

Survey Response Details

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Response Details

Page 1

1) Country

Zimbabwe (0)

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

Kudakwashe Mamombe

3) Postal address:

100 Central Avenue Harare Zimbabwe

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7) Date of submission:

Please enter in DD/MM/YYYY format

16/03/2010

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

Two meetings for the Civil Society and Government were held on the 3rd March and 17th of February 2010 respectively. The meetings drew participants from Government Ministries, Bilateral Organisations, NGOs, CBOs etc. The meetings provided a platform for participants to share their data and views in the compilation of the NCPI.

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

In cases where there were disagreements participants was availed time to air their views before a consensus was reached. Where data was available participants were requested to support their views with evidence.

10)

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

Concerns were present where no data was available as participants tended to be subjective.

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11)

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

| Organization Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|----------------------------------|--|
| Respondent 1 NAC Kuda Mamombe | A.I |

12)

| Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|---|------------------------------|--|
| Respondent 2 Ministry of Agriculture | Blondie M Masuka | A.II, A.III |
| Respondent 3 Ministry of Economic Planning | Elson Chuzy | A.III, A.IV |
| Respondent 4 UNGASS Consultatant | Fabian Taziva | A.I, A.II, A.III, A.IV, A.V |
| Respondent 5 Ministry of Public Works | Bigy Narira | A.II, A.V |
| Respondent 6 Ministry of Education Sports and Culture | Cosmas T Mushonganyika | A.II |
| Respondent 7 NAC | Amon Mpofo (M&E Director) | A.V |
| Respondent 8 Ministry of Public Service | Beauty Kajese | A.II, A.III |
| Respondent 9 Ministry of Labour and Social Welfare | Viola Kamtepfa | A.III, A.IV |
| Respondent 10 Ministry of Tourism | Anella Machiridza | A.II |
| Respondent 11 Ministry of Information and Communication Technology | Muchemwa Mugwisi | A.III |
| Respondent 12 Ministry of Media Information and Publicity | Immaculata Mativenga | A.I, A.II, A.III, A.IV |
| Respondent 13 Ministry of Higher and Tertiary Education | F Musengedi | A.III, A.IV |
| Respondent 14 Office of the President and Cabinet | B Choto | A.I, A.II, A.III, A.IV |

- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

13)

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

| Organization Names/Positions | | Respondents to Part B [Indicate which parts each respondent was queried on] |
|------------------------------|------------------|--|
| Respondent 1 | NAC Kuda Mamombe | B.I |

14)

| Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|-------------------------------------|--|--|
| Respondent 2 Helpage Zimbabwe | Program Coordinator | B.III |
| Respondent 3 EGPAF | Strategic Information and Evaluation Manager | B.III |
| Respondent 4 New Dawn of Hope | Director | B.I |
| Respondent 5 CESVI Streets Ahead | Health Worker | B.IV |
| Respondent 6 Womans Action Group | Executive Director | B.I |
| Respondent 7 CRS | Project Advisor | B.IV |
| Respondent 8 WASN | Executive Director | B.II |
| Respondent 9 PACT Zimbabwe | Director Programmes | B.II |
| Respondent UNAIDS | Partnership Advisor | B.I |

| | | | |
|---------------|--------------------|--------------------------|-------------|
| 10 | UNAIDS | Partnership Adviser | B.I |
| Respondent 11 | UNAIDS | M&E Adviser | B.III |
| Respondent 12 | GALZ | Project Manager | B.I, B.III |
| Respondent 13 | PSI Zimbabwe | Director Research | B.II, B.III |
| Respondent 14 | SAFAIDS | Senior Programme Officer | B.IV |
| Respondent 15 | Childline Zimbabwe | Programme | |
| Respondent 16 | ZAN | Deputy Director | B.II |
| Respondent 17 | ZAPSO | Programme Officer | B.I |
| Respondent 18 | WHO | NPO HIV Prevention | B.IV |
| Respondent 19 | ZNNP+ | A Advocacy Coordinator | B.I |
| Respondent 20 | PATAM | Coordinator | B.II |
| Respondent 21 | HOSPAZ | Director | B.IV |
| Respondent 22 | ILO | Programme Officer | B.III |
| Respondent 23 | ZDHR | Programme Assistant | B.I |
| Respondent 24 | | | |
| Respondent 25 | | | |

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15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

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

Yes (0)

Page 716) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

5 Years

17)

1.1 How long has the country had a multisectoral strategy?**Number of Years**

10

18)

