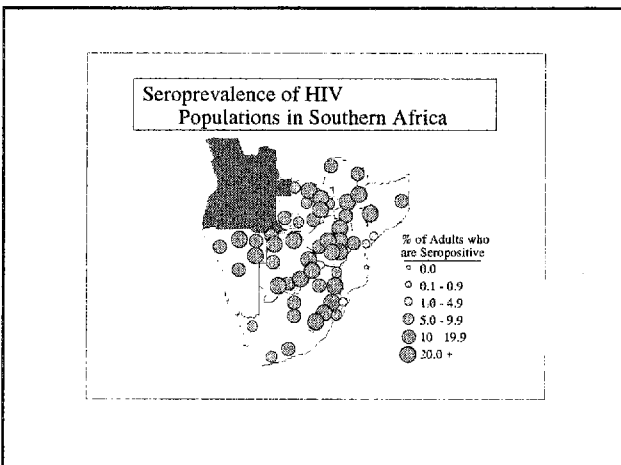
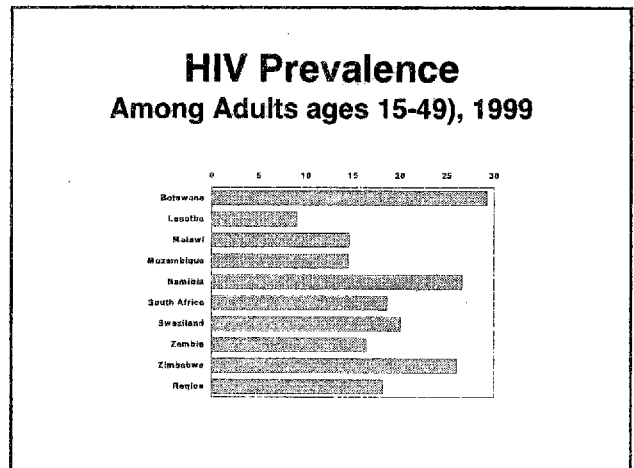


Country Level Performance

Session 1



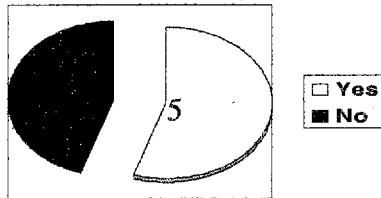
- ### Functions of the HIV/AIDS national coordinating institutions
- Policy Guidance
 - Secretariat for NAC
 - Coordination of response
 - Strategic Planning
 - Advocacy
 - Assist with Monitoring/Evaluation

- ### Functions of the HIV/AIDS national coordinating institutions
- Mobilization of resources
 - Manage financial resources
 - Supervision

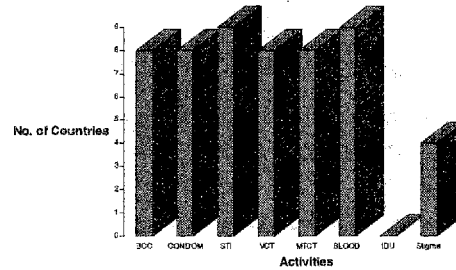
Priority Groups

> 80%	65-79%	<65%
PLWHA	Orphans	Fishermen/ Fish mongers
CSW	Private sector	Women
Military/ Uniformed	Cross border traders	Families of PLWHA
Truckers	Public sector	
Youth (in and out of school)		

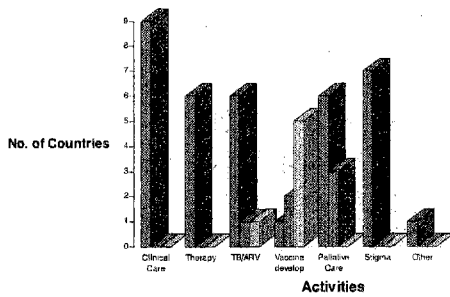
Priority Geographical Areas



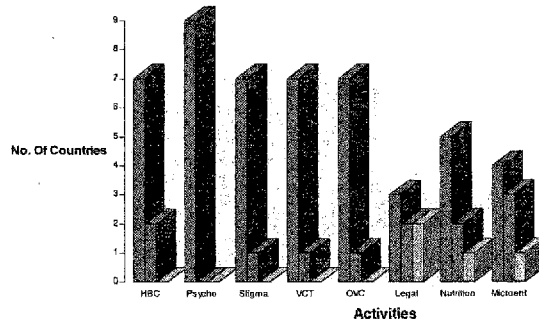
Prevention



Treatment and Care



Impact Mitigation



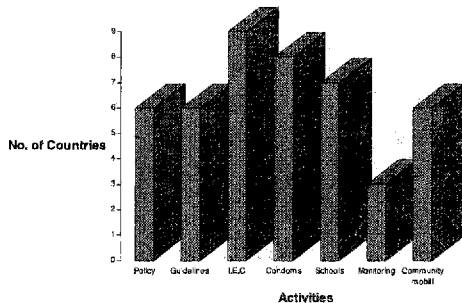
BLOOD SAFETY

Activity	No. of countries
National Blood Transfusion Policy	7
Guidelines for Transfusion	9
Constant availability of screening tests	7
Quality Control	8
Existence of Blood banks	8
Laboratory services	8
Training of lab technicians	5
Training of counselors	6
Counseling services	8
Screening of blood products than HIV	6

Constraints

- Not all district hospitals have blood packs
- Inadequate funding
- Physical infrastructure inadequate
- Inadequate technical capacity

Behavior Change Communication



Constraints

- Limited funding
- Limited sites
- Monitoring system inadequate
- No policy
- Inadequate personnel

Cross Border Initiatives

Activity	No. of Countries
Guidelines exist	2
CBI Manual exist	1
STI Drugs available	6
Syndromic Mx. Introduced	8
Personnel working with transit populations	2
Truck companies involved	5
I.EC Materials available	8
Community mobilization	3

Constraints

- Programme still in infancy
- Limited financial resources
- Inadequate supervisory support for medical personnel
- No monitoring system in place
- Inadequate supplies

Prevention of MTCT. I

Activity	No. of countries
MTCT policy exist/in process	6
National Guidelines exist/in process	6
MTCT center established	5
Availability of ARVs	5
HIV test kits available	7

Prevention of MTCT. II

Activity	No. of Countries
Laboratory set up	3
Counselors trained	7
National reporting systems in place	5
Training of medical staff in MTCT prevention and control	4
National campaign initiated	5
Alternative feeding options promoted	5

Constraints

- Inadequate quality control on HIV testing
- Inadequate equipment and resources
- Shortage of medical staff

STI Management

Activity	No. of countries
National policy exist	7
National guidelines	8
STD drugs are widely available	7
Medical staff trained in Syndromic management	9
STI test kits are widely available	4
STI Drug resistance Research	3
Youth Friendly clinics established	8

Constraints

- Erratic Drug supply
- Inadequate financial resources
- Inadequate trained personnel
- Inadequate follow-up
- Limited resources for research

TB Management and Prevention. I

Activity	No. of Countries
TB policy exists	9
National TB guidelines exist	9
TB drugs readily available	9
Laboratory set up	9
DOTS approach adopted	8

TB Management and Prevention. II

Activity	No. of Countries
Lab technicians trained	8
Medical personnel trained in diagnosis	8
TB research	5
Lab equipment available	6
TB prevention measures for HIV+ persons	6

Constraints

- Inadequate human resources
- Limited financial resources
- Inadequate supervision

Voluntary Counseling and Testing. I

Activity	No. of Countries
National VCT policy exists	3
National Guidelines exist	5
Quality control measures exist	4
VCT centers established	4
Lab. Facilities set up	2

VCT.II

Activity	No. of Countries
Lab. Technicians trained	4
Counselors trained	6
Reporting system exists	6
National campaign implemented	4

Constraints

- Inadequate trained counselors
- Inadequate HIV test kits
- Few VCT sites
- Limited financial resources

Reduction of risks to Intravenous Drug Users

Activity	No. of Countries
National policy on IDU	0
Guidelines on treatment and care	0
VCT centers for IDU	1
Counselors trained for the programme	3
National campaign initiated	1

Conclusion

- Based on this, majority of countries have adopted a comprehensive range of interventions to combat HIV/AIDS
- Interventions vary according to importance at country level

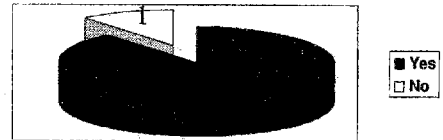
Gaps

- **Limited Financial resources**
- **Human Resources**
- **Physical Infrastructure**
- Advocacy
- Community mobilization
- Research

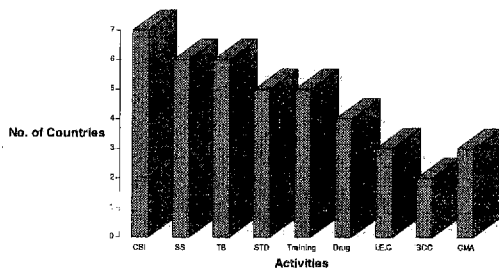
Regional HIV/AIDS and OVC Related Programmes

Session 2

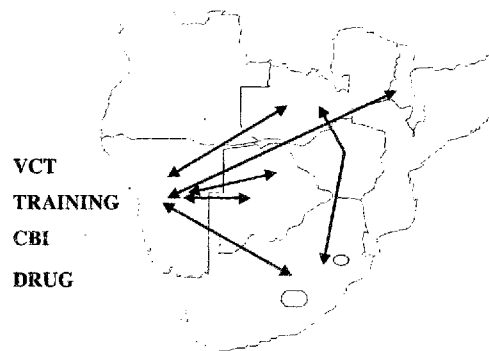
Participation in Regional Programmes



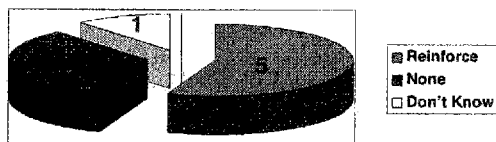
Regional Activities/Strategies



Country Collaboration



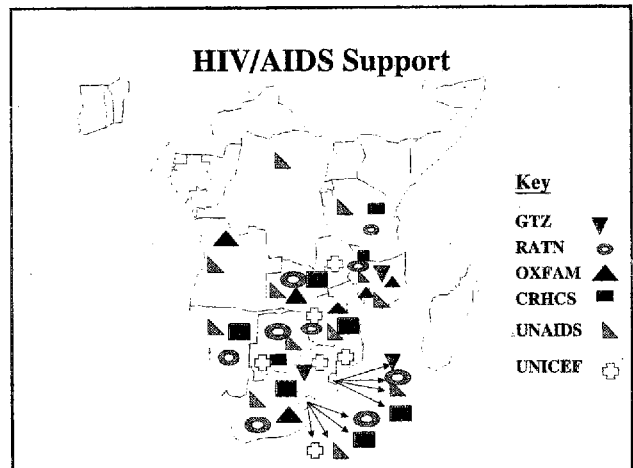
Relationship between National and Regional



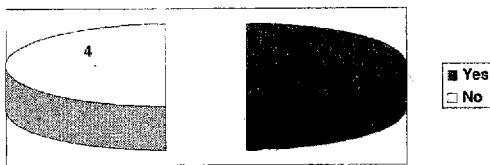
Key Areas for Regional Organisations

- Technical Assistance
- Financial Support
- Advocacy/ Policy Development
- I.E.C
- BCC
- Information/Database

Priority Target groups were quite diffuse and not well defined e.g countries, institutions, populations e.t.c.



