

Zambia Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 02/17/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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

Postal address: National AIDS Council, 100 Central Avenue, Harare

Telephone: 00263772415145

Fax:

E-mail: ampofu@nac.org.zw

Describe the process used for NCPI data gathering and validation: Focus Group Discussion and Desk review of strategies, laws,policies and instruments

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

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): Misinterpretation of NCPI Part A Strategic Plan question 1.3, If No , explain how the key populations were identified? The question is not clear.

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

Organization	Names/Positions	Respondents to Part A
Ministry of Transport and Infrastructure Development	Regjes Marowa, Human Resources Officer	A1,A2,A3,A4,A5
UNAIDS	Michiel Gboun, Monitoring and Evaluation Advisor	A1,A2,A3,A4,A5,A6
Zimbabwe Republic Police	George Makuya, Registered Nurse	A1,A3,A4,A5
Ministry of Industry and Commerce	Passwell Rukato, Deputy Director Human Resources	A1,A2,A4,A5
Ministry of Environment Water and Climate	Charlse Bandera, HIV and AIDS Focal Person	A1,A3,A4,A5
National AIDS Council	Tadiwa Pfupa, Communication Officer	A1,A3
National AIDS Council	Silibe Mpfu, MIPA and OVC Coordinator	A1,A3,A4,A5
National AIDS Council	Isaac Taramusi, Monitoring & Evaluation Coordinator	A1,A4,A5,A6
National AIDS Council	Victor Makaza, Global Fund Monitoring & Evaluation Officer	A1,A2,A4,A5,A6
Zimbabwe National Army	Dr Mapfurira, Deputy Director for Medical Services	A1,A2,A3,A4,A5
Ministry of Health and Child Care	Dr Mutsa Mhangara, Strategic Information Coordinator	A1,A2,A3,A4,A5,A6
National AIDS Council	Caroline Sirewu, Treatment and Care Coordinator	A1,A4,A5
National AIDS Council	Garikai Muchemwa, GF Programme Asistant	A2,A6
Ministry of Agriculture	Patience Mashiri, HIV coordinator	A1,A2,A4,A5

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

Organization	Names/Positions	Respondents to Part B
EGPAF	Reuben Musarandega, Senior Technical Advisor SI&E/OR	B1,B4,B5
UNFPA	Zacharia Grand, Monitoring and Evaluation Officer	B1,B2,B3,B4,B5
Zimbabwe Business Council on HIV and AIDS	Eziwe Mutsikiwa, Monitoring and Evaluation Officer	B3,B4,B5
UNFPA	Samson Chidiya, Programme Analyst Key Populations	B1,B2,B3,B4,B5
UNICEF	Joyce Mphaya, HIV and AIDS Manager	B1,B2,B3,B4,B5
UNFPA	Tendayi Katsande, Programme Analyst	B1,B2,B3,B4,B5
National AIDS Council	Victor Makaza, Global Fund Monitoring & Evaluation Officer	B3,B4,B5
UNAIDS	Michiel Gboun, Monitoring and Evaluation Advisor	B1,B2,B3,B4,B5
Ministry of Health and Child Care	Dr Mutsa Mhangara, Strategic Information Coordinator	B3,B4,B5
Zimbabwe Congress of Trade Union	Nyaradzai Mutami, HIV & AIDS Coordinator	B1,B2,B3,B4,B5
Zimbabwe AIDS Network	Tendai Beta	B1,B2,B3,B4,B5
National AIDS Council	Garikai Muchemwa, GF Programme Asistant	B2,B3,B4,B5
SAFAIDS	Renias Mundingi, Programme Manager	B1,B2,B4,B5
Population Service International	Zvidzai Kwedza, Programme Officer	B3,B4,B5
National AIDS Council	Isaac Taramusi, Monitoring & Evaluation Coordinator	B3,B4,B5

