

ZAMBIA POPULATION-BASED HIV IMPACT ASSESSMENT ZAMPHIA 2016

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Zambia Population-based HIV Impact Assessment (ZAMPHIA) 2016

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GLOSSARY OF TERMS

90-90-90: An ambitious treatment target to help end the AIDS epidemic. By 2020, 90% of all people living with HIV (PLHIV) will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 90% of all people receiving ART will have viral load (VL) suppression (VLS).

Acquired Immunodeficiency Syndrome (AIDS): AIDS is a disease caused by infection with HIV. AIDS is the result of severe damage to the immune system that leaves the body vulnerable to life-threatening conditions such as infections and cancers.

Antiretroviral Therapy (ART): Treatment with antiretroviral drugs that inhibit the ability of HIV to multiply in the body, leading to improved health and survival among people living with HIV.

CD4+ T-Cells: CD4+ T-cells (CD4) are white blood cells that are an essential part of the human immune system. These cells are often referred to as T-helper cells. HIV attacks and kills CD4 cells leaving the body vulnerable to a wide range of infections. The CD4 count is used to determine the degree of weakness of the immune system from HIV infection.

De Facto Household Resident: A person who slept in the household the night prior to the survey.

Enumeration Area (EA): A limited geographic area defined by the national statistical authority and the primary sampling unit for the Population-based HIV Impact Assessment (PHIA) surveys.

Head of Household: The head of household is defined as the person who is recognized within the household as being the head and is 18 years of age or older or, in special cases, a person between the ages of 15 and 17 years who is either married, has one or more children or living alone. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason.

Human Immunodeficiency Virus (HIV): HIV is the virus that causes AIDS. The virus is passed from person to person through blood, semen, vaginal fluids and breast milk. HIV attacks CD4 cells in the body, leaving the infected person vulnerable to illnesses that would have otherwise been eliminated by a healthy immune system.

HIV Incidence: A measure of the frequency with which new cases of HIV occur in a population over a period of time. The denominator is the population at risk; the numerator is the number of new cases that occur during a given time period.

HIV Prevalence: The proportion of living persons in a population who are infected with HIV at a specific point in time.

HIV Viral Load (VL): The concentration of HIV in the blood, usually expressed as copies/milliliter (mL).

HIV Viral Load Suppression (VLS) or Suppressed Viral Load: An HIV VL of less than 1,000 copies/mL.

Household: A person or group of persons, related or unrelated to each other, who live in the same compound (fenced or unfenced), share the same cooking arrangements, and have one person whom they identify as head of that household.

Informed Consent: Informed consent is a legal condition whereby a person can give consent based upon a clear understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time he or she gives consent.

Male Circumcision: Male circumcision is the removal of some or the entire foreskin (prepuce) from the penis. Medically supervised adult male circumcision is a scientifically proven method for reducing a man's risk of acquiring HIV infection through heterosexual intercourse. Voluntary medical male circumcision (VMMC) is an important part of national HIV prevention programs in most HIV high burden countries.

Prevention of Mother-to-Child Transmission (PMTCT): Mother-to-child transmission (MTCT) is when an HIV-positive woman passes the HIV virus to her baby during pregnancy, labor or delivery or while breastfeeding. The United Nations recommends effective PMTCT to include a four-fold approach: (1) primary prevention of HIV infection among women of childbearing age; (2) preventing unintended pregnancies among women living with HIV; (3) preventing HIV transmission from women living with HIV to their infants; and (4) providing appropriate treatment, care, and support to mothers living with HIV and their children and families.

Sexually Transmitted Infections: Sexually transmitted infections (STIs) are infections transmitted through person-to-person sexual contact. They are sometimes called sexually transmitted diseases (STDs).

Syphilis: Syphilis is a curable STI caused by a bacterium, *Treponema pallidum*. Syphilis can be transmitted to a fetus during pregnancy or to an infant during delivery.

Tuberculosis: Tuberculosis (TB) is a contagious bacterial disease that spreads through the air and is the leading cause of death among people living with HIV in Africa.

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
CDC	U.S. Centers for Disease Control and Prevention
CD4	CD4+ T-cell
CI	Confidence Interval
CSO	Central Statistical Office
EA	Enumeration Area
EID	Early Infant Diagnosis
EIA	Enzyme Immunoassay
HBTC	Home-Based Testing and Counselling
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IPV	Intimate Partner Violence
LA _g	Limiting Antigen
MOH	Ministry of Health
MTCT	Mother-to-Child Transmission
OD _n	Normalized Optical Density
PCR	Polymerase Chain Reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PFR	Proportion False Recent
PHIA	Population-based HIV Impact Assessment
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
RNA	Ribonucleic acid
RR	Response Rate
QA	Quality Assurance
QC	Quality Control
SMS	Short Message Service
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNZA	University of Zambia
VL	Viral Load
VLS	Viral Load Suppression
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
ZAMPHIA	Zambia Population-based HIV Impact Assessment

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SUMMARY OF KEY FINDINGS

Survey Household Characteristics

- Among all households, 74.5% were headed by males and 25.5% were headed by females.
- Among female household heads, 31.5% were HIV positive, as compared to 14.0% of male household heads.
- Among all households, 21.5% have at least one HIV-positive household member.

Survey Respondent Characteristics

- The largest proportion of the population was located in Lusaka Province (20.1%) and the smallest in North-Western Province (5.2%).
- Among males, 49.4% reported secondary education as their highest level of schooling, compared to 39.6% of the female population.

HIV Incidence

- The annual incidence of HIV among adults aged 15-59 years in Zambia is 0.61%: 0.93% among females and 0.29% among males. This corresponds to approximately 43,000 new cases of HIV infection annually among adults aged 15-59 years in Zambia.

HIV Prevalence

- The prevalence of HIV among adults aged 15-59 years in Zambia is 12.0%: 14.6% among females and 9.3% among males. This corresponds to approximately 960,000 people living with HIV (PLHIV) aged 15-59 years in Zambia.
- The prevalence among adults aged 15-49 years was higher among females (14.3%) than among males (8.3%), as well as among those residing in urban areas (14.4%) compared to those living in rural areas (8.7%).
- HIV prevalence peaked between the ages of 40-44 years for females (29.6%) and between 45-49 years of age for males (23.0%).
- Among young adults (20-24 years of age), HIV prevalence was four times higher among females (8.3%) than among males (2.0%).

HIV Testing

- Almost two-thirds of males (65.1%) and 79.2% of females aged 15-59 years reported ever having been tested for HIV and having received their results. In this sample, 34.8% of all males and 42.0% of females in the same age bracket reported receiving an HIV test in the 12 months preceding the survey.
- Among males and females aged 15-59 years who tested positive in the survey, 85.9% and 92.9%, respectively, reported they had ever been tested for HIV and received their results.

- Among adults in urban areas, 75.9% reported ever testing for HIV while 40.5% reported testing for HIV in the 12 months prior to survey, compared 69.3% and 36.7% of adults in rural areas, respectively.

HIV Diagnosis and Treatment

- Over two-thirds (67.1%) of HIV-positive males 25-29 years of age reported being unaware of their HIV status.
- Based on self-report, among HIV-positive men 15-59 years of age, awareness varied geographically, from 26.6% unaware of their HIV status in Eastern Province to 57.1% in Luapula Province. As among HIV-positive men, awareness of HIV status among HIV-positive females varied geographically, from 23.5% unaware in Southern Province to 42.8% in Luapula Province.
- Concordance between self-report of ART and detection of ARVs was high among adults aged 15-59 years, with 96.3% of those who reported current ART use having detectable ARVs in blood. However, self-report of HIV status was less accurate, with 18.1% of those who reported that they had not been previously diagnosed with HIV having ARVs detected in their blood.

Viral Load Suppression (VLS)

- Among people living with HIV 15-59 years of age in Zambia, the prevalence of VLS (defined as an HIV of less than 1,000 copies/mL) was 59.2%.
- The prevalence of VLS ranged from 30.7% among HIV-positive individuals aged 15-19 years to 79.0% among those aged 55-59 years.
- Among HIV-positive adults aged 15-59 years, the prevalence of VLS varies geographically across Zambia, ranging from 47.3% in Western Province to 67.1% in Eastern Province.

90-90-90

- Diagnosed: In Zambia, 71.4% of people living with HIV aged 15-59 years report knowing their HIV status and/or had detectable ARVs in their blood (72.6% of HIV-positive females and 69.2% of HIV-positive males).
- On Treatment: Among people living with HIV aged 15-59 years who know their HIV status, 87.1% self-reported current use of ART and/or had detectable ARVs in their blood (86.5% of HIV-positive females and 88.2% of HIV-positive males).
- Suppressed Viral Load: Among people living with HIV aged 15-59 years who self-report current use of ART and/or had detectable ARVs in their blood, 89.2% have suppressed viral loads (90.2% of HIV-positive females and 87.7% of HIV-positive males).

Clinical Perspectives on People Living with HIV

- The median CD4+ T-cell (CD4) count among HIV-positive adults aged 15-59 years was 421 cells/ μ L. Nearly two-thirds (64.3%) of those had CD4 counts < 500 cells/ μ L. The proportion of immunosuppression (defined as CD4 count < 500 cells/ μ L) among HIV-positive persons who reported having been previously diagnosed and on ART was 59.2%, compared to 76.0% among those who reported having been previously diagnosed but not on ART.

- Among HIV-positive adults 15-59 years of age, the prevalence of immunosuppression was 58.9% in females compared to 73.2% in males.
- Overall, among newly diagnosed HIV-positive persons aged 15-59 years, 45.5% had a CD4 count less than 350 cells/ μ L and 17.7% had a CD4 count less than 200 cells/ μ L.

Prevention of Mother-to-Child Transmission

- In Zambia, 99.0% of women aged 15-49 years who delivered in the three years preceding the survey attended at least one ANC visit for their most recent birth.
- Prevention of mother-to-child transmission: Among women aged 15-49 years who delivered in the 12 months preceding the survey, 93.1% knew their HIV status; while 98.9% of HIV-positive women who gave birth in the 12 months preceding the survey received antiretrovirals (ARVs).
- 9.3% of the infants born in the previous 17 months to HIV-positive mothers who reported ever breastfeeding were confirmed to be HIV positive.

Adolescents and Young Adults

- Nearly twice the proportion of males (17.1%) aged 15-24 years compared to females (9.5%) in the same age bracket reported having sexual intercourse before the age of 15 years.
- The percentage of young people aged 15-24 years who reported sex before the age of 15 years, was nearly twice as high in rural areas compared to urban areas (17.3% and 8.6%, respectively).
- Less than half of people aged 15-24 years in both urban (46.7%) and rural (32.4%) areas had comprehensive knowledge on HIV transmission and prevention.

Children

- The prevalence of HIV among children aged 0-14 years in Zambia was 1.1%.
- Only 50.6% of HIV-positive children aged 0-14 years were previously diagnosed. Of the previously diagnosed, 92.3% were on treatment. However, of those on treatment only 54.3% had suppressed viral loads.

HIV Risk Factors

- HIV prevalence was twice as high among women who reported paid sexual intercourse in the previous 12 months (32.2%) as among those who did not (14.7%).
- Only two in 10 (21.2%) males aged 15-59 years reported having undergone medical circumcision.

Discriminatory Attitudes Towards People Living with HIV

- In rural areas, 25.3% of people held discriminatory attitudes towards people living with HIV compared to 14.5% in urban areas.
- Discriminatory attitudes towards people living with HIV are more common among those with less education, ranging from 34.3% among those with no education to 5.7% among those with more than secondary education.

Tuberculosis, Syphilis, HBV, STI Symptoms, and Cervical Cancer Screening

- Based on self-report, among adults aged 15-59 years who visited a TB clinic, 60.9% reported testing for HIV at the TB clinic while 30.7% neither tested at the clinic nor were aware of their HIV status.
- Among adults living with HIV who had ever visited a TB clinic, 54.3% were diagnosed with TB and 98.4% of these were treated for TB.
- Overall, 39.4% of HIV-positive persons were screened for TB at their last HIV clinic visit.
- The prevalence of having ever been infected with syphilis among those aged 15-59 years was 6.8% (7.2% among females and 6.3% among males).
- The overall prevalence of active syphilis infection was 3.0% (3.4% among females and 2.7% among males).
- The prevalence of ever having been infected with syphilis was lower among HIV-negative (5.5%) than among HIV-positive (16.6%) participants. Active syphilis infections were less common among HIV-negative participants (2.1%) than HIV-positive (9.6%) participants.
- The overall prevalence of hepatitis B in the population of those aged 0-59 years was 3.5%. The prevalence of hepatitis B was four times higher among those aged 15-59 years (5.6%) compared to those aged 0-14 years (1.3%).
- Among adult people living with HIV, 7.0% of men and 3.5% of women reported having a sexually transmitted infection (STI) diagnosed by a medical professional in the past 12 months. Among HIV-negative adults, 3.4% of men and 1.3% of women reported having an STI diagnosed by a medical professional in the last 12 months.
- Among women with HIV aged 30-49 years, the probability of having been screened for cervical cancer was 34.5% in urban areas compared to 17.0% in rural areas.

1 INTRODUCTION

1.1 Background

The Population-based HIV Impact Assessment (PHIA) is a multi-country project funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) to conduct national HIV-focused surveys that describe the status of the HIV epidemic. The surveys measure important national and regional HIV-related parameters, including progress toward the achievement of the Joint United Nations Programme on HIV and AIDS (UNAIDS) 90-90-90 targets (UNAIDS, 2014), and will guide policy and funding priorities.

1.2 Overview of ZAMPHIA 2016

The Zambia Population-based HIV Impact Assessment (ZAMPHIA), a household-based, national survey, was conducted between March and August 2016 to measure the status of Zambia's national HIV response. ZAMPHIA offered HIV counseling and testing with return of results, and collected information about uptake of HIV care and treatment services.

This survey is the first in Zambia to measure national HIV incidence, VLS, and pediatric HIV prevalence. The results provide information on national and subnational progress toward control of the HIV epidemic and Zambia's progress toward the UNAIDS 90-90-90 treatment targets. ZAMPHIA was led by the government of the Republic of Zambia through the Ministry of Health (MOH) and conducted with funding from PEPFAR and with technical assistance through the U.S. Centers for Disease Control and Prevention (CDC). The survey was implemented by ICAP at Columbia University in collaboration with the statistical survey research corporation, Westat, and local partners, including the Central Statistical Office (CSO), the Tropical Diseases Research Centre (TDRC), the University of Zambia (UNZA), the University Teaching Hospital (UTH), the Zambia National Public Health Institute, and the National HIV/AIDS/STI/TB Council.

Multiple HIV-related measures, such as CD4 count distribution, prevalence of detectable ARVs, and HIV drug resistance were also assessed to characterize the HIV epidemic in Zambia and provide greater clarity on the impact of the national HIV program. In addition, the survey collected information on selected behaviors typically associated with HIV acquisition and transmission, and on common HIV comorbidities and other health conditions.

1.3 Specific Objectives

The objective of the survey was to examine the distribution of HIV in Zambia, to assess the coverage and impact of HIV services at the population level, and to measure HIV-related risk behaviors using a nationally representative sample of adults and children.

Primary Objectives

- To estimate the national rate of new HIV infections (incidence) among adults aged 15-59 years.
- To estimate the provincial level prevalence of HIV VLS, among HIV-positive adults aged 15-59 years.

Secondary Objectives

- To estimate the national and provincial level prevalence of HIV infection for adults aged 15-59 years.
- To estimate the prevalence of HIV-related knowledge and risk behaviors for adults aged 15-59 years.
- To estimate syphilis antibody prevalence among adults aged 15-59 years.
- To estimate the prevalence of hepatitis B among adults and children aged 0-59 years.
- To estimate the national prevalence of HIV infection among children aged 0-14 years.
- To describe the uptake of HIV-related services, especially prevention of mother-to-child transmission of HIV (PMTCT) services.
- To determine the distribution of CD4 counts in HIV-positive persons aged 0-59 years.

2 SURVEY DESIGN, METHODS, AND RESPONSE RATES

ZAMPHIA 2016 was a nationally representative, cross-sectional, population-based survey of households across Zambia. Its target population corresponded to children aged 0-14 years and adults aged 15-59 years. The survey population excluded institutionalized children and adults.

2.1 Sample Frame and Design

ZAMPHIA 2016 used a two-stage stratified cluster sample design, where the first stage selected 511 enumeration areas (EAs) from the 2010 Census of Population and Housing in Zambia, using a probability proportional to size method. The second stage randomly selected a sample of households in each EA (cluster) using an equal probability method, where the average number of households selected per cluster was 27 and the actual number of households selected per cluster ranged from 11 to 48. The sampling frame for the second stage was defined based on a household listing exercise conducted from August to September 2015, prior to the initiation of data collection.

The sample size of selected households was calculated to provide a representative national estimate of HIV incidence among adults aged 15-59 years with a relative standard error less than or equal to 31.2%, as well as representative provincial estimates of VLS prevalence among HIV-positive adults aged 15-59 years with 95% confidence intervals (CIs) $\pm 11.0\%$. One-half of households were randomly selected for inclusion of children aged 0-14 years, which was designed to provide a representative national estimate of pediatric HIV prevalence with a relative standard error $\leq 14.6\%$. The target sample size was 19,168 for adults aged 15-59 years, and 8,974 for children aged 0-14 years.

Table 2.1.A Distribution of sampled enumeration areas and households, by province

Province	Enumeration areas			Households		
	Urban	Rural	Total	Urban	Rural	Total
Central	10	32	42	255	842	1097
Copperbelt	60	14	74	1621	311	1932
Eastern	6	43	49	130	1147	1277
Luapula	6	26	32	159	676	835
Lusaka	69	16	85	1860	381	2241
Muchinga	8	42	50	258	1050	1308
Northern	8	35	43	233	941	1174
North-Western	9	40	49	297	1008	1305
Southern	15	40	55	414	1022	1436
Western	3	29	32	120	716	836
Total	194	317	511	5347	8094	13441

Appendix A. Sample Design and Implementation provides a more detailed explanation of the sampling and weighting processes.

2.2 Eligibility Criteria, Recruitment, and Consent Procedures

Participants were eligible if they were literate in one of the survey languages or could provide a literate witness and were willing and cognitively able to provide consent. The eligible survey population included:

- Children aged 0-9 years living in residential households, and child visitors who slept in the household the night before the survey, whose parents or guardians were able to provide consent for their participation.
- Young people aged 10-17 years living in residential households, and young visitors who slept in the household the night before the survey, willing and able to provide assent and whose parents or guardians provided permission.
- Women and men aged 18-59 years living in residential households, and visitors who slept in the household the night before the survey, who were able to provide consent in one of the eight survey languages (English, Bemba, Nyanja, Lozi, Tonga, Lunda, Luvale, or Kaonde).

A designated head of household provided written consent for household members to participate in the survey on an electronic informed consent form administered using a tablet (Appendix H). Individual members were then rostered during a household interview. Persons aged 15-59 (note that parental permission and participant assent were obtained for adolescents 15 to 17 years of age) and emancipated minors (minors 15-17 years of age who are married, have children and or living without parental/guardian supervision) then provided written consent for an interview on the tablet. After completing the interview, they provided written consent for participation in the biomarker component of the survey, which included home-based testing and counseling (HBTC) for HIV, hepatitis B, and syphilis (for persons 15-59 years of age) with return of HIV test results and CD4 count results for those who tested HIV positive, during the household visit. If an individual did not want to receive his or her HIV test result, it was considered a refusal and the survey was stopped. Adults were also asked for written consent for their blood samples to be stored in a repository for future testing. At each stage of the consent process, consent was indicated by signing or making a mark on the consent form on the tablet and on a printed copy, which was retained by the participant.

Adolescents aged 10-14 years were asked for assent to the interview and biomarker components after permission was granted by their parents or guardians. Parents or guardians provided consent directly for minors below the age of assent (ages 0-9 years). In both cases, if a parent or guardian did not want to receive his or her HIV test result, this was considered a refusal and the survey was concluded. Procedures with non-literate participants, or participants with a sight disability, involved the use of an impartial witness, chosen by the potential participant who also signed or made a mark on the consent form on the tablet and the printed copy. If no witness could be identified, the potential participant or household (if the head of household was illiterate) was deemed ineligible.

Note: only those who slept in the household in the night prior to the survey were included in analysis and creation of the dataset.

2.3 Survey Implementation

Training of Field and Laboratory Staff

Survey staff received training on both the contents of the data collection instruments and tablet use. The training curriculum included:

- Scientific objectives of the survey
- Survey design and methods
- Completion of survey forms
- Data collection
- Staff responsibilities
- Recruitment of participants
- Informed consent procedures, including human subjects' protection, privacy, and confidentiality
- Blood collection for children and adults, including venipuncture and finger/heel stick
- Home-based HIV testing and counseling (HBTC)
- CD4 count measurement using Point of Care PIMA Analyzer
- Referral of participants to health and social services
- Management and transportation of blood specimens
- Biosafety
- Communication skills
- Protocol deviations, adverse events, and reporting of events

Laboratory staff were trained in specimen management, including sample processing, labeling, and quality assurance (QA). Central laboratory staff were trained in viral load (VL) measurement, early infant diagnosis (EID), HIV confirmatory testing, and HIV recency testing using the Limiting Antigen (LAG) Avidity enzyme immunoassay.

Survey Staff

Field work started on March 1, 2016 and completed by August 31, 2016. A total of 47 field teams conducted the survey; however, at any given time, there were a maximum of 37 teams in the field. Each team was composed of one team leader, two interviewers, two nurse counselors, one midwife, and one laboratory technician. Survey personnel were selected based on local language proficiency and profession. While all survey personnel had the responsibility of obtaining consent and administering the interview, nurse counselors, midwives, and laboratory technicians also conducted phlebotomy and other duties as needed. In addition, nurse counselors and midwives provided adult and pediatric HIV counseling.

Over 40 laboratory staff processed samples and performed additional tests for HIV-1 viral load, infant virological testing, and quality control (QC) and QA. Teams were supervised by three or four provincial supervisors at a time, along with 40 rotating field monitors who performed spot-checks of teams in the field, providing technical support and assistance where needed. National and international monitors routinely provided direct observation of field work and QA.

Community Sensitization and Mobilization

In coordination with the MOH, the Ministry of Community Development and Social Work, CSO, the National HIV/AIDS/STI/TB Council, the Network of Zambian People Living with HIV, and the Treatment

Advocacy and Literacy Campaign, community mobilization was organized to maximize community support and participation rates at the national and subnational levels. The mobilization began with a high-level national launch meeting that included key national and regional leaders, mass media, and other stakeholders before the survey field work commenced. Community mobilization teams visited each enumeration area approximately two to three weeks prior to initiation of data collection and partnered with community health workers to meet key gatekeepers in the communities (chiefs, village headmen, local government officials, and religious and community leaders). Community mobilizers consulted with community leaders and provided them with information about the survey to share with their community members. Mobilizers also held community meetings, disseminated written informational materials, such as brochures and posters, and held discussions with selected households and other community residents.

Questionnaire Data Collection

Questionnaire and field laboratory data were collected on mobile tablet devices using an application programmed in Open Data Kit, an open-source mobile data collection application. The household interview collected information on household residents, assets, economic support, recent deaths, and orphans and vulnerable children (Appendix E). The adult interview was administered to participants aged 15-59 years and included modules on demographic characteristics, sexual and reproductive health, marriage, male circumcision, sexual activity, HIV/AIDS knowledge and attitudes, the HIV testing and treatment history, TB and other health conditions, alcohol use, and gender norms (see Appendix F). Participants who self-reported being HIV positive were asked questions about their HIV care experience. Parents also answered questions about their children's (ages 0-14 years) health and participation in HIV testing and care services as a part of the adult interview. In addition, one woman between the ages of 15-59 years in each household was randomly selected to answer questions about her experiences with violence. Participants of any age who reported being victims of violence and minors who reported being victims of sexual exploitation were provided with referrals to social services. Female participants were interviewed by female staff, and male participants by male staff, whenever possible. The questionnaire was administered in the eight languages most commonly used in Zambia. The English, Bemba, Nyanja, Lozi, Tonga, Lunda, Luvale, and Kaonde versions of the questionnaires were reviewed and tested thoroughly for acceptability, feasibility, and flow of questions.

Adolescents 10-14 years of age participated in an interview that included questions on demographic characteristics, HIV stigma, knowledge and risk perception, exposure to HIV prevention interventions, sexual behavior, social norms, HIV testing, alcohol and drugs, parental support, and violence (Appendix G).

Supervision

Data-collection teams were regularly supervised by teams of national supervisors/monitors from the MOH, CSO, CDC, ICAP, TDRC, and UNZA. All institutions provided national supervisors/monitors, who rotated throughout the duration of the survey to perform intensive team monitoring, supervision, laboratory, and information technology support based on team metrics and performance. ICAP and CDC international staff conducted monitoring visits routinely to ensure adherence to protocol and standard operating procedures throughout the duration of the survey.

Regional statisticians from the CSO, who were permanently based in their respective provinces and were trained supervisors, assisted with hands-on troubleshooting, replenishment of forms and supplies, and community mobilization and entry procedures.

These supervision/monitoring teams visited the field teams across the country to deliver survey supplies, perform quality checks on data completeness, provide technology support, assess mobilization efforts, and help address challenges to data collection. Regular debriefing sessions were held between field-based supervisors and monitoring teams. Supervision reports were circulated to principal investigator institutions and the ZAMPHIA Technical Working Group to respond to any issues.

Electronic monitoring system

An electronic dashboard system was established to monitor the progression of the survey. The dashboard summarized data uploaded to the PHIA server daily. The dashboard tracked coverage and completion of EAs, sampled households, household response, eligible household members providing consent to the interview, and biomarker components of the survey, blood draws, response rates (RRs), and overall progress towards the achievement of the target sample.

2.4 Field-Based Biomarker Testing

Blood Collection

Blood was collected by qualified survey staff from consenting participants, including 14 mL of venous blood from persons aged 15-59 years; 6 mL from persons aged 2-14 years; and 1 mL of capillary blood from children aged 0-23 months (via finger-stick for children aged 6-23 months and heel-stick for children under 6 months of age).

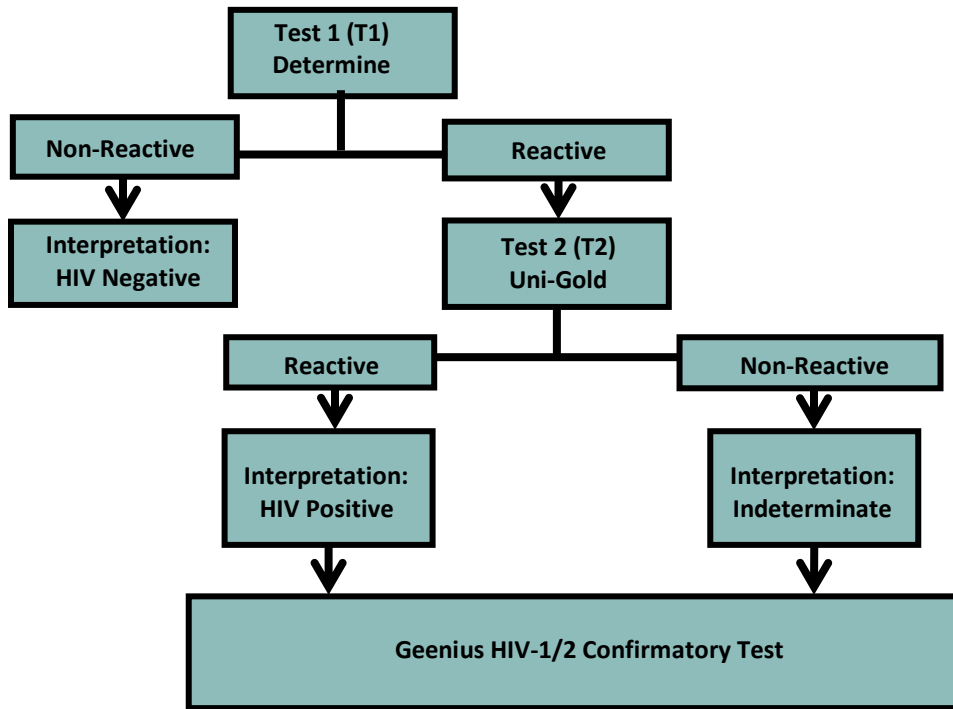
Blood samples were labeled with a unique bar-coded participant identification number and stored in temperature-controlled cooler boxes. At the end of each day, samples were transported to a satellite laboratory for processing into plasma and frozen within 24 hours of blood collection and stored in Sarstedt 2.0 mL polypropylene tubes.

HIV Home-Based Testing and Counselling (HBTC)

HIV HBTC was conducted in each household in accordance with national guidelines (Figure 2.4.A). HIV-seropositive participants were referred to HIV care and treatment services at a health facility of their choice. For children under the age of disclosure (children under 18 years of age), results were provided to a parent or guardian.

As per Figure 2.4.A, individuals with a non-reactive result on the screening test (Determine™ HIV-1/2 [Abbott Molecular Inc., Des Plaines, Illinois, United States]) were reported as HIV negative. Individuals with a reactive screening test result underwent confirmatory testing using Uni-Gold™ (Trinity Biotech, plc. Wicklow, Ireland). Those with a reactive result on both screening and confirmatory tests were classified as HIV positive. Individuals with a reactive screening test result followed by a non-reactive confirmatory test result were classified as indeterminate and counseled to attend a facility for a repeat test in 4 weeks, per national guidelines. For children less than the age of 18 months, only the screening test (Determine) was performed in the household. If the test was reactive, HIV total nucleic acid (TNA) polymerase chain reaction (PCR) testing (HIV TNA PCR) for virological testing of HIV infection was performed in the central laboratory as described below. The ability of rapid tests to detect HIV antibodies among people in the serological window of infection, HIV antibodies in patients on ART, and maternal HIV antibodies among infants aged four months or older born to HIV-positive women, is an inherent limitation of the study. Participants in the first two categories are not expected to be a significant source of bias; further analysis will identify how many infants born to HIV-positive women were not identified by a rapid test.

Figure 2.4.A Household-based HIV-testing algorithm¹, ZAMPHIA 2016



¹ This figure only applies to individuals aged 18 months or older.

Anthropometric Assessment

Height and weight measurements were obtained for all children aged 0-5 years who tested HIV positive during HBTC. Among HIV-negative children, 5.0% were also included for laboratory QC testing.

CD4 Cell Count Measurement

Participants aged 0-59 years who tested HIV positive during HBTC received a CD4 count measurement in the field by qualified survey staff, using the Pima™ CD4 Analyzer (Abbott Molecular Inc., Chicago, Illinois, United States, formerly Alere). In addition, a random sample of 5.0% of HIV-negative participants also received CD4 count measurement.

Hepatitis B Testing

Testing for hepatitis B virus infection was conducted in each household for participants of all ages using a serological hepatitis B surface antigen rapid diagnostic test, Determine HBsAg (Abbott Molecular Inc., Chicago, Illinois, United States, formerly Alere), which is indicative of acute or chronic hepatitis B virus infection.

Syphilis Testing

Testing for syphilis infection was conducted in each household among participants aged 15-59 years using the DPP Syphilis Screen and Confirm Assay (Chembio, Medford, NY) for the simultaneous detection of antibodies against non-Treponemal and *Treponema pallidum* antigens, with confirmatory testing using the SD BIOLINE Syphilis 3.0 (Abbott Molecular Inc., Chicago, Illinois, United States). SD BIOLINE was used for confirmatory testing as it is approved by the Zambian Government.

2.5 Laboratory-Based Biomarker Testing

Satellite and Central Laboratories

A total of 22 satellite laboratories for the survey were established in a combination of existing health facility laboratories and mobile laboratories. One central referral laboratory was chosen for more specialized tests. At each satellite laboratory, trained technicians processed whole blood into plasma aliquots and dried blood spot samples for storage at -20°C, HIV confirmatory testing, and QA testing. Confirmatory testing, using the Geenius HIV 1/2 Supplemental Assay (Bio-Rad, Bio-Rad, Hercules, California, United States), was conducted on all samples that tested HIV positive during HBTC. For QA of the HIV rapid-testing conducted in the field, retesting, using the national HIV rapid-testing algorithm, was performed in the laboratory upon the first 50 samples tested by each field tester, and subsequently all indeterminate samples, along with a random sample of 5.0% of specimens that tested HIV negative during HBTC. Central laboratory procedures included VL testing, HIV TNA PCR for infant virological testing and for confirmation of status of those who self-reported being HIV positive but tested negative in HBTC, HIV recency testing, and long-term storage of samples at -80°C.

Testing of HBTC-Indeterminate Results

Samples that yielded indeterminate results during HBTC were retested in the laboratory using the national HIV rapid-testing algorithm. Those with HIV-positive or indeterminate retesting results underwent confirmation with the Geenius HIV 1/2 Supplemental Assay (Bio-Rad).

Viral Load Testing

HIV-1 VL (HIV RNA copies per mL) of confirmed HIV-positive participants was measured on the Roche COBAS AmpliPrep Instrument and COBAS TaqMan 48 Analyzer using the COBAS AmpliPrep/COBAS TaqMan HIV-1 Test, v2.0 (Roche Molecular Diagnostics, Branchburg, New Jersey, United States). HIV-1 VL from dried blood spot specimens, from children and adults with insufficient volume of plasma, was measured on the Abbott m2000 RealTime system using the Abbott RealTime HIV-1 Assay (Abbott Molecular, Wiesbaden, Germany).

Viral load results were returned within approximately six to eight weeks to the health facility chosen by each HIV-positive participant. Additionally, participants were provided with a referral form during HBTC for subsequent retrieval of their results. Survey staff also contacted each participant informing them that their VL results were available at the chosen facility and further advising them to seek care and treatment.

Infant Virological Testing

For infants under the age of 18 months who screened positive for HIV during HBTC, virological testing was conducted via HIV TNA PCR, on the Roche COBAS AmpliPrep Instrument and COBAS TaqMan 48 Analyzer using the COBAS AmpliPrep/COBAS Taqman HIV-1 Qualitative Test (Roche Molecular Diagnostics, Branchburg, New Jersey, United States). Results were returned to a health facility selected by the child's parent or guardian within approximately six to eight weeks, and survey staff also contacted the parent or guardian to inform them that the child's results were available at the facility.

HIV Recency Testing Algorithm

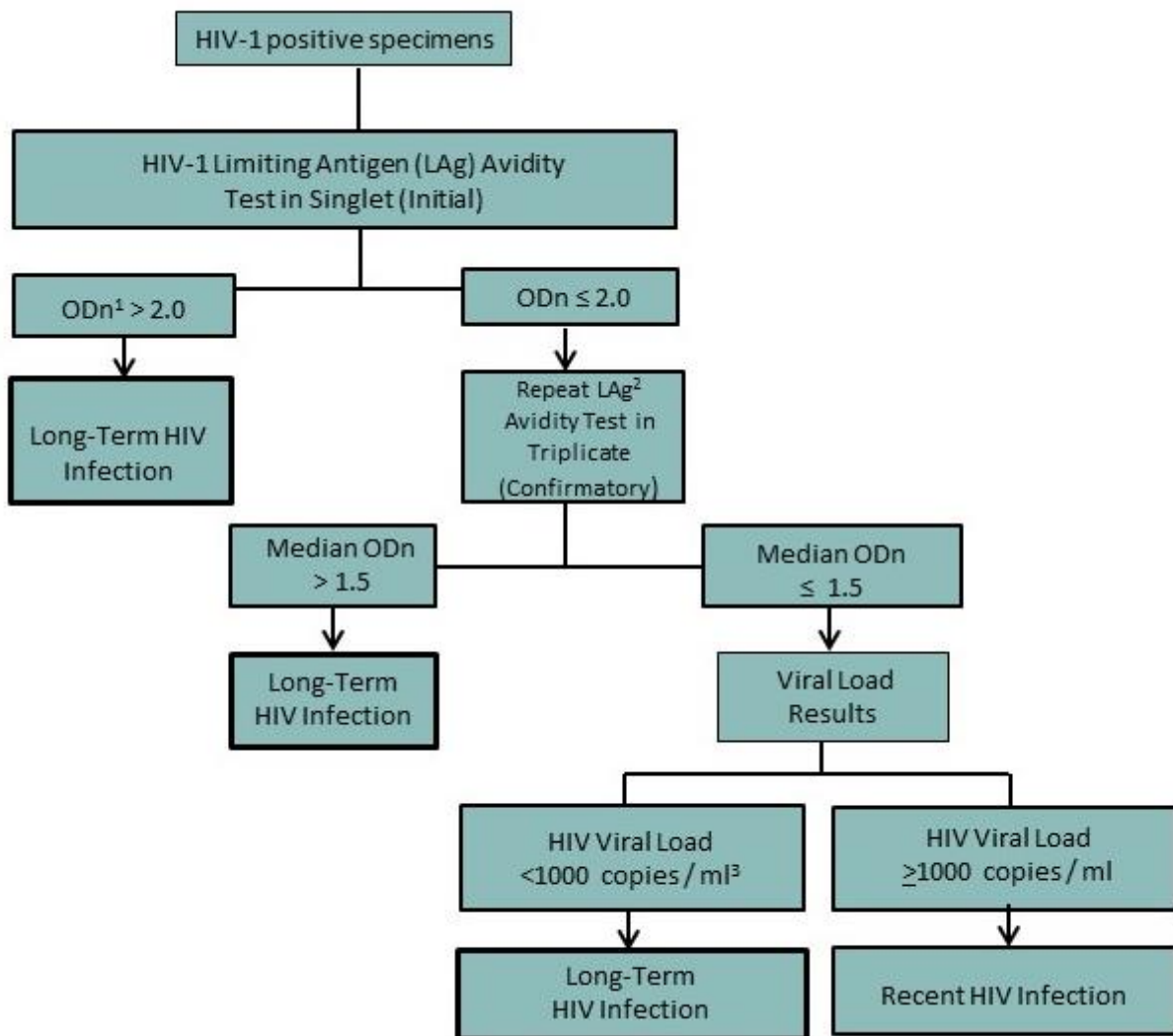
To distinguish recent from long-term HIV infections, in order to estimate incidence of participants aged 18 months-59 years, the survey used two different laboratory-based testing algorithms. Each algorithm employed a combination of assays: 1) HIV-1 LAg Avidity enzyme immunoassay (EIA) (Sedia Biosciences

Corporation, Portland, Oregon, United States) and VL (Figure 2.5.A) and 2) HIV-1 LAg Avidity EIA, VL, and ARV detection (Figure 2.5.B), as described in Appendix B.

Specimens with a median normalized optical density (ODn) of ≤ 1.5 were classified as potentially recently HIV-infected samples and underwent VL testing for further classification. Specimens with a VL of $< 1,000$ copies/mL were classified as long-term infections, while those with a VL of $\geq 1,000$ copies/mL were classified as recent infections (Figure 2.5.A). In the ARV-adjusted algorithm, specimens with VL $\geq 1,000$ copies/mL and with detectable ARVs were classified as long-term infections. Specimens with VL $\geq 1,000$ copies/mL and without detectable ARVs were classified as recent infections.

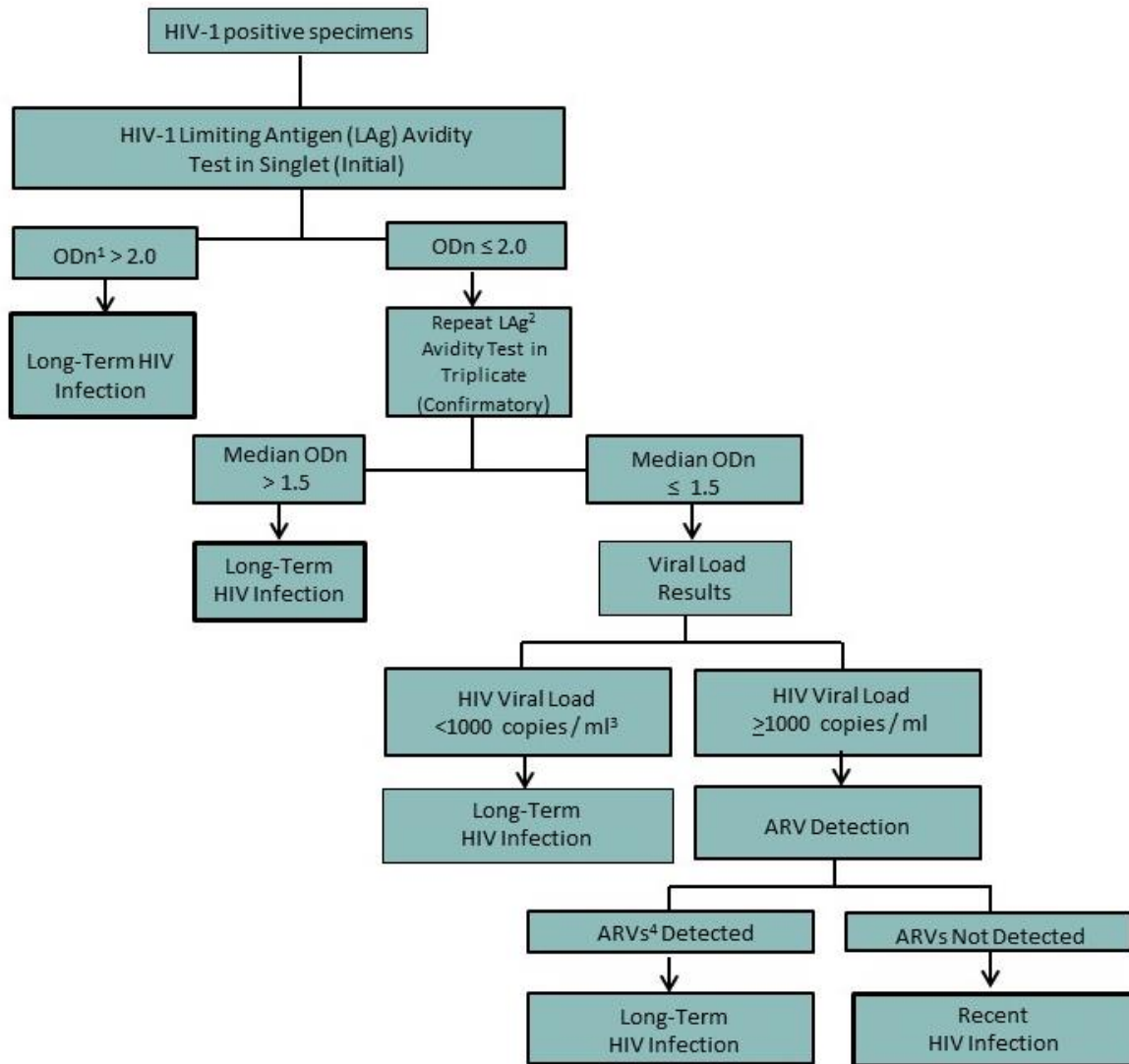
The ZAMPHIA protocol for all procedures described was reviewed and approved by the TDRC Ethical Review Committee, the Institutional Review Board at Columbia University, the Zambia National Health Research Authority and the CDC.

Figure 2.5.A HIV-1 recent infection testing algorithm (LAg/VL algorithm), ZAMPHIA 2016



¹ODn: normalized optical density; ²LAg: Limiting Antigen; ³ml: milliliter

Figure 2.5.B HIV-1 recent infection testing algorithm (LAg/VL/ARV algorithm), ZAMPHIA 2016



¹ODn: normalized optical density; ²LAg: Limiting Antigen; ³ml: milliliter; ⁴ARV: antiretroviral

Detection of Antiretroviral Drug Resistance

HIV resistance to ARVs was assessed for all HIV-positive participants, 18 months of age and older, classified as recent HIV infections and a small subset of confirmed long-term infections. In addition, all infants less than the age of 18 months with confirmed infection were evaluated to determine vertical transmission of ARV-resistant HIV. Mutations in the HIV protease and reverse transcriptase genes that confer ARV drug resistance (according to the Stanford drug resistance database) were detected simultaneously by use of the CDC in-house multiplex allele-specific drug resistance assay.

Specimens were sent to CDC in the United States where testing was performed at the International Laboratory Branch, a World Health Organization (WHO) accredited laboratory for drug resistance testing.

Detection of Antiretrovirals

Qualitative screening for detectable concentrations of ARVs was conducted on DBS specimens from all HIV-positive adults and children by means of high-resolution liquid chromatography coupled with tandem mass spectrometry. The method used for ARV detection was a modified version of the methodology described by Koal et al.¹ This qualitative assay was highly specific, as it separates the parent compound from the fragments, and highly sensitive, with a limit of detection of 0.02 µg/mL for each drug, and a signal-to-noise ratio of at least 5:1 for all drugs. As detection of all ARVs in use at the time of the survey was cost-prohibitive, three ARVs, efavirenz, atazanavir and lopinavir, were selected as markers for the most commonly prescribed first and second line regimens. Samples from participants who had suppressed viral loads and/or self-reported on ART, but had no evidence of the first three compounds, were tested for nevirapine. These ARVs were also selected based on their relatively long half-lives, allowing for a longer period of detection following intake.

Detection of ARVs is considered indicative of participant use of a given drug at the time of blood collection. Results below the limit of detection among individuals who self-reported on ART indicate that there was no recent exposure to the regimen and that adherence to a prescribed regimen is sub-optimal, but cannot be interpreted as “not on ART.” In addition, given the limited number of ARVs selected for detection, their absence could not rule out the use of other ART regimens that do not include them.

ARV detection was performed by the Division of Clinical Pharmacology of the Department of Medicine at the University of Cape Town in South Africa.

2.6 Data Processing and Analysis

Completed household and individual questionnaires and field laboratory data were submitted electronically to a cloud server and stored in a secure PostgreSQL database. Data were automatically removed from the tablet after secure transmission to the central server. A web-based, automated reporting tool drew raw data from the survey server on a weekly basis to generate predefined reports. These summarized key statistics for survey monitoring and management, with reports generated for the survey team, the government of the Republic of Zambia through the MOH, ICAP at Columbia, the University Teaching Hospital, CDC, CSO, TDRC, and UNZA.

Data cleaning was conducted using SAS 9.4. Laboratory data were cleaned and merged with the final questionnaire database using unique specimen barcodes and study identification numbers. Sampling weights were computed to adjust for probability of selection, nonresponse, and noncoverage. All results presented in the report are based on weighted estimates unless otherwise noted.

Analysis weights account for sample selection probabilities and are adjusted for nonresponse and noncoverage. Nonresponse adjusted weights were calculated for households, individual interviews, and individual blood draws in a hierarchical form. Adjustment for nonresponse for initial individual and blood-level weights was based on the development of weighting adjustment cells defined by a combination of variables that are potential predictors of response and HIV status. The nonresponse adjustment cells were constructed using the Chi-square Automatic Interaction Detector (CHAID) algorithm. The cells were defined based on data from the household interview for the adjustment of individual-level weights, and from both the household and individual interviews for the adjustment of blood sample-level weights. Post-stratification adjustments were implemented to compensate for noncoverage in the sampling process. This final adjustment calibrated the nonresponse-adjusted

individual and blood weights to make the sum of each set of weights conform to national population totals by sex and five-year age groups.

Descriptive analyses of response rates, characteristics of respondents, HIV prevalence, CD4 count distribution, HIV testing, self-reported HIV status, self-reported ART, VLS, PMTCT indicators, and sexual behavior were conducted using SAS 9.4.

Incidence estimates were based on the number of HIV infections identified as recent with the HIV-1 LAg Avidity plus VL algorithm, and obtained using the formula recommended by the WHO Incidence Working Group and Consortium for Evaluation and Performance of Incidence Assays, and with assay performance characteristics of a mean duration of recent infection (MDRI) = 130 days (95% CI: 118, 142), a time cutoff (T) = 1.0 year and percentage false recent (PFR) = 0.00.

2.7 Response Rates

Of the 13,441 households selected for this survey, 12,193 were occupied, and 89.4% of these completed a household interview. The urban and rural weighted household response rates were almost exactly the same at 89.5% and 89.2%, respectively (Table 2.7.A).

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	5,347	8,094	13,441
Households occupied	4,989	7,204	12,193
Households interviewed	4,494	6,463	10,957
Household response rate ¹ (unweighted)	89.6	88.8	89.1
Household response rate ¹ (weighted)	89.5	89.2	89.4

¹Household response rate was calculated using the American Association for Public Opinion Research (AAPOR) Response Rate 4 (RR4) method:
http://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf

Of the 13,317 eligible women and 11,346 eligible men aged 15-59 years, 90.8% of women and 80.4% of men were interviewed. The response rate for biomarker testing among those who completed an individual interview was 88.5% for males and 90.3% for females (Table 2.7.B). Of the 3,593 eligible children aged 10-14 years, 74.6% of males and 79.1% of females completed an interview, while similar percentages of males (90.9%) and females (90.6%) completed biomarker testing. Of 8,053 eligible children aged 0-9 years, about two-thirds (66.9% for males and 66.7% for females) had their blood drawn (Table 2.7.B).

Table 2.7.B Interview and blood draw response rates

Number of eligible individuals and response rates for individual interviews¹ and blood draws² (unweighted and weighted), by residence and sex, ZAMPHIA 2016

Result	Residence					
	Urban		Rural		Total	
	Males	Females	Males	Females	Males	Females
Eligible individuals, age 0-9 years						
Number of eligible individuals	1,399	1,456	2,637	2,561	4,036	4,017
Blood draw response rate (unweighted)	68.0	68.4	67.8	67.7	67.8	68.0
Blood draw response rate (weighted)	67.6	68.6	66.5	65.6	66.9	66.7
Eligible individuals, age 10-14 years						
Number of eligible individuals	659	700	1,170	1,064	1,829	1,764
Interview response rate (unweighted)	78.3	79.0	73.9	80.4	75.5	79.8
Interview response rate (weighted)	78.3	78.8	72.5	79.2	74.6	79.1
Blood draw response rate (unweighted)	91.9	92.2	91.2	90.4	91.5	91.1
Blood draw response rate (weighted)	92.0	92.0	90.2	89.7	90.9	90.6
Eligible individuals, age 15-24 years						
Number of eligible individuals	1,885	2,470	2,452	2,735	4,337	5,205
Interview response rate (unweighted)	79.6	88.7	81.6	87.6	80.7	88.1
Interview response rate (weighted)	79.4	88.3	81.4	87.9	80.5	88.1
Blood draw response rate (unweighted)	90.4	91.9	89.9	89.8	90.1	90.8
Blood draw response rate (weighted)	90.5	92.0	89.6	89.4	90.0	90.6
Eligible individuals, age 15-49 years						
Number of eligible individuals	4,705	5,660	5,653	6,532	10,358	12,192
Interview response rate (unweighted)	73.9	89.6	85.4	91.6	80.2	90.7
Interview response rate (weighted)	73.2	89.3	85.3	91.6	79.8	90.5
Blood draw response rate (unweighted)	87.6	91.4	89.3	89.9	88.6	90.6
Blood draw response rate (weighted)	87.5	91.4	89.0	89.4	88.3	90.3
Eligible individuals, age 15-59 years						
Number of eligible individuals	5,093	6,125	6,253	7,192	11,346	13,317
Interview response rate (unweighted)	74.3	89.7	86.1	92.0	80.8	90.9
Interview response rate (weighted)	73.6	89.4	86.0	92.0	80.4	90.8
Blood draw response rate (unweighted)	87.6	91.5	89.6	89.9	88.8	90.6
Blood draw response rate (weighted)	87.5	91.5	89.4	89.4	88.5	90.3

¹Interview response rate = number of individuals interviewed/number of eligible individuals

²Blood draw response rate = number of individuals who provided blood/number of individuals interviewed

2.8 References

1. Koal T, Burhenne H, Römling R, Svoboda M, Resch K, Kaefer V. Quantification of ARV drugs in dried blood spot samples by means of liquid chromatography/tandem mass spectrometry. *Rapid Commun Mass Spectrom*, 2005, 19(21) 2995-3001.

3 SURVEY HOUSEHOLD CHARACTERISTICS

3.1 Key Findings

- Among all households, 74.5% were headed by males and 25.5% by females.
- Among female household heads, 31.5% were HIV positive, as compared to 14.0% of male household heads.
- Among all households, 21.5% have at least one HIV-positive household member.

3.2 Background

This chapter describes the characteristics of households surveyed in ZAMPHIA 2016. Household composition is described in terms of sex of the head of the household, as well as the size of the household. The age structure of the de facto household population is described by sex as well as urban/rural residence. This chapter also describes the prevalence and composition of households impacted by HIV, which are households with one or more HIV-positive member.

3.3 Household Composition

ZAMPHIA documented 50,859 individuals living in the surveyed households. As is frequently the case in southern African countries, the population skews young. In urban areas, 40.6% of the population was under the age of 15 years. In rural areas, nearly 50% of the household population was under the age of 15 years. In rural areas, 10.0% of the household population was over the age of 50 years, whereas in urban areas 8.4% of the household population was over the age of 50 years. (Table 3.3.C).

Among the de facto population, 56.3% were under the age of 20 years. Women of childbearing age (ages 15-49 years) comprise 24.1% of the population. Those aged 50 years and older comprised 9.4% of the population (Figure 3.3.A; Table 3.3.B).

Overall, 74.5% of all households were headed by males. This was the case in both rural (74.2%) and urban areas (75.1%). Households had a median size of five members, and the median number of children under the age of 18 years per household was two (Table 3.3.A).

Table 3.3.A Household composition

Percent distribution of households by sex of head of household; median size of household and median (Q1¹, Q3²) number of children under 18 years of age, by residence, ZAMPHIA 2016

Characteristic	Residence				Total	
	Urban		Rural		Percent	Number
	Percent	Number	Percent	Number		
Household headship						
Male	75.1	3,361	74.2	4,798	74.5	8,159
Female	24.9	1,133	25.8	1,665	25.5	2,798
Total	100.0	4,494	100.0	6,463	100.0	10,957

Characteristic	Residence				Total	
	Urban		Rural		Median	Q1, Q3
	Median	Q1, Q3	Median	Q1, Q3		
Size of households	5	(3, 6)	5	(3, 7)	5	(3, 6)
Number of children under 18 years of age	2	(1, 3)	3	(1, 4)	2	(1, 4)

¹ Q1: quartile one
² Q3: quartile three

Table 3.3.B Distribution of de facto household population by age and sex

Percent distribution of the de facto household population, by five-year age groups and sex, ZAMPHIA 2016

Age	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
0-4	7.9	4,015	8.1	4,100	16.0	8,115
5-9	8.0	4,093	8.0	4,045	16.0	8,138
10-14	6.9	3,566	7.0	3,556	13.9	7,122
15-19	5.0	2,543	5.5	2,799	10.4	5,342
20-24	3.6	1,847	4.8	2,447	8.5	4,294
25-29	2.9	1,494	3.9	1,969	6.8	3,463
30-34	3.0	1,497	3.5	1,749	6.5	3,246
35-39	2.4	1,232	2.7	1,388	5.2	2,620
40-44	2.2	1,099	2.3	1,162	4.4	2,261
45-49	1.5	768	1.4	745	3.0	1,513
50-54	1.1	575	1.3	677	2.4	1,252
55-59	0.8	420	0.9	455	1.7	875
60-64	0.7	356	1.0	479	1.7	835
65-69	0.5	277	0.7	360	1.3	637
70-74	0.4	210	0.6	278	1.0	488
75-79	0.3	145	0.3	164	0.6	309
≥80	0.3	169	0.3	180	0.7	349
Total	47.7	24,306	52.3	26,553	100.0	50,859

Table 3.3.C Distribution of de facto household population by age, sex, and residence

Percent distribution of the de facto household population, by sex, age, and residence, ZAMPHIA 2016

Age	Urban					
	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
0-4	14.9	1,417	13.5	1,482	14.1	2,899
5-14	27.2	2,647	26.0	2,838	26.5	5,485
15-49	49.8	4,768	52.0	5,691	51.0	10,459
≥50	8.2	788	8.6	949	8.4	1,737
Total	100.0	9,620	100.0	10,960	100.0	20,580

Age	Rural					
	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
0-4	17.7	2,598	16.8	2,618	17.2	5,216
5-14	33.9	5,012	30.6	4,763	32.2	9,775
15-49	39.1	5,712	41.9	6,568	40.5	12,280
≥50	9.3	1,364	10.7	1,644	10.0	3,008
Total	100.0	14,686	100.0	15,593	100.0	30,279

Figure 3.3.A Distribution of the de facto population by sex and age, ZAMPHIA 2016

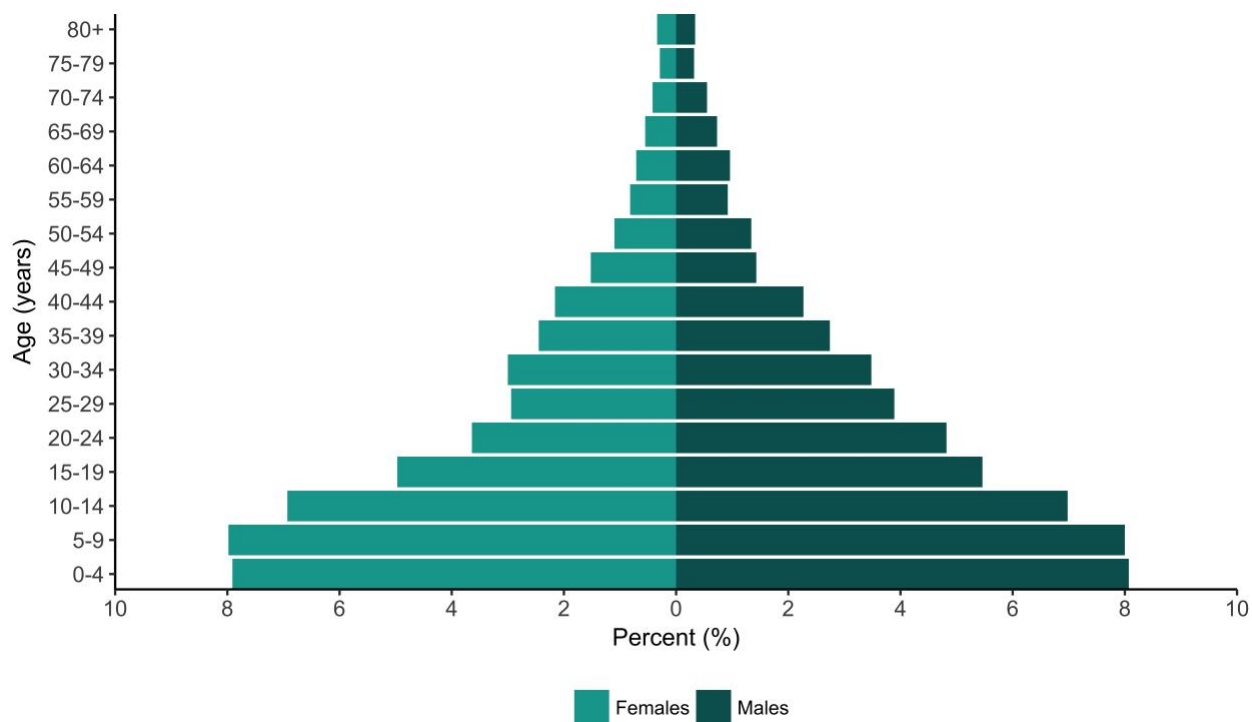
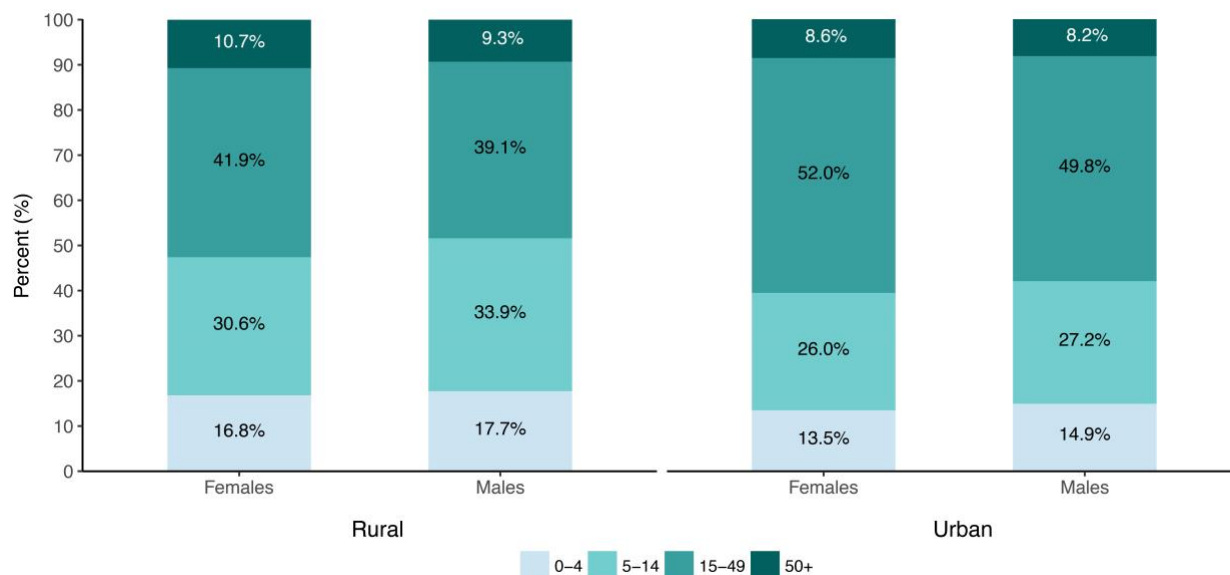


Figure 3.3.B Household population by age, sex, and residence, ZAMPHIA 2016



3.4 Prevalence of HIV-Affected Households

Tables 3.4.A, 3.4.B and 3.4.C provide information about the extent to which households in Zambia have been affected by the HIV epidemic.

Overall, 21.5% of households had at least one HIV-positive household member, with 29.0% of urban and 16.0% of rural households being affected (Table 3.4.A). Among those households with any HIV-positive members, 74.5% had one HIV-positive person, while 22.3% had two HIV-positive household members and 2.8% had three. These percentages were similar for urban and rural households (Table 3.4.B).

Table 3.4.A Prevalence of HIV-affected households

Percentage of households with at least one household member who tested HIV positive, by residence, ZAMPHIA 2016		
Residence	Percent	Number
Urban	29.0	3,960
Rural	16.0	5,419
Total	21.5	9,379

Table 3.4.B HIV-affected households by number of HIV-positive members

Among households with at least one HIV-positive household member, percent distribution of households by number of HIV-positive household members, by residence, ZAMPHIA 2016

Number of HIV-positive household members	Residence					
	Urban		Rural		Total	
	Percent	Number	Percent	Number	Percent	Number
1	75.9	874	72.7	619	74.5	1,493
2	20.7	240	24.4	202	22.3	442
3	(3.0)	32	*	20	2.8	52
4	*	4	*	2	*	6
5	*	0	*	1	*	1
≥6	*	0	*	0	*	0
Total	100.0	1,150	100.0	844	100.0	1,994

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution. An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

Nationally, the household head was HIV positive for 18.8% of households. This figure differs substantially for female-headed and male-headed households, with 31.5% of female household heads being HIV positive, compared to 14.0% of male household heads.