Cooperation with SADC Health Unit



Areas for Cooperation

- Networking
- Advocacy
- Capacity Building e.g. Training and management development.

Opportunities for closer collaboration with SADC

- Resource mobilisation
- Support capacity development in HIV/AIDS programmes
- Involvement of more partners to support SADC

Constraints for Collaboration

- Shortage of staff at SADC
- SADC lacks financial resources

Opportunities for closer collaboration with the SADC non-health unit

- Strengthening of the multisectoral SADC strategy
- Political Advocacy
- Reaching the private sector for resource mobilisation
- Strengthening common interventions

Conclusion 1

- Variation in the conception of regional approach/activities
- Some regional organisation only have superficial knowledge of their operations
- Coordination among regional players is poor

Conclusion 2

- Only 50% of the responding organizations have any cooperation with SADC
- There are many coordinating bodies in the region with overlapping boundaries but with similar roles and responsibilities as SADC
- This raises the question of what mechanism should be put in place to facilitate coordination among regional organizations

6 Presentation by JICA

6-1 Mr. Kadowaki Staff of Africa Division JICA Head Quarter

JICA's Assistance to HIV / AIDS Control

Japan International Cooperation Agency
Regional Department, Africa Division

JICA's Objectives in Fight against HIV/AIDS

Japan's objective in Fighting against HIV/AIDS is to support African country's healthy development.

HIV /AIDS is a problem for public health as well as for social development.

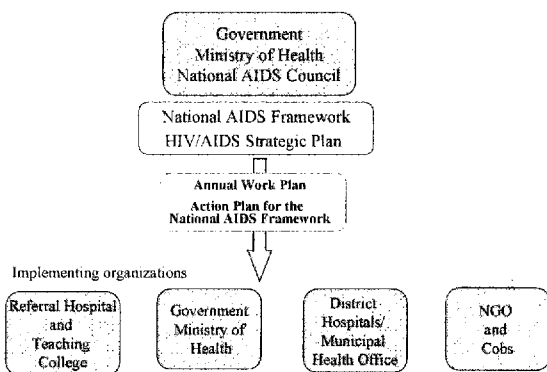
Japan considers HIV/AIDS as one of the ODA priorities. Through prevention, support and care for vulnerables, and surveillance, Japan supports Southern African development.

Japan/JICA's ODA

Improvement of Management skill	<ul style="list-style-type: none"> ☆ Training Course in Japan ☆ Training Course in Third Country ☆ Dispatch of Experts (Japanese / Third Country) ☆ Collaboration Program with Japanese NPOs for Development
Improvement of Technical skill	<ul style="list-style-type: none"> ☆ Training Course in Japan ☆ Third Country Training Course ☆ Dispatch of Expert (Japanese / Third Country) ☆ Project - Type Technical Cooperation ☆ Volunteers
Support for Logistics gap	<ul style="list-style-type: none"> ☆ Equipment Supply Program for AIDS Control and Blood Test ☆ Project Type Grant Aid ☆ Program Type Grant Aid ☆ Grassroots Grant Aid
Support for adequate planning	<ul style="list-style-type: none"> ☆ Development Study ☆ Project Formulation Activity
Support for NGO's activities	<ul style="list-style-type: none"> ☆ Community Empowerment Programme ☆ Volunteers

How to use Japanese assistance scheme

Case study



Constraints of VCT from Questionnaires

1. Human resources
 - @ Inadequate management skill/supervision in all levels
 - @ Inadequate Training programmes
 - @ Inadequate Technical skills
2. Facility
 - @ Inadequate VCT sites
3. Lack of counseling guideline
4. Laboratory Function
 - @ Inadequate supply of lab kits
 - @ Inadequate supply of equipment
5. Financial resources
 - @ Inadequate financial resources



Example 1 Human Resources

1. Inadequate Management skill
 - ? Training programmes in Japan/ in the third country
 - ? Experts from Japan/ from the third country
2. Inadequate Training Programme
 - ? Project-type Technical cooperation
 - ? Training programmes in Japan/ in the third country
 - ? Workshops
3. Inadequate Technical skill
 - ? Experts from Japan/ from the third country
 - ? Japan Overseas Cooperation Volunteers
4. Lack of Man power
 - ? Japan Overseas Cooperation Volunteers

Example 2 Facility and guidelines

1. Inadequate VCT sites
 - ? Grassroots grant aid
 - ? Grant aid
2. Lack of Counseling guideline
 - ? Experts from Japan
 - ? Training programmes in Japan/ in the third country
 - ? Workshops

Example 3 Laboratory function

1. Inadequate supply of HIV/AIDS test kits
 - ? Grassroots grant aid
 - ? Equipment supply programme for HIV/AIDS control and Blood tests
2. Inadequate supply of Equipment
 - ? Grassroots grant aid
 - ? Equipment supply programme for HIV/AIDS control and Blood tests

Example 4 Financial resources

1. Building
 - ? Grassroots grant aid
 - ? Grant aid
2. Human resources
 - ? Japan Overseas Cooperation Volunteers
 - ? Experts from Japan/ from the third countries
 - ? Salary (X)
3. Commodity
 - ? Equipment supply programme for HIV/AIDS control and Blood tests
 - ? Grassroots grant aid
4. Running cost
 - ? X

Japan/JICA's ODA

Improvement of Management skill	<ul style="list-style-type: none"> ☆ Training Course in Japan ☆ Training Course in Third Country ☆ Dispatch of Experts (Japanese / Third Country) ☆ Collaboration Program with Japanese NPOs for Development
Improvement of Technical skill	<ul style="list-style-type: none"> ☆ Training Course in Japan ☆ Third Country Training Course ☆ Dispatch of Expert (Japanese / Third Country) ☆ Project - Type Technical Cooperation ☆ Volunteers
Support for Logistics gap	<ul style="list-style-type: none"> ☆ Equipment Supply Program for AIDS Control and Blood Test ☆ Project Type Grant Aid ☆ Program Type Grant Aid ☆ Grassroots Grant Aid
Support for adequate planning	<ul style="list-style-type: none"> ☆ Development Study ☆ Project Formulation Activity
Support for NGO's activities	<ul style="list-style-type: none"> ☆ Training Course in Japan ☆ Volunteers

Requirements for applying JICA's assistance

Consistency with the National HIV/AIDS policy

Sustainability:

- Counter part
- Responsible person

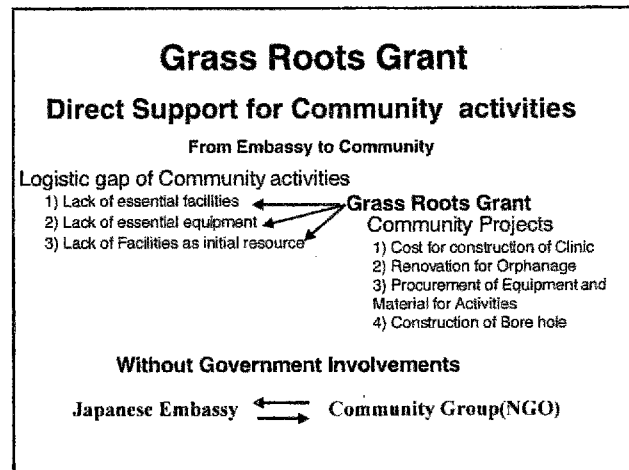
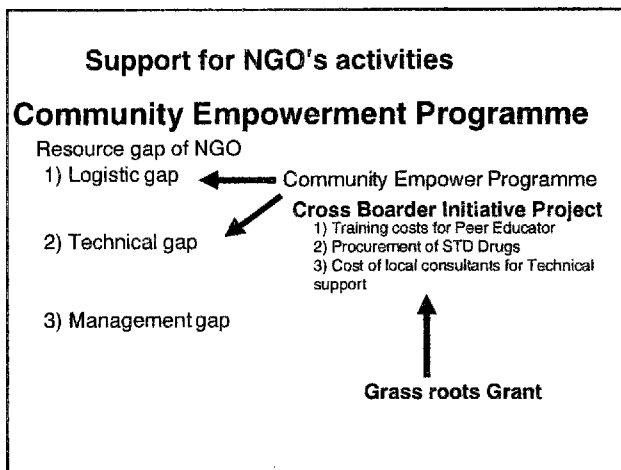
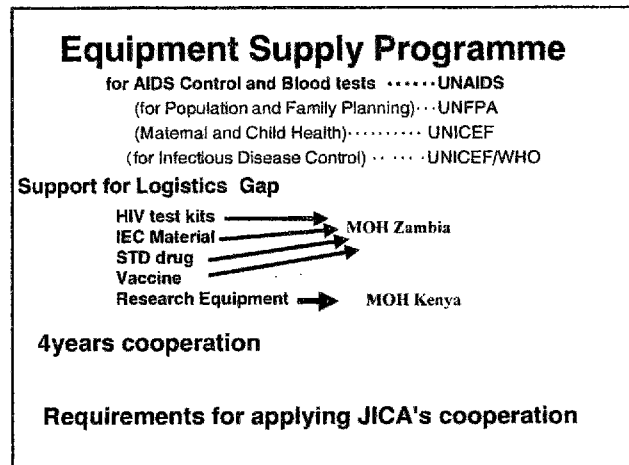
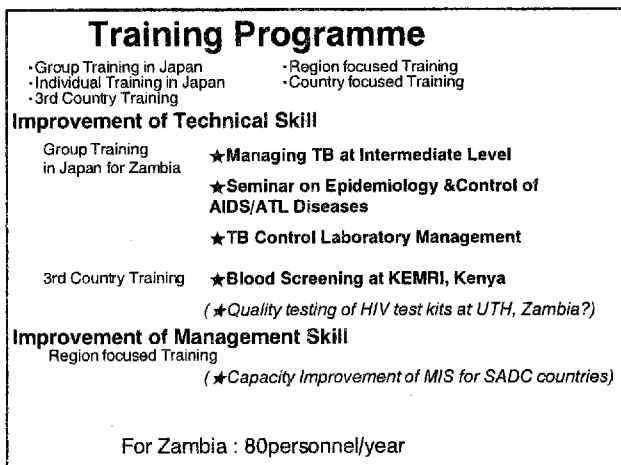
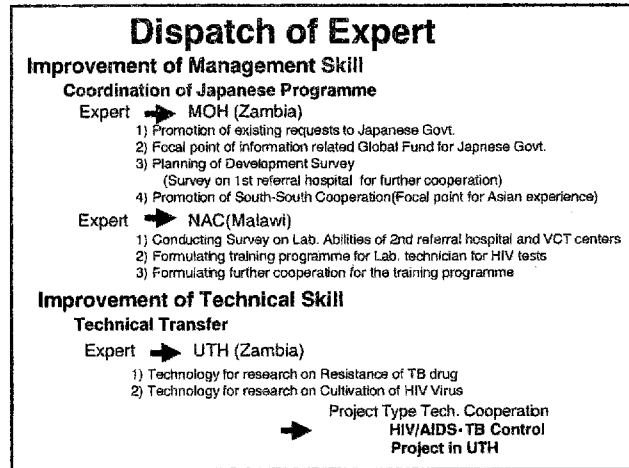
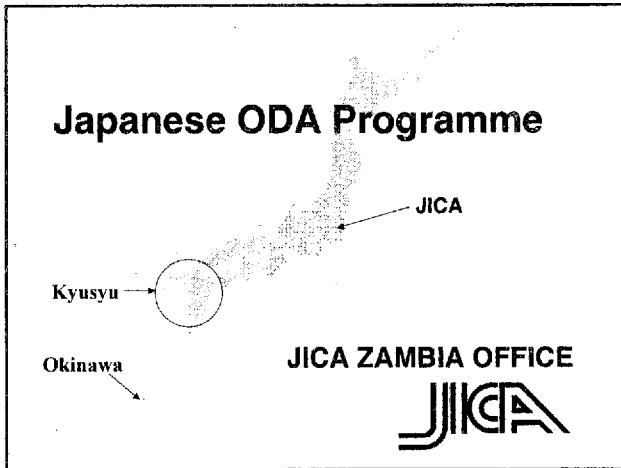
Feasibility:

- Available facility
- Management skill
- Accountability

Ownership:

- Continuation of the program after JICA's assistance ends
- Financial / Budget allocation

Thank You



Dispatch of Volunteers

Support for NGO's activities(Zambia)

Marketing researcher → International NGO
Collection of basic information for social marketing of condom

Social Worker → Mission Orphanage
Encouragement for self-support of AIDS orphans

Improvement of Technical Skill

Intervention through schools(Zambia)

School health Teacher → Basic School
1) Strengthen school health activities
2) Promotion of HIV/AIDS campaign through PTA

Strengthening Polio Surveillance(Kenya)

Surveillance assistant → MOH
1) Implementation for Surveillance in rural areas
2) Polio education in rural areas

Development Survey

Support for adequate planning

Preparation of Basic information for planning

Mapping of Health institutes
Mapping of Cold chain system

Preparation of Master plan for Strategies

Master plan for Rehabilitation of 2nd referral
Preparation for SIP

Cooperation with

Recipient country, JICA and Consultants

Project Type Technical Cooperation

NMIMR Ghana

UTH Zambia

KEMRI Kenya

Dispatch of Expert
Acceptance of Trainee
Provision of Equipment

Large Scale
Technical Cooperation

5years Cooperation

Requirements for applying JICA's cooperation

Grant Aid

Support for Resource Gap

Facility

Construction of Pediatrics Ward and Isolation Ward

Commodity

Mosquito Nets for Social Marketing
(TB Drug for DOTS Operation)

Equipment

Basic Equipment for 2nd Referral Hospitals in Lusaka
Cold Chain System for Immunization, all area of Zambia

7 JICA's Project type cooperations

7-1 Dr. S. Kasolo, UTH • HIV/AIDS&TB Control, JICA Project Zambia

PA kit, TCTP & Cohort Studies

Dr. S. Mpoke, Prof. Amano,
Counterparts and JICA experts,
KEMRI/JICA Project,
Nairobi, KENYA.

1

Why PA kit in KEMRI?

- There is a demand for a cost-effective, reliable and sustainable test kit in Kenya
- Home made test kit will contribute to further development of technology in Kenya

2

KEMRI HIV-1 PA kit

KEMRI/JICA PROJECT

3

Production of PA kit

- Activation of gelatin particles
- Sensitization of particles with HIV antigen
- Lyophilization
- Quality control
- Current production capacity is about 5000 tests/batch

4

What is KEMRI HIV-1 PA kit?

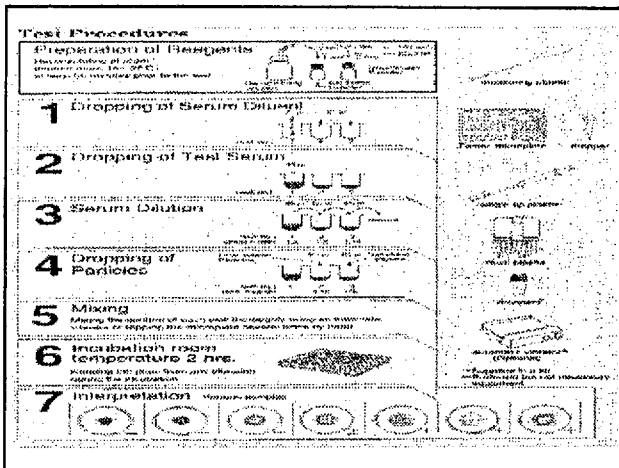
- P.A. is short for Particle Agglutination
- Gelatin particle technology-gelatin particles are used as HIV-1 antigen carriers
- The kit is used for the detection of HIV-1 antibodies
- The kit is simple, accurate and cost-effective

5

PA kit components

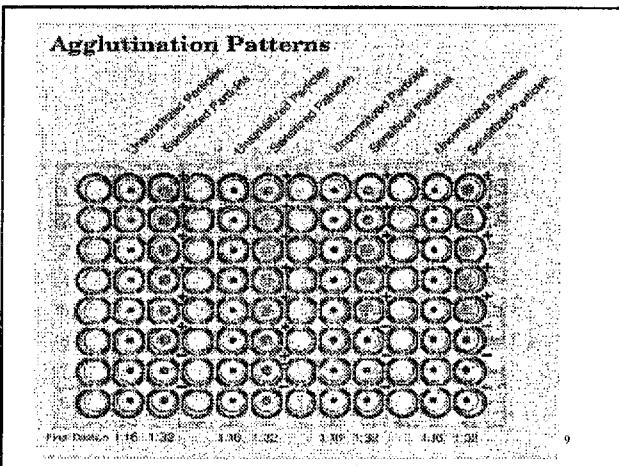
- Reconstitution buffer
- Serum diluent
- Sensitized particles
- Unsensitized particles
- Positive control
- Kit is sufficient for 220 tests

6



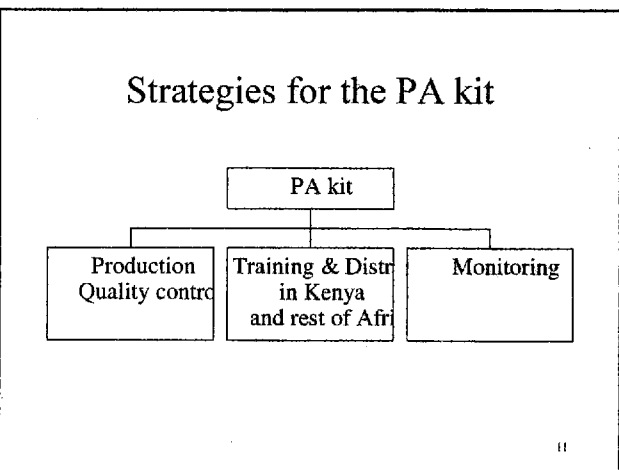
Distribution of PA kit

- 7 provincial hospitals
- National Public Health Laboratory Services
- Nairobi University, Dept. of Microbiology
- Matata Nursing home



Evaluation of the PA kit

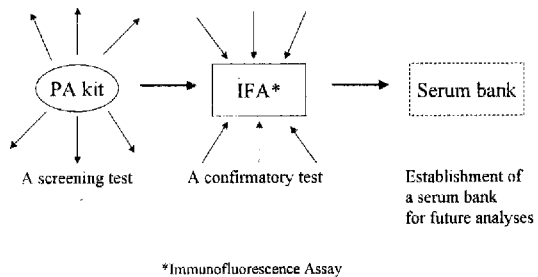
- Evaluated by 12 centers against 10 different commercial HIV test kits
- 6498 tests performed
- Overall specificity - 99.4%
- Overall sensitivity - 98.6%



Training of Laboratory staff

- In-country training
 - Training of lab. Staff from each of the 8 provincial hospitals in Kenya
 - Field training in 3 provinces (Nairobi, Central, Western)
 - In-house training
- Third country training program

A concept for HIV diagnosis in KEMRI



13

COURSE PURPOSE

To train participants to update relevant knowledge on appropriate techniques in blood screening for “**Sustained Blood Safety**”.

14

The KEMRI HIV-1 P.A. kit was approved by the National AIDS and STDs Control Council on 8th June 2000

15

COURSE OBJECTIVES

- Enable participants from African countries
- be competent in setting up blood safety screening capabilities in their own countries
 - be able to run the tests, and interpret the results competently, make reports and keep good records
 - be able to train other nationals

16

THIRD COUNTRY TRAINING PROGRAM

Blood Screening for Viral Hepatitis and HIV/AIDS

17

COURSE CURRICULUM

- Lectures on Viral hepatitis and HIV/AIDS
- Practical sessions on appropriate use of KEMRI HIV-1 PA and KEMRI HEPCELL II kits
- Site visits to Blood transfusion centres, HIV/AIDS orphanages

18

TARGETED GROUP

- Laboratory technologists involved in Blood Safety activities
- Managers or Policy makers working or in-charge of Blood Screening programs

19

TRAINING UPDATE

- 3 training courses conducted so far (2000, 2001 & 2002)
- The duration of each course is 3 weeks
- A total of 17 countries have participated (Ghana, Swaziland, Malawi, Zambia, Zimbabwe, Botswana, Uganda, Tanzania, Eritrea, Ethiopia, Kenya, Mauritius, Seychelles, Lesotho, South Africa, Namibia and Nigeria).
- A total of 46 participants have been trained

20

COURSE ADMINISTRATION

- Course organizing committee
- Technical Implementation team

21

COURSE EVALUATION

- Internal Evaluation at end of each course (anonymous questionnaires, analysed by course coordinators)
- External evaluation (by JICA)

22

COURSE SPONSORS

- The Government of Kenya, through KEMRI
- The Government of Japan, through JICA

23

EXPECTED COURSE OUTCOMES

- Enhanced and sustainable blood screening capacities in participating countries
- Establishment of blood safety network in Africa
- Greater south-south collaboration
- KEMRI/JICA's contribution to Global Initiatives (Okinawa, UNGASS Declaration, GII etc).

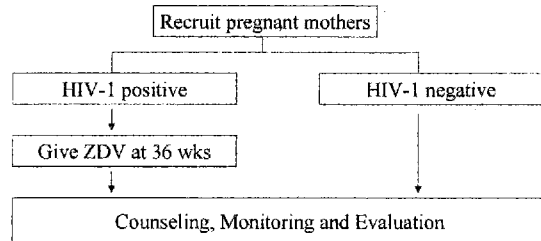
24

HIV/AIDS COHORT STUDIES

KEMRI/JICA PROJECT
Western Kenya

25

Study Methodology



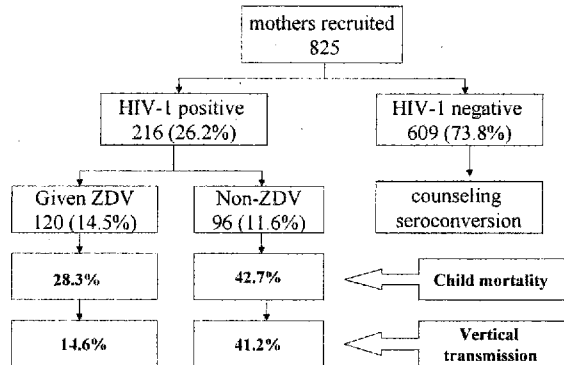
26

Effect of Prenatal Short Course Zidovudine on Vertical Transmission and Child Mortality in a Rural Community in Kenya

Counterparts and JICA Experts,
KEMRI/JICA

27

Study Results



28

Study Objective

Investigate the influence of prenatal short course Zidovudine on vertical transmission of HIV and child mortality in a rural population

29

CONCLUSION

- Short course ZDV significantly reduces rate of vertical transmission (by 65.6%).
- Short course ZDV significantly reduces risk of child mortality