A.I Strategic plan

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

IF YES, what is the period covered: 2011 - 2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Mid term review of the strategy, Revised targets, Adoption of the WHO guidelines, Launching of the WHO guidelines and Option B+, Scale up of pediatric ART

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: National AIDS Council a parastatal under the Ministry of Health and Child Care

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Agriculture

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: Other ministries are also supported without earmarked budget

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

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

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Small Scale Miners

: Yes

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

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

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) **A monitoring and evaluation framework?**: Yes

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

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Involved at every stage of the process including situational analysis, response analysis, priority setting and the drafting of the strategy

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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

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

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]: Medium Term PPlan and Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim ASSET)

: Yes

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): Yes

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

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

Reduction of stigma and discrimination: Yes

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

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

Other [write in]:

:

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

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

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: Establishment of National AIDS Council through a statutory instrument, Establishment of AIDS and TB Unit under MOHCC, Task sharing/shifting, Staff retention allowances, establishment of community health workers cadres and strengthening of the supply chain management. Decentralization of EID testing

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : HIV linkage in ASRH, PMTCT in MNCH, TB/HIV collaboration, HIV and nutrition, HIV and Cancer, Integrated training, ISP and HTF integration project

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: HIV linkage in ASRH, PMTCT in MNCH, scaled up TB/HIV collaboration, HIV and nutrition, HIV and Cancer, Integrated training curriculum

What challenges remain in this area:: Human resources, Finance, Infrastructure

A.II Political support and leadership

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

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: His Excellency the President gives annual state of the nation address on HIV and AIDS, The Vice President launched the Option B+ of PMTCT, The First Lady Officiated at WAD 2013, Members of parliament actively participated in HTC and VMMC programme. Launch of Zimbabwe Parliamentarian Against AIDS, local chapter on Global Power

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

IF NO, briefly explain why not and how HIV programmes are being managed::

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

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Mr D Mutambara, Board Chairman

Have a defined membership?: Yes

IF YES, how many members?: 14

Include civil society representatives?: Yes

IF YES, how many?: 1

Include people living with HIV?: Yes

IF YES, how many?: 1

Include the private sector?: Yes

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

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

IF YES, briefly describe the main achievements:: Establishment of Public Private sector Partnerships, Sectoral coordinating boards- PLHIV, Private sector, Civil society and Civil Service Commission, Representation by these sector in the National AIDS Coordinating structures from national to district level. Country Coordinating Mechanism

What challenges remain in this area:: Limited capacity in some sectors

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 1

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]: Advocacy, Resource mobilization

: Yes

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

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: The cut-off age of HIV screening was below the legal age of consent, Sexual offences act - challenges in willful transmission of HIV

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 9

Since 2011, what have been key achievements in this area:: The parliamentarians formed their own network - ZIPAH, Continual support on the remittance of AIDS levy, Participation of parliamentarians on HIV prevention programme like VMMC, Free ART services. Separate thematic committee on HIV and AIDS in parliament, GlobalPower

What challenges remain in this area:: Continuity of the programs because of the turn-over among the parliamentarians

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Small Scale miners

: Yes

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

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: The constitution discourages discrimination, Statutory instrument 2002 which discourages discrimination at the workplace

Briefly explain what mechanisms are in place to ensure these laws are implemented:: There are labor bodies, and constitutional courts and Zimbabwe Republic Police address investigates for prosecution.

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

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: Criminalization of MSM and Sex Work, No condoms in prison and schools

Briefly comment on how they pose barriers: limited access to prevention services

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

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

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

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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

Briefly describe the content of this policy or strategy:: Combination prevention strategy,

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

People who inject drugs:

Men who have sex with men:

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Prison inmates: HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Other populations [write in]::

:

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area:: Adopted HIV combination prevention strategy eMTCT strategy Behaviour Change Strategy MC strategy ASRH strategy for youths Workplace programme Blood safety PEP STI strategy Universal Safety precaution Zimbabwe HIV and AIDS Strategic plan Condom strategy