Table 3.4.C Prevalence of households with an HIV-positive head of household

Percentage of households with an HIV-positive head of household, by sex of head of household, ZAMPHIA 2016

Sex of head of household	Percent	Number
Male	14.0	4,564
Female	31.5	1,707
Total	18.8	6,271

Figure 3.4.A Prevalence of HIV-affected households by residence, ZAMPHIA 2016

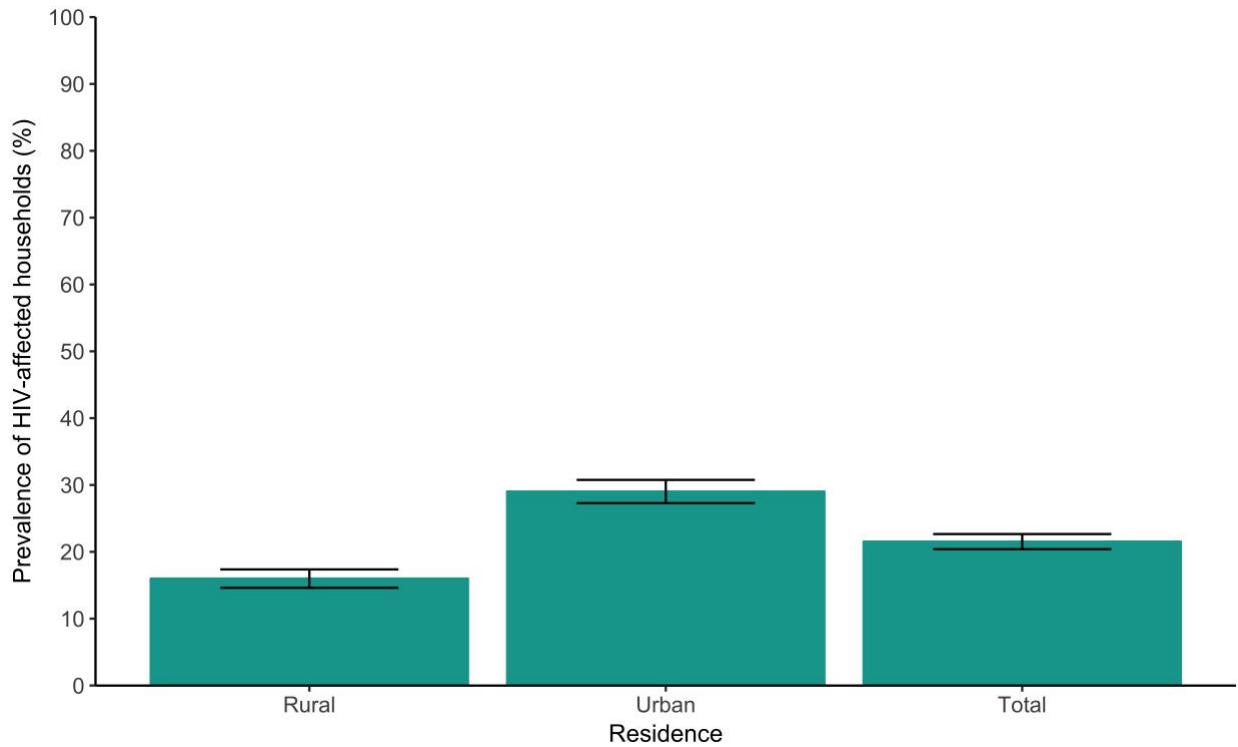
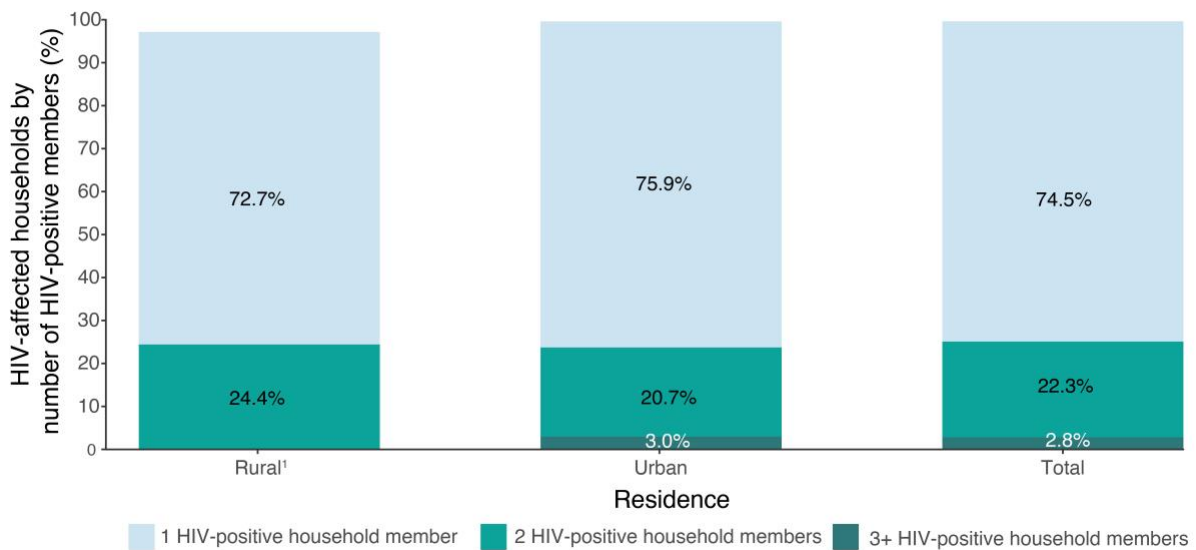
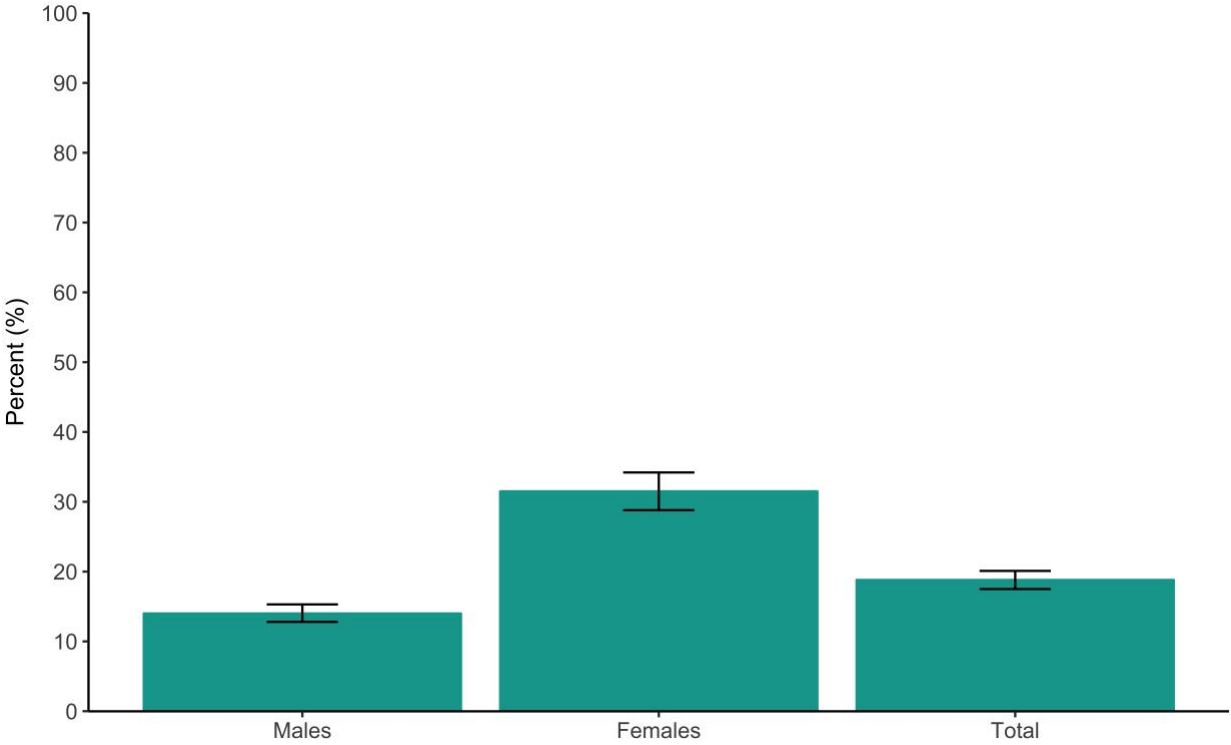


Figure 3.4.B HIV-affected households by number of HIV-positive members and residence, ZAMPHIA 2016



¹The estimate for 3+ HIV in the rural areas has been suppressed because it is based on fewer than 25 unweighted cases.

Figure 3.4.C Prevalence of households with an HIV-positive head of household by sex, ZAMPHIA 2016



4 SURVEY RESPONDENT CHARACTERISTICS

4.1 Key Findings

- The largest proportion of the population was located in Lusaka (20.1%) and the smallest in North-Western Province (5.2%).
- Among males, 49.4% reported secondary education as their highest level of schooling attended, compared to 39.6% of the female population.

4.2 Background

The ZAMPHIA 2016 survey assessed key indicators and outcomes for children, adolescents, and adults. To provide context for these outcomes, this chapter summarizes the basic demographic and socioeconomic characteristics of survey respondents. In this report, most key indicators are stratified according to these characteristics.

4.3 Demographic Characteristics of the Adult Population

Respondents

A total of 21,280 persons aged 15-59 years participated in the survey's individual interviews (9,171 males and 12,109 females). Slightly more than half of the total population lived in rural areas of the country (54.3%) at the time of the survey. The proportion of the population located in Lusaka was 20.1% compared to 5.2% located in North-Western Province. The distribution of adults ranged from 3.4% of those aged 55-59 years to 22.0% of those aged 15-19 years. Secondary education was the highest level of schooling attended for 44.4% of adults. Nearly half (49.4%) of the male population reported secondary education as their highest level of schooling attended, compared to 39.6% of the female population. The proportion of females with no education (7.1%) was double that of males (3.3%). Slightly more than half of the population (53.6%) reported being married or living with a partner, with more than a third of the population (37.2%) reporting being single.

Table 4.3.A Demographic characteristics of the adult population

Percent distribution of the population age 15-59 years, by sex and other selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
Residence						
Urban	45.3	3,785	46.1	5,494	45.7	9,279
Rural	54.7	5,386	53.9	6,615	54.3	12,001
Province						
Central	9.6	789	9.5	1,001	9.5	1,790
Copperbelt	16.7	1,565	16.4	2,063	16.6	3,628
Eastern	10.8	881	11.2	1,147	11.0	2,028
Luapula	6.4	476	6.9	663	6.6	1,139
Lusaka	20.2	1,440	20.0	2,207	20.1	3,647
Muchinga	5.7	846	5.6	1,073	5.6	1,919
Northern	8.5	771	8.5	959	8.5	1,730
North-Western	5.2	867	5.2	1,115	5.2	1,982
Southern	11.8	1,085	11.1	1,288	11.4	2,373
Western	5.2	451	5.7	593	5.4	1,044
Marital status						
Never married	44.7	3,779	30.0	3,293	37.2	7,072
Married or living together	50.7	4,874	56.4	7,010	53.6	11,884
Divorced or separated	4.0	378	9.1	1,132	6.6	1,510
Widowed	0.6	64	4.5	585	2.6	649
Education						
No education	3.3	287	7.1	842	5.2	1,129
Primary	37.0	3,525	46.3	5,689	41.7	9,214
Secondary	49.4	4,462	39.6	4,755	44.4	9,217
More than secondary	10.4	887	7.0	813	8.7	1,700
Wealth quintile						
Lowest	14.5	1,421	16.1	1,948	15.3	3,369
Second	18.1	1,776	17.7	2,159	17.9	3,935
Middle	20.1	1,912	19.4	2,373	19.7	4,285
Fourth	21.6	1,882	21.8	2,650	21.7	4,532
Highest	25.7	2,136	25.0	2,930	25.4	5,066
Age						
15-19	22.3	2,006	21.7	2,331	22.0	4,337
20-24	19.1	1,496	19.0	2,256	19.1	3,752
25-29	14.0	1,209	15.4	1,804	14.7	3,013
30-34	11.9	1,157	13.2	1,614	12.5	2,771
35-39	10.2	956	9.9	1,299	10.0	2,255
40-44	8.5	851	7.7	1,071	8.1	1,922
45-49	6.1	630	5.4	677	5.7	1,307
50-54	4.5	491	4.3	630	4.4	1,121
55-59	3.3	375	3.5	427	3.4	802
Total 15-24	41.4	3,502	40.7	4,587	41.1	8,089
Total 15-49	92.2	8,305	92.2	11,052	92.2	19,357
Total 15-59	100.0	9,171	100.0	12,109	100.0	21,280

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

4.4 Demographic Characteristics of the Adolescent Population

Over 60% of adolescents aged 10-14 years reside in rural areas (63.1% of males, 61.1% of females). Copperbelt (15.0%) and Lusaka (14.9%) Provinces have the largest share of the adolescent population, followed by the Eastern (13.1%) and Southern (11.7%) Provinces. The vast majority (95.5%) of the adolescent population was currently attending school (Table 4.4.A).

Table 4.4.A Demographic characteristics of the adolescent population

Percent distribution of the population aged 10-14 years, by sex and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
Residence						
Urban	36.9	516	38.9	553	37.9	1,069
Rural	63.1	865	61.1	855	62.1	1,720
Province						
Central	9.7	117	10.4	140	10.0	257
Copperbelt	14.3	208	15.6	233	15.0	441
Eastern	14.2	162	11.9	131	13.1	293
Luapula	7.2	76	7.9	87	7.6	163
Lusaka	14.3	184	15.5	196	14.9	380
Muchinga	7.1	153	6.3	134	6.7	287
Northern	10.5	116	9.1	112	9.8	228
North-Western	5.6	136	5.8	147	5.7	283
Southern	12.0	167	11.4	157	11.7	324
Western	5.0	62	5.9	71	5.5	133
Education						
Currently attending	95.4	1,274	95.5	1,313	95.5	2,587
Not currently attending school	4.6	55	4.5	61	4.5	116
Total 10-14	100.0	1,381	100.0	1,408	100.0	2,789

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

4.5 Demographic Characteristics of the Pediatric Population

Table 4.5.A shows the demographic characteristics of the pediatric population (ages 0-14 years). The pediatric population was comprised of 10,208 males and females aged 0-14 years, of which 39.4% were under the age of five years. Most children resided in rural areas (63.8%). All provinces were represented in the survey's pediatric population.

Table 4.5.A Demographic characteristics of the pediatric population

Percent distribution of the population aged 0-14 years, by sex and other selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
Age						
0-17 months	10.7	510	11.7	569	11.2	1,079
18-59 months	28.8	1,335	27.6	1,331	28.2	2,666
5-9 years	33.2	1,880	33.3	1,791	33.2	3,671
10-14 years	27.3	1,381	27.3	1,408	27.3	2,789
Residence						
Urban	35.6	1,799	36.7	1,858	36.2	3,657
Rural	64.4	3,308	63.3	3,243	63.8	6,551
Province						
Central	10.2	445	10.1	455	10.1	900
Copperbelt	13.5	712	13.8	731	13.6	1,443
Eastern	12.4	515	11.7	477	12.1	992
Luapula	7.7	299	8.2	326	7.9	625
Lusaka	15.0	697	15.2	704	15.1	1,401
Muchinga	7.0	575	6.8	549	6.9	1,124
Northern	10.1	460	9.4	434	9.7	894
North-Western	5.8	519	5.7	513	5.7	1,032
Southern	12.1	599	12.0	594	12.1	1,193
Western	6.3	286	7.1	318	6.7	604
Wealth quintile						
Lowest	20.9	1,040	19.3	965	20.1	2,005
Second	21.6	1,110	22.1	1,135	21.9	2,245
Middle	20.2	1,041	21.5	1,096	20.8	2,137
Fourth	20.5	1,065	20.1	1,033	20.3	2,098
Highest	16.8	826	16.9	853	16.9	1,679
Total 0-4	39.5	1,846	39.3	1,902	39.4	3,748
Total 0-14	100.0	5,107	100.0	5,101	100.0	10,208

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

5 HIV INCIDENCE

5.1 Key Findings

- Annual incidence of HIV among adults aged 15-59 years in Zambia was 0.61% (0.29% among males and 0.93% among females). This corresponds to approximately 43,000 new cases of HIV annually among adults aged 15-59 years in Zambia.

5.2 Background

HIV incidence is the measure of new HIV infections in a population over time. It can provide important information on the status of the HIV epidemic and measures impact of HIV prevention programs. HIV incidence is useful for effective and targeted HIV prevention planning for vulnerable groups.

While HIV prevalence is a measure of the relative burden of disease in a population, it is not optimal for measuring acute changes in an HIV epidemic, including changes in HIV transmission. The survey was designed to estimate national-level HIV incidence for the overall population aged 15-59 years. Consequently, point estimates disaggregated by age and sex should be interpreted with caution, and special attention should be given to CIs presented in Table 5.3.A and Table 5.3.B. In this survey, HIV incidence is expressed as the cumulative incidence or risk of new infections in a 12-month period, which is a close approximation to the direct incidence rate. It is important to note that ZAMPHIA 2016 was not powered to estimate incidence at the provincial level or across different sub-groups.

For ZAMPHIA 2016, a laboratory-based incidence testing algorithm (HIV-1 LAg avidity plus VL) was used to distinguish recent from long-term infection, and incidence estimates were obtained using the formula recommended by the WHO Incidence Working Group and Consortium for Evaluation and Performance of Incidence Assays, with time cutoff (T) = 1.0 year and residual Proportion False Recent (PFR) = 0.00. Survey weights are utilized for all estimates. All HIV-positive participants aged 18 months and older were tested for recent infection using HIV-1 LAg avidity assay.

Incidence estimation is based on recent/long-term (LT) classification using algorithms with Limiting antigen (LAg) avidity.^{1, 2, 3} The original algorithm incorporated viral load results to mitigate misclassification from persons who may be elite controllers or on ART – both groups characterized by low VL. As ART coverage has increased, it has become apparent that some individuals on treatment for long-periods of time have the potential to be misclassified by the LAg plus VL algorithm as a recent infection. Although they may have suppressed VL for years, drug resistance or lack of adherence may result in VL ≥ 1000 copies/mL. Based in part on data from multiple PHIA surveys, the updated incidence algorithm includes ARV detection as a second exclusion criteria. The addition of ARV detection is expected to produce more accurate estimates of both HIV incidence and transmitted HIV drug resistance.

5.3 HIV Incidence among Adults

HIV incidence estimates using LAg Avidity and HIV viral load

Using the LAg Avidity assay and viral load algorithm, estimated incidence was 0.67% (95% CI: 0.45%-0.88%) among adults aged 15-59 years (0.32% among males and 1.02% among females). This corresponds to 67 new infections per 10,000 uninfected persons in a year, which corresponds to approximately 47,000 new cases of HIV infection per year in Zambia (Table 5.3.A). Annual incidence peaked among males aged 35-49 years (0.87%), and females aged 25-34 years (1.16%). HIV incidence for adults aged 15-49 years was estimated at 0.70% (95% CI: 0.47%-0.93%). HIV incidence was 0.31% among males and 1.10% among females aged 15-49 years (Table 5.3.A).

HIV incidence estimates using LAg Avidity, HIV viral load, and ARV detection

Using the LAg Avidity assay, viral load and ARV algorithm, estimated incidence was 0.61% (95% CI: 0.40%-0.81%) among adults aged 15-59 years (0.29% among males and 0.93% among females). This amounts to approximately 61 new infections per 10,000 persons in a year, which corresponds to approximately 43,000 new cases of HIV per year. Annual incidence peaked among males aged 35-49 years (0.73%) and among females aged 25-34 years (1.07%). HIV incidence for adults aged 15-49 years was estimated at 0.64% (95% CI: 0.42%-0.86%; 0.28% among males and 1.00% among females) (Table 5.3.B).

Table 5.3.A Annual HIV incidence using LAg/VL¹ testing algorithm

Annual incidence of HIV among persons 15-49 and 15-59 years of age using LAg/VL¹ algorithm, by sex and age, ZAMPHIA 2016

Age	Males		Females		Total	
	Percentage annual incidence ²	95% CI ³	Percentage annual incidence ²	95% CI	Percentage annual incidence ²	95% CI
15-24	0.08	(0.00, 0.25)	1.07	(0.54, 1.60)	0.57	(0.28, 0.86)
25-34	0.25	(0.00, 0.62)	1.16	(0.46, 1.86)	0.72	(0.30, 1.13)
35-49	0.87	(0.13, 1.60)	1.06	(0.30, 1.81)	0.96	(0.43, 1.49)
15-49	0.31	(0.09, 0.54)	1.10	(0.72, 1.48)	0.70	(0.47, 0.93)
15-59	0.32	(0.10, 0.54)	1.02	(0.67, 1.37)	0.67	(0.45, 0.88)

¹ LAg/VL: Limiting antigen/viral load.

² Relates to Global AIDS Monitoring indicator 1.3: Retention on antiretroviral therapy at 12 months.

³ CI (confidence interval) indicates the interval that is expected to encompass the true population parameter 95% of the time.

Table 5.3.B Annual HIV incidence using LAg/VL/ARV¹ testing algorithmAnnual incidence of HIV among persons 15-49 and 15-64 years of age, by sex and age, using LAg/VL/ARV¹ algorithm, ZAMPHIA 2016

Age	Males		Females		Total	
	Percentage annual incidence ²	95% CI ³	Percentage annual incidence ²	95% CI	Percentage annual incidence ²	95% CI
15-24	0.08	(0.00, 0.25)	0.94	(0.44, 1.44)	0.51	(0.23, 0.78)
25-34	0.25	(0.00, 0.62)	1.07	(0.40, 1.73)	0.67	(0.26, 1.07)
35-49	0.73	(0.05, 1.40)	1.06	(0.30, 1.81)	0.89	(0.38, 1.39)
15-49	0.28	(0.07, 0.49)	1.00	(0.64, 1.37)	0.64	(0.42, 0.86)
15-59	0.29	(0.08, 0.50)	0.93	(0.60, 1.26)	0.61	(0.40, 0.81)

¹ LAg/VL/ARV: Limiting antigen/viral load/antiretrovirals² Relates to Global AIDS Monitoring indicator 1.2: Retention on antiretroviral therapy at 12 months³ CI: confidence interval indicates the interval that is expected to include the true population parameter 95% of the time

5.4 Gaps and Unmet Needs

- About 43,000 new HIV infections occur every year in Zambia among adults 15-59 years, according to the LaAg Avidity assay, viral load and ARV algorithm. To reach epidemic control, newly infected individuals should be quickly diagnosed and initiated on ART.
- HIV incidence is higher among women than men in Zambia. This suggests a need for more intensive primary prevention among HIV-negative women as well as targeting of secondary prevention, including safer sexual behaviors, HIV diagnosis, and treatment among HIV-positive individuals.
- Approaches, such as routine case reporting and case-based surveillance, could provide the data needed to describe the demographic profile of those newly infected to allow for targeted prevention efforts.

5.5 References

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3. Duong YT, Qiu M, De AK, et al. Detection of recent HIV-1 infection using a new limiting-antigen avidity assay: potential for HIV-1 incidence estimates and avidity maturation studies. *PLoS One*. 2012;7(3):e33328. doi: 10.1371/journal.pone.0033328. Epub 2012 Mar 27.

6 HIV PREVALENCE

6.1 Key Findings

- Prevalence of HIV among adults aged 15-59 years in Zambia is 12.0% (14.6% among females and 9.3% among males). This corresponds to approximately 960,000 people aged 15-59 years living with HIV in Zambia.
- Among those aged 15-49 years, the prevalence was higher among females (14.3%) than among males (8.3%), as well as among those residing in urban areas (14.4%) compared to those living in rural areas (8.7%).
- HIV prevalence peaked between ages 40-44 years for females (29.6%) and between ages 45-49 years for males (23.0%).
- HIV prevalence among those aged 20-24 years is four times higher among females (8.3%) than among males (2.0%).

6.2 Background

This chapter presents representative estimates of prevalence of HIV infection among adults 15-59 years of age at the national and provincial levels by selected demographic and behavioral characteristics. HIV prevalence testing was conducted in each household using a serological rapid diagnostic testing algorithm based on Zambia's national guidelines, with laboratory confirmation of seropositive samples using a supplemental assay. Appendix B further describes the PHIA HIV testing methodology.

6.3 Adult HIV Prevalence by Demographic Characteristics

The prevalence of HIV among adults 15-59 years of age in Zambia was 12.0%. This corresponds to an estimated 960,000 persons aged 15-59 years living with HIV in Zambia. The prevalence was higher among females (14.6%) than among males (9.3%) (Table 6.4.A). HIV prevalence was higher among those residing in urban areas (15.3%) compared to those living in rural areas (9.2%) (Table 6.3.B).

HIV prevalence ranged from 15.9% in Western province to 5.7% in Muchinga Province. Across all provinces, the prevalence for females was higher than males. In Eastern Province, HIV prevalence was twice as high among females (10.7%) compared to males (5.2%). By marital status, HIV prevalence ranged from 4.7% among never married adults to 48.5% among widowed adults. There was little difference in HIV prevalence between participants with different levels of education (Table 6.3.B).

Table 6.3.A HIV prevalence by demographic characteristics: Ages 15-49 years

Prevalence of HIV among persons aged 15-49 years, by sex and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Residence						
Urban	10.4	3,047	18.2	4,636	14.4	7,683
Rural	6.6	4,311	10.8	5,374	8.7	9,685
Province						
Central	8.5	630	16.2	812	12.4	1,442
Copperbelt	8.9	1,245	17.3	1,715	13.2	2,960
Eastern	4.5	736	10.1	965	7.4	1,701
Luapula	6.8	386	10.9	521	8.9	907
Lusaka	10.7	1,134	17.9	1,869	14.4	3,003
Muchinga	2.8	686	7.8	892	5.3	1,578
Northern	7.7	593	10.9	745	9.4	1,338
North-Western	4.6	679	8.2	935	6.4	1,614
Southern	10.7	911	14.4	1,071	12.5	1,982
Western	12.2	358	18.1	485	15.4	843
Marital status						
Never married	2.7	3,345	7.3	2,959	4.6	6,304
Married or living together	12.6	3,620	13.6	5,742	13.2	9,362
Divorced or separated	22.9	293	29.5	895	27.6	1,188
Widowed	(39.0)	40	57.4	336	54.9	376
Education						
No education	6.7	220	11.7	606	10.0	826
Primary	7.7	2,742	14.0	4,546	11.2	7,288
Secondary	8.7	3,737	14.8	4,181	11.5	7,918
More than secondary	9.0	651	15.5	674	11.7	1,325
Wealth quintile						
Lowest	5.6	1,125	8.9	1,547	7.4	2,672
Second	6.5	1,418	9.8	1,739	8.1	3,157
Middle	8.2	1,567	15.6	1,966	11.9	3,533
Fourth	10.7	1,533	18.2	2,255	14.5	3,788
Highest	9.0	1,678	16.1	2,461	12.6	4,139
Pregnancy status						
Currently pregnant	NA	NA	9.2	789	NA	NA
Not currently pregnant	NA	NA	14.8	9,067	NA	NA
Total 15-49	8.3	7,358	14.3	10,010	11.4	17,368

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable. Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

The prevalence in the population aged 15 to 49 years was 11.4%. The prevalence by sex was 8.3% for males and 14.3% for females. In rural areas, the prevalence was 8.7% compared to 14.4% in urban areas. The trends in HIV prevalence by other demographic characteristics for persons aged 15-49 years were similar to those for persons aged 15-59 years (Tables 6.3.A, 6.3.B).

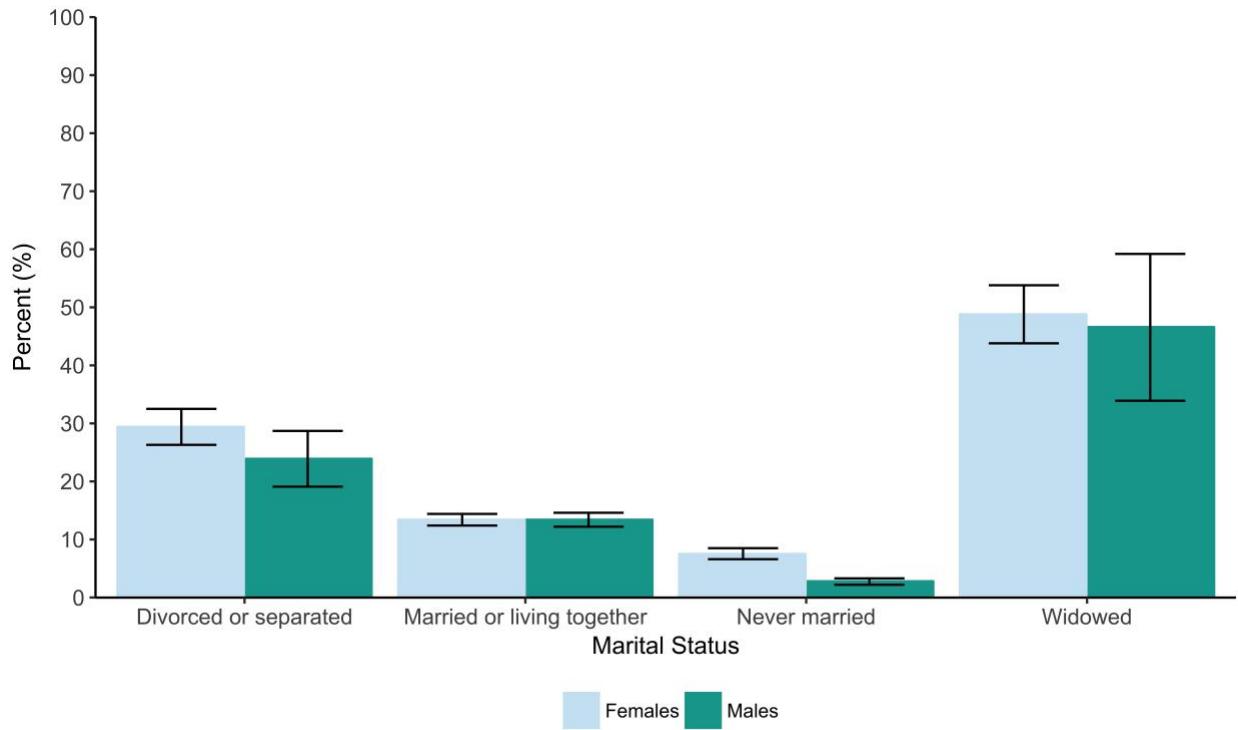
Table 6.3.B HIV prevalence by demographic characteristics: Ages 15-59 years

Prevalence of HIV among persons aged 15-59 years, by sex and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Residence						
Urban	11.6	3,315	18.7	5,025	15.3	8,340
Rural	7.4	4,827	11.1	5,948	9.2	10,775
Province						
Central	9.1	702	16.5	889	12.8	1,591
Copperbelt	10.0	1,386	17.5	1,898	13.8	3,284
Eastern	5.2	819	10.7	1,070	8.1	1,889
Luapula	7.3	426	11.1	590	9.3	1,016
Lusaka	12.4	1,242	18.8	2,003	15.7	3,245
Muchinga	3.4	758	7.9	971	5.7	1,729
Northern	7.9	659	10.5	820	9.2	1,479
North-Western	4.8	765	8.8	1,012	6.9	1,777
Southern	11.6	990	15.0	1,186	13.3	2,176
Western	13.7	395	17.8	534	15.9	929
Marital status						
Never married	2.8	3,368	7.5	2,987	4.7	6,355
Married or living together	13.4	4,319	13.4	6,333	13.4	10,652
Divorced or separated	23.9	332	29.4	1,038	27.8	1,370
Widowed	46.6	60	48.8	536	48.5	596
Education						
No education	7.3	246	12.4	715	10.8	961
Primary	8.4	3,142	14.3	5,184	11.8	8,326
Secondary	9.6	4,012	15.2	4,354	12.2	8,366
More than secondary	11.3	733	15.7	716	13.1	1,449
Wealth quintile						
Lowest	6.3	1,250	9.4	1,712	8.0	2,962
Second	7.0	1,596	9.7	1,940	8.4	3,536
Middle	8.9	1,743	15.9	2,174	12.4	3,917
Fourth	11.5	1,663	18.5	2,431	15.1	4,094
Highest	10.7	1,849	16.9	2,668	13.9	4,517
Pregnancy status						
Currently pregnant	NA	NA	9.2	789	NA	NA
Not currently pregnant	NA	NA	15.1	10,022	NA	NA
Total 15-59	9.3	8,142	14.6	10,973	12.0	19,115

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable. Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

Figure 6.3.A HIV prevalence by marital status: Ages 15-59 years, ZAMPHIA 2016



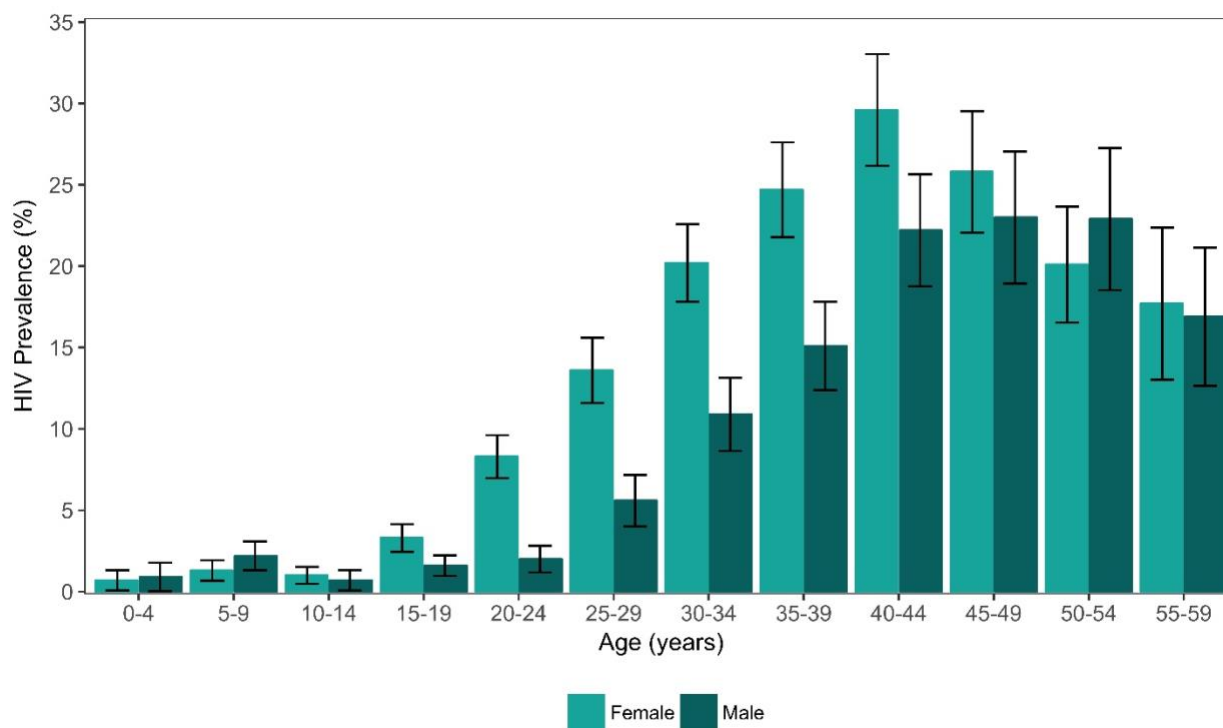
6.4 Adult HIV Prevalence by Age and Sex

HIV prevalence peaked between ages 40-44 years for females (29.6%) and between ages 45-49 years for males (23.0%). HIV prevalence is higher among females than among males in all age groups between ages 15-49 years. The disparity in HIV prevalence by sex is most pronounced among young adults: HIV prevalence among ages 20-24 years is four times higher among females (8.3%) than among males (2.0%); and among ages 25-29 years, prevalence among women is more than twice that of men (13.6% for females versus 5.6% for males). (Table 6.4.A, Figure 6.4.A).

Table 6.4.A HIV prevalence by age and sex

Prevalence of HIV among persons age 0-59 years, by sex and age, ZAMPHIA 2016

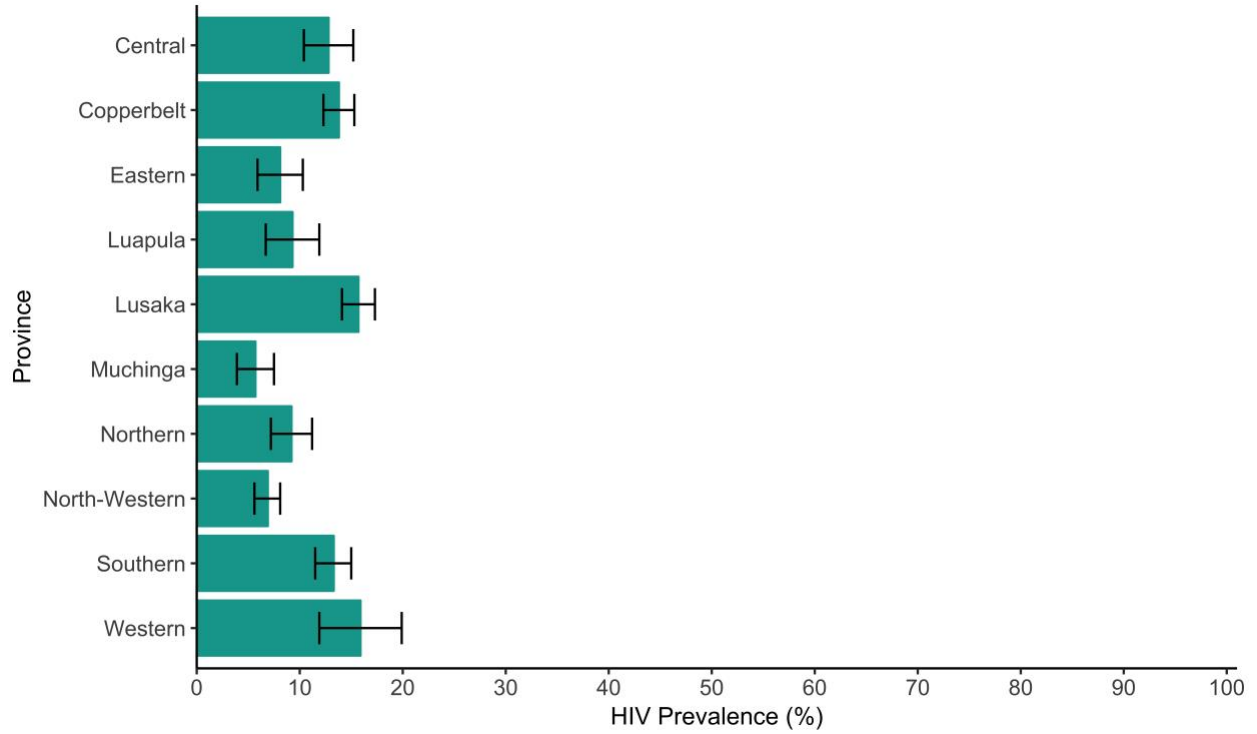
Age	Males		Females		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
0-17 months ¹	1.0	310	0.7	372	0.8	682
18-59 months	0.9	966	0.7	945	0.8	1,911
5-9	2.2	1,462	1.3	1,414	1.8	2,876
10-14	0.7	1,263	1.0	1,283	0.9	2,546
Total 0-4	0.9	1,276	0.7	1,317	0.8	2,593
Total 0-14	1.3	4,001	1.0	4,014	1.1	8,015
15-19	1.6	1,811	3.3	2,120	2.5	3,931
20-24	2.0	1,344	8.3	2,045	5.2	3,389
25-29	5.6	1,053	13.6	1,619	9.8	2,672
30-34	10.9	1,003	20.2	1,458	15.9	2,461
35-39	15.1	836	24.7	1,160	19.9	1,996
40-44	22.2	751	29.6	989	25.8	1,740
45-49	23.0	560	25.8	619	24.4	1,179
50-54	22.9	444	20.1	584	21.5	1,028
55-59	16.9	340	17.7	379	17.3	719
Total 15-24	1.8	3,155	5.7	4,165	3.8	7,320
Total 15-49	8.3	7,358	14.3	10,010	11.4	17,368
Total 15-59	9.3	8,142	14.6	10,973	12.0	19,115

¹ This includes only 0-17-month aged infants with confirmed rapid test results.**Figure 6.4.A HIV prevalence by age and sex, ZAMPHIA 2016**

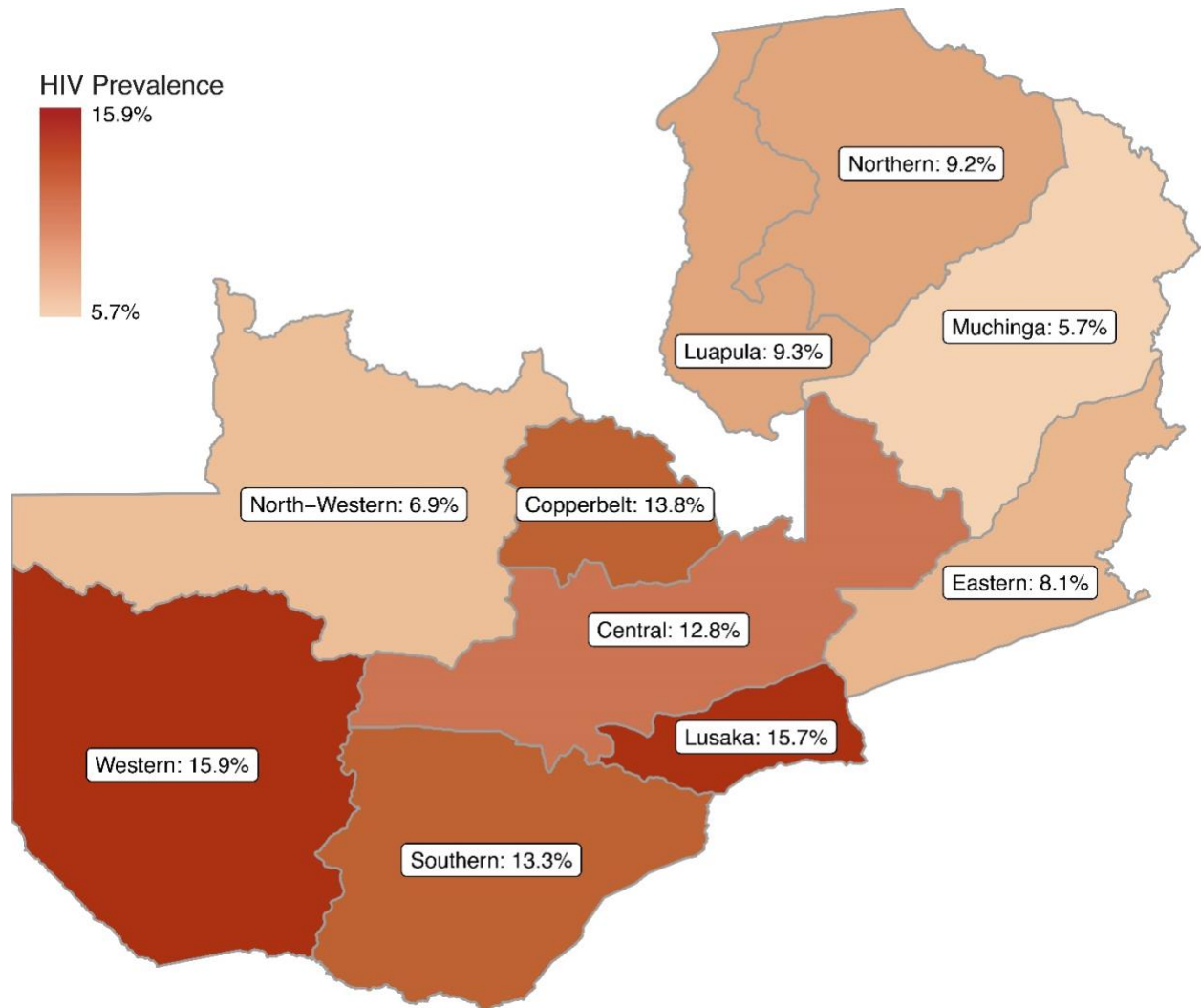
6.5 Adult HIV Prevalence by Province

The distribution of HIV infections in the population aged 15-59 years varied geographically across Zambia, ranging from 5.7% in Muchinga Province to 15.9% in Western Province and 15.7% in Lusaka (Figure 6.5.A, Figure 6.5.B).

Figure 6.5.A HIV prevalence among adults aged 15-59 years, by province, ZAMPHIA 2016



Map 6.5.B HIV prevalence among adults aged 15-59 years, by province, ZAMPHIA 2016



6.6 Gaps and Unmet Needs

- The disparity in HIV prevalence between males and females, particularly in those aged 15-24 years, suggests an increased focus on early testing and ART initiation for adolescent girls and young women as well as the need for preventative services.

7 HIV TESTING

7.1 Key Findings

- Almost two-thirds of males (65.1%) and 79.2% of females aged 15-59 years reported ever having been tested for HIV and having received their results. In this sample, 34.8% of all males and 42.0% of females in the same age bracket reported receiving an HIV test in the 12 months preceding the survey.
- Among males and females aged 15-59 years who tested positive in the survey, 85.9% and 92.9%, respectively, reported they had ever been tested for HIV and received their results.
- Among adults in urban areas, 75.9% reported ever testing for HIV while 40.5% reported testing for HIV in the 12 months prior to survey, compared 69.3% and 36.7% of adults in rural areas, respectively.

7.2 Background

HIV testing is necessary for awareness of HIV status and is a critical component of HIV epidemic control targets. Awareness of HIV-positive status is the first step to engagement with HIV care and treatment services, accessing ART, prevention counseling for HIV-positive and HIV-negative individuals to reduce risk of HIV transmission or acquisition, and access to screening services for other comorbidities. HIV testing is currently one of the key strategies to control the HIV epidemic, since it identifies people living with HIV and enables them to link to care. To increase national coverage of testing, the government of the Republic of Zambia has instituted guidelines for index case testing, routine provider-initiated testing and counselling, peer approach for key populations, self-testing, and implementation of a unique identifier for HIV testing and services, among other strategies.

Data presented in this section pertain to adults aged 15-59 years, males and females, who self-reported ever receiving an HIV test and receiving the test results. To assess coverage of HIV testing, respondents were asked if they had ever been tested for HIV and received their results. Results on HIV testing in the last 12 months and receiving the test results are also presented to understand frequent or recent testing.

7.3 Self-Reported HIV Testing Among Adults (ages 15-59 years)

Overall 72.3% of all participants aged 15-59 years reported ever having tested for HIV and receiving their results. Among HIV-positive respondents, 90.3% reported they had ever tested and received their results (Table 7.3.A). Almost two-thirds of men (65.1%) and more than three quarters (79.2%) of women reported ever having been tested for HIV and having received their results. Self-reported HIV ever testing peaked at ages 30-34 years for males (83.3%) and ages 25-29 years for females (94.5%). Respondents aged 15-19 years had the lowest HIV ever testing coverage estimates for both males (27.2%) and females (45.4%) (Tables 7.3.B, 7.3.C).

In the 12 months preceding the survey, 38.4% of all participants aged 15-59 years reported testing for HIV (Table 7.3.A). More than a third (34.8%) of men and 42.0% of women reported testing and receiving their results in the year preceding the survey (Table 7.3.B, Table 7.3.C, Figure 7.3.C). Among adults who tested positive in ZAMPHIA, 5.2% of females and 39.9% of males had received HIV testing and their

results in the year preceding the survey (Table 7.3.B; Table 7.3.C). The coverage of testing in the year preceding the survey peaked at ages 25-29 years at 49.2%, while among those aged 15-19 years, it was only 21.9%. (Table 7.3.A).

Testing history varied by marital status for both men and women. Over 80% of widowed (81.0%) and married (81.0%) men aged 15-59 years had ever been tested and received their results for HIV, compared to 46.5% of males who had never been married. Among those who were married or living with a partner, 42.4% had been tested and received their results in the year preceding the survey, while one quarter (25.6%) of those who were never married had been tested and received their results in the year preceding the survey. Among females aged 15-59 years who were married or living with a partner, 90.3% had ever been tested and received their results, as compared to 56.2% of females who had never been married. The coverage for recent testing (testing in the 12 months preceding the survey) among female widows was 29.7%, while among the married, it was 47.6%. (Table 7.3.A and Table 7.3.C)

Table 7.3.A HIV testing: Total

Percentage of persons aged 15-59 years who ever received HIV testing and received their test results, and percentage who received HIV testing and received their test results in the past 12 months, by result of PHIA survey HIV test and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Percentage who ever received HIV testing and received their results	Percentage who received HIV testing in the past 12 months and received their results ¹	Number
Result of PHIA survey HIV test			
HIV positive	90.3	30.7	2,442
HIV negative	69.8	38.7	16,513
Not tested	72.5	44.9	2,140
Residence			
Urban	75.9	40.5	9,205
Rural	69.3	36.7	11,890
Province			
Central	70.0	36.4	1,775
Copperbelt	71.4	36.4	3,589
Eastern	75.7	38.6	2,018
Luapula	64.9	32.6	1,131
Lusaka	76.7	41.9	3,628
Muchinga	69.1	34.0	1,907
Northern	64.1	34.7	1,707
North-Western	69.7	37.4	1,957
Southern	75.3	42.6	2,354
Western	77.6	45.1	1,029
Marital status			
Never married	50.5	28.9	7,026
Married or living together	86.0	45.2	11,779
Divorced or separated	82.6	42.0	1,499
Widowed	84.3	30.6	644
Education			
No education	70.7	35.9	1,118
Primary	69.7	35.4	9,130
Secondary	71.9	40.1	9,144
More than secondary	88.2	46.4	1,690
Wealth quintile			
Lowest	68.1	36.6	3,335
Second	68.4	35.3	3,892
Middle	71.6	37.4	4,252
Fourth	75.8	41.8	4,495
Highest	75.2	39.8	5,028
Age			
15-19	36.4	21.9	4,302
20-24	77.2	45.0	3,726
25-29	87.4	49.2	2,987
30-34	89.1	47.2	2,747
35-39	87.2	43.8	2,231
40-44	83.8	38.8	1,905
45-49	79.4	35.4	1,298
50-54	70.4	30.3	1,111
55-59	69.2	28.3	788
Total 15-24	55.4	32.6	8,028
Total 15-49	72.5	39.2	19,196
Total 15-59	72.3	38.4	21,095

¹Relates to PEPFAR HTC_TST

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 7.3.B Self-reported HIV testing: Males

Percentage of males aged 15-59 years who ever received HIV testing and received their test results, and percentage who received HIV testing and received their test results in the past 12 months, by result of PHIA survey HIV test and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Percentage who ever received HIV testing and received results	Percentage who received HIV testing in the past 12 months and received results ¹	Number
Result of PHIA survey HIV test			
HIV positive	85.9	39.9	768
HIV negative	62.7	33.4	7,284
Not tested	66.7	40.3	1,019
Residence			
Urban	70.0	37.1	3,742
Rural	61.0	32.8	5,329
Province			
Central	59.7	32.4	783
Copperbelt	64.7	33.4	1,538
Eastern	67.8	33.0	873
Luapula	57.9	27.6	472
Lusaka	69.7	37.7	1,430
Muchinga	61.7	30.3	841
Northern	58.5	33.0	765
North-Western	60.9	31.4	851
Southern	68.9	40.0	1,074
Western	71.2	44.0	444
Marital status			
Never married	46.5	25.6	3,746
Married or living together	81.0	42.4	4,817
Divorced or separated	73.4	41.3	376
Widowed	81.0	37.6	63
Education			
No education	62.0	32.5	280
Primary	57.0	29.4	3,486
Secondary	67.2	37.2	4,416
More than secondary	84.5	43.3	881
Wealth quintile			
Lowest	59.6	33.9	1,405
Second	59.4	30.0	1,751
Middle	63.6	32.9	1,894
Fourth	68.4	38.2	1,861
Highest	70.6	37.4	2,116
Age			
15-19	27.2	14.9	1,987
20-24	65.7	36.4	1,480
25-29	79.3	45.2	1,193
30-34	83.3	46.1	1,145
35-39	82.4	42.8	943
40-44	79.3	39.8	843
45-49	77.0	39.5	625
50-54	72.5	32.4	487
55-59	68.7	30.5	368
Total 15-24	45.0	24.8	3,467
Total 15-49	64.6	35.0	8,216
Total 15-59	65.1	34.8	9,071

¹Relates to PEPFAR HTC_TST

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 7.3.C Self-reported HIV testing: Females

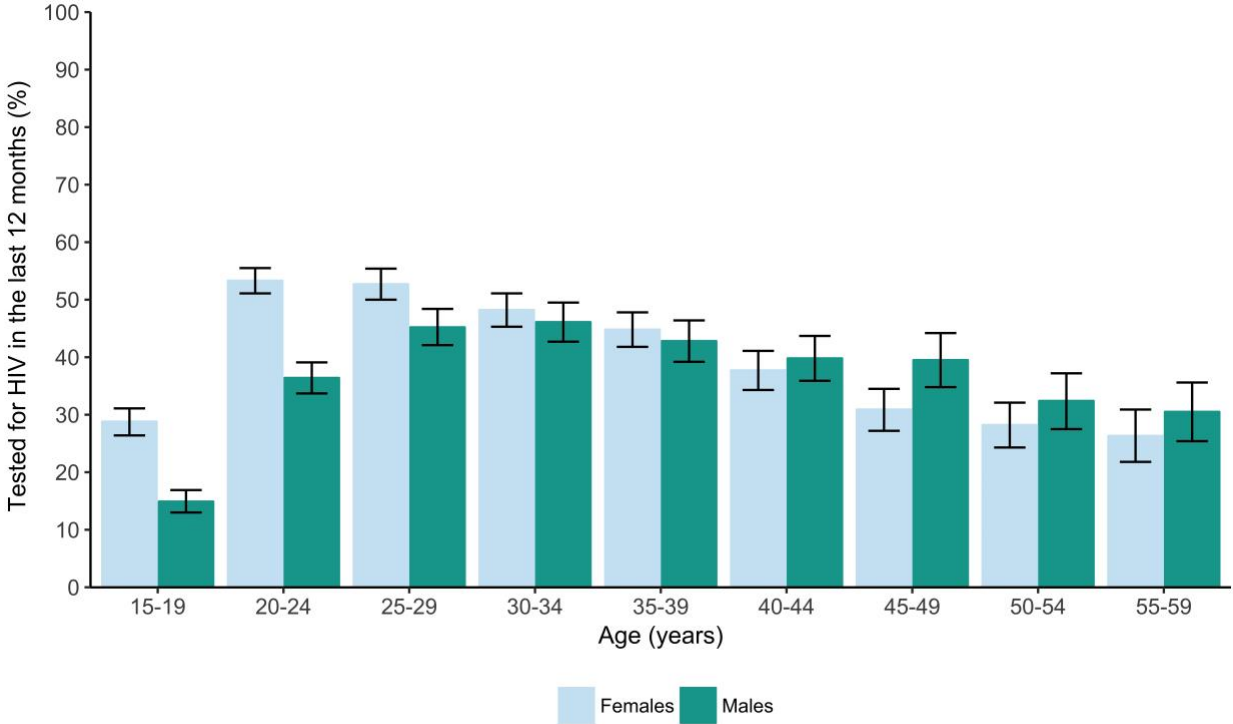
Percentage of females aged 15-59 years who ever received HIV testing and received their test results, and percentage who received HIV testing and received their test results in the past 12 months, by result of survey HIV test and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Percentage who ever received HIV testing and received results	Percentage who received HIV testing in the past 12 months and received results ¹	Number
Result of PHIA survey HIV test			
HIV positive	92.9	25.2	1,674
HIV negative	76.8	43.9	9,229
Not tested	79.2	50.1	1,121
Residence			
Urban	81.4	43.6	5,463
Rural	77.4	40.6	6,561
Province			
Central	80.0	40.2	992
Copperbelt	77.9	39.4	2,051
Eastern	82.9	43.8	1,145
Luapula	71.0	37.1	659
Lusaka	83.4	45.9	2,198
Muchinga	76.3	37.5	1,066
Northern	69.6	36.4	942
North-Western	78.0	43.1	1,106
Southern	81.8	45.1	1,280
Western	83.2	46.1	585
Marital status			
Never married	56.2	33.4	3,280
Married or living together	90.3	47.6	6,962
Divorced or separated	86.5	42.3	1,123
Widowed	84.7	29.7	581
Education			
No education	74.4	37.3	838
Primary	79.4	40.0	5,644
Secondary	77.4	43.6	4,728
More than secondary	93.4	50.8	809
Wealth quintile			
Lowest	75.5	38.9	1,930
Second	77.1	40.5	2,141
Middle	79.6	42.0	2,358
Fourth	82.8	45.1	2,634
Highest	79.8	42.2	2,912
Age			
15-19	45.4	28.8	2,315
20-24	88.3	53.3	2,246
25-29	94.5	52.7	1,794
30-34	94.2	48.2	1,602
35-39	91.9	44.8	1,288
40-44	88.6	37.7	1,062
45-49	81.9	30.9	673
50-54	68.3	28.2	624
55-59	69.7	26.3	420
Total 15-24	65.5	40.2	4,561
Total 15-49	80.1	43.2	10,980
Total 15-59	79.2	42.0	12,024

¹Relates to PEPFAR HTS_TST

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Figure 7.3.A Proportion of adults who self-reported having received an HIV test in the last 12 months, by age and sex, ZAMPHIA 2016



7.4 Gaps and Unmet Needs

- There is a need for increased testing outreach to males, as less than two-thirds of men (65.1%) compared to 79.2% of women had ever been tested and received their results. Promoting community-based HIV testing coupled with strengthening linkages to care and treatment can help improve HIV testing among males.
- Targeted and strategic testing is required based on the gaps that have been highlighted in ZAMPHIA; groups with low rates of ever testing, such as males, those who were never married, youths aged 15-19 years, etc.

8 HIV DIAGNOSIS AND TREATMENT

8.1 Key Findings

- Over two-thirds (67.1%) of HIV-positive males aged 25-29 years reported being unaware of their HIV status.
- Based on self-report, lack of awareness varied geographically among HIV-positive men and women aged 15-59 years, from 26.6% of men unaware of their status in Eastern Province to 57.1% of men in Luapula, and from 23.5% of women unaware in Southern Province to 42.8% of women in Luapula.
- Concordance between self-report of ART and detection of ARVs was high among adults aged 15-59 years, with 95.3% of those who reported current ART use having detectable ARVs in blood. However, self-report of HIV status was less accurate: 15.3% of HIV-positive adults who reported that they had not been previously diagnosed with HIV had ARVs detected in their blood.

8.2 Background

Recent studies have proven that treating people living with HIV at higher CD4 counts improves immune recovery, decreases the incidence of non-AIDS events, comorbidities and mortality, and reduces sexual and vertical transmission. In 2016, after extensive review of evidence of both the clinical and population-level benefits of expanding ART treatment, WHO changed their recommendation to support a policy of “Treatment for All,” regardless of CD4 count.^{1,2} By November 2017, almost all countries in sub-Saharan Africa had adopted this policy, despite the challenges in ensuring uptake and implementation.² This policy was adopted as “Test and Treat” in Zambia in 2016.

8.3 Self-Reported Diagnosis and Treatment Status among HIV-Positive Adults

Among HIV-positive adults aged 15-59 years, based on self-report, 33.9% were unaware of their HIV-positive status, including one-third (37.7%) of the males and 31.6% of the females. Overall, 56.2% of HIV-positive adults, including males (53.7%) and females (57.7%), reported awareness of their status and ART use (Tables 8.3.A, 8.3.B, 8.3.C).

Among HIV-positive males, the percentage of those who were unaware of their HIV status ranged from 67.1% among those aged 25-29 years to 20.8% among those aged 50-59 years. Among HIV-positive females, the percentage unaware of their HIV status ranged from 70.1% among those aged 15-19 years to 20.2% among those aged 40-44 years. The percentage of HIV-positive males who reported being on ART ranged from 25.0% among those aged 25-29 years to 76.1% among those aged 50-54 years, while the percentage of HIV-positive females who reported being on ART ranged from 26.5% among ages 15-19 years to 72.5% among ages 55-59 years (Table 8.3.A and Table 8.3.B).

Among married and cohabitating HIV-positive adults aged 15-59 years, 60.4% were aware of their status and on ART, 57.2% of males and 63.1% of females, while among those who had never married, 38.8% were aware and on ART, including 35.9% of males and 40.4% of females. In the lowest wealth quintile, 41.4% were unaware while only 25.5% of adults in the highest wealth quintile were unaware of their status. (Table 8.3.A, Table 8.3.B and Table 8.3.C).

Lack of awareness of HIV status among HIV-positive men aged 15-59 years varied geographically, from 26.6% unaware in Eastern Province to 57.1% unaware in Luapula Province (Table 8.3.B). As among HIV-positive men, lack of awareness of HIV status among HIV-positive females varied geographically, from 23.5% unaware in Southern Province to 42.8% in Luapula Province (Table 8.3.C). ART coverage (according to self-report) also varied geographically and peaked in Eastern Province at 64.1%, as compared to 36.6% in Northern Province (Table 8.3.A).