30

ON-GOING & FUTURE STUDIES

- Long term effects of Zidovudine intervention (morbidity and mortality of mothers and children earlier exposed to zidovudine)
- Epidemiology and Evolution of HIV-1(host and viral factors influencing disease progression)
- Effect of HIV/AIDS counseling strategies

31

NMIMR JICA Project GHANA HIV/AIDS program

Previous HIV/AIDS activities

- Establishment of serological diagnosis for HIV –
- Provided HIV serology service for MOH
- Confirmatory service for HIV serology
- Isolation and characterization of HIV
- Evaluation of HIV test kits

Components of current program

- Genetic Characterization of HIV strains in Ghana
 - » subtype recombinants
 - » protease inhibitor resistance
- Quality Control /Assurance for HIV testing
- Evaluation of HIV test kits

Indirect support to current activities

- Prevalence of transfusion transmissible infections
- Assessment of OI treatment in HIV +ves in selected hospitals
- PMTCT pilot program and national scale-up plans
- Comprehensive Care pilot program for HIV/AIDS (Introduction of ART)

Other major activities

- Rural HIV/AIDS/STD education and VCT program with PPAG (Grassroots Grant)
- HIV/AIDS/STD Education (mobile) centers
- (FHI, USAID, GOJ)
- Workplace HIV/AIDS programs Military, Police, Bank of Ghana, Trad Rulers Assoc (World Bank, FHI-USAID)



Direct collaboration and support to National program

- National HIV testing
- VCT
- PMTCT – Guidelines, Pilot project
- MOH Guidelines for ART
- ART pilot program
- National ART program
- MOH Guidelines for STD
- National TB detection

NMIMR HIV project members

- Jim Brandful
- Kenzo Tokunaga
- Koichi Ishikawa
- Mubarak Osei-Kwasi
- Simeon Aidoo
- Victor Nuvor
- Regina Appiah-Oppong
- Lucy Brako-Hiapah
- David Ofori-Adjei
- Evelyn Yayra
- Nicholas Trebii
- Winifred Kumi
- Sena Tamakloe
- Aba Hayford
- Justice Kumi
- Peace Dzahini
- Adeline Assoku

SUMMARY

DAY ONE

Welcome Remarks

- Variations in policies, strategies and activities among SADC countries
- Need to utilise and harmonise existing networks
- Need to demonstrate results of our interventions
- Government commitment to work with NGOs
- Promote accountability

Hon. Minister of Health,
Dr. B. Chitwo MP

Welcome Remarks

- Japan is committed to search for a World free from War, poverty, starvation and infectious disease

His Excellency Mr.M.
Saotome, Japanese
Ambassador to
Zambia

Welcome Remarks

- "This is an important workshop because we need to discuss and share views on current responses to HIV/AIDS".

(Mr. K. Sasaki)

- Mr.H. Abe illustrated JICA's technical cooperation, grant aid and Japan Overseas cooperation on HIV/AIDS as a high priority sector in Southern Africa

Keynote Presentation

- Prof. Y. Nakamura, Osaka University
Gave historical perspective of Japan's economic and health progress since 1950. He also talked about the Okinawa Infectious Diseases Initiative (IDI).
- Dr. A. Simwanza, Director of Programmes National AIDS Council Zambia highlighted the Background, Projections, Impact and the Strategic Framework for combating HIV/AIDS in Zambia

Objectives/Process

- In providing objectives of the workshop, harmonization of regional approaches was stressed

Dr. S.K Mitti
Director General,
CBOH

Country/Regional Response

- Most SADC countries have adhered to the recommended WHO interventions.
- There is poor coordination among regional organisations
- There is poor collaboration with the SADC Health Unit.

Dr. S. Mphuka/Ms. R. Siamwiza

SADC Response to HIV/AIDS

- Overview of the current situation of HIV/AIDS in Southern Africa
- SADC strategic HIV/AIDS framework
- SADC is undergoing restructuring to make it more responsive to member needs

*Mr. N. Nzima
HIV/AIDS Programme
Manager, SADC*

GROUP WORK

- Definition of regional approach
- Identification of opportunities and constraints to regional approach
- Factors driving the regional approach
- Pre-requisite to a regional approach
- Possible areas of regional cooperation
- Coordination of regional organization

Japanese ODA Scheme

- JICA's assistance to HIV/AIDS control
- Key objectives on how to use the Japanese Assistance Scheme.
- JICA's promotion of South-to-South cooperation

*Mr. Kadowaki,
Country Programme
Officer, Africa
Division*

Japan Support in Southern Africa

- Emphasized what JICA can and cannot do.
- Provided examples in areas of training, human resources, grants, equipment and supplies and community empowerment

*Mr. K. Ota
Deputy Resident
Representative, JICA,
Zambia*

JICA Project Types

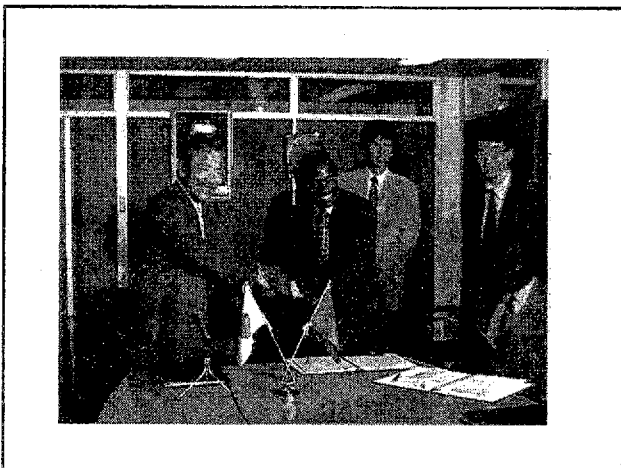
- Case Studies illustrating JICA's cooperation in East, Southern and West Africa.

*Dr. S.Mpoke, Kenya/Dr.W.Ampofo, Ghana/
Dr. F. Kasolo, Zambia*

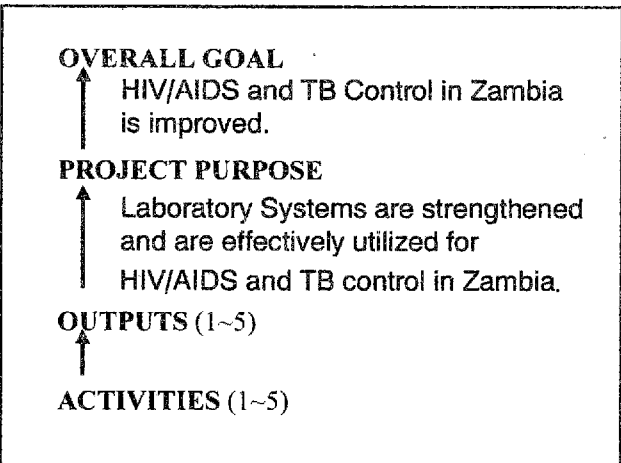
**HIV / AIDS and TB Control Project
University Teaching Hospital**

F. C. Kasolo
MBChB, MSc, Ph.D, DTM&H

Regional Workshop on HIV/AIDS in
Southern Africa, 20-21 March 2002

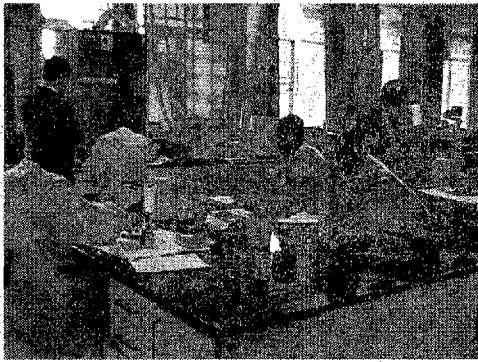


- Past & Present Japanese Assistance to
Zambia in the Area of HIV/AIDS/TB control**
- HIV/AIDS high risk group project (Cross border initiative)
 - HIV education at a refugee camp
 - Supply of HIV test kits for VCT (US\$ 650,000 for 4 years: 2001-2004)
 - Grant aid for laboratory equipment to TDRC#
 - IDP & IDCP (1989 -2000)
 - HIV/AIDS & TB Control project



- The HIV/AIDS &TB control project**
- Recognizing the importance of HIV& TB in Zambia a five year (March 30, 2001~March 29, 2006) project focusing on HIV & TB was developed.
 - This project is based at the UTH Virology and TB Laboratories
 - Certain activities such as VCT/MTCT are based at peripheral health centers

- EXPECTED OUTPUTS**
1. Performance of laboratory techniques, data management and overall laboratory management at the central laboratories are improved
 2. Performance and quality of peripheral labs for HIV/AIDS and TB testing and surveillance is improved
 3. Utilization of laboratory services by health workers (Private, public and NGO) is improved
 4. Information on HIV/TB generated by the project is utilized widely by majority of stake holders in planning of future program (i.e.. GRZ, other donors, health workers, NGOs, schools, youth and communities)
 5. Collaboration with HIV/AIDS and TB working groups is institutionalized



Voluntary Counseling and Testing (VCT)

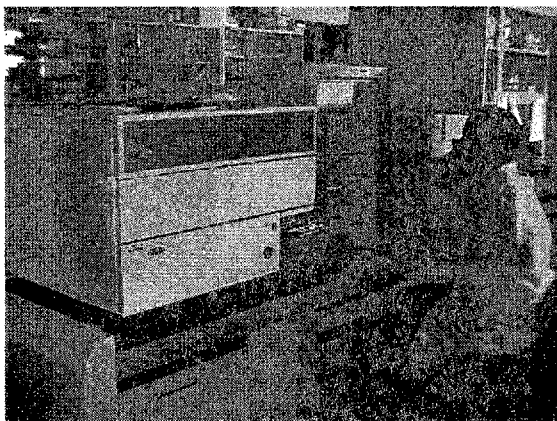
- Pre-test counseling → • Sensitization for youth (4-4)
- HIV testing → • Provide training to health workers in HIV testing (2-1,2-2)
- • Quality assurance (2-4a)
- Post-test counseling → • Provision of information on HIV to infected persons (4-1,4-2)

Care and Treatment

- Diagnosis of HIV → • Training of lab staffs at central & peripheral in HIV diagnostics (1-1, 1-2, 2-1)
- • Quality assurance (2-4b)
- Treatment of HIV/AIDS → • Monitoring of anti-HIV drug resistant HIV (1-3a)
- • Monitoring of response to treatment (1-1, 1-3a, 1-3c)

