staff to localise where efforts need to be intensified. This more accurate programming allows persons living with HIV to have regular access to care and treatment and that antiretroviral medicines will be replenished quickly should stock-outs occur.

## Lessons learnt

Several lessons could be drawn from the various activities undertaken during the period under review. Some of these include the following:

- (a) Delayed approval of annual work plans as a result of back and forth communication between NAC AND CDC negatively affects the implementation process of CoAg activities;
- (b) Slow implementation of Cooperative Agreement (CoAg) activities resulted to pipeline which affected the 2018/2019 CoAg budget;
- (c) NAC and CDC Zambia monthly CoAg meetings have proved to be useful in ensuring efficiency and effectiveness in the activity implementation;
- (d) The rapid staff attrition caused a lot of work over load on the remaining staff resulting in inefficiencies in programme implementation; and
- (e) The absence of District Coordination Advisors (DACAs) in districts delayed the implementation of some activities.



## Constraints

The implementation of planned activities, during the quarter under review, was without constraints. Daunting among them, was the financial support especially for operations at both national and sub-national levels. Some activities could not be implemented as planned due to financial challenges.

Programming for key population and vulnerable populations was identified as one key constraint that was faced as a result of existing legal frameworks that criminalise some key populations. Evidence globally shows that criminalisation, stigmatisation and marginalisation drive both higher rates of infection and lower uptake of services among key populations. Additional factors constraining access to HIV services by key and vulnerable populations include: limited data (i.e. population size estimates, epidemiology), legal barriers, prohibition of condom distribution in primary and secondary schools, gender-based violence, low service coverage for children, and harmful socio-cultural norms.

Further, Gender inequality and gender-based violence are critical structural drivers of the HIV epidemic among women - particularly young women in Zambia. For instance, gender inequality is strongly linked with the limited ability of adolescent girls and young women (AGYW) to negotiate condom use. Gender inequality also fuels high rates of age-disparate sex.

Finally, whilst efforts were made to ensure smooth implementation of planned activities, our work was hampered by constraints such as obsolete ICT equipment and transport among others.

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## 8.0 Finance and Administration

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The Administration Unit's overall goal is to provide effective administrative services to the institution in order to ensure smooth operations. To effectively achieve this mandate, the unit ensured that its planned activities and budget were included in the NAC 2017 Annual Work Plan and Budget.

### **Main activities and result areas Develop and operationalise a Human Resource Manual**

At the beginning of the year the Administration Unit embarked on an exercise to develop a human resource manual which would be used as a piece of policy to guide human resource practice in the organisation. The manual states all important HR policies that should be implemented in this organisation. The document was developed and approved by the Council after a thorough review by the Finance and Administration Committee of the Council as planned within the period under review.

### ***Revised Terms and Conditions of Service***

The NAC Terms and Conditions of Service were revised and presented to the Finance and Administration Committee of the Council for review. The document was then submitted to the Ministry of Labour for attestation as advised by the Committee. After review, the ministry provided feedback that the document was in order and that there was need to subsequently provide original copies for attestation. However, there was need for the Council to approve the document before it could be sent back to for final attestation. The Council was regrettably dissolved before it could approve the document.

### ***Revised Disciplinary and Grievance Procedures***

The NAC Disciplinary and Grievance Procedures were revised and presented to the Finance and Administration Committee of the Council for review. Like the Terms and Conditions, the Disciplinary and Grievance Procedures were submitted to the Ministry of Labour for attestation as advised by the Committee. After review, the ministry provided feedback



that the document was alright but there was need to subsequently provide original copies of the documents for attestation. There was also need for the Council to approve the document before it could be sent back to the ministry for final attestation. Since the Council was dissolved it could not approve the document. The document shall beready for approval once the NAC Council is appointed.

### **Transport Policy to improve management of transport**

The NAC Transport Policy was revised and presented to the Finance and Administration Committee for review. After review, the committee recommended the document to the Council for approval but the document waits approval by the new Council.

### **Development and Operationalisation of Fixed Asset Disposal Policy**

This policy is still in draft form and more input is required before it can be finalised. It is hoped that it will be ready for approval by the time the new Council is put in place.

### ***Development of an annual leave plan for 2017***

The annual leave plan was developed for all staff to guide leave taking in the period under review. As a result of the plan, there was an improvement in the manner annual leave was taken by staff in the period being reviewed such that accumulation of excess leave days was avoided. This was part of the cost saving measures the institution had put in place.