Table 8.3.A HIV treatment status: Males

Percent distribution of HIV-positive males aged 15-59 years by self-reported antiretroviral therapy (ART) status, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Residence					
Urban	32.8	7.8	59.4	100.0	401
Rural	44.1	9.6	46.3	100.0	365
Province					
Central	43.9	9.4	46.8	100.0	70
Copperbelt	33.9	11.5	54.6	100.0	153
Eastern	(26.6)	(5.4)	(68.0)	(100.0)	47
Luapula	(57.1)	(4.7)	(38.1)	(100.0)	34
Lusaka	31.9	3.2	64.9	100.0	167
Muchinga	(33.8)	(8.1)	(58.1)	(100.0)	28
Northern	53.2	15.2	31.6	100.0	50
North-Western	(51.2)	(4.6)	(44.1)	(100.0)	39
Southern	34.8	13.8	51.4	100.0	122
Western	45.6	10.5	43.9	100.0	56
Marital status					
Never married	60.8	3.3	35.9	100.0	88
Married or living together	33.1	9.6	57.2	100.0	573
Divorced or separated	46.2	7.3	46.5	100.0	75
Widowed	(25.3)	(10.4)	(64.3)	(100.0)	28
Education					
No education	*	*	*	*	20
Primary	40.1	9.4	50.5	100.0	263
Secondary	39.6	8.3	52.1	100.0	392
More than secondary	23.7	6.5	69.9	100.0	90
Wealth quintile					
Lowest	50.6	10.4	39.1	100.0	81
Second	41.5	10.0	48.5	100.0	110
Middle	39.9	12.4	47.7	100.0	163
Fourth	44.4	7.6	48.0	100.0	198
Highest	24.2	5.5	70.4	100.0	207
Age					
15-19	*	*	*	*	24
20-24	(57.2)	(5.5)	(37.3)	(100.0)	29
25-29	67.1	7.9	25.0	100.0	57
30-34	54.8	13.4	31.8	100.0	108
35-39	39.2	12.3	48.5	100.0	117
40-44	28.0	8.9	63.1	100.0	162
45-49	23.5	7.1	69.4	100.0	122
50-54	20.8	3.2	76.1	100.0	96
55-59	20.8	4.4	74.8	100.0	51
Total 15-24	59.4	5.3	35.3	100.0	53
Total 15-49	41.1	9.6	49.3	100.0	619
Total 15-59	37.7	8.6	53.7	100.0	766

¹Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy and PEPFAR TX_CURR_NAT / SUBNAT. Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution. An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed. The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 8.3.B HIV treatment status: Females

Percent distribution of HIV-positive females aged 15-59 years by self-reported antiretroviral therapy (ART) status, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Residence					
Urban	28.9	10.7	60.4	100.0	997
Rural	35.6	10.6	53.8	100.0	671
Province					
Central	31.9	7.9	60.2	100.0	159
Copperbelt	31.2	11.1	57.7	100.0	352
Eastern	24.3	13.4	62.3	100.0	129
Luapula	42.8	6.5	50.7	100.0	71
Lusaka	29.2	11.9	58.9	100.0	412
Muchinga	37.9	5.2	56.9	100.0	80
Northern	40.3	19.5	40.2	100.0	80
North-Western	42.5	8.0	49.4	100.0	96
Southern	23.5	7.1	69.3	100.0	185
Western	40.8	11.2	48.0	100.0	104
Marital status					
Never married	49.3	10.3	40.4	100.0	235
Married or living together	26.5	10.4	63.1	100.0	852
Divorced or separated	37.8	10.4	51.8	100.0	315
Widowed	22.9	12.4	64.7	100.0	261
Education					
No education	21.3	16.8	61.8	100.0	88
Primary	33.0	10.0	57.0	100.0	767
Secondary	32.2	10.0	57.8	100.0	692
More than secondary	27.2	13.8	58.9	100.0	121
Wealth quintile					
Lowest	36.0	14.2	49.8	100.0	163
Second	37.6	9.1	53.3	100.0	188
Middle	33.8	7.8	58.4	100.0	358
Fourth	31.7	13.5	54.8	100.0	469
Highest	26.3	9.5	64.3	100.0	482
Age					
15-19	70.1	3.4	26.5	100.0	67
20-24	55.2	11.4	33.3	100.0	167
25-29	33.4	12.1	54.5	100.0	222
30-34	28.4	17.2	54.4	100.0	300
35-39	23.2	12.2	64.7	100.0	281
40-44	20.2	8.1	71.6	100.0	291
45-49	28.1	5.5	66.3	100.0	157
50-54	24.9	7.9	67.2	100.0	116
55-59	24.7	2.8	72.5	100.0	67
Total 15-24	59.9	8.9	31.2	100.0	234
Total 15-49	32.4	11.2	56.4	100.0	1,485
Total 15-59	31.6	10.7	57.7	100.0	1,668

¹Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy and PEPFAR TX_CURR_NAT / SUBNAT

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 8.3.C HIV treatment status: Total

Percent distribution of HIV-positive persons aged 15-59 years by self-reported HIV diagnosis and antiretroviral therapy (ART) status, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Residence					
Urban	30.3	9.6	60.1	100.0	1,398
Rural	38.9	10.2	50.9	100.0	1,036
Province					
Central	36.1	8.4	55.5	100.0	229
Copperbelt	32.2	11.3	56.6	100.0	505
Eastern	25.0	10.9	64.1	100.0	176
Luapula	48.1	5.8	46.1	100.0	105
Lusaka	30.2	8.6	61.2	100.0	579
Muchinga	36.7	6.1	57.2	100.0	108
Northern	45.7	17.7	36.6	100.0	130
North-Western	45.5	6.9	47.6	100.0	135
Southern	28.6	10.1	61.3	100.0	307
Western	42.6	10.9	46.5	100.0	160
Marital status					
Never married	53.3	7.9	38.8	100.0	323
Married or living together	29.6	10.1	60.4	100.0	1,425
Divorced or separated	39.8	9.7	50.5	100.0	390
Widowed	23.2	12.2	64.7	100.0	289
Education					
No education	23.4	16.3	60.3	100.0	108
Primary	35.2	9.8	55.0	100.0	1,030
Secondary	35.4	9.3	55.3	100.0	1,084
More than secondary	25.4	10.1	64.5	100.0	211
Wealth quintile					
Lowest	41.4	12.8	45.8	100.0	244
Second	39.2	9.5	51.3	100.0	298
Middle	36.0	9.4	54.6	100.0	521
Fourth	36.4	11.3	52.3	100.0	667
Highest	25.5	7.9	66.6	100.0	689
Age					
15-19	67.5	3.9	28.6	100.0	91
20-24	55.6	10.3	34.1	100.0	196
25-29	42.4	11.0	46.6	100.0	279
30-34	36.9	16.0	47.1	100.0	408
35-39	29.2	12.2	58.6	100.0	398
40-44	23.7	8.5	67.8	100.0	453
45-49	25.9	6.3	67.8	100.0	279
50-54	22.7	5.4	71.9	100.0	212
55-59	22.9	3.6	73.6	100.0	118
Total 15-24	59.8	8.0	32.2	100.0	287
Total 15-49	35.5	10.6	53.9	100.0	2,104
Total 15-59	33.9	9.9	56.2	100.0	2,434

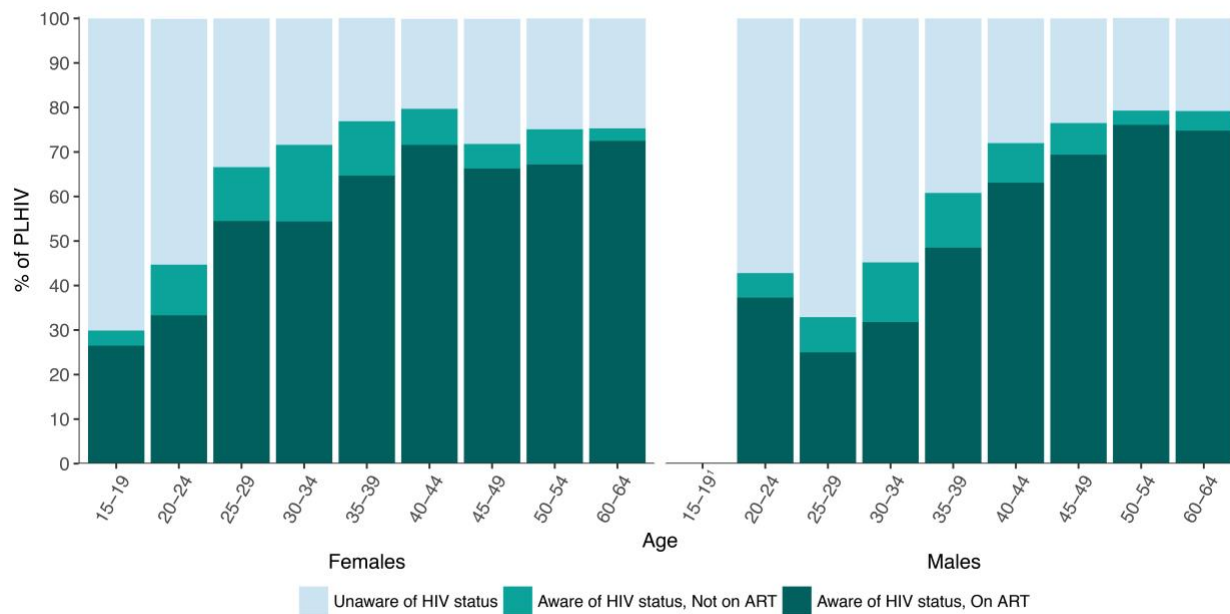
¹Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy and PEPFAR TX_CURR_NAT / SUBNAT

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Figure 8.3.A Proportion of HIV-positive adults aged 15-59 years self-reporting awareness of HIV status and antiretroviral therapy status, by age and sex, ZAMPHIA 2016



*For males in the 15-19 age group, the point estimate has been suppressed because of the limited number of observations.

8.4 Reliability of Self-Reported Treatment Status versus Laboratory ARV Data

ZAMPHIA determined the presence of four ARVs in blood (atazanavir, efavirenz, lopinavir and nevirapine) as markers of first- and second-line regimens prescribed in the country at the time of the survey. Overall, 15.3% people living with HIV aged 15-59 years who self-reported they were not aware of their status had detectable ARVs in their blood. Of those who self-reported being aware of their HIV-positive status but not on ART, 6.6% had detectable ARVs in their blood (Table 8.4.C).

Among all HIV-positive persons aged 15-59 years, 95.3% of those who self-reported being aware of their HIV-positive status and also being on ART had detectable ARVs in their blood. It is unclear if the 4.7% of those self-reporting to be on treatment, but without detectable ARVs, were not adhering to their treatment regimen appropriately, or if they were taking a treatment regimen that did not include one of the four compounds tested (Table 8.4.C).

Table 8.4.A Concordance of self-reported treatment status versus presence of antiretrovirals (ARVs): Males

Percent distribution of HIV-positive males aged 15-59 years by presence of detectable ARVs versus self-reported antiretroviral therapy (ART) status, ZAMPHIA 2016

Characteristic	ARVs ¹		Total	Number
	Not detectable	Detectable		
Self-reported ART status				
Not previously diagnosed	81.9	18.1	100.0	282
Previously diagnosed, not on ART	96.6	3.4	100.0	67
Previously diagnosed, on ART	3.7	96.3	100.0	407
Total 15-24	62.9	37.1	100.0	54
Total 15-49	45.4	54.6	100.0	614
Total 15-59	41.0	59.0	100.0	759

¹Antiretroviral detection assay included only atazanavir, efavirenz, and lopinavir. Participants who reported antiretroviral therapy use and/or had undetectable viral load but had no evidence of the first three ARVs were tested for nevirapine as well.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable. Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

Table 8.4.B Concordance of self-reported treatment status versus presence of antiretrovirals (ARVs): Females

Percent distribution of HIV-positive females aged 15-59 years by presence of detectable ARVs versus self-reported HIV treatment status, ZAMPHIA 2016

Characteristic	ARVs ¹		Total	Number
	Not detectable	Detectable		
Self-reported ART status				
Not previously diagnosed	86.6	13.4	100.0	497
Previously diagnosed, not on ART ²	91.9	8.1	100.0	167
Previously diagnosed, on ART	5.2	94.8	100.0	988
Total 15-24	66.3	33.7	100.0	234
Total 15-49	41.4	58.6	100.0	1,474
Total 15-59	40.0	60.0	100.0	1,656

¹Antiretroviral detection assay included only atazanavir, efavirenz, and lopinavir. Participants who reported antiretroviral therapy use and/or had undetectable viral load were tested for nevirapine as well.

² ART: Antiretroviral therapy

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 8.4.C Concordance of self-reported treatment status versus presence of antiretrovirals (ARVs): Total

Percent distribution of HIV-positive persons aged 15-59 years by presence of detectable ARVs versus self-reported HIV treatment status, ZAMPHIA 2016

Characteristic	ARVs ¹		Total	Number
	Not detectable	Detectable		
Self-reported ART status				
Not previously diagnosed	84.7	15.3	100.0	779
Previously diagnosed, not on ART ²	93.4	6.6	100.0	234
Previously diagnosed, on ART	4.7	95.3	100.0	1,395
Total 15-24	65.5	34.5	100.0	288
Total 15-49	42.8	57.2	100.0	2,088
Total 15-59	40.4	59.6	100.0	2,415

¹Antiretroviral detection assay included only atazanavir, efavirenz, and lopinavir. Participants who reported antiretroviral therapy use and/or had undetectable viral load were tested for nevirapine as well.

² ART: Antiretroviral therapy

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

8.5 Gaps and Unmet Needs

- The major gap is in reaching and diagnosing those infected with HIV, particularly the substantial proportion of men and young people who are unaware of their status.
- Universal routine testing (testing all patients for HIV, regardless of risk when they come in for a doctor's visit) was launched in August 2017. Special targeted HIV testing campaigns are needed among those aged 15-24 years, as well as less educated and never married men. Current small-scale projects aimed at older adolescents (over age 16 years, the age of consent) include school-based testing and church-based testing. Increased access to self-testing, which was included in the National Guidelines in December 2017, could also improve outreach for this age group as well as for men in general.
- Other methods for reaching men, especially those who are less educated and never married, include HIV testing campaigns in labor or roadside encampments, pubs or bars, and workplaces with unskilled laborers (e.g., construction and mining sites).
- In provinces with lower average awareness of HIV status (e.g., Luapula, Northern, North-Western and Western Provinces) and lower self-reported ART (e.g., Northern Province), additional targeted HIV testing and better ART initiation is also necessary.
- There is also a need to initiate treatment in those who have been diagnosed but are not receiving ART. Scaling up Test and Treat and differentiated service delivery (a client-centered approach to service delivery for people living with HIV that simplifies and adapts HIV services across the cascade) should assist this effort.
- The higher-than-expected lack of concordance of self-reported HIV awareness and treatment versus presence of detectable ARVs suggests additional work is needed to provide comprehensive HIV education and counseling for those who test positive. National campaigns against HIV stigma, particularly targeting self-stigma, could also help address this unmet need. Quantifying the amount of detectable ARVs in the ZAMPHIA sample would provide additional context on adherence.

8.6 References

1. World Health Organization. *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. Geneva: World Health Organization; 2016.
<https://www.who.int/hiv/pub/arv/arv-2016/en/>. Accessed December 17, 2018.
2. World Health Organization. *Treat all: Policy adoption and implementation status in countries*. Geneva: World Health Organization; 2017.

9 VIRAL LOAD SUPPRESSION

9.1 Key Findings

- Among people living with HIV aged 15-59 years in Zambia, the prevalence of viral load suppression (VLS) was 59.2%.
- Prevalence of VLS ranged from 30.7% among HIV-positive individuals aged 15-19 years to 79.0% among those aged 55-59 years.
- Among HIV-positive adults aged 15-59 years, the prevalence of VLS varied geographically across Zambia, ranging from 47.3% in Western Province to 67.1% in Eastern Province.

9.2 Background

Viral load suppression (VLS) is a key indicator of treatment success in HIV-positive individuals. For the purposes of ZAMPHIA 2016, VLS is defined as VL of less than 1,000 HIV RNA copies per milliliter of plasma. This chapter describes VLS among the population of HIV-positive persons aged 15-59 years by age, sex, province, and other demographic characteristics.

9.3 Adult Viral Load Suppression by Demographic Characteristics

Among people living with HIV aged 15-59 years in Zambia, the prevalence of VLS was 59.2% (Table 9.3.A). Among those who reported being previously diagnosed but not on ART, the prevalence of VLS was low: 5.3% for males, and 14.8% for females.

Table 9.3.A Viral load suppression prevalence by demographic characteristics

Percentage of HIV-positive persons aged 15-59 years with viral load suppression by sex, self-reported HIV diagnosis and antiretroviral therapy (ART) status, and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percentage VLS ¹	Number	Percentage VLS ¹	Number	Percentage VLS ¹	Number
Self-reported HIV diagnosis and treatment status						
Not previously diagnosed	23.2	279	19.8	491	21.2	770
Previously diagnosed, not on ART	5.3	63	14.8	164	11.8	227
Previously diagnosed, on ART	87.7	413	90.1	996	89.2	1,409
Missing	*	3	*	4	*	7
Residence						
Urban	60.5	399	62.5	994	61.8	1,393
Rural	52.8	359	57.2	661	55.5	1,020
Province						
Central	56.1	70	60.8	159	59.1	229
Copperbelt	49.7	152	60.6	352	56.7	504
Eastern	(68.6)	47	66.4	129	67.1	176
Luapula	(45.5)	34	57.6	71	53.1	105
Lusaka	67.5	167	59.6	412	62.7	579
Muchinga	(65.1)	28	63.2	80	63.7	108
Northern	(50.0)	42	51.0	69	50.6	111
North-Western	(49.8)	39	55.3	97	53.4	136
Southern	56.0	122	70.0	183	63.7	305
Western	45.6	57	48.4	103	47.3	160
Marital status						
Never married	40.5	88	40.2	234	40.3	322
Married or living together	60.5	565	66.4	843	63.7	1,408
Divorced or separated	54.2	75	54.2	316	54.2	391
Widowed	(57.6)	28	68.4	257	67.1	285
Education						
No education	*	20	56.3	86	55.2	106
Primary	52.5	256	60.3	758	57.9	1,014
Secondary	57.1	392	60.8	689	59.2	1,081
More than secondary	71.9	89	61.3	122	66.7	211
Wealth quintile						
Lowest	44.8	79	48.4	160	47.1	239
Second	52.8	108	56.9	183	55.2	291
Middle	54.9	162	62.2	353	59.5	515
Fourth	51.9	198	59.6	469	56.7	667
Highest	69.9	204	64.6	482	66.6	686
Total 15-24	36.7	53	33.6	233	34.3	286
Total 15-49	52.5	611	58.9	1,473	56.6	2,084
Total 15-59	57.2	758	60.4	1,655	59.2	2,413

¹ Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

9.4 Adult Viral Load Suppression by Age and Sex

In general, the prevalence of VLS among people living with HIV ranged from 30.7% among those aged 15-19 years to 79.0% among those aged 55-59 years. Only a third of aged 0-14 years (33.4%) and aged 15-24 years (34.3%) had suppressed viral loads (Table 9.4.A; Table 9.4.B; Figure 9.4.A).

Table 9.4.A Viral load suppression by age (5-year age groups)Percentage of HIV-positive persons from 0-59 years of age with viral load suppression¹, by sex and age, ZAMPHIA 2016

Age	Males		Females		Total	
	Percentage VLS ²	Number	Percentage VLS ²	Number	Percentage VLS ²	Number
0-4	*	13	*	6	*	19
5-9	(22.4)	30	*	21	22.5	51
10-14	*	9	*	11	*	20
15-19	(42.5)	25	25.1	67	30.7	92
20-24	(31.1)	28	37.5	166	36.3	194
25-29	36.8	53	57.2	220	52.0	273
30-34	36.6	107	55.2	295	49.1	402
35-39	51.9	115	69.7	280	63.1	395
40-44	66.7	161	70.8	290	69.0	451
45-49	66.0	122	72.5	155	69.3	277
50-54	78.3	95	71.6	114	75.1	209
55-59	82.3	52	76.1	68	79.0	120
Total 15-24	36.7	53	33.6	233	34.3	286
Total 15-49	52.5	611	58.9	1,473	56.6	2,084
Total 15-59	57.2	758	60.4	1,655	59.2	2,413

¹Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads²VLS: Viral load suppression

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

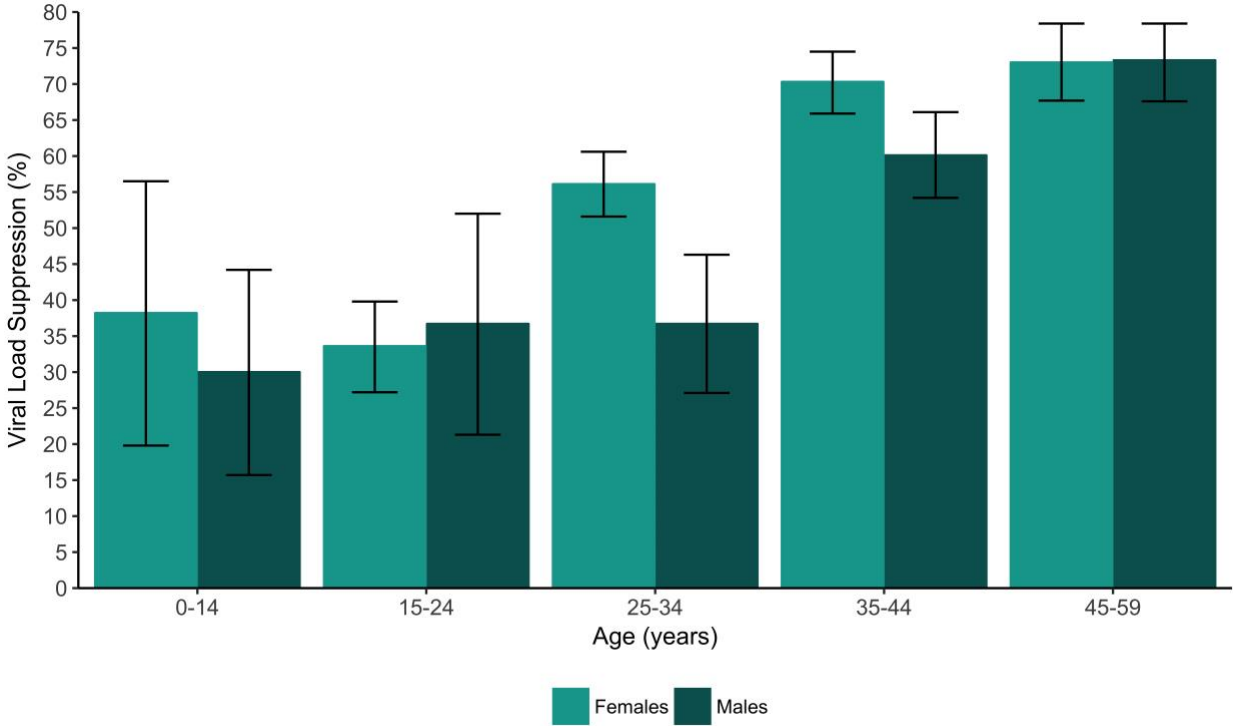
Table 9.4.B Viral load suppression by age (10-to-15-year age groups)Percentage of HIV-positive persons from 0-59 years of age with viral load suppression¹, by sex and age, ZAMPHIA 2016

Age	Males		Females		Total	
	Percentage VLS ²	Number	Percentage VLS ²	Number	Percentage VLS ²	Number
0-14	30.0	52	(38.2)	38	33.4	90
15-24	36.7	53	33.6	233	34.3	286
25-34	36.7	160	56.1	515	50.4	675
35-44	60.1	276	70.3	570	66.1	846
45-59	73.3	269	73.0	337	73.1	606

¹Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads²VLS: Viral load suppression

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

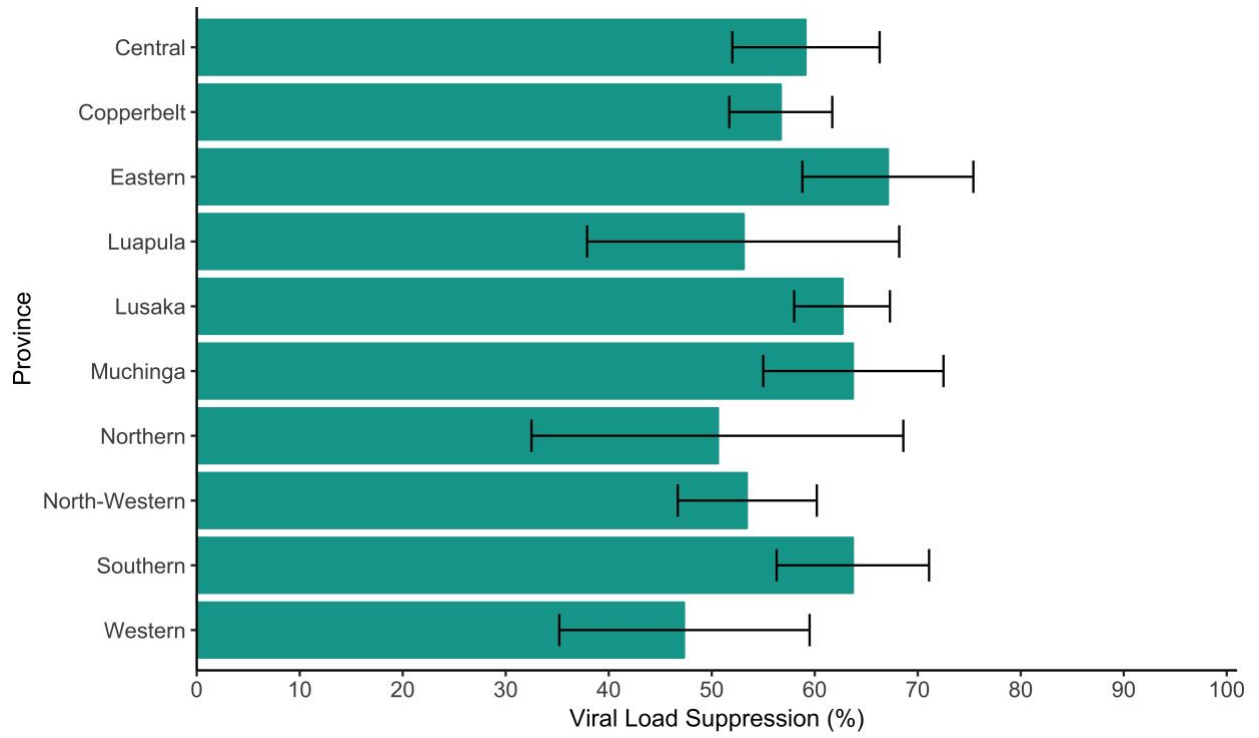
Figure 9.4.A Proportion of viral load suppression (<1,000 copies/mL) among people living with HIV, by age and sex, ZAMPHIA 2016



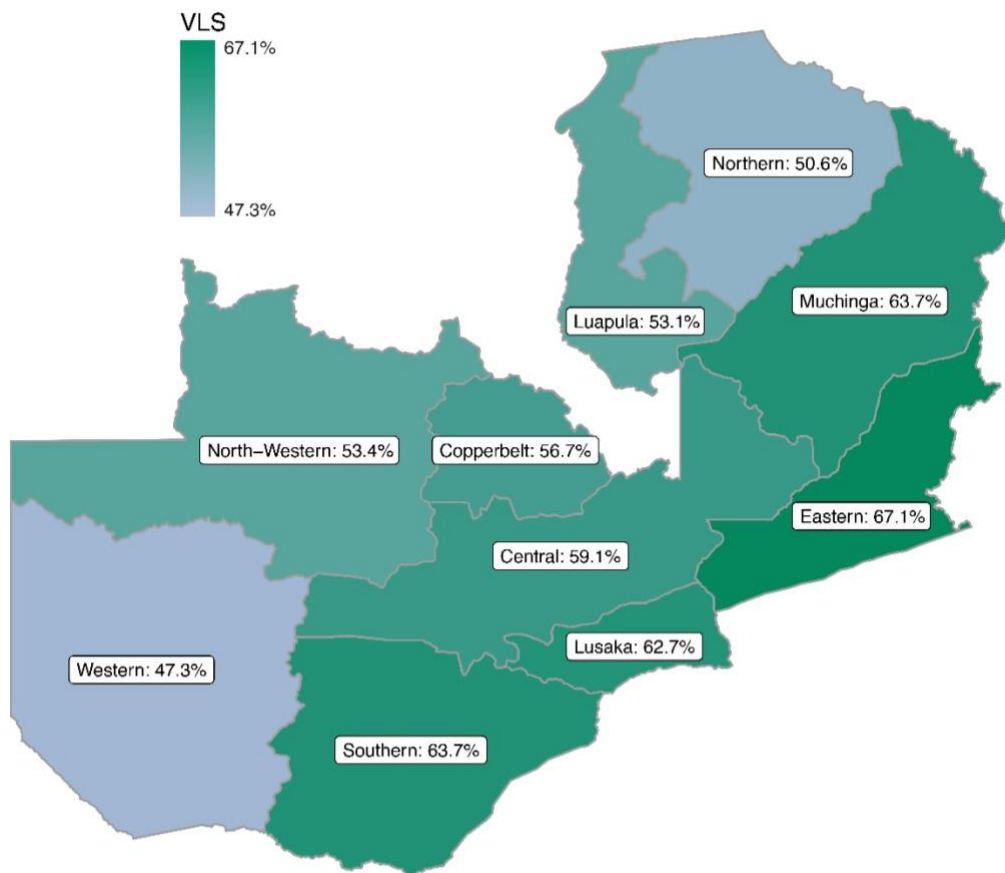
9.5 Adult Viral Load Suppression by Province

Among HIV-positive adults aged 15-59 years, the prevalence of VLS varies geographically across Zambia, ranging from 47.3% in Western Province to 67.1% in Eastern Province. The prevalence of VLS was above 60% in Muchinga, Lusaka, Southern, and Eastern Provinces. Comparatively, in the remaining six provinces, prevalence of VLS was less than 60% (Table 9.3.A; Figure 9.5.A and 9.5.B).

Figure 9.5.A Viral load suppression (<1000 copies/mL) among HIV-positive adults aged 15-59, by province, ZAMPHIA 2016



Map 9.5.B Viral load suppression (<1000 copies/mL) among HIV-positive adults aged 15-59, by province, ZAMBIA 2016



9.6 Gaps and Unmet Needs

- Western Province has low viral load suppression and high HIV prevalence (15.9%). Test and Treat and increased VL testing may help improve viral load suppression.
- Among those who reported being previously diagnosed but not on ART, the prevalence of viral load suppression was low: 5.3% for males, and 14.8% for females. Additional analysis is needed to explain the suppression of viral load among those who report not being on ART.
- Viral load suppression was particularly low among children, aged 0-14 years (33.4%), and young adults, 15-24 years (34.3%), reflecting a need for diagnosis and effective treatment among these age groups.

10 UNAIDS 90-90-90 TARGETS

10.1 Key Findings

- **Diagnosed:** In Zambia, 71.4% of HIV-positive people aged 15-59 years report knowing their HIV status and/or had detectable ARVs in their blood (72.6% of females and 69.2% of males).
- **On Treatment:** Among people living with HIV aged 15-59 years who know their HIV status, 87.1% self-reported current use of ART and/or had detectable ARVs in their blood (86.5% of HIV-positive females and 88.2% of HIV-positive males).
- **Suppressed Viral Load:** Among people living with HIV aged 15-59 years who report currently using ART and/or had detectable ARVs in their blood, 89.2% had suppressed viral loads (90.2% of HIV-positive females and 87.7% of HIV-positive males).

10.2 Background

In order to bring the HIV epidemic under control, UNAIDS has set the ambitious target referred to as 90-90-90: By 2020, 90% of all persons living with HIV will know their HIV status; 90% of all persons with diagnosed HIV infection will receive sustained ART; and 90% of all persons receiving ART will have viral suppression.¹

The previous chapters on HIV testing and treatment provide results on coverage of HIV testing and treatment services, while VLS among all HIV-positive individuals is a measure of program impact, irrespective of knowledge of status or being on treatment. This chapter presents the status of the 90-90-90 indicators, which provide signals of HIV program performance. Awareness of HIV-positive status and treatment status among those aware of being HIV positive are indicators of access to services. Viral load suppression among those who are aware of their HIV status and on treatment not only provides an indication of access to and retention in care but also when compared to VLS among all HIV-positive individuals, provides a measure of program success. Viral load suppression among all HIV-positive individuals of 73% (90 x 90 x 90) or greater is an indication of successful testing and treatment services.

The 90-90-90 results in this chapter have been presented in two ways. First, Tables 10.3.A use only self-reported awareness and ARV status. Individuals are defined as 'aware' of their HIV-positive status if they self-reported a positive HIV status before being tested as part of the ZAMPHIA survey. Likewise, individuals were defined as 'on treatment' if they self-reported that they are taking ART. Second, Table 10.3.B measures the 90-90-90 indicators using both self-reported and ARV biomarker data. In this table, 'aware' and 'on treatment' have been adjusted such that individuals in whom ARVs were detected are classified as 'aware' and 'on treatment' even if they did not self-report. Individuals are classified as 'aware' of their HIV-positive status if they self-reported being HIV positive and/or had detectable ARVs in their blood. Likewise, individuals are classified as 'on treatment' if they self-reported that they are taking ART and/or had detectable ARVs in their blood.

It is important to note that in both cascades, individuals who have suppressed viral loads, but are not aware of their HIV-positive status or are not on ARVs, are excluded from the numerator for the third 90 (viral suppression among those who are aware and on ARVs).

10.3 Status of the UNAIDS 90-90-90 Targets

90-90-90 cascade based on self-reported awareness of HIV Status and ARV use:

Nearly two-thirds (66.1%) of HIV-positive persons aged 15-59 years reported being aware of their HIV status (68.4% of HIV-positive females and 62.3% of HIV-positive males). Among persons who were aware of their HIV status, 85.1% self-reported being on ART (84.4% of HIV-positive females and 86.2% of HIV-positive males). Among those who self-reported ART, 89.2% had suppressed viral loads (90.1% of females and 87.7% of males) (Table 10.3.A).

90-90-90 cascade based on self-reported awareness of HIV Status and ARV use and/or detectable ARVs:

When adjusted to include adults who self-reported as HIV positive and/or had detectable ARVs in their blood, the proportion of HIV-positive adults who were aware (ARV-adjusted awareness) of their HIV status was 71.4% (72.6% among females and 69.2% among males). Among HIV-positive adults who were aware of their status, 87.1% self-reported current ARV usage (ARV-adjusted treatment status) or had detectable ARVs (86.5% of females and 88.2% of males). Among HIV-positive adults with detectable ARVs (ARV-adjusted treatment status), 89.2% had suppressed viral loads (90.2% of females and 87.7% of males) (Table 10.3.B, Figure 10.3.A).

Among HIV-positive males aged 35-49 years, 77.0% reported knowledge of their HIV status or had detectable ARVs, with 88.4% of them reporting being on ART; among those, 87.3% had suppressed viral loads. In contrast, only 47.3% of HIV-positive men aged 25-34 years reported being aware of their status or ARVs were detected in their blood; of those, 75.9% reported being on ART, and among them, 90.7% had suppressed viral loads (Table 10.3.B).

Among HIV-positive women aged 35-49 years, 81.3% reported awareness of their HIV status or had detectable ARVs. In comparison, among those aged 15-24 years, only 45.3% reported knowledge of their HIV status. Of HIV-positive women aged 35-49 years, 90.2% reported being on ART or ARVs were detected in their blood, and 91.7% of those with detectable ARVs had suppressed viral loads (Table 10.3.B).

Table 10.3.A Adult 90-90-90 (self-reported antiretroviral therapy (ART) status; conditional percentages)						
90-90-90 targets among people living with HIV aged 15-59 years, by sex and age, ZAMPHIA 2016						
Age	Diagnosed					
	Males		Females		Total	
	Percentage who self-reported HIV positive	Number	Percentage who self-reported HIV positive	Number	Percentage who self-reported HIV positive	Number
15-24	40.6	53	40.1	234	40.2	287
25-34	40.6	165	69.4	522	60.8	687
35-49	69.8	401	76.8	729	73.8	1,130
15-49	58.9	619	67.6	1,485	64.5	2,104
15-59	62.3	766	68.4	1,668	66.1	2,434

Age	On Treatment, among those Diagnosed					
	Males		Females		Total	
	Percentage who self-reported on ART	Number	Percentage who self-reported on ART	Number	Percentage who self-reported on ART	Number
15-24	*	20	77.9	98	80.0	118
25-34	72.1	68	78.4	363	77.2	431
35-49	86.4	279	88.1	566	87.4	845
15-49	83.7	367	83.4	1,027	83.5	1,394
15-59	86.2	482	84.4	1,165	85.1	1,647

Age	Viral Load Suppression among those On Treatment					
	Males		Females		Total	
	Percentage with suppressed viral load	Number	Percentage with suppressed viral load	Number	Percentage with suppressed viral load	Number
15-24	*	17	78.1	76	71.3	93
25-34	(90.7)	47	88.3	289	88.7	336
35-49	87.7	240	91.2	504	89.8	744
15-49	85.6	304	88.9	869	87.8	1,173
15-59	87.7	413	90.1	996	89.2	1,409

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution. An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

Table 10.3.B Adult 90-90-90 (self-reported antiretroviral therapy (ART) status and/or laboratory antiretroviral (ARV) data; conditional percentages)

90-90-90 targets among people living with HIV age 15-59 years, by sex and age, ZAMPHIA 2016

Age	Diagnosed ¹					
	Males		Females		Total	
	Percentage who self-reported HIV positive AND/OR with detectable ARVs	Number	Percentage who self-reported HIV positive AND/OR with detectable ARVs	Number	Percentage who self-reported HIV positive AND/OR with detectable ARVs	Number
15-24	48.3	54	45.3	234	46.0	288
25-34	47.3	164	73.1	522	65.4	686
35-49	77.0	401	81.3	732	79.4	1,133
15-49	66.0	619	72.0	1,488	69.8	2,107
15-59	69.2	767	72.6	1,672	71.4	2,439

Age	On Treatment ² , among those Diagnosed					
	Males		Females		Total	
	Percentage with detectable ARVs AND/OR who self-reported being on ART	Number	Percentage with detectable ARVs AND/OR who self-reported being on ART	Number	Percentage with detectable ARVs AND/OR who self-reported being on ART	Number
15-24	(89.2)	25	81.4	110	83.3	135
25-34	75.9	78	80.8	383	79.8	461
35-49	88.4	306	90.2	603	89.4	909
15-49	86.0	409	85.8	1,096	85.8	1,505
15-59	88.2	535	86.5	1,242	87.1	1,777

Age	Viral Load Suppression among those On Treatment ³					
	Males		Females		Total	
	Percentage with suppressed viral load	Number	Percentage with suppressed viral load	Number	Percentage with suppressed viral load	Number
15-24	*	22	76.9	89	72.6	111
25-34	90.7	57	88.7	314	89.1	371
35-49	87.3	269	91.7	549	89.9	818
15-49	85.9	348	89.1	952	88.0	1,300
15-59	87.7	469	90.2	1,087	89.2	1,556

¹Relates to Global AIDS Monitoring indicator (GAM) 1.1: People living with HIV who know their HIV status, and PEPFAR Indicator DIAGNOSED_NAT.

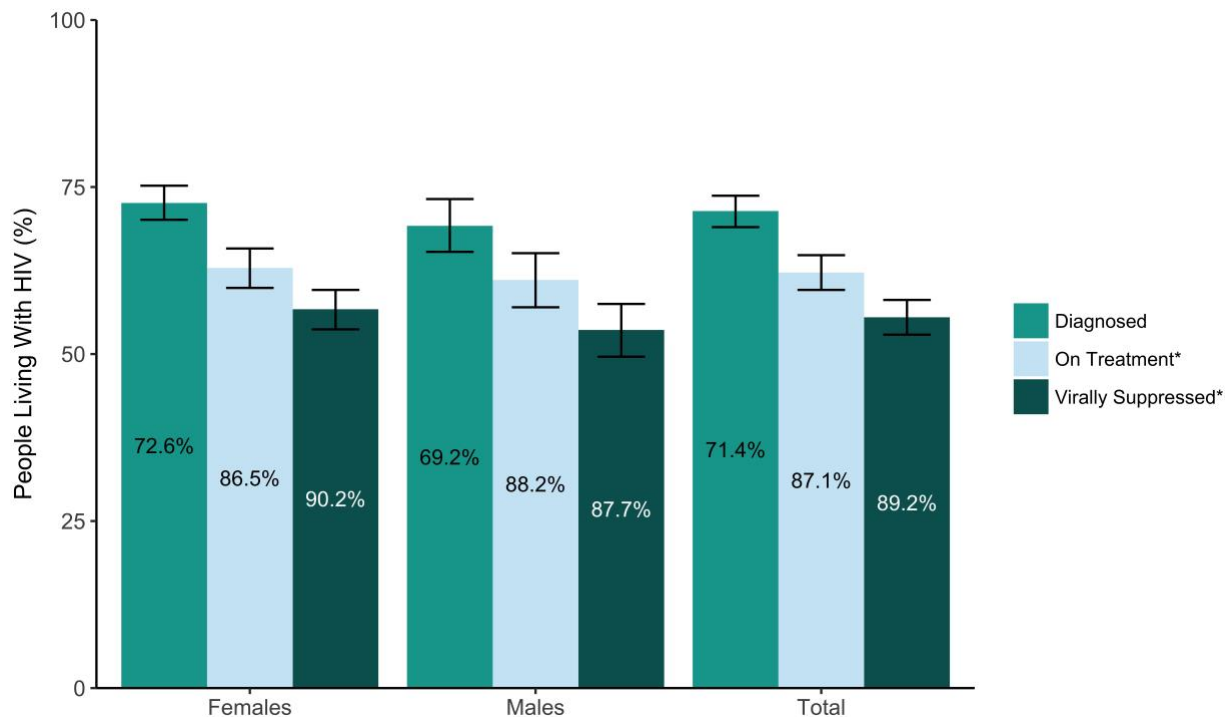
²Relates to GAM 1.2: People living with HIV on antiretroviral therapy, and PEPFAR TX_CURR_NAT / SUBNAT.

³Relates to GAM 1.4: People living with HIV who have suppressed viral loads, and PEPFAR VL_SUPPRESSION_NAT.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

Figure 10.3.A Adult 90-90-90 (adjusted for laboratory antiretroviral data¹ among adults aged 15-59 years), ZAMPHIA 2016



¹In the antiretroviral (ARV)-adjusted 90-90-90 participants are classified as 'Aware' or 'Diagnosed' if they self-reported as HIV positive before testing HIV positive in ZAMPHIA and/or had detectable ARVs in their blood. Participants are classified as 'On Treatment' if they self-reported that they were on treatment and/or if they had detectable ARVs in their blood.

*Inset numbers are conditional proportions.

10.4 Gaps and Unmet Needs

- The major gap is in diagnosis of those individuals, especially among males and young adults, who are unaware of their HIV-positive status.
- A gap persists in the initiation of ART, especially among young adults aged 25-34 years, among whom 20% of those already diagnosed were not receiving ART based on ARV-adjusted measures.
- Although VLS is high among those on ARVs, further attention could be focused upon those who are undiagnosed and those who are not on ARVs so that additional gaps that remain continue to be addressed.

10.5 References

1. Joint United Nations Programme on HIV/AIDS. *90-90-90. An ambitious treatment target to help end the AIDS epidemic*. Geneva: UNAIDS; 2014. http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf. Accessed December 17, 2018.

11 CLINICAL PERSPECTIVES ON PEOPLE LIVING WITH HIV

11.1 Key Findings

- The median CD4 count among all HIV-positive participants aged 15-59 years was 421 cells/ μ L. Nearly two-thirds (64.3%) of those within this age group had CD4 counts < 500 cells/ μ L. The proportion of immunosuppression (defined as CD4 count < 500 cells/ μ L) among HIV-positive persons who reported having been previously diagnosed and on ART was 59.2%, compared to 76.0% among those who reported having been previously diagnosed but not on ART.
- Prevalence of immunosuppression was 58.9% in HIV-positive females compared to 73.2% in males aged 15-59 years.
- Overall, among people newly with HIV aged 15-59 years, 45.5% had a CD4 count less than 350 cells/ μ L and 17.7% had a CD4 count less than 200 cells/ μ L.

11.2 Background

The quality of HIV care is based on key principles of accessibility, efficiency, and safety. As countries implement treatment for all people living with HIV, ensuring a sustainable health system that is people-centered and innovative requires diligent monitoring and responsiveness.¹ Indicators such as CD4 count at diagnosis and retention on ART can provide evidence of program coverage, the ability to reach vulnerable populations, and quality of care. The distribution of CD4 counts also reflects population health, and the potential impact of HIV on mortality. Finally, the measurement of primary (transmitted) and secondary drug resistance allows optimization of national ART guidelines including second- and third-line therapies. ZAMPHIA, therefore, provides a unique opportunity to gauge progress in the expansion of HIV clinical services in Zambia, as well as identify gaps and future challenges.

11.3 CD4 Counts and Immunosuppression

The median CD4 count among all HIV-positive adults aged 15-59 years was 421 cells/ μ L. Nearly two-thirds (64.3%) of those within this age group were immunosuppressed (defined as CD4 count < 500 cells/ μ L). Prevalence of immunosuppression was lower in HIV-positive females (58.9%) than in males (73.2%) aged 15-59 years. Among HIV-positive participants who reported not being aware of their status (that is, not being previously diagnosed with HIV), the median CD4 count was 388 cells/ μ L. The median CD4 count was 451 cells/ μ L among those who reported being previously diagnosed and on ART, compared to 330 cells/ μ L among those who reported that they had been previously diagnosed but were not on ART (Table 11.3.A, Figure 11.3.A). Among those on ART, the median CD4 count was 397 cells/ μ L among men and 485 cells/ μ L among women (Table 11.3.A).

The proportion of immunosuppression (CD4 count of less than 500 cells/ μ L) among HIV-positive persons who reported having been previously diagnosed and on ART was 59.2%, compared to 76.0% among those who reported having been previously diagnosed but not on ART, and 69.8% among those reporting not being previously diagnosed. Among those aged 15-59 years who were previously diagnosed and on ART, approximately half (53.2%) of the females were immunosuppressed compared to 70.0% of the males. By age, the proportion of immunosuppression ranged from 53.2% among those aged 15-19 years to 73.2% among those aged 55-59 years. By province, the median CD4 count in HIV-positive persons ranged from 369 cells/ μ L for those residing in North-Western Province to 457 cells/ μ L among those residing in Luapula (Table 11.3.A).

Table 11.3.A Median CD4 count and prevalence of immunosuppression

Among HIV-positive persons aged 15-59 years, median (Q1, Q3) CD4 count and percentage with immunosuppression (< 500 cells/μL), by sex, self-reported diagnosis and antiretroviral therapy (ART) status, and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males			Females			Total		
	Median (Q1, Q3)	Percentage < 500 cells/μL	Number	Median (Q1, Q3)	Percentage < 500 cells/μL	Number	Median (Q1, Q3)	Percentage < 500 cells/μL	Number
Self-reported diagnosis and treatment status									
Not previously diagnosed	360 (223, 501)	74.8	274	414 (276, 569)	66.2	499	388 (254, 539)	69.8	773
Previously diagnosed, not on ART	248 (142, 412)	88.1	68	365 (257, 525)	70.2	168	330 (213, 488)	76.0	236
Previously diagnosed, on ART	397 (260, 529)	70.0	411	485 (345, 666)	53.2	993	451 (303, 615)	59.2	1,404
Missing	*	*	13	*	*	20	464 (290, 618)	(54.6)	33
Residence									
Urban	368 (227, 509)	72.7	403	450 (303, 614)	59.8	1,004	423 (277, 574)	64.5	1,407
Rural	364 (240, 511)	73.8	363	449 (302, 645)	57.8	676	418 (273, 581)	64.0	1,039
Province									
Central	326 (246, 450)	83.8	69	432 (274, 616)	60.7	159	377 (267, 545)	68.8	228
Copperbelt	382 (242, 540)	68.3	153	444 (315, 616)	59.4	353	418 (279, 580)	62.6	506
Eastern	445 (247, 554)	(63.4)	45	440 (308, 615)	60.4	129	441 (286, 593)	61.3	174
Luapula	318 (207, 559)	(69.0)	32	475 (332, 716)	56.0	69	457 (277, 631)	60.8	101
Lusaka	381 (228, 511)	71.3	167	465 (318, 628)	57.3	414	435 (279, 578)	62.7	581
Muchinga	308 (189, 453)	(82.4)	27	470 (327, 596)	55.4	80	437 (277, 575)	63.4	107
Northern	427 (206, 536)	66.7	54	376 (280, 611)	60.5	91	399 (263, 583)	63.0	145
North-Western	335 (202, 472)	(82.4)	38	387 (265, 567)	68.4	97	369 (238, 523)	73.1	135
Southern	355 (238, 488)	76.8	123	479 (324, 633)	54.1	186	413 (274, 560)	64.3	309
Western	338 (169, 442)	81.8	58	416 (274, 671)	65.2	102	378 (235, 537)	71.8	160
Marital status									
Never married	425 (285, 576)	65.7	85	438 (298, 616)	60.9	236	431 (293, 612)	62.5	321
Married or living together	362 (227, 508)	73.1	574	471 (324, 642)	55.3	861	427 (277, 573)	63.6	1,435
Divorced or separated	342 (220, 474)	79.2	77	420 (282, 562)	65.6	315	402 (269, 544)	69.0	392
Widowed	259 (170, 467)	(82.5)	28	424 (270, 657)	60.8	262	413 (253, 635)	63.4	290
Education									
No education	*	*	20	417 (299, 561)	67.4	88	417 (279, 539)	69.5	108
Primary	364 (230, 526)	70.8	263	452 (301, 646)	57.6	768	432 (280, 607)	61.7	1,031
Secondary	370 (240, 508)	73.5	390	452 (301, 616)	59.4	699	417 (274, 562)	65.4	1,089
More than secondary	344 (221, 486)	78.5	92	471 (343, 619)	58.0	125	410 (254, 552)	68.4	217
Wealth quintile									
Lowest	294 (175, 491)	75.2	80	407 (264, 623)	58.1	161	363 (226, 562)	64.5	241
Second	371 (262, 522)	72.5	111	448 (303, 652)	58.8	191	429 (280, 604)	64.4	302
Middle	369 (208, 485)	77.4	160	445 (296, 624)	58.6	360	416 (273, 569)	65.3	520
Fourth	362 (247, 500)	74.9	201	442 (297, 609)	59.2	474	414 (274, 569)	65.0	675
Highest	396 (234, 532)	69.4	208	462 (333, 628)	59.4	486	437 (290, 583)	63.2	694
Age									
15-19	*	*	23	475 (345, 629)	56.4	65	492 (345, 655)	53.2	88
20-24	381 (270, 459)	(79.6)	27	475 (320, 665)	54.1	169	449 (314, 620)	58.8	196
25-29	383 (247, 543)	64.9	57	475 (307, 662)	54.2	223	456 (289, 630)	57.1	280
30-34	330 (205, 466)	78.2	106	444 (296, 612)	58.2	301	401 (249, 559)	64.5	407
35-39	357 (217, 488)	75.8	116	439 (302, 574)	62.7	286	412 (276, 536)	67.5	402
40-44	382 (210, 531)	67.7	162	457 (284, 622)	58.0	292	425 (249, 574)	62.3	454
45-49	351 (227, 471)	78.8	125	428 (291, 624)	64.4	159	400 (269, 548)	71.5	284
50-54	326 (259, 489)	76.2	97	427 (307, 606)	59.2	117	394 (280, 560)	68.2	214
55-59	352 (225, 474)	77.3	53	400 (269, 596)	69.6	68	384 (250, 555)	73.2	121
Total 15-24	437 (311, 604)	63.7	50	476 (337, 654)	54.8	234	458 (331, 643)	56.8	284
Total 15-49	372 (228, 512)	72.5	616	453 (303, 629)	58.4	1,495	429 (276, 578)	63.4	2,111
Total 15-59	365 (231, 510)	73.2	766	450 (303, 623)	58.9	1,680	421 (275, 576)	64.3	2,446

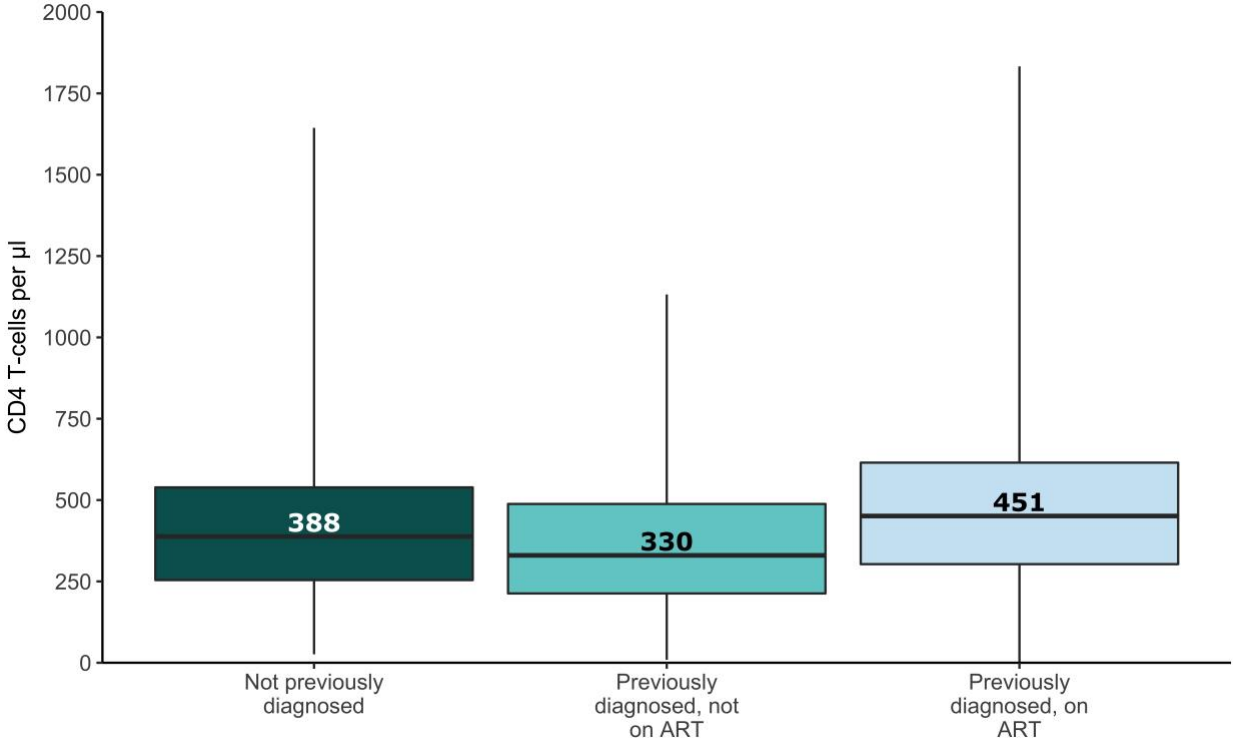
Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

The interquartile range (IQR) is a measure of variability, based on dividing a data set into quartiles. Quartiles divide a rank-ordered data set into four equal parts. The values that divide each part are called the first, second, and third quartiles; and they are denoted by Q1, Q2, and Q3, respectively.

Figure 11.3.A CD4 count distribution among HIV-positive adults aged 15-59 years, by antiretroviral therapy status, ZAMPHIA 2016



11.4 Late HIV Diagnosis

Late HIV diagnosis can be assessed by considering the CD4 counts among persons discovered to be HIV positive at the time of the survey but who had reported themselves to be HIV negative during the interview portion of the survey (that is, they self-reported as HIV negative and had no detectable antiretrovirals). Overall, among these people newly diagnosed with HIV aged 15-59 years, 45.5% had a CD4 count less than 350 cells/µL and 17.7% had a CD4 count less than 200 cells/µL. There were no notable differences between urban and rural areas or by education level. (Table 11.4.A)

Table 11.4.A Late HIV diagnosis

Among persons aged 15-59 years who tested HIV positive in the PHIA survey but self-reported as HIV negative and with no detectable antiretrovirals, percentage who had a CD4 cell count < 200 cells/ μ L and < 350 cells/ μ L, by sex and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males			Females			Total		
	Percentage < 200 cells/ μ L ¹	Percentage < 350 cells/ μ L ¹	Number	Percentage < 200 cells/ μ L ¹	Percentage < 350 cells/ μ L ¹	Number	Percentage < 200 cells/ μ L ¹	Percentage < 350 cells/ μ L ¹	Number
Residence									
Urban	23.4	51.5	103	14.0	41.6	228	17.5	45.3	331
Rural	22.4	48.6	119	14.6	43.6	198	17.9	45.7	317
Province									
Central	*	*	21	(15.8)	(35.2)	40	13.9	38.6	61
Copperbelt	(21.7)	(54.7)	42	13.3	47.4	87	16.4	50.1	129
Eastern	*	*	11	*	*	23	(12.5)	(42.9)	34
Luapula	*	*	15	*	*	22	(14.0)	(47.6)	37
Lusaka	(29.0)	(53.8)	39	14.4	35.5	101	19.6	42.0	140
Muchinga	*	*	7	(11.2)	(44.0)	27	(20.1)	(53.7)	34
Northern	*	*	18	(21.3)	(59.9)	27	(20.2)	(53.6)	45
North-Western	*	*	15	(16.6)	(60.7)	28	(14.9)	(45.4)	43
Southern	(24.8)	(46.4)	32	(8.5)	(42.8)	34	17.4	44.8	66
Western	*	*	22	(18.5)	(38.8)	37	23.4	44.5	59
Marital status									
Never married	(11.7)	(37.5)	42	9.0	32.3	100	9.9	34.1	142
Married or living together	25.6	51.9	151	12.9	45.3	185	19.3	48.6	336
Divorced or separated	*	*	24	16.3	41.0	96	19.0	46.8	120
Widowed	*	*	5	(29.1)	(58.7)	44	(28.7)	(56.6)	49
Education									
No education	*	*	4	*	*	17	*	*	21
Primary	26.0	54.0	88	15.3	44.6	203	19.0	47.8	291
Secondary	21.9	46.8	114	13.3	38.3	182	17.2	42.1	296
More than secondary	*	*	15	*	*	24	(16.2)	(51.4)	39
Wealth quintile									
Lowest	(24.0)	(64.3)	32	(15.6)	(45.4)	47	19.4	53.8	79
Second	(13.2)	(38.7)	36	13.4	40.0	57	13.3	39.4	93
Middle	(36.4)	(49.8)	48	12.2	40.8	102	20.9	44.1	150
Fourth	18.1	51.6	63	15.7	42.7	124	16.7	46.5	187
Highest	(25.6)	(49.8)	41	14.4	44.2	96	18.2	46.1	137
Age									
15-19	*	*	9	(4.6)	(29.3)	44	5.9	27.3	53
20-24	*	*	16	2.8	25.9	79	3.8	30.3	95
25-29	(17.3)	(48.5)	32	6.3	40.7	64	10.9	44.0	96
30-34	30.6	55.5	52	17.0	47.9	73	23.5	51.6	125
35-39	(7.3)	(38.9)	40	(41.0)	(63.0)	48	23.3	50.4	88
40-44	(26.4)	(52.5)	29	(27.4)	(55.3)	45	27.0	54.0	74
45-49	*	*	23	(14.2)	(47.0)	35	27.6	55.0	58
50-54	*	*	12	*	*	24	(10.2)	(52.7)	36
55-59	*	*	9	*	*	14	*	*	23
Total 15-24	(8.9)	(36.1)	25	3.5	27.2	123	4.6	29.1	148
Total 15-49	21.6	49.0	201	14.1	42.0	388	17.1	44.8	589
Total 15-59	22.9	50.0	222	14.3	42.5	426	17.7	45.5	648

¹Relates to Global AIDS Monitoring indicator 1.5: Late HIV diagnosis.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

11.5 Retention on Antiretroviral Therapy

Tables 11.5.A and 11.5.B provide the percentages of HIV-positive persons who are still on treatment among those who say they had initiated ART less than 12 months (Table 11.5.A) and 12 months or longer (Table 11.5.B) before the survey. Among people living with HIV aged 15-59 years who initiated ART less than 12 months prior to the survey, 98.9% (100% of men and 98.1% of women) reported that they were still taking ART at the time of the survey (Table 11.5.A). Among those aged 15-59 year who initiated ART 12 months or more prior to the survey, 97.9 reported that they were still taking ART at the

time of the survey. This was similar between men and women (98.7% and 97.6% respectively) (Table 11.5.B). There was little variation by socio-demographic characteristics aside from marital status.

Table 11.5.A Retention on antiretroviral therapy (ART): People initiating antiretroviral therapy less than 12 months prior to the survey

Among HIV-positive persons aged 15-59 years who reported initiating ART less than 12 months prior to the survey, percentage who reported still receiving ART, by sex and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number
Presence of detectable ARVs²						
Detectable	100.0	79	99.1	162	99.4	241
Not detectable	*	6	*	11	*	17
Residence						
Urban	(100.0)	48	98.5	106	99.1	154
Rural	(100.0)	37	97.5	68	98.5	105
Province						
Central	*	11	*	17	(100.0)	28
Copperbelt	(100.0)	25	(97.4)	35	98.7	60
Eastern	*	0	*	14	*	14
Luapula	*	3	*	4	*	7
Lusaka	*	14	(98.0)	45	98.7	59
Muchinga	*	7	*	7	*	14
Northern	*	6	*	10	*	16
North-Western	*	4	*	9	*	13
Southern	*	9	*	24	(100.0)	33
Western	*	6	*	9	*	15
Marital status						
Never married	*	8	(100.0)	28	(100.0)	36
Married or living together	100.0	63	97.4	95	98.6	158
Divorced or separated	*	11	(100.0)	28	(100.0)	39
Widowed	*	2	*	21	*	23
Education						
No education	*	3	*	11	*	14
Primary	*	23	97.4	71	98.2	94
Secondary	100.0	51	98.9	78	99.4	129
More than secondary	*	8	*	14	*	22
Wealth quintile						
Lowest	*	7	*	15	*	22
Second	*	14	*	20	(100.0)	34
Middle	*	14	(97.3)	35	(98.3)	49
Fourth	(100.0)	29	96.9	57	98.1	86
Highest	*	21	(98.7)	46	99.2	67
Age						
15-19	*	0	*	5	*	5
20-24	*	2	*	20	*	22
25-29	*	9	(98.5)	38	(98.8)	47
30-34	*	9	(97.3)	32	(98.0)	41
35-39	*	18	(97.1)	31	(98.4)	49
40-44	*	24	*	22	(100.0)	46
45-49	*	15	*	17	(100.0)	32
50-54	*	6	*	5	*	11
55-59	*	2	*	4	*	6
Total 15-24	*	2	(96.5)	25	(97.0)	27
Total 15-49	100.0	77	98.0	165	98.8	242
Total 15-59	100.0	85	98.1	174	98.9	259

¹Relates to Global AIDS Monitoring indicator 1.3: Retention on antiretroviral therapy at 12 months; ²Antiretroviral (ARV) detection assay included only atazanavir, efavirenz, and lopinavir. Participants who reported antiretroviral therapy use and/or had undetectable viral load but had no evidence of the first three ARVs were tested for nevirapine as well.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution; an asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed. The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable

Table 11.5.B Retention on antiretroviral therapy (ART): People initiating antiretroviral therapy more than 12 months prior to the survey

Among HIV-positive persons aged 15-59 years who self-reported initiating ART 12 months or more prior to the survey, percentage who self-reported still receiving ART, by sex and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number
Presence of detectable ARVs²						
Detectable	99.7	308	100.0	771	99.9	1,079
Not detectable	*	12	67.1	59	67.8	71
Residence						
Urban	99.4	182	97.1	523	97.9	705
Rural	97.6	144	98.3	314	98.1	458
Province						
Central	(87.1)	25	98.6	81	95.4	106
Copperbelt	100.0	58	98.3	177	98.8	235
Eastern	(100.0)	31	96.9	63	98.0	94
Luapula	*	8	(95.1)	33	(96.2)	41
Lusaka	99.2	90	97.6	208	98.3	298
Muchinga	*	9	(96.5)	37	(97.3)	46
Northern	*	17	(96.3)	37	97.6	54
North-Western	*	13	(97.8)	43	98.5	56
Southern	100.0	55	98.3	111	98.9	166
Western	*	20	(95.4)	47	97.0	67
Marital status						
Never married	*	19	98.4	71	98.9	90
Married or living together	99.1	263	97.3	469	98.1	732
Divorced or separated	(100.0)	25	97.0	142	97.6	167
Widowed	*	18	98.3	154	97.1	172
Education						
No education	*	9	(89.6)	48	89.0	57
Primary	100.0	106	99.2	384	99.4	490
Secondary	98.0	157	96.9	342	97.3	499
More than secondary	100.0	54	98.0	63	99.1	117
Wealth quintile						
Lowest	(100)	26	97.3	70	98.1	96
Second	(95.1)	46	96.8	91	96.1	137
Middle	97.7	63	99.2	178	98.8	241
Fourth	98.8	71	94.5	219	95.8	290
Highest	100.0	116	99.2	274	99.5	390
Age						
15-19	*	6	*	10	*	16
20-24	*	6	(91.5)	42	(93.2)	48
25-29	*	6	97.6	83	96.1	89
30-34	*	22	94.3	143	94.5	165
35-39	(100.0)	36	97.7	161	98.3	197
40-44	100.0	75	99.4	190	99.6	265
45-49	98.7	73	100.0	90	99.3	163
50-54	98.5	67	98.6	74	98.6	141
55-59	(100.0)	35	(100.0)	44	100.0	79
Total 15-24	*	12	93.3	52	95.0	64
Total 15-49	98.5	224	97.3	719	97.7	943
Total 15-59	98.7	326	97.6	837	97.9	1,163

¹Relates to Global AIDS Monitoring indicator 1.3: Retention on antiretroviral therapy at 12 months; ²Antiretroviral detection assay included only atazanavir, efavirenz, and lopinavir. Participants who reported antiretroviral therapy use and/or had undetectable viral load but had no evidence of the first three ARVs were tested for nevirapine as well.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

11.6 Transmitted Resistance to Antiretroviral Therapy

As indicated in section 1.3 the objective of ZAMPHIA was to estimate the prevalence of resistance to ARVs, using samples from HIV-positive participants who were identified as recent HIV infections using the Recent Infection Testing Algorithm (Figure 2.5.A).

Among 38 successfully amplified samples from recently infected HIV-positive adults identified in ZAMPHIA, four (10.5%) had evidence of resistance to ARVs. Three had mutations associated with resistance to non-nucleoside reverse transcriptase inhibitors (NNRTI) only, one had mutations associated with resistance to nucleoside reverse transcriptase inhibitors (NRTI) only (Table 11.6.A).

Table 11.6.A Resistance to antiretrovirals

Among persons aged 15-59 years who were recently infected with HIV, percentage with resistance to antiretrovirals, by class of ARV, ZAMPHIA 2016

	Percent	Number	DR Mutations Detected ¹
Successfully amplified ²	(92.7)	38	
Any	*	4	G190A, K103N, K65KR
NRTI	*	1	K65KR
NNRTI	*	3	G190A, K103N
PI	*	0	
NRTI & NNRTI	*	0	
NRTI, NNRTI & PI	*	0	

¹Based on *Stanford Database for HIV Drug Resistance Mutation*. <https://hivdb.stanford.edu/assets/media/resistance-mutation-handout-Dec2017.b8f72e32.pdf>

²Unweighted figures, from a total of 38 cases.

NRTI: Nucleoside Reverse Transcriptase Inhibitors; NNRTI: Non-Nucleoside Reverse Transcriptase Inhibitors; PI: Protease inhibitor

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

* Commonly used ARVs by class include: NNRTIs nevirapine (NVP) and efavirenz (EFV); NRTIs tenofovir (TDF), lamivudine (3TC), zidovudine (AZT), emtricitabine (FTC) and PIs lopinavir/ritonavir (LPV/r) and atazanavir (ATV).