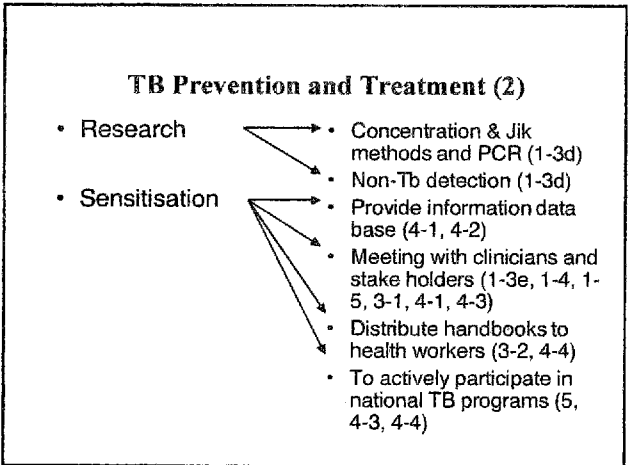
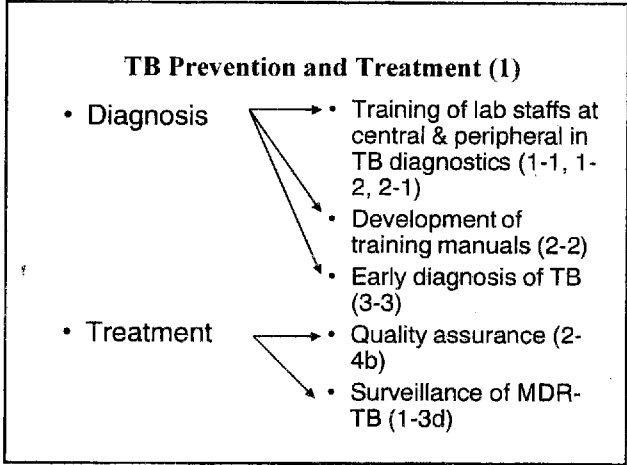
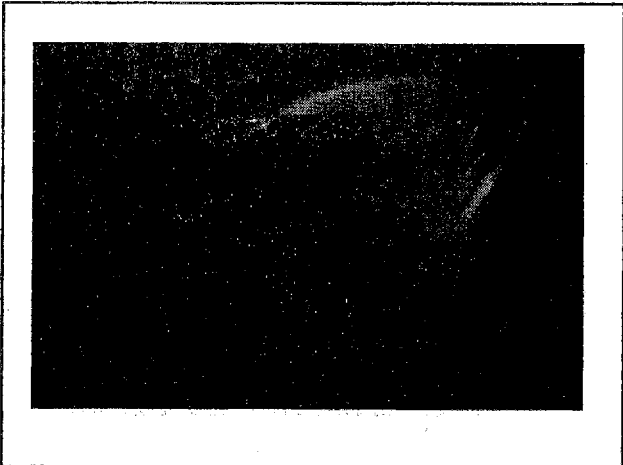
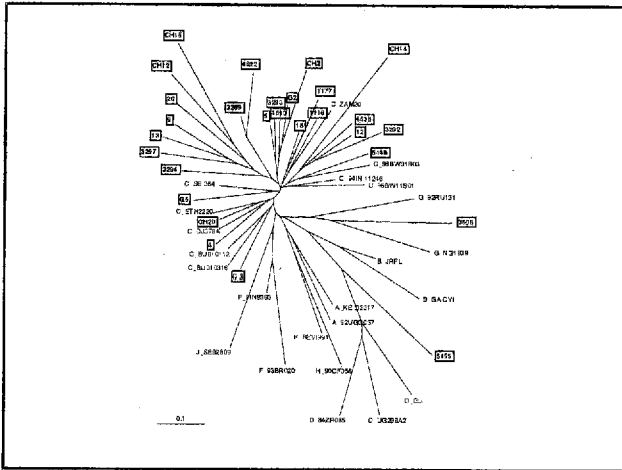
Prevention of Mother to Child Transmission (PMTCT)

- *VCT for pregnant women* → • Provide training to health workers in HIV testing (2-1,2-2)
- • Quality assurance (2-4a)
- *HIV Transmission* → • Monitoring of drug-resistant HIV (1-3a)
- Intrauterine → • Evaluation of MTCT interventions through early diagnosis of HIV infection in children (1-3a)
- During delivery →
- Breast milk →



HIV vaccine development for Zambia

- HIV-1 genotype analysis in Zambia → • HIV genotype surveillance in Zambia (1-3b)
- Analysis of Immunological response to HIV-1 in Zambian → • CTL assay for HIV-1 in Zambian (1-3c)
- Vaccine preparation based on the above information
- Trials (animal, human)



SUMMARY

DAY ONE

Welcome Remarks

- Variations in policies, strategies and activities among SADC countries
- Need to utilise and harmonise existing networks
- Need to demonstrate results of our interventions
- Government commitment to work with NGOs
- Promote accountability

**Hon. Minister of Health,
Dr. B. Chituwo MP**

Welcome Remarks

- Japan is committed to search for a World free from War, poverty, starvation and infectious disease

**His Excellency Mr.M.
Saotome, Japanese
Ambassador to
Zambia**

Welcome Remarks

- "This is an important workshop because we need to discuss and share views on current responses to HIV/AIDS".

(Mr. K. Sasaki)

- *Mr.H. Abe* illustrated JICA's technical cooperation, grant aid and Japan Overseas cooperation on HIV/AIDS as a high priority sector in Southern Africa

Keynote Presentation

- *Prof. Y. Nakamura, Osaka University*
Gave historical perspective of Japan's economic and health progress since 1950. He also talked about the Okinawa Infectious Diseases Initiative (IDI).
- *Dr. A.Simwanza, Director of Programmes National AIDS Council Zambia highlighted the Background, Projections, Impact and the Strategic Framework for combating HIV/AIDS in Zambia*

Objectives/Process

- In providing objectives of the workshop, harmonization of regional approaches was stressed

**Dr. S.K Mitti
Director General,
CBOH**

Country/Regional Response

- Most SADC countries have adhered to the recommended WHO interventions.
- There is poor coordination among regional organisations
- There is poor collaboration with the SADC Health Unit.

Dr. S. Mphuka/Ms. R. Siamwiza

SADC Response to HIV/AIDS

- Overview of the current situation of HIV/AIDS in Southern Africa
- SADC strategic HIV/AIDS framework
- SADC is undergoing restructuring to make it more responsive to member needs

Mr. N. Nzima
HIV/AIDS Programme
Manager, SADC

GROUP WORK

- Definition of regional approach
- Identification of opportunities and constraints to regional approach
- Factors driving the regional approach
- Pre-requisite to a regional approach
- Possible areas of regional cooperation
- Coordination of regional organization

Japanese ODA Scheme

- JICA's assistance to HIV/AIDS control
- Key objectives on how to use the Japanese Assistance Scheme.
- JICA's promotion of South-to-South cooperation

Mr. Kadowaki,
Country Programme
Officer, Africa
Division

Japan Support in Southern Africa

- Emphasized what JICA can and cannot do.
- Provided examples in areas of training, human resources, grants, equipment and supplies and community empowerment

Mr. K. Ota
Deputy Resident
Representative, JICA,
Zambia

JICA Project Types

- Case Studies illustrating JICA's cooperation in East, Southern and West Africa.

*Dr. S.Mpoke, Kenya/Dr.W.Ampofo, Ghana/
Dr. F. Kasolo, Zambia*

ZAMBIA VOLUNTARY COUNSELLING AND TESTING SERVICES : LESSONS LEARNT

F. KASOLO, MBChB, MSc, Ph.D, DTM&H,
DIRECTOR ZAMBIA VCT SERVICES

REGIONAL WORKSHOP ON HIV/AIDS IN
SOUTHERN AFRICA 20-21 MARCH 2002

HISTORY OF ZVCT SERVICES

- ✓ ZVCTS was established in March 1999 as part of the Zambian governments response to HIV.
- ✓ 22 centres were initially set up as part of a one year pilot project aimed at accessing acceptability of VCT among Zambians.
- ✓ Recognising the role of VCT in various HIV interventions a decision to expand VCT services was made by the Zambian

OBJECTIVES OF THE ZVCTS

- ✓ To establish a free same day Client friendly VCT service accessible to majority of Zambians.
- ✓ To integrate VCT into local health services
- ✓ To establish VCT as an entry point into other HIV intervention programmes in
- ✓ To provide technical and logistic support to local NGO's involved in the delivery of VCT
- ✓ Zambia i.e T.B, SII, PMTCT, Future Vaccine trials and HAART administration.

SITE REQUIREMENTS FOR SETTING UP VCT SERVICE

(pilot phase).

- ✓ Availability of laboratory facilities, or other HIV programmes i.e. PMTCT
- ✓ Availability of at least 3 counselors per site at any given time
- ✓ Easily accessible by road
- ✓ High potential for replication
- ✓ High potential for community mobilization
- ✓ Willingness by the local population to have a VCT site

MODELS OF VCT INTRODUCED

- ◆ INTEGRATED MODEL OF VCT
 - ✓ MCH SERVICES
 - ✓ TB SERVICES
 - ✓ STI SERVICES
- ◆ FREE STANDING MODEL OF VCT
 - ✓ NGO VCT SERVICES

ZVCTS QUALITY ASSURANCE PROGRAMME.

- ✓ Quarterly supervision visits and meetings.
- ✓ Counseling session reflections and get together
- ✓ In service training workshops [bi- annually].
- ✓ Laboratory Quality Control:
 - At least three types of test kits per site (Abbott, genie II & bionor)
 - Minimum use of two tests before releasing result
 - Re-testing of 2% of randomly selected samples from the site at the reference lab
 - inclusion of standard test panels in local testing.

LESSONS LEARNT (Pilot phase)

→ LOCAL ISSUES

- ✓ Demand for extra duties pay by local VCT staff
- ✓ Inadequate and inappropriate space to conduct Counseling
- ✓ Inadequate personnel to conduct community mobilization activities within the local communities
- ✓ Few practicing counselors in comparison to the number of trained counselors
- ✓ Lack of focus and involvement of the local stakeholders in the initial introduction of VCT services.

LESSONS LEARNED (Pilot phase)

→ Technical Issues

- ✓ During the one year pilot phase lack of third test in the testing centres had an overwhelming effect on number of samples sent to the reference laboratory of re-testing
- ✓ Lack of coordination and integration of the private sector and local NGOs driven VCT services into ZVCTS meant that VCT services were not standardized
- ✓ During the pilot phase VCT was introduced in the 22 initial sites over a period of three months. This resulted in initial mis-understanding of what the services was all about.

LESSONS LEARNED (Pilot phase)

- ✓ Delayed funding affected the overall performance of the service.
- ✓ Disagreement between stakeholders on the type of VCT model to establish i.e. integrated versus free standing model.
- ✓ High cost of HIV testing kits

CONSOLIDATION & EXPANSION PHASE OF ZVCTS

- ➔ These phases was designed in order to address problems highlighted in pilot phase.

• Modalities.

- ✓ Formation of National AIDS Council to coordinate all HIV/AIDS related activities
- ✓ ZVCTS activities were integrated as part of the VCT and Care technical working group.
- ✓ Increased involvement and participation of the , CBOH through the directorate of public health and research, local community & local District Health Management Boards.

CONSOLIDATION & EXPANSION PHASE OF ZVCTS PHASE

- ✓ Increased funding for VCT related sensitization, community mobilisation and outreach activities.
- ✓ Implementation of decentralized quality control and addition of a third test at VCT testing centres.
- ✓ Expansion of VCT services to all the 72 districts of Zambia (ongoing).

ACHIEVEMENTS OF ZVCTS

ATTENDANCE (1999 -2001)

➤ Total number of clients attending VCT:	185,892
➤ Total number of clients tested:	166,170
➤ Health persons seeking VCT	147,241
➤ Health Blood donors	6,027
➤ Clinical Referrals	3,115
➤ MTCT Referrals	9,787

ACHIEVEMENTS OF ZVCTS (cont)

- ➔ 2. **LOW DROPOUT RATE = 11%.**
- ➔ **REASONS FOR DROPOUT**
 - ✓ Delay in releasing results due to low number of counselors
 - ✓ Long distances to the VCT testing sites.
 - ✓ Fear of knowing the results.
 - ✓ Negative influence from friends/ spouses.
 - ✓ Fear that general community will know ones status.

FUTURE DIRECTION OF ZAMBIA VCT SERVICE

- ✓ By year 2004 ZVCTS aims to increase VCT centres from the present 56 to 100 sites country-wide.
- ✓ By 2004, at least 25% of adult Zambians will have known their HIV sero status.