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

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

Page 8**19) Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Public Service

Page 9

20)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

| Target populations | |
|--|-----|
| a. Women and girls | Yes |
| b. Young women/young men | Yes |
| c. Injecting drug users | No |
| d. Men who have sex with men | Yes |
| e. Sex workers | Yes |
| f. Orphans and other vulnerable children | Yes |
| g. Other specific vulnerable subpopulations* | |
| Settings | |
| h. Workplace | Yes |
| i. Schools | Yes |

| | |
|--|-----|
| j. Prisons | Yes |
| Cross-cutting issues | |
| k.HIV and poverty | Yes |
| l. Human rights protection | Yes |
| m. Involvement of people living with HIV | Yes |
| n. Addressing stigma and discrimination | Yes |
| o. Gender empowerment and/or gender equality | Yes |

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2005

Page 11

23)

Part A, Section I: STRATEGIC PLAN

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

- In and out of school youths • Youths in tertiary Institutions • Prisoners • Farm workers • Single mothers • Men having sex with men • Orphans and Vulnerable children

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

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

26)

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

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

- Planning workshop for four days which involved NANGO and Zimbabwe AIDS Network.
- They were requested to make their partners participate.
- The group was multisectoral to input into the ZNASP. The group comprised of all sectors (Legislators, Chiefs, Faith Based Organisations, and Politicians).

28)

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

Yes (0)

29)

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

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN

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

- | | |
|--|-----|
| a. National Development Plan | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |

| | |
|-------------------------------|-----|
| c. Poverty Reduction Strategy | Yes |
| d. Sector-wide approach | Yes |
| e. Other: Please specify | |

32)

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

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

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33)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN

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

4 (4)

35)

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

Yes (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN

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

| | |
|---|-----|
| Behavioural change communication | Yes |
| Condom provision | Yes |
| HIV testing and counselling | Yes |
| Sexually transmitted infection services | Yes |
| Antiretroviral treatment | Yes |
| Care and support | Yes |
| Male Circumcision PEP | Yes |

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37)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

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

HIV testing and counselling is Voluntary in the defence forces.

38)

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

Yes (0)

Page 20

39)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

| | |
|---------------------------------|-----|
| a. Women | Yes |
| b. Young people | Yes |
| c. Injecting drug users | No |
| d. Men who have sex with men | No |
| e. Sex Workers | No |
| f. Prison inmates | No |
| g. Migrants/mobile populations | No |
| People living with disabilities | Yes |

40)

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

- Child Protection Act • Domestic Violence Act

41)

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

- Domestic violence Act • Child protection committees at district level • Victim friendly courts in place.

Page 21

42)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 22

43)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

| | |
|---------------------------------|-----|
| a. Women | No |
| b. Young people | No |
| c. Injecting drug users | Yes |
| d. Men who have sex with men | Yes |
| e. Sex Workers | Yes |
| f. Prison inmates | Yes |
| g. Migrants/mobile populations | Yes |
| People living with disabilities | No |

44)

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

Homosexuality Loitering Sodomy

45)

Briefly comment on how they pose barriers:

It becomes difficult for sex workers to come up in the open because of the strict laws, they fear being prosecuted

Page 23

46)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

47)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

48)

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

No (0)

Page 25

49)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

50)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

51)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

52)

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

Yes (0)

Page 27

53)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

- ART Ages 0-4, 5-14 and 15+
- PMTCT Ages 0-6 weeks, 6 weeks – 18 months and 18 months – 2 years
- VCT Ages 0 – 4, 5–15, 15-24, 25–30, 31–49 and 50+

54)

Briefly explain how this information is used:

- Resource mobilisation
- Planning
- Programming
- Advocacy
- Reporting
- Monitoring

Page 28

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

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

56)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)

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

District, Provincial and National levels

57)

Briefly explain how this information is used:

- Resource mobilisation
- Planning
- Programming
- Advocacy
- Reporting
- Monitoring

58)

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

Yes (0)

Page 30

59)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

60)

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

- Grants received from Global Fund • ART scale up • Increased coverage of ART sites. The country now has 280 sites from the 70 it had in 2007. • Adoption of the male circumcision initiative in 2008.