### ***Develop and put in place an Employee orientation plan***

An employee orientation plan was developed on boarding of new employees to aid them settle in their jobs with ease. The plan has equally made it easy to orient staff who get transferred to other stations and those who change roles. The programmes clearly spell out the steps to be followed when orienting employees.



## Mid-Year and Annual performance appraisal

The mid-year performance appraisal was conducted for all NAC staff based on the individual work plans developed at the beginning of the year. The exercise saw the use of the newly introduced 'performance against target form' in documenting the ratings and comments regarding the work performance of each employee. The introduction of this form came as an improvement as its absence in the past years meant using the main performance appraisal form which was too involving for the midyear level exercise. The annual performance appraisal involving all NAC employees was successfully conducted using the appraisal information gathered during the midyear appraisal and the other half of the work year. The exercise was conducted in a better way than the one in the preceding year in that it was done much earlier.

## Staffing

The organisation has an approved and funded establishment of fifty-six positions which are both programme and GRZ supported. At the beginning of the year under review, the organisation opened with forty-five (45) filled positions representing eighty per cent (80%) of the establishment. However, by the end of the year, the number of filled positions dropped forty-three (43) filled positions representing seventy-seven per cent (77%) of the establishment. The drop was due to the exit of the Director General and an Assistant Accountant. This means that as at 31 December 2017, there were thirteen (13) vacancies for the whole institution. It is noteworthy to mention that the vacancies could not be filled because it was resolved that recruitment be frozen as cost saving measure until further notice. It should further be noted that seventy-seven per cent (77%) staff complement is still acceptable as it is above the minimum required standard of seventy-five per cent (75%).

## The Procurement Function

### 1. *Develop Procurement Guidelines*

The NAC Procurement Guidelines were revised and presented to the Finance and Administration Committee of the Council for review. After review, the committee recommended the document to the Council for approval. However, the Council was dissolved before it could approve the document.



## 2. *Develop Annual Procurement Plan*

Based on the NAC 2017 Annual Work Plan and Budget, the Annual Procurement Plan was developed and presented to the Finance and Administration Committee for review. After review, the document was presented to the Council and approved.

## 3. *Adherence to procurement procedures*

In the period under review, procurement of goods and services was conducted in accordance with the Zambia Public Procurement Authority Act guidelines. Respective levels of approval and thresholds were strictly observed as well as conduct of procurement committee meetings as need arose.

## **Lessons learnt**

While the development of operational documents was professionally and technically done by the Administration Unit using a constituted committee, it would have been better to hire a consultant. Unlike internal staff constrained with time due to other daily activities tied to their offices, a consultant would have expedited the development of the documents and as such they were going to be approved way before the disillusion of the Council. Additionally, it was noted that the development of policy documents by internal staff aroused personal interest which could have been avoided if a consultant was engaged

## **Constraints**

1. Developed operational documents such as terms and conditions of service, Disciplinary and Grievance Procedures, Transport Policy and Procurement Policies, Procedures and Guidelines Manual. However, the documents were not approved by the Council in spite of passing through committee stage because the Council was dissolved just before holding the meeting which was expected to approve them. The organisation has, therefore, continued to use old operational documents which are not current in some respects.
2. The organisation has a challenge of transport as most of the motor vehicles are unserviceable because they have completed their useful life span. The organisation has no capacity to replace or regularly



service its fleet due to limited funds. The repair and maintenance cost of an old fleet tends to be higher than newer ones.

3. Personal emolument bill has remained unsettled because the government grant disbursed to NAC is inadequate to meet all operational costs and statutory obligations. Particularly, payment of gratuity does not happen as soon as it is due. This has the potential to dampen staff morale for performing their work to expectations

## 9.0 Country Coordinating Mechanism

The Country Coordinating Mechanism-Zambia (CCM-Z) derives its authority from the Government of Zambia. As a democratic, multi-sectoral body, the CCM shall ensure Zambia's adherence to GF requirements and principles in successful grant implementation. It does so through its leaders, functional Committees, CCM-Z members and CCM-Z Secretariat. The CCM-Z assumes the responsibility for carrying out five major functions, which are:

1. Organisation and functioning of CCM-Z management and support structures;
2. Harmonisation with other support Zambia is receiving in HIV and AIDS, Malaria and TB;
3. Management of the concept note design and submission process for HIV and AIDS, malaria and tuberculosis projects to TGF;
4. Oversight of TGF Project Implementation; and
5. Documentation and communication with constituencies and TTT.