COOPERATING PARTNERS (Acknowledgement)

- ➔ NORAD, JICA, USAID.
- ➔ Local NGOs i.e
 - ✓ Kara Counseling Trust
 - ✓ Hope Humana (DAPP)
 - ✓ Planned Parenthood Association of Zambia (PPAZ)
 - ✓ BOYS AND GIRL SCOUTS ASSOCIATION



BE READY FOR THE PARTIAL
ECLIPSE
THIS YEAR.

Thank you

Information/Database in HIV/AIDS The Malawi Experience

**JICA Regional Workshop for HIV/AIDS in
Southern Africa.**

**Boniface Kalanda
National AIDS Commission
Malawi**

Malawi

- 1. Background to the Programme in Malawi
- 2. Some statistics
- 3. Strategies to gather and disseminate information on HIV/AIDS
- 4. Tools to support regular collection of data
- 5. Human resource development needs to set up at national level
- 6. Constraints to operating and efficient HIV/AIDS database system
- 7. Lessons Learnt

1. Background to the Programme

- Implementation of a blood screening policy
- Implementation of a strategy for public education on HIV/AIDS
- Instituting multi-sectoral approaches incorporating social, psychological and economic dimensions in tackling the consequences of the epidemic
- The establishment of the National AIDS Control Programme

Background Cont....

- The establishment of the Cabinet Committee on HIV/AIDS
- The establishment of a multisectoral National AIDS Committee
- The establishment of programmes for orphans and patient home-based care and others
- The establishment of National HIV sero-prevalence surveillance system
- Development of a 5 year National Strategic Framework 2000-2004 (www.aidsmalawi.org)

SUCCESSES AND OPPORTUNITIES

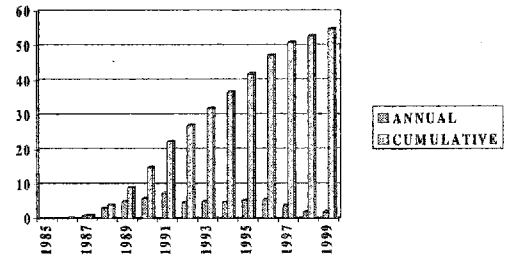
- Almost universal awareness
- Universal screening of blood
- Multisectoral involvement
- PLWA involvement in prevention and control efforts
- Window of hope - about 90% HIV negative
- Political will and commitment
- A participatory Strategic Framework

CHALLENGES

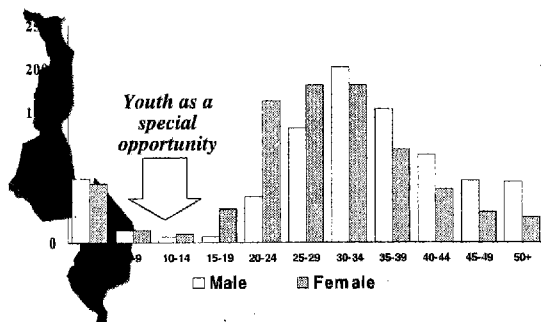
- Translating knowledge into positive behavior
- Lack of essential supplies
- Inadequate support for PLWAs
- Minimal acceptance of the condom
- Difficulties in implementing an effective IEC strategy

2. Some statistics

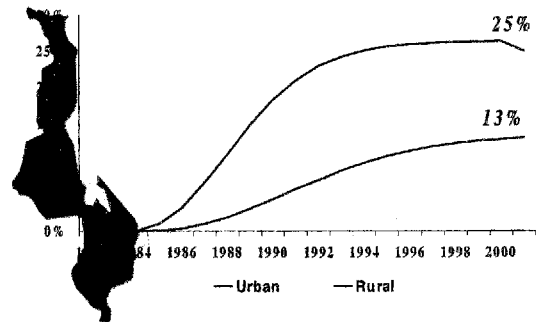
REPORTED AIDS CASES BY YEAR (*1,000)



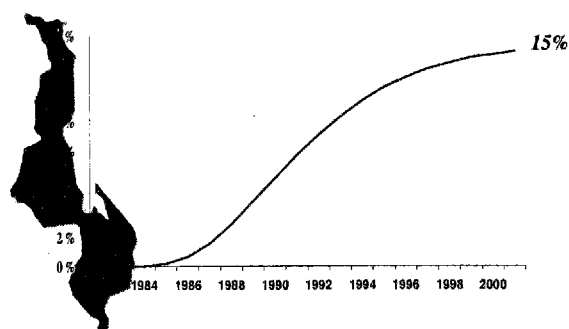
Reported AIDS Cases by Age and Sex (1995 - 1999)



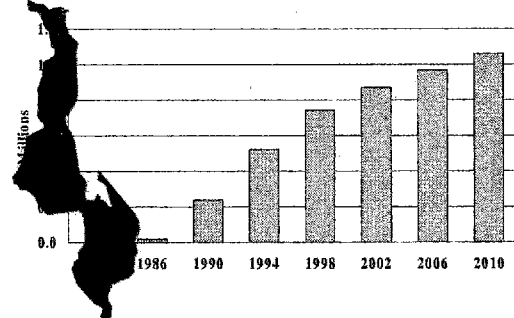
Urban/Rural Adult HIV Prevalence (1982 - 2001)



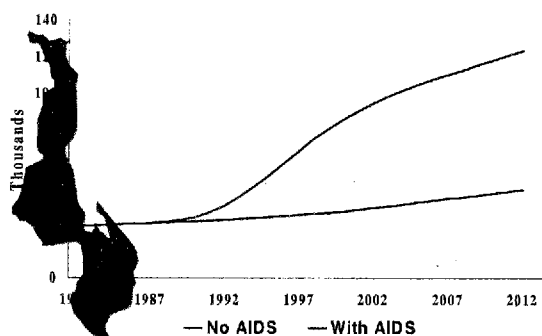
National Adult HIV Prevalence (1982 - 2001)



Number Living with HIV/AIDS (all ages)



Annual Adult Deaths(Age 15-49)



3. Strategies to gather and disseminate information

- Monitoring and Evaluation Unit within the National AIDS Commission
- National Core M&E Group (proposed and budgeted for)
- Quarterly meetings of M&E experts from partner organisations (proposed and budgeted for)
- Technical Working Group of CRIS (Country Response Information System)

National M&E Core Group

- The group will be advising on:
 - aspects of sentinel surveillance
 - behavioural surveillance (yet to start)
 - appropriate indicators at different levels (national, district, NGO, community etc)
 - Dissemination strategy
- Quarterly meetings for:
 - M&E experts from partner organisations share their M&E experiences
 - Agree on what should be contained in a National M&E report
 - Training on common problems

TWG on CRIS

- Promote and develop the use of CRIS as Malawi's mechanism for the gathering and processing of information on HIV/AIDS
- Ensure data compatibility with neighbouring countries and the global response
- Evaluating CRIS periodically
- Provide and facilitate ongoing support and training for user agencies

4. Tools to Collect Data

- HIV/AIDS information System website
- M&E Strategy
- Collection forms agreed on by partners

HIV/AIDS information website collects:.....

- All organisations involved in HIV/AIDS activities in Malawi - both donor and implementing agencies
- Details of projects and activities they are involved in.
- Amount of money involved for each activity and/or projects
- Location of projects and/or activities
- Funding Sources and target of donations.

M&E Strategy

- Specifies indicators to be collected
- Indicators collected at national, district, NGO and community levels
- Indicators are collected on VCT, PMTCT, STI treatment and prevention, BCC, Policy development, Care and support (in health services, Community mitigation, Orphans and Widows, Surveillance and blood safety.

Data collection forms (Current)

- Sentinel surveillance (HIV) data annually
- Sentinel surveillance (STIs)
- AIDS case data (passive surveillance)
- STI case data (passive surveillance)
- Blood donor data
- Data on organisations working in HIV/AIDS and their donors. (International NGO's, local NGO's and CBO's)

5. Human Resource Needs

- Well qualified and experienced personnel
- Periodic training
- National AIDS Commission's M&E Unit has:
 - Planning, Monitoring and Evaluation Specialist (Head of Unit)
 - Monitoring and Evaluation Officer
 - Research Officer
 - Planning Officer
 - Data Processing Officer
 - Data Entry Clerks (2)
- District Co-ordinators trained in basic skills

6. Constraints

- Will at Management level
- Competencies/Skills of M&E staff
- Staff shortage
- Poor follow up by partners
- Finances to procure necessary resources
 - Computers
 - Softwares
 - Printing forms
 - Reagents (for passive surveillance)
 - Transport to aid data collection


7. Lessons Learnt

- Adequate manpower needs at all level are an absolute necessity
- At National level, there is need to decide on a minimum set of indicators to be reported on. Two many is a recipe for failure.
- M&E should be a participatory activity
- Data collection forms should be as simple as is possible (without compromising data collected)
- At district level, a Pentium III and fancy software is NOT VERY necessary

THANK YOU!

www.aidsmalawi.org

R R A P
S O U T H E R N
A F R I C A




**REGIONAL
HIV/AIDS
PROGRAMME
SOUTHERN AFRICA**

USAID
Michele Russell

R R A P
S O U T H E R N
A F R I C A

HISTORY




<BUDGET 1504 F593 1.5 MILLION F500 3.85
MILLION F507>

- » Initiated by a technical team of HPN Officers in Zimbabwe, Zambia, South Africa and Malawi and supported by Ambassadors
- » Countries participating include: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe
- » Managed by a coordinator with support from technical team of Health Officers from four countries.

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R R A P
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ASSESSMENTS


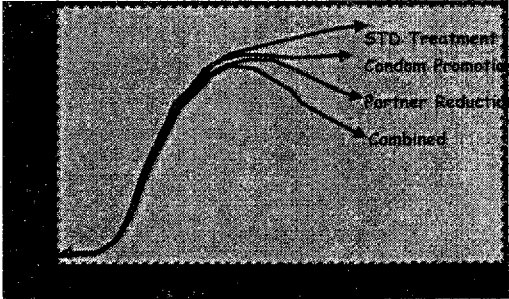


- » Assessments were conducted in Swaziland, South Africa, Mozambique, Lesotho, Zambia and Zimbabwe, Namibia to identify target populations and needs.
- » After assessment, meetings were held with key stakeholders to determine whether or not to implement a program and types of interventions community would find most useful.
- » Key findings from assessments included: high prevalence of STIs, multiple sex partners, lack of access to and use of condoms.

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R R A P
S O U T H E R N
A F R I C A

EFFECTS OF INTERVENTION

<4>

R R A P
S O U T H E R N
A F R I C A

Cross Border Sites





- » Programs have been implemented in:
 - » Messina, South Africa
 - » Beitbridge, Zimbabwe
 - » Chirundu, Zimbabwe
 - » Chirundu, Zambia
 - » Maseru and Maputsoe, Lesotho
 - » Mulanje, Malawi.


<5>

R R A P
S O U T H E R N
A F R I C A

MESSINA, SOUTH AFRICA




- » Peer education & outreach activities for behavior change targeting men: truckers, traders, youth and uniformed services.
- » Activities include: Edu-theatre, social marketing and dispensing of free condoms, referral to and support of STD clinics including training of clinic staff.
- » Activities based in shebeens, bars, clinics, schools, at truck stops, border posts and in village centers.