61)

What are remaining challenges in this area:

- Disbursement of funds from partners was inconsistent such that some of the funds could not be spent. • Change of currency which resulted in most funds set aside in Zimbabwean dollars not being used. • Human resources loss due to brain drain. • High inflation

Page 31

62)

Part A, Section II: POLITICAL SUPPORT**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

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

63)

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

Yes (0)

Page 32

64)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1999

65)

2.2 IF YES, who is the Chair?

| | |
|----------------|-----------------|
| Name | M. Kuchera |
| Position/title | Reverend Doctor |

66)

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

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

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67)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

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

Please enter an integer greater than or equal to 1

14

68)

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

Please enter an integer greater than or equal to 1

2

69)

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

Please enter an integer greater than or equal to 1

2

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70)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

71)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

- Promotion of multisectoral approach
- Came up with a shared vision
- Coordinating funding in terms of Expanded Support Programme (ESP) and Global Fund (GF)
- Convince donors to support HIV and AIDS programmes
- BC programmes running in different districts
- National Action Plan for OVC.

72)

Briefly describe the main challenges:

N/A

73)

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

Please enter the rounded percentage (0-100)

0

74)

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

| | |
|---|-----|
| Information on priority needs | Yes |
| Technical guidance | Yes |
| Procurement and distribution of drugs or other supplies | Yes |
| Coordination with other implementing partners | Yes |
| Capacity-building | Yes |

Other: Please specify

75)

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

Yes (0)

Page 36

76)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

Statutory Instrument No. 192 of 2002 was amended which indicates that HIV and AIDS must be mainstreamed in all labour issues.

78)

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

- Legal provision and protection with regards to sex work.
- Men having sex with men. Legal provisions on human rights issues with special mention on homosexuality.

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79)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

9 (9)

80)

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

- HIV and AIDS syllabus in the Agricultural Education colleges.
- HIV and AIDS now on curriculum

in primary schools. • Parliamentary committee on HIV and AIDS. • Implementation of workplace programmes in Tertiary Institutions. • Male circumcision adopted in July 2008.

81)

What are remaining challenges in this area:

- There is no budget allocation for HIV and AIDS from the fiscus.

Page 39

82)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

83)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

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

o. Prevent mother-to-child transmission of HIV (0)

84)

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

Yes (0)

Page 41

85)

Part A, Section III: PREVENTION

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

Yes (0)

86)

2.1 Is HIV education part of the curriculum in:

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

87)

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

Yes (0)

88)

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

Yes (0)

89)

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

Yes (0)

Page 42

90)

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

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

Targeted information on risk reduction and HIV education

Sex workers, Prison inmates

Stigma and discrimination reduction

Condom promotion

HIV testing and counselling

Reproductive health, including sexually transmitted infections prevention and treatment

Vulnerability reduction (e.g. income generation)

Drug substitution therapy

Needle & syringe exchange

Page 44

91)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

92)

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

- Materials on HIV flighted on television
- Positive reporting by the media
- Reduction in sex partners
- Increased uptake of condoms

93)

What are remaining challenges in this area:

- Consistent and correct use of condoms
- Prevention difficult to measure

Page 45

94)

Part A, III. PREVENTION

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

Yes (0)

Page 46

95)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

behavior Change programme

96)

4.1 To what extent has HIV prevention been implemented?

| The majority of people in need have access | |
|---|-------|
| HIV prevention component | |
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Agree |
| IEC* on stigma and discrimination reduction | Agree |
| Condom promotion | Agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | N/A |
| Risk reduction for men who have sex with men | N/A |
| Risk reduction for sex workers | Agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |
| School-based HIV education for young people | Agree |
| HIV prevention for out-of-school young people | Agree |
| HIV prevention in the workplace | Agree |
| Other: please specify | |

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97)

Part A, III. PREVENTION

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

9 (9)

98)

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

- More people disclosing their positive status
- Male circumcision
- More women are on PMTCT

99)

What are remaining challenges in this area:

- Inadequate resources – Behaviour change programme is only covering 26 districts out of the

possible 66. • Scaling up of prevention programmes in all districts.

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100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

102)

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

Yes (0)

103)

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

Yes (0)

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104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

- Needs assessment
- HIV and AIDS estimates

105)

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

The majority of people in need

HIV treatment, care and support service

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

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106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

107)

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

Yes (0)

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108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

• Condoms • ARVs

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109)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

7 (7)

110)

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

- Decentralisation of ART.
- Establishment of follow-up sites.
- Improvement in availability of drugs.
- Secured support from multilateral agencies to scale up treatment and care.