Table 11.6.B shows the distribution of HIV-subtypes among HIV-positive adults who underwent HIV genotyping. Of the 141 adults living with HIV who underwent HIV genotyping, 135 (95.7%) were infected with subtype C; 5 were infected with a recombinant subtype; 1 was infected with subtype A. No one sampled presented with subtypes B, D, or G.

Table 11.6.B HIV Subtype

Percent distribution of HIV-positive persons age 15-59 years that that underwent genotyping, by HIV Subtype, ZAMPHIA 2016

	Total	
	Percent	Number
Subtype A	*	1
Subtype B	0	0
Subtype C	95.7	135
Subtype D	0	0
Subtype G	0	0
Recombinant	*	5
Total	100.0	141
Unweighted figures		

11.7 Viral Load Suppression and Severe Immunosuppression

Among HIV-positive adults aged 15-59 years, those who reported ART use had high levels of VLS irrespective of the reported duration of therapy, however, with very different percentages of VLS among those who reported ART use versus those who were not on ART; 90.5% VLS for those on ART for 12 months or more, 84.7% among those on ART for less than 12 months and 19.1% VLS for those not on ART. In contrast, the prevalence of severe immunosuppression (CD4 count less than 200 cells/ μ L) was quite similar for those on 12 months or less of ART use (16.9%) and those who self-reported not using ART (17.5%) as compared to adults on 12 months or more of ART use (10.2%) (Table 11.7.A).

Table 11.7.A Viral load suppression and severe immunosuppression

Among HIV-positive persons aged 15-59 years, percentage with viral load suppression (< 1,000 copies/mL) and percentage with severe immunosuppression (CD4 count < 200 cells/ μ L) by self-reported antiretroviral therapy (ART) status, by selected demographic characteristics, ZAMPHIA 2016 15-59 years, percentage with viral load suppression (< 1,000 copies/mL) and percentage with severe immunosuppression (CD4 count < 200 cells/ μ L) by ART status, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	On ART \geq 12 months		On ART < 12 months		Not on ART		Total ¹	On ART \geq 12 months		On ART < 12 months		Not on ART		Total ²
	With viral load suppression	Number	With viral load suppression	Number	With viral load suppression	Number		With severe immunosuppression	Number	With severe immunosuppression	Number	With severe immunosuppression	Number	
Sex														
Male	90.9	316	78.0	82	20.1	342	740	14.4	320	27.3	85	23.4	342	747
Female	90.3	806	89.0	167	18.5	655	1,628	7.9	817	10.1	169	13.7	667	1,653
Residence														
Urban	89.2	681	86.7	150	20.4	532	1,363	11.0	690	13.8	152	16.4	535	1,377
Rural	92.6	441	81.5	99	17.7	465	1,005	8.7	447	21.8	102	18.7	474	1,023
Age														
15-24	74.2	58	(61.6)	26	16.2	192	276	16.5	60	(7.7)	25	6.2	189	274
25-59	91.5	1,064	87.4	223	19.9	805	2,092	9.7	1,077	17.9	229	20.3	820	2,126
Total 15-59	90.5	1,122	84.7	249	19.1	997	2,368	10.2	1,137	16.9	254	17.5	1,009	2,400

¹ Number of HIV+ who had viral load values.

² Number of HIV+ who had CD4 values.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

11.8 Gaps and Unmet Needs

- Late diagnosis, or CD4 counts less than 350 cells/ μ L among adults at the time of HIV diagnosis, is common (45.5%) particularly among HIV-positive people aged 30-49 years. In order to achieve epidemic control, there is a need to reach this high-risk population of undiagnosed people living with HIV.
- In light of the findings of high prevalence of late diagnosis, especially among men, several policies and guidelines are in place to address this gap in HIV diagnosis and treatment.
 - The National ART Guidelines (2018) promotes the use of index testing and other modalities to improve early case identification. The guidelines also present guidance on enhanced screening and the use of prophylaxis for opportunistic infections among patients presenting with severe immunosuppression defined as CD4 count <100 cells/ μ L. This is a response to late diagnosis.
 - In 2017, the Government of the Republic of Zambia implemented universal routine provider-initiated testing during all patient interactions with the healthcare system. A remaining gap is the measurement of HIV-associated mortality, particularly as it relates to late diagnosis and non-adherence to treatment regimens.
- Upcoming drug resistance studies will shed more light on primary and secondary drug resistance in the country.

11.9 References

1. World Health Organization. *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. Geneva: World Health Organization; 2016.
[Http://www.who.int/hiv/pub/arv/arv-2016/en/](http://www.who.int/hiv/pub/arv/arv-2016/en/). Accessed December 17, 2018.

12 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

12.1 Key Findings

- In Zambia, 99.0% of women aged 15-49 years who delivered in the three years preceding the survey, attended at least one ANC visit for their most recent birth.
- Prevention of mother-to-child transmission: Among women aged 15-49 years who delivered in the 12 months preceding the survey, 93.1% knew their HIV status; while 98.9% of HIV-positive women who gave birth in the 12 months preceding the survey received ARVs.
- Among infants born in the previous 17 months to HIV-positive mothers who reported ever breastfeeding, 9.3% were confirmed to be HIV positive.

12.2 Background

Pregnant women living with HIV are at high risk of transmitting HIV to their infants during pregnancy, during labor and delivery, or through breastfeeding. Over 90% of new infections among infants and young children occur through mother-to-child transmission. Without any interventions, between 20% and 45% of infants may become infected, with an estimated risk of 5-10% during pregnancy, 10-20% during labor and delivery, and 5-20% through breastfeeding.¹ In 2010, global targets were set to decrease new HIV infections in children and reduce mortality among mothers living with HIV, including a 90% reduction in child HIV infections, a 50% reduction in AIDS-related maternal deaths, and virtual elimination of mother-to-child transmission.²

To prevent MTCT, the United Nations recommends a comprehensive four-pronged approach including: (1) primary prevention of HIV infection among women of childbearing age; (2) preventing unintended pregnancies among women living with HIV; (3) preventing HIV transmission from women living with HIV to their infants; and (4) providing appropriate treatment, care, and support to mothers living with HIV and their children and families.²

This chapter describes ANC attendance, breastfeeding practices, awareness of a woman's HIV status prior to or during pregnancy, use of ART during pregnancy in women who were aware of their HIV-positive status during pregnancy, and infant HIV testing to confirm HIV infection through self-report by the mother and through biomarker testing during the survey.

12.3 Antenatal Care Attendance

Almost all (99.0%) women aged 15-49 years who delivered in the three years preceding the survey, attended at least one ANC visit for their most recent birth. Attending at least one ANC visit is almost universal, regardless of urban/rural residence, province, marital status, education, and age (Table 12.3.A Antenatal care).

Table 12.3.A Antenatal care

Among women aged 15-49 years who delivered in the three years preceding the survey, percentage who attended at least one antenatal care visit for her most recent birth, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Percentage who attended at least one antenatal visit	Number
Residence		
Urban	99.5	1,540
Rural	98.8	2,624
Province		
Central	98.9	350
Copperbelt	99.1	641
Eastern	99.3	401
Luapula	98.3	262
Lusaka	99.4	589
Muchinga	97.2	462
Northern	99.7	368
North-Western	99.8	389
Southern	99.6	458
Western	98.0	244
Marital status		
Never married	98.9	512
Married or living together	99.1	3,260
Divorced or separated	98.4	314
Widowed	98.5	69
Education		
No education	97.8	296
Primary	98.7	2,153
Secondary	99.6	1,505
More than secondary	100.0	209
Wealth quintile		
Lowest	98.0	879
Second	98.8	910
Middle	99.5	857
Fourth	99.5	834
Highest	99.4	668
Age		
15-19	99.2	439
20-24	99.3	1,152
25-29	99.1	976
30-34	98.6	808
35-39	98.9	508
40-44	98.9	234
45-49	(100.0)	47
Total 15-24	99.2	1,591
Total 15-49	99.0	4,164

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

12.4 Breastfeeding

More than half (59.0%) of women aged 15-49 years who gave birth during the three years preceding the survey were breastfeeding their last-born child at the time of the survey. Over 90% were currently breastfeeding their last-born children younger than the age of 12 months. Current breastfeeding decreased to 81.6% among last born children aged 12-17 months and to 32.9% among last-born children aged 18-23 months. Among last-born children over 2 years of age (24-36 months), only 6.2% were currently breastfed.

For children last-born to women aged 15-49 years in the three years preceding the survey, less than half (44.9%) of HIV-positive women were breastfeeding at the time of the survey, compared to 60.2% of HIV-negative women. Among HIV-positive women, 5.5% had never breastfed their last-born child, as compared to 0.6% of HIV-negative women (Table 12.4.A).

Table 12.4.A Breastfeeding status by child's age and mother's HIV status					
Percent distribution of last-born children born to women aged 15-49 years in the three years preceding the survey by breastfeeding status, by child's age and mother's HIV status, ZAMPHIA 2016					
Characteristic	Never breastfed	Ever breastfed, but not currently breastfeeding	Currently breast-feeding	Total	Number
Child's age (months)					
0-1	0.5	0.0	99.5	100.0	238
2-3	0.9	0.4	98.7	100.0	265
4-5	0.4	1.3	98.3	100.0	231
6-8	0.0	2.9	97.1	100.0	418
9-11	1.6	4.0	94.3	100.0	401
12-17	1.2	16.0	82.8	100.0	725
18-23	1.4	65.2	33.3	100.0	719
24-36	1.5	92.2	6.3	100.0	1,091
Result of mother's PHIA survey HIV test					
HIV positive	5.7	47.9	47.9	100.0	405
HIV negative	0.6	38.6	38.6	100.0	3,306
Not tested	0.5	34.0	34.0	100.0	398
Total	1.1	39.1	59.8	100.0	4,109

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

12.5 Awareness of Mother's HIV Status

Among women aged 15-49 years who gave birth during the 12 months preceding the survey, 93.1% reported that they knew their HIV status (98.6% in urban areas and 89.9% in rural areas).

In urban areas, 8.5% of women who delivered within the past 12 months already knew that they were HIV positive when they were offered an HIV test in ANC, and 2.5% tested positive during ANC (87.6% tested negative). In contrast, in rural areas, 2.6% already knew that they were HIV positive and 1.8% tested positive during ANC (85.5% tested negative). A higher percentage of women over the age of 30 years already knew that they were HIV positive (11.4% among ages 35-39 years and 8.0% among ages 40-44-years), compared to women in younger age groups (0.4% among ages 15-19 years and 4.9% among ages 25-29 years). There was geographical variation in the proportion of women who knew their HIV status, ranging from 83.5% in Luapula to 97.9% in Central and Lusaka Provinces among women aged 15-49 years who delivered within the 12 months preceding the survey (Table 12.5.A).

Table 12.5.A Prevention of mother-to-child transmission, known HIV status

Among women aged 15-49 years who gave birth within the past 12 months, percentage who were tested for HIV during antenatal care and received their results or who already knew they were HIV positive, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Tested for HIV and received result ¹		Percentage who already knew they were HIV positive	Total percentage with known HIV status	Number of women who delivered within the past 12 months
	Percentage who tested HIV positive	Percentage who tested HIV negative			
Residence					
Urban	2.5	87.6	8.5	98.6	560
Rural	1.8	85.5	2.6	89.9	998
Province					
Central	1.3	90.5	6.2	97.9	138
Copperbelt	2.7	86.4	8.0	97.1	232
Eastern	2.0	93.5	2.3	97.7	165
Luapula	0.8	81.1	1.5	83.5	107
Lusaka	3.0	87.3	7.6	97.9	210
Muchinga	0.8	81.5	1.7	84.0	161
Northern	0.6	82.4	3.7	86.7	157
North-Western	1.2	84.3	2.1	87.6	135
Southern	4.3	86.9	5.4	96.5	175
Western	2.6	81.4	2.9	86.9	78
Marital status					
Never married	1.8	86.9	2.3	91.0	210
Married or living together	2.1	87.1	4.3	93.5	1,233
Divorced or separated	1.5	80.0	9.9	91.4	90
Widowed	*	*	*	*	20
Education					
No education	2.0	80.4	4.9	87.2	98
Primary	1.5	86.0	3.2	90.7	793
Secondary	3.2	87.6	5.7	96.5	580
More than secondary	0.0	88.2	11.8	100.0	86
Wealth quintile					
Lowest	1.4	84.0	1.4	86.9	344
Second	1.6	85.1	2.2	88.9	349
Middle	1.9	85.9	6.7	94.4	321
Fourth	4.4	86.9	6.8	98.1	281
Highest	1.6	90.5	7.6	99.7	258
Age					
15-19	0.5	83.9	0.4	84.8	216
20-24	1.6	89.0	3.3	94.0	475
25-29	2.9	86.3	4.9	94.2	325
30-34	3.7	85.9	6.2	95.7	286
35-39	1.0	83.3	11.4	95.7	173
40-44	3.9	82.8	8.0	94.8	73
45-49	*	*	*	*	10
Total 15-24	1.2	87.3	2.4	90.9	691
Total 15-49	2.1	86.3	4.7	93.1	1,558

¹Relates to PEPFAR PMTCT_STAT_NAT / SUBNAT.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

12.6 Antiretroviral Therapy among HIV-Positive Pregnant Women

Among HIV-positive women aged 15-49 years who delivered in the 12 months preceding the survey, 98.9% reported receiving ARVs (55.8% were already taking ARVs at the time of their first ANC visit, while 43.1% were newly initiated on ARVs during pregnancy or labor and delivery). ARV use varied between rural and urban areas among HIV-positive women aged 15-49 years who delivered in the 12 months preceding the survey; 64.3% of women in urban areas were already taking ARVs at their first ANC visit, as compared to 43.2% of women in rural areas. Further, 35.7% of women in urban areas were newly initiated on ART during pregnancy or labor and delivery as compared to 54.0% of women in rural areas (Table 12.6.A).

Table 12.6.A Prevention of mother-to-child transmission: HIV-positive pregnant women who received antiretrovirals (ARVs)

Among HIV-positive women aged 15-49 years who gave birth within the past 12 months, percentage who received antiretrovirals during pregnancy to reduce the risk of mother-to-child transmission, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Percentage who were already on ARVs prior to pregnancy	Percentage who were newly initiated on ARVs during pregnancy or labor and delivery	Total percentage who received ARVs ¹	Number of HIV-positive women who gave birth within the past 12 months
Residence				
Urban	64.3	35.7	100.0	66
Rural	(43.2)	(54.0)	(97.3)	41
Province				
Central	*	*	*	10
Copperbelt	(67.6)	(32.4)	(100.0)	25
Eastern	*	*	*	7
Luapula	*	*	*	3
Lusaka	(59.2)	(36.1)	(95.3)	25
Muchinga	*	*	*	4
Northern	*	*	*	7
North-Western	*	*	*	5
Southern	*	*	*	17
Western	*	*	*	4
Marital status				
Never married	*	*	*	9
Married or living together	52.9	45.6	98.5	78
Divorced or separated	*	*	*	11
Widowed	*	*	*	9
Education				
No education	*	*	*	6
Primary	(48.1)	(48.8)	(96.9)	39
Secondary	56.7	43.3	100.0	53
More than secondary	*	*	*	9
Wealth Quintile				
Lowest	*	*	*	9
Second	*	*	*	12
Middle	(60.5)	(39.5)	(100.0)	28
Fourth	(51.2)	(45.0)	(96.2)	32
Highest	(66.9)	(33.1)	(100.0)	25
Age				
15-19	*	*	*	2
20-24	*	*	*	22
25-29	(44.8)	(55.2)	(100.0)	25
30-34	(54.8)	(45.2)	(100.0)	29
35-39	*	*	*	21
40-44	*	*	*	8
45-49	*	*	*	0
Total 15-24	*	*	*	24
Total 15-49	55.8	43.1	98.9	107

¹Relates to Global AIDS Monitoring indicator 2.3: Preventing the mother-to-child transmission of HIV and PMTCT_ARV_NAT / SUBNAT. Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution. An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed. The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

12.7 Early Infant Diagnosis

Among infants born in the three years preceding the survey to women 15-49 years who self-reported being HIV positive during the corresponding pregnancy (diagnosed before or at any time during it), by HIV-positive women aged 15-49 years, more than half (58.4%) of them were tested for HIV within two months of birth, while 25.6% were tested between two to 12 months of birth (Table 12.7.A).

Table 12.7.A Prevention of mother-to-child transmission, early infant testing

Among HIV-positive women aged 15-49 years who delivered within the past 36 months, percentage whose last-born infant had an HIV test done within 2 months of birth and within 12 months of birth, by result of HIV test, ZAMPHIA 2016

Characteristic	Percentage of infants who had an HIV test done within 2 months of birth ¹	Percentage of infants who had an HIV test done between 2 to 12 months of birth ^{2,3}	Number of last-born infants of HIV-positive women who delivered within the past 36 months
Result of infant's HIV test			
HIV positive	*	*	9
HIV negative	66.2	32.4	183
Don't know/other	(78.7)	(19.4)	49
Total	58.4	25.6	284

¹Relates to Global AIDS Monitoring indicator 2.1: Early infant diagnosis and PEPFAR PMTCT_EID; ²Relates to PEPFAR PMTCT_EID; ³Includes only last-born infants.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

12.8 Mother-to-Child Transmission

Among all infants born 17 months preceding the survey to HIV-positive mothers aged 15-49, 7.7% were confirmed through the survey to be HIV positive regardless of breastfeeding status. Among infants born in the previous 17 months to HIV-positive mothers who reported ever breastfeeding, 9.3% were confirmed to be HIV positive (Table 12.8.A).

Table 12.8.A Mother-to-child transmission of HIV

Among infants born in the last 17 months to HIV-positive women aged 15-49 years, percentage confirmed positive for HIV infection, by mother's self-reported antiretroviral therapy (ART) and breastfeeding status ZAMPHIA 2016

Characteristic	Percentage of infants confirmed HIV positive ¹	Number of infants born to HIV-positive women ²
Mother's self-reported ART status		
Mother unaware of HIV status during pregnancy	*	10
Already on ART at first antenatal visit	(3.4)	25
Newly initiated on ART during pregnancy or labor and delivery	*	20
Did not receive ARTs during pregnancy	*	3
Missing self-reported ART status during pregnancy	*	16
Mother's self-reported breastfeeding status		
Ever breastfed the infant	9.3	63
Never breastfed the infant	*	2
Missing breastfeeding status	*	9
Total 0-11 months	(7.5)	47
Total 0-17 months	7.7	74

¹Relates to Global AIDS Monitoring indicator 2.2: Mother-to-child transmission of HIV; ²Includes only infants who were tested for HIV during the PHIA survey. Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

12.9 Gaps and Unmet Needs

- According to self-report from mothers, nearly half of infants born to HIV-positive women did not receive a virological test for HIV infection in the first two months of life. It is essential to ensure early testing of HIV-exposed children and the return of results to parents. Further studies are necessary to pinpoint the reasons for this gap and guide interventions to improve early infant diagnosis.
- Despite large scale roll-out of PMTCT, about one in 13 children born to HIV-positive mothers (tested by ZAMPHIA) were still found to be HIV positive, indicating that diagnosis, treatment initiation, and treatment monitoring among pregnant women all require further improvement.
- Further progress is needed to put Zambia on the path to elimination of MTCT.

12.10 References

1. De Cock KM, Fowler MG, Mercier E, et al. Prevention of mother-to-child HIV transmission in resource-poor countries: Translating research into policy and practice. *JAMA*, 2000, 283:1175–1182. doi:10.1001/jama.283.9.1175.
2. World Health Organization. *Towards the elimination of mother-to-child transmission of HIV: Report of a WHO technical consultation*. Geneva: World Health Organization; 2011. [Http://apps.who.int/iris/bitstream/handle/10665/44638/9789241501910_eng.pdf;jsessionid=CD35DAE3C3D00349A9B149BCFF9262C4?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/44638/9789241501910_eng.pdf;jsessionid=CD35DAE3C3D00349A9B149BCFF9262C4?sequence=1) Accessed December 17, 2018.

13 ADOLESCENTS AND YOUNG ADULTS

13.1 Key Findings

- Nearly twice the proportion of males (17.1%) as compared to females (9.5%) aged 15-24 years reported having sexual intercourse before the age of 15 years.
- The percentage of young people, aged 15-24 years, who had sex before the age of 15 years, was nearly twice as high in rural areas (17.3%) compared to urban areas (8.6%).
- Less than half of people aged 15-24 years in both urban (46.7%) and rural (32.4%) areas had comprehensive knowledge on HIV transmission and prevention.

13.2 Background

One-third of the population of sub-Saharan Africa is between the ages of 10-24 years.¹ Adolescents and young adults, ages 15-24 years, are more likely to engage in risky sexual behaviors than older adults and have less frequent contact with the healthcare system.¹ Control of HIV in this demographic is critical for long-term epidemic control, but is also particularly challenging.

This chapter presents the prevalence of early sexual debut before the age of 15 years among men and women, by marital status, province, socio-economic, and demographic characteristics. Knowledge of HIV prevention among men and women aged 15-24 years is described. Incidence, prevalence, and the 90-90-90 cascade are also described for those aged 15-24 years.

13.3 Sex Before the Age of 15 Years

Among persons aged 15-24 years, nearly twice the proportion of males (17.1%) compared to females (9.5%) reported having sexual intercourse before the age of 15 years. Sexual debut before the age of 15 years among those aged 15-24 years was also twice as high in rural areas (17.3%) compared to urban areas (8.6%). Geographically, early sexual debut ranged from 7.4% in Copperbelt Province to 29.4% in North-Western Province. The percentage who reported early sexual debut was 17.9% among those with only primary education compared to 4.1% among those with more than a secondary education (Table 13.3.A).

Table 13.3.A Sex before the age of 15 years

Percentage of males and females age 15–24 years who have had sexual intercourse before the age of 15; by sex and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percentage who had sex before age 15	Number	Percentage who had sex before age 15	Number	Percentage who had sex before age 15	Number
Residence						
Urban	11.7	1,469	5.8	2,150	8.6	3,619
Rural	21.7	1,938	12.9	2,313	17.3	4,251
Province						
Central	16.3	297	8.0	360	12.3	657
Copperbelt	10.9	578	4.1	799	7.4	1,377
Eastern	22.5	306	13.2	378	17.8	684
Luapula	26.2	177	10.9	248	18.1	425
Lusaka	11.5	575	5.2	857	8.3	1,432
Muchinga	14.2	309	8.3	353	11.4	662
Northern	10.9	287	10.4	357	10.6	644
North-Western	38.1	339	20.5	416	29.4	755
Southern	16.5	398	12.0	501	14.2	899
Western	34.1	141	20.7	194	26.8	335
Marital status						
Never married	17.1	2,973	7.3	2,705	13.0	5,678
Married or living together	17.6	347	12.9	1,503	14.0	1,850
Divorced or separated	(11.2)	40	14.9	191	14.1	231
Widowed	*	0	*	9	*	9
Education						
No education	10.5	52	11.5	149	11.2	201
Primary	21.8	1,165	14.4	1,578	17.9	2,743
Secondary	15.5	2,058	6.9	2,556	11.3	4,614
More than secondary	7.4	130	0.5	179	4.1	309
Wealth quintile						
Lowest	24.5	488	14.4	655	19.2	1,143
Second	22.2	626	14.8	753	18.5	1,379
Middle	18.7	683	10.8	854	14.8	1,537
Fourth	14.8	735	7.2	1,010	10.9	1,745
Highest	10.8	860	4.4	1,178	7.6	2,038
Age						
15-19	19.7	1,962	10.6	2,285	15.2	4,247
20-24	14.0	1,445	8.2	2,178	11.0	3,623
Total 15-24	17.1	3,407	9.5	4,463	13.3	7,870

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

13.4 Knowledge about HIV Prevention

ZAMPHIA collected information on knowledge of HIV prevention, by asking two questions about prevention of sexual transmission of HIV and three questions related to common misconceptions about contracting HIV. Table 13.4.A and 13.4.B shows knowledge about HIV transmission and prevention among males and females, respectively, ages 15-24 years, by selected demographic characteristics. The following questions were asked:

- Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?
- Can a person reduce the risk of getting HIV by using a condom every time they have sex?
- Can a healthy-looking person have HIV?
- Can a person get HIV from mosquito bites?
- Can a person get HIV by sharing food with someone who is infected?

Overall, 41.3% of male and 36.8% female participants responded correctly to all 5 questions. Knowledge scores on individual questions among male participants varied, ranging from 68.5% of participants responding correctly to the question, “Can a person get HIV from mosquito bites?” to 85.9% responding correctly to the question, “Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?” Knowledge scores varied among female participants as well. Among the female participants, 83.9% responded correctly to the question “Can a person get HIV by sharing food with someone who is infected?” as compared to 68.7% of female participants responding correctly to the question, “Can a person get HIV from mosquito bites?” Among male participants living in urban areas, 50.4% responded correctly to all five questions compared to 33.9% of those living in rural areas (Table 13.4.A and Table 13.4.B).

Knowledge about HIV transmission and prevention also varied by education and wealth quintile. Among males with no formal education, 15.7% correctly responded to all five questions, in contrast to 75.3% among those with more than a secondary education who had correct responses to all five questions. Knowledge scores also ranged from 30.7% of those in the lowest wealth quintile responding correctly to all questions compared to 57.3% among those in the highest quintile. Similar patterns were observed across both genders (Table 13.4.A and Table 13.4.B).

Among males and females aged 15-24 years residing in urban areas, 46.7% correctly responded to all five questions in contrast to 32.4% of young people residing in rural areas (Table 13.4.C).

Table 13.4.A Young people, knowledge about HIV prevention: Males¹

Among males aged 15-24 years, percentage who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Percentage who correctly answered the questions:					All five questions	Number ²
	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	Can a healthy-looking person have HIV?	Can a person get HIV from mosquito bites?	Can a person get HIV by sharing food with someone who is infected?		
Residence							
Urban	89.9	86.4	86.3	75.9	87.9	50.4	757
Rural	82.6	81.6	77.5	62.5	80.9	33.9	1,021
Province							
Central	85.1	80.5	88.8	64.5	88.0	42.1	149
Copperbelt	90.2	86.0	85.7	76.9	84.9	49.5	293
Eastern	84.5	78.5	79.8	55.6	77.6	30.0	159
Luapula	89.5	90.4	81.9	66.1	85.3	47.1	94
Lusaka	89.3	83.7	83.8	72.6	87.9	46.7	281
Muchinga	85.6	86.7	82.8	69.6	83.7	49.0	171
Northern	83.0	89.4	79.5	73.2	89.8	41.3	164
North-Western	80.2	81.9	84.2	63.3	81.4	37.2	181
Southern	81.1	77.9	71.5	62.9	76.5	30.0	208
Western	81.5	86.2	69.2	70.9	81.0	29.5	78
Marital status							
Never married	85.4	83.8	81.1	69.1	83.9	41.7	1,538
Married or living together	91.6	86.0	83.6	64.0	86.7	39.3	190
Divorced or separated	*	*	*	*	*	*	23
Widowed	*	*	*	*	*	*	-
Education							
No education	(51.8)	(54.9)	(61.2)	(63.6)	(56.7)	(15.7)	29
Primary	80.0	78.5	73.6	54.7	73.9	26.9	622
Secondary	89.3	86.9	85.8	74.7	89.7	47.8	1,057
More than secondary	98.1	93.0	91.6	92.7	98.1	75.3	70
Wealth quintile							
Lowest	82.8	82.4	73.0	61.2	74.5	30.7	276
Second	80.3	77.0	79.8	59.2	83.1	32.2	324
Middle	83.3	84.1	79.4	64.9	82.3	34.9	355
Fourth	89.5	84.9	82.1	70.3	84.0	42.2	383
Highest	90.2	87.9	88.1	79.8	91.4	57.3	433
Age							
15-19	82.4	80.7	79.3	67.1	81.3	37.4	995
20-24	89.9	87.2	83.9	70.1	87.2	45.9	783
Total 15-24	85.9	83.7	81.4	68.5	84.1	41.3	1,778

¹Relates to Global AIDS Monitoring indicator 5.1: Young people: Knowledge about HIV prevention. ²Includes only participants who answered all five questions.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 13.4.B Young people, knowledge about HIV prevention: Females¹

Among females aged 15-24 years, percentage who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Percentage who correctly answered the questions:					All five questions	Number ²
	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	Can a healthy-looking person have HIV?	Can a person get HIV from mosquito bites?	Can a person get HIV by sharing food with someone who is infected?		
Residence							
Urban	84.0	77.2	85.7	72.6	89.8	43.3	1,100
Rural	77.7	74.6	75.0	65.1	78.6	30.9	1,218
Province							
Central	77.0	75.1	80.5	73.5	86.1	37.5	192
Copperbelt	85.5	78.5	81.2	74.2	90.6	43.8	388
Eastern	69.0	73.0	82.5	59.6	77.5	29.8	197
Luapula	82.0	76.8	78.5	68.3	77.7	34.2	137
Lusaka	83.8	78.3	87.9	69.7	85.8	40.5	425
Muchinga	78.5	70.3	74.3	68.3	84.1	29.9	189
Northern	82.3	70.2	76.8	68.0	84.6	34.8	190
North-Western	83.2	74.7	78.0	71.4	87.5	38.6	218
Southern	81.2	77.1	74.6	67.8	81.5	36.9	273
Western	77.1	76.8	70.3	58.3	75.1	26.2	109
Marital status							
Never married	78.6	74.7	78.2	72.0	86.2	38.4	1,401
Married or living together	84.3	76.6	82.5	62.4	79.7	33.0	774
Divorced or separated	87.5	88.3	87.3	69.5	86.1	46.5	101
Widowed	*	*	*	*	*	*	4
Education							
No education	77.0	64.5	69.4	57.8	66.6	18.1	100
Primary	75.8	72.9	72.9	59.2	75.5	26.6	798
Secondary	83.3	77.7	84.4	74.5	89.8	43.0	1,327
More than secondary	90.7	89.4	94.1	82.4	96.8	61.4	93
Wealth quintile							
Lowest	78.6	70.6	75.5	56.7	70.7	27.0	348
Second	76.0	73.6	72.1	62.7	76.7	29.7	404
Middle	81.0	77.5	78.4	71.5	87.2	36.5	462
Fourth	80.4	76.1	82.8	67.8	85.4	35.5	507
Highest	84.9	78.9	87.5	78.3	92.8	49.1	591
Age							
15-19	76.2	72.5	75.1	69.3	83.6	33.4	1,212
20-24	85.8	79.7	85.7	68.0	84.3	40.7	1,106
Total 15-24	80.7	75.8	80.1	68.7	83.9	36.8	2,318

¹Relates to Global AIDS Monitoring indicator 5.1: Young people: Knowledge about HIV prevention. ²Includes only participants who answered all five questions. Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 13.4.C Young people, knowledge about HIV prevention: Total¹

Among males and females aged 15-24 years, percentage who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Percentage who correctly answered the questions:					All five questions	Number ²
	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	Can a healthy-looking person have HIV?	Can a person get HIV from mosquito bites?	Can a person get HIV by sharing food with someone who is infected?		
Residence							
Urban	86.8	81.6	86.0	74.2	88.9	46.7	1,857
Rural	80.2	78.2	76.2	63.8	79.8	32.4	2,239
Province							
Central	81.0	77.8	84.6	69.0	87.1	39.8	341
Copperbelt	87.8	82.2	83.5	75.5	87.8	46.6	681
Eastern	76.7	75.7	81.2	57.6	77.6	29.9	356
Luapula	85.5	83.1	80.1	67.3	81.2	40.2	231
Lusaka	86.5	80.9	85.9	71.2	86.8	43.6	706
Muchinga	82.4	79.2	78.9	69.0	83.9	40.3	360
Northern	82.7	80.1	78.2	70.7	87.3	38.2	354
North-Western	81.7	78.4	81.1	67.3	84.4	37.9	399
Southern	81.2	77.5	73.1	65.4	79.1	33.5	481
Western	79.2	81.2	69.8	64.2	77.8	27.7	187
Marital status							
Never married	82.6	80.0	79.9	70.3	84.8	40.3	2,939
Married or living together	86.0	78.8	82.8	62.8	81.4	34.5	964
Divorced or separated	87.5	87.6	88.0	69.2	86.8	47.2	124
Widowed	*	*	*	*	*	*	4
Education							
No education	70.8	62.1	67.3	59.3	64.2	17.5	129
Primary	77.9	75.6	73.2	57.0	74.7	26.8	1,420
Secondary	86.3	82.4	85.1	74.6	89.7	45.4	2,384
More than secondary	94.5	91.2	92.9	87.6	97.4	68.5	163
Wealth quintile							
Lowest	80.6	76.4	74.3	58.9	72.5	28.8	624
Second	78.1	75.2	75.9	60.9	79.9	31.0	728
Middle	82.1	80.8	78.9	68.2	84.7	35.7	817
Fourth	84.9	80.5	82.4	69.0	84.7	38.8	890
Highest	87.5	83.3	87.8	79.1	92.1	53.2	1,024
Age							
15-19	79.3	76.6	77.2	68.2	82.5	35.4	2,207
20-24	87.8	83.4	84.8	69.1	85.8	43.3	1,889
Total 15-24	83.2	79.7	80.7	68.6	84.0	39.0	4,096

¹Relates to Global AIDS Monitoring indicator 5.1: Young people: Knowledge about HIV prevention. ²Includes only participants who answered all five questions. Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed. The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

13.5 HIV Incidence and Prevalence

Annual HIV incidence among persons aged 15-24 years in Zambia was 0.57% (0.08% among males and 1.07% among females) (Table 5.3.A). The prevalence of HIV among adults aged 15-24 in Zambia was 3.8% (5.7% females and 1.8% males) (Table 6.4.A).

13.6 HIV Testing, Treatment, and Viral Load Suppression

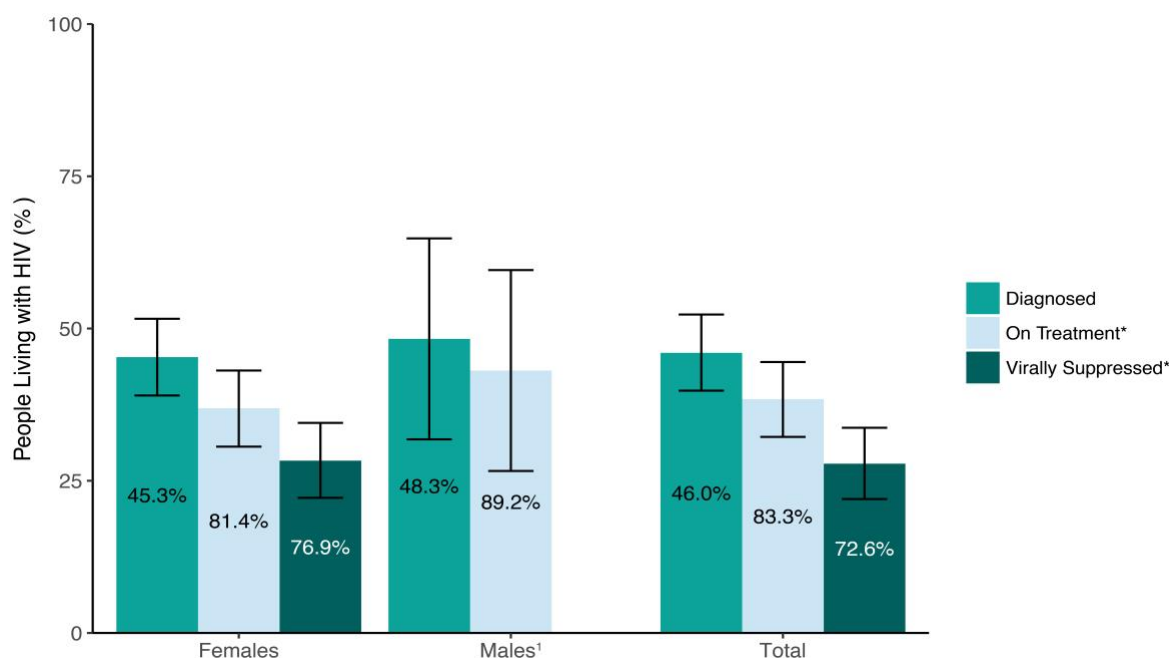
Among those 15-24 years of age, 55.4% had ever been tested and received their result and 32.6% had been tested and received their result in the last 12 months (Table 7.3.A).

Among HIV-positive males, 40.6% were aware of their HIV-positive status while 35.3% reported they were receiving ART (Table 8.3.A). Among HIV-positive females aged 15-24 years, 40.1% were aware of their HIV-positive status, while 31.2% reported they were receiving ART (Table 8.3.B). Among people living with HIV aged 15-24 years in Zambia, the prevalence of VLS was 34.3% (Table 9.4.A).

13.7 Status of the UNAIDS 90-90-90 Targets

Based on self-report and/or detection of ARVs in blood, it is estimated that 46.0% of people living with HIV aged 15-24 years had been diagnosed with HIV (48.3% of males and 45.3% of females), and that among those who had been previously diagnosed, 83.3% were on ART and/or had ARVs in their blood. Among those on treatment, 72.6% had suppressed viral loads (Table 10.3.A, Figure 13.7.A).

Figure 13.7.A Young adults 90-90-90 (laboratory ARV-adjusted data[‡] among young adults aged 15-24 years), ZAMPHIA 2016



[‡]In the antiretroviral (ARV)-adjusted 90-90-90, participants are classified as 'Aware' or 'Diagnosed' if they self-reported as being HIV positive before testing HIV positive in ZAMPHIA and/or had detectable ARVs in their blood. Participants are classified as 'On Treatment' if they self-reported that they were on treatment and/or if they had detectable ARVs in their blood.

*Inset numbers are conditional proportions.

¹ Estimates are suppressed due to less than 25 observations.

13.8 Gaps and Unmet Needs

- Among adolescents and young adults aged 15-24 years, about six in ten lack correct knowledge about HIV transmission and prevention. More complete and accurate knowledge is urgently required among this age group so as to increase awareness.
- Nearly three-fifths of those aged 15-24 years living with HIV have not been diagnosed. Among those on treatment, more than a quarter do not have VLS, indicating that diagnosis, treatment initiation, and treatment monitoring among this group all require further improvement.
- Scale up of interventions to delay sexual debut are planned to reach all schooling levels and those out of school. The ZAMPHIA survey results suggest that special attention should be paid to North-Western and Western Provinces, as well as rural areas. Some planned interventions aim to address cultural values that promote early sexual debut.
- Healthcare providers should be trained to interact with adolescents and young people seeking sexual and reproductive health services.

13.9 References

1. Hervish A, Clifton D. *The Status Report on Adolescents and Young People in Sub-Saharan Africa: Opportunities and Challenges*. Johannesburg and Washington, DC: Population Reference Bureau; 2012.

14 CHILDREN

14.1 Key Findings

- The prevalence of HIV among children aged 0-14 years in Zambia was 1.1%.
- Only 50.6% of HIV-positive children aged 0-14 years were previously diagnosed. Of the previously diagnosed, 92.3% were on treatment. However, of those on treatment, only 54.3% had suppressed viral loads.

14.2 Background

Estimates of prevalence of HIV in children, estimates of the number of children living with HIV, and VLS among HIV-positive children are most commonly derived indirectly from clinic-based data or epidemiologic models. ZAMPHIA 2016 provides direct measurements of these estimates among children aged 0-14 years, which are critical for meeting the needs of pediatric HIV treatment, planning for HIV prevention, care, and treatment services for children, evaluating PMTCT programs and addressing specific needs of children aged 10-14 years.

This chapter presents results on the UNAIDS 90-90-90 cascade in children aged 0-14 years, using both parent/guardian-reported data (on awareness of child's HIV status and ARV use) and data on detectable ARVs. Analyses for the 90-90-90 tables for children were similar to that described for adults in chapter 10. Parents or guardians were asked about a child's HIV infection status and ART use. Children with parent/guardian-reported awareness of HIV-positive status should also have ARV and viral suppression data. Data on detectable ARVs were used in combination with self-reported ARV use to define awareness of HIV-positive status and ARV status of a child. Presence of detectable ARVs in children with parent/guardian-reported unawareness of HIV-positive status were reclassified as aware of HIV-positive status. Children who had VLS, but whose parents reported them as not diagnosed with HIV or not on ARVs (parent/guardian-reported data or based on ARV detection) were not included in the numerator for the third 90 (viral suppression among those who are aware of their HIV-positive status and on ARVs).

This chapter also presents results on the nutrition status of HIV-positive and a sub-sample of HIV-negative children using two indices: Height-for-age and weight-for-age. Stunting, or low height-for-age, reflects inadequate nutrition over a long period of time. Children whose height-for-age z score is below minus two standard deviations (-2 SD) from the WHO Child Growth Standards median are considered stunted or chronically undernourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted.

Underweight, or low weight-for-age captures both inadequate nutrition in the period immediately before the survey as well as and long-term undernutrition. Underweight is therefore an indicator of overall undernutrition. Children whose weight-for-age z score is below minus two standard deviations (-2 SD) from the WHO Child Growth Standards median are classified as underweight. Children whose weight-for-age z score is below minus three standard deviations (-3 SD) from the WHO Child Growth Standards median are considered severely underweight

The means of the z scores are presented as summary statistics representing the nutrition status of all children in the population. The farther away the mean z scores are from 0, the higher the prevalence of undernutrition.

These indicators are presented for all HIV-positive children and 5% of HIV-negative children based on the child's HIV exposure (mother is HIV negative or mother is HIV positive, unknown or dead) and HIV infection status. The HIV status of the mother and child is based on the HIV testing conducted in ZAMPHIA.

14.3 HIV Prevalence

The prevalence of HIV among children aged 0-14 years in Zambia was 1.1%. HIV prevalence among females was 1.0% and 1.3% among males. Ages 5-9 years had the highest HIV prevalence at 1.8% (2.2% for males, 1.3% and females) (Table 6.4.A).

14.4 Viral Load Suppression

Among children aged 0-14 years in Zambia, the prevalence of VLS was 33.4% (38.2% for females and 30.0% for males) (Table 9.4.B).

14.5 Status of the UNAIDS 90-90-90 Targets

Table 14.5.A shows progress towards the 90-90-90 targets among children living with HIV (CLHIV) aged 0-14 years, based on parent-reported ART use. Among all children who tested HIV positive in ZAMPHIA aged 0-14 years, 47.0% were reported by their parents as HIV positive, 89.6% were reported by their parent/guardian as receiving antiretroviral therapy, and 53.1% had suppressed viral loads (Table 14.5.A).

Table 14.5.B shows progress towards the 90-90-90 targets among children living with HIV aged 0-14 years, based on parent-reported ART use and/or detectable ARVs. Overall, the combined parent-reported and ARV-adjusted data shows that 50.6% of HIV-positive Zambian children aged 0-14 years knew their status. Of children aged 0-14 years, who were previously diagnosed, 92.3% were on treatment. Of those on treatment, only 54.3% had suppressed viral loads (Table 14.5.B).

Table 14.5.A Pediatric 90-90-90 (parent-reported antiretroviral therapy (ART) data; conditional percentages)

90-90-90 targets among people living with HIV aged 0-14 years, by age ZAMPHIA 2016

Age	Diagnosed	
	Total	
	Percentage whose parent reported that the child is HIV positive	Number
0-17 months	*	6
18-59 months	*	16
0-4 years	*	22
5-9 years	(59.1)	47
10-14 years	*	19
0-14 years	47.0	88

On Treatment		VLS	
Among children whose parent reported that the child is HIV positive		Among children whose parent reported that the child is on ART	
Percentage whose parent reported that the child is on ART	Number	Percentage with VLS	Number
*	0	*	0
*	7	*	7
*	7	*	7
(86.8)	27	*	24
*	7	*	6
(89.6)	41	(53.1)	37

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution. An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

Table 14.5.B Pediatric 90-90-90 (parent-reported antiretroviral therapy (ART) data and laboratory antiretroviral (ARV) data; conditional percentages)

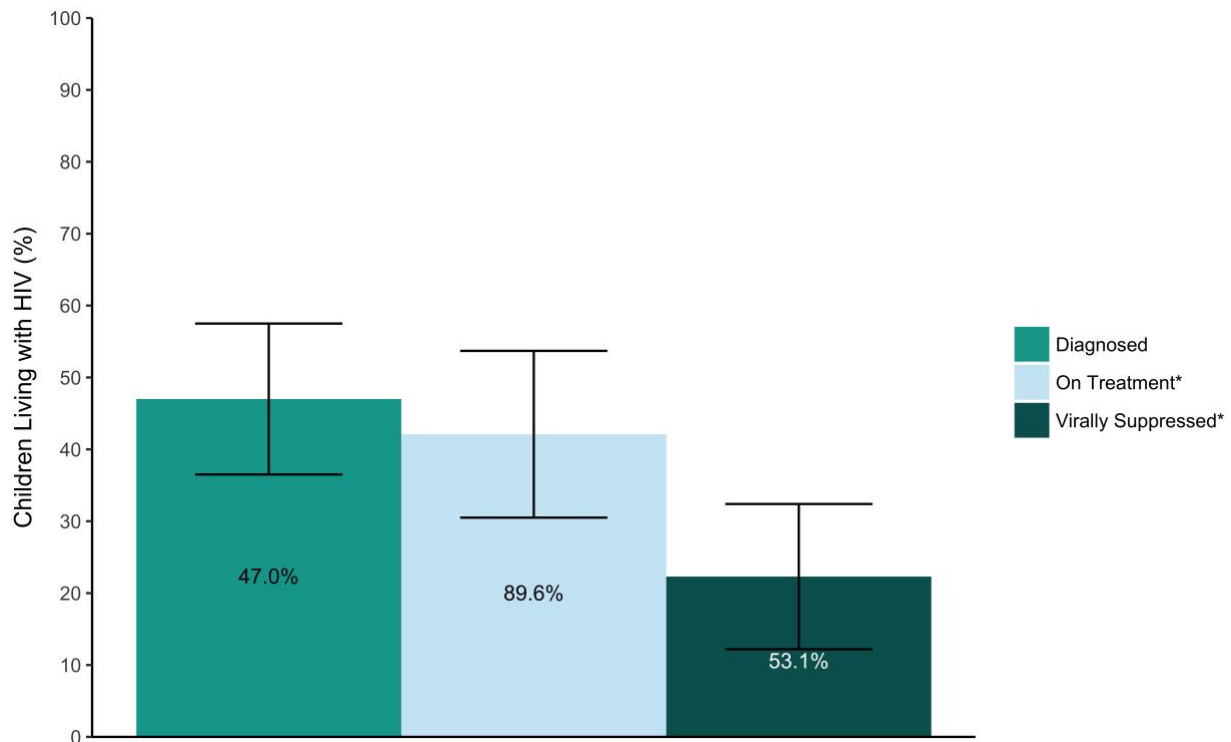
90-90-90 targets among people living with HIV aged 0-14 years, by age ZAMPHIA 2016

Age	Diagnosed	
	Total	
	Percentage whose parent reported that the child is HIV positive AND/OR with detectable ARVs	Number
0-17 months	*	6
18-59 months	*	16
0-4 years	*	22
5-9 years	(61.8)	48
10-14 years	*	20
0-14 years	50.6	90

On Treatment		VLS	
Among children whose parent reported that the child is HIV positive AND/OR with detectable ARVs		Among children whose parent reported the child was on ART AND/OR with detectable ARVs	
Percentage whose parent reported the child was on ART AND/OR with detectable ARVs	Number	Percentage with VLS	Number
*	0	*	0
*	7	*	7
*	7	*	7
(87.6)	29	(40.4)	26
*	10	*	10
(92.3)	46	(54.3)	43

¹Relates to Global AIDS Monitoring indicator 1.1: People living with HIV who know their HIV status, and PEPFAR DIAGNOSED_NAT; ²Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on Antiretroviral Therapy, and PEPFAR TX_CURR_NAT / SUBNAT; ³Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads and PEPFAR VL_SUPPRESSION_NAT
Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Figure 14.5.A Pediatric 90-90-90 (laboratory ARV-adjusted data¹), ZAMPHIA 2016



¹ In the antiretroviral (ARV)-adjusted 90-90-90 participants are classified as 'Aware' or 'Diagnosed' if they self-reported as being HIV positive before testing HIV positive in ZAMPHIA and/or had detectable ARVs in their blood. Participants are classified as 'On Treatment' if they self-reported that they were on treatment and/or if they had detectable ARVs in their blood.

*Inset numbers are conditional proportions.

14.6 Nutrition Status

Among HIV-unexposed children (i.e., children born to an HIV-negative mother), 17.0% were stunted and 11.5% were severely stunted. Among HIV-exposed and uninfected children (i.e., HIV-negative children born to HIV-positive mothers), 21.4% were stunted and 26.3% were severely stunted (Table 14.6.A).

Among HIV-unexposed children, 5.6% were underweight while 4.9% of HIV-exposed and uninfected children were underweight (Table 14.6.A).

14.6.A Nutritional status of children aged 0-59 months

Prevalence of malnourishment among HIV-positive¹ and HIV-negative children aged 0-59 months by mother's HIV status, according to two anthropometric indices of nutritional status: Height-for-age and weight-for-age², ZAMPHIA 2016

Mother's HIV Status	Child's Status	Height-for-age			Number of children
		Percentage below -3 SD	Percentage below -2 SD ³	Mean z score (SD)	
HIV positive, unknown, dead	HIV positive	*	*	*	17
	HIV negative	(26.3)	(21.4)	(-1.5)	41
	Total	26.9	20.7	-1.6	58
HIV negative	HIV positive	*	*	*	0
	HIV negative	11.5	17.0	-1.1	103
	Total	11.5	17.0	-1.1	103

Weight-for-age			
Percentage below -3 SD	Percentage below -2 SD ³	Mean z score (SD)	Number of children
*	*	*	19
(0.1)	(4.9)	(-0.1)	45
0.6	5.6	-0.2	64
*	*	*	0
0.0	5.6	-0.6	113
0.0	5.6	-0.6	113

¹Child's HIV status as defined by the result of the child's ZAMPHIA HIV test result.

²Each index is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards.

³Includes children who are below -3 standard deviations (SD) from the WHO Child Growth Standards.

Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

14.7 Gaps and Unmet Needs

- Approximately half of children living with HIV have not been diagnosed. Though widespread community HIV testing is not recommended for children, it is critical to identify undiagnosed HIV-positive children. Targeted community testing (e.g., OVC, index, etc.) could help increase HIV diagnosis among children.
- Additionally, just over half of the children who were reported to be on treatment had suppressed viral loads, indicating a need for improved adherence, retention, and treatment monitoring. More effective cohort tracking (using tracking tools to track each child's health and development) from PMTCT, ensuring availability and supply of preferred pediatric ARV formulations, interventions to reduce loss-to-follow-up and promote medication adherence, routine VL monitoring, are among the interventions that are needed to promote pediatric adherence, retention and treatment.

15 HIV RISK FACTORS

15.1 Key Findings

- HIV prevalence was twice as high among women who reported paid sexual intercourse in the previous 12 months (32.2%) as among those who did not (14.7%).
- Only two in 10 (21.2%) of males aged 15-59 years report having been medically circumcised.

15.2 Background

This chapter describes the prevalence of sexual behaviors that elevate risk of HIV infection. ZAMPHIA 2016 asked questions about high-risk behaviors, including early sexual debut, recent engagement (during the last 12 months preceding the survey) in multiple sexual partnerships, condom use at last sexual intercourse, recent engagement in paid sexual intercourse, and condom use at last sexual intercourse with a non-marital, non-cohabitating partner. With this information, programs can target those individuals most in need of information and most at risk for HIV infection.

Since 2007, WHO and UNAIDS have recommended voluntary medical male circumcision (VMMC) as a cost-effective strategy to reduce female-to-male sexual transmission of HIV. To inform VMMC programs, males aged 15-59 years were asked if they had undergone medical or traditional circumcision.

15.3 HIV Prevalence by Sexual Behavior

Among participants who reported sexual debut before the age of 15 years, the proportion of those who were HIV positive was 11.9%. Of those participants who used condoms at last sexual intercourse in the 12 months preceding the survey, 15.0% of males and 28.2% of females were HIV positive, as compared to 9.7% of men and 12.4% of women who reported they did not use a condom at last sexual intercourse (Table 15.3.A). This may reflect uptake of positive prevention strategies.

The prevalence of HIV was 31.9% among females aged 15-59 years who reported having had two or more sexual partners in the 12 months preceding the survey, compared to 12.5% among their male counterparts. HIV prevalence among males who did not have a sexual partner during the 12 months preceding the survey was lower (8.9%) than that of females reporting the same sexual behavior (22.6%), while HIV prevalence was estimated at 10.4% among males and 14.2% among females who had one partner. HIV prevalence was twice as high among women who reported paid sexual intercourse in the previous 12 months (32.2%) as among those who did not (14.7%) (Table 15.3.A).

Table 15.3.A HIV prevalence by sexual behavior

Prevalence of HIV among persons aged 15-59 years, by sex and sexual behavior characteristics, ZAMPHIA 2016

Characteristic	Males		Females		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age at first sexual intercourse						
<15	8.4	1,188	16.8	1,051	11.9	2,239
15-19	10.3	3,554	15.7	6,209	13.3	9,763
20-24	11.3	1,313	17.2	1,650	14.2	2,963
≥25	15.3	474	26.2	286	18.8	760
Number of sexual partners in the past 12 months						
0	8.9	1,409	22.6	1,806	15.6	3,215
1	10.4	3,925	14.2	7,091	12.6	11,016
≥2	12.5	1,121	31.9	266	15.6	1,387
Condom use at last sexual intercourse in the past 12 months						
Used condom	15.0	1,072	28.2	1,125	20.8	2,197
Did not use condom	9.7	3,967	12.4	6,216	11.2	10,183
No sexual intercourse in the past 12 months	8.9	1,409	22.6	1,806	15.6	3,215
Paid sexual intercourse in the past 12 months						
Yes ¹	15.0	365	32.2	74	17.4	439
Used condom at last paid sexual intercourse	15.0	178	(51.1)	32	19.7	210
Did not use condom at last paid sexual intercourse	14.5	184	(17.2)	41	14.9	225
No ²	10.3	4,544	14.7	7,200	12.7	11,744
Total 15-24	1.8	3,155	5.7	4,165	3.8	7,320
Total 15-49	8.3	7,358	14.3	10,010	11.4	17,368
Total 15-59	9.3	8,142	14.6	10,973	12.0	19,115

¹Includes persons who paid or received money for sexual intercourse.²No paid sexual intercourse or no sexual intercourse in the past 12 months

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

The prevalence of sexual debut before the age of 15 years among persons aged 15-24 years was higher in rural areas (17.3%) than in urban areas (8.6%). By province, the prevalence was highest in North-Western Province (29.4%) and Western Province (26.8%). The prevalence of sexual debut before age 15 years was 19.2% in the lowest wealth quintile and 7.6% in the highest wealth quintile (Table 13.3.A).

15.4 Condom Use at Last Sex with a Non-marital, Non-Cohabiting Partner

Among all persons aged 15-59 years who reported having sex in the past 12 months, 33.8% reported having sex with a non-marital, non-cohabiting partner. Among participants aged 15-24 years, 60.5% reported having sex with a non-marital, non-cohabiting partner (Table 15.4.C).

Of those who reported having sex in the past 12 months with a non-marital, non-cohabiting partner, condom use at last intercourse was reported by 37.6% for those aged 15-59 (Table 15.4.C).

Among males aged 15-59 years who reported having had sexual intercourse in the 12 months preceding the survey, 42.8% reported having a non-marital, non-cohabitating partner during that time. Of these men, 40.4% used a condom during their last sexual intercourse with a non-marital, non-cohabitating partner. For this risk group, condom use in urban areas was 45.4%, compared to 35.7% in rural areas. Condom use the last time males had sex with a non-marital, non-cohabitating partner during the 12 months preceding the survey varied geographically, from 29.8% in Western Province to 50.2% in Copperbelt Province. More than half (59.7%) of those who had more than secondary education reported condom use the last time they had sex with a non-marital, non-cohabitating partner in the past year, as compared to 32.1% of those with no education (Table 15.4.A).

Among females aged 15-59 who reported having had sexual intercourse in the 12 months preceding the survey, 25.8% reported having a non-marital, non-cohabitating partner during that time. Of these women, 33.5% reported using a condom during their last sexual intercourse with such a partner. Similar to men, the percentage of condom use at last sex with non-marital, non-cohabitating partners among females in this group was higher in urban (39.4%) than in rural areas (27.2%). Condom use among this group of females ranged from 15.0% among those with no education to 54.5% among those with more than secondary education (Table 15.4.B).

Table 15.4.A Condom use at last sex with a non-marital, non-cohabitating partner: Males

Among males age 15-59 years who reported having sex in the past 12 months, percentage who reported having a non-marital, non-cohabitating partner in the past 12 months; among those who reported having sex with a non-marital, non-cohabitating partner in the past 12 months, percentage who reported using a condom the last time they had sex with a non-marital, non-cohabitating partner, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Among males who reported having sex in the past 12 months		Among males who reported having sex with a non-marital, non-cohabitating partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabitating partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabitating partner ¹	Number
Residence				
Urban	48.3	2,163	45.4	994
Rural	38.7	3,457	35.7	1,228
Province				
Central	36.9	469	35.8	162
Copperbelt	40.3	903	50.2	342
Eastern	36.0	550	46.4	189
Luapula	36.8	289	37.3	104
Lusaka	54.8	800	43.1	415
Muchinga	29.6	502	41.8	130
Northern	33.0	513	35.8	157
North-Western	48.3	558	31.0	251
Southern	45.2	722	37.1	306
Western	55.9	314	29.8	166
Marital status				
Never married	98.5	1,424	41.8	1,393
Married or living together	15.9	3,929	37.4	586
Divorced or separated	90.6	210	35.9	190
Widowed	(91.9)	32	(47.8)	30
Education				
No education	35.1	176	32.1	57
Primary	34.0	2,202	26.7	684
Secondary	49.8	2,592	43.7	1,207
More than secondary	45.0	648	59.7	273
Wealth quintile				
Lowest	34.4	936	26.5	300
Second	34.0	1,141	30.5	362
Middle	40.8	1,202	41.5	453
Fourth	48.6	1,152	38.1	524
Highest	52.2	1,159	52.8	574
Age				
15-19	96.7	510	34.2	489
20-24	75.0	903	43.5	654
25-29	45.8	872	44.9	389
30-34	29.1	860	41.4	243
35-39	22.2	721	37.8	154
40-44	20.4	661	35.8	131
45-49	20.3	476	38.2	94
50-54	13.7	348	(40.0)	42
55-59	9.7	269	(28.6)	26
Total 15-24	82.3	1,413	39.9	1,143
Total 15-49	45.9	5,003	40.5	2,154
Total 15-59	42.8	5,620	40.4	2,222

¹Relates to Global AIDS Monitoring indicator 3.18: Condom use at last high-risk sex.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 15.4.B Condom use at last sex with a non-marital, non-cohabitating partner: Females

Among females age 15-59 years who reported having sex in the past 12 months, percentage who reported having a non-marital, non-cohabitating partner in the past 12 months; among those who reported having sex with a non-marital, non-cohabitating partner in the past 12 months, percentage who reported using a condom the last time they had sex with a non-marital, non-cohabitating partner, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Among females who reported having sex in the past 12 months		Among females who reported having sex with a non-marital, non-cohabitating partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabitating partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabitating partner ¹	Number
Residence				
Urban	30.2	3,476	39.4	1,016
Rural	22.3	4,569	27.2	945
Province				
Central	22.6	691	33.3	148
Copperbelt	27.2	1,313	38.4	333
Eastern	21.4	800	30.6	162
Luapula	22.1	434	19.5	91
Lusaka	29.8	1,357	41.3	402
Muchinga	14.8	747	30.9	100
Northern	18.2	621	24.9	109
North-Western	32.1	751	25.0	227
Southern	25.8	923	36.9	224
Western	43.7	408	27.0	165
Marital status				
Never married	95.9	1,160	39.4	1,106
Married or living together	3.1	6,141	19.0	184
Divorced or separated	90.9	545	25.4	493
Widowed	88.9	174	30.9	153
Education				
No education	16.9	533	15.0	82
Primary	19.0	4,038	21.9	711
Secondary	34.8	2,895	39.4	964
More than secondary	35.7	575	54.5	202
Wealth quintile				
Lowest	23.7	1,303	22.5	278
Second	20.9	1,518	23.2	297
Middle	24.1	1,637	27.7	374
Fourth	26.7	1,777	36.2	461
Highest	32.1	1,775	46.7	547
Age				
15-19	63.2	791	37.1	495
20-24	33.4	1,661	36.5	538
25-29	21.5	1,446	38.8	303
30-34	16.1	1,322	23.5	209
35-39	15.7	1,020	28.5	156
40-44	18.9	772	26.1	139
45-49	14.8	433	23.3	61
50-54	11.4	375	(13.3)	41
55-59	9.3	225	*	19
Total 15-24	43.7	2,452	36.8	1,033
Total 15-49	26.9	7,445	34.0	1,901
Total 15-59	25.8	8,045	33.5	1,961

¹Relates to Global AIDS Monitoring indicator 3.18: Condom use at last high-risk sex.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 15.4.C Condom use at last sex with a non-marital, non-cohabitating partner: Total

Among persons age 15-59 years who reported having sex in the past 12 months, percentage who reported having a non-marital, non-cohabitating partner in the past 12 months; among those who reported having sex with a non-marital, non-cohabitating partner in the past 12 months, percentage who reported using a condom the last time they had sex with a non-marital, non-cohabitating partner, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Among persons who reported having sex in the past 12 months		Among persons who reported having sex with a non-marital, non-cohabitating partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabitating partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabitating partner ¹	Number
Residence				
Urban	38.6	5,639	42.9	2,010
Rural	30.1	8,026	32.4	2,173
Province				
Central	29.1	1,160	34.8	310
Copperbelt	33.5	2,216	45.1	675
Eastern	28.0	1,350	39.8	351
Luapula	28.8	723	29.9	195
Lusaka	41.6	2,157	42.4	817
Muchinga	21.4	1,249	37.6	230
Northern	25.5	1,134	31.8	266
North-Western	39.8	1,309	28.5	478
Southern	35.3	1,645	37.0	530
Western	49.5	722	28.5	331
Marital status				
Never married	97.5	2,584	40.9	2,499
Married or living together	8.8	10,070	33.8	770
Divorced or separated	90.8	755	28.8	683
Widowed	89.5	206	34.3	183
Education				
No education	22.3	709	23.0	139
Primary	25.0	6,240	24.6	1,395
Secondary	42.8	5,487	42.1	2,171
More than secondary	41.2	1,223	57.8	475
Wealth quintile				
Lowest	28.6	2,239	24.7	578
Second	27.1	2,659	27.5	659
Middle	32.0	2,839	36.0	827
Fourth	37.0	2,929	37.4	985
Highest	41.6	2,934	50.3	1,121
Age				
15-19	77.6	1,301	35.6	984
20-24	51.7	2,564	40.9	1,192
25-29	32.2	2,318	42.6	692
30-34	21.8	2,182	34.0	452
35-39	18.9	1,741	33.8	310
40-44	19.7	1,433	31.5	270
45-49	17.9	909	32.9	155
50-54	12.7	723	29.0	83
55-59	9.5	494	(23.6)	45
Total 15-24	60.5	3,865	38.6	2,176
Total 15-49	35.7	12,448	37.9	4,055
Total 15-59	33.8	13,665	37.6	4,183

¹Relates to Global AIDS Monitoring indicator 3.18: Condom use at last high-risk sex.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

15.5 Male Circumcision

Table 15.5.A provides information about the extent of male circumcision in Zambia, differentiating between medical and non-medical circumcision.

Overall, 21.2% of males age 15-59 report having been medically circumcised and an additional 5.9% report non-medical circumcision. Medical circumcision varied by age from 28.2% among men 20-24 to 9.1% among men 55-59. Coverage of circumcision varied by education with 9.9% of those with no education reporting medical circumcision compared to 37.8% of those with more than secondary education. By wealth quintile, coverage of circumcision also varied with 12.1% of those in the lowest wealth quintile reporting medical circumcision compared to 35.3% of those in the highest wealth quintile. In urban areas, coverage of male circumcision was higher in urban areas (29.2%) than in rural areas (14.6%). By province coverage of male circumcision ranged from 39.0% in the North-Western Province to 8.3% in the Eastern Province. By age, coverage of male circumcision is higher in young ages.