RIAD SOUTHERN AFRICA

- » Condom social marketing, care and support activities targeting women, youth, truckers and the uniformed services.
- » Activities include: edutainment emphasizing increased knowledge and use of condoms.
- » In Beitbridge a HOPE Humana center is being implemented offering services to PWLH/As and the community including education, information and care for STIs as well as income generating activities and support.



RIAD SOUTHERN AFRICA

CHIRUNDU, ZAMBIA




- » The existing cross border activity is being expanded to include: focused targeting of truckers, youth (ages 10-24), uniformed services, and health care workers (formal and non traditional) providing STI treatment.
- » Activities include condom social marketing, encouragement of STI care seeking behavior, increased skills and sensitivity of care providers, and community mobilization promoting community wide dialogues, developing alternative activities for youth, lobbying and activism around the needs and issues of truckers.


<8>

RIAD SOUTHERN AFRICA

Cross Border Activities: LESOTHO




- » Maseru and Maputsoe are characterized by informal traders and laborers moving between SA and Lesotho with very little trucking issues.
- » Activities include community mobilization, peer support, home based care,
- » Syndromic management of STIs and condom social marketing.



RIAD SOUTHERN AFRICA

Cross Border Activities: MALAWI




- » Mulange, Malawi: Traders and others move between Malawi and Mocambique on bicycle, truck, and foot. Bikes transport sacks of rice, corn, meal, people (sick and healthy) w/chickens and fish hanging off handle bars.
- » Peer education and outreach activities target CSW's, youth in and out-of-school, and traders promoting risk reduction, access to treatment for STIs, and behavior change for STIs and HIV/AIDS.

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RIAD SOUTHERN AFRICA

Malawi Activities continued...



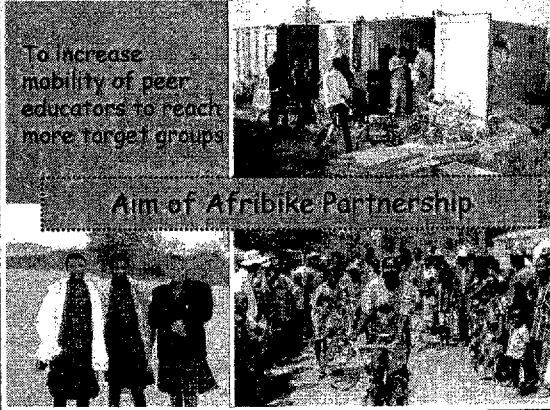
- » Interactive drama facilitating self-assessment of risk
- » Video shows for edutainment
- » Competition at school open days
- » Posters in local languages
- » Condom promotion
- » Training of health care workers

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RIAD SOUTHERN AFRICA

To increase mobility of peer educators to reach more target groups

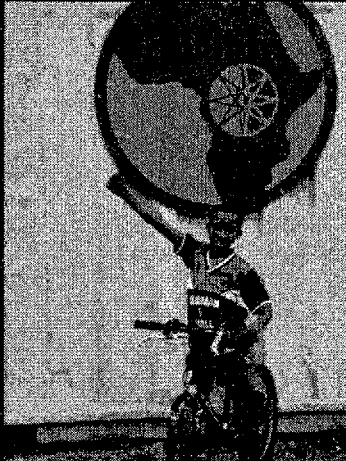
Aim of Afribike Partnership



RHAP SOUTHERN AFRICA


Activities

- » Programs in SA, Lesotho
- » Procurement and distribution of 240 bicycles.
- » Training of peer educators on safe use and maintenance.
- » Training of two community members to run a bike repair shop.

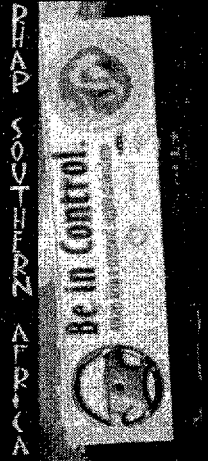


RHAP SOUTHERN AFRICA

Accomplishments: Cross Border Sites

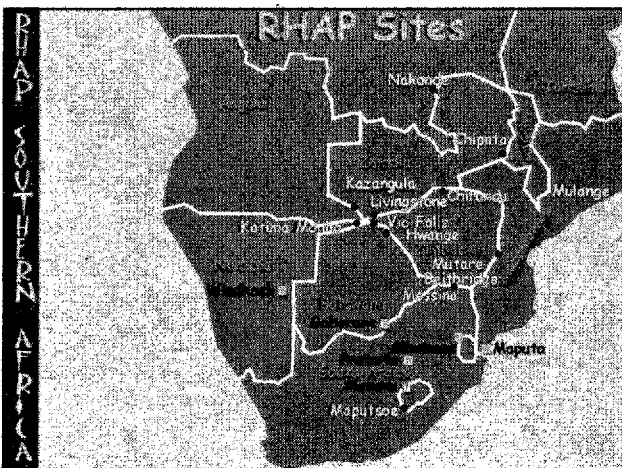


- » New programs in:
 - » Groblersberg Gate, Ficksburg and Ladybrand SA
 - » Victoria Falls, Wenge, and Mutare, Zimbabwe
 - » Kazangula, Nakonde, Livingstone, & Chipata, Zambia
 - » Katima Molilo, Namibia
 - » Ngwenya, Lavumisa, Mbabane, and Manzini, Swaziland




Be in Control

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RHAP SOUTHERN AFRICA

Accomplishments--Cross Border Sites




- » Messina, South Africa:
 - » 93 peer educators trained-- CSWs, Youth, LDDs and farmworkers
 - » Monthly STD, HIV/AIDS radio talk slot
 - » Providing 50,000 condoms monthly free
- » Chirundu, Zambia
 - » 31 peer educators-- youth, police and immigration
 - » Blue House
 - » Treated 200 CSWs and 34 LDDs for STIs
 - » has sold 81K since 9/00 with AT of 70K

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RHAP SOUTHERN AFRICA

Accomplishments--Cross Border Sites




- » Beitbridge/Chirundu, Zimbabwe:
 - » 60 CSW peer educators trained
 - » This quarter 92,700 condoms sold out of AT 312K : 10,530 Chirundu and 82,170 Beitbridge
 - » This quarter 940 Care condoms out of AT 2,400 : 880 Beitbridge and 60 Chirundu
- » Maseru and Maputsoe, Lesotho:
 - » 78 peer educators-- 38 LIWs, 40 CSWs
 - » Engaged and mobilized Village HIV/AIDS Committees which are run by Village Chiefs
 - » Beginning collaboration with SFH for training on Marketing and Sales of Condoms

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RHAP SOUTHERN AFRICA

Accomplishments Afribike

- » Afribike programs launched in SA and Lesotho. Kick-off bike races with prizes.
- » Two Community members trained to run bike shops.
- » Bike shops set up in SA and Lesotho
- » Peer educators from Lesotho and SA participated in AIDS ride in SA.



WAY FORWARD

- We have been meeting in Zambia from March 20 to 21, 2002 in the Regional Workshop on HIV/AIDS and acknowledge the following.
- Southern African countries, NGOs and cooperating partners should take maximum efforts to fight against HIV/AIDS.
- It is crucial to devote attention to a regional approach against HIV/AIDS in Southern Africa.
- The role of SADC as a regional body in Southern Africa is essential because HIV/AIDS is cross-cutting and regional issue. SADC has the mandate of member states to lead the fight against infectious diseases in the region.
- In order to enhance SADC's leadership as a regional coordinating body, information sharing among governments, multi-, and bi-donors, and NGOs is essential.

Coordination

- Harmonizing policies, interventions and activities in common areas across countries in the region
- Strengthening linkages between regional and country-level interventions
- Developing a mechanism for facilitating cooperation between regional organisations
- Strengthen National AIDS Councils in the coordination of all HIV/AIDS programs within their respective borders
- Support the SADC HIV/AIDS Strategic Framework.

Interventions

- Standardize interventions where relevant, e.g. cross border activities, VCT for mobile populations, and regional information level database.
- Facilitate the sharing of best practices between member institutions
- Develop Research centre/Laboratory to validate traditional plants used for HIV/AIDS treatment.
- Provide ARVs, HIV test kits/other reagents and Laboratory equipment

Monitoring and Evaluation

- Develop appropriate indicators at regional level to capture social, economic and demographic dynamics of HIV/AIDS

Human Resource Development

- Recognizing mobility and mobility, death and natural attrition of personnel in the region, there is need to develop a human resource development strategy at country and regional levels especially for technical personnel.

Partnerships

- Collaboration among partners is critical to avoid programmes collapsing due to dependence on one donor.
- The relationship between national and regional programmes/activities should reinforce each other
- Expand partnerships to include more NGOs, traditional healers, Faith Based Organisations and the youth.
- Regional HV/AIDS thematic group be established to coordinate with SADC and other regional organisations. Membership should consist of representatives of regional organisations, multi-laterals and bilateral that support regional activities

Information/Database

- Develop a regional task force with specific terms of reference to standardise information database in all countries in Southern Africa

Cross-border Initiatives

- Develop joint cross border activities between countries so that there are similar activities of both sides

Voluntary Counselling and Testing

- Constitute a task force to develop regional VCT Programme and submit it to SADC

Limited Financial Resources

- The resource gap in the region for HIV/AIDS activities is big. There is need for countries in the region and cooperating partners to increase financial allocation to HIV/AIDS.

JAPAN's Next Step

- JAPAN will consider supporting the strategic plan of SADC in fight against HIV/AIDS.
- JAPAN will consider supporting SADC countries based on their individual needs.
- JAPAN will further enhance its effort in priority areas, such as Voluntary Counseling and Testing, information/database and Cross-Border Initiatives.
- The detailed suggestions in the workshop will be acknowledged and due consideration provided.

JICA REGIONAL ACTIVITIES IN SOUTHERN AFRICA

QUESTIONNAIRE

PART I:
COUNTRY PROFILE

ID Number _____
(Do not write in the space above.)

Name of Country: _____

Name of Respondent: _____

Job Title: _____

1. Do you have an overall coordinating institution for HIV/AIDS at national level?
 Yes No

2. What are some of the functions of the HIV/AIDS national coordinating institution

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

K. _____

PART II
COUNTRY-LEVEL
HIV/AIDS PROGRAMMES

1. Please rank in order of priority the areas listed below relating to prevention, care and support strategies as they appear in your National Strategic Framework/Plan.

Rank 1 for High Priority

Rank 2 for Low Priority

Rank 3 for not a Priority

Prevention	Rank	A.1 Treatment and Care	Rank	A.2 Impact Mitigation	Rank
A. Behaviour Change Communication (BCC)		A.1.1 Clinical Care Clinical management of opportunistic infections and HIV-related illnesses		Home-based care	
		A.1.2 Prevention therapies			
		A.1.3 TB prevention and control Antiretroviral Therapies (ARV)			
B. Condom promotion and availability		B.1 Vaccine Development		B.2 Psychosocial support	
C. Sexually transmitted infection (STI) management		C.1 Palliative care		C.2 Stigma reduction	
D. Voluntary counselling and testing (VCT)		D.1 Stigma		D.2 VCT	
E. Prevention of mother-to-child transmission (MTCT)		E.1 Other (specify)		E.2 Orphans and other vulnerable children (OVC)	
F. Blood safety				F.2 Legal support	
G. Harm reduction for intravenous drug users (IDUs)				G.2 Nutrition programs	
H. Stigma reduction				H.2 Micro-enterprise and income-generation programmes	
I. Other (specify)				I. Other (specify)	

2. Are there priority target populations for HIV/AIDS interventions?

Yes

No

3. If yes, tick (✓) the appropriate category below.

Categories of target populations	✓	Categories of target populations	✓
A. People living with HIV/AIDS (PLWHA)		J. Fishmongers	
B. Orphans		K. Fishermen	
C. Commercial sex workers (CSW)		L. Prisoners	
D. Military/uniformed forces		M. Public sector workers	
E. Youth in-school		N. Other (Specify)	
F. Out-of-school youth			
G. Private sector workers			
H. Truckers			
I. Cross border traders			

4. Are there priority geographical areas for HIV/AIDS interventions?

Yes

No

5. Below is a list of activities categorised by strategy. Under each strategy, please tick activities that are undertaken in your country in column 1.1, if there are problems associated with these activities tick in column 1.2. Briefly describe major constraints associated with each strategy. (Write constraints in the space provided.)