111)

What are remaining challenges in this area:

- There are still a number of people in need of ART who are not getting them.
- Delays in initiation of ART patients
- Training of Nurses to initiate patients on ART.
- Decentralisation to be done further.
- Inadequate equipment if hospitals.

Page 54

112)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

113)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

114)

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

Yes (0)

115)

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

Yes (0)

Page 56

116)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 5.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the rounded percentage (0-100)

25

117)

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

3 (3)

118)

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

- Pulled funding in terms of programme of Support (PoS)
- Revitalisation of BEAM in 2009
- Increased number of children reached

119)

What are remaining challenges in this area:

- Coordination gap within the coordinating Ministry especially in sub-national levels.
- Inadequate funding
- Most children are infected and they are not taken care of in this context.

Page 57

120)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

121)

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

2010

122)

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

2012

123)

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

Yes (0)

124)

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

Yes (0)

125)

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

Yes, most partners (0)

Page 60

126)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

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

Page 61

127)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

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

| | |
|------------------------------|-----|
| routine programme monitoring | Yes |
| behavioural surveys | Yes |

| | |
|-------------------------------|-----|
| HIV surveillance | Yes |
| Evaluation / research studies | Yes |

128)

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

No (0)

Page 64

129)

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

Yes (0)

Page 65

130)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

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

Assessment done twice i.e. 2007 and 2009

131)

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

Yes (0)

Page 66

132)

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

| | |
|--|-----|
| in the National AIDS Commission (or equivalent)? | Yes |
| in the Ministry of Health? | Yes |
| Partners | Yes |

133) Number of permanent staff:

Please enter an integer greater than or equal to 0

35

134) Number of temporary staff:

Please enter an integer greater than or equal to 0

1

Page 67

135)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

| | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|--------------------|---------------------------------|----------------------|---|
| Permanent staff 1 | M&E Director | Full time | 2004 |
| Permanent staff 2 | M&E Coordinator | Full time | 2002 |
| Permanent staff 3 | I.T Coordinator | Full time | 2002 |
| Permanent staff 4 | National Database Officer | Full time | 2004 |
| Permanent staff 5 | Provincial M&E Officer X20 | Full time | 2004 |
| Permanent staff 6 | Provincial Database Officer X10 | Full time | 2004 |
| Permanent staff 7 | | | |
| Permanent staff 8 | | | |
| Permanent staff 9 | | | |
| Permanent staff 10 | | | |
| Permanent staff 11 | | | |
| Permanent staff 12 | | | |
| Permanent staff 13 | | | |
| Permanent staff 14 | | | |
| Permanent staff 15 | | | |

136)

Please describe the details of all the temporary staff:

| | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|--------------------|------------------|----------------------|---|
| Temporary staff 1 | Biostats Student | Part time | 2009 |
| Temporary staff 2 | | | |
| Temporary staff 3 | | | |
| Temporary staff 4 | | | |
| Temporary staff 5 | | | |
| Temporary staff 6 | | | |
| Temporary staff 7 | | | |
| Temporary staff 8 | | | |
| Temporary staff 9 | | | |
| Temporary staff 10 | | | |
| Temporary staff 11 | | | |
| Temporary staff 12 | | | |
| Temporary staff 13 | | | |

Temporary staff 14
Temporary staff 15

Page 68

137)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 69138) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

1. Registration of implementers
2. Regular mentoring of implementing organisations by district staff
3. Quarterly stakeholder feedback meetings
4. Quarterly and annual reports

139)

What are the major challenges?

1. Limited financial resources
2. Synchronisation of data collection activities not present

Page 70

140)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

141)

6.1 Does it include representation from civil society?

Yes (0)

Page 71142) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

IF YES, briefly describe who the representatives from civil society are and what their role is:

The representative of the civil society organisations in the National M&E Advisory Group are Zimbabwe AIDS Network, PSI, PACT and helpage Zimbabwe.

143)

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

Yes (0)

Page 72

144)

Part A, Section V: MONITORING AND EVALUATION

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

The country uses the Customised UNAIDS CRIS database for the management of all HIV and AIDS Core Indicator Data. The database is managed by IT Unit of National AIDS Council, the system is decentralised to district level.

145)

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

Yes, all of the above (0)

Page 73

146)

7.3 Is there a functional* Health Information System?

| | |
|----------------------|-----|
| At national level | Yes |
| At subnational level | Yes |

Page 74

147) Part A, Section V: MONITORING AND EVALUATION

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

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

Provincial, District, Facility

148)

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

Yes (0)

149)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

150)

Provide a specific example:

- Targets • Resource allocation • Planning

151)

What are the main challenges, if any?