Characteristic	Circumcised ¹		Uncircumcised	Unknown	Total	Number
	Medical circumcision	Non-medical circumcision				
Table 15.5.A Male circumcision						
Percent distribution of males aged 15-59 years by self-reported circumcision status, by result of PHIA survey HIV test and selected demographic characteristics, ZAMPHIA 2016						
Result of PHIA survey HIV test						
HIV positive	12.7	4.6	80.9	1.8	100.0	779
HIV negative	21.9	6.1	70.4	1.6	100.0	7,363
Not tested	22.7	6.0	69.6	1.6	100.0	1,029
Residence						
Urban	29.2	4.5	64.3	2.0	100.0	3,785
Rural	14.6	7.2	77.0	1.3	100.0	5,386
Province						
Central	15.0	2.6	80.8	1.6	100.0	789
Copperbelt	29.4	5.7	62.7	2.2	100.0	1,565
Eastern	8.3	0.8	90.0	0.9	100.0	881
Luapula	16.4	6.2	75.0	2.4	100.0	476
Lusaka	27.8	3.0	67.0	2.3	100.0	1,440
Muchinga	12.6	1.2	85.3	0.9	100.0	846
Northern	10.3	2.1	86.1	1.5	100.0	771
North-Western	39.0	40.9	19.1	1.0	100.0	867
Southern	16.2	1.9	80.7	1.1	100.0	1,085
Western	33.8	20.7	44.6	1.0	100.0	451
Marital status						
Never married	28.3	4.9	65.6	1.2	100.0	3,779
Married or living together	15.2	6.6	76.6	1.7	100.0	4,874
Divorced or separated	17.4	8.2	71.0	3.3	100.0	378
Widowed	16.2	15.3	64.3	4.2	100.0	64
Education						
No education	9.9	6.4	81.7	2.0	100.0	287
Primary	12.6	6.6	79.2	1.5	100.0	3,525
Secondary	24.9	5.7	68.0	1.4	100.0	4,462
More than secondary	37.8	4.4	55.1	2.7	100.0	887
Wealth quintile						
Lowest	12.1	7.5	79.2	1.2	100.0	1,421
Second	12.3	8.4	77.9	1.5	100.0	1,776
Middle	14.8	6.0	78.2	1.0	100.0	1,912
Fourth	24.2	5.1	68.6	2.1	100.0	1,882
Highest	35.3	4.0	58.6	2.1	100.0	2,136

Table 15.5.A Male circumcision (continued)

Percent distribution of males aged 15-59 years by self-reported circumcision status, by result of PHIA survey HIV test and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Circumcised ¹		Uncircumcised	Unknown	Total	Number
	Medical circumcision	Non-medical circumcision				
Age						
15-19	26.3	4.4	68.0	1.3	100.0	2,006
20-24	28.2	4.9	65.7	1.2	100.0	1,496
25-29	24.3	6.0	68.2	1.5	100.0	1,209
30-34	18.7	4.7	74.7	1.9	100.0	1,157
35-39	16.4	6.2	75.5	1.8	100.0	956
40-44	13.4	7.6	75.7	3.2	100.0	851
45-49	11.8	9.5	77.4	1.3	100.0	630
50-54	10.4	11.4	76.7	1.6	100.0	491
55-59	9.1	7.6	81.1	2.2	100.0	375
Total 15-24	27.2	4.6	66.9	1.3	100.0	3,502
Total 15-49	22.2	5.6	70.6	1.6	100.0	8,305
Total 15-59	21.2	5.9	71.2	1.6	100.0	9,171

¹Relates to Global AIDS Monitoring indicator 3.16: Prevalence of male circumcision and PEPFAR VMMC_TOTALCIRC NAT / SUBNAT.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

15.6 Gaps and Unmet Needs

- Among sexually active adults aged 15-59, who reported sexual intercourse with a non-marital, non-cohabitating partner in the 12 months preceding the survey, nearly two-thirds reported not using a condom at last sexual intercourse with such partner. Widespread condom distribution with targeted messaging should be scaled up.
- More than seven out of ten men in Zambia reported being uncircumcised. Significant further scale up is required to meet programmatic targets of 80% coverage of male circumcision laid out in the Country Operational Plan for the Scale-up of VMMC in Zambia.

16 INTIMATE PARTNER VIOLENCE

16.1 Background

Intimate partner violence (IPV) is defined as physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner).¹ Exposure to IPV has been implicated in increased risk of a woman contracting HIV, through mechanisms such as forced sex with an HIV-positive partner, an increase in risky sexual behaviors, and reduced ability to negotiate forms of safe sex (e.g., condom use).² Data from ZAMPHIA 2016 will fill gaps in information on subnational prevalence estimates and demographic characteristics of women who experienced different forms of IPV. This chapter provides data on the nature of violence in this population, which can assist in the development of violence prevention programs.

This chapter reports the prevalence of experiencing sexual or physical violence perpetrated by a live-in partner in the last 12 months among ever married or partnered women. Here, sexual violence is defined as being physically forced or pressured to have sex. Physical violence is defined as being punched, kicked, whipped, beaten, slapped, pushed, shoved, choked, smothered, drowned or burned. Having an object thrown at you or being hurt or threatened with a knife, gun or other weapon is also physical violence. Prevalence numbers are broken down by HIV status and socio-economic and demographic characteristics. Violence markers are measured against a woman's HIV status, as well as demographic characteristics.

Violence questionnaires were administered to women aged 15-59 years who have ever been in an intimate relationship. Questions were adapted from the Demographic and Health Survey as well as Violence Against Children Survey, which measures physical, emotional, and sexual violence in childhood, adolescence, and young adulthood (up to the age of 24 years). Women were asked if they had experienced physical or sexual violence from a live-in intimate partner in the past 12 months. Women reporting violence were offered referral to social services.

16.2 Prevalence of Recent Intimate Partner Violence

Prevalence of IPV in the last 12 months was reported in similar proportions among HIV-positive (4.4%) and HIV-negative women (4.3%). There was also little geographic differentiation in physical or sexual violence, with reported levels being similar in urban and rural areas. By age, the prevalence of self-reported physical or sexual violence in the last 12 months ranged from 7.9% among women aged 15-19 years to 1.4% among women aged 50-54 years. Experience of physical and sexual violence did not differ by education level or wealth quintile (Table 16.2.A).

IPV is likely under-reported in the survey; the finding that 7.0% of respondents aged 15-24 years experienced sexual or physical violence in the last 12 months was low compared to previous data on IPV in Zambia.

Table 16.2.A Prevalence of recent intimate partner violenceAmong ever-married or partnered women aged 15-59 years, percentage who experienced physical or sexual violence from a live-in partner in the past 12 months¹, by woman's HIV status and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Physical violence	Sexual violence	Physical and sexual violence	Physical or sexual violence ²	Number of ever-married or partnered women
Result of PHIA survey HIV test					
HIV positive	3.9	0.9	0.4	4.4	1,060
HIV negative	3.6	0.9	0.2	4.3	4,884
Not tested	1.5	0.6	0.0	2.0	645
Residence					
Urban	3.5	1.0	0.3	4.2	2,568
Rural	3.4	0.8	0.2	4.0	4,021
Province					
Central	3.7	1.2	0.3	4.7	553
Copperbelt	2.1	0.7	0.2	2.7	991
Eastern	3.4	1.0	0.3	4.1	764
Luapula	1.0	0.5	0.0	1.5	381
Lusaka	3.6	0.5	0.1	4.0	1,015
Muchinga	3.4	1.4	0.6	4.2	700
Northern	4.4	1.1	0.0	5.5	585
North-Western	3.2	2.3	0.5	5.1	549
Southern	5.1	0.4	0.1	5.3	728
Western	4.4	0.8	0.8	4.2	323
Marital status					
Never married	*	*	*	*	-
Married or living together	3.6	0.8	0.2	4.2	5,473
Divorced or separated	3.7	0.9	0.3	4.3	735
Widowed	1.0	1.6	0.6	2.0	372
Education					
No education	3.1	1.1	0.6	3.6	567
Primary	3.2	0.7	0.1	3.8	3,693
Secondary	4.2	1.0	0.3	4.9	1,986
More than secondary	2.1	1.8	0.7	3.2	342
Wealth quintile					
Lowest	3.5	0.6	0.1	3.9	1,321
Second	3.7	1.0	0.4	4.4	1,406
Middle	4.0	0.7	0.2	4.5	1,366
Fourth	3.5	0.3	0.1	3.7	1,380
Highest	2.4	1.9	0.5	3.9	1,092
Age					
15-19	5.6	2.4	0.4	7.9	280
20-24	5.9	1.0	0.2	6.7	1,164
25-29	4.4	0.9	0.6	4.6	1,260
30-34	3.3	0.7	0.2	3.9	1,177
35-39	2.5	0.6	0.0	3.1	909
40-44	2.1	0.5	0.1	2.5	709
45-49	1.3	1.4	0.4	2.3	434
50-54	1.3	0.1	0.0	1.4	388
55-59	0.4	1.2	0.0	1.6	268
Total 15-24	5.9	1.3	0.3	7.0	1,444
Total 15-49	3.7	0.9	0.3	4.4	5,933
Total 15-59	3.4	0.9	0.2	4.1	6,589

Table 16.2.A Prevalence of recent intimate partner violence (continued)

¹Based on the following variables and questionnaire wording:

frcsx12mopt: "In the past 12 months, did a partner physically force you to have sex?"

prssx12mopt: "In the past 12 months, did a partner pressure you to have sex and did succeed?"

vlncl2moptnr: "In the past 12 months, did a partner do any of these things to you?"

-Punched, kicked, whipped, or beat you with an object

-Slapped you, threw something at you that could hurt you, pushed you or shoved you

-Choked smothered, tried to drown you, or burned you intentionally

-Used or threatened you with a knife, gun or other weapon?"

All questions include the definition "By partner, I mean a live-in partner, whether or not you were married at the time."

Women who did not answer vlncl2moptnr because they were never a victim of physical violence (vlncl = 0) nor a victim of violence in the past 12 months (vlncl2motimes = 0) are included as not having experienced physical violence from a partner in the past 12 months.

Women who did not answer frcsx12mopt and/or prssx12mopt because they were never forced or pressured to have sex (frcsx12mo = 0, prssx12mo = 0) and/or were never forced or pressured to have sex in the past 12 months (prssx12mo = 2, frcsx12mo = 2) are included as not having experienced sexual violence from a partner in the past 12 months.

²Relates to Global AIDS Monitoring indicator 4.3: Prevalence of recent intimate partner violence.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

16.3 Gaps and Unmet Needs

- While IPV is likely under-reported in face-to-face interviews, 7.0% of women aged 15-24 years reported sexual or physical violence by a live-in partner in the last 12 months. Violence prevention interventions should target partners of young women while social support services should target the affected women themselves.
- Future studies should also address IPV experienced by men.

16.4 References

1. Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0*. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2015.
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3. Maman S, Campbell J, Sweat MD, Gielen AC. The intersections of HIV and violence: Directions for future research and interventions. *Soc Sci Med*. 2000 Feb;50(4):459-78.

17 DISCRIMINATORY ATTITUDES TOWARD PEOPLE LIVING WITH HIV

17.1 Key Findings

- In rural areas, 25.3% of people held discriminatory attitudes toward people living with HIV compared to 14.5% in urban areas.
- Discriminatory attitudes toward people living with HIV are more common in those with less education, ranging from 34.3% among those with no education to 5.7% among those with more than secondary education.

17.2 Background

Attitudes toward and perceptions of people living with HIV play an important role in the HIV epidemic. Misconceptions about HIV have resulted in people developing numerous false beliefs, such as HIV/AIDS always entails death, is associated with depraved and immoral behaviors, results from irresponsibility, and is only spread through sex.¹ Fears arising from these beliefs can lead to marginalization of particular populations, rendering them more vulnerable to HIV. Furthermore, discrimination against HIV/AIDS continues to act as a barrier to prevention and treatment, undermining programmatic attempts to help people living with HIV, and may even result in the denial of health services.¹

This chapter focuses on HIV-related stigma and discrimination. The prevalence of discriminatory attitudes among adults aged 15-59 years is reported by province, age, and other socio-economic and demographic characteristics. Prevalence was assessed by asking participants whether they agree or disagree with common discriminatory statements: “Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?” and “Do you think that children living with HIV should be able to attend school with children who are HIV negative?” Table 17.3.A summarizes the response to each question individually and together by reporting the percentage of respondents who replied “No” to either question. This data can help to explain how HIV-related stigma may negatively impact efforts aimed at HIV prevention, HIV testing, and access to HIV treatment and care.

17.3 Discriminatory Attitudes Toward People Living with HIV

Overall, 15.9% of respondents aged 15-59 years who have heard of HIV said they would not buy vegetables from an HIV-positive vendor and 11.4% said that HIV-positive children should not attend school with HIV-negative children, while 20.3% expressed agreement with at least one of the discriminatory attitudes. One in four people (25.3%) in rural areas held at least one discriminatory attitude compared to 14.5% of people in urban areas. Among young people aged 15-19 years, 28.7% held a discriminatory attitude compared to 14.9% of those aged 40-44 years. Among those who had no education, 34.3% held at least one discriminatory attitude, in comparison to 5.7% of those who have had some education past secondary (Table 17.3.A).

Table 17.3.A Discriminatory attitudes toward people living with HIV

Among persons aged 15-59 years who have heard of HIV, percentage who report discriminatory attitudes towards people living with HIV, by selected demographic characteristics, ZAMPHIA 2016

Characteristic	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	Do you think that children living with HIV should be able to attend school with children who are HIV negative?	Both questions	Number ²
	Percentage who responded "No"	Percentage who responded "No"	Percentage who responded "No" to either of the two questions ¹	
Residence				
Urban	11.1	7.9	14.5	4,516
Rural	20.1	14.5	25.3	5,722
Province				
Central	14.5	11.1	19.6	855
Copperbelt	11.0	8.4	15.1	1,765
Eastern	21.7	13.0	24.9	970
Luapula	21.9	18.9	28.5	538
Lusaka	11.3	7.7	14.2	1,753
Muchinga	20.1	15.3	25.2	916
Northern	19.1	15.6	25.8	857
North-Western	16.7	12.2	22.2	959
Southern	16.5	12.0	21.6	1,141
Western	20.9	10.5	23.9	484
Marital status				
Never married	18.7	12.8	23.0	3,461
Married or living together	14.4	10.7	19.0	5,689
Divorced or separated	12.5	8.8	16.6	708
Widowed	11.7	9.3	15.0	298
Education				
No education	27.9	18.6	34.3	526
Primary	22.1	17.0	27.7	4,321
Secondary	11.3	7.4	15.0	4,559
More than secondary	3.8	2.4	5.7	827
Wealth quintile				
Lowest	25.8	19.6	32.0	1,587
Second	22.4	16.9	28.3	1,893
Middle	16.3	10.2	20.1	2,071
Fourth	11.9	9.8	16.4	2,177
Highest	8.9	5.2	11.6	2,465
Age				
15-19	23.3	17.0	28.7	2,108
20-24	17.4	11.4	21.6	1,835
25-29	13.7	9.7	17.5	1,442
30-34	12.5	9.7	17.2	1,315
35-39	11.6	9.3	16.6	1,067
40-44	10.9	9.0	14.9	963
45-49	12.2	8.0	16.0	640
50-54	15.5	10.1	18.6	503
55-59	14.2	9.7	17.7	365
Total 15-24	20.5	14.3	25.4	3,943
Total 15-49	16.0	11.6	20.5	9,370
Total 15-59	15.9	11.4	20.3	10,238

¹Relates to Global AIDS Monitoring indicator 4.1: Discriminatory attitudes towards people living with HIV.

²Includes only participants who answered both questions.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

17.4 Gaps and Unmet Needs

- Discriminatory attitudes were more common among adolescents aged 15-19 years (28.7%) followed by those aged 20-24 years (21.6%). Interventions to reduce discrimination should target venues where these young people congregate, including schools and youth groups. Age-appropriate, sexual and reproductive health education at all levels of schooling would help combat false beliefs and HIV stigma. Open access to sexual and reproductive health services, including HIV prevention in schools, could also help reduce stigma.
- Discriminatory attitudes towards people living with HIV were more common in rural areas (25.3%) as compared to urban areas (14.5%). Education and community interventions to decrease stigma could improve the lives of people living with HIV in these areas. Involvement of local stakeholders and traditional leaders is crucial for effective change.
- Further investigation of institutional and community discrimination is necessary to fully address discriminatory attitudes and stigma against HIV and people living with HIV.

17.5 References

1. Joint United Nations Programme on HIV/AIDS (UNAIDS). *Global AIDS Monitoring 2017. Indicators for monitoring the 2016 United Nations Political Declaration on HIV and AIDS*. Geneva, Switzerland: UNAIDS; 2016. http://www.unaids.org/sites/default/files/media_asset/2017-Global-AIDS-Monitoring_en.pdf. Accessed December 17, 2018.

18 TUBERCULOSIS, SYPHILIS, HBV, STI SYMPTOMS, AND CERVICAL CANCER SCREENING

18.1 Key Findings

- Based on self-report, 60.9% of adults aged 15-59 years who visited a TB clinic were tested for HIV during a TB clinic visit; however, 30.7% did not test for HIV during the visit and did not know their HIV status.
- Among adult PLHIV who had ever visited a TB clinic, 54.3% were diagnosed with TB and of these, 98.4% were treated for TB.
- Overall, 39.4% of HIV-positive persons were screened for TB at their last HIV clinic visit.
- The prevalence of having ever been infected with syphilis among those aged 15-59 years was 6.8% (7.2% among females and 6.3% among males).
- The overall prevalence of active syphilis infection was 3.0% (3.4% among females and 2.7% among males).
- The prevalence of ever having been infected with syphilis was lower among HIV-negative (5.5%) than among HIV-positive (16.6%) participants. Active syphilis infections were less common among HIV-negative participants (2.1%) than HIV-positive (9.6%) participants.
- The overall prevalence of hepatitis B in the population aged 0-59 years was 3.5%. The prevalence of hepatitis B was four times higher among those aged 15-59 years (5.6%) compared to those aged 0-14 years (1.3%).
- Among adult PLHIV, 7.0% of men and 3.5% of women reported having a sexually transmitted infection (STI) diagnosed by a medical professional in the past 12 months. Among HIV-negative adults, 3.4% of men and 1.3% of women reported having an STI diagnosed by a medical professional in the last 12 months.
- Among women with HIV aged 30-49 years, the probability of having been screened for cervical cancer was 34.5% in urban areas compared to 17.0% in rural areas.

18.2 Background

People living with HIV are at risk for acquiring other diseases, including TB, hepatitis B, syphilis, and other STIs. TB is the leading cause of death for people living with HIV. HIV infection predisposes a person to TB infection and progression to active disease. Information regarding health seeking behavior, particularly for TB health services, is therefore very important. A UNAIDS model estimates there were 38,000 (95% CI 24,000-55,000) incident TB cases among HIV-positive persons in Zambia in 2015.¹ This chapter describes the TB clinical care cascade for HIV-positive individuals: Receipt of care at a TB clinic, TB diagnoses among those receiving care, and treatment among those diagnosed with TB.

Women living with HIV are at greater risk of developing cervical cancer because their weakened immune systems are not able to clear human papilloma virus (HPV) infections. WHO recommends HPV screening and treatment for all sexually active HIV-positive women.² ZAMPHIA 2016 provides population-based rates of screening not available from routine clinic data, which does not capture women not in care. This chapter presents cervical cancer screening rates by age and socio-demographic characteristics.

HIV and HBV have similar transmission routes and concurrent infection with both viruses often results in more rapid progression of HBV to cirrhosis and higher liver-disease mortality. ZAMPHIA 2016 provides population-based HBV prevalence among HIV-positive individuals, which can support actionable policy recommendations for screening and treatment. It may also potentially provide an estimate of the impact of national HBV vaccination programs. This chapter describes the prevalence of HBV in individuals aged 0 to 59 years, by province, sex, age, and socio-economic and demographic characteristics.

Syphilis is a relatively common STI, and untreated syphilis can result in severe morbidity in adults as well as in infants. Providing a syphilis diagnosis in a timely manner also allows patients to get treated, thereby reducing morbidity and transmission to sexual partners or vertically to newborn infants. As syphilis has been implicated in increasing transmission and acquisition of HIV, describing syphilis in HIV-positive individuals adds to the understanding of the epidemiology of HIV. This chapter describes syphilis prevalence in adults aged 15 to 59 years, by HIV status, age, sex, and socio-economic and demographic characteristics. This chapter also describes prior screening for STIs in both adult men and women.

18.3 Tuberculosis

Table 18.3.A shows the prevalence of self-reported HIV testing during a TB clinic visit among adults by knowledge of HIV status and sex. Overall, 60.9% of adults aged 15-59 years tested for HIV during a TB clinic visit, and 8.4% did not test because already knew their HIV status. More than 3 in 10 (30.7%) adults 15-59 who visited a TB clinic were not tested for HIV and did not know their HIV status.

Characteristic	Tested for HIV during a TB clinic visit	Not Tested for HIV during a TB clinic visit		Total	Number
		Already knew they were HIV positive	Did not know their status		
Sex					
Male	62.4	5.3	32.3	100.0	653
Female	59.2	11.9	28.9	100.0	761
Total 15-59	60.9	8.4	30.7	100.0	1,414

Table 18.3.B presents information on the percentage of HIV-positive persons who visited a TB clinic, were diagnosed for TB, and received treatment. Among self-reported HIV-positive persons, 29.9% had ever visited a TB clinic, with 36.6% of males having ever visited a TB clinic compared to 26.2% of females (Table 18.3.B). Among adult people living with HIV who had ever visited a TB clinic, 54.3% were diagnosed with TB. Among those HIV-positive adults diagnosed with TB at a TB clinic, 98.4% were treated for TB (Table 18.3.B).

Table 18.3.B Tuberculosis clinic attendance and services among HIV-positive adults

Among self-reported HIV-positive persons aged 15-59 years, percentage who ever visited a tuberculosis (TB) clinic; among those who had ever visited a TB clinic, percentage who were diagnosed for TB; and among those diagnosed with TB, percentage who were treated for TB, by sex, ZAMPHIA 2016

Characteristic	Among HIV-positive persons		Among HIV-positive persons who ever visited a TB clinic		Among HIV-positive persons who were diagnosed with TB	
	Percentage who ever visited a TB clinic	Number	Percentage who were diagnosed with TB	Number	Percentage who were treated for TB	Number
Sex						
Male	36.6	521	56.7	190	98.8	110
Female	26.2	1,220	52.4	332	98.1	174
Total 15-59	29.9	1,741	54.3	522	98.4	284

Table 18.3.C shows that among self-reported HIV-positive persons, 39.4% were screened for TB at their last HIV clinic visit (41.9% among males and 38.0% among females).

Table 18.3.C Tuberculosis symptom screening in HIV clinics

Among self-reported HIV-positive persons in HIV care aged 15-59 years, percentage who were screened for tuberculosis symptoms during their last HIV clinic visit, by sex, ZAMPHIA 2016

Characteristic	Percentage who were screened for TB symptoms	Number
Sex		
Male	41.9	477
Female	38.0	1,125
Total 15-59	39.4	1,602

18.4 Syphilis

Syphilis Prevalence

Overall, the prevalence of having ever been infected with syphilis among those aged 15-59 years was 6.8% (7.2% among females and 6.3% among males). The prevalence of ever having been infected with syphilis was lower among HIV-negative (5.5%) than among HIV-positive (16.6%) participants. The overall prevalence of active syphilis infection was 3.0% (3.4% among females and 2.7% among males). The prevalence of active infection was lower among HIV-negative (2.1%) than HIV-positive (9.6%) participants.

The prevalence of having ever been infected with syphilis ranged 2.9% in Eastern Province to 10.9% in Western Province. The prevalence of active infection ranged from 1.2% in Eastern to 5.2% in Western Province. Prevalence of active syphilis in the never married was 1.6%, compared to 6.8% among those widowed. Prevalence of having ever been infected with syphilis ranged from 2.7% among those aged 15-19 years to more than 11% among those aged 40-59 years (Table 18.4.A).

Table 18.4.A Syphilis prevalence

Prevalence of syphilis (ever infected and active infection) among persons age 15-59 years, by sex, result of PHIA survey HIV test, and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Males			Females			Total		
	Percentage ever infected	Percentage active infection	Number	Percentage ever infected	Percentage active infection	Number	Percentage ever infected	Percentage active infection	Number
Result of PHIA survey HIV test									
HIV positive	18.2	11.3	779	15.6	8.5	1,688	16.6	9.6	2,467
HIV negative	5.1	1.8	7,363	5.8	2.5	9,284	5.5	2.1	16,647
Residence									
Urban	6.8	2.9	3,315	7.7	3.6	5,025	7.2	3.2	8,340
Rural	6.0	2.5	4,827	6.9	3.2	5,947	6.4	2.8	10,774
Province									
Central	8.6	3.8	702	8.1	3.8	889	8.3	3.8	1,591
Copperbelt	8.2	2.7	1,386	9.6	3.6	1,898	8.9	3.2	3,284
Eastern	1.9	0.7	819	3.9	1.7	1,070	2.9	1.2	1,889
Luapula	7.3	3.4	426	8.6	5.1	590	8.0	4.3	1,016
Lusaka	5.2	2.5	1,242	7.0	3.9	2,003	6.1	3.2	3,245
Muchinga	5.8	2.3	758	4.7	2.7	971	5.2	2.5	1,729
Northern	7.5	3.0	659	7.0	2.9	819	7.3	3.0	1,478
North-Western	4.2	1.3	765	6.6	2.0	1,012	5.4	1.7	1,777
Southern	5.1	2.3	990	6.6	3.2	1,186	5.9	2.8	2,176
Western	12.6	6.3	395	9.4	4.1	534	10.9	5.2	929
Marital status									
Never married	3.5	1.4	3,368	3.8	2.0	2,987	3.6	1.6	6,355
Married or living together	8.1	3.3	4,319	7.7	3.5	6,332	7.9	3.4	10,651
Divorced or separated	14.6	7.2	332	12.6	6.1	1,038	13.2	6.4	1,370
Widowed	20.2	12.1	60	14.3	6.0	536	15.0	6.8	596
Education									
No education	5.4	0.7	246	8.0	4.1	715	7.2	3.1	961
Primary	7.0	3.1	3,142	8.9	4.1	5,183	8.1	3.7	8,325
Secondary	6.4	2.6	4,012	5.8	2.8	4,354	6.1	2.7	8,366
More than secondary	4.2	1.7	733	3.7	0.8	716	4.0	1.3	1,449
Wealth quintile									
Lowest	6.2	2.4	1,250	7.1	2.8	1,712	6.7	2.6	2,962
Second	6.5	2.6	1,596	7.2	3.3	1,940	6.9	3.0	3,536
Middle	6.8	2.9	1,743	8.2	4.2	2,173	7.5	3.6	3,916
Fourth	8.0	3.8	1,663	8.0	3.9	2,431	8.0	3.8	4,094
Highest	4.5	1.8	1,849	6.0	2.7	2,668	5.3	2.2	4,517
Pregnancy status									
Currently pregnant ¹	NA	NA	NA	6.3	3.0	789	NA	NA	NA
Not currently pregnant	NA	NA	NA	7.4	3.4	10,021	NA	NA	NA
Age									
15-19	2.1	0.6	1,811	3.3	1.6	2,120	2.7	1.1	3,931
20-24	3.9	1.8	1,344	5.5	2.9	2,045	4.7	2.4	3,389
25-29	5.8	3.0	1,053	7.7	4.0	1,619	6.8	3.5	2,672
30-34	8.2	3.9	1,003	7.2	3.3	1,458	7.7	3.5	2,461
35-39	7.1	3.4	836	9.5	4.0	1,160	8.3	3.7	1,996
40-44	11.9	5.3	751	11.9	5.8	988	11.9	5.5	1,739
45-49	11.9	5.3	560	11.7	5.0	619	11.8	5.2	1,179
50-54	9.8	2.4	444	12.1	3.6	584	11.0	3.0	1,028
55-59	12.4	2.6	340	10.2	4.2	379	11.3	3.4	719
Total 15-24	3.0	1.1	3,155	4.3	2.2	4,165	3.6	1.7	7,320
Total 15-49	6.0	2.7	7,358	6.9	3.3	10,009	6.4	3.0	17,367
Total 15-59	6.3	2.7	8,142	7.2	3.4	10,972	6.8	3.0	19,114

¹Relates to Global AIDS Monitoring indicator 2.4: Syphilis among pregnant women

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

18.5 Hepatitis B

The prevalence of hepatitis B was four times higher among those aged 15-59 years (5.6%) as compared to those aged 0-14 years (1.3%). In the population aged 0-59 years, the overall prevalence was 3.5% (Table 18.5).

The prevalence of hepatitis B among HIV-negative participants aged 15-59 years was 5.4% (6.9% among males, 3.9% among females). Prevalence among HIV-positive participants in the same age group was 7.1% (nearly double among males, at 10.2%, when compared with females, at 5.2%). Among those aged 0-14 years, the prevalence of hepatitis B was nearly five times higher in those who were HIV positive (5.9%) than in those who were HIV negative (1.2%).

Characteristic	Males		Females		Total	
	Percentage HBsAg ¹ positive	Number	Percentage HBsAg positive	Number	Percentage HBsAg positive	Number
HIV Positive						
0-14	3.4	53	(9.2)	42	5.9	95
15-59	10.2	779	5.2	1,688	7.1	2,467
0-59	9.4	832	5.4	1,730	7.0	2,562
HIV Negative						
0-14	1.3	3,948	1.1	3,972	1.2	7,920
15-59	6.9	7,363	3.9	9,285	5.4	16,648
0-59	4.1	11,311	2.5	13,257	3.3	24,568
Total						
0-14	1.4	4,001	1.2	4,014	1.3	8,015
15-59	7.2	8,142	4.1	10,973	5.6	19,115
0-59	4.4	12,143	2.7	14,987	3.5	27,130

¹HBsAg is the hepatitis B surface antigen (positivity indicates acute or chronic hepatitis B infection)

18.6 Self-Reported Symptoms and Diagnosis of Sexually Transmitted Infection

Among all men aged 15-59 years, 4.9% reported abnormal penile discharge, 6.4% reported a penile sore and 3.5% reported being diagnosed with an STI by a medical professional in the past 12 months. Among HIV-positive men aged 15-59 years, 9.8% reported abnormal discharge, and 14.3% reported a sore or ulcer while 7.0% reported they had been diagnosed with a STI in the past 12 months by a medical professional (Table 18.6.A).

For females aged 15-59 years, 4.6% self-reported abnormal vaginal discharge in the past 12 months and 3.7% self-reported an ulcer or sore on or near the vagina. Overall 1.5% were diagnosed with an STI in the past 12 months by a doctor, clinical officer, or nurse. Among HIV-positive females, 6.8% reported abnormal discharge, while 7.9% reported a sore or ulcer and 3.5% reported being medically diagnosed with an STI in the 12 months preceding the survey (Table 18.6.B).

Table 18.6.A Other sexually transmitted infections: Males

Among males aged 15-59 years, percentage who self-reported symptoms of a sexually transmitted infection and percentage who reported clinical diagnosis of a sexually transmitted infection in the 12 months preceding the survey; by HIV status and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Self-reported symptoms in the past 12 months			Percentage who were diagnosed with an STI in the past 12 months by a doctor, clinical officer, or nurse	
	Percentage who had abnormal discharge from the penis ¹	Percentage who had an ulcer or sore on or near the penis	Number		Number
Result of PHIA survey HIV test					
HIV positive	9.8	14.3	708	7.0	712
HIV negative	4.7	5.9	5,891	3.4	5,923
Not tested	1.9	3.1	786	1.4	790
Residence					
Urban	5.2	5.8	2,941	3.6	2,968
Rural	4.6	6.9	4,444	3.4	4,457
Province					
Central	5.1	8.1	616	3.4	615
Copperbelt	2.8	5.1	1,197	2.8	1,208
Eastern	5.5	6.9	714	4.4	715
Luapula	3.8	4.9	370	1.8	373
Lusaka	7.0	6.9	1,140	4.4	1,152
Muchinga	2.0	4.3	681	2.5	684
Northern	4.8	6.3	645	1.9	646
North-Western	5.1	4.4	731	4.2	733
Southern	4.2	6.0	904	3.4	911
Western	7.1	11.2	387	5.2	388
Marital status					
Never married	5.3	5.2	2,451	3.5	2,463
Married or living together	4.2	6.7	4,484	3.1	4,506
Divorced or separated	9.4	14.0	349	8.7	353
Widowed	4.4	5.3	55	3.0	57
Education					
No education	7.7	10.5	227	5.1	229
Primary	4.9	6.9	2,819	3.6	2,842
Secondary	5.0	6.4	3,538	3.6	3,548
More than secondary	3.5	4.0	796	2.3	801
Wealth quintile					
Lowest	4.1	7.1	1,182	3.5	1,187
Second	5.1	5.8	1,442	2.8	1,450
Middle	4.9	7.7	1,583	4.6	1,589
Fourth	5.4	6.8	1,505	2.9	1,512
Highest	4.6	4.8	1,638	3.5	1,652
Age					
15-19	3.9	3.6	974	1.6	977
20-24	5.5	6.6	1,257	3.7	1,265
25-29	6.6	7.9	1,104	5.2	1,110
30-34	5.4	6.9	1,051	4.2	1,055
35-39	5.5	8.1	882	3.7	887
40-44	3.8	7.2	764	3.8	775
45-49	2.9	6.0	575	3.0	576
50-54	2.3	2.9	439	0.7	440
55-59	3.7	5.2	339	1.6	340
Total 15-24	4.9	5.4	2,231	2.9	2,242
Total 15-49	5.1	6.7	6,607	3.7	6,645
Total 15-59	4.9	6.4	7,385	3.5	7,425

¹Relates to Global AIDS Monitoring indicator 10.4: Men with urethral discharge

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

Table 18.6.B Other sexually transmitted infections: Females

Among females aged 15-59 years, percentage who self-reported symptoms of a sexually transmitted infection and percentage who reported clinical diagnosis of a sexually transmitted infection in the 12 months preceding the survey; by HIV status and selected demographic characteristics, ZAMPHIA 2016

Characteristic	Self-reported symptoms in the past 12 months			Percentage who were diagnosed with an STI in the past 12 months by a doctor, clinical officer, or nurse	
	Percentage who had abnormal discharge from the vagina	Percentage who had an ulcer or sore on or near the vagina	Number		Number
Result of PHIA survey HIV test					
HIV positive	6.8	7.9	1,570	3.5	1,573
HIV negative	4.4	3.1	7,885	1.3	7,911
Not tested	2.9	1.2	926	0.5	928
Residence					
Urban	5.5	4.2	4,638	1.8	4,657
Rural	3.9	3.2	5,743	1.2	5,755
Province					
Central	3.5	3.4	866	1.3	869
Copperbelt	4.3	3.7	1,729	1.5	1,735
Eastern	3.0	2.3	1,018	2.0	1,023
Luapula	2.5	2.8	568	0.5	567
Lusaka	6.1	4.5	1,871	1.8	1,879
Muchinga	4.3	3.9	928	1.8	929
Northern	4.9	3.5	816	1.3	819
North-Western	3.6	2.2	972	1.2	971
Southern	6.6	3.5	1,099	1.4	1,103
Western	5.0	6.5	514	2.0	517
Marital status					
Never married	5.0	4.5	2,082	1.5	2,095
Married or living together	4.3	2.9	6,635	1.2	6,652
Divorced or separated	6.3	5.6	1,062	2.8	1,063
Widowed	3.4	5.2	551	2.8	551
Education					
No education	4.3	2.9	705	1.4	706
Primary	4.2	3.6	5,040	1.5	5,046
Secondary	4.5	3.8	3,884	1.6	3,904
More than secondary	8.1	4.1	747	1.6	751
Wealth quintile					
Lowest	3.4	3.0	1,691	1.0	1,693
Second	3.2	2.5	1,876	0.9	1,884
Middle	4.4	4.0	2,075	2.0	2,077
Fourth	5.5	4.8	2,322	1.9	2,328
Highest	5.7	3.5	2,378	1.6	2,391
Age					
15-19	3.6	2.8	1,315	1.1	1,323
20-24	5.6	4.1	2,021	1.8	2,029
25-29	4.2	3.8	1,706	1.7	1,710
30-34	5.6	3.9	1,517	1.7	1,518
35-39	4.7	2.7	1,214	1.6	1,220
40-44	4.8	4.8	1,001	1.6	1,003
45-49	4.2	3.1	632	0.6	632
50-54	4.0	4.7	581	1.8	584
55-59	2.3	2.9	394	0.3	393
Total 15-24	4.7	3.5	3,336	1.5	3,352
Total 15-49	4.7	3.6	9,406	1.6	9,435
Total 15-59	4.6	3.7	10,381	1.5	10,412

Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

18.7 Cervical Cancer Screening Among HIV-Positive Women

Among HIV-positive women aged 30-49 years, 27.3% report being screened for cervical cancer. The proportion of women screened in urban areas (34.5%) was roughly twice the proportion screened in rural areas (17.0%). By province, self-reported screening ranged from 43.6% in Lusaka to 7.1% in Luapula. Among HIV-positive women who have secondary education, 32.1% have been screened for cervical cancer compared to 11.2% of women with no education. Similarly, 40.7% of women in the highest wealth quintile have been screened, while only 10.6% of women in the lowest wealth quintile have been screened (Table 18.7.A).

Characteristic	Percentage who report ever having had a screening test for cervical cancer	Number
Residence		
Urban	34.5	613
Rural	17.0	426
Province		
Central	31.6	98
Copperbelt	20.0	212
Eastern	19.0	83
Luapula	(7.1)	42
Lusaka	43.6	257
Muchinga	14.6	50
Northern	17.1	60
North-Western	16.7	62
Southern	24.6	112
Western	29.0	63
Marital status		
Never married	24.8	78
Married or living together	28.3	581
Divorced or separated	24.8	202
Widowed	27.1	174
Education		
No education	11.2	58
Primary	23.2	490
Secondary	32.1	410
More than secondary	39.5	81
Wealth quintile		
Lowest	10.6	105
Second	11.4	126
Middle	24.7	221
Fourth	28.1	282
Highest	40.7	303
Age		
30-34	25.3	302
35-39	28.9	284
40-44	31.3	294
45-49	21.5	159
Total 30-49	27.3	1,039

¹Relates to Global AIDS Monitoring indicator 10.10: Cervical cancer screening among women living with HIV.

Estimates in parentheses are based on a small number (25 to 49) of unweighted cases and should be interpreted with caution.

An asterisk indicates that an estimate is based on a very small number (less than 25) of unweighted cases and has been suppressed.

The sum of the sample sizes for a given classification may be less than the total sample size because of missing responses to the classification variable.

18.8 Gaps and Unmet Needs

- Linkages between TB and HIV care should be improved. Roughly 60% of HIV-positive adults aged 15-59 years were not screened for TB symptoms during their last HIV clinic visit. This finding is not consistent with programmatic data which shows lower estimates of unscreened people living with HIV. Among adults aged 15-59 years who ever visited a TB clinic, nearly a third were not tested for HIV although they did not know their HIV status.
- Hepatitis B prevalence was higher among HIV-positive children compared to HIV-negative children. Coverage and efficacy of immunization programs, among HIV-positive children in particular, should be further investigated.
- A targeted HBV immunization program for at-risk adults, like health-care workers and PLHIV, should also be considered.
- Nearly three quarters of HIV-positive women aged 30-49 years reported that they had never been screened for cervical cancer. Coverage of screening for this common co-morbidity should be expanded, particularly in rural areas.
- More information about the prevalence, transmission, and treatment of human papillomavirus is needed for the general population and among people living with HIV.

18.9 References

1. Joint United Nations Programme on HIV/AIDS. UNAIDS data tables, 2017. Accessed on December 17, 2018 at <http://aidsinfo.unaids.org/>.

DISCUSSION AND CONCLUSIONS

- ZAMPHIA estimated that approximately 43,000 new HIV infections are occurring annually among adults aged 15-59 years (HIV incidence: 0.61% [95% CI: 0.40-0.81%]). Relative to males, HIV incidence among women remains unacceptably high (HIV incidence: 0.29% males, 0.93% females).
- There has been remarkable progress toward the achievement of the UNAIDS 90-90-90 targets in adults, with 71.4% of people living with HIV aged 15-59 years diagnosed, 87.1% of those diagnosed receiving ART, and 89.2% of those on treatment with suppressed viral loads. However, diagnosis of younger adolescents and children living with HIV continues to be a concern, with only 50.6% of those aged 0-14 years actually diagnosed. Viral load suppression also continues to be an area of concern in the younger populations living with HIV, with only half (54.3%) of those aged 0-14 who were on treatment achieving a suppressed viral load, and 72.6% of those aged 15-24 years who were on treatment having a suppressed viral load. Further, the percentage with viral load suppression among all HIV-positive individuals aged 15-24 years was only 34.3%. With the goal set by UNAIDS to end the AIDS epidemic by 2030, continued expansion of HIV testing and treatment, especially for men and young women, will play a central role.
- Health care during pregnancy, delivery, and soon after delivery is important for the survival and well-being of mothers and children. Zambia has achieved high coverage of the key intervention to reduce vertical transmission of HIV, with 98.9% of HIV-positive women aged 15-49 years who gave birth during the 12 months preceding the survey reporting that they received ARVs during pregnancy, labor or delivery.
- However, there is an important gap in early diagnosis of HIV infection in infants, which is essential to ensure their survival. The current programmatic target for virological testing of HIV in infants in Zambia is to test at least 71% of children born to HIV-positive women within two months of birth. However, ZAMPHIA indicates that only 58.4% of last-born children of HIV-positive mothers who delivered in the past 36 months had HIV testing performed within 2 months of birth, and an additional 25.6% had it performed between two and 12 months of age. It is essential to increase the coverage of virological testing for HIV. Several system-level interventions can be useful, for example, in the laboratory, facilitating access to testing with the potential use of point-of-care technologies, and, in the facilities, through service quality improvement initiatives, training of health care personnel, and additional points of entry to testing.
- Among reproductive-aged women (ages 15-49 years), the findings that 6.9% had past syphilis infection and 3.3% had active syphilis infections suggests that routine ANC syphilis, as well as HIV, testing, with prompt treatment of women testing positive, could further limit preventable perinatal mortality.

APPENDIX A SAMPLE DESIGN AND IMPLEMENTATION

Appendix A provides a high-level overview of sampling and weighting procedures for ZAMPHIA (Zambia Population-based HIV Impact Assessment) 2016. In-depth details are provided in the Zambia PHIA (ZAMPHIA) Technical Report, which may be found on the PHIA project website.

A.1 Sample Design

Overview

The sample design for ZAMPHIA is a stratified multistage probability sample design, with strata defined by the 10 provinces of the country, first-stage sampling units defined by enumeration areas (EAs) within strata, second-stage sampling units defined by households within EAs, and finally eligible persons within households. Within each province, the first-stage sampling units (also referred to as primary sampling units or PSUs) were selected with probabilities proportionate to the number of households in the PSU based on the 2010 census. The allocation of the sample PSUs to the 10 provinces was made in a manner designed to achieve specified precision levels for (1) a national estimate of the HIV incidence rate and (2) provincial estimates of viral load suppression (VLS).

The second-stage sampling units were selected from lists of dwelling units/households compiled by trained staff for each of the sampled PSUs. Upon completion of the listing process, a random systematic sample of dwelling units/households was selected from each PSU at rates designed to yield self-weighting (i.e., equal probability) samples within each province to the extent feasible.

Within the sampled households, all eligible adolescents and adults aged 15 to 59 years were included in the study sample for data collection. All eligible children aged 0 to 14 years in every other household of the sampled households were included in the study for data collection.

Population of Inference

The population of inference for ZAMPHIA is comprised of the *de facto* household population. The *de facto* population is comprised of individuals who were present in households (i.e., slept in the household) on the night prior to the household interview. In contrast, the *de jure* population is comprised of individuals who are usual residents of the household, irrespective of whether or not they slept in the household on the night prior to the household interview.

Precision Specifications and Assumptions

The following specifications were used to develop the sample design for ZAMPHIA.

- The relative standard error of the national estimate of HIV incidence among persons aged 15-49 should be 30% or less.
- 95% confidence bounds around the estimated VLS rate among HIV-positive persons aged 15-49 for each of the 10 strata (provinces) should be $\pm 10\%$ or less.

The following assumptions were used to develop the sample design for ZAMPHIA.

- An overall HIV prevalence rate of 0.103 (10.3%) that varies by province. Source: 2013-14 Zambia Demographic and Household Survey (Preliminary Report).
- An annual HIV incidence rate for adults aged 15-49 of $P_a = 0.0060$ (0.60%). Source: UNAIDS estimate for 2012 and 2013-14 Zambia Demographic and Household Survey (Preliminary Report).
- A mean duration of recent infection (MDRI) of 130 days, yielding an annualization rate of $365/130 = 2.8077$. Hence, the estimated incidence rate for MDRI = 130 days is $P_m = 0.0060/2.8077 = 0.0021$ (0.21%).
- A VLS rate among HIV-positive adults aged 15-49 in each province h of $P_{vh} = 50\%$. This is a conservative assumption because it will overstate the actual variance of the VLS rate.
- An intra-cluster correlation (ICC) of = 0.05 for both prevalence and incidence. The ICC provides an average measure of the homogeneity of responses within the first-stage sampling units.
- An occupancy rate of 91.9% for sampled dwelling units. Note that this is not included in the calculation of the overall survey response rate, but does determine the initial numbers of dwelling units to be sampled. A sample of 16,806 dwelling units will yield a sample of about 15,000 occupied dwelling units (households). Source: Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International
- An overall household response rate of 97.9% among the occupied dwelling units. Source: 2013-14 Zambia Demographic and Household Survey (DHS).
- The average number of persons aged 15 to 49 in a household is 1.89. Source: 2013-14 Zambia Demographic and Household Survey (DHS).
- The percentage of persons in households who are 0-14 is 49.6%. Source: 2013-14 Zambia Demographic and Household Survey (DHS).
- The percentage of persons in households who are 50-59 is 4.0%. Source: 2013-14 Zambia Demographic and Household Survey (DHS).
- Among the individuals 15-59 years of age in eligible responding households, a biomarker response rate of 68.9%. This corresponds to an overall biomarker response rate of 67.5%. This is a conservative estimate derived from response rates in the 2013-14 Zambia Demographic and Household Survey (DHS).
- Among the children 0-14 years of age in eligible responding households, a biomarker response rate of 62.1%.
- The assumed values of response rates and number of participating persons per household is based on data from the 2013-14 Zambia DHS as well as recent AIDS indicator surveys conducted in other sub-Saharan African countries.

Selection of the Primary Sampling Units

The PSUs for ZAMPHIA are defined to be the EAs created for the census 2010. The sampling frame consisted of 25,631 EAs containing 2.8 million households and 13.1 million persons as of the 2010 census. The EAs vary widely in size, with 97 EAs containing less than 30 households, and 149 containing more than 300 households. An attempt was made to combine the small EAs with an adjacent large EA

for sampling purposes, but this was found to be impracticable, and a decision was made to exclude these EAs from the sampling frame. Thus, the final sampling frame contained 25,534 EAs. The total deletions accounted for approximately 0.08 percent of the 2010 population.

A stratified sample of 511 EAs was selected from the sampling frame. The 10 strata specified for sampling were the 10 provinces of Zambia. The EA samples were selected systematically and with probabilities proportionate to a measure of size (MOS) equal to the number of households in the EA based on the 2010 census. Prior to selection, the EAs were sorted by type of EA, including urban/rural. The sorting of the EAs prior to sample selection induces an implicit geographic stratification. To select the sample from a particular stratum, the cumulative MOS was determined for each EA in the ordered list of EAs, and the sample selections were designated using a sampling interval equal to the total MOS of the EAs in the stratum divided by the number of EAs to be selected and a random starting point. The resulting sample has the property that the probability of selecting an EA within a particular stratum is proportional to the MOS of the EA in the stratum.

Details regarding EA substitution and segmentation may be found in the ZAMPHIA Technical Report.

Selection of Households

For both sampling and analysis purposes, a household is defined to be a group of individuals who reside in a physical structure such as a house, apartment, compound, or homestead, and share in housekeeping arrangements. The physical structure in which people reside is referred to as the dwelling unit, which may contain more than one household meeting the above definition. Households are eligible for participation in the study if they are located within the sampled EA.

The selection of households for ZAMPHIA involved the following steps: (1) listing the dwelling units/households within the sampled EAs; (2) assigning eligibility codes to the listed dwelling unit/household records; (3) selecting the samples of dwelling units/households; and (4) designating a subsample of households for data collection for children.

A description of the household listing process as well as a summary of household eligibility may be found in the ZAMPHIA Technical Report.

Selection of households utilized an equal probability design. In order to achieve equal probability samples of households within each of the 10 provinces of Zambia, the sampling rates required to select dwelling units/households within an EA will depend on the difference between the MOS used in sampling and the actual number of dwelling units/households found at the time of listing. Thus, application of these within-EA sampling rates can yield more or less than the desired 12,100 households in EAs where the sampling MOS differs from the actual listing count. The ZAMPHIA Technical Report provides an in-depth description of the equal probability sample design, as well as a detailed summary of the results of the household selection.

Table A.1 Number of sampled dwelling units/households and expected unequal weighting design effects by stratum

Stratum (Province)	No. sample PSUs (clusters)	Number of sampled dwelling units/house- holds	Number of dwelling units/households flagged for child data collection	Minimum PSU sample size	Maximum PSU sample size	UEW DEFF for PHIA sample after capping
Central	42	1,371	686	19	60	1.01
Copperbelt	74	2,415	1,207	15	60	1.02
Eastern	49	1,599	800	15	60	1.03
Luapula	32	1,044	522	15	60	1.01
Lusaka	85	2,800	1400	15	60	1.04
Muchinga	50	1,632	816	15	61	1.04
Northern	43	1,468	734	16	60	1.01
North-Western	49	1,632	816	15	60	1.01
Southern	55	1,795	897	15	60	1.00
Western	32	1,044	522	17	60	1.00
Total	511	16,800	8,400	15	61	1.07*

*Reflects variation in weights within and across strata.

PSU: Primary sampling unit

UEW: Unequal weighting

DEFF: Design effect

Selection of Individuals

The selection of individuals for ZAMPHIA involved the following steps: (1) compiling a list of all individuals known to reside in the household or who slept in the household during the night prior to data collection; (2) identifying those rostered individuals who are eligible for data collection; and (3) selecting for the study those individuals meeting the age and residency requirements of the study. However, only those individuals who slept in the household the night before the household interview (i.e., the *de facto* population) were retained for subsequent weighting and analysis.

The ZAMPHIA Technical Report provides a brief description of the process for listing and selecting individuals for participation in ZAMPHIA and presents detailed summaries of the distributions of eligible individuals and participants in individual interviews and HIV testing by strata and age.

A.2 Weighting

Overview

In general, the purpose of weighting survey data from a complex sample design is to (1) compensate for variable probabilities of selection, (2) account for differential nonresponse rates within relevant subsets of the sample, and (3) adjust for possible undercoverage of certain population groups. Weighting is accomplished by assigning an appropriate sampling weight to each responding sampled unit (e.g., a household or person), and using that weight to calculate weighted estimates from the sample. The critical component of the sampling weight is the base weight that is defined to be the reciprocal of the probability of including a household or person in the sample. The base weights are used to inflate the responses of the sampled units to population levels and are generally unbiased (or consistent) if there is no nonresponse or noncoverage in the sample. When nonresponse or noncoverage occurs in the survey,

weighting adjustments are applied to the base weights to compensate for both types of sample omissions.

Nonresponse is unavoidable in virtually all surveys of human populations. For ZAMPHIA, nonresponse can occur at different stages of data collection, for example, (1) before the enumeration of individuals in the household, (2) after household enumeration and selection of persons but before completion of the individual interview, and (3) after completion of the interview but before collection of a viable blood sample.

Noncoverage arises when some members of the survey population have no chance of being selected for the sample. For example, noncoverage can occur if the field operations fail to enumerate all dwelling units during the listing process, or if certain household members are omitted from the household rosters. To compensate for such omissions, the post-stratification procedures are used to calibrate the weighted sample counts to available population projections.

Methods

The overall weighting approach for ZAMPHIA includes several steps. Methods and results for each of the steps below are detailed in the ZAMPHIA Technical Report.

Initial checks: Checks of the data files are carried out as part of the survey and data quality control, and the probabilities of selection for PSUs and households are calculated and checked.

Creation of jackknife replicates: The variables needed to create the jackknife replicates for variance estimation are established at this point. This step can be implemented immediately after the PSU sample has been selected. All of the subsequent weighting steps described below are applied to the full sample, and to each of the jackknife replicates.

Calculation of PSU base weights: The weighting process begins with the calculation and checking of the sample PSU (EA) base weights as the reciprocals of the overall PSU probabilities of selection.

Calculation of household weights: The next step is to calculate household weights. The household base weights are calculated as the PSU weights times the reciprocal of the within-PSU household selection probabilities. The household base weights are adjusted first to account for dwelling units for which it could not be determined whether the dwelling unit contained an eligible household and then the responding households have their weights adjusted to account for non-responding eligible households. This adjustment is made based on the EA the households are in, and the resulting weight is the final household weight.

Calculation of person-level interview weights: Once the household weights are determined, they are used to calculate the individual base weights. The individual base weights are then adjusted for nonresponse among the eligible individuals, with a final adjustment for the individual weights to compensate for undercoverage in the sampling process by post-stratifying (i.e., weighting up) to 2016 population projections.

Calculation of person-level HIV testing weights: The individual weights adjusted for nonresponse are in turn the initial weights for the HIV testing data sample, with a further adjustment for nonresponse to HIV testing, and a final post-stratification adjustment to compensate for undercoverage.

Application of weighting adjustments to jackknife replicates: All of the adjustment processes are applied to the full sample and the replicate samples so that the final set of full sample and replicate

weights can be used for variance estimation that takes into account the complex sample design and every step of the weighting process.

APPENDIX B HIV TESTING METHODOLOGY

B.1 Specimen Collection and Handling

Blood was collected by qualified survey staff from consenting participants. Fourteen milliliters (mL) of venous blood was collected from persons aged 15 years and older, while six mL was collected from persons aged 2-14 years. One mL of capillary blood was collected from children aged 0-2 years using finger-stick for children aged 6-24 months and heel-stick for children less than age six months.

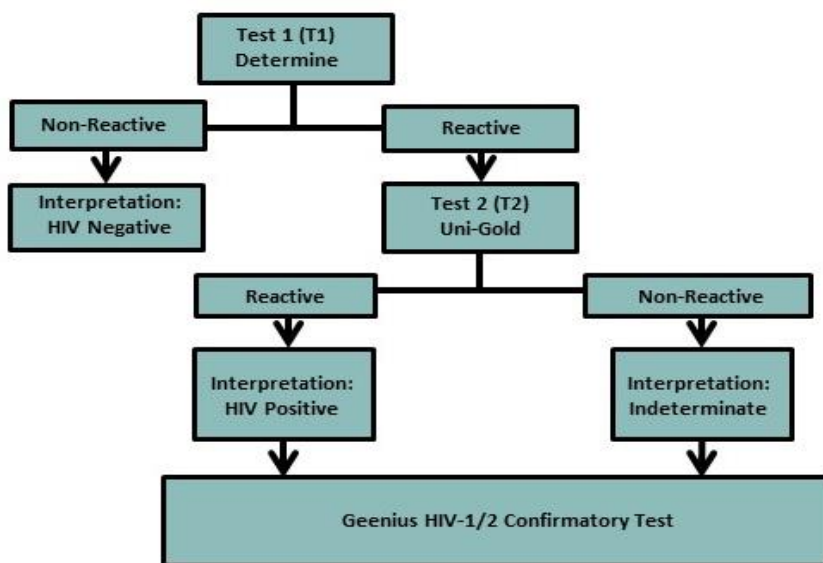
Blood samples were labeled with a unique bar-coded participant identification number and stored in temperature-controlled cooler boxes. At the end of each day, samples were transported to a satellite laboratory for registration in a laboratory information management system, processing into plasma and dried blood spots (DBS), and storage at -20°C within 24 hours of blood collection. Approximately weekly, samples were transported to Tropical Diseases Research Centre (TDRC) for additional testing and long-term storage at -80°C.

B.2 Household-Based Procedures

HIV Rapid Testing

HIV rapid testing was conducted in each household in accordance with Zambia's national guidelines (Figure B.2.A). HIV-positive and HIV-indeterminate samples underwent additional testing at a satellite laboratory, as described in Section B.3. For participants who self-reported an HIV-positive status but tested HIV negative during the survey, additional testing was conducted at TDRC, as described in Section B.3. For children less than the age of 18 months, only the initial rapid test was performed. If the test was reactive, the sample underwent additional testing at TDRC, as described in Section B.3.

Figure B.2.A Household-based HIV testing algorithm¹, ZAMPHIA 2016



¹This figure applies to individuals aged 18 months or older.

CD4 Testing

All participants who tested HIV positive and a random sample of five percent of participants who tested HIV negative received a CD4 T-cell count measurement in the field by qualified survey staff. The measurement was performed using a Pima™ Analyzer and Pima™ CD4 Cartridge (Abbott Molecular Inc., Chicago, Illinois, United States, formerly Alere).

Counseling, Referral to Care, and Active Linkage to Care

Pre- and post-test counseling were conducted in each household in accordance with Zambia's national guidelines. For participants age 15 years or older, results were communicated directly to the participant, while for participants aged 15-17 years, results were communicated to the participant's parent or guardian. All participants who consented to HIV testing were asked to share contact information and to select a referral health facility prior to testing. Participants with an HIV-positive test result were referred to HIV care and treatment at the health facility of their choice, while participants with an HIV-indeterminate test result were advised to seek repeated testing at the health facility of their choice in four weeks. Further, HIV-positive participants were asked to consent to be contacted by qualified health care personnel, in order to facilitate active linkage to HIV care and treatment in Zambia's healthcare system.

In rare cases where participants were provided an incorrect HIV test result, self-reported being HIV positive but tested HIV negative during the survey, or required additional collection of blood to complete testing, households were revisited by qualified personnel to provide participants with correct information and guidance on appropriate actions.

Quality Assurance and Control

To control the quality of the performance of HIV rapid tests, field staff conducted testing of a panel of HIV-positive and HIV-negative dried tube specimens on a weekly basis. To assure the quality of the performance of field staff conducting HIV testing, proficiency testing using a panel of blinded HIV-positive and HIV-negative dried tube specimens was evaluated twice during the course of fieldwork. Additionally, sample re-testing was conducted at a satellite lab for (1) the first 50 samples tested by each field staff member, (2) a random sample of five percent of HIV-negative specimens, and (3) all HIV-indeterminate specimens.

A limitation of this survey is the limitation of rapid tests to detect HIV antibodies among people in the serological window of infection, in HIV-positive people on antiretroviral therapy (ART), and maternal antibodies in infants four months and older. Participants in the first two categories are not expected to be a significant source of bias. Further analysis will identify how many infants born to HIV-positive women were not identified by a rapid test.

B.3 Laboratory-Based Procedures

Twenty-five survey satellite laboratories were established in existing health facility laboratories across the country. An additional three mobile satellite labs were also utilized. One central laboratory was established at TDR in Ndola, Zambia.

Geenius Testing

All HIV-positive samples, as well as samples with discrepant or indeterminate results, were tested using the Geenius™ HIV 1/2 Supplemental Assay (Bio-Rad, Hercules, California, United States) (Figure B.3.A). Testing was conducted at TDR in accordance with the manufacturer's protocol.

HIV TNA Polymerase Chain Reaction

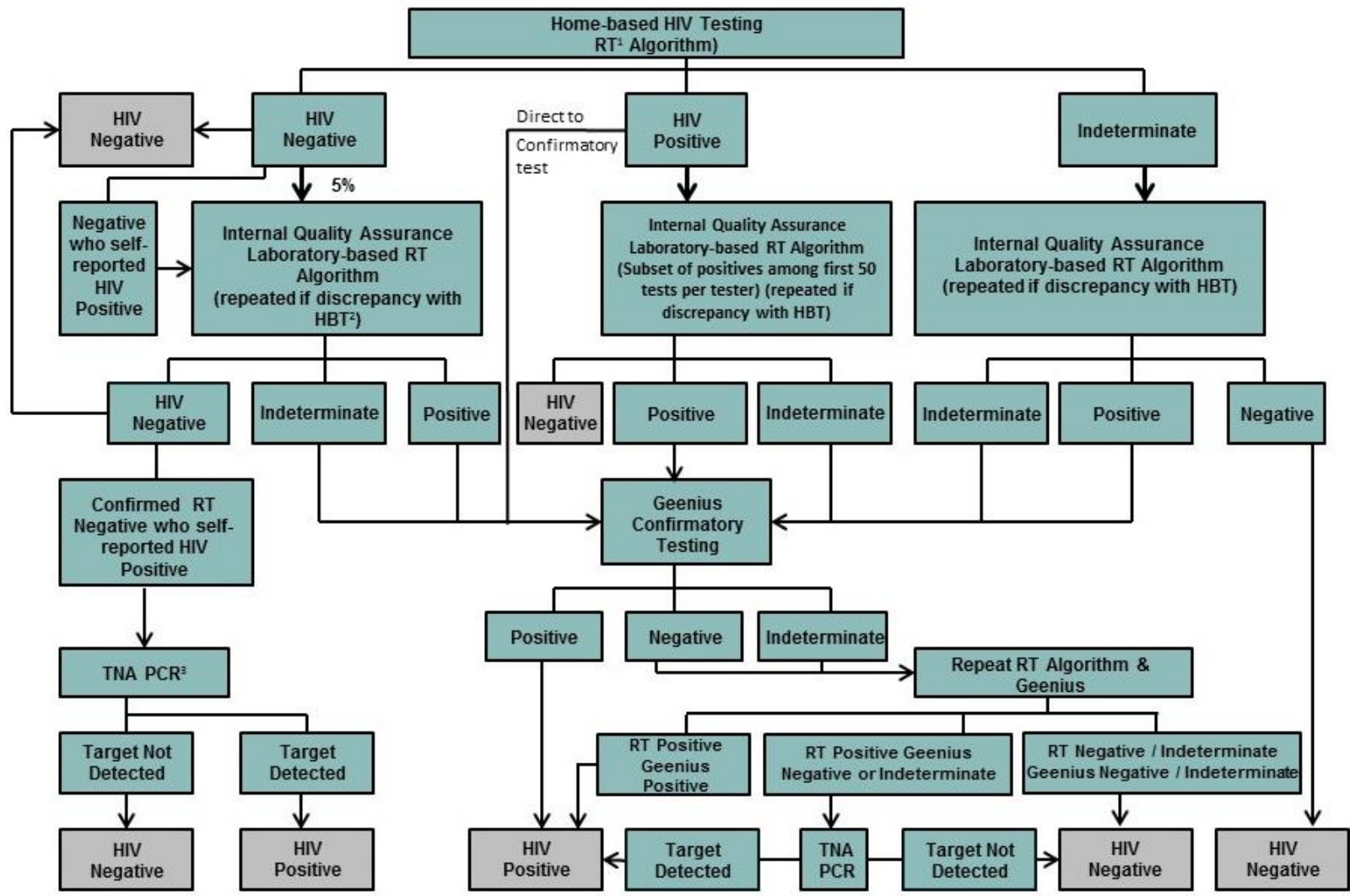
HIV total nucleic acid (TNA) polymerase chain reaction (PCR) was conducted for children aged less than 18 months who had a reactive HIV test result during household-based testing (Figure B.3.A).

Additionally, HIV TNA PCR was evaluated for participants who self-reported an HIV-positive status, but tested HIV negative during the survey, as well as for samples that were HIV positive by the rapid testing algorithm but were HIV negative or indeterminate by Geenius testing (Figure B.3.B). HIV TNA PCR was conducted on the Roche COBAS AmpliPrep Instrument and COBAS TagMan 48 Analyzer using the COBAS AmpliPrep/COBAS TaqMan HIV-1 qualitative test (Roche Molecular Diagnostics, Branchburg, New Jersey, United States).