### Main activities and result areas

All of the activities, in exception of a field visit, four Quarterly and 2017 SPI and Oversight committee meetings were conducted and achieved and targets met. The field visit did not take place because the CCM Secretariat, the CCM SPI, Oversight Committees and the PRs were involved in the GF FR development, grant making and negotiation processes and the Technical Review Panel (TRP) response development. The Strategic Planning and Investment (SPI) and Oversight Committee 2017 Fourth Quarter meeting failed to take off because committee meetings did not meet their quorums. The major results of 2017 were:

1. A new CCM was ushered in after constituency elections;
2. A new CCM Chair and Vice were selected by members (though the Chair got nullified by the Minister of Health);
3. CCM sub-committees were constituted;
4. CCM members were orientated;
5. The stakeholder consultations around the GF FR development, grant making and TRP responses were successfully conducted and input shared with the Global Fund (GF) and the writing teams and submitted to the Global Fund Secretariat;



6. CCM EPA was submitted together with the FRs;
7. The GF FR for HIV, TB and Malaria were submitted on time;
8. The GF TRP responses were prepared and submitted on time;
9. The grant making and negotiations were completed successfully;
10. The FR for HIV, TB and Malaria were approved by GAC and the GF board;
11. The grant documents were signed;
12. In exception of the activities (meetings) stated above, all activities in the CCM work plan were conducted successfully;
13. The GF Secretariat was adequately supported during their visits.

### **Lessons learnt**

1. During the GF FR development process, it was very important to establish the chairmanship and leadership of the TTT for the FR development with minimal conflict of interest;
2. It was very important to review all GF guiding documents before commencing the process of GF FR development process;
3. It is very important that the quantification information and all data from all relevant units is readily available before GF FR development process commences; and
4. It is important to engage the GF Secretariat to ensure that all templates of all modules are available before commencement of the FR development process.

### **Constraints**

1. Late disbursement of CCM funds by the GF and the MoF is a constraint and hampers progress on targeted activities in the work plan;
2. Late approval of the new CCM members by the Minister left CCM leadership in the dark for 6 months;
3. Disapproval of the selected CCM chairperson also left CCM without a chairperson for over 6 months, with Vice Chair (MoF) deputising. The status remains the same;
4. The NAC's delayed repairs of the CCM Unit motor vehicle meant that the CCM Secretariat did not have a vehicle for most of 2017 and this led to missing of many stakeholder and partner meetings. This status continues in 2018. By HIV response design at national level, the NAC is supposed to provide certain logistical and administrative services to the CCM Secretariat as the CCM focuses on mobilising resources



for the HIV response and realigning the funding landscape for HIV at national level with partners. The NAC's support to the CCM is supposed to make part of the country's co-financing.

## **Key Recommendations and Plans for 2018**

### *National Response Strategy Development*

1. Participate and contribute to the LGAZ and AMICAALL conference.
2. Revise the District HIV and AIDS Coordination Tool Kit to enhance local level coordination. Revise the District coordination tool kit to enhance coordination. This activity is an urgent matter that needs attention; as it would help guide the HIV response in the new operational environment in the Local Authorities and also point out performance standards and their assessment criteria in the country. The challenge here is that this activity has also not been sponsored. The clarion call has been that UNDP could come in to help, based on their involvement in the initial stages of establishing local level coordination structures for HIV and support mechanisms in the country

### **National Response Coordination**

1. Hold orientation meetings of councillors and council management in the decentralised HIV response.
2. Facilitate integration of DATFs into local government structures.
3. Conduct orientation of DACAs in coordination and management of HIV responses.
4. Facilitate holding of provincial HIV stakeholders review and progress meetings.
5. Develop a performance assessment tool for Local Authorities.
6. Finalise migration of DACAs to Local Authorities.
7. Monitor and supervise DACAs activities in districts.

### **Resource Mobilisation**

1. Roll out guidelines on integration of HIV in capital projects.
2. Conduct value for money monitoring of capital and road projects.

### **Communication**

1. Need to mobilise more resources to enable GRZ sponsored activities to be undertaken.



2. Need for management to improve communication, especially on issues that affect programmes.
3. More work needs to be done on sorting out the transport issue

### **Policy and Planning, Monitoring and evaluation**

1. We recommended reviews and survey processes such as the ZDHS in particular scheduled for 2018 should be commenced early and consider engagement of all the key stakeholders from the outset. This is important as the survey provides the country with data which informs programming.
2. For purposes of effective and efficient forecast and quantification, NAC recommends that there is need for the Spectrum 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 interventions.
3. Accordingly, the Situation Room should be extended to all the ten (10) Provincial centres so that the leadership at that level are aware of the performance of the response in their Provinces.