- Capacity • Data quality • Data dissemination

Page 75

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

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

3 (3)

153)

Provide a specific example:

A yearly review of programme data provides a guide on how resources will be allocated in each insuing year.

154)

What are the main challenges, if any?

N/A

Page 76

155)

Part A, Section V: MONITORING AND EVALUATION

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

3 (3)

156)

Provide a specific example:

Data from reports has been regularly used to guide programming through the Intergrated District Planning Process.

157)

What are the main challenges, if any?

Data generated is not always used for programming.

Page 77

158) Part A, Section V: MONITORING AND EVALUATION

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

Yes, at all levels (0)

Page 78

159)

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

| | |
|--|-----|
| At national level? | Yes |
| At subnational level? | Yes |
| At service delivery level including civil society? | No |

Page 79

160) Part A, Section V: MONITORING AND EVALUATION

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

85

161) Please enter the number of people trained at subnational level.

Please enter an integer greater than 0

40

Page 80

162)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 82**163) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)**

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

7 (7)

164)

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

- ART M & E developed
- Civil society training
- Private sector M & E system

165)

What are remaining challenges in this area:

- Data analysis plans
- Dissemination

Page 83**166)****Part B, Section I: HUMAN RIGHTS**

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

Yes (0)

Page 84**167)****Part B, Section I. HUMAN RIGHTS**

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

existing laws for access to health services include people living with HIV

168)

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

Yes (0)

Page 85

169)

Part B, Section I. HUMAN RIGHTS**2.1 IF YES, for which subpopulations?**

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

170)

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

To be updated

171)

Briefly describe the content of these laws:

To be updated

172)

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

To be updated

Page 86

173)

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

Yes (0)

Page 87

174)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

175)

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

- Social Offences Act – Sodomy laws • Criminalisation of sex workers – miscellaneous Act • Policy on non distribution of condoms in prisons/schools

176)

Briefly comment on how they pose barriers:

- Practices affect mobile populations • Fear of accessing treatment, care and support and testing due to stigma and discrimination. • Criminalisation of same sex relationships prevents people from accessing proper protective methods, information, treatment care and support. • Prisoners fuel the spread of HIV.

Page 88

177) Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 89

178)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

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

To be updated

179)

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

No (0)

Page 90

180)

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

Yes (0)

Page 91

181)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

There seem to be some involvement at different levels (MIPA Officers etc) But in future there is need to be up scaled involvement as their voice is not heard

182)

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

- | | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | Yes |

Page 92

183)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

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

- People are placed on waiting list for long periods as there are limited supply if drugs.
- Inaccessibility to health centres due to transport costs.
- Under resourced people being charged.
- Administration fees which are not affordable

184)

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

Yes (0)

Page 93

185)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

186)

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

No (0)

Page 95

187)

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

Yes (0)

188)

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

Yes (0)

Page 96

189)

Part B, Section I. HUMAN RIGHTS

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

No (0)

190)

IF YES, describe the approach and effectiveness of this review committee:

To be updated

Page 97

191)

– **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**

No (0)

192)

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

No (0)

193)

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

No (0)

Page 99

194)

Part B, Section I. HUMAN RIGHTS

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

No (0)

195)

– **Legal aid systems for HIV casework**

No (0)

196)

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

No (0)

197)

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

Yes (0)

198)

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

Yes (0)

Page 100

199)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

| | |
|--------------------------------------|-----|
| Media | Yes |
| School education | Yes |
| Personalities regularly speaking out | No |
| Training at Community level | Yes |

Page 101

200)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

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

4 (4)

201)

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

- Policy formed in 1999

202)

What are remaining challenges in this area:

- Policy has not been translated into laws and regulations

Page 102

203)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

4 (4)

204)

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

- The World AIDS Campaign on Universal access and all.

205)

What are remaining challenges in this area:

To be updated

Page 103

206)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

207)

Comments and examples:

- Civil society has been involved in policy and strategy formulations and there has been consultations e.g. Zimbabwe National AIDS Strategic Plan (ZNASP) and Behaviour change strategy
- Loosing momentum in as far as political leadership is concerned.

Page 104

208)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

209)

Comments and examples:

- There is room for improvement in budgeting process.
- 50% of National AIDS Trust Funds was pushed to go for ART allocation
- Both government and civil society need to be proactive

Page 105

210)

a. the national AIDS strategy?