Classification of Final HIV Status

For participants aged 18 months or older, the algorithm for classification of final HIV status included results from HIV rapid testing, Geenius testing, and HIV TNA PCR (Figure B.3.A). For participants of ages less than 18 months, the algorithm for classification of final HIV status included results from HIV rapid testing and HIV TNA PCR (Figure B.3.B). Classification of final HIV status was used to determine estimates for HIV prevalence and to inform estimates for HIV incidence.

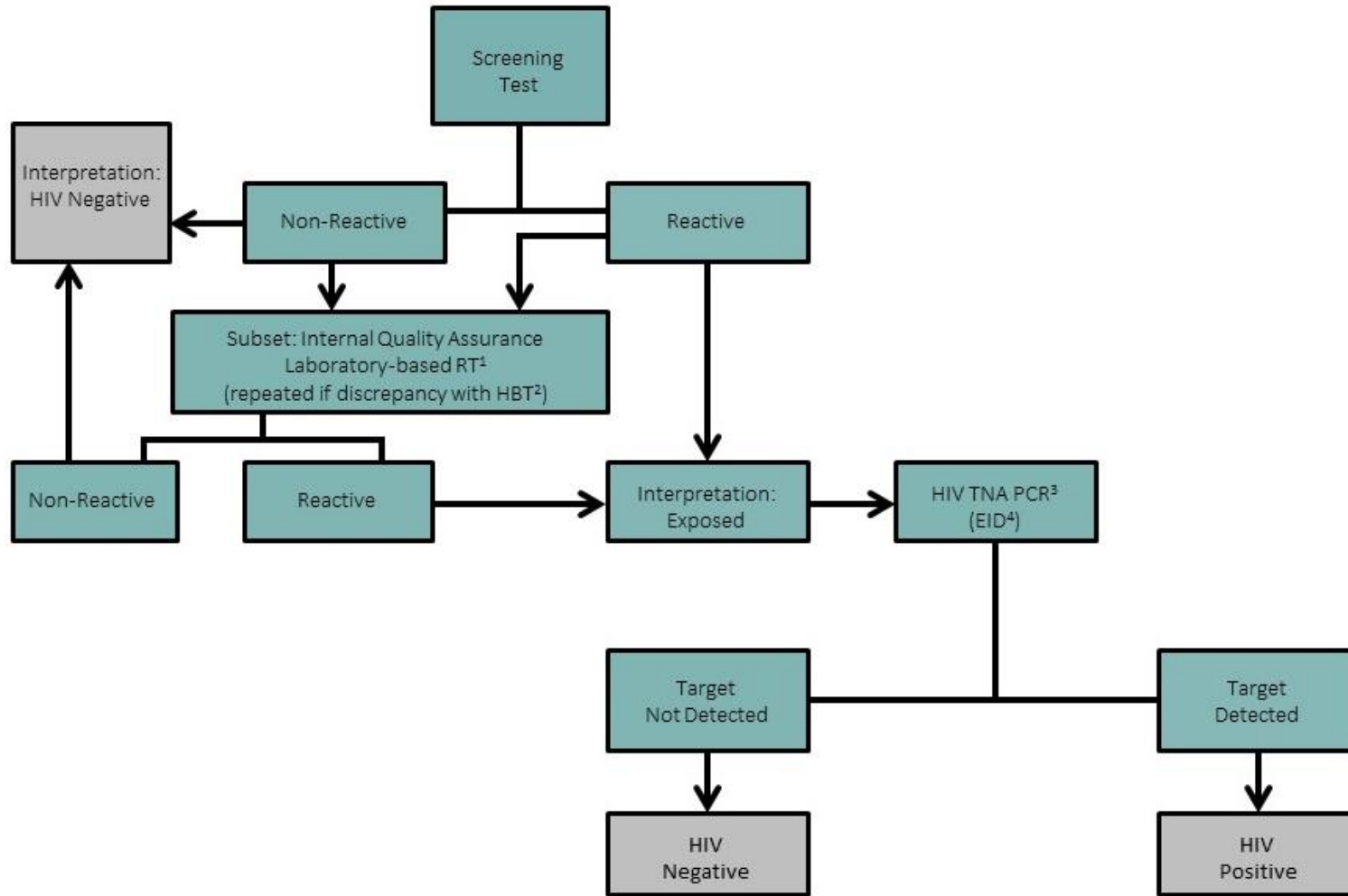
Figure B.3.A Final HIV Status Classification Algorithm (≥18 months), ZAMPHIA 2016



¹RT: rapid test; ²HBT: home-based testing; ³TNA PCR: total nucleic acid polymerase chain reaction

Note: Grey boxes indicate a final HIV-status determination

Figure B.3.B Final HIV Status Classification Algorithm (<18 months), ZAMPHIA 2016



¹RT: rapid testing; ²HBT: home-based testing; ³TNA PCR: total nucleic acid polymerase chain reaction; ⁴EID: early infant diagnosis

Note: Grey boxes indicate a final HIV-status determination

Viral Load Testing

HIV-1 VL (HIV ribonucleic acid (RNA) copies per ml) from confirmed HIV-positive participants was measured using the COBAS® AmpliPrep/COBAS® TaqMan® HIV-1 Test, version 2.0 (v2.0) instrument (Roche Molecular Systems, Branchburg, New Jersey, United States). The COBAS® AmpliPrep instrument (Roche Molecular Systems) was used to prepare plasma samples for amplification and detection using the COBAS® TaqMan® Analyser (Roche Molecular Systems, Branchburg, New Jersey, United States). The Abbott RT-PCR m2000rt system (Abbott Molecular Inc., Chicago, Illinois, United States) was used to measure VL from DBS samples from children and from adults with insufficient volume of plasma.

VL results were returned to the health facility chosen by each HIV-positive participant. Participants were provided with a referral form during home-based testing and counseling for subsequent retrieval of their results. Survey staff also contacted participants who provided contact information, informing them that their VL results were available at the chosen facility and further advising them to seek care and treatment.

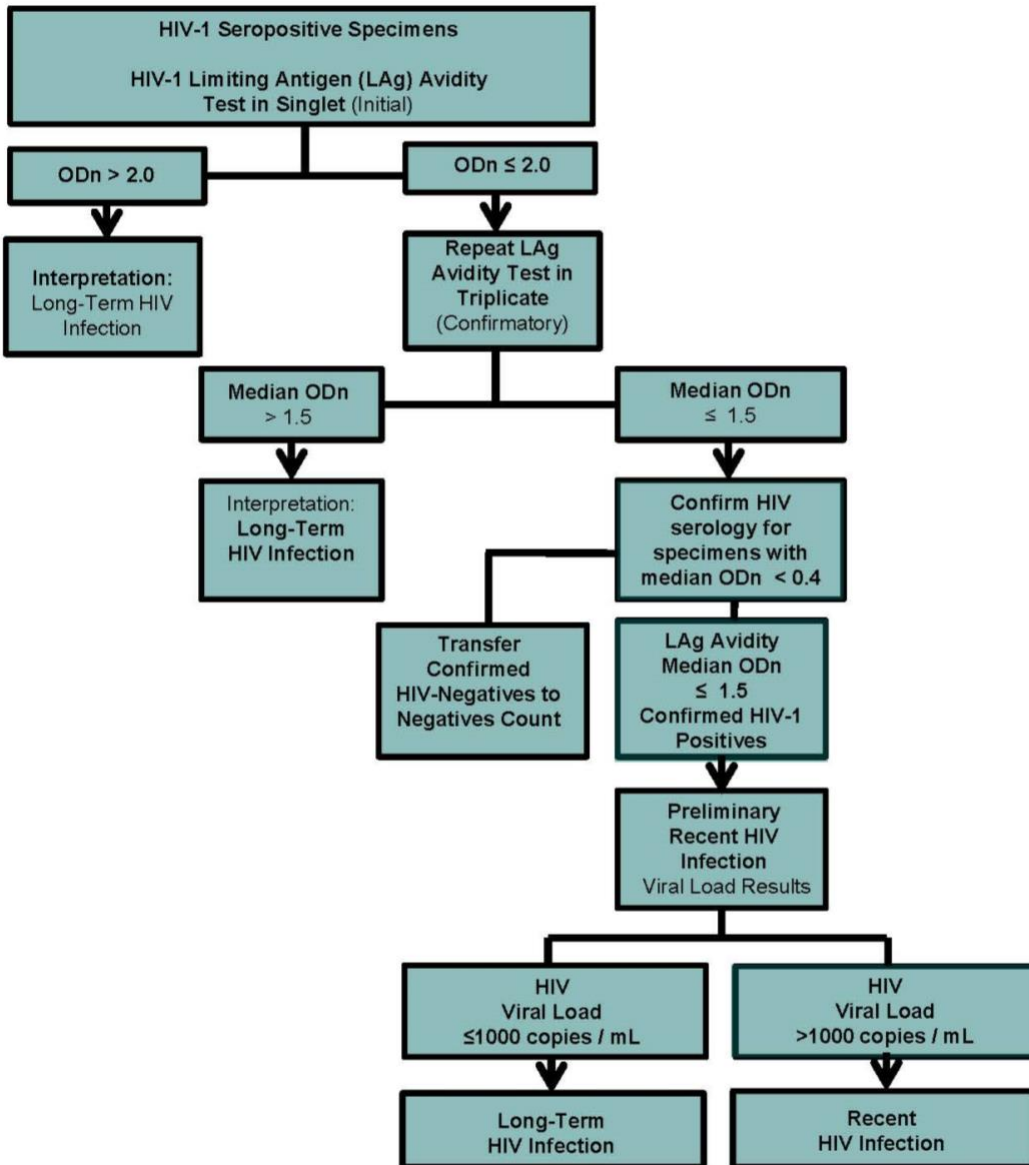
HIV Recency Testing

Estimation of HIV incidence was based on the classification of confirmed HIV-positive cases as recent or long-term HIV infections. The survey used two laboratory-based testing algorithms to estimate incidence. The first estimate used an algorithm that employed a combination of the HIV-1 Limiting Antigen (LAG) Avidity enzyme immunoassay (Sedia Biosciences Corporation, Portland, Oregon, United States) and VL results (Figure B.3.C). Antiretroviral (ARV) detection results were added to that algorithm for the second estimate (Figure B.3.D). The HIV recent infection testing algorithms were applied to repository specimens from all confirmed HIV-positive participants ages 18 months and older.

LAG testing was performed twice, with an initial screening test followed by a confirmatory process: specimens with a normalized optical density (OD_n) > 2.0 during initial testing were classified as long-term infections, while those with $OD_n \leq 2.0$ underwent further testing of the specimen in triplicate. Specimens with median $OD_n > 1.5$ in confirmatory testing were classified as long-term infections. Specimens with median $OD_n < 0.4$ were retested using the HIV diagnostic testing algorithm to confirm HIV-1 seropositivity, and samples identified as HIV-1 seronegative were excluded from the total number of HIV positives and incorporated into the total number of negative specimens for incidence estimation.

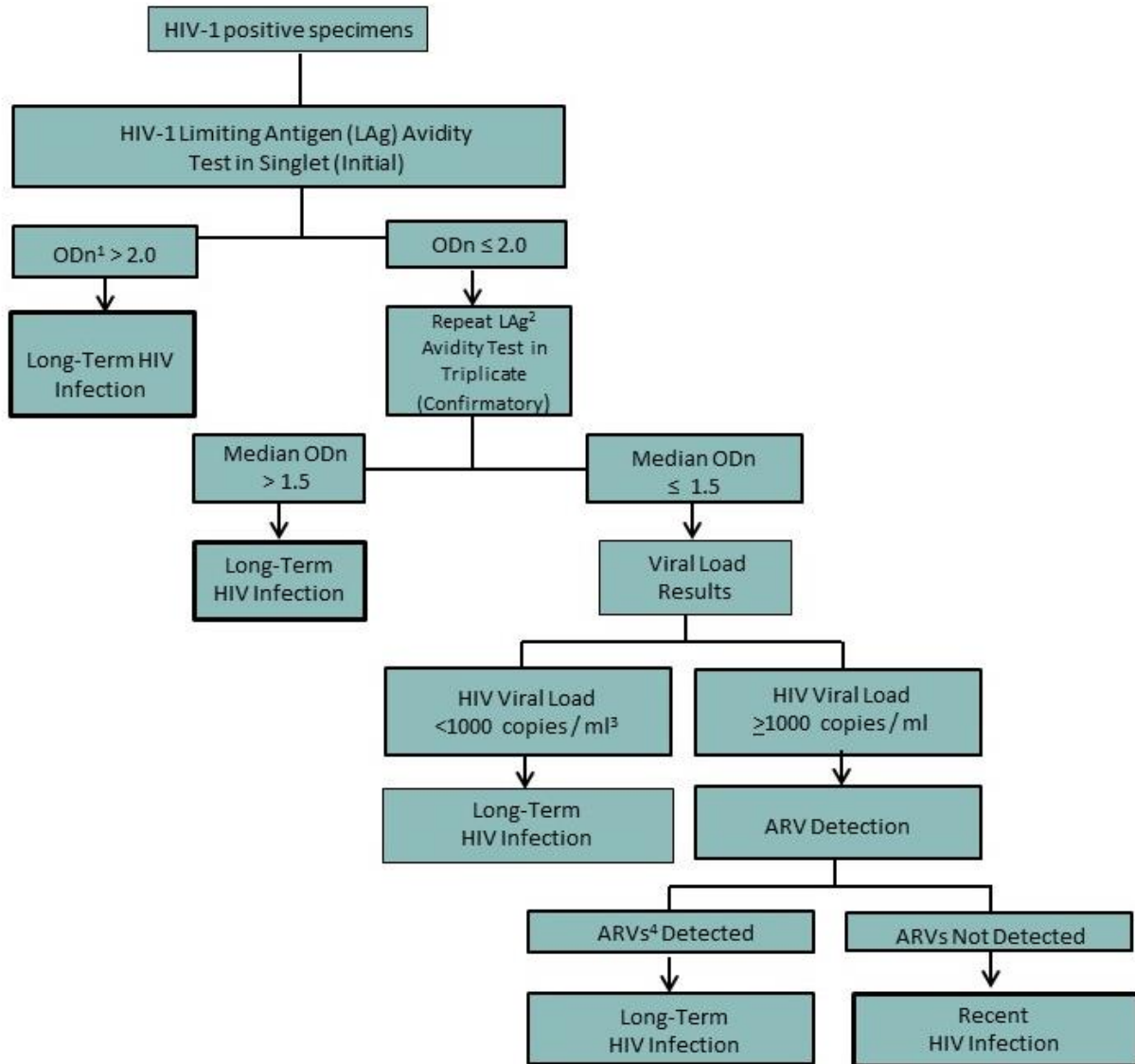
Specimens with median $OD_n \leq 1.5$ were classified as potential HIV-recent infections, and their VL results were assessed. For the first incidence testing algorithm, specimens with VL < 1,000 copies/ml were classified as long-term infections, while those with VL $\geq 1,000$ copies/ml were classified as recent infections. For the updated incidence algorithm, those classified as recent infections by the first algorithm were reclassified using ARV detection data. Those specimens in which efavirenz (EFV), atazanavir (ATV), lopinavir (LPV), and nevirapine (NVP) were detected were classified as long-term infections and those in which no ARVs were detected remained classified as recent infections.

Figure B.3.C HIV-1 Recent Infection Testing Algorithm (Algorithm (LAg/VL algorithm),ZAMPHIA 2016)



¹ODn: normalized optical density; ²LAg: Limiting Antigen; ³ml: milliliter

Figure B.3.D HIV-1 recent infection testing algorithm (LAg/VL/ARV algorithm), ZAMPHIA 2016



¹ODn: normalized optical density; ²LAg: Limiting Antigen; ³ml: milliliter; ⁴ARV: antiretroviral

HIV Incidence Estimation

Incidence estimates were obtained using the formula recommended by the World Health Organization Incidence Working Group and Consortium for Evaluation and Performance of Incidence Assays. Weighted counts for HIV-negative persons (N); HIV-positive persons (P); numbers tested on the LAg assay (Q); and numbers HIV recent (R) are provided for use in incidence calculations or the United Nations Joint Programme on HIV/AIDS Spectrum models (Tables B.3.A, B.3.B). Incidence estimates were calculated using the following parameters: mean duration recent infection (MDRI) = 130 days (95% CI: 118-142 days); proportion false recent (PFR) = 0.00; time cutoff (T) = 1 year. In-depth details are provided in the ZAMPHIA Technical Report.

Table B.3.A: Annual HIV incidence auxiliary data: N, P, Q, R (LAg/VL algorithm)

Table B.3.A: Annual HIV incidence auxiliary data: N, P, Q, R, (LAg/VL¹ algorithm)

Annual incidence of HIV among persons ages 15-49 and 15-64 years, by sex and age, ZAMPHIA 2016

Age	Males				Females				Total			
	Number HIV negative ² (N)	Number HIV positive ² (P)	Number tested on LAg assay ² (Q)	Number HIV recent ² (R)	Number HIV negative ² (N)	Number HIV positive ² (P)	Number tested on LAg assay ² (Q)	Number HIV recent ² (R)	Number HIV negative ² (N)	Number HIV positive ² (P)	Number tested on LAg assay ² (Q)	Number HIV recent ² (R)
15-24	3097.75	57.25	57.25	0.86	3928.62	236.38	236.38	15.09	7044.15	275.85	275.85	14.41
25-34	1890.75	165.25	165.25	1.68	2566.03	510.97	508.96	10.64	4485.51	647.49	645.70	11.43
35-49	1728.73	418.27	416.19	5.34	2032.25	735.75	731.97	7.68	3786.16	1128.84	1123.11	12.92
15-49	6745.80	612.20	610.28	7.52	8582.37	1427.63	1422.20	33.65	15396.15	1971.85	1964.82	38.49
15-59	7388.65	753.35	750.38	8.43	9367.07	1605.93	1600.44	34.02	16821.20	2293.80	2285.51	39.94

¹ LAg/VL: limiting antigen/viral load

² Weighted number

Note: mean duration recent infection (MDRI) = 130 days (95% CI: 118-142 days); proportion false recent (PFR) = 0.00; time cutoff (T) = 1 year

Table B.3.B: Annual HIV incidence auxiliary data: N, P, Q, R (LAg/VL/ARV algorithm)

Table B.3.B: Annual HIV incidence auxiliary data: N, P, Q, R (LAg/VL/ARV¹ algorithm)

Annual incidence of HIV among persons ages 15-49 and 15-64 years, by sex and age, using LAg/VL/ARVs algorithm, by sex and age, ZAMPHIA 2016

Age	Males				Females				Total			
	Number HIV negative ² (N)	Number HIV positive ² (P)	Number tested on LAg assay ² (Q)	Number HIV recent ² (R)	Number HIV negative ² (N)	Number HIV positive ² (P)	Number tested on LAg assay ² (Q)	Number HIV recent ² (R)	Number HIV negative ² (N)	Number HIV positive ² (P)	Number tested on LAg assay ² (Q)	Number HIV recent ² (R)
15-24	3097.75	57.25	57.25	0.86	3928.62	236.38	236.38	13.20	7044.15	275.85	275.85	12.73
25-34	1890.75	165.25	165.25	1.68	2566.03	510.97	508.96	9.76	4485.51	647.49	645.70	10.65
35-49	1728.73	418.27	416.19	4.49	2032.25	735.75	731.97	7.68	3786.16	1128.84	1123.11	11.93
15-49	6745.80	612.20	610.28	6.74	8582.37	1427.63	1422.20	30.75	15396.15	1971.85	1964.82	35.02
15-59	7388.65	753.35	750.38	7.63	9367.07	1605.93	1600.44	31.10	16821.20	2293.80	2285.51	36.42

¹ LAg/VL/ARV: Limiting antigen/viral load/antiretroviral

² Weighted number

Note: mean duration recent infection (MDRI) = 130 days (95% CI: 118-142 days); proportion false recent (PFR) = 0.00; time cutoff (T) = 1 year

Detection of Antiretrovirals

To understand recent exposure to ARVs and hence level of ART coverage, samples from all confirmed HIV-positive participants were evaluated for the presence of selected ARVs, using high-resolution liquid chromatography coupled with tandem mass spectrometry to detect ARVs from DBS specimens.¹ Three ARVs, one non-nucleoside reverse transcriptase inhibitors (NNRTIs), EFV, and two protease inhibitors (PIs), ATV and LPV, were used as markers for both first- and second-line regimens, based on Zambia's national treatment guidelines. Samples from participants who were virally suppressed and/or self-reported on ART but had no evidence of the first three compounds were tested for an additional NNRTI, NVP. The ARVs were selected based on their long half-lives, allowing for longer window period from drug exposure to detection.

To qualitatively detect ARVs, a single DBS was eluted, and chromatographic separation carried out on a Luna 5µm PFP column (110 Å, 50 x 2 mm) (Phenomenex, Torrance, CA). Each ARV was detected using an API 4000 LC/MS/MS instrument (Applied Biosystems, Foster City, CA). Internal standards and in-house quality control cut-off samples including negative controls were utilized in each run. This qualitative method used a limit of detection (LOD) of 0.02 µg/ml for each ARV, with a signal-to-noise ratio of at least 5:1 for all ARVs. Samples with concentrations above 0.02 µg/ml were considered positive for each ARV. Testing was conducted at University of Cape Town in South Africa.

Genotyping for Detection of Antiretroviral Drug Resistance and HIV Subtyping

To determine the extent of transmitted HIV-1 drug resistance mutations among participants in the ZAMPHIA, samples from confirmed HIV-positive participants aged less than 18 months and HIV-positive participants aged 18 months or older who were classified as recent infections as well as an equal or greater number of who were classified as long-term infections were evaluated using a TaqMan® SNP Genotyping Assay (Applied Biosystems) to identify mutations within the HIV-1 *pol* gene region, which encodes amino acid substitutions known to be responsible for resistance to specific ARVs.

Viral RNA or TNA from plasma or DBS was extracted using the NucliSENS® easyMAG® (bioMérieux, France) platform. The HIV *pol* gene was amplified by one-step RT-PCR, which was followed by nested PCR. Sequencing of the approximately one-kilobase amplicons was performed on the ABI 3730 DNA Analyzer (Applied Biosystems)^{7,8,9}.

The customized ReCALL software program was used to edit raw sequences and generate consensus sequences.⁵ Mutations in the protease and reverse transcriptase genes were classified as potentially associated with drug resistance, according to the Stanford University HIV Drug Resistance Database.⁶ Sequences with >98% homology were flagged for potential cross-contamination or possible epidemiological links. Internal quality assurance measures and in-house quality control standards were included in each run, to validate results. The assay's sensitivity has been established at 1000 copies/ml for plasma and DBS.⁷ Sequences were also analyzed for potential cross-contamination by phylogenetic analysis from code 6 of the protease gene to code 251 of the reverse transcriptase gene.

Subtyping of each sample was performed using the REGA HIV-1 & 2 Automated Subtyping Tool^{8,9}. This BioAfrica viral subtyping tool is designed to use phylogenetic methods in order to identify the HIV-1 subtype of a specific sequence. The sequence is analyzed for recombination using boot-scanning methods.

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APPENDIX C ESTIMATES OF SAMPLING ERRORS

Estimates from sample surveys are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors result from mistakes made during data collection (e.g., misinterpretation of an HIV test result) and data management (e.g., transcription errors in data entry). While ZAMPHIA implemented numerous quality assurance and control measures minimize non-sampling errors, these errors are impossible to avoid and difficult to evaluate statistically.

In contrast, sampling errors can be evaluated statistically. The sample of respondents selected for ZAMPHIA is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

The standard error, which is the square root of the variance, is the usual measurement of sampling error for a particular statistic (e.g., proportion, mean, rate, count). In turn, the standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of approximately plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

ZAMPHIA utilized a multi-stage stratified sample design, which requires complex calculations to obtain sampling errors. Specifically, a variant of the jackknife replication method was implemented in SAS (SAS Institute, North Carolina) to estimate variance for proportions (e.g., HIV prevalence), rates (e.g., annual HIV incidence), and counts (e.g., numbers of people living with HIV). Each replication considers all but one cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In ZAMPHIA a jackknife replicate is created by randomly deleting one cluster from each variance-estimation stratum and retaining all of the clusters in the remaining strata. A total of 253 variance-estimation strata were created by pairing (or occasionally tripling) the sample clusters in the systematic order in which they had been selected. Hence, 253 replications were created. The variance of a sample-based statistic, y , is calculated as follows:

$$var(y) = \sum_{k=1}^K (y_k - y)^2$$

where y is the full-sample estimate, and y_k is the corresponding estimate for jackknife replicate k ($k = 1, 2, \dots, K$).

In addition to the standard error, the design effect for each estimate is also calculated. The design effect is defined as the ratio of the standard error using the given sample design to the standard error that would result if a simple random sample had been used. A design effect of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in

the sampling error due to the use of a more complex and less statistically efficient design. Confidence limits for the estimates, which are calculated as

$$y \pm t(0.975; K) \sqrt{\text{var}(y)},$$

where $t(0.975; K)$ is the 97.5th percentile of a t -distribution with K degrees of freedom, are also computed.

Sampling errors for selected variables from ZAMPHIA are presented in Tables C.1 through C.8. For most variables, sampling error tables include the weighted estimate, unweighted denominator, standard error, design effect, and lower and upper 95 percent confidence limits.

Table C.1: Sampling errors: Annual HIV incidence using LAg/VL/ARV testing algorithm, by age, ZAMPHIA 2016

Age (years)	Weighted estimate (%)	Design effect	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL				
15-24	0.51	0.86	0.23	0.78
25-34	0.67	0.91	0.26	1.07
35-49	0.89	0.99	0.38	1.39
15-49	0.64	0.88	0.42	0.86
15-59	0.61	0.90	0.40	0.81
MALES				
15-24	0.08	1.07	0	0.24
25-34	0.25	0.88	0	0.62
35-49	0.73	0.97	0.05	1.40
15-49	0.28	0.93	0.07	0.49
15-59	0.29	0.93	0.08	0.50
FEMALES				
15-24	0.94	0.94	0.44	1.44
25-34	1.07	1.00	0.40	1.73
35-49	1.06	1.01	0.31	1.81
15-49	1.00	0.90	0.64	1.37
15-59	0.93	0.91	0.60	1.26

Table C.2: Sampling errors: HIV prevalence by age, ZAMPHIA 2016

Age	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
0-17 months	0.838	682	0.256	0.309	1.366
18-59 months	0.797	1,911	0.208	0.369	1.225
5-9	1.768	2,876	0.260	1.233	2.303
10-14	0.880	2,546	0.207	0.453	1.308
Total 0-4	0.808	2,593	0.173	0.451	1.165
Total 0-14	1.147	8,015	0.125	0.889	1.404
15-19	2.489	3,931	0.264	1.944	3.033
20-24	5.244	3,389	0.394	4.434	6.055
25-29	9.843	2,672	0.627	8.552	11.134
30-34	15.868	2,461	0.821	14.177	17.559
35-39	19.896	1,996	1.003	17.831	21.962
40-44	25.769	1,740	1.306	23.08	28.459
45-49	24.382	1,179	1.410	21.479	27.286
50-54	21.496	1,028	1.450	18.509	24.483
55-59	17.322	719	1.624	13.977	20.666
Total 15-24	3.768	7,320	0.239	3.276	4.261
Total 15-49	11.353	17,368	0.316	10.702	12.004
Total 15-59	12.000	19,115	0.320	11.342	12.658
MALES					
0-17 months	0.994	310	0.292	0.392	1.595
18-59 months	0.920	966	0.317	0.267	1.573
5-9	2.199	1,462	0.427	1.321	3.078
10-14	0.716	1,263	0.251	0.199	1.234
Total 0-4	0.938	1,276	0.248	0.427	1.449
Total 0-14	1.296	4,001	0.176	0.934	1.658
15-19	1.618	1,811	0.304	0.992	2.244
20-24	2.044	1,344	0.395	1.231	2.857
25-29	5.586	1,053	0.769	4.003	7.169
30-34	10.927	1,003	1.095	8.672	13.182
35-39	15.064	836	1.325	12.336	17.792
40-44	22.194	751	1.675	18.744	25.644
45-49	23.043	560	1.975	18.976	27.11
50-54	22.859	444	2.121	18.49	27.227
55-59	16.857	340	2.069	12.596	21.118
Total 15-24	1.815	3,155	0.238	1.325	2.305
Total 15-49	8.320	7,358	0.337	7.626	9.015
Total 15-59	9.253	8,142	0.346	8.541	9.965
FEMALES					
0-17 months	0.707	372	0.408	0.000	1.547
18-59 months	0.663	945	0.274	0.099	1.227
5-9	1.333	1,414	0.307	0.700	1.966
10-14	1.046	1,283	0.309	0.410	1.683
Total 0-4	0.676	1,317	0.226	0.210	1.141
Total 0-14	0.996	4,014	0.153	0.682	1.311
15-19	3.347	2,120	0.411	2.500	4.194
20-24	8.335	2,045	0.64	7.016	9.654
25-29	13.568	1,619	0.974	11.563	15.574
30-34	20.162	1,458	1.155	17.783	22.54
35-39	24.650	1,160	1.415	21.736	27.564
40-44	29.577	989	1.67	26.137	33.017
45-49	25.848	619	1.809	22.123	29.574
50-54	20.138	584	1.736	16.564	23.713
55-59	17.748	379	2.276	13.061	22.436
Total 15-24	5.675	4,165	0.398	4.856	6.495
Total 15-49	14.262	10,010	0.421	13.396	15.128
Total 15-59	14.635	10,973	0.414	13.782	15.489

Table C.3: Sampling errors: HIV prevalence by residence and province, ages 15-59 years, ZAMPHIA 2016

Characteristic	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
Residence					
Urban	15.3	8,340	0.5	14.2	16.3
Rural	9.2	10,775	0.4	8.4	10.1
Province					
Central	12.8	1,591	1.2	10.4	15.2
Copperbelt	13.8	3,284	0.7	12.3	15.3
Eastern	8.1	1,889	1.1	5.9	10.3
Luapula	9.3	1,016	1.3	6.7	11.9
Lusaka	15.7	3,245	0.8	14.1	17.3
Muchinga	5.7	1,729	0.9	3.9	7.5
Northern	9.2	1,479	1.0	7.2	11.2
North-Western	6.9	1,777	0.6	5.6	8.1
Southern	13.3	2,176	0.9	11.5	15.0
Western	15.9	929	1.9	11.9	19.9
MALES					
Residence					
Urban	11.6	3,315	0.6	10.3	12.8
Rural	7.4	4,827	0.4	6.5	8.2
Province					
Central	9.1	702	1.0	6.9	11.3
Copperbelt	10.0	1,386	0.8	8.3	11.7
Eastern	5.2	819	0.9	3.3	7.1
Luapula	7.3	426	1.6	4.0	10.5
Lusaka	12.4	1,242	1.1	10.2	14.7
Muchinga	3.4	758	0.6	2.3	4.6
Northern	7.9	659	1.1	5.7	10.1
North-Western	4.8	765	0.7	3.3	6.3
Southern	11.6	990	0.9	9.8	13.4
Western	13.7	395	1.9	9.8	17.5
FEMALES					
Residence					
Urban	18.7	5,025	0.7	17.4	20.1
Rural	11.1	5,948	0.5	10.0	12.2
Province					
Central	16.5	889	1.6	13.3	19.7
Copperbelt	17.5	1,898	0.9	15.5	19.4
Eastern	10.7	1,070	1.4	7.9	13.5
Luapula	11.1	590	1.7	7.7	14.6
Lusaka	18.8	2,003	0.9	16.9	20.7
Muchinga	7.9	971	1.4	5.1	10.7
Northern	10.5	820	1.2	8.0	12.9
North-Western	8.8	1,012	0.8	7.1	10.6
Southern	15.0	1,186	1.2	12.6	17.5
Western	17.8	534	2.5	12.6	23.1

Table C.4: Sampling errors: Viral load suppression by age, ZAMPHIA 2016

Age (years)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
0-14	33.4	90	5.4	22.3	44.4
15-24	34.3	286	3.1	28.0	40.6
25-34	50.4	675	2.0	46.2	54.5
35-44	66.1	846	1.9	62.2	70.1
45-59	73.1	606	1.9	69.3	77.0
Total 15-24	34.3	286	3.1	28.0	40.6
Total 15-49	56.6	2,084	1.3	53.9	59.4
Total 15-59	59.2	2,413	1.2	56.6	61.7
MALES					
0-14	30.0	52	6.9	15.7	44.2
15-24	36.7	53	7.5	21.3	52.0
25-34	36.7	160	4.7	27.1	46.2
35-44	60.1	276	2.9	54.2	66.1
45-59	73.3	269	2.8	67.6	78.9
Total 15-24	36.7	53	7.5	21.3	52.0
Total 15-49	52.5	611	2.2	47.9	57.1
Total 15-59	57.2	758	2.0	53.1	61.3
FEMALES					
0-14	38.2	38	8.9	19.8	56.5
15-24	33.6	233	3.1	27.2	39.9
25-34	56.1	515	2.2	51.6	60.6
35-44	70.3	570	2.1	65.9	74.6
45-59	73.0	337	2.6	67.7	78.4
Total 15-24	33.6	233	3.1	27.2	39.9
Total 15-49	58.9	1,473	1.4	55.9	61.9
Total 15-59	60.4	1,655	1.3	57.6	63.2

Table C.5: Sampling errors: Viral load suppression by residence and province, ages 15-59 years, ZAMPHIA 2016

Characteristic	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
Residence					
Urban	61.8	1,393	1.5	58.7	64.9
Rural	55.5	1,020	2.1	51.1	59.8
Province					
Central	59.1	229	3.5	52.0	66.3
Copperbelt	56.7	504	2.4	51.7	61.7
Eastern	67.1	176	4.0	58.8	75.4
Luapula	53.1	105	7.4	37.9	68.2
Lusaka	62.7	579	2.3	58.0	67.3
Muchinga	63.7	108	4.2	55.0	72.5
Northern	50.6	111	8.8	32.5	68.6
North-Western	53.4	136	3.3	46.7	60.2
Southern	63.7	305	3.6	56.3	71.1
Western	47.3	160	5.9	35.2	59.5
MALES					
Residence					
Urban	60.5	399	2.6	55.2	65.8
Rural	52.8	359	3.1	46.4	59.1
Province					
Central	56.1	70	4.8	46.1	66.0
Copperbelt	49.7	152	4.5	40.5	58.9
Eastern	68.6	47	5.8	56.6	80.5
Luapula	45.5	34	14.0	16.7	74.3
Lusaka	67.5	167	3.9	59.5	75.5
Muchinga	65.1	28	9.8	44.9	85.2
Northern	50.0	42	8.2	33.1	66.9
North-Western	49.8	39	5.6	38.2	61.4
Southern	56.0	122	5.3	45.1	67.0
Western	45.6	57	7.4	30.4	60.9
FEMALES					
Residence					
Urban	62.5	994	1.7	59.1	66.0
Rural	57.2	661	2.3	52.5	62.0
Province					
Central	60.8	159	4.1	52.4	69.2
Copperbelt	60.6	352	2.6	55.1	66.0
Eastern	66.4	129	4.4	57.3	75.5
Luapula	57.6	71	5.6	46.0	69.1
Lusaka	59.6	412	2.5	54.4	64.9
Muchinga	63.2	80	5.4	52.0	74.3
Northern	51.0	69	10.5	29.4	72.5
North-Western	55.3	97	4.5	46.1	64.5
Southern	70.0	183	4.3	61.1	78.9

Western

48.4

103

6.0

36.1

60.7

Table C.6: Sampling errors: Self-reported ARV data 90-90-90 by age (conditional percentages), ZAMPHIA 2016

Age (years)	Diagnosed					On Treatment					Suppressed Viral Load				
	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL															
15-24	40.2	287	2.9	34.1	46.2	80.0	118	3.6	72.7	87.4	71.3	93	5.1	60.7	81.8
25-34	60.8	687	2.1	56.4	65.1	77.2	431	2.4	72.2	82.1	88.7	336	1.8	85.1	92.4
35-49	73.8	1,130	1.6	70.4	77.1	87.4	845	1.3	84.7	90.0	89.8	744	1.2	87.4	92.2
15-49	64.5	2,104	1.3	61.8	67.2	83.5	1,394	1.1	81.3	85.8	87.8	1,173	1.1	85.6	90.1
15-59	66.1	2,434	1.2	63.6	68.6	85.1	1,647	1.0	83.0	87.1	89.2	1,409	0.9	87.3	91.2
MALES															
15-24	40.6	53	7.5	25.2	56.1	*	20	7.1	72.3	100.0	*	17	12.5	25.9	77.5
25-34	40.6	165	4.2	31.9	49.2	72.1	68	6.0	59.7	84.4	90.7	47	4.2	82.0	99.4
35-49	69.8	401	2.4	64.8	74.7	86.4	279	2.0	82.4	90.4	87.7	240	2.2	83.2	92.2
15-49	58.9	619	2.3	54.1	63.6	83.7	367	1.8	80.0	87.4	85.6	304	2.1	81.3	90.0
15-59	62.3	766	2.1	58.0	66.6	86.2	482	1.5	83.1	89.3	87.7	413	1.7	84.3	91.1
FEMALES															
15-24	40.1	234	3.1	33.6	46.5	77.9	98	4.2	69.3	86.4	78.1	76	5.1	67.5	88.7
25-34	69.4	522	2.2	64.9	73.9	78.4	363	2.5	73.3	83.6	88.3	289	1.9	84.3	92.2
35-49	76.8	729	1.8	73.1	80.5	88.1	566	1.6	84.8	91.4	91.2	504	1.2	88.8	93.6
15-49	67.6	1,485	1.4	64.8	70.5	83.4	1,027	1.4	80.6	86.3	88.9	869	1.1	86.6	91.3
15-59	68.4	1,668	1.3	65.7	71.1	84.4	1,165	1.2	81.9	87.0	90.1	996	1.0	87.9	92.2

Table C.7: Sampling errors: ARV-adjusted 90-90-90 by age (unconditional percentages), ZAMPHIA 2016

Age (years)	Diagnosed					On Treatment					Suppressed Viral Load				
	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL															
15-24	46.0	288	3.0	39.8	52.3	38.4	288	3.0	32.2	44.5	27.8	288	2.9	22.0	33.7
25-34	65.4	686	2.0	61.2	69.6	52.1	686	2.2	47.7	56.6	46.5	686	2.1	42.1	50.8
35-49	79.4	1,133	1.5	76.4	82.5	71.0	1,133	1.7	67.5	74.5	63.8	1,133	1.7	60.3	67.4
15-49	69.8	2,107	1.3	67.2	72.4	59.9	2,107	1.4	57.1	62.8	52.8	2,107	1.3	50.0	55.5
15-59	71.4	2,439	1.2	69.0	73.7	62.2	2,439	1.3	59.6	64.8	55.5	2,439	1.2	52.9	58.1
MALES															
15-24	48.3	54	8.0	31.8	64.8	43.1	54	8.0	26.6	59.6	26.3	54	6.9	12.0	40.6
25-34	47.3	164	4.4	38.3	56.2	35.8	164	4.5	26.6	45.1	32.5	164	4.4	23.4	41.6
35-49	77.0	401	2.2	72.4	81.6	68.0	401	2.4	63.2	72.9	59.4	401	2.4	54.5	64.3
15-49	66.0	619	2.2	61.5	70.4	56.7	619	2.2	52.1	61.3	48.7	619	2.2	44.3	53.2
15-59	69.2	767	1.9	65.3	73.2	61.1	767	2.0	57.0	65.1	53.6	767	1.9	49.6	57.5
FEMALES															
15-24	45.3	234	3.1	39.0	51.6	36.9	234	3.0	30.6	43.1	28.3	234	3.0	22.2	34.5
25-34	73.1	522	2.1	68.6	77.5	59.0	522	2.3	54.3	63.8	52.4	522	2.3	47.7	57.1
35-49	81.3	732	1.6	77.9	84.6	73.3	732	1.9	69.2	77.3	67.2	732	2.1	63.0	71.4
15-49	72.0	1,488	1.4	69.1	74.8	61.7	1,488	1.6	58.5	64.9	55.0	1,488	1.6	51.8	58.2
15-59	72.6	1,672	1.3	70.1	75.2	62.9	1,672	1.4	59.9	65.8	56.7	1,672	1.4	53.7	59.6

Table C.8: Sampling errors: Number of new infections annually and number of PLHIV, ages 15-59 years, ZAMPHIA 2016

	Weighted estimate	Standard error	Lower confidence limit	Upper confidence limit
Number of new infections annually	42855	7050	28307	57402
Number of PLHIV	960665	25579	907983	1013346

APPENDIX D SURVEY PERSONNEL

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Samson Mwale
Davies Champo
Ireen Mutale
Daniel Mutale
Chansa Silwizya
Kenny Situtu
Maambo Chaambwa
Sitali Simasiku

Ndola Central Hospital Staff

Lumbani Phiri
Cunningham Kafweta
Mwansa Manchina
Allen Chipipa
Esther Ngoma

University Teaching Hospital

Gina Mulundu

University of Zambia

Emmanuel Tembo
Jacob Malungo
Nkuye Moyo
Andrew Banda
Million Phiri
Audrey Kalindi
Elizabeth Nyirenda
Chabila Mapoma

Central Statistical Office, Zambia

John Kalumbi
Iven Sikanyiti
Richard Banda
Nchimunya Nkombo
Chola N. Daka
Palver Sikanyiti
Chibesa Musamba
Etambuyu Lukonga
Harriet N. Zimbizi
Emma Phiri Shamalimba
Michelo Choongo
Sikufele Mubita
Nasilele Amatende
Bruce Sianyeuka
Moonga Choongo
Juliet Malambo
Barbara Muyabi
Victor Bwalya
Makoselo Bowa
Chonde Namutowe
Annie Kanina
Jacqueline Simwanza
Matildah Tembo
Marylene Kaunda
Melleh Gondwe
Mwaka Hachisaala
Nshimba Mwansa
Chrispin Solopi

ZAMPHIA Field Team Members

Timothy Chali	Team Lead
Frank Mtonga	Lab Technician
Miriam Mwanza	Nurse Counselor
Temwa Chirwa	Nurse Counselor
Elina Chongo	Midwife
Natasha Sakala	Female Interviewer
Modrey Chisenga	Male Interviewer
Mangani Banda	Team Lead
Ayenela Nkhoma	Lab Technician
Racheal Mwanamwenge	Nurse Counselor
Faustina Kasongo	Nurse Counselor
Sarah Musolo	Midwife
Christine Mupeta	Female Interviewer
Alan Given Nakalonga	Male Interviewer
Catherine Mulenga	Team Lead
Wisdom Silwamba	Lab Technician
Pamela Kunda	Nurse Counselor
Irene Siame	Nurse Counselor
Matilda Musopelo	Midwife
Chinengo M. Malama	Female Interviewer
Omega Mumba	Male Interviewer
Valentine Moto	Team Lead
Arnold Chipunka	Lab Technician
Getrude Nanyangwe	Nurse Counselor
Comfort Chileshe	Nurse Counselor
Dumase Ngoma	Midwife
Hetty M. Munsaka	Female Interviewer
Lovemore Chikungu	Male Interviewer
Abraham Mukuka	Team Lead
Daniel Kalenga	Lab Technician
Besta Chooka	Nurse Counselor
Grace M. Chanda	Nurse Counselor
Edah Bwalya	Midwife
Ireen K. Chilambo	Female Interviewer
Moses Chilumba	Male Interviewer
Mercy Kabika	Team Lead

Kelmah Kamuntu	Lab Technician
Bridget Kawimbe	Nurse Counselor
Ruth Nkhoma	Nurse Counselor
Nedah Musopelo	Midwife
Vutiwe Manda	Female Interviewer
Amon Gondwe	Male Interviewer
Leonard Kasonde	Team Lead
Maxwell Chishala	Lab Technician
Majorie Singogo	Nurse Counselor
Janet Mbawo	Nurse Counselor
Barbara Ng'andu	Midwife
Edith Lengwe	Female Interviewer
Obious Kabwe	Male Interviewer
Prosper Milambo	Team Lead
Patrick Chama	Lab Technician
Bridget Mbewe	Nurse Counselor
Caroline Kalichi	Nurse Counselor
Gladys Kabwe	Midwife
Felistus Moonga	Female Interviewer
Mutombu Kanganja	Male Interviewer
David Siwo	Team Lead
Gilead Chabala	Lab Technician
Eunnah Chitankwa	Nurse Counselor
Lilian Lisulo	Nurse Counselor
Iness Ndimbwa	Midwife
Maggie Mwila	Female Interviewer
Shadreck Sinyangwe	Male Interviewer
Aaron Mwandama	Team Lead
Wezi Nyirongo	Lab Technician
Ruth Namfukwe	Nurse Counselor
Charity Banda	Nurse Counselor
Grace N. Phiri	Midwife
Esneah Tembo	Female Interviewer
Jimmy Kapaya	Male Interviewer
Stephen Daka	Team Lead
Lesia Chipili	Lab Technician
Evelyn Banda	Nurse Counselor

Justina N Tanganyika	Nurse Counselor
Rebecca K Phiri	Midwife
Mutinta R. Hamweemba	Female Interviewer
Joel M. Siabbwete	Male Interviewer
Moses Mwila	Team Lead
Joseph Mutale	Lab Technician
Vivian Sampa	Nurse Counselor
Charity Nkumbwa	Nurse Counselor
Phoebe Lukwesa	Midwife
Joyce Mbawo	Female Interviewer
Hassan Mwandunga	Male Interviewer
Stephen Ngosa Kayoka	Team Lead
Chisoko Milimo	Lab Technician
Matomolo Mashako	Nurse Counselor
Theresa Ntanganyika	Nurse Counselor
Ruth Shakeemba	Midwife
Monica Tembo	Female Interviewer
Sonigiso Songiso	Male Interviewer
Jackson Phiri	Team Lead
Mutale Kasama	Lab Technician
Dinah Kabwe	Nurse Counselor
Mambwe Musonda	Nurse Counselor
Cecelia M. Chisanga	Midwife
Taona Mwafuilwa	Female Interviewer
Situmbeko Nyambe	Male Interviewer
Votary Hamukali	Team Lead
Sylvester Phiri	Lab Technician
Chongo K. Nyanga	Nurse Counselor
Charity C. Bule	Nurse Counselor
Ruth Balengu	Midwife
Chiyembekezo Banda	Female Interviewer
Gershom Musenge	Male Interviewer
Francis Kasonde	Team Lead
Yivwananji Simukonda	Lab Technician
Irene Kasewente	Nurse Counselor
Gloria Musukwa	Nurse Counselor
Cecilia Makalu	Nurse Counselor

Choolwe M. Munshya	Midwife
Brenda Mudenda	Female Interviewer
Julius Kawasha	Male Interviewer
Daniel Muyabi	Team Lead
Wilson Banda	Lab Technician
Maggie Macuacua	Nurse Counselor
Catherine Mukuka	Nurse Counselor
Sarah Mwila	Midwife
Naomi Mwanza	Female Interviewer
Siloya Malumo	Male Interviewer
Masoka Zimba	Team Lead
Liteta Mushokela	Lab Technician
Esnart L. Chanda	Nurse Counselor
Mary Kaonga	Nurse Counselor
Clesenciana Kondowe	Midwife
Tasila Mushanga	Female Interviewer
Godfrey Manda	Male Interviewer
Patrick Sampa	Team Lead
Simwanda Kaluba	Lab Technician
Julia Ngoma	Nurse Counselor
Annie Chilonge	Nurse Counselor
Annie Chibuye	Midwife
Lillian S. Nachilyango	Female Interviewer
Davison Shumba	Male Interviewer
Christopher Kalaba	Team Lead
Goliath Banda	Lab Technician
Patricia Kaonga	Nurse Counselor
Athience Matongo	Nurse Counselor
Serah Muteka	Midwife
Miriam M. Mbangwa	Female Interviewer
Micheal Kambwela	Male Interviewer
Charles Mubanga	Team Lead
Conrad Mwamba	Lab Technician
Elina Bwalya	Nurse Counselor
Harriet Shanobe	Nurse Counselor
Jacqueline Lengamali	Midwife
Lillian Kunda	Female Interviewer

Andrew Loloji	Male Interviewer
Alick Mumba	Team Lead
Mathews Kaunda	Lab Technician
Merry Muyembe	Nurse Counselor
Kasanda Mwansa	Nurse Counselor
Kutemba Lyangenda	Midwife
Yetambuyu Liboma	Female Interviewer
Aubrey Mupeta	Male Interviewer
Beggar Beenzu	Team Lead
Mwenda Chimwali	Lab Technician
Namukolo Nganga	Nurse Counselor
Doreen N. Mwiya	Nurse Counselor
Brenda Sindowe	Midwife
Njahi Mate	Female Interviewer
Jonathan Luthangu	Male Interviewer
Chris Lunzi Lubinda	Team Lead
Paul Mwenda	Lab Technician
Patricia Hachintu	Nurse Counselor
Christine Dindi	Nurse Counselor
Beatrice Mubita	Midwife
Gloria Lishomwa	Female Interviewer
Davie K. Chiyaze	Male Interviewer
Pelebo Hambula	Team Lead
Frank Habeenzu	Lab Technician
Amukusana Mutandi	Nurse Counselor
Joyce Mweene	Nurse Counselor
Charity Mumba	Midwife
Mbololwa Mufaya	Female Interviewer
Chabota Muyoba	Male Interviewer
Jinix Kanyanga	Team Lead
Safe Choongo	Lab Technician
Eunice Mutempa	Nurse Counselor
Florence S. Simwinji	Nurse Counselor
Joyce Simataa	Midwife
Namoya Matambo	Male Interviewer
Sikundu Mwanalushi	Team Lead
Manza Siainga	Lab Technician

Namukolo Mwangala	Nurse Counselor
Loveness Mweemba	Nurse Counselor
Doris Sinazongwe	Midwife
Deborah M. Kangumu	Female Interviewer
George Palicha	Male Interviewer
Songiso	Team Lead
Joseph Mubiana	Lab Technician
Margaret Chitengi	Nurse Counselor
Doris Z Chikwamphu	Nurse Counselor
Glenda Kazabu	Midwife
Veronica M. Mutale	Female Interviewer
Watson Siatubotu	Male Interviewer
Akakulubelwa Nalumino	Team Lead
Charles Muyumba	Lab Technician
Diana Chimbangule	Nurse Counselor
Catherine Chirwa	Nurse Counselor
Moldrine Mwailenge	Midwife
Phillis Wina	Female Interviewer
Kabali Wamunyima	Male Interviewer
Joseph Mashilipa	Team Lead
Kelvis Mweene	Lab Technician
Viola Hamainza	Nurse Counselor
Inonge Mulamfu	Nurse Counselor
Pauline Chiyabi	Midwife
Rachael Siamoonga	Female Interviewer
Obert Siazilemu	Male Interviewer
Clymore Kalyangile	Team Lead
Daniel Siakavuba	Lab Technician
Rosemary Chuza	Nurse Counselor
Nancy Mulamfwu	Midwife
Catherine Maliko	Nurse Counselor
Sandra Mushukulumbwe	Female Interviewer
Fielder Shampile	Male Interviewer
John Sambambi	Team Lead
Chabota Miyoba	Lab Technician
Nowanga Mabuku	Nurse Counselor
Annie Mutale	Nurse Counselor

Laura b. Winga	Midwife
Cleopatra Mwanalushi	Female Interviewer
Sebby Nyanga	Male Interviewer
Liywali Simuyunyi	Team Lead
Sainedi Phiri	Lab Technician
Esnelly C. Ngoma	Nurse Counselor
Mervis Bwalya	Nurse Counselor
Vinace Chingobe	Midwife
Pamela Hampwili	Female Interviewer
Webster Muyabi	Male Interviewer
Peter Kamangu	Team Lead
Chawela Nyondo	Lab Technician
Linda Chilongo	Nurse Counselor
Sharon Phiri	Nurse Counselor
Bibian Banda	Midwife
Patra Hamwanza	Female Interviewer
Alfred Mbewe	Male Interviewer
Webster Sikalumbi	Team Lead
Choolwe Hangoma	Lab Technician
Precious M. Kasewenta	Nurse Counselor
Tumelo Mshanga	Nurse Counselor
Elizabeth Kamanya	Midwife
Susan Siavwapa	Female Interviewer
Jeremiah Tembo	Male Interviewer
Somili Kalombo	Team Lead
Collins Litwayi	Lab Technician
Lusa Kitengwe	Nurse Counselor
Mbashila Muzhinga	Nurse Counselor
Eness Katanya	Midwife
Pungwa M. Mateo	Female Interviewer
Samuel Kapandula	Male Interviewer
Cyrus Nkumba	Team Lead
Patience Luneta	Lab Technician
Kambenjeh Stellia Malenji	Female Interviewer
Susana Helasi	Nurse Counselor
Annie Kasongo Mumba	Nurse Counselor
Rachael Kamalamba	Midwife

Innocent Musonda	Male Interviewer
Morgan Salimbunda	Male Interviewer
John Sambambi	Team Lead
Michael Muyutu	Lab Technician
Constance Mayondi	Nurse Counselor
Sombo Mundanya	Nurse Counselor
Prisca Phiri	Midwife
Mercy Kalungu	Female Interviewer
Prince Chilongu	Male Interviewer
Mutombu Kanganja	Team Lead
Gerald Musonda	Lab Technician
Stella Yamba	Nurse Counselor
Maureen Fubisha	Female Interviewer
Lovely Soneka	Midwife
Boombwe Mwale	Female Interviewer
Cletus Kaluwa	Male Interviewer
Begger Beenzu	Team Lead
Samuel Kimbambi	Lab. Tech
Ruth Katambi	Nurse Counselor
Beauty Mushala Nyikosa	Female Interviewer
Bupe Kiyekyaya	Midwife/Counselor
Sombo Chinyama	Female Interviewer
Makubanda Kabondo	Male Interviewer
Chris Lunzi Lubinda	Team Lead
Kapalu Dilema	Lab Technician
Grace Kapitango	Nurse Counselor
Loveness Womba Manengu	Female Interviewer
Sheila Makungu	Midwife
Martha Kazoko Muluka	Female Interviewer
Nasilele Kozi	Male Interviewer
Pelebo Hambulo	Team Lead
Florence Mushitala	Lab Technician
Jessica Sweta	Nurse Counselor
Catherine Kambita	Female Interviewer
Joan Mtonga	Midwife/ Counselor
Milton Chilongu	Male Interviewer
Isiyombo Sooka	Male Interviewer

Jinix Kanyanga	Team Lead
Chiyesu Kang'ombi	Lab Technician
Fridah Kusaloka	Nurse Counselor
Sandra Kuchaya	Female Interviewer
Nama Felistus Lingwavo	Female Interviewer
Gladys K Machona	Midwife/Counselor
Shadreck Chileya	Male Interviewer
Sikundu Mwanalushi	Team Lead
Sandra Kamalamba	Lab. Tech
Susan Kayuka	Nurse Counselor
Mary Kozi Chama	Midwife
Florence Kaluwaji	Female Interviewer
Innocent Wema	Male Nurse counsellor
Victor Litia Liswaniso	Male Interviewer
Joseph Mashilipa	Team Lead
George Kamau	Lab Technician
Ella Simawu	Nurse Counselor
Kakuhu Mwezeh	Nurse Counselor
Ngambo Masumba	Female Interviewer
Given Kutela	Female Interviewer
Geoffrey Motoka	Male Interviewer
Clymore Kalyangile	Team Lead
Ferdinand Kanyanda	Lab Technician
Ngambo Kawilila	Nurse Counselor
Joseph Samukuwe	Male Counselor
Charity Mkanza	Female Interviewer
Patricia Funjika	Female Interviewer
Emmanuel Kanyoka	Male Interviewer
Jonathan Lutangu	Team Leader
Evans Mulyata	Male Nurse/Interviewer
Joyce Kamwana	Nurse Counselor
Edmond Kutela	Male Counselor
Catherine Kasabula	Female Interviewer
Carol Kachongo	Female Interviewer
Jedo Ndumba	Male Interviewer

APPENDIX E HOUSEHOLD QUESTIONNAIRE

ENGLISH					
ZAMBIA MINISTRY OF HEALTH HIV IMPACT ASSESSMENT HOUSEHOLD QUESTIONNAIRE					
CONFIDENTIAL			TICK IF HOUSEHOLD SELECTED FOR CHILDREN'S SURVEY <input type="checkbox"/>		
HOUSEHOLD IDENTIFICATION					
PROVINCE NAME: _____			PROVINCE CODE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
REGION NAME: _____			REGION CODE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
DISTRICT NAME: _____			DISTRICT CODE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
- _____			CLUSTER NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
CLUSTER NAME: _____			HH NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
NAME OF HOUSEHOLD HEAD: _____					
TOTAL PERSONS IN HOUSEHOLD:	TOTAL ELIGIBLE WOMEN:	TOTAL ELIGIBLE MEN:	TOTAL ELIGIBLE ADOLESCENTS:	TOTAL ELIGIBLE CHILDREN:	LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
LANGUAGE OF INTERVIEW: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		LANGUAGE CODES: (04) LOZI (08) TONGA (01) ENGLISH (05) LUNDA (02) BEMBA (06) LUVALE (03) KAONDE (07) NYANJA			
SUPERVISOR: _____		SUPERVISOR CODE: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		FIELD EDITOR:	OFFICE EDITOR: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
DATE: _____					KEYED BY: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
* RESULTS CODES:					
(1) COMPLETED		(5) REFUSED			
(2) NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT		(6) DWELLING VACANT OR ADDRESS NOT A DWELLING			
(3) ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME		(7) DWELLING DESTROYED			
(4) POSTPONED		(8) DWELLING NOT FOUND			
		(9) PARTLY COMPLETED			
		(10) OTHER (SPECIFY)			
START TIME					
START	Record the start time. USE 24 HOUR TIME. IF START TIME IS 3:12 PM, RECORD 15 HOURS, 12 MINUTES, NOT 03 HOURS, 12 MINUTES.			HOUR: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
				MINUTES: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	

LINE NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAME AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON ASK QUESTIONS 2-3 BELOW TO BE SURE THAT THE SCHEDULE IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-28c FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW</p>	<p>Is (NAME) Male or Female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) sleep here last night?</p>	<p>IF LESS THAN 2 YEARS, RECORD IN MONTHS.</p> <p>How old is (NAME)?</p>	<p>Is age of (NAME) recorded in MONTHS/ YEARS?</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
2		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
3		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
4		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
5		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
6		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
7		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
8		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
9		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
10		<input type="text"/> <input type="text"/>	M F	Y N	Y N	<input type="text"/> <input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>

CODES FOR COLUMN 3: RELATIONSHIP TO HOUSEHOLD HEAD

YES NO

YES NO

YES NO

ADD TO SCHEDULE ←

- 01 = HEAD
- 02 = WIFE/HUSBAND/PARTNER
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW/DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER/SISTER
- 09 = CO-WIFE
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER/STEPCHILD
- 12 = NOT RELATED
- 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF (NAME) is 18-64 years	IF (NAME) IS 15 OR OLDER	IF (NAME) IS 0-17 YEARS			
	SICK PERSON	MARITAL STATUS	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS			
	<p>CHECK COLUMNS 7 AND 8, IF UNDER 18 → 10</p> <p>IF 18 YEARS OR MORE:</p> <p>Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?</p>	<p>What is (NAME)'s current marital status?</p> <p>1=MARRIED/COHABITATING/LIVING TOGETHER 2=DIVORCED 3=SEPARATED 4=WIDOWED 5=NEVER-MARRIED</p>	<p>Is (NAME)'s natural mother alive?</p>	<p>Does (NAME)'s natural mother usually live in this household or was she a guest last night?</p> <p>IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.</p> <p>IF NO: RECORD FEMALE GUARDIAN'S LINE NUMBER OR '00' IF FEMALE PARENT OR GUARDIAN NOT PRESENT IN HH.</p>	<p>Is (NAME)'s natural father alive?</p>	<p>Does (NAME)'s natural father usually live in this household or was he a guest last night?</p> <p>IF YES: What is his name? RECORD FATHER'S LINE NUMBER.</p> <p>IF NO: RECORD MALE GUARDIAN'S LINE NUMBER OR '00' IF MALE PARENT OR GUARDIAN NOT PRESENT IN HH.</p>
(1)	(9)	(10)	(11)	(12)	(13)	(14)
1	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>
2	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>
3	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>
4	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>
5	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>
6	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 14	<input type="checkbox"/>
7	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>
8	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>
9	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>
10	Y N	<input type="checkbox"/>	Y N DK ↓ 13	<input type="checkbox"/>	Y N DK ↓ 15	<input type="checkbox"/>

HOUSEHOLD SCHEDULE

IF (NAME) is 0-17 years

LINE NO.	SICKNESS AND RESIDENCE OF BIOLOGICAL PARENTS	MOTHER DEAD OR SICK	FATHER DEAD OR SICK		
<p>RECORD LINE NUMBER OF PARENT/GUARDIAN WHO WILL FILL OUT CHILDREN'S MODULE FOR (NAME)</p>	<p>CHECK COLUMN 11, IF COLUMN 11 'N' → 18</p> <p>IF COLUMN 11 'Y':</p> <p>Has (NAME)'s natural mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?</p>	<p>CHECK COLUMN 12, IF COLUMN 12 'N' → 19</p> <p>IF COLUMN 13 'Y':</p> <p>Has (NAME)'s natural father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?</p>	<p>IF CHILD'S NATURAL MOTHER HAS DIED (COLUMN 11 'N') OR BEEN SICK (COLUMN 16 'Y'), SELECT Y.</p> <p>IF CHILD'S NATURAL FATHER HAS DIED (COLUMN 13'N') OR BEEN SICK (COLUMN 17 'Y'), SELECT Y.</p>		
(1)	(15)	(16)	(17)	(18)	(19)
1	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
2	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
3	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
4	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
5	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
6	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
7	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
8	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
9	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N
10	<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	Y N

HOUSEHOLD SCHEDULE					
LINE NO.	IF (NAME) IS 5 YEARS OR OLDER		IF (NAME) IS 5-24 YEARS		IF (NAME) IS 0-4 YEARS
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1=HAS CERTIFICATE 2=REGISTERED 3=NEITHER 4=DON'T KNOW
(1)	(20)	(21)	(22)	(23)	(24)
1	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
2	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
3	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
4	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
5	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
6	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
7	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
8	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
9	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
10	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
<p>CODES FOR Q21 AND Q23 (EDUCATION):</p> <p>LEVEL 0=NURSERY/KINDERGARTEN 1=PRIMARY 2=SECONDARY 3=HIGHER 8=DON'T KNOW</p> <p>GRADE 00=LESS THAN 1 YEAR COMPLETED 98=DON'T KNOW</p>					

HOUSEHOLD SCHEDULE				
LINE NO.	ELIGIBILITY			
	DO NOT READ: IS (NAME) ELIGIBLE FOR SURVEY?			
(1)	(25)			
1	Y N			
2	Y N			
3	Y N			
4	Y N			
5	Y N			
6	Y N			
7	Y N			
8	Y N			
9	Y N			
10	Y N			
	TOTAL ELIGIBLE MEN (ADULTS 15-59 YEARS)			<input type="checkbox"/> <input type="checkbox"/>
	TOTAL ELIGIBLE WOMEN (ADULTS 15 -59 YEARS)			<input type="checkbox"/> <input type="checkbox"/>
	TOTAL ELIGIBLE ADOLESCENT (10 TO 14 YEARS)			<input type="checkbox"/> <input type="checkbox"/>
	TOTAL ELIGIBLE CHILDREN (0 MONTHS TO 9 YEARS)			<input type="checkbox"/> <input type="checkbox"/>

HOUSEHOLD SCHEDULE

SPOUSES AND CO-HABITATING PARTNERS

LINE NO.						
	Record the LINE NUMBER (NAME)'s of spouse or partner. If no spouse or partner leave blank.	Record the LINE NUMBER (NAME)'s of spouse or partner. If no spouse or partner leave blank.	Record the LINE NUMBER (NAME)'s of spouse or partner. If no spouse or partner leave blank.	Record the LINE NUMBER (NAME)'s of spouse or partner. If no spouse or partner leave blank.	Record the LINE NUMBER (NAME)'s of spouse or partner. If no spouse or partner leave blank.	Record the LINE NUMBER (NAME)'s of spouse or partner. If no spouse or partner leave blank.
(1)	(26a)	(26b)	(26c)	(26d)	(26e)	(26f)
1	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
2	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
3	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
4	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
5	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
6	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
7	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
8	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
9	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
10	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

101	<p>DO NOT READ: CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE.</p> <p>ANY CHILD AGE 0-17 YEARS?</p>	<p>NUMBER OF CHILDREN 0-17 YRS: <input type="text"/> <input type="text"/></p>	<p>NONE →114</p>
102	<p>DO NOT READ: CHECK COLUMN 9 IN THE HOUSEHOLD SCHEDULE.</p> <p>ANY SICK ADULT AGE 18-64 YEARS?</p>	<p>YES.....1 NO.....2</p>	<p>YES → 105</p>
103	<p>DO NOT READ: CHECK COLUMN 18 IN THE HOUSEHOLD SCHEDULE.</p> <p>ANY CHILD WHOSE MOTHER HAS DIED OR IS VERY SICK?</p>	<p>YES.....1 NO.....2</p>	<p>YES → 105</p>
104	<p>DO NOT READ: CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE.</p> <p>ANY CHILD WHOSE FATHER HAS DIED OR IS VERY SICK?</p>	<p>YES.....1 NO.....2</p>	<p>NO →114</p>

105	Record names, line numbers, and ages of all children 0-17 who are identified in columns 11, 13, 16 and 17 as having a sick adult in their household or having a mother and/or father who has died or has been very sick.			
		CHILD (1)	CHILD (2)	CHILD (3)
	NAME (FROM COLUMN 2)	_____	_____	_____
	LINE NUMER (FROM COLUMN 1)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	AGE (FROM COLUMN 7)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

➤ **INTERVIEWER SAY: “I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support, I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community-based.”**

106	<p>Now I would like to ask you about the support your household received for (NAME).</p> <p>In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies, or medicine, for which you did not have to pay?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>
107	<p>In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8 NO, DK→ 109</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8 NO, DK→ 109</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8 NO, DK→ 109</p>

108	Did your household receive any of this emotional or psychological support for (NAME) in the past 3 months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
109	In the last 12 months, has your household received any material support for (NAME) , such as clothing, food, or financial support, for which you did not have to pay?	YES.....1 NO.....2 DON'T KNOW.....8 NO, DK → 111	YES.....1 NO.....2 DON'T KNOW.....8 NO, DK → 111	YES.....1 NO.....2 DON'T KNOW.....8 NO, DK → 111
110	Did your household receive any of this material support for (NAME) in the past 3 months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
111	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES.....1 NO.....2 DON'T KNOW.....8 NO, DK → 113	YES.....1 NO.....2 DON'T KNOW.....8 NO, DK → 113	YES.....1 NO.....2 DON'T KNOW.....8 NO, DK → 113
112	Did your household receive any of this social support for (NAME) in the past 3 months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
113	In the last 12 months, has your household received any support for (NAME) 's schooling, such as allowance, free admission, books, or supplies, for which you did not have to pay?	YES.....1 NO, DID NOT RECEIVE SUPPORT.....2 NO, CHILD DOES NOT ATTEND SCHOOL.....3 DON'T KNOW.....8 SKIP IF CHILD<5 YEARS	YES.....1 NO, DID NOT RECEIVE SUPPORT.....2 NO, CHILD DOES NOT ATTEND SCHOOL.....3 DON'T KNOW.....8 SKIP IF CHILD<5 YEARS	YES.....1 NO, DID NOT RECEIVE SUPPORT.....2 NO, CHILD DOES NOT ATTEND SCHOOL.....3 DON'T KNOW.....8 SKIP IF CHILD<5 YEARS

MATRIX END

INTERVIEWER SAYS: "Thank you for the information regarding (**NAME**)."