What challenges remain in this area: Cultural and religious barriers to VMMC, Low use of condoms in long term relationships. Criminalization of MSM and sex work

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

IF YES, how were these specific needs determined?: MOT study

IF YES, what are these specific needs? : Protected sex within long term relationship

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Strongly agree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Strongly agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: N/A

Risk reduction for sex workers: Strongly agree

Reduction of gender based violence: Strongly agree

School-based HIV education for young people: Strongly agree

Treatment as prevention: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 8

A.V Treatment, care and support

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

If YES, Briefly identify the elements and what has been prioritized:: Refer to ART guidelines

Briefly identify how HIV treatment, care and support services are being scaled-up?: Decentralization Change of eligibility criteria - Option B+, TB/HIV collaboration, CD4<500, discordant couples, Point of care diagnosis Integration of services Task Sharing Simplified regimen EID Outreach services Adherence support, Community monitoring Primary care councilors Increased resources mobilised

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: Agree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]:

:

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

Please clarify which social and economic support is provided: Food packages

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

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area?: Reached universal access coverage for adults in 2012 Task sharing Adopted new WHO guidelines limited funding gap for ART patient till 2016 introduction of community monitoring by PLHIV Involvement of civil society in advocacy, ART adherence and treatment monitoring Continued political support Reduced mortality and morbidity

What challenges remain in this area?: Stock outs of HIV testing kits Low paediatric coverage Viral load monitoring CD4 count accessibility High out of pocket expenditure to access treatment services Medicine supply chain management

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

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

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

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 9

Since 2011, what have been key achievements in this area?: Basic Education Assistance Module Cash transfers Assisted medical treatment orders National Action Plan for OVC II strategy

What challenges remain in this area:: Dwindling funding

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation:: limited resources to implement the plan, Chasing moving targets

1.1. IF YES, years covered: 2011 - 2015

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

Briefly describe what the issues are:: Parallel reporting systems

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

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

Guidelines on tools for data collection: Yes

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 3%

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

Briefly describe any obstacles:: Inadequate resources Donor driven

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M & E Director	Full-time	2002
M & E Coordinator	Full-time	2002
IT Coordinator	Full-time	2002
National Database Officer	Full-time	2002
Provincial M & E Officer	Full-time	2004
Database Officer	Full-time	2004

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

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

Briefly describe the data-sharing mechanisms:: Registering and reporting monitoring system to check consistencies in reporting

What are the major challenges in this area:: Data quality

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

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

IF YES, briefly describe the national database and who manages it.: IT section of NAC for CRIS and DHIS under MOHCC

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

IF YES, but only some of the above, which aspects does it include?: Geographical coverage, implementing organizations and programmes

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: facility level - District level - Provincial level - National Level

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

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

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

IF YES, for which population groups?: Adult, Children and pregnant

Briefly explain how this information is used:: For planning, resource mobilization, monitoring and reporting accountability

(c) Is coverage monitored by geographical area?: No

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

Briefly explain how this information is used::

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]:: Resource mobilization, monitoring and reporting accountability

: Yes

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Used estimates for programme review for 2012 like mid term review of the national strategic plan, ART programme review and PMTCT review. The estimated were use on the application of the Global Fund new funding model, target setting for the revised strategic plan. The main challenges was on data quality

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

At national level?: Yes

IF YES, what was the number trained:: 9

At subnational level?: Yes

IF YES, what was the number trained: 105

At service delivery level including civil society?: Yes

IF YES, how many?: 382

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: On site mentorship programmes

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: Harmonization of the reporting structures, Revised the M & E plan in line with the National Strategic plan, Training in HIV estimates and Data quality issue, roll out of the electronic patient tracking systems and DHIS, Survey on HIV drug resistance, ANC survey, PMTCT effectiveness survey

What challenges remain in this area: Data quality (completeness and timeliness of data)

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples: Civil society and UN agencies was actively involved in the formulation of Education Strategy, National HIV Strategy, and in Resource mobilization of HIV programmes