4 (4)

211) **b. the national AIDS budget?**

2 (2)

212) **c. national AIDS reports?**

4 (4)

213) **Comments and examples:**

- CBOs, ZNNP+ have been accessing these funds.
- Civil society is included in National AIDS strategy

Page 106

214) **a. developing the national M&E plan?**

4 (4)

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

4 (4)

216) **c. M&E efforts at local level?**

3 (3)

217) **Comments and examples:**

- Need to build capacity of CBOs in terms of reporting for M & E.

Page 107

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

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

3 (3)

219)

Comments and examples:

- Legal framework prohibits other sectors such as MSM, sex workers and representation at NAC by PLWHIV
- There is room for improvement.

Page 108

220)

a. adequate financial support to implement its HIV activities?

2 (2)

221)

b. adequate technical support to implement its HIV activities?

2 (2)

222)

Comments and examples:

During the period under review, it was a resource limited period.

Page 109

223) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

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

Page 110

224)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

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

4 (4)

225)

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

Representation in the NAC Board

226)

What are remaining challenges in this area:

• Legal framework • Resource allocation • Coordination of civil society

Page 111

227)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

228)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

• Review of BC • Review of National Strategic Framework • M & E data collected

229)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

| | |
|---|-------------|
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Agree |
| IEC* on stigma and discrimination reduction | Agree |
| Condom promotion | Agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | N/A |
| Risk reduction for men who have sex with men | Don't agree |
| Risk reduction for sex workers | Don't agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |

School-based HIV education for young people

Agree

HIV prevention for out-of-school young people

Don't agree

HIV prevention in the workplace

Agree

Other: please specify

Page 113

230)

Part B, Section III: PREVENTION

Question 1.1 (continued)

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

6 (6)

231)

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

- Reduction in prevalence 15.6% to 13.7%

232)

What are remaining challenges in this area:

- Move efforts to reach Millennium Development Goals (MDGs)

Page 114

233)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 115

234)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

- HBC from WHO guidelines
- Treatment, care and support – International and National guidelines and standards and national surveys/assessments

235)

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

**The majority of people in need
have access**

HIV treatment, care and support service

| | |
|---|-------------|
| Antiretroviral therapy | Don't agree |
| Nutritional care | Don't agree |
| Paediatric AIDS treatment | Don't agree |
| Sexually transmitted infection management | Agree |
| Psychosocial support for people living with HIV and their families | Agree |
| Home-based care | Agree |
| Palliative care and treatment of common HIV-related infections | Don't agree |
| HIV testing and counselling for TB patients | Agree |
| TB screening for HIV-infected people | Don't agree |
| TB preventive therapy for HIV-infected people | Don't agree |
| TB infection control in HIV treatment and care facilities | Don't agree |
| Cotrimoxazole prophylaxis in HIV-infected people | Agree |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape) | Don't agree |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Don't agree |
| HIV care and support in the workplace (including alternative working arrangements) | Don't agree |
| Diagnostic/Laboratory testing for ART, CD4 count machines very limited | Don't agree |

Page 116

236)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

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

5 (5)

237)

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

- Availability of drugs
- HBC service provision gone up
- Support from government leaders
- Zimbabwe has given a great amount of domestic funds to HIV treatment and care more than other countries
- IEC material literature is more widely available
- Policy guidelines developed e.g. Nutrition, OI/ART guidelines

238)

What are remaining challenges in this area:

- Human resources and infrastructure for health
- Laboratory testing should be continuous not once off.
- Issues of stigma and discrimination.
- Quality of service
- Access of treatment for people in rural areas.
- Expiring drugs due to supply management systems and bureaucracy.

Page 117

239)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

Page 118

240)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

241)

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

Yes (0)

242)

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

Yes (0)

Page 119

243)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 2.3 (continued)****IF YES, what percentage of orphans and vulnerable children is being reached?**

Please enter the percentage (0-100)

21

244)

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

3 (3)

245)

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

- The NAP for OVC is still in operation and it is being implemented.
- Children are now being considered with regards to programming.
- There is slight improvement in Child Protection participation and PSS

246)

What are remaining challenges in this area:

- Need to scale up on child protection.
- Need to mainstream gender when dealing with orphans and other vulnerable children.
- Need to scale up on child participation with regards to reproductive health, life skills education
- Interventions targeting OVC need to be holistic
- Paediatric treatment is not being accessed by many children due to factors such as lack of child participation and the quality of service.