IF THERE IS ANOTHER CHILD 0-17 YEARS IN THE HOUSEHOLD WHO HAS BEEN IDENTIFIED IN 105 AS HAVING A MOTHER/FATHER WHO HAS DIED OR IS VERY SICK BESIDES (NAME) → CONTINUE TO 106 AND ASK ABOUT THE NEXT CHILD.

INTERVIEWER SAYS: "Next, I would like to ask you about (**NAME**)".

TICK IF CONTINUATION SHEET REQUIRED.

IF NO OTHER CHILDREN, CONTINUE HOUSEHOLD INTERVIEW.

HOUSEHOLD DEATHS

114	Now I would like to ask you more questions about your household. Has any usual resident of your household died since 2013?	YES.....1 NO.....2	NO → 201	
115	How many usual household residents died since 2013?	NUMBER OF DEATHS.....	<input type="text"/> <input type="text"/>	
ASK 116-119 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS USE ADDITIONAL QUESTIONNAIRES.				
116	What was the name of the person who died (most recently/before him/her)?	NAME 1 ST DEATH _____	NAME 2 ND DEATH _____	NAME 3 RD DEATH _____
117	When did (NAME) die? Please give your best guess.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>
118	Was (NAME) male or female?	MALE1 FEMALE.....2	MALE1 FEMALE.....2	MALE1 FEMALE.....2

119	<p>How old was (NAME) when (he/she) died?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN 1 YEAR, AND COMPLETED YEARS IF 1 YEAR OR MORE.</p>	<p>DAYS <table border="1" data-bbox="810 145 930 212"><tr><td></td><td></td></tr></table></p> <p>MONTHS <table border="1" data-bbox="810 212 930 280"><tr><td></td><td></td></tr></table></p> <p>YEARS <table border="1" data-bbox="810 280 930 347"><tr><td></td><td></td></tr></table></p>							<p>DAYS <table border="1" data-bbox="1090 145 1209 212"><tr><td></td><td></td></tr></table></p> <p>MONTHS <table border="1" data-bbox="1090 212 1209 280"><tr><td></td><td></td></tr></table></p> <p>YEARS <table border="1" data-bbox="1090 280 1209 347"><tr><td></td><td></td></tr></table></p>							<p>DAYS <table border="1" data-bbox="1377 145 1497 212"><tr><td></td><td></td></tr></table></p> <p>MONTHS <table border="1" data-bbox="1377 212 1497 280"><tr><td></td><td></td></tr></table></p> <p>YEARS <table border="1" data-bbox="1377 280 1497 347"><tr><td></td><td></td></tr></table></p>						
<p>CONTINUE TO NEXT DEATH ACCORDING UP TO THE NUMBER REPORTED FROM 115.</p> <p><input type="checkbox"/> TICK IF CONTINUATION SHEET REQUIRED.</p>																						

HOUSEHOLD CHARACTERISTICS

201	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING.....11</p> <p>PIPED TO YARD/PLOT.....12</p> <p>PUBLIC TAP/STANDPIPE.....13</p> <p>TUBE WELL OR BOREHOLE.....21</p> <p>DUG WELL</p> <p> PROTECTED WELL.....31</p> <p> UNPROTECTED WELL.....32</p> <p>WATER FROM SPRING</p> <p> PROTECTED SPRING.....41</p> <p> UNPROTECTED SPRING.....42</p> <p>RAINWATER.....51</p> <p>TANKER TRUCK.....61</p> <p>CART WITH SMALL TANK.....71</p> <p>SURFACE WATER (RIVER/DAM/LAKE/ POND/STREAM/CANAL/IRRIGATION CHANNEL).....81</p> <p>BOTTLED WATER.....91</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	11, 12, 51 → 204
201a	Where is that water source located?	<p>IN OWN DWELLING.....1</p> <p>IN OWN YARD/PLOT.....2</p> <p>ELSEWHERE.....3</p>	1,2 → 203
201b	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ON PREMISES.....996</p> <p>DON'T KNOW.....998</p>	

202	<p>What do you usually do to make your water safer to drink?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>BOIL.....A</p> <p>ADD BLEACH/CHLORINE/CLORIN.....B</p> <p>STRAIN THROUGH A CLOTH.....C</p> <p>USE WATER FILTER (CERAMIC/SAND/COMPOSITE/ETC.).....D</p> <p>SOLAR DISINFECTION.....E</p> <p>LET IT STAND AND SETTLE.....F</p> <p>OTHER.....X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	
203	<p>What kind of toilet facility do members of your household usually use?</p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM.....11</p> <p>FLUSH TO SEPTIC TANK.....12</p> <p>FLUSH TO PIT LATRINE.....13</p> <p>FLUSH TO SOMEWHERE ELSE.....14</p> <p>FLUSH, DON'T KNOW WHERE.....15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE21</p> <p>PIT LATRINE WITH SLAB.....22</p> <p>PIT LATRINE WITHOUT SLAB/ OPEN PIT.....23</p> <p>COMPOSTING TOILET.....31</p> <p>BUCKET TOILET41</p> <p>HANGING TOILET/HANGING LATRINE...51</p> <p>NO FACILITY/BUSH/FIELD.....61</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>NO FACILITY/ BUSH/FIEL D → 206</p>
204	<p>Do you share this toilet facility with other households?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>NO → 206</p>
205	<p>How many households use this toilet facility?</p>	<p>NO. OF HOUSEHOLDS IF LESS THAN 10 _____(1 DIGIT)</p> <p>10 OR MORE HOUSEHOLDS95</p> <p>DON'T KNOW98</p>	
<p>PREFACE BEFORE QUESTIONS 206-212r: Does your household have:</p>			

206	Electricity?	YES.....1 NO.....2	
207	A radio?	YES.....1 NO.....2	
208	A television?	YES.....1 NO.....2	
209	A mobile telephone?	YES.....1 NO.....2	
210	A non-mobile telephone?	YES.....1 NO.....2	
211	A refrigerator?	YES.....1 NO.....2	
212a	A bed?	YES.....1 NO.....2	
212b	A chair?	YES.....1 NO.....2	
212c	A table?	YES.....1 NO.....2	
212d	A cupboard?	YES.....1 NO.....2	
212e	A sofa?	YES.....1 NO.....2	
212f	A clock?	YES.....1 NO.....2	
212g	A fan?	YES.....1 NO.....2	
212h	A sewing machine?	YES.....1 NO.....2	
212i	A cassette player?	YES.....1 NO.....2	

212j	A plough?	YES.....1 NO.....2	
212k	A grain grinder?	YES.....1 NO.....2	
212l	A VCR/DVD?	YES.....1 NO.....2	
212m	A tractor?	YES.....1 NO.....2	
212n	A hammer mill?	YES.....1 NO.....2	
212o	A computer?	YES.....1 NO.....2	
212p	Internet?	YES.....1 NO.....2	
212q	A microwave?	YES.....1 NO.....2	
212r	Does your household have any mosquito nets that can be used while sleeping?	YES.....1 NO.....2	
213	What type of fuel does your household mainly use for cooking?	ELECTRICITY.....1 LIQUID PROPANE GAS (LPG)2 NATURAL GAS3 BIOGAS.....4 KEROSENE5 COAL, LIGNITE.....7 CHARCOAL8 WOOD.....9 STRAW/SHRUBS/GRASS.....10 AGRICULTURAL CROP11 ANIMAL DUNG.....12 SOLAR POWER.....13 NO FOOD COOKED IN HOUSEHOLD... ..95 OTHER.....96 _____ (SPECIFY)	

214	<p>MAIN MATERIAL OF FLOOR</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH / SAND.....11</p> <p>DUNG.....12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS.....21</p> <p>PALM/BAMBOO/LEEDS.....22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD.....31</p> <p>VINYL (PVC) OR ASPHALT STRIPS.....32</p> <p>CERAMIC/TERRAZZO TILES.....33</p> <p>CONCRETE CEMENT34</p> <p>CARPET.....35</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	
215	<p>MAIN MATERIAL OF THE ROOF</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>NO ROOF.....11</p> <p>THATCH/PALM LEAF12</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT.....21</p> <p>PALM/BAMBOO.....22</p> <p>WOOD PLANKS.....23</p> <p>CARDBOARD.....24</p> <p>FINISHED ROOFING</p> <p>METAL/IRON</p> <p>SHEETS.....31WOOD.....</p> <p>.....32</p> <p>CALAMINE/CEMENT/FIBRE (ASBESTOS)....33</p> <p>CERAMIC TILES/HARVEY TILES.....34</p> <p>CEMENT.....35</p> <p>ROOFING SHINGLES.....36</p> <p>MUD TILES.....37</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	

216	<p>MAIN MATERIAL OF THE EXTERIOR WALLS</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS.....11</p> <p>CANE/PALM/TRUNKS.....12</p> <p> MUD.....13</p> <p>RUDIMENTARY WALLS</p> <p> BAMBOO/POLE WITH MUD.....21</p> <p> STONE WITH MUD.....22</p> <p> PLYWOOD24</p> <p> CARDBOARD.....25</p> <p> REUSED WOOD.....26</p> <p>FINISHED WALLS</p> <p> CEMENT.....31</p> <p> STONE WITH LIME/CEMENT.....32</p> <p> BRICKS.....33</p> <p> CEMENT BLOCKS.....34</p> <p> WOOD PLANKS35</p> <p> OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	
217	How many rooms in this household are used for sleeping?	<p>NUMBER OF ROOMS: <input type="text"/> <input type="text"/></p>	

PREFACE BEFORE QUESTIONS 218-224a:

Does any member of your household own:

218	A bicycle?	<p>YES.....1</p> <p>NO.....2</p>	
219	A motorcycle or motor scooter?	<p>YES.....1</p> <p>NO.....2</p>	
220	A car or truck?	<p>YES.....1</p> <p>NO.....2</p>	
221	A boat with a motor?	<p>YES.....1</p> <p>NO.....2</p>	
222	A watch?	<p>YES.....1</p> <p>NO.....2</p>	
223	An animal-drawn cart?	<p>YES.....1</p> <p>NO.....2</p>	

224a	A banana boat?	YES.....1 NO.....2	
224b	Does any member of this household own any agricultural land?	YES.....1 NO.....2	NO → 224d
224c	How many lima, acres, or hectares of agricultural land do members of this household own?	LIMA <input type="text"/> <input type="text"/> <input type="text"/> ACRES <input type="text"/> <input type="text"/> <input type="text"/> HECTARES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES.....995 DON'T KNOW.....998	
224d	Does this household own any livestock, herds, other farm animals, or poultry?	YES.....1 NO.....2	NO→227

PREFACE BEFORE QUESTIONS 225-226i:
How many of [INSERT ANIMAL] does this household own?
IF NONE, ENTER '00'.
IF MORE THAN 95, ENTER '95'.
IF UNKNOWN, ENTER '98'.

225	Traditional cattle?	<input type="text"/> <input type="text"/>	
226a	Dairy cattle?	<input type="text"/> <input type="text"/>	
226b	Beef cattle?	<input type="text"/> <input type="text"/>	
226c	Goats?	<input type="text"/> <input type="text"/>	
226d	Sheep?	<input type="text"/> <input type="text"/>	

226e	Chicken or other poultry?		
		<input type="checkbox"/> <input type="checkbox"/>	
226f	Horses/donkeys/mules?		
		<input type="checkbox"/> <input type="checkbox"/>	
226g	Rabbits?		
		<input type="checkbox"/> <input type="checkbox"/>	
226h	Pigs?		
		<input type="checkbox"/> <input type="checkbox"/>	
226i	Other livestock?		
		<input type="checkbox"/> <input type="checkbox"/>	
227	Does any member of this household have a bank account?	YES.....1 NO.....2	
228	In the past 4 weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	YES.....1 NO.....2 DON'T KNOW.....8	NO, DON'T KNOW → 230
229	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES).....1 SOMETIMES (3-10 TIMES).....2 OFTEN (MORE THAN 10 TIMES).....3	
230	In the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food?	YES.....1 NO.....2 DON'T KNOW.....8	NO, DON'T KNOW → 232
231	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES).....1 SOMETIMES (3-10 TIMES).....2 OFTEN (MORE THAN 10 TIMES).....3	
232	In the past 4 weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	YES.....1 NO.....2 DON'T KNOW.....8	
233	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES).....1 SOMETIMES (3-10 TIMES).....2 OFTEN (MORE THAN 10 TIMES).....3	

ECONOMIC SUPPORT

<p>301</p>	<p>Has your household received any of the following forms of external economic support in the last 12 months?</p> <p>SELECT ALL THAT APPLY.</p>	<p>NOTHINGA</p> <p>CASH TRANSFER (E.G., PENSIONS, DISABILITY GRANTS, CHILD GRANT).....B</p> <p>ASSISTANCE FOR SCHOOL FEES.....C</p> <p>MATERIAL SUPPORT FOR EDUCATION (E.G., UNIFORMS, SCHOOL BOOKS, EDUCATION, TUITION SUPPORT, BURSARIES).....D</p> <p>INCOME GENERATION SUPPORT IN CASH OR KIND (E.G., AGRICULTURAL INPUTS).....E</p> <p>FOOD ASSISTANCE PROVIDED AT THE HOUSEHOLD OR EXTERNAL INSTITUTION.....F</p> <p>MATERIAL OR FINANCIAL SUPPORT FOR SHELTER.....G</p> <p>SOCIAL PENSION.....H</p> <p>OTHER.....X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	<p>NOTHING →END OF SECTION</p>
<p>302</p>	<p>Has your household received any of the following forms of external economic support in the last 3 months?</p> <p>SELECT ALL THAT APPLY.</p>	<p>NOTHINGA</p> <p>CASH TRANSFER (E.G., PENSIONS, DISABILITY GRANTS, CHILD GRANT).....B</p> <p>ASSISTANCE FOR SCHOOL FEES.....C</p> <p>MATERIAL SUPPORT FOR EDUCATION (E.G., UNIFORMS, SCHOOL BOOKS, EDUCATION, TUITION SUPPORT, BURSARIES).....D</p> <p>INCOME GENERATION SUPPORT IN CASH OR KIND (E.G., AGRICULTURAL INPUTS).....E</p> <p>FOOD ASSISTANCE PROVIDED AT THE HOUSEHOLD OR EXTERNAL INSTITUTION.....F</p> <p>MATERIAL OR FINANCIAL SUPPORT FOR SHELTER.....G</p> <p>SOCIAL PENSION.....H</p> <p>OTHER.....X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	

END OF HOUSEHOLD INTERVIEW

➤ **INTERVIEWER SAY: "This is the end of the household survey. Thank you very much for your time and for your responses."**

END TIME

END	Record the end time. USE 24 HOUR TIME. IF START TIME IS 3:12 PM, RECORD 15 HOURS, 12 MINUTES, NOT 03 HOURS, 12 MINUTES.	HOUR: <input type="text"/> <input type="text"/> MINUTES: <input type="text"/> <input type="text"/>	
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INTERVIEWER OBSERVATIONS:
TO BE COMPLETED AFTER THE INTERVIEW:

COMMENTS ABOUT RESPONDENT:

COMMENTS ABOUT SPECIFIC QUESTIONS:

GENERAL QUESTIONS:

APPENDIX F ADULT QUESTIONNAIRE

MODULE 1: RESPONDENT BACKGROUND			
L1	LANGUAGE OF QUESTIONNAIRE	ENGLISH =1 BEMBA =2 KAONDE =3 LOZI =4 LUNDA =5 LUVALE =6 NYANJA =7 TONGA =8	
L2	LANGUAGE OF INTERVIEW	ENGLISH =1 BEMBA =2 KAONDE =3 LOZI =4 LUNDA =5 LUVALE =6 NYANJA =7 TONGA =8 OTHER =9	
L3	NATIVE LANGUAGE OF PARTICIPANT	ENGLISH =1 BEMBA =2 KAONDE =3 LOZI =4 LUNDA =5 LUVALE =6 NYANJA =7	

		TONGA =8 OTHER =9	
L4	TRANSLATOR USED	YES =1 NO =2	
Interviewer says: "Thank you for agreeing to participate in this survey. The first set of questions is about your life in general. Afterwards, we will move on to other topics."			
101	IS THE RESPONDENT MALE OR FEMALE?	MALE =1 FEMALE =2	
103	Have you ever attended school?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 103 = 2,-8,-9 SKIP TO 106
104	Are you enrolled in school?	YES =-1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 104 = -8, -9 SKIP TO 106
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY =1 SECONDARY =2 HIGHER =3 DON'T KNOW =-8 REFUSED =-9	
106	What is the highest [class/form/year] you completed at that level?	CLASS/FORM/YEAR =integer DON'T KNOW =-8 REFUSED =-9	
106a	How long have you been living continuously in [NAME OF CURRENT PLACE OF RESIDENCE- HOUSEHOLD]?	NUMBER OF YEARS =integer ALWAYS =95 VISITOR =96 DON'T KNOW =-8	

	IF LESS THAN ONE YEAR, RECORD '00' YEARS.	REFUSED =-9	
107	In the last 12 months, on how many separate occasions have you been away from home for one or more nights? CODE '00' IF NONE.	NUMBER OF TRIPS =integer DON'T KNOW =-8 REFUSED =-9	IF 107 = 0,-8,-9 SKIP TO 109
108	In the last 12 months, have you been away from your home for more than one month at a time?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
109	Have you done any work in the last 12 months for which you received a salary, cash or in kind as payment?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 109= 2,-8,-9 SKIP TO 109b
109a	Have you done any work in the last 7 days for which you received a salary, cash or in kind as payment?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
109b	What is your ethnic group/tribe?	BEMBA =1 TONGA =2 KAONDE =3 LOZI =4 LUNDA =5 LUVALE =6 MAMBWE =7 NGONI =8 NYANJA =9 TUMBUKA=10 OTHER =96 DON'T KNOW =-8 REFUSED =-9	

110	What is your religion?	CATHOLIC =1 PROTESTANT =2 MUSLIM =3 NONE =4 OTHER =96 DON'T KNOW =-8 REFUSED =-9	
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MODULE 2: MARRIAGE			
Interviewer says: "Now I would like to ask you about your current and previous relationships and/or marriages."			
201	Have you ever been married or lived together with a [man/woman] as if married?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 201 = 2,-8,-9 SKIP TO 301
202	How old were you the first time you married or started living with a [man/woman] as if married?	AGE IN YEARS =integer DON'T KNOW =-8 REFUSED =-9	
203	Have you ever been widowed? That is, did a spouse ever die while you were still married or living with them?	YES =1 NO =2 DON'T KNOW =-8 REFUSE TO ANSWER =-9	
204	What is your marital status now: are you married, living together with someone as if married, widowed, divorced, or separated?	MARRIED =1 LIVING TOGETHER =2 WIDOWED =3 DIVORCED =4 SEPARATED =5 DON'T KNOW =-8 REFUSED =-9	IF 204 = 3,4,5,-8,-9 SKIP TO 301

Interviewer says: "The next several questions are about your current spouse or partner(s)."			
208	Altogether, how many wives or partners do you have?	NUMBER OF WIVES OR PARTNERS =integer DON'T KNOW =-8 REFUSED =-9	IF 208 = -8,-9 SKIP Q IF 101=2 SKIP TO 301
M2B	The Household schedule listed [count] household members as your wives/partners. Please review the list below. Are all of the listed household members your wives/partners who live in the household? [List of partners]	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF M2B= 1 SKIP TO Q3 IF M2B= -8,-9 SKIP TO 301 SKIP Q IF 101=2 SKP TO 301
209.2	Is [NAME] your wife/partner?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 101=2
209.3	Does [NAME] live in the household?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	After loop SKIP Q IF 101=2 SKIP TO Q3
Q3	Do you have additional spouse(s)/partner(s) that live with you?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	IF Q3= 2,-8,-9 SKIP Q IF 101=2 SKIP TO 301
Q4	How many additional spouses(s)/partner(s) live with you?	NUMBER OF ADDITIONAL SPOUSE(S)/PARTNER(S) =integer DON'T KNOW =-8 REFUSED =-9	IF Q4= -8,-9 SKIP TO 301 IF integer SKIP Q IF 101=2 SKIP TO A1-2
A1-1	Please select the spouse/partner that lives with you.		SKIP Q IF 101=2

A1-2	Please enter name of your spouse/partner that lives with you.	NAME OF SPOUSE/PARTNER =text DON'T KNOW =-8 REFUSED =-9	AKIP Q IF 101=2
206	How many wives/partners do you have who live elsewhere?	NUMBER OF WIVES/PARTNERS LIVING ELSEWHERE =1 DON'T KNOW =-8 REFUSE TO ANSWER =-9	ALL RESPONSES SKIP TO 301 SKIP Q IF 101=2
210	Is your husband or partner living with you now or is he staying elsewhere?	LIVING TOGETHER =1 STAYING ELSEWHERE =2 DON'T KNOW =-8 REFUSE TO ANSWER =-9	IF 210 = 2, -8, -9 SKIP TO 212 SKIP Q IF 101=1
211	The Household schedule listed [NAME OF HUSBAND/PARTNER] as your husband/partner who is living here. Is that correct?	YES =1 NO =2 DON'T KNOW=-8 REFUSED =-9	SKIP Q IF 101=1

F1-1	Please select the spouse/partner that lives with you.		SKIP Q IF 101=1
F1-2	Please enter the name of your spouse/partner that lives with you.	NAME OF SPOUSE/PARTNER =text DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 101=1
212	Does your husband or partner have other wives or does he live with other women as if married?	YES =1	IF 212 = 2, -8, -9 SKIP TO 301
		NO =2	
		DON'T KNOW =-8	
		REFUSED =-9	SKIP Q IF 101=1
213	Including yourself, in total, how many wives or live-in partners does your husband or partner have?	NUMBER OF WIVES OR LIVE-IN PARTNERS =integer DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 101=1

MODULE 3: REPRODUCTION

Interviewer says: "Now I would like to ask you questions about your pregnancies and your children."

301	How many times have you been pregnant including a current pregnancy? CODE '00' IF NONE.	NUMBER OF TIME(S) =integer DON'T KNOW =-8 REFUSED =-9	IF 301 = 0, -8, -9 SKIP TO 351
302	Have you ever had a pregnancy that resulted in a live birth? A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 302 = 2, -8, -9 SKIP TO 349

302a	In total, how many children have you given birth to who were born alive? These include children who were born alive but later died and children who live with you and do not live with you.	NUMBER OF CHILDREN =integer DON'T KNOW =-8 REFUSED =-9	
303	How many children have you given birth to since 2012 ? CODE '00' IF NONE. These include children who were born alive but later died. They could have been children who have lived with you or have not lived with you.	NUMBER OF CHILDREN =integer DON'T KNOW =-8 REFUSED =-9	IF 303 = 0, -8, -9 SKIP TO 349
Interview says: "Now I would like to ask you some questions about the last pregnancy that resulted in a live birth since 2012."			
304	Did your last pregnancy result in birth to twins or more?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
305	What is the name of the child from your last pregnancy that resulted in a live birth? A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement. IF MULTIPLE BIRTH, LIST ALL NAMES. IF THE CHILD WAS NOT NAMED BEFORE DEATH, INPUT BIRTH 1.	NAME =text	
305a	When you were pregnant with [NAME], did you plan to get pregnant at that time?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 305a = 1,-8,-9 SKIP TO 306
305b	Did you plan to have a baby later or did you not plan to have any (more) children?	LATER =1 NO MORE =2 DON'T KNOW =-8 REFUSED =9	

306	When you were pregnant with [NAME], did you visit a health facility for antenatal care?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 306 = 1 SKIP TO 307a IF 306 = -8, -9 SKIP TO 323
307	What is the <u>main</u> reason you did not visit a clinic for antenatal care when you were pregnant with [NAME]?	CLINIC WAS TOO FAR AWAY =1 COULD NOT TAKE TIME OFF WORK/TOO BUSY =2 COULD NOT AFFORD TO PAY FOR THE VISIT =3 DID NOT TRUST THE CLINIC STAFF =4 RECEIVED CARE AT HOME =5 DID NOT WANT AN HIV TEST DONE =6 HUSBAND/FAMILY WOULD NOT LET ME GO =7 USED TRADITIONAL BIRTH ATTENDANT/HEALER =8 COST OF TRANSPORT =9 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 323
307a	At what months in your pregnancy did you attend the antenatal clinic? SELECT ALL THAT APPLY.	0-3 MONTHS/1st TRIMESTER=A 4-6 MONTHS/2nd TRIMESTER =B 7-9 MONTHS/3rd TRIMESTER=C DON'T KNOW=Y REFUSED =Z	

Interviewer says: "I will now be asking you questions on HIV testing. Please remember that your responses will be kept confidential and will not be shared with anyone else."

308	Have you ever tested for HIV before your pregnancy with [NAME]?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 308 = 2, -8, -9 SKIP TO 311
309	Did you test positive for HIV before your pregnancy with [NAME]?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 309 = 2,-8,-9 SKIP TO 311
310	At the time of your first antenatal care visit when you were pregnant with [NAME], were you taking ARVs, that is, antiretroviral medications, to treat HIV? ARVs are antiretroviral medications or medications to treat HIV.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 310 = 1 SKIP TO 319 IF 310 = 2,-8,-9 SKIP TO 316
311	During any of your visits to the antenatal care clinic when you were pregnant with [NAME], were you offered an HIV test?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
312	Were you tested for HIV during any of your antenatal care clinic visits when you were pregnant with [NAME]?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 312 = 1 SKIP TO 314 IF 312 = -8,-9 SKIP TO 319
313	What is the main reason you were not tested for HIV during antenatal care with [NAME]?	DID NOT WANT AN HIV TEST DONE / DID NOT WANT TO KNOW MY STATUS =1 DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY =2 AFRAID OTHERS WOULD KNOW ABOUT TEST RESULTS =3 DID NOT NEED TEST/LOW RISK =4 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 319

314	How many times did you test for HIV during your pregnancy with [NAME]?	NUMBER OF TIMES = integer DON'T KNOW =-8 REFUSED =-9	
315	What was the result of your last HIV test during your pregnancy with [NAME]?	POSITIVE =1 NEGATIVE =2 UNKNOWN/INDETERMINATE =3 DID NOT RECEIVE RESULTS =4 DON'T KNOW =-8 REFUSED =-9	IF 315 = 2,3,4,-8,-9 SKIP TO 319
316	Did you take ARVs during your pregnancy with [NAME] to stop [NAME] from getting HIV?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 316 = 1 SKIP TO 318 IF 316 = -8,-9 SKIP TO 319
317	What was the main reason you did not take ARVs while you were pregnant with [NAME]?	HEALTH CARE PROVIDER DID NOT PRESCRIBE =1 I FELT HEALTHY/NOT SICK =2 COST OF MEDICATIONS =3 COST OF TRANSPORT =4=5 RELIGIOUS REASONS WAS TAKING TRADITIONAL MEDICATIONS =6 MEDICATIONS OUT OF STOCK =7 DID NOT WANT PEOPLE TO KNOW HIV STATUS =8 DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY =9 NOT ELIGIBLE FOR TREATMENT=10 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES
318	How many months pregnant were you when you started taking ARVs?	MONTHS 1-3/1ST TRIMESTER =1 MONTHS 4-6/2ND TRIMESTER =2 MONTHS 7-9/3RD TRIMESTER =3 DON'T KNOW =-8 REFUSED =-9	

319	When you were pregnant with [NAME], were you offered a test for syphilis?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
320	When you were pregnant with [NAME], were you tested for syphilis?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 320 = 2,-8,-9 SKIP TO 323
321	Did you test positive for syphilis during your pregnancy with [NAME]?	YES =1 NO =2 DID NOT GET RESULT =3 DON'T KNOW =-8 REFUSED =-9	IF 321 = 2,3,-8,-9 SKIP TO 323
322	Did you get treatment for syphilis during your pregnancy with [NAME]?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
323	Where did you give birth to [NAME]?	AT HOME =1 AT A HEALTH FACILITY =2 IN TRANSIT =3 OTHER =96 DON'T KNOW =-8 REFUSED =-9	IF 323 = 1,3,96,-8,-9 SKIP TO 329
324	Were you offered an HIV test during labor?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
325	Did you test for HIV during labor?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 325 = 2,-8,-9 SKIP TO 329 SKIP Q IF 309 = 1 OR 315 = 1

326	What was the result of that test?	POSITIVE =1 NEGATIVE =2 UNKNOWN/INDETERMINATE =3 DID NOT RECEIVE RESULTS =4 DON'T KNOW =-8 REFUSED =-9	IF 326 = 2,3,4,-8,-9 SKIP TO 329 SKIP Q IF 309 = 1 OR 315 = 1
327	During labor, did you take ARVs to protect [NAME] against HIV?	YES =1 NO, OFFERED BUT DID NOT TAKE =2 NO, NOT OFFERED =3 DON'T KNOW =-8 REFUSED =-9	IF 327 = 2,3,-8,-9 SKIP TO 329
328	Did you continue to take the ARVs after delivery?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	
329	When did you give birth to [NAME]? Please give your best guess.	DAY =date DON'T KNOW DAY =-8 REFUSED DAY =-9 MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH=-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
330	Is [NAME] still alive?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 330 = 1,-8,-9 SKIP TO 332

331	When did [NAME] die?	DAY =date DON'T KNOW DAY =-8 REFUSED DAY =-9 MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	ALL RESPONSES SKIP TO 334
332	Is [NAME] living with you?	YES =1 NO =2	IF 332 = 2 SKIP TO 334
333	RECORD HOUSEHOLD LINE NUMBER OF CHILD RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	HOUSEHOLD LINE NUMBER =integer	
334	Did [NAME] take any ARVs to stop him/her from getting HIV infection? This would be before [NAME]'s first HIV test.	YES =1 NO, DID NOT TAKE ARVS =2 NO, CHILD NOT ALIVE =3 DON'T KNOW =-8 REFUSED =-9	IF 334 = 2,3,-8,-9 SKIP TO 336 SKIP Q IF 309!=1 & 315!=1 & 326!=1
335	For how long did [NAME] take the ARVs to stop him/her from getting HIV? CODE '00' IF LESS THAN ONE WEEK. ONLY ONE OPTION MAY BE SELECTED. FOR EXAMPLE, ANSWER ONLY IN WEEKS OR IN MONTHS.	WEEKS =integer MONTHS =integer ARVS TAKEN ONCE =96 STILL TAKING ARVS =97 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 309!=1 & 315!=1 & 326!=1

336	<p>Did [NAME] take Septrin or cotrimoxazole? This would be before [NAME]'s first HIV test. Septrin or cotrimoxazole is a medicine recommended for people with HIV, even if they have not started treatment for HIV. It helps prevent certain infections but it is not treatment for HIV.</p>	<p>YES =1 NO, DID NOT TAKE COTRIM =2 NO, CHILD NOT ALIVE =3 DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 336 = 2,3,-8,-9 SKIP TO 338 SKIP Q IF 309!=1 & 315!=1 & 326!=1</p>
337	<p>For how long did [NAME] take Septrin or cotrimoxazole? ONLY ONE OPTION MAY BE SELECTED. FOR EXAMPLE, ANSWER ONLY IN WEEKS OR IN MONTHS. CODE '00' IF LESS THAN ONE WEEK.</p>	<p>WEEKS =integer MONTHS =integer STILL TAKING COTRIMOXOZOLE =97 DON'T KNOW =-8 REFUSED =-9</p>	<p>SKIP Q IF 309!=1 & 315!=1 & 326!=1</p>
338	<p>Did you ever breastfeed [NAME]?</p>	<p>YES =1 NO, NEVER BREASTFED =2 NO, CHILD NOT ALIVE =3 DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 338 = 2,3,-8,-9 SKIP TO 342</p>
339	<p>Are you still breastfeeding [NAME]?</p>	<p>YES =1 NO =2 DON 'T KNOW =-8 REFUSED =-9</p>	<p>IF 339=1 SKIP TO 341 IF 339 = -8,-9 SKIP TO 342</p>
340	<p>For how long did you breastfeed [NAME]? ONLY ONE OPTION MAY BE SELECTED. FOR EXAMPLE, ANSWER ONLY IN WEEKS OR IN MONTHS. CODE '00" WEEKS IF LESS THAN 1 WEEK.</p>	<p>WEEKS =integer MONTHS =integer DON'T KNOW =-8 REFUSED =-9</p>	

341	<p>How old was [NAME] when you started giving [NAME] cow's/goat's milk, powdered milk, water, or any other foods or liquid? ONLY ONE OPTION MAY BE SELECTED. FOR EXAMPLE, ANSWER ONLY IN MONTHS OR IN YEARS. CODE '00' IF LESS THAN 1 MONTH.</p>	<p>MONTHS =integer YEARS =integer NEVER =96 DON'T KNOW =-8 REFUSED =-9</p>	
341a	<p>Did you continue taking ARVs while you were breastfeeding [NAME]?</p>	<p>YES =1 NO =2 DON 'T KNOW =-8 REFUSED =-9</p>	-
342	<p>After [NAME] was born, was he/she tested for HIV?</p>	<p>YES =1 NO, NOT TESTED FOR HIV =2 NO, CHILD NOT ALIVE =3 DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 342 = 1 SKIP TO 344 IF 342 = 2,3,-8,-9 SKIP TO 348 SKIP Q IF 309!=1 & 315!=1 & 326!=1 SKIP Q IF 339=1 OR 2</p>
343	<p>While you were breastfeeding, was [NAME] tested for HIV?</p>	<p>YES =1 NO, NOT TESTED FOR HIV =2 NO, CHILD NOT ALIVE =3 DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 343 = 2,3,-8,-9 SKIP TO 346 SKIP Q IF 309!=1 & 315!=1 & 326!=1</p>
344	<p>How old was [NAME] when he/she first tested for HIV? ONLY ONE OPTION MAY BE SELECTED. FOR EXAMPLE, ANSWER ONLY IN WEEKS, MONTHS OR IN YEARS. CODE '00' IF LESS THAN 1 WEEK.</p>	<p>WEEKS =integer MONTHS =integer YEARS =integer DON'T KNOW =-8 REFUSED =-9</p>	<p>SKIP Q IF 309!=1 & 315!=1 & 326!=1</p>

345	What was the result of [NAME]'s first HIV test?	POSITIVE,CHILD HAS HIV =1 NEGATIVE, CHILD DOES NOT HAVE HIV =2 UNKNOWN/INDETERMINATE =3 DID NOT RECEIVE RESULTS =4 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 309!=1 & 315!=1 & 326!=1
346	After you stopped breastfeeding, was [NAME] tested for HIV?	YES =1 NO, NOT TESTED FOR HIV =2 NO, CHILD NOT ALIVE =3 DON'T KNOW =-8 REFUSED =-9	IF 346 = 2,3,-8,-9 SKIP TO 348 SKIP Q IF 309!=1 & 315!=1 & 326!=1 SKIP Q IF 345 = 1 SKIP Q IF 338 = 2,3,-8,-9 OR 339=1
347	What was the result of [NAME]'s HIV test?	POSITIVE, CHILD HAS HIV =1 NEGATIVE, CHILD DOES NOT HAVE HIV =2 UNKNOWN/INDETERMINATE =3 DID NOT RECEIVE RESULTS =4 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 309!=1 & 315!=1 & 326!=1 SKIP Q IF 345 = 1 SKIP Q IF 338 = 2,3,-8,-9 OR 339=1
348	Thank you for the information regarding [NAME]. DID THE RESPONDENT HAVE MORE THAN ONE CHILD (I.E. TWINS, TRIPLETS)?	YES =1 NO =2	IF 348 = 1 SKIPTO 330
Interviewer says: "I will now ask about current pregnancies."			IF 101 = 1 SKIP TO 351
349	Are you pregnant now?	YES =1 NO =2 DON'T KNOW/UNSURE =-8 REFUSED =-9	IF 349 = 2,-8,-9 SKIP TO 351
350	How many months pregnant are you?	MONTHS = integer DON'T KNOW / UNSURE =-8 REFUSED =-9	ALL RESPONSES SKIP TO 3001

Interviewer says: "I will now ask you about family planning."

351	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 351 = 2 SKIP TO 353 IF 351= -8,-9 SKIP TO 3001
352	Which method are you or your partner using? SELECT ALL THAT APPLY.	FEMALE STERILIZATION =A MALE STERILIZATION =B PILL =C IUD/"COIL" =D INJECTIONS =E IMPLANT =F CONDOM =G FEMALE CONDOM =H RHYTHM/NATURAL METHODS =I WITHDRAWAL =J NOT HAVING SEX =K OTHER =X DON'T KNOW =Y REFUSED =Z	IF 352_Y=1 OR 352_Z=1 SKIP TO 3001
353	Would you like to have a/another child?	YES =1 NO =2 UNDECIDED/DON'T KNOW=-8 REFUSED =-9	IF 353= 2 SKIP TP 355 IF 353= -8,-9 SKIP TO 3001
354	How long would you like to wait before the birth of a/another child? ONLY ONE OPTION MAY BE SELECTED. FOR EXAMPLE, ANSWER ONLY IN MONTHS OR IN YEARS. CODE '96' IF LESS THAN 1 MONTH.	MONTHS =integer YEARS =integer NOW/SOON =96 DON'T KNOW =-8 REFUSED =-9	IF 354= 96,-8,-9 SKIP TO 3001

355	<p>Can you tell me why you are not using a method to prevent pregnancy? SELECT ALL THAT APPLY.</p>	<p>NOT MARRIED/NO PARTNER =A NOT HAVING SEX =B INFREQUENT SEX=C MENOPAUSAL/HYSTERECTOMY=D (PARTNER) CANNOT GET PREGNANT =E NOT MENSTRUATED SINCE LAST BIRTH =F BREASTFEEDING =G KNOWS NO METHOD =H KNOWS NO SOURCE =I SIDE EFFECTS/HEALTH CONCERNS =J LACK OF ACCESS/TOO FAR =K COSTS TOO MUCH =L OTHER =X DON'T KNOW =Y REFUSED =Z</p>	
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MODULE 3A CHILDREN

3001	<p>The HOUSEHOLD SCHEDULE noted that [Name of Respondent] will fill out the children's module for [Number of children]. Please read this statement: I am going to ask you a number of questions about your child/children regarding their health and where they get their health services. We will ask you about these children: [list of children] [LINE NUMBER] [CHILD'S NAME]</p>	NUMBER OF CHILDREN	Integer 3001=0
3003	Now I am going to ask you questions for [NAME].	NAME =text	
3004	<p>How old was [NAME] at his/her last birthday? ONLY ONE OPTION MAY BE SELECTED. FOR EXAMPLE, ANSWER ONLY IN YEARS OR IN MONTHS. CODE '00' IF LESS THAN ONE MONTH.</p>	<p>MONTHS =integer YEARS =integer DON'T KNOW =-8 REFUSED=-9</p>	

3005	Is [NAME] a boy or girl?	BOY =1 GIRL =2 DON'T KNOW =-8 REFUSED =-9	
3006	Is [NAME] currently enrolled in school?	YES =1 NO, CURRENTLY NOT IN SCHOOL =2 NO, TOO YOUNG TO BE IN SCHOOL =3 DON'T KNOW =-8 REFUSED =-9	IF 3006=2 SKIP TO 3010 IF 3006 =3,-8,-9 SKIP TO 3013
3007	During the last school week, did [NAME] miss any school days for any reason?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3007= 2,-8,-9 SKIP TO 3009
3008	Why did [NAME] miss school? SELECT ALL THAT APPLY.	NO MONEY FOR SCHOOL, MATERIALS, TRANSPORT=A CHILD WAS TOO SICK TO ATTEND SCHOOL =B SCHOOL IS TOO FAR AWAY/NO SCHOOL =C CHILD HAS TO WORK =D CHILD HAS TO CARE FOR HOUSEHOLD MEMBERS =E CHILD DOES NOT LIKE/WANT TO GO TO SCHOOL =F SCHOOL WAS NOT IN SESSION =G OTHER =X DON'T KNOW =Y REFUSED =Z	
3009	What class/form/year is [NAME] in now?	CLASS/FORM/YEAR integer DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 3013
3010	Was [NAME] enrolled in school during the previous school year?	YES =1 NO =2	IF 3010 = 2,-8,-9 SKIP TO 3013

		DON'T KNOW =-8 REFUSED =-9	
3011	What class/form/year was [NAME] during the previous school year?	CLASS/FORM/YEAR =integer DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 3013
Interviewer says: "I will now ask you about your child's circumcision history."			
3013	Is [NAME] circumcised? Circumcision is the complete removal of the foreskin from the penis. I have a picture to show you what a completely circumcised penis looks like.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3013 = 2 SKIP TO 3016 IF 3013 = -8,-9 SKIP TO 3017 SKIP Q IF 3005=2
3014	How old was [NAME] when he was circumcised? Please give your best guess ONLY ONE OPTION MAY BE SELECTED. FOR EXAMPLE, ANSWER ONLY IN YEARS OR IN MONTHS. CODE '00' IF LESS THAN ONE MONTH.	MONTHS=integer YEARS =integer DON'T KNOW =-8 REFUSED=-9	SKIP Q IF 3005=2

3015	Who circumcised [NAME]?	DOCTOR, CLINICAL OFFICER, OR NURSE =1 TRADITIONAL PRACTITIONER / CIRCUMCISER =2 MIDWIFE =3 OTHER =96 DON'T KNOW =-8 REFUSE TO ANSWER =-9	ALL RESPONSES SKIP TO 3017 SKIP Q IF 3005=2
3016	Are you planning to have [NAME] circumcised in the future?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 3005=2
3017	Has [NAME] ever been tested for HIV?	YES NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3017 = 1 SKIP TO 3019 IF 3017 = -8,-9 SKIP TO 3040a
3018	Why has [NAME] never been tested for HIV? SELECT ALL THAT APPLY.	DON'T KNOW WHERE TO TEST =A TEST COSTS TOO MUCH =B TRANSPORT COSTS TOO MUCH =C TOO FAR AWAY =D AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS =E DON'T NEED TEST/LOW RISK =F DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY =G AFRAID SPOUSE/PARTNER/FAMILY WILL KNOW RESULTS =H DON'T WANT TO KNOW CHILD HAS HIV =I CANNOT GET TREATMENT FOR HIV =J TEST KITS NOT AVAILABLE =K RELIGIOUS REASONS =L OTHER =X DON'T KNOW =Y REFUSED =Z	ALL RESPONSE SKIP TO 3040a

3019	You said earlier that [NAME] had been tested for HIV. Was that the last time (NAME) was tested for HIV?	YES =1 NO=2 DON'T KNOW=-8 REFUSED=-9	IF 3019 = 2,-8,-9 SKIP TO 3022 SKIP Q IF 342!=1 OR 343!=1 OR 346!=1
3020	What month and year was [NAME]'s most recent HIV test done?	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH=-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	SKIP Q IF 342!=1 OR 343!=1 OR 346!=1
3021	You mentioned earlier that (NAME) received an HIV-positive result. What was the month and year of [NAME]'s first HIV-positive test result? Please give your best guess. This will be the very first HIV-positive test result that [NAME] had received. PROBE TO VERIFY DATE.	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR=-9	ALL RESPONSES SKIP TO 3024 SKIP Q IF 342!=1 OR 343!=1 OR 346!=1 SKIP Q IF 345!=1 OR 347!=1
3022	What month and year was [NAME]'s most recent HIV test done?	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
3023	What was [NAME]'s last HIV test result?	POSITIVE =1 NEGATIVE =2 UNKNOWN/INDETERMINATE =3 DID NOT RECEIVE RESULTS =4 DON'T KNOW =-8 REFUSED =-9	IF 3023 = 2,3,4,-8,-9 SKIP TO 3040a SKIP Q IF (333=3002) & (345 = 1 OR 347 = 1)

3024	Has [NAME] ever received HIV medical care from a doctor, clinical officer or nurse?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3024= 1 SKIP TO 3026 IF 3024 = -8,-9 SKIP TO 3029
3025	What is the main reason why [NAME] has never seen a doctor, clinical officer or nurse for HIV medical care?	FACILITY IS TOO FAR AWAY =1 I DON'T KNOW WHERE TO GET HIV MEDICAL CARE FOR CHILD =2 COST OF CARE =3 COST OF TRANSPORT =4 I DON'T THINK CHILD NEEDS IT, HE/SHE IS NOT SICK=5 I FEAR PEOPLE WILL KNOW THAT CHILD HAS HIV IF I TAKE HIM/HER TO A CLINIC=6 RELIGIOUS REASONS =7 CHILD IS TAKING TRADITIONAL MEDICINE =8 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 3029
3026	What month and year did [NAME] first see a doctor, clinical officer or nurse for HIV medical care? PROBE TO VERIFY DATE.	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH=-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED =-9	
3027	What month and year did [NAME] last see a doctor or nurse for HIV medical care?	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED =-9 FACILITY IS TOO FAR AWAY =1	IF currentdate-3027<7 MONTHS,-8,-9 SKIP TO 3029

3028	What is the main reason for [NAME] not seeing a doctor, clinical officer or nurse for HIV medical care for more than 6 months?	I DON'T KNOW WHERE TO GET HIV MEDICAL CARE FOR CHILD =2 COST OF CARE =3 COST OF TRANSPORT =4 I DON'T THINK CHILD NEEDS IT, HE/SHE IS NOT SICK =5 I FEAR PEOPLE WILL KNOW THAT CHILD HAS HIV IF I TAKE HIM/HER TO A CLINIC =6 RELIGIOUS REASONS =7 CHILD IS TAKING TRADITIONAL MEDICINE =8 NO APPOINTMENT SCHEDULED/DID NOT MISS MOST RECENT APPOINTMENT =9 OTHER =96 DON'T KNOW =-8 REFUSED =-9	
3029	Has [NAME] ever had a CD4 count test? The CD4 count tells you how sick you are with HIV and if you need to take ARVs or other HIV medications.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3029 = 2,-8,-9 SKIP TO 3031 IF 3029= (2,-8, OR -9) & (3024 = 2,-8 OR -9) SKIP TO 3040a
3030	What month and year was [NAME] last tested for his/her CD4 count?	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	IF 3024 = 2,-8,-9 SKIP TO 3040a
3031	Has [NAME] ever taken ARVs, that is, antiretroviral medications, to treat his/her HIV infection?	YES -1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3031 = 1 SKIP TO 3033 IF 3031 = -8,-9 SKIP TO 3038

3032	What is the main reason [NAME] has never taken ARVs?	CHILD IS NOT ELIGIBLE FOR TREATMENT=1 HEALTH CARE PROVIDER DID NOT PRESCRIBE =2 HIV MEDICINES NOT AVAILABLE =3 DO NOT THINK CHILD NEEDS IT, HE/SHE IS NOT SICK=4 COST OF MEDICATIONS =5 COST OF TRANSPORT =6 RELIGIOUS REASONS =7 CHILD IS TAKING TRADITIONAL MEDICATIONS =8 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 3038
3033	What month and year did [NAME] first start taking ARVs? PROBE TO VERIFY DATE.	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
3034	What month and year did [NAME] last receive ARVs?	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
3035	Is [NAME] currently taking ARVs, that is, antiretroviral medications? By currently, I mean that [NAME] may have missed some doses but [NAME] is still taking ARVs.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3035 = 1 SKIP TO 3037 IF 3035 =-8,-9 SKIP TO 3038

3036	<p>Can you tell me the main reason why [NAME] is not currently taking ARVs?</p>	<p>I HAVE TROUBLE GIVING CHILD A TABLET EVERYDAY=1 CHILD HAD SIDE EFFECTS/RASH =2 FACILITY/PHARMACY TOO FAR AWAY TO GET MEDICATION REGULARLY =3 COST OF MEDICATIONS =4 COST OF TRANSPORT =5 CHILD IS HEALTHY, HE/SHE IS NOT SICK =6 FACILITY WAS OUT OF STOCK=7 RELIGIOUS REASONS=8 CHILD IS TAKING TRADITIONAL MEDICATIONS =9 OTHER =96 DON'T KNOW =8 REFUSED =-9</p>	<p>ALL RESPONSES SKIP TO 3038</p>
3037	<p>People sometimes forget to take all of their ARVs every day. In the past 30 days, how many days has [NAME] missed taking any ARV pills? CODE '00' FOR NONE.</p>	<p>DAYS =integer DON'T KNOW =-8 REFUSED =-9</p>	
3038	<p>Is [NAME] currently taking Septrin or cotrimoxazole? Septrin or cotrimoxazole is a medicine recommended for people with HIV, even if they have not started treatment for HIV. It helps prevent certain infections but it is not treatment for HIV. By currently, I mean that [NAME] may have missed some doses but is still taking Septrin.</p>	<p>YES =1 NO =2 I DON'T KNOW WHAT IT IS =3 REFUSED =-9</p>	<p>IF 3038 = 1,3,-9 SKIP TO 3040a</p>

3039	Can you tell me the main reason why [NAME] is not currently taking Septrin or Cotrimoxazole daily?	WAS NOT PRESCRIBED =1 I HAVE TROUBLE GIVING CHILD A TABLET EVERYDAY =2 CHILD HAD SIDE EFFECTS/RASH =3 FACILITY/PHARMACY TOO FAR AWAY TO GET Septrin/COTRIMOXAZOLE REGULARLY =4 CHILD DOES NOT NEED IT, HE/SHE IS NOT SICK =5 PHARMACY/ FACILITY WAS OUT OF STOCK =6 COST OF MEDICATIONS =7 COST OF TRANSPORT =8 DOCTOR SAID NO LONGER NEEDED =9 RELIGIOUS REASONS =10 OTHER =96 I DON'T KNOW =-8 REFUSED =-9	
3040a	In the last 12 months, were you told by a doctor, clinical officer or nurse that [NAME] was underweight or had a low weight?	YES=1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3040a = 2,-8,-9 SKIP TO 3041
3040b	Was [NAME] given a nutritional supplement or referred for a nutritional consult or both?	NO, NEVER GIVEN SUPPLEMENT/REFERRED =1 YES, GIVEN SUPPLEMENT =2 YES, REFERRED =3 BOTH GIVEN SUPPLEMENT AND REFERRED =4 DON'T KNOW =-8 REFUSED =-9	

3041	At the last HIV medical care visit, did a doctor, clinical officer or nurse ask if: - [NAME] had any of the following tuberculosis or TB symptoms: cough, fever, night sweats, and weight loss OR - [NAME] had contact with someone who had tuberculosis or TB?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 3024 = 2,-8,-9
3042	In the last 12 months, has [NAME] experienced these TB symptoms or had contact with someone with TB?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3042 = 2,-8,-9 SKIP TO 3044 SKIP Q IF 3024 = 2,-8,-9
3043	In the last 12 months, did [NAME] receive a chest x-ray or sputum test to look for TB? A sputum test is when the patient has to cough and collect the sample in a cup. SELECT ALL THAT APPLY.	CHEST X-RAY =A SPUTUM TEST =B NONE OF THESE =C DON'T KNOW =Y REFUSED =Z	SKIP Q IF 3024 = 2,-8,-9
3044	Has [NAME] ever visited a tuberculosis or TB clinic for TB diagnosis or treatment?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =9	IF 3044 = 2,-8,-9 SKIP TO 3049a
3045	Was [NAME] tested for HIV at the TB clinic?	YES =1 NO, WAS NOT TESTED FOR HIV =2 NO, WAS ALREADY HIV POSITIVE =3 DON'T KNOW =-8 REFUSED =-9	
3046	Have you ever been told by a doctor, clinical officer or nurse that [NAME] had TB?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	IF 3046 = 2,-8,-9 SKIP TO 3049a

3047	What month and year did a doctor, clinical officer or nurse diagnose [NAME] with TB? RECORD THE MOST RECENT TIME IF DIAGNOSED WITH TB MORE THAN ONCE.	MONTH =DATE DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
3048	Was [NAME] ever treated for TB?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 3048 = 2,-8,-9 SKIP TO 3049a
3049	Has [NAME] completed at least 6 months of treatment for TB?	YES =1 NO, THE MEDICINE WAS STOPPED IN LESS THAN 6 MONTHS =2 NO, CHILD IS STILL ON TREATMENT =3 DON'T KNOW =-8 REFUSED =-9	
3049a	And now my last question about [NAME] is on Hepatitis B: Has your child ever been vaccinated for Hepatitis B? Please show us his/her under 5 vaccination card.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
3050	Thank you for the information about [NAME]. DOES THE RESPONDENT HAVE ANOTHER CHILD AGED 0-14 YEARS?	YES =1 NO =2	IF 3050= 1 SKIP TO 3003

MODULE 4: MALE CIRCUMCISION

Interviewer says: "I will be asking a few questions about your own experience with circumcision. Circumcision is the complete removal of the foreskin from the penis. I have a picture to show you what a completely circumcised penis looks like."

404	Many men do not want to talk about circumcision, but it is important for us to have this information. Some men are circumcised. Are you circumcised?	YES =1 NO =2 DON'T KNOW =-8 REFUSED=-9	IF 404=1 SKIP TO 406 IF 404 = -8,-9 SKIP TO 1001
405	Are you planning to get circumcised?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 1001
406	How old were you when you were circumcised? Please give your best guess. IF LESS THAN ONE YEAR, CODE '00'.	AGE IN YEARS =integer DON'T KNOW =-8 REFUSED =-9	
407	Who did the circumcision?	DOCTOR, CLINICAL OFFICER, OR NURSE =1 TRADITIONAL PRACTITIONER / CIRCUMCISER =2 MIDWIFE =3 OTHER =96 DON'T KNOW =-8 REFUSED=-9	

MODULE 10: ALCOHOL USE

Interviewer says: "The next few questions will be on your use of alcohol. Remember, all the answers you provide will be kept confidential."

1001	How often do you have a drink containing alcohol?	NEVER =0 MONTHLY OR LESS =1 2-4 TIMES A MONTH =2 2-3 TIMES A WEEK =3 4 OR MORE TIMES A WEEK =4 DON'T KNOW =-8 REFUSED =-9	IF 1001 = 0,-8,-9 SKIP TO 501
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1002	How many drinks containing alcohol do you have on a typical day?	1 OR 2 =0 3 OR 4 =1 5 OR 6 =2 7 TO 9 =3 10 OR MORE =4 DON'T KNOW=-8 REFUSED =-9	
1003	How often do you have six or more drinks on one occasion?	NEVER =0 LESS THAN MONTHLY =1 MONTHLY =2 WEEKLY =3 DAILY OR ALMOST DAILY =4 DON'T KNOW =-8 REFUSED =-9	

MODULE 5: SEXUAL ACTIVITY

Interviewer says: "In this part of the interview, I will be asking questions about your sexual relationships and practices. These questions will help us have a better understanding of how they may affect your life and risk for HIV."

502	How old were you when you had vaginal sex for the very <u>first</u> time? Vaginal sex is when a penis enters a vagina.	AGE IN YEARS =integer NEVER HAD VAGINAL SEX =96 DON'T KNOW =-8 REFUSED =-9	
502a	People have sex in different ways. Some have vaginal sex. Some have anal sex. Anal sex is when a penis enters a person's anus. Have you ever had anal sex?	YES =1 NO =1 DON'T KNOW =-8 REFUSED =-9	IF 502a= 2,-8,-9 SKIP TO 503 IF 502a=2,-8,-9 & 502=96,-8,-9 SKIP TO 601

502b	How old were you when you had anal sex for the very <u>first</u> time?	AGE IN YEARS=integer DON'T KNOW =-8 REFUSED =-9	-
503	The <u>first</u> time you had vaginal or anal sex, was a condom used?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
503a	How old was the person you first had vaginal or anal sex with? Please give your best guess.	AGE IN YEARS =integer DON'T KNOW =-8 REFUSED =-9	
504	The first time you had vaginal or anal sex, was it because you wanted to or because you were forced to?	WANTED TO =1 FORCED TO =2 DON'T KNOW =-8 REFUSED =-9	IF 504 = 1,-8,-9 SKIP TO 505a
505	The first time you had vaginal or anal sex, were you physically forced or were you pressured into having sex through harassment, threats or tricks?	PHYSICALLY FORCED =1 PRESSURED =2 DON'T KNOW =-8 REFUSED =-9	
505a	People often have sex with different partners over their lifetime. In total, with how many different people have you had sex in your lifetime? Please give your best guess. IF NUMBER OF SEXUAL PARTNERS IS GREATER THAN 100, CODE '100'	NUMBER OF PARTNERS IN LIFETIME ___ ___ ___ DON'T KNOW =-8 REFUSED =-9	
506	In total, with how many different people have you had sex in the last 12 months? IF NONE CODE '00'. IF NUMBER OF SEXUAL PARTNERS IS GREATER THAN 100, CODE '100'	NUMBER OF SEXUAL PARTNERS IN LAST 12 MONTHS ___ ___ ___ DON'T KNOW =-8 REFUSED =-9	IF 506= 0,-8,-9 SKIP TO 601

Interviewer says: “Now I would like to ask you some questions about the partners you have had sex with in the last 12 months. Let me assure you again that your answers are completely confidential and will not be told to anyone. I will first ask you about your most recent partner.”

507	I would like to ask you for the initials of your partner so I can keep track. They do not have to be the actual initials of your partner.	INITIALS =text	
508	Does [INITIALS] live in this household?	YES =1 NO =2	IF 508 = 2 SKIP TO 510
509	HOUSEHOLD LINE NO. for [INITIALS] CODE '00' IF NOT LISTED IN HOUSEHOLD ROSTER.	LINE NO=integer	
510	What is your relationship with [INITIALS]?	HUSBAND/WIFE =1 LIVE-IN PARTNER =2 PARTNER, NOT LIVING WITH RESPONDENT =3 EX-SPOUSE/PARTNER =4 FRIEND/ACQUAINTANCE =5 SEX WORKER =6 SEX WORKER CLIENT =7 STRANGER =8 OTHER =96 DON'T KNOW =-8 REFUSED =-9	
511	How long has it been since you last had sex with [INITIALS]? IF LESS THAN ONE WEEK RECORD IN DAYS, IF LESS THAN ONE MONTH, RECORD IN WEEKS, OTHERWISE RECORD IN MONTHS.	DAYS =integer WEEKS=integer MONTHS=integer DON'T KNOW =-8 REFUSED =-9	

512	How long has it been since you first had sex with [INITIALS]? IF LESS THAN ONE WEEK RECORD IN DAYS, IF LESS THAN ONE MONTH, RECORD IN WEEKS. IF LESS THAN ONE YEAR, RECORD IN MONTHS. OTHERWISE, RECORD IN YEARS.	DAYS =integer WEEKS =integer MONTHS =integer YEARS =integer DON'T KNOW =-8 REFUSED =-9	
513	Is [INITIALS] male or female?	MALE =1 FEMALE =2 DON'T KNOW =-8 REFUSED =-9	
514	How old is [INITIALS]? Please give your best guess.	AGE IN YEARS=integer DON'T KNOW =-8 REFUSED =-9	
514a	The last time you had sex with [INITIALS], did you have vaginal sex, anal sex or both?	VAGINAL=1 ANAL=2 BOTH =3 DON'T KNOW=-8 REFUSED =-9	
515	The last time you had sex with [INITIALS] was a condom used?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
516	The last time you had sex with [INITIALS] were either of you drinking alcohol?	ONLY I WAS DRINKING =1 ONLY PARTNER WAS DRINKING=2 BOTH WERE DRINKING=3 NEITHER =4 DON'T KNOW =-8 REFUSED =-9	

517	<p>Did you enter into a sexual relationship with [INITIALS] because [INITIALS] provided you or expected that [INITIALS] would provide you with material support in other ways?</p> <p>Material support means helping you to pay for things, or giving you gifts or other items you needed or requested.</p>	<p>YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 517 = 2,-8,-9 SKIP TO 519 SKIP Q IF 510 = 6,7</p>
518	<p>In the <u>last 12 months</u>, what all did you receive? SELECT ALL THAT APPLY.</p>	<p>DID NOT RECEIVE ANYTHING =A MONEY =B FOOD =C SCHOOL FEES =D EMPLOYMENT =E GIFTS/FAVORS =F TRANSPORT =G SHELTER/RENT =H PROTECTION =I OTHER =X DON'T KNOW =Y REFUSED =Z</p>	<p>SKIP Q IF 510 = 1,2,6,7</p>
519	<p>Was [INITIALS] circumcised?</p>	<p>YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9</p>	<p>SKIP Q IF 513 = 2,-8,-9</p>
520	<p>Do you expect to have sex with [INITIALS] again?</p>	<p>YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9</p>	
521	<p>Have you ever taken an HIV test with [INITIALS]?</p>	<p>YES=1 NO =2 DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 521 = 1,-8,-9 SKIP TO 523</p>

522	What is the main reason you haven't tested for HIV with (INITIALS) as a couple? READ RESPONSES ALOUD.	NOT A PARTNER/COUPLE=1 NEVER DISCUSSED =2 WE ARE NOT AT RISK FOR HIV =3 PARTNER REFUSED =4 I REFUSED =5 WE KNOW OUR STATUS =6 OTHER =96 DON'T KNOW =-8 REFUSED =-9	
523	Does [INITIALS] know your HIV status? HIV status could mean you are HIV negative or HIV positive.	YES =1 NO =1 DON'T KNOW =-8 REFUSED =-9	
524	What is the HIV status of [INITIALS]? READ RESPONSES ALOUD.	THINK (INITIALS) IS POSITIVE =4 (INITIALS) TOLD ME HE/SHE IS POSITIVE =3 POSITIVE, TESTED TOGETHER =1 THINK (INITIALS) IS NEGATIVE =4 (INITIALS) TOLD ME HE/SHE IS NEGATIVE =5 NEGATIVE, TESTED TOGETHER=2 DON'T KNOW STATUS =3 REFUSED =-9	
525	DID THE RESPONDENT HAVE ANOTHER PARTNER IN THE LAST 12 MONTHS?	YES =1 NO =2	IF 525 = 1 SKIP TO 507
<p>Interviewer says: "Now I am going to ask you some additional questions about your sexual activities. Again, I am asking that you answer these questions honestly. Let me assure you again that your answers are completely confidential and will not be shared with anyone."</p>			
525a	Have you ever sold sex for money?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 525a = 2,-8,-9 SKIP TO 527a

526	In the last 12 months, have you <u>sold</u> sex for money?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 526 = 2,-8,-9 SKIP TO 527a
527	The last time you sold sex for money, was a condom used?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
527a	Have you ever paid money for sex?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 527a = 2,-8,-9 SKIP TO 601
528	In the last 12 months, have you paid money for sex?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 528 = 2,-8,-9 SKIP TO 601
529	The last time you paid money for sex, was a condom used?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	

MODULE 6: HIV/AIDS KNOWLEDGE AND ATTITUDES

Interviewer says: "Now I will ask you questions on your knowledge of HIV."