A. Blood Safety				
No	Activities	1.1 Tick	1.2 Problems	1.3 Constraints
1	A national blood transfusion policy exist			
2	National blood transfusion guidelines exist			
3	Screening test kits exist			
4	There are measures to monitor quality of blood products			
5	A blood bank has been established			
6	A laboratory has been set up			
7	Training programmes exist for lab technicians			
8	Training programmes exist for counsellors			
9	Pre and post-test counselling services are attached to the programme			
10	A quality check is done on all blood products			

Under each strategy, please tick activities that are undertaken in your country in column 1.1, if there are problems associated with these activities tick in column 1.2. Briefly describe major constraints associated with each strategy. (Write constraints in the space provided.)

B. Behaviour Change Communication				
No	Activities	1.1 Tick	1.2 Problems	1.3 Constraints
1	A national BCC policy exists or is in the process of formation			
2	National BCC guidelines exist or are in the process of formation			
3	IEC materials are being produced			
4	Condom promotion is a part of the BCC strategy			
5	Condoms are made available			
6	Social marketing of condoms is part of the strategy			
7	Free distribution of condoms			
8	A school health component exist			
9	Youth anti-AIDS clubs have been established			
10	Community members have been trained			
11	A reporting system has been institutionalised			
12	Stigma reduction is part of the strategy			
13	There is a national campaign			
14	Youth friendly services have been established			
15	A monitoring system exist			
16	Community mobilisation exist			
17	A national structure exists for BCC			
18	Life skills training for school students exist			

Under each strategy, please tick activities that are undertaken in your country in column 1.1, if there are problems associated with these activities tick in column 1.2. Briefly describe major constraints associated with each strategy. (Write constraints in the space provided.)

C. Cross Border Initiative				
No	Activities	1.1 Tick	1.2 Problems	1.3 Constraints
1	CBI guidelines exist or are in the process of being created			
2	CBI manual exist or are in the process of being created.			
3	STI drugs are available			
4	A laboratory has been established			
5	Syndromic management has been introduced			
6	The programme has trained lab technicians			
7	Medical personnel have been trained in diagnosis of STIs using the syndromic approach			
8	BCC is part of the strategy			
9	Personnel working with transit populations have been trained in BCC			
10	STI research is taking place			
11	Truck companies are involved in programme			
12	IEC materials are available			
13	Income generation activities have been introduced in border areas			
14	Community mobilisation takes place			

Under each strategy, please tick activities that are undertaken in your country in column 1.1, if there are problems associated with these activities tick in column 1.2. Briefly describe major constraints associated with each strategy. (Write constraints in the space provided.)

D. Reduction of risk to intravenous drug users (IDUs)				
No	Activities	1.1 Tick	1.2 Problems	1.3 Constraints
1	A national policy on IDU exist or is being formed			
2	Guidelines on care & treatment of IDU exist or are being developed			
3	A needle/syringe exchange programme for IDUs exist			
4	Quality control measures for HIV test exist			
5	VCT centres have been established for IDUs			
6	A laboratory has been established as part of the programme			
7	Laboratory technicians have been trained			
8	Counsellors have been trained to work in programme			
9	Pre and post-test counselling is done			
10	Quality checks on HIV test kits ARE DONE			
11	A national reporting system has been institutionalised			
12	There is a stigma reduction component			
13	A national campaign has been initiated			

Under each strategy, please tick activities that are undertaken in your country in column 1.1, if there are problems associated with these activities tick in column 1.2. Briefly describe major constraints associated with each strategy. (Write constraints in the space provided.)

E. Prevention of Mother to Child Transmission				
No	Activities	1.1 Tick	1.2 Problems	1.3 Constraints
1	A MTCT policy exist or is being formed			
2	National guidelines exist or are being developed			
3	HIV test kits are available			
4	Quality control measures have been developed for HIV tests or are being done			
5	Short-term ARV is available			
6	A MTCT centre has been established			
7	A laboratory has been set up			
8	Lab technicians have been trained			
9	Counsellors have been trained			
10	Pre and post-test counselling is done			
11	Quality checks on HIV test kits take place			
12	A national reporting system exists			
13	Stigma reduction exist			
14	A national campaign has been initiated			
15	Training of medical staff in MTCT prevention and control occurs			
16	Alternative feeding options are promoted			

Under each strategy, please tick activities that are undertaken in your country in column 1.1, if there are problems associated with these activities tick in column 1.2. Briefly describe major constraints associated with each strategy. (Write constraints in the space provided.)

F. STI Management				
No	Activities	1.1 Tick	1.2 Problems	1.3 Constraints
1	A national STI control policy exist or is being developed			
2	National STI guidelines exist or are being created			
3	STI drugs are widely available			
4	A national laboratory has been established			
5	Syndromic management techniques have been introduced or are in the process of being introduced			
6	Laboratory technicians have been trained			
7	Medical personnel have been trained in syndromic management techniques			
8	Youth friendly clinics have been established			
9	STI test kits are widely available			
10	STI drug resistance research is taking place			
11	Equipment is available			

Under each strategy, please tick activities that are undertaken in your country in column 1.1, if there are problems associated with these activities tick in column 1.2. Briefly describe major constraints associated with each strategy. (Write constraints in the space provided.)

G. TB Management & Prevention				
No	Activities	1.1 Tick	1.2 Problems	1.3 Constraints
1	A national TB control policy exist or is in the process of formation			
2	National TB guidelines exist			
3	TB drugs are available			
4	A laboratory has been set up			
5	The DOIS approach is being implemented			
6	Laboratory technicians have been trained			
7	Medical personnel have been trained in diagnostic techniques			
8	STI resistance research is taking place			
9	Laboratory equipment is available			
10	TB prevention measures are being implemented among HIV positive patients			

Under each strategy, please tick activities that are undertaken in your country in column 1.1, if there are problems associated with these activities tick in column 1.2. Briefly describe major constraints associated with each strategy. (Write constraints in the space provided.)

H. Voluntary Counselling and Testing Services				
No	Activities	1.1 Tick	1.2 Problems	1.3 Constraints
1	A national VCT policy exist or is in the process of being developed			
2	National VCT guidelines exist			
3	HIV test kits are available			
4	Quality control measures for HIV tests exist			
5	A VCT centre has been established			
6	A laboratory has been set up			
7	Laboratory technicians have been trained			
8	Counsellors have been trained			
9	Pre and post-test counselling takes place			
10	Quality checks on HIV test kits are done			
11	A reporting system exists			
12	Stigma reduction activities take place			
13	A national campaign has been implemented			

PART III
REGIONAL HIV/AIDS PROGRAMMES

1. Does your country participate in any regional HIV/AIDS and OVC related programs?

Yes

No

2. If yes, in which regional programs/activities/strategies do you participate? Tick the appropriate box in the table below:

Activity/Strategy	Tick (✓)
A. Civil-Military Alliance (CMA)	
B. Cross-Border Initiative (CBI)	
C. Research	
a. Sentinel surveys	
b. TB Control and Management	
c. STD Control and Management	
d. BC C	
e. Other (specify)	
D. Training	
E. Drug standardisation/procurement	
F. IEC	
G. Other (specify)	
a.	
b.	
c.	
d.	
e.	

3. Are you collaborating with any other country(ies) in the activities mentioned above?

Yes

No

4. If yes, with which country? Please tick the appropriate category below.

	CMA	CBI	Research				Training	Drug Standard/Procurement	IEC	Other (specify)
			Sentinel Survey	BCC	Drugs	Other				
A. Angola										
B. Botswana										
C. Congo DR										
D. Lesotho										
E. Malawi										
F. Mauritius										
G. Mozambique										
H. Namibia										
I. Seychelles										
J. South Africa.										
K. Swaziland										
L. Tanzania										
M. Zambia										
N. Zimbabwe										
O. Kenya										
P. Uganda										

5. What is the relationship between national and regional programs/activities and strategies? Tick the statement that best describes the relationship.

They reinforce each other.

- There is no relationship, regional and national activities are carried out independently of each other.
- Other (specify):

JICA REGIONAL ACTIVITIES IN SOUTHERN AFRICA

**QUESTIONNAIRE FOR REGIONAL ORGANISATIONS
WORKING IN HIV/AIDS IN SOUTHERN AFRICA**

ID _____
(Do not write in the space above.)

Name of organisation: _____

Address _____

Name of respondent _____

Job title _____

Please tick or write in the most appropriate response for the questions below:

1. What are your key areas of HIV/AIDS and OVC activity?

HIV/AIDS and OVC Activities	Tick
1. Information, communication, education	
2. Behaviour change communication	
3. Services	
4. Research	
5. Training	
6. Advocacy/policy development	
7. Information systems/database	
8. Technical assistance	
9. Financial support	
10. Information, communication, education	
11. Behaviour change communication	
12. Services	
13. Other (Specify	

2. Who are the target groups?

Target Population	Activities/Strategies														
	BCC	Vaccine	ARV Treatment	VCT	Drugs		Nutrition/ Food	Services	Blood Safety	Legal Support	Condom Promotion	HBC	MTCT	Research/ Surveillance	Other (specify)
					TB	STI									
1. Youth															
2. PLWHA															
3. CSW															
4. Military/ uniformed services															
5. Prisoners															
6. Cross border traders															
7. Truckers															
8. Public sector workers															
9. Private sector workers															
10. Orphans & vulnerable children															
11. Fishing camps															
12. women															
13. Institutions (specify)															
14. Others (specify)															

3. Is your assistance to individual countries, regional programmes and/or a combination of both? Please tick the appropriate box below.

Individual countries

Regional programmes

A combination of both

4. Do you have any regional programmes involving several countries?

Yes

No

5. If you are using a regional approach, please tick below the countries and HIV/AIDS activities you are supporting.

	Civil-Military Alliance	CBI	Research				Training	Drug Standard/Procurement	IEC	Other (specify)	VCT
			SSS	BCC	Drugs	Other					
A. Angola											
B. Botswana											
C. Congo DR											
D. Lesotho											
E. Malawi											
F. Mauritius											
G. Mozambique											
H. Namibia											
I. Seychelles											
J. South Africa.											
K. Swaziland											
L. Tanzania											
M. Zambia											
N. Zimbabwe											

12 JICA Overseas Office(Southern & Eastern)

**JICA OVERSEAS OFFICE
(SOUTHERN & EASTERN)**

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COVERING COUNTRIES: Angola	

Kenya http://www.jicakenya.org	jicaky @ jica.go.jp
The Rahimtulla Trust Tower, 10th and 11th Upper Hill Road, P. O. Box 50572, Nairobi, Kenya	
Tel : 254-2-724121~4, 724877, 710332 Fax : 254-2-724878	
COVERING COUNTRIES: Uganda, Seychelles	