### **Finance and Administration**

1. Get all operational documents approved and operationalised once a new Council is constituted so that the organisation can operate more effectively.
2. Resources permitting, consider hiring consultants to develop critical policy documents going forward.
3. With regard to transport, there is need to request cooperating partners supporting NAC to effectively coordinate the response by donating motor vehicles. Further, there is need to dispose of all unserviceable motor vehicles which are very expensive to maintain. This, to some extent, will be a cost saving measure.
4. Allocate more resources towards payment of personal emoluments in order to dismantle the outstanding amount and strive to be current

### **Country Coordinating Mechanisms – Zambia**

1. On leadership vacancy, the CCM Secretariat will engage the Minister through the PS (Health Services) to find a solution to the delayed letters for the PLHIV and women constituencies. All the other 15 letters were received and distributed;



2. The CCM Secretariat will work to re-orient and capacitate the oversight committee with assistance from partners or the CCM Hub;
3. The CCM Unit awaits the delivery of a serviced motor vehicle from NAC Administration;
4. The CCM Secretariat will conduct constituency meetings supported by PEPFAR and the GF budget in 2018 (resources mobilised already from PEPFAR);
5. The CCM Secretariat will arrange and participate in two field visits in 2018 to look at the ended NFM implementation (end of grants assessment) and the just commenced differentiated implementation. It is hoped that the second field visit will be supported by partners;

### **Financial Reports**

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.

This section of the report provides an overview of the financial performance of the National AIDS Council for the year ended 31 December 2017 and of its financial position as at that date.

### **Financial Goals**

The financial goals for the year 2017 as expounded in the 2017 Action Plan and Budget were as follows:

1. Raise financial resources of ZMW58,520,764 to meet the planned expenditure in 2017.
2. The financial resources would be raised from GRZ grant and cooperating partners Financial .



## Financial Performance

### Income

| Category     | Budget            | Actual            | ZMW Change        | % change  |
|--------------|-------------------|-------------------|-------------------|-----------|
| GRZ          | 7,167,564         | 8,659,872         | (1,492,308)       | 121       |
| USG          | 1,000,000         | 499,372           | 500,628           | 50        |
| CDC          | 3,960,000         | 4,788,818         | (828,818)         | 121       |
| GFATM CCM    | 11,000,000        | 2,959,565         | 8,040,435         | 27        |
| UNDP         |                   |                   | 750,000           | -         |
| UNFPA        | 600,000           | -                 | 600,000           | -         |
| GIZ          | 8,000,000         | 1,525,075         | 6,474,925         | 19        |
| DREAMS       | 2,750,000         | 250,000           | 2,500,000         | 9         |
| UNAIDS       |                   |                   | (1,835,565)       | 467       |
| IOM          | 4,981,000         | -                 | 4,981,000         | -         |
| Global Fund  | 12,828,200        | 5,721,735         | 7,106,465         | 45        |
| SADC PF      | 100,000           | -                 | 100,000           | -         |
| UNICEF       | 4,884,000         | 1,389,709         | 3,494,291         | 28        |
| <b>Total</b> | <b>58,520,764</b> | <b>28,129,711</b> | <b>30,391,053</b> | <b>48</b> |