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 4

Comments and examples: Civil society actively participated in Global Fund new funding model application, Mid-term review of the national HIV strategy

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 5

b. The national HIV budget?: 3

c. The national HIV reports?: 5

Comments and examples: All civil society activities are aligned to the strategy however the funding is not adequate for all the service providers aligned to the strategy. There are other agencies that are complementing government funds for the civil society. The National M & E reports captures HIV activities

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 5

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 5

c. Participate in using data for decision-making?: 3

Comments and examples: Civil society is part of the National Research, Monitoring and Evaluation Advisory Group where decisions on M & E issues are made

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples: Civil society is part of the HIV coordination committees from district to national level

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

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples:: Limited financial resources so support the implementation of civil society activities

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

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men:

People who inject drugs:

Sex workers: <25%

Transgender people:

Palliative care : >75%

Testing and Counselling: <25%

Know your Rights/ Legal services: 25-50%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): <25%

Home-based care: 51-75%

Programmes for OVC: 25-50%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 5

Since 2011, what have been key achievements in this area:: Adherence support, Treatment to services, Access to services, Demand Creation, Improve Civil society actively participation in national and sub national processes

What challenges remain in this area:: Limited resources to support civil society activities

B.II Political support and leadership

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

Yes

IF YES, describe some examples of when and how this has happened:: PLHIV and Vulnerable populations are represented in the development of the HIV national strategic plan.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

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

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Zimbabwe is a non discriminatory country

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Constitutional courts,
Legal Aid

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

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

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: Criminalization sex work and MSM, No condom distribution in prisons and schools

Briefly comment on how they pose barriers: Accessibility to services

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

Briefly describe the content of the policy, law or regulation and the populations included.: Domestic violence Act 5.1; criminalize any form of violence

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: Universal access and non discrimination

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

IF YES, briefly describe this mechanism:: Stigma Index Survey

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: PLHIV, women, young people and children, disabled and elderly

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

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

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

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Universal access to services for women, young people, children, disabled and elderly

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

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: Mobile services to hard to reach, integration of services, One stop shop of services, Door to door like Behavior change, Point of care diagnosis for pregnant women, early infant diagnosis

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

IF YES, briefly describe the content of the policy or law:: No discrimination based on HIV status or dismissed from work based on the status,

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

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

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

IF YES on any of the above questions, describe some examples:: Gender score card, transparency international

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

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

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

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

a. Legal aid systems for HIV casework: Yes

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

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

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 7

Since 2011, what have been key achievements in this area:: Development of the gender based violence strategy, Community ART monitoring, Universal access to services

What challenges remain in this area:: Implementation of some of the policies Enforcement of the policies

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 7

Since 2011, what have been key achievements in this area:: Development of strategies, policies and review of policies

What challenges remain in this area:: Enforcement of the policies

B.IV Prevention

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

IF YES, how were these specific needs determined?: MOT survey

IF YES, what are these specific needs? : Integration of programmes, Condoms for long lasting relationships

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Strongly agree

HIV prevention in the workplace: Strongly agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Strongly agree

Universal precautions in health care settings: Strongly agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 8

Since 2011, what have been key achievements in this area?: Reduced incidence rate, mortality and morbidity

What challenges remain in this area?: Limited financial resources

B.V Treatment, care and support

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

IF YES, Briefly identify the elements and what has been prioritized:: Integration of programmes, High risk groups, CD4<500, HIV/TB collaboration, Option B+

Briefly identify how HIV treatment, care and support services are being scaled-up?: Outreach and mobile services, Task sharing and decentralization of services

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area:: Universal access in 2012 for adults ART, Decentralization of ART, Task sharing, Adopted WHO guidelines

What challenges remain in this area:: Long turn around of results

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

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

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

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: Basic Education Assistance Module, Cash transfers, NAP II strategy, Assisted Medical treatment orders

What challenges remain in this area:: Adherence to treatment and disclosure, Dwindling resources