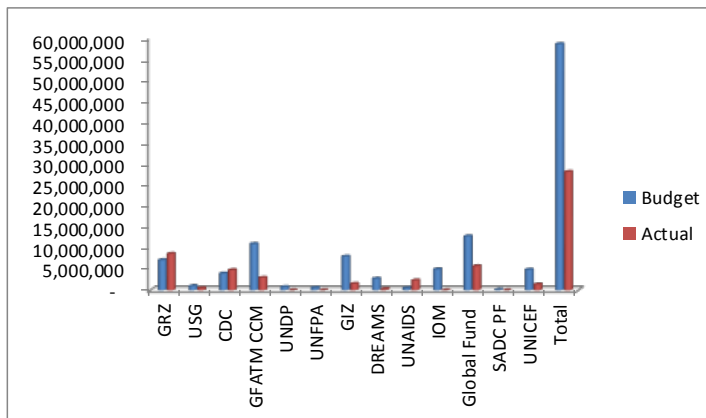
### Expenditure

| Function                                      | Budget Expenditure | Actual Expenditure | Variance            | % Change   |
|-----------------------------------------------|--------------------|--------------------|---------------------|------------|
| Strategy Development                          | 1,042,200          | 5,142,718          | 4,100,518           | 493%       |
| Response coordination                         | 24,761,800         | 2,495,065          | (22,266,735)        | 10%        |
| Facilitation of collaboration of the response | 2,048,200          | 0                  | (2,048,200)         | 0%         |
| Development of guidelines for the response    | 817,400            | 0                  | (817,400)           | 0%         |
| Resource Mobilization                         | 287,753            | 0                  | (287,753)           | 0%         |
| Knowledge Management                          | 2,713,464          | 2,754,929          | 41,465              | 102%       |
| Monitoring, Evaluation & Research             | 2,236,719          | 3,512,779          | 1,276,060           | 157%       |
| Communications                                | 3,837,001          | 23,000             | (3,814,001)         | 1%         |
| Admin & operation costs                       | 21,537,470         | 15,663,539         | (5,873,931)         | 73%        |
|                                               | <b>60,147,828</b>  | <b>29,592,030</b>  | <b>(29,689,976)</b> | <b>49%</b> |

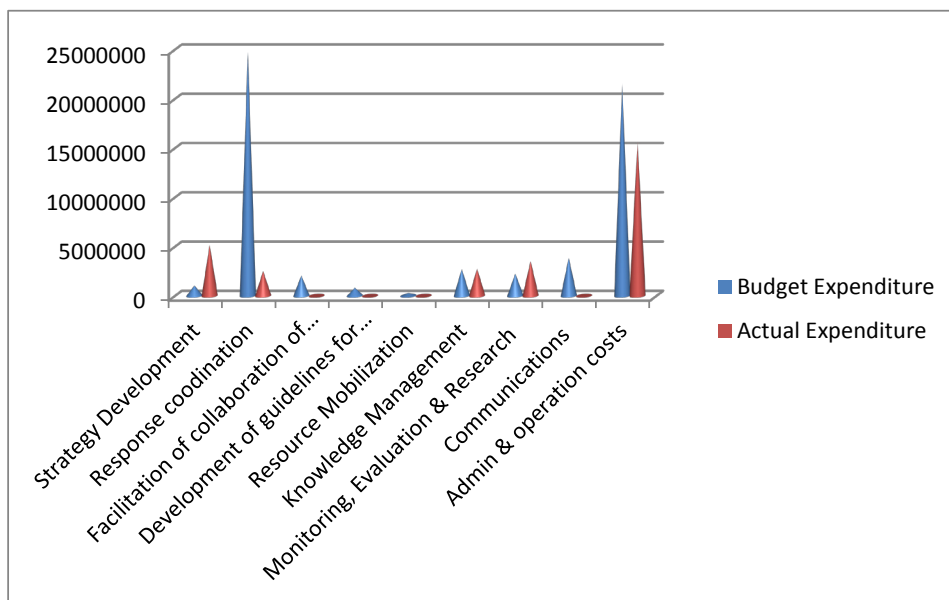


## Support Received from Government and Cooperative Partners

During the year under review, the Council received K28,179,111 as income against the budget of K58,520,764 from various cooperating partners and the Government of the Republic of Zambia (GRZ). Funds received from GRZ and CDC was 21 per cent more than what was budgeted. The Council received funding from UNAIDS despite that at the time of budgeting there was no indication of receiving such funds.



## Expenditure Against Focus Areas





The expenditure shows that more funds were spent under Strategic Development due to funding that received later in the year 2016 for Country Coordination Mechanism (CCM).

Response coordination had more activities funded by Global Fund under Civil Society Coordination.

Knowledge Management was mainly funded by UNICEF while CDC funded most of the activities under Monitoring and Evaluation.

### **Suppliers and staff emolument were paid by GRZ Grants**

#### *NAC Statutory Obligations*

Ministry of Finance has still not disbursed funds that were sent by Global Fund for District AIDS Coordination Advisors (DACA) emoluments amounting to K6, 039,296.00. It was noted that the Yellow Book for 2016 (Page 429) under head 21/01-Loans and Investments, Programme 3060 Projects Activity 703 showed that the amount mentioned above was provided for but was never disbursed to NAC. This has significantly impacted the ability of the Council to undertake its operations and meet the obligations for which the funds were earmarked.

In addition, NAC owes NAPSA K2,457,371 and ZRA K20,423,929 as at 31 December 2017. Increased funding to NAC will enable prompt payment of this debt.