601	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
602	Can a person get HIV from mosquito bites?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	

603	Can a person reduce their risk of getting HIV by using a condom every time they have sex?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
604	Can a person get HIV by sharing food with someone who has HIV?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
605	Can a healthy-looking person have HIV? Now I would like to ask you some questions about people's attitudes towards people living with HIV.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
606	Would you buy fresh vegetables from a shop keeper or vendor if you knew the person had HIV?	YES =1 NO =2 DON'T KNOW/NOT SURE/DEPENDS =-8 REFUSED =-9	
607	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES =1 NO =2 DON'T KNOW/NOT SURE/DEPENDS =-8 REFUSED =-9	
608	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES =1 NO =2 DON'T KNOW/NOT SURE/DEPENDS =-8 REFUSED =-9	
609	Do people talk badly about people who are living with HIV or who are thought to be living with HIV?	YES =1 NO =2 DON'T KNOW/NOT SURE/DEPENDS =-8 REFUSED =-9	

610	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES =1 NO =2 DON'T KNOW/NOT SURE/DEPENDS =-8 REFUSED =-9	
611	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES =1 NO =2 DON'T KNOW/NOT SURE/DEPENDS =-8 REFUSED =-9	
612	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE =1 DISAGREE =2 DON'T KNOW/NOT SURE/DEPENDS =-8 REFUSED =-9	

MODULE 7: HIV TESTING

Interviewer says: "I would now like to ask you some questions about HIV testing."

701	Have you seen a doctor, clinical officer or nurse in a health facility in last 12 months?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 701 = 2,-8,-9 Skip to 703
702	During any of your visits to the health facility in the last 12 months, did a doctor, clinical officer or nurse offer you an HIV test?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
703	Have you <u>ever</u> tested for HIV?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 703 = 1 Skip to 704a IF 703=-8,-9 SKIP TO 704b

704	Why have you never been tested for HIV? SELECT ALL THAT APPLY.	DON'T KNOW WHERE TO TEST =A TEST COSTS TOO MUCH=B TRANSPORT COSTS TOO MUCH =C TOO FAR AWAY =D AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS =D DON'T NEED TEST/LOW RISK =F DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY =G AFRAID SPOUSE/PARTNER/FAMILY WILL KNOW RESULTS =H DON'T WANT TO KNOW I HAVE HIV =I CANNOT GET TREATMENT FOR HIV =J TEST KITS NOT AVAILABLE =K RELIGIOUS REASONS =L OTHER =X DON'T KNOW =Y REFUSED =Z	
704a	To what extent do you agree with the following statement: All HIV-negative people should test for HIV every year. Do you strongly agree, agree, disagree, or strongly disagree?	STRONGLY AGREE=1 AGREE =2 DISAGREE =3 STRONGLY DISAGREE=4 DON'T KNOW=-8 REFUSED =-9	
704b	If an HIV self-test kit were available in this country, would you use it?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 703= 2,-8,-9 SKIP TO 801

705	Have you had an HIV test since giving birth to [NAME]?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 705 = 1 SKIP TO 708 IF 705= -8,-9 SKIP TO 712 SKIP Q IF (308=2,-8,-9) & (312=2,-8 OR -9) & (325=2,-8,-9) SKIP Q IF 303 = 0,-8,-9 SKIP Q IF 101=1
706	What month and year did you last test for HIV while you were pregnant with [NAME]?	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR=date DON'T KNOW YEAR=-8 REFUSED =-9	SKIP Q IF (308=2,-8,-9) & (312=2,-8 OR -9) & (325=2,-8,-9) SKIP Q IF 303 = 0,-8,-9 SKIP Q IF 101=1 IF (309=2,-8,-9) & (315=2,3,4,-8,-9) & (326=2,3,4,-8,-9) SKIP TO 801
707	You mentioned earlier you received an HIV-positive result while you were pregnant with [NAME]. What was the month and year of your first HIV-positive test result? Please give your best guess. This will be the very first HIV-positive test result that you have received PROBE TO VERIFY DATE.	MONTH=date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR=-8 REFUSED =-9	ALL RESPONSES SKIP TO 712 SKIP Q IF (308=2,-8,-9) & (312=2,-8 OR -9) & (325=2,-8,-9) SKIP Q IF 303 = 0,-8,-9 SKIP Q IF 101=1
708	What month and year was your last HIV test?	MONTH=date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date	

		DON'T KNOW YEAR=-8 REFUSED =-9	
709	Where was the <u>last</u> test done?	VCT FACILITY =1 MOBILE VCT =2 AT HOME =3 HEALTH CLINIC / FACILITY =4 HOSPITAL OUTPATIENT CLINIC =5 TB CLINIC =6 STI CLINIC =7 HOSPITAL INPATIENT WARDS =8 BLOOD DONATING CENTER =9 OTHER =96 DON'T KNOW =-8 REFUSED =-9	
710	What was the result of that HIV test?	POSITIVE =1 NEGATIVE =2 UNCERTAIN/INDETERMINATE =3 DID NOT RECEIVE THE RESULT =4 DON'T KNOW =-8 REFUSED =-9	IF 710 = 2,3,4,-8,-9 SKIP TO 801
711	What was the month and year of your first HIV-positive test result? Please give your best guess. This will be the very first HIV-positive test result that you have received PROBE TO VERIFY DATE.	MONTH=date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR=date=date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	

712	Of the following people, who have you told that you are HIV positive? CHECK ALL THAT APPLY.	NO ONE =A SPOUSE/SEX PARTNER =B DOCTOR =C FRIEND =D FAMILY MEMBER =E OTHER =X DON'T KNOW =Y REFUSED =Z	IF 712_A=1 SKIP TO 713 SKIP Q IF 309!=1 AND 315!=1 AND 326!=1 AND 710!=1
Interviewer says: "Now I would like to ask you questions about your experiences with health care providers."			IF 309!=1 & 315!=1 & 326!=1 & 710!=1 SKIP TO 801
713	In the last 12 months, have health care providers talked badly about you because of your HIV status?	YES =1 NO =2 NO ONE KNOWS MY STATUS =3 DON'T KNOW =-8 REFUSED =-9	
714	In the last 12 months, when you sought health care in a facility where your HIV status is not known, did you feel you needed to hide your HIV status?	YES =1 NO, NO NEED TO HIDE =2 NO, DID NOT ATTEND HEALTH FACILITY IN LAST 12 MONTHS =3 DON'T KNOW =-8 REFUSED =-9	
715	In the last 12 months, have you been denied health services including dental care, because of your HIV status?	YES =1 NO =2 NO ONE KNOWS MY STATUS =3 DON'T KNOW =-8 REFUSED =-9	

MODULE 8: HIV STATUS, CARE AND TREATMENT

Interviewer says: "Now I'm going to ask you more about your experience with HIV support, care and treatment."			IF 309!=1 & 315!=1 & 326!=1 & 710!=1 SKIP TO 901
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801	After learning you had HIV, have you <u>ever</u> received HIV medical care from a doctor, clinical officer or nurse?	YES =1 NO =2 DON'T KNOW=-8 REFUSED=-9	IF 801 = 1 SKIP TO 803 IF 801 = -8,-9
802	What is the <u>main</u> reason why you have never received HIV medical care from a doctor, clinical officer or nurse?	FACILITY IS TOO FAR AWAY =1 I DON'T KNOW WHERE TO GET HIV MEDICAL CARE =2 COST OF CARE =3 COST OF TRANSPORT =4 I DO NOT NEED IT/I FEEL HEALTHY/NOT SICK =5 I FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC =6 RELIGIOUS REASONS =7 I'M TAKING TRADITIONAL MEDICINE =8 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 805a
803	After learning your HIV diagnosis, what month and year did you <u>first</u> see a doctor, clinical officer or nurse for HIV medical care? PROBE TO VERIFY DATE.	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
804	What month and year did you <u>last</u> see a doctor, clinical officer or nurse for HIV medical care?	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH=-9 YEAR=date DON'T KNOW YEAR =-8 REFUSED =-9	IF currentdate-804 <7 MONTHS,-8,-9 SKIP TO 805a

805	What is the <u>main</u> reason for not seeing a doctor, clinical officer or nurse for HIV medical care in the past 6 months?	FACILITY IS TOO FAR AWAY =1 I DON'T KNOW WHERE TO GET HIV MEDICAL CARE =2 COST OF CARE =3 COST OF TRANSPORT=4 I DO NOT NEED IT/I FEEL HEALTHY/NOT SICK =5 I FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC =6 RELIGIOUS REASONS =7 I'M TAKING TRADITIONAL MEDICINE=8 NO APPOINTMENT SCHEDULED/DID NOT MISS MOST RECENT APPOINTMENT =9 OTHER =96 DON'T KNOW =-8 REFUSED =-9	
805a	At your last HIV care visit, approximately how long did it take you to travel from your home (or workplace) one-way?	LESS THAN ONE HOUR=1 ONE TO TWO HOURS=2 MORE THAN TWO HOURS=3 DON'T KNOW=-8 REFUSED =-9	
806	Have you ever had a CD4 count test? The CD4 count tells you how sick you are with HIV and if you need to take ARVs or other HIV medications.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 806 = 2,-8,-9 SKIP TO 808 IF (806 = 2,-8,-9) & (801 = 2,-8,-9) SKIP TO 901
807	What month and year were you last tested for your CD4 count?	MONTH=date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR=date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	IF 801 = 2,-8,-9 SKIP TO 901

808	Have you <u>ever</u> taken ARVs, that is, antiretroviral medications to treat HIV infection?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 808 = 1 SKIP TO 810 IF 808 = -8,-9 SKIP TO 815
809	What is the main reason you have never taken ARVs?	NOT ELIGIBLE FOR TREATMENT=1 HEALTH CARE PROVIDER DID NOT PRESCRIBE =2 HIV MEDICINES NOT AVAILABLE =3 I FEEL HEALTHY/NOT SICK =4 COST OF MEDICATIONS =5 COST OF TRANSPORT =6 RELIGIOUS REASONS =7 TAKING TRADITIONAL MEDICATIONS =8 NOT ATTENDING HIV CLINIC =9 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 815
810	What month and year did you <u>first</u> start taking ARVs? PROBE TO VERIFY DATE.	MONTH=date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR=date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
811	What month and year did you <u>last</u> receive ARVs?	MONTH=date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR=date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
812	Are you <u>currently</u> taking ARVs, that is, antiretroviral medications? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	IF 812=1 SKIP TO 814 IF 812 = -8,-9 SKIP TO 815

813	Can you tell me the <u>main</u> reason why you are <u>not</u> currently taking ARVs?	I HAVE TROUBLE TAKING A TABLET EVERYDAY =1 I HAD SIDE EFFECTS =2 FACILITY TOO FAR AWAY FOR ME TO GET MEDICINE REGULARLY =3 COST OF MEDICATIONS =4 COST OF TRANSPORT=5 I FEEL HEALTHY/NOT SICK =6 FACILITY WAS OUT OF STOCK =7 RELIGIOUS REASONS =8 TAKING TRADITIONAL MEDICATIONS =9 OTHER=96 DON' T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 815
814	People sometimes forget to take all of their ARVs every day. In the past 30 days, how many days have you missed taking any of your ARV pills? CODE '00' IF NONE.	NUMBER OF DAYS =integer DON'T KNOW =-8 REFUSED =-9	
815	Are you currently taking Septrin or Cotrimoxazole? Septrin or cotrimoxazole is a medicine recommended for people with HIV, even if they have not started treatment for HIV. It helps prevent certain infections but it is not treatment for HIV. By currently, I mean that you may have missed some doses but you are still taking Septrin/Cotrimoxazole.	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	IF 815 = 1,-8,-9 SKIP TO 817

816	Can you tell me the main reason why you are not currently taking Septrin or Cotrimoxazole?	WAS NOT PRESCRIBED=1 I HAVE TROUBLE TAKING A TABLET EVERYDAY =2 I HAD SIDE EFFECTS/RASH FACILITY TOO FAR AWAY FOR ME TO GET SEPTRIN OR COTRIMOXAZOLE REGULARLY DO NOT NEED IT/NOT SICK =5 PHARMACY/FACILITY WAS OUT OF STOCK =6 COST OF MEDICATIONS =7 COST OF TRANSPORT =8 DOCTOR SAID NO LONGER NEEDED =9 OTHER=96 DON' T KNOW =-8 REFUSED =-9	
817	While receiving HIV care, has a health care provider or outreach worker spoken to you about family planning methods or contraceptives?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	
818	Have you ever attended a support group for people living with HIV? Was this in a facility or in the community?	YES, IN A FACILITY/CLINIC=1 YES, IN THE COMMUNITY=2 NO, NOT INTERESTED=3 NO, SUPPORT GROUP NOT AVAILABLE=4 DON'T KNOW =-8 REFUSED =-9	-
Interviewer says: "Now I will ask you about HIV care and tuberculosis or TB."			IF 801 = 2,-8,-9 SKIP TO 901
821	At your last HIV medical care visit, were you asked if you had any of the following TB symptoms: cough, fever, night sweats and weight loss?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	

822	In the last 12 months, have you experienced any of the following TB symptoms: cough, fever, night sweats and weight loss?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 822 = 2,-8,-9 SKIP TO 901
823	In the last 12 months, did you receive a chest x-ray or sputum test to look for TB? A sputum test is when the patient has to cough and collect the sample in a cup. SELECT ALL THAT APPLY.	CHEST X-RAY =A SPUTUM TEST =B NONE OF THESE =C DON'T KNOW =Y REFUSED=Z	

MODULE 9: TUBERCULOSIS AND OTHER HEALTH ISSUES

Interviewer says: "Now I will ask you about tuberculosis or TB"

901	Can TB be cured in people living with HIV?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	
902	Have you ever visited a TB clinic for TB diagnosis or treatment?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	IF 902 = 2,-8,-9 SKIP TO 913
903	Were you tested for HIV at the TB clinic?	YES =1 NO, WAS NOT TESTED FOR HIV =2 NO, ALREADY HIV POSITIVE =3 DON'T KNOW =-8 REFUSED =-9	
904	Have you ever been told by a doctor, clinical officer or nurse that you had TB?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	IF 904 = 2,-8,-9 SKIP TO 913

905	What month and year did a doctor, clinical officer or nurse tell you that you have (had) TB? RECORD THE MOST RECENT TIME IF DIAGNOSED WITH TB MORE THAN ONCE.	MONTH=date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	
906	Were you <u>ever</u> treated for TB?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 906 = 2,-8,-9 SKIP TO 913
907	The last time you were treated for TB, did you complete at least 6 months of treatment?	YES =1 NO, MEDICINE WAS STOPPED IN LESS THAN 6 MONTHS =2 NO, BUT I AM STILL ON TREATMENT=3 DON'T KNOW =-8 REFUSED =-9	
<p>Interviewer says: "Now I'm going to ask you about tests a health care provider can do to check for cervical cancer. The cervix connects the uterus to the vagina. The tests a health care provider can do to check for cervical cancer are called a pap smear, HPV test and VIA test. For a pap smear and HPV test, a health care provider puts a small stick inside the vagina to wipe the cervix and sends the sample to the laboratory. For a VIA test, a healthcare worker puts vinegar on the cervix and looks to see if the cervix changes color."</p>			IF 101 = 1 SKIP TO 918
913	Have you ever been tested for cervical cancer?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 913 = 2,-8,-9 SKIP TO 918
914	What month and year was your last test for cervical cancer?	MONTH =date DON'T KNOW MONTH =-8 REFUSED MONTH =-9 YEAR =date DON'T KNOW YEAR =-8 REFUSED YEAR =-9	

915	What was the result of your last test for cervical cancer?	NORMAL/NEGATIVE =1 ABNORMAL/POSITIVE =2 SUSPECT CANCER =3 UNCLEAR/INCONCLUSIVE =4 DID NOT RECEIVE RESULTS =5 DON'T KNOW =-8 REFUSED =-9	IF 915 = 1,4,5,-8,-9 SKIP TO 918
916	Did you receive treatment after your last test for cervical cancer? Did you receive treatment on the same day or on a different day?	YES, I WAS TREATED ON THE SAME DAY =1 YES, I RECEIVED TREATMENT ON A DIFFERENT DAY =2 NO =3 DON'T KNOW=-8 REFUSED=-9	
917	Did you have any follow up visits because of your test results?	YES =1 NO =2 DON'T KNOW=-8 REFUSED=-9	
Interviewer says: "Now I would like to ask you questions about sexual health."			IF (502 = 96,-8,-9) & (502a= 2,-8,-9) SKIP TO 1101
917a	During the last 12 months, have you had an abnormal discharge from your vagina or experienced pelvic pain? This may include an unusual smell, color, or texture.	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 101 = 1
918	During the last 12 months, have you had an ulcer or sore on or near your vagina?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 101 = 1
919	During the last 12 months, have you had an abnormal discharge from your penis?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 101 = 2

920	During the last 12 months, have you had an ulcer or sore on or near your penis?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 101 = 2
921	During the last 12 months, have you had pain on urination?	YES =1 NO =2 DON'T KNOW =8 REFUSED =-9	SKIP Q IF 101 = 2
922	Did you see a doctor, clinical officer or nurse because of these problems?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 101 = 2 & (917a= 2,-8,-OR 9) & 918=2,-8, OR 9) SKIP Q IF 101 = 1 & ((919=2,-8 OR -9) & (920=2,-8, OR 9) & (921=2,-8, OR -9))
923	In the last 12 months, did a doctor, clinical officer, or nurse tell you that you had a sexually transmitted disease other than HIV?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
924	Did you get treatment for these problems?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 919 = 2,-8,-9 SKIP Q IF 917a-922!=1 & 923!=1 SKIP TO 1101
925	Where did you go to get treatment? Did you go to a public facility, a private facility or a pharmacy? SELECT ALL THAT APPLY.	PUBLIC CLINIC/HOSPITAL =A PRIVATE CLINIC/HOSPITAL =B PHARMACY =C OTHER =X DON'T KNOW =Y REFUSED =Z	SKIP Q IF 917a-922!=1 & 923!=1

MODULE 11: GENDER NORMS

Interviewer says: "Now I would like to ask you questions on decision-making in your home."

1101	Who usually makes decisions about health care for yourself: you, your (spouse/partner), you and your (spouse/partner) together, or someone else?	I DO =1 SPOUSE/PARTNER =2 WE BOTH DO =3 SOMEONE ELSE =4 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 204 !=1,2
1102	Who generally decides about how the money you receive is spent: you, your (spouse/partner), you and your (spouse/partner) together, or someone else?	I DO =1 SPOUSE/PARTNER =2 WE BOTH DO =3 SOMEONE ELSE =4 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 204 !=1,2
1105	Who should decide when to have sex - men, women or together?	MEN ONLY=1 WOMEN ONLY=2 TOGETHER=3 DON'T KNOW =-8 REFUSED =-9	
1106	Do you believe married men need to have sex with women they are not married to, even if they have good relationships with their wives?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	
1107	Do you believe women who carry condoms have sex with a lot of men?	YES =1 NO=2 DON'T KNOW =-8 REFUSED =-9	

MODULE 12: VIOLENCE

Interviewer says: “You have been selected to be asked questions on other important aspects of a person’s life. I know that some of these questions are very personal. However, your answers are important for helping to understand the condition of men and women in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one in your household will know that you were asked these questions.”

1207	<p>How many times has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts. CODE '00' IF NONE.</p>	<p>NUMBER OF TIMES =integer DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 1207 = 0,-8,-9 SKIP TO 1210</p>
1208	<p>How old were you the <u>first</u> time this happened?</p>	<p>AGE IN YEARS =integer DON'T KNOW =-8 REFUSED =-9</p>	
1210	<p>How many times in your life has anyone <u>tried</u> to make you have sex against your will but did not succeed? This includes someone using harassment, threats, tricks, or physical force. CODE '00' IF NONE.</p>	<p>NUMBER OF TIMES =integer DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 1210 = 0,-8,-9 SKIP TO 1212</p>
1211	<p>How old were you the <u>first</u> time someone <u>tried</u> to make you have sex against your will but did not succeed?</p>	<p>AGE IN YEARS =integer DON'T KNOW =-8 REFUSED =-9</p>	
1212	<p>How many times in your life have you been <u>physically forced</u> to have sex? CODE '00' IF NONE.</p>	<p>NUMBER OF TIMES =integer DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 1212 =0,-8,-9 SKIP TO 1217</p>

1213	How old were you the first time someone physically forced you to have sex?	AGE IN YEARS=integer DON'T KNOW =-8 REFUSED =-9	
1215	In the past 12 months, did someone physically force you to have sex?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 1215 = 2,-8,-9 SKIP TO 1217
1216	In the past 12 months, did a partner physically force you to have sex? By partner, I mean a live-in partner whether or not you were married at the time.	YES =1 NO, DID NOT FORCE =2 NO, DID NOT HAVE A LIVE-IN PARTNER IN THE LAST 12 MONTHS=3 DON'T KNOW =-8 REFUSED =-9	
1217	How many times in your life has someone <u>pressured</u> you to have sex through harassment, threats and tricks and did succeed? CODE '00' IF NONE. Being pressured can include being worn down by someone who repeatedly asks for sex, feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors or sexual pressure due to someone using their influence or authority.	NUMBER OF TIMES =integer DON'T KNOW =-8 REFUSED =-9	IF 1217 = 0,-8,-9 SKIP TO 1222
1218	How old were you the <u>first time</u> someone pressured you to have sex and did succeed?	AGE IN YEARS =integer DON'T KNOW =-8 REFUSED =-9	

1220	In the past 12 months, did someone pressure you to have sex and did succeed?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 1220 = 2,-8,-9 SKIP TO 1222
1221	In the past 12 months, did a partner pressure you to have sex and did succeed? By partner, I mean a live-in partner, whether or not you were married at the time.	YES =1 NO, DID NOT PRESSURE AND SUCCEED =2 NO, DID NOT HAVE A LIVE-IN PARTNER IN THE LAST 12 MONTHS=3 DON'T KNOW =-8 REFUSED =-9	
1222	After any of these unwanted sexual experiences, did you try to seek professional help or services from any of the following? SELECT ALL THAT APPLY.	I DID NOT TRY TO SEEK HELP =A HEALTHCARE PROFESSIONAL =B POLICE OR OTHER SECURITY PERSONNEL =C SOCIAL WORKER, COUNSELOR OR NON-GOVERNMENTAL ORGANIZATION =D RELIGIOUS LEADER =E OTHER =X DON'T KNOW =Y REFUSED =Z	IF 1222_B-1222_Z=1 SKIP TO 1201 SKIP Q IF (1207=0,-8,-9) & (1210=0,-8,-9) & (1212=0,-8,-9) & (1217=0,-8,-9)
1223	What was the main reason that you did not try to seek professional help or services?	DID NOT KNOW SERVICES WERE AVAILABLE =1 SERVICES NOT AVAILABLE =2 AFRAID OF GETTING IN TROUBLE =3 ASHAMED FOR SELF/FAMILY =4 COULD NOT AFFORD SERVICES =5 DID NOT THINK IT WAS A PROBLEM =6 FELT IT WAS MY FAULT =7 AFRAID OF BEING ABANDONED =8	SKIP Q IF (1207=0,-8,-9) & (1210=0,-8,-9) & (1212=0,-8,-9) & (1217=0,-8,-9)

		<p>DID NOT NEED/WANT SERVICES =9 AFRAID OF MAKING SITUATION WORSE =10 OTHER =96 DON'T KNOW =-8 REFUSED =-9</p>	
1201	<p>Has anyone ever done any of these things to you:</p> <ul style="list-style-type: none"> - Punched, kicked, whipped, or beat you with an object - Slapped you, threw something at you that could hurt you, pushed you or shoved you - Choked smothered, tried to drown you, or burned you intentionally - Used or threatened you with a knife, gun or other weapon? 	<p>YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 1201 = 2,-8,-9 SKIP TO 1224</p>
1202	<p>How old were you the first time one of these things happened to you?</p>	<p>AGE IN YEARS =integer DON'T KNOW =-8 REFUSED =-9</p>	
1203	<p>In the past 12 months, how many times did someone:</p> <ul style="list-style-type: none"> - Punched, kicked, whipped, or beat you with an object - Slapped you, threw something at you that could hurt you, pushed you or shoved you - Choked smothered, tried to drown you, or burned you intentionally - Used or threatened you with a knife, gun or other weapon? 	<p>NOT IN LAST 12 MONTHS =1 ONCE =2 FEW =3 MANY =4 DON'T KNOW =-8 REFUSED =-9</p>	<p>IF 1203 = 1,-8,-9 SKIP TO 1205</p>

1204	<p>In the past 12 months, did a partner do any of these things to you?</p> <p>By partner, I mean a live-in partner, whether or not you were married at the time.</p>	<p>YES =1 NO, PARTNER DID NOT=2 NO, DID NOT HAVE A LIVE-IN PARTNER IN THE LAST 12 MONTHS=3 DON'T KNOW =-8 REFUSED =-9</p>	
1205	<p>Thinking about all these experiences that we just discussed, whether someone has done the following:</p> <ul style="list-style-type: none"> - Punched, kicked, whipped, or beat you with an object - Slapped you, threw something at you that could hurt you, pushed you or shoved you - Choked smothered, tried to drown you, or burned you intentionally - Used or threatened you with a knife, gun or other weapon <p>Did you try to seek professional help or services for any of these incidents from any of the following?</p> <p>SELECT ALL THAT APPLY.</p>	<p>I DID NOT TRY TO SEEK HELP =A HEALTHCARE PROFESSIONAL =B POLICE OR OTHER SECURITY PERSONNEL =C SOCIAL WORKER, COUNSELOR OR NON-GOVERNMENTAL ORGANIZATION =D RELIGIOUS LEADER =E OTHER =X DON'T KNOW =Y REFUSED =Z</p>	<p>IF 1205_A=1 SKIP TO 1206 IF 1205_B-1205_Z=1 SKIP TO 1224</p>
1206	<p>What was the main reason that you did not try to seek professional help or services?</p>	<p>DID NOT KNOW SERVICES WERE AVAILABLE =1 SERVICES NOT AVAILABLE =2 AFRAID OF GETTING IN TROUBLE =3 ASHAMED FOR SELF/FAMILY =4 COULD NOT AFFORD SERVICES =5 DID NOT THINK IT WAS A PROBLEM =6 FELT IT WAS MY FAULT =7 AFRAID OF BEING ABANDONED =8 DID NOT NEED/WANT SERVICES =9 AFRAID OF MAKING SITUATION WORSE =10 OTHER =96 DON'T KNOW =-8 REFUSED =-9</p>	

Interviewer says: “Thank you for sharing your personal experiences with me. I know it may have been difficult for you to talk about your experiences with me. If you would like to talk further about these experiences, I can refer you to a place that can provide you with help. “

SKIP Q IF (1201=0,-8,-9) & (1207=0,-8,-9) & (1210=0,-8,-9) & (1212=0,-8,-9) & (1217=0,-8,-9)

PROVIDE PARTICIPANT WITH LIST OF ORGANIZATIONS.

Interviewer says: “You mentioned earlier that you have sold sex for money. Thank you for sharing your personal experiences with me. If you want to talk further about these experiences, I can refer you to a place that can provide you with help.”

SKIP IF (102>18) & ((510!=7) OR (526!=1))

FILL OUT REFERRAL FORM FOR CHILDREN IDENTIFIED AS TRAFFICKED MINORS. FILL OUT SUMMARY OF REFERRED TRAFFICKED MINORS. PROVIDE PARTICIPANT WITH LIST OF ORGANIZATIONS, IF NOT ALREADY GIVEN.

Interviewer says: “Thank you for taking the time to participate in this survey. Your responses will be very helpful to the Ministry of Health to better understand how to improve health programs in the country.”

PROVIDE PARTICIPANT WITH LIST OF ORGANIZATIONS, IF NOT ALREADY GIVEN.

APPENDIX G ADOLESCENT QUESTIONNAIRE

THIS QUESTIONNAIRE IS ADMINISTERED TO ELIGIBLE CHILDREN AGED BETWEEN 10-14 YEARS AFTER INFORMED PARENTAL/GUARDIAN CONSENT AND MINOR ASSENT.

L1	LANGUAGE OF QUESTIONNAIRE	ENGLISH =1 BEMBA =2 KAONDE =3 LOZI =4 LUNDA =5 LUVALE =6 NYANJA =7 TONGA =8	
L2	LANGUAGE OF INTERVIEW	ENGLISH =1 BEMBA=2 KAONDE =3 LOZI =4 LUNDA =5 LUVALE =6 NYANJA =7 TONGA =8 OTHER =9	

L3	NATIVE LANGUAGE OF PARTICIPANT	ENGLISH =1 BEMBA =2 KAONDE =3 LOZI =4 LUNDA =5 LUVALE =6 NYANJA =7 TONGA =8 OTHER =9	
L4	TRANSLATOR USED	YES =1 NO =2	
000	ENTER NAME OF CHILD:	NAME OF CHILD =text	
000	ENTER LINE NUMBER OF THE CHILD FROM THE HOUSEHOLD LISTING =integer		

MODULE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS

101	IS THE RESPONDENT MALE OR FEMALE?	MALE =1 FEMALE =2	
102	How old were you at your last birthday?	AGE IN COMPLETED YEARS=integer DON'T KNOW AGE =-8 REFUSED -9	
109	Have you <u>ever</u> attended school?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 109 = 2,-8,-9 SKIP TO 102c

111	What is the highest level and grade that you have completed?	LEVEL =integer GRADE=integer DON'T KNOW =-8 REFUSED =-9	
102c	What is the <u>main</u> reason you have never attended school?	I HAVE BEEN SICK =1 I DON'T FEEL SAFE TRAVELING TO SCHOOL =2 I DON'T FEEL SAFE WHILE IN SCHOOL =3 I DON'T LIKE SCHOOL =4 I HAVE TO LOOK AFTER MY FAMILY =5 THERE'S NOT ENOUGH MONEY TO SEND ME TO SCHOOL =6 SCHOOL IS TOO FAR AWAY =7 I HAVE TO WORK =8 I HAVE A CHILD OR I AM PREGNANT =9 I MISSED TOO MUCH SCHOOL BECAUSE OF MY PERIOD (MENSTRUATION) =10 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 201
103	Are you currently attending school?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 103 = 2,-8,-9 SKIP TO 108
106	What level and grade are you in now?	LEVEL =integer GRADE -integer DON'T KNOW =-8 REFUSED =-9	-

104	During the last school week, did you miss any school days for any reason?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 104 = 2,-8,-9 SKIP TO 104
105	Why did you miss school?	I AM TOO SICK TO ATTEND SCHOOL =1 I DON'T LIKE SCHOOL =4 I HAVE TO CARE FOR HOUSEHOLD MEMBERS =5 SCHOOL IS TOO FAR AWAY / NO SCHOOL =7 I HAVE TO WORK =8 NO MONEY FOR SCHOOL MATERIALS / TRANSPORT =11 PARENTS / GUARDIAN DOES NOT WANT ME TO GO TO SCHOOL =12 SCHOOL WAS NOT IN SESSION =13 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 201
107	What level and grade were you in last year?	LEVEL =integer GRADE =integer DON'T KNOW =-8 REFUSED =-9	ALL RESPONSES SKIP TO 201

108	What is the <i>main</i> reason you are not currently attending school?	I AM TOO SICK TO ATTEND SCHOOL =1 I DON'T LIKE SCHOOL =4 I HAVE TO CARE FOR HOUSEHOLD MEMBERS =5 SCHOOL IS TOO FAR AWAY / NO SCHOOL =7 I HAVE TO WORK =8 NO MONEY FOR SCHOOL MATERIALS / TRANSPORT =11 PARENTS / GUARDIAN DOES NOT WANT ME TO GO TO SCHOOL =12 SCHOOL WAS NOT IN SESSION =13 OTHER =96 DON'T KNOW =-8 REFUSED =-9	
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MODULE 2: HIV KNOWLEDGE

Interviewer says: "Now I would like to ask you some questions about what you know about some things related to health."

201	Have you <i>ever</i> heard of HIV?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 201 = 2,-8,-9 SKIP TO 302
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202	<p>From where have you heard about HIV?</p> <p>PROBE: Anywhere else?</p> <p>RECORD ALL MENTIONED</p>	<p>SCHOOLS / TEACHERS =A</p> <p>PARENTS / GUARDIAN / FAMILY =B</p> <p>FRIENDS =C</p> <p>RELIGIOUS LEADERS =D</p> <p>INTERNET =E</p> <p>MOBILE PHONE =F</p> <p>HEALTH PROVIDERS / DOCTORS / NURSES / CLINICAL OFFICERS =G</p> <p>TELEVISION / FILM =H</p> <p>RADIO =I</p> <p>COMMUNITY HEALTH WORKERS =J</p> <p>OTHER =X</p> <p>DON'T KNOW =Y</p> <p>REFUSED =Z</p>	
203	<p>Have you <u>ever</u> discussed HIV with your parents or guardian?</p>	<p>YES =1</p> <p>NO =2</p> <p>DON'T KNOW =-8</p> <p>REFUSED =-9</p>	
204	<p>Can a person reduce their chance of getting HIV by not having sex?</p>	<p>YES =1</p> <p>NO =2</p> <p>DON'T KNOW =-8</p> <p>REFUSED =-9</p>	
205	<p>Can a person reduce their chance of getting HIV by using condoms when having sex?</p>	<p>YES =1</p> <p>NO =2</p> <p>DON'T KNOW =-8</p> <p>REFUSED =-9</p>	
206	<p>Can a healthy-looking person have HIV or AIDS?</p>	<p>YES =1</p> <p>NO =2</p> <p>DON'T KNOW =-8</p>	

		REFUSED =-9	
207	Can a mother with HIV pass HIV to her unborn baby?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
208	Are there medicines that people with HIV or AIDS can take to help them live longer?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
209	Can male circumcision help prevent HIV infection?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	

MODULE 3: HIV PREVENTION INTERVENTIONS

MODULE 3: HIV PREVENTION INTERVENTIONS			
301	Have you taken part in any of the following HIV prevention programs? SHOW CHILD LOGO FOR EACH PROGRAM SELECT ALL THAT APPLY	FAMILIES MATTER PROGRAM =A HEALTHY CHOICES =B LIFE SKILLS PROGRAM =C OTHER =X DON'T KNOW =Y REFUSED =Z	OTHER SPECIFY
302	Do you know where to get a condom?	YES =1 NO =2 DON'T KNOW WHAT A CONDOM IS =3 REFUSED =-9	IF 302 = 2, 3, -9 SKIP TO 402

303	<p>Where can a person go to get a condom?</p> <p>SELECT ALL THAT APPLY</p>	<p>CLINIC / HOSPITAL =A</p> <p>KIOSK / SHOP =B</p> <p>PHARMACY =C</p> <p>LOCAL FREE DISPENSER =D</p> <p>FRIENDS / PEERS =E</p> <p>BOYFRIEND / GIRLFRIEND =F</p> <p>OTHER =X</p> <p>DON'T KNOW =Y</p> <p>REFUSED =Z</p>	
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MODULE 4: SEXUAL BEHAVIOR

Interviewer says: "The next questions ask about sexual behavior. There is no right or wrong answer. Your responses will not be linked to you in any way or shared with anyone, including your parents. "

401	Do you know what sex is?	<p>YES =1</p> <p>NO =2</p> <p>DON'T KNOW =-8</p> <p>REFUSED =-9</p>	<p>IF 102<=12 & 401= 2, -8, -9</p> <p>SKIP TO 501</p>
402	Have you <i>ever</i> had sex?	<p>YES =1</p> <p>NO =2</p> <p>DON'T KNOW =-8</p> <p>REFUSED =-9</p>	<p>IF 402 = 2, -8, -9</p> <p>SKIP TO 1105</p>
403	How old were you when you had sex for the <i>first</i> time?	<p>AGE IN YEARS =integer</p> <p>DON'T KNOW AGE =-8</p> <p>REFUSED =-9</p>	

406	What was the main reason that you had sex for the first time?	IT JUST HAPPENED =1 MY FRIENDS PRESSURED ME TO HAVE SEX =2 TO SHOW MY LOVE / TO FEEL LOVED =3 I WANTED TO HAVE SEX / CURIOUS =4 MY BOYFRIEND / GIRLFRIEND WANTED TO HAVE SEX =5 I WAS TRICKED, THREATENED, OR FORCED FOR MONEY / GIFTS =6 I WANTED TO HAVE A BABY =7 OTHER =96 DON'T KNOW =-8 REFUSED =-9	
407	How old was the person you first had sex with? Please give your best guess.	10 OR MORE YEARS OLDER =1 5-9 YEARS OLDER =2 1-4 YEARS OLDER =3 SAME AGE AS MYSELF =4 YOUNGER THAN ME =5 DON'T KNOW AGE =-8 REFUSED =-9	
404	The first time you had sex, was it because you wanted to or because you were forced?	WANTED TO =1 FORCED =2 DON'T KNOW =-8 REFUSED =-9	IF 404 = 2, -8, -9 SKIP TO 408

405	The first time you had sex, were you physically forced or were you pressured into having sex through harassment, threats or tricks?	PHYSICALLY FORCED =1 PRESSURED =2 DON'T KNOW =-8 REFUSED =-9	-
Interviewer says: "Now we will ask you some general questions about sex. "			
408	The first time you had sex, was a condom used?	YES =1 NO =2 DON'T KNOW WHAT A CONDOM IS =3 DON'T KNOW =-8 REFUSED =-9	
409	In total, how many different people have you had sex with? Please give your best guess.	NUMBER OF PARTNERS =integer DON'T KNOW =-8 REFUSED =-9	
410	The last time you had sex was a condom used?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 408=3
411	How often do you use a condom during sex?	ALWAYS =1 SOMETIMES =2 NEVER =3 DON'T REMEMBER =4 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 408=3

412	<p>Sometimes people have sex to get material support. Material support means helping you to pay for things or giving you gifts or things.</p> <p>Have you ever had sex with someone because you expected material support?</p>	<p>YES =1 NO =2 DON'T KNOW=-8 REFUSED =-9</p>	
413	<p>Have you ever been pregnant?</p>	<p>YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9</p>	<p>SKIP Q IF 101=1</p>

MODULE 11: VIOLENCE

Interviewer says: "Now I would like to ask you questions about some other important aspects of a person's life. I know that some of these questions are very personal. However, your answers are important for helping to understand the condition of children in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone."

1105	<p>Has anyone ever tried to make you have sex against your will but did not succeed?</p>	<p>YES =1 NO =2 DON'T KNOW=-8 REFUSED =-9</p>	
1106	<p>Has anyone ever pressured you to have sex, through harassment, threats or tricks and did succeed?</p>	<p>YES =1 NO =2 DON'T KNOW=-8 REFUSED =-9</p>	

1107	Has anyone <u>ever</u> physically forced you to have sex and did succeed?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	
1108	The <u>last</u> time you were pressured or forced to have sex, what was your relationship to the person who did this?	BOYFRIEND / GIRLFRIEND / SPOUSE =1 RELATIVE / FAMILY MEMBER =2 CLASSMATE / SCHOOLMATE =3 TEACHER =4 POLICE / SECURITY OFFICER / SOLDIER =5 EMPLOYER =6 NEIGHBOR =7 COMMUNITY RELIGIOUS LEADER =8 FRIEND =9 STRANGER =10 OTHER =96 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF (1106 = 2, -8, -9) AND (1107 = 2,-8,-9)

<p>1109</p>	<p>After any of these unwanted sexual experiences, did you try to seek professional help or services from any of the following?</p> <p>SELECT ALL THAT APPLY</p>	<p>I DID NOT TRY TO SEEK HELP =A HEALTHCARE PROFESSIONAL =B POLICE OR OTHER SECURITY PERSONNEL =C SOCIAL WORKER, COUNSELOR OR NGO =D RELIGIOUS LEADER =E OTHER =X DON'T KNOW =Y REFUSED =Z</p>	<p>IF 1109 = B, C, D, E, X, Y, Z</p> <p>SKIP Q IF 1105 = 2, -8, -9, & 1106 = 2, -8, -9, & 1107 = 2, -8, -9</p> <p>SKIP TO 501</p>
<p>1110</p>	<p>What was the main reason that you did not try to seek professional help or services?</p>	<p>DID NOT KNOW SERVICES WERE AVAILABLE=1 SERVICES NOT AVAILABLE =2 AFRAID OF GETTING IN TROUBLE =3 ASHAMED FOR SELF/FAMILY =4 COULD NOT AFFORD SERVICES =5 DID NOT THINK IT WAS A PROBLEM =6 FELT IT WAS MY FAULT =7 AFRAID OF BEING ABANDONED =8 DID NOT NEED/WANT SERVICES =9 OTHER =96 DON'T KNOW =-8 REFUSED =-9</p>	

MODULE 5: HIV RISK PERCEPTIONS

501	How likely do you think it is for you to get HIV?	VERY LIKELY =1 SOMEWHAT LIKELY =2 NOT LIKELY =3 I ALREADY HAVE HIV =4 DON'T KNOW =-8 REFUSED =-9	IF 501 = 3, 4, -8, -9 SKIP Q IF 201= 2,-8,-9 SKIP TO 503
502	What is the <i>main</i> reason you think you are likely to get HIV?	I HAVE HAD SEX WITHOUT A CONDOM =1 I HAVE OR HAD MANY BOY/GIRLFRIENDS =2 I HAVE HAD BLOOD TRANSFUSIONS =3 MY MOTHER / FATHER / HAS HIV =4 I DON'T TRUST MY BOY/GIRLFRIEND =5 I AM SICK =6 MY BOY/GIRLFRIEND IS SICK OR HAS DIED =7 I DESERVE IT / I AM A BAD PERSON =8 OTHER =96 DON'T KNOW =-8 REFUSED =-9	ALL SKIP Q IF 201= 2,-8,-9 SKIP TO 601

503	What is the <i>main</i> reason you think you are not likely to get HIV?	I AM ABSTINENT =1 I WILL WAIT UNTIL MARRIAGE TO HAVE SEX =2 I ALWAYS USE CONDOMS =3 I TRUST MY PARTNER =4 I HAVE ONLY ONE PARTNER =5 I GO TO CHURCH =6 I AM A GOOD PERSON =7 OTHER =96 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 201= 2,-8,-9
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MODULE 6: SOCIAL NORMS, INTENTION TO ABSTAIN, SELF-EFFICACY AND ASSERTIVENESS

Interviewer says: "Now I would like to ask you some questions about the future."

601	Do you think all, many, some, a few or none of your friends are having sex?	ALL =1 MOST =2 SOME =3 A FEW =4 NONE =5 DON'T KNOW / DON'T KNOW WHAT SEX IS =-8 REFUSED =-9	
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602	Are you pressured by your friends or boy/girl friend to have sex?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 401= 2,-8,-9
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603	If you did not want to have sex with someone, could you tell them that you do not want to have sex with them?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 401= 2,-8,-9
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MODULE 7: HIV TESTING

Interviewer says: "I would now like to ask you some questions about HIV testing."

701	Have you <i>ever</i> been tested for HIV?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 701 = 2, -8, -9 SKIP Q IF 201= 2,-8,-9 SKIP TO 801
702	Did you receive the results of any of your HIV tests?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 702 = 2, -8, -9 SKIP Q IF 201= 2,-8,-9 SKIP TO 801
703	What was the result of that HIV test?	HIV POSITIVE =1 HIV NEGATIVE =2 UNKNOWN =-8 REFUSED =-9	IF 703 = 2, 3, -9 SKIP Q IF 201= 2,-8,-9 SKIP TO 801

MODULE 8: ALCOHOL AND DRUGS

Interview says: "I would like to ask you some questions about alcohol and drugs or substances that you may have taken that were not given to you by doctor. Your answers will not be told to anyone, even your parents."

801	Have you <i>ever</i> had alcohol, for example beer, wine or chibuku?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 801 = 2, -8, -9 SKIP TO 803
802	During the past 1 month, on how many days did you have at least one drink containing alcohol?	NUMBER OF DAYS =integer DON'T KNOW=-8 REFUSED =-9	
803	Have you <i>ever</i> tried drugs such as jenkem, cocaine, marijuana or others?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	IF 803 = 2, -8, -9 SKIP TO 901
804	What drugs have you <i>ever</i> tried? DO NOT READ RESPONSES. PROBE FOR MULTIPLE RESPONSES.	MARIJUANA =A COCAINE =B HEROIN =C MIRAA =D JENKEM =E BOSTIC GLUE =F ECSTACY =G DIAZEPAM =J OTHER =X DON'T KNOW =Y REFUSED =Z	

MODULE 9: HIV STIGMA

901	Would you be willing to share food with someone who has HIV?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 201=2, -8, -9
902	Would you play with someone who has HIV?	YES =1 NO =2 DON'T KNOW =-8 REFUSED =-9	SKIP Q IF 201=2, -8, -9

Interview says: "This is the end of the survey. Thank you very much for your time and for your responses."

APPENDIX H SURVEY CONSENT FORM

Zambia Population-based HIV Impact Assessment: Consent for Household Interview

Interviewer reads:

What language do you prefer for our discussion today?

English

Bemba

Nyanja

Lozi

Tonga

Lunda

Luvale

Kaonde

Other Language: Specify _____

Hello. My name is _____. I would like to invite you to take part in this research study/survey about HIV in Zambia. The Ministry of Health and Central Statistical Office (CSO) are leading this survey in collaboration with the United States Centers for Disease Control and Prevention and ICAP at Columbia University.

What is the purpose of this survey?

HIV is the virus that causes AIDS. AIDS is a very serious illness. This survey will help us know how many people in Zambia have HIV and need health services. It will also tell us about people's risk for getting HIV. About 16,000 households will join this survey. We would like your household to join the survey too. What you tell us will help the Ministry of Health make HIV services better in the country.

This form might have some words in it that are not familiar to you. Please ask me to explain anything that you do not understand.

What do you have to do if you agree to take part?

There are three parts to this survey. The first part is the household interview. The second part is the individual interviews. The third part is blood testing. If you agree to take part in the household interview, I would ask you some questions about the people staying in your household, such as how many people live here, their relationship to you, their gender and age. I will also ask you about some of the things you have in your household. The household interview will take up to 30 minutes.

After you complete the household interview, we will invite you and others living in your household to participate in individual interviews and then offer testing for HIV, hepatitis B and syphilis. Like HIV, hepatitis B and syphilis are infections that can cause very serious illnesses if left untreated.

What are the potential risks?

You may feel uncomfortable about some of the questions I will ask. If I ask you any questions you don't want to answer, just let me know and I will go to the next question or you can stop the interview at any time.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

There may be no direct benefit to you but the information you provide to us will be used to improve the health of Zambians. Your responses will help the Ministry of Health to develop more effective programs to fight HIV.

What are the alternatives to taking part?

You can decide not to take part in this survey—your participation in this household interview is entirely voluntary. Your decision to take part or not take part will not affect your health care, but we hope you will agree to answer these questions since your views are important.

What about confidentiality?

All information you give us will be kept strictly confidential. Your name and signed consent form will be kept separate from the answers you give in this interview. Your name will not appear when we share survey results. Your answers to the questions will be identified only by a number.

Only people working on the survey will be allowed to view the information we collect from you.

The following individuals and agencies will be able to look at your interview records to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your rights as a participant. These include the Tropical Diseases Research Centre in Zambia (TDRC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA), Columbia University Medical Center and Westat (a statistical survey research organization)

- The U.S. Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your rights as a participant in this survey
- Survey staff and monitors

The information we collect from you will not be released outside of the groups listed above unless there is an issue of safety. If we learn of anything that could harm you, we will contact you on where you can receive support. Your permission to allow us to use and share your information with the groups above will expire three years after the end of the survey.

Who should you contact if you have questions?

If you want to leave the survey, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the Principal Investigator, Mr. Chipalo Kaliki at the Ministry of Health, or Ms. Nchimunya Nkombo at the Central Statistical Office (CSO), who can be reached at the number and address below.

Mr. Chipalo Kaliki
 Address: Ministry of Health Headquarters, Ndeke house
 P.O. Box 30205, Lusaka, Zambia
 Office Phone: +260 211 253053
 Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
 Address: Central Statistical Office
 P.O. Box 31908, Lusaka, Zambia
 Cell phone: +260 0977 783527
 Office Phone: +260 211 251377
 Email: nnkombo@hotmail.com

If you decide to leave the study, no more information will be collected from you. We will make every effort to delete the information we have collected from you. However, after today, we cannot guarantee we will be able to delete information that has already been shared.

If you have any questions about your rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
 Address: Tropical Diseases Research Centre, P.O Box 71769, Ndola, Zambia
 Office phone: +260 212 620737
 Cell phone: +260 966 787234
 Email: khondowes@tdrc.org.zm

This survey has received approval from the Tropical Diseases Research Centre in Zambia and the Institutional Review Boards at the Centers for Disease Control and Prevention, Columbia University Medical Center and Westat.

Are there any costs?

There is no cost to you for answering the questions in the household interview. You should also know that you would not be paid to answer these questions.

Do you want to ask me anything about the survey?

Consent Statement

I have read this form and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had have been answered satisfactorily. I agree to participate in the household interview. I know that after choosing to be in the interview, I may withdraw at any time. My participation is voluntary. I have been offered a copy of this consent form. Do you agree to do the household interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.

_____Yes _____No

Head of household signature or mark _____ Date: ___/___/___

Printed name of head of household _____

[For illiterate participants]

Signature of witness _____ Date: ___/___/___

Printed name of witness _____

Signature of person obtaining consent _____ Date: ___/___/___

Printed name of person obtaining consent _____

Survey staff ID number _____

Zambia Population-based HIV Impact Assessment: Consent for Adult Interview

Interviewer reads:

What language do you prefer for our discussion today?

___ English

___ Bemba

___ Nyanja

___ Lozi

___ Tonga

___ Lunda

___ Luvale

___ Kaonde

___ Other Language: Specify _____

Hello. My name is _____. We are doing a research study/survey throughout Zambia to learn more about HIV in the country. The Ministry of Health and Central Statistical Office (CSO) are leading this survey in collaboration with the United States Centers for Disease Control and Prevention (CDC) and ICAP at Columbia University.

This form might have some words in it that are not familiar to you. Please ask me to explain anything that you do not understand.

Why are we doing this survey?

HIV is the virus that causes AIDS. AIDS is a very serious illness. This survey will help us know how many people in Zambia have HIV and need health services. It will also tell us about people's risk for getting HIV. We expect about 35,000 men, women, and children from 16,000 households throughout Zambia to join this survey. We would like to invite you to join this survey too. What you tell us will help the Ministry of Health make HIV services better in the country.

What do you have to do if you agree to take part?

If you agree to join this survey, we will ask you questions about your age, what kind of work you do, if you had any experience with HIV services, and your sexual behaviors. This interview will take about 50 minutes.

After the interview, I will offer you blood tests for HIV, hepatitis B and syphilis. Like HIV, hepatitis B and syphilis are infections that can cause very serious illnesses if left untreated. This testing and counseling session will take about 40 minutes. You do not have to agree to the blood testing now. We are only asking you about this interview. We will give you a separate opportunity to agree to the blood testing. You can agree to the interview, but not agree to the blood testing.

Lastly, it is possible that you may be eligible to participate in future studies related to the health of Zambians. At the end of this form, I will ask for permission to contact you in the next two years if such an opportunity occurs.

What are the potential risks?

The risks to taking part in the interview are small. You may feel uncomfortable about some of the questions I will ask. If I ask you any questions you don't want to answer, just let me know and I will go to the next question or you can stop the interview at any time.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

There may be no direct benefit to you but your taking part in this survey could help us learn more about HIV in Zambia. It can also help us learn about how well HIV prevention and treatment programs are working. Your participation is important.

What are alternatives to taking part?

You can decide not to take part in this interview. Your decision to take part or not take part will not affect your health care. However, we hope you will agree to answer these questions since your views are important.

What about confidentiality?

All the information you give us will be kept strictly confidential. Your name and signed consent forms will be kept separate from the answers you give in this interview. Your name will not appear when we share survey results. Your answers to the questions will be identified only by a number.

Only people working on the survey will be allowed to view the information we collect from you. The following individuals and agencies will be able to look at your interview record to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your rights as a participant. These include the Tropical Diseases Research Centre in Zambia (TDRC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA), Columbia University Medical Center and Westat (a statistical survey research organization)
- The U.S. Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your rights as a participant in this survey
- Survey staff and monitors

The information we collect from you will not be released outside of the groups listed above unless there is an issue of safety. If we learn of anything that could harm you, we will contact you on where you can receive support. Your permission to allow us to use and share your information with the groups above will expire three years after the end of the survey.

Who should you contact if you have questions?

If you want to leave the survey, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the Principal Investigator, Mr. Chipalo Kaliki at the Ministry of Health, or Ms. Nchimunya Nkombo at the Central Statistical Office (CSO), who can be reached at the number and address below.

Mr. Chipalo Kaliki
 Address: Ministry of Health Headquarters, Ndeke house
 P.O. Box 30205, Lusaka, Zambia
 Office Phone: +260 211 253053
 Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
 Address: Central Statistical Office
 P.O. Box 31908, Lusaka, Zambia
 Cell phone: +260 0977 783527
 Office Phone: +260 211 251377
 Email: nnkombo@hotmail.com

If you decide to leave the study, no more information will be collected from you. We will make every effort to delete the information we have collected from you. However, after today, we cannot guarantee we will be able to delete information that has already been shared.

If you have any questions about your rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
 Address: Tropical Diseases Research Centre
 P.O. Box 71769, Ndola, Zambia
 Phone: +260 966 787234
 Email: khondowes@tdrc.org.zm

Are there any costs?

There is no cost to you for answering the questions in the interview. You should also know that you would not be paid to answer these questions.

Do you want to ask me anything about the survey?

Consent Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had were answered satisfactorily. I agree to participate in the individual interview. I know that after choosing to be in the individual interview, I may withdraw at any time. My participation is voluntary. I have been offered a copy of this consent form.

1. Do you agree to do the interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.

_____ Yes _____ No

2. **FUTURE RESEARCH:** It is possible that you may be eligible to participate in future studies related to health in Zambia. We are asking for your permission to contact you in the next two years if such an opportunity occurs. If we contact you, we will give you details about the new study and ask you to sign a separate consent form at that time. You may decide at that time that you do not want to take part in that study.

If you do not wish to be contacted about future studies, it does not affect your involvement in this study. Do you agree to be contacted in the future? 'YES' means that you agree to be contacted in the future if a study opportunity arises. 'NO' means that you will NOT be contacted about future studies.

_____ YES _____ NO

Participant signature or mark _____ Date: ___/___/___

Printed name of participant _____

Participant ID number _____

[For illiterate participants]

Signature of witness _____ Date: ___/___/___

Printed name of witness _____

Signature of person obtaining consent _____ Date: ___/___/___

Printed name of person obtaining consent _____

Survey staff ID number _____

Zambia Population-based HIV Impact Assessment: Consent for Blood Draw, ages 0-5

Interviewer reads:

What language do you prefer for our discussion today?

English

Bemba

Nyanja

Lozi

Tonga

Lunda

Luvale

Kaonde

Other Language: Specify _____

Now I would like to ask you to let your child take part in the research study/survey.

This form might have some words in it that are not familiar to you. Please ask me to explain anything that you do not understand.

What is the purpose of the survey?

HIV is the virus that causes AIDS. AIDS is a very serious illness. This survey will help us learn more about the health of children in Zambia. We plan to ask thousands of children like yours to join this survey. We would like to invite your child to join the survey too. Your child's participation will help the Ministry of Health make HIV services better.

What will happen to your child if you agree to allow your child to take part?

If you agree to allow your child to take part in the survey, and he/she is less than 2 years, a trained nurse will take a few drops of blood (about 1 mL) from your child's finger or heel to perform HIV and hepatitis B tests here in your home. Like HIV, hepatitis B is a serious infection that can cause very serious illnesses if left untreated. If your child is 2 to 5 years of age, we will take about one teaspoon or about 5 mL of blood from your child's arm. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger.

We will give you the results of these blood tests today. We will not share the results with your child unless you ask us to do so. We will also provide counseling about the results and discuss with you how to share the test results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and counseling session will take about 40 minutes.

If your child tests positive for HIV, we will also test the amount of CD4 cells in his/her blood and give you the result today. CD4 cells are the part of the immune system that fight HIV infection and other diseases. We will also test the amount of CD4 cells in children without HIV. In addition, if your child tests positive for HIV, we will send his/her blood to a laboratory to measure his/her viral load. Viral load is the amount of HIV in the blood. This information may help a doctor or nurse treat your child. We may also do other additional tests related to HIV. If we have test results that might guide your child's care or treatment and you provide us with contact information, we will contact you to tell you how you and your child's doctor or nurse may get these results.

After the blood test, we will show you a list of the nearest Ministry of Health-approved and recommended health facilities for HIV, where you will be able to talk to trained doctors and nurses about your child's HIV test results. We will give you a referral form to the health facility you select and information on today's test results so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count and overall health. Your child's viral load test results will be ready in six to eight weeks. When the results are ready, we will send the results to your health facility of choice. If you provide us with your contact information, we will contact you to let you know the results are ready and encourage you to go to your health facility to discuss your child's viral load results with a doctor or nurse.

If your child tests positive for HIV, we will also measure his/her weight and height to track your child's growth. We will also measure weight and height for some children without HIV. These results will be returned to you today and you will be able to talk to a doctor or nurse at your health facility of choice about the results.

As I stated before, we will also test your child's blood for hepatitis B. If your child test positive for hepatitis B, we will refer you to the nearest appropriate health facility for further testing for your child.

[For children aged 0-<18 months only]

The body makes antibodies to fight HIV. Antibodies from a mother with HIV can enter the baby's blood during pregnancy. The test we perform on your child today will let us know if your child has been exposed to HIV. If it is positive, it does not mean your child has the virus in his/her blood. It just confirms that he/she has been exposed to HIV. We will need to send your child's blood to a lab for a special test to confirm if he/she has HIV. We will send the result to the health facility of your choice in about six weeks from now. If you provide us with your contact information, we will contact you to inform you that the results have been sent to the facility and encourage you to go to the health facility to discuss your child's HIV test results with a doctor or nurse.

What will happen to your child's leftover blood?

We would like to ask your permission to store your child's leftover blood for other additional HIV related tests such as tests for toxoplasmosis, cryptococcal meningitis, hepatitis C or cytomegalovirus. We would store your child's leftover blood for the length of the study, but your child's name will only be on the sample for three years. During this three year period, we will attempt to tell you about any tests results

that are important for your child's health. Your child's leftover blood will not be sold or used for commercial reasons. If you do not agree to have your child's blood samples stored for other additional HIV related tests, we will destroy your child's blood samples after survey-related testing has been completed.

What are the potential risks?

The finger prick or needle may be uncomfortable for your child. Experienced staff will do the tests under safe and clean conditions in order to protect your child against any risk.

You may learn that your child is infected with HIV and/or hepatitis B. Learning that your child has HIV and/or hepatitis B may cause some emotional discomfort. You will decide when your child should be told of the test results. We will support whatever decision you make. We will provide counseling on how to cope with learning that your child has HIV and/or hepatitis B. We will also tell you where he/she may go for care and treatment.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

The main benefit for your child to be in the survey is the chance to learn more about his/her health today. Some children who participate will test positive for HIV and/or hepatitis B. If this happens to your child, the benefit is that you will learn his/her HIV and hepatitis B status and will learn where to take your child for life-saving treatment. Care and treatment provided by the Ministry of Health is free. If you already know that your child is HIV positive and he/she is on treatment, the CD4 and viral load tests can help your child's doctor or nurse judge how well the treatment is working. Your child taking part in this survey could help us learn more about children, HIV and hepatitis B in Zambia. It can help us learn about how well HIV prevention and treatment programs are working. It can also help improve these programs and services for Zambians.

What are alternatives to taking part?

You can decide to allow or not allow your child to take part in this survey. Or you can decide to allow your child to get his or her blood tested for HIV and hepatitis B, but not agree to have his or her blood stored for other additional HIV related tests... Your decision to allow your child to take part or not take part in this survey will not affect your child's health care in any way. However, we hope you will agree to allow your child to take part in this survey as getting HIV and hepatitis B tests can help your child. If your child tests positive for HIV and/or hepatitis B, he/she can start medication to keep him/her healthy.

What about confidentiality?

Your child's test results will be kept strictly confidential. We will only include your child's name on the referral forms we may give you to help the doctors and nurses at your health facility of choice identify your child. In all other cases, your child's name and the consent forms will be kept separate from his/her health information.

Your name and your child's name will not appear when we share survey results. When we share results, the information we collect from your child will be identified by a number and not by your name or your child's name. Only people working on the survey will have access to the data during the survey.

The following individuals and agencies will be able to look at your child's survey records to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your child's rights as a participant. These include the Tropical Diseases Research Centre in Zambia (TDRC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA), Columbia University Medical Center and Westat (a statistical survey research organization)
- The U.S. Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your child's rights as a participant in this survey
- Survey staff and monitors

The information we collect from your child will not be released outside of the survey groups listed above unless there is an issue of safety. If we learn of anything that could harm you or your child, we will provide information on where you can receive support. Your permission to allow us to use and share your child's name and contact information with the groups above will end three years after the end of the survey.

Who should you contact if you have questions?

If you want your child to leave the survey, have any questions about the survey, or feel that your child has been harmed by taking part, you should contact the Principal Investigator, Mr. Chipalo Kaliki at the Ministry of Health, or Ms. Nchimunya Nkombo at the Central Statistical Office (CSO), who can be reached at the number and address below.

Mr. Chipalo Kaliki
Address: Ministry of Health Headquarters, Ndeke house
P.O. Box 30205, Lusaka, Zambia
Office Phone: +260 211 253053
Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
Address: Central Statistical Office
P.O. Box 31908, Lusaka, Zambia
Cell phone: +260 0977 783527
Office Phone: +260 211 251377
Email: nnkombo@hotmail.com

If you decide that your child should leave the study, no more information will be collected from your child. We will make every effort to delete the information we have collected from your child. However, after today, we cannot guarantee we will be able to delete information that has already been shared.

If you have any questions about your child's rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
Address: Tropical Diseases Research Centre
P.O. Box 71769, Ndola, Zambia
Phone: +260 966 787234
Email: khondowes@tdrc.org.zm

Are there any costs?

There is no cost to you for your child being in the survey. You should also know that neither you nor your child would be paid for your child to be in the survey.

Do you want to ask me anything about your child’s participation in the survey?

Consent Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions I had have been answered satisfactorily. I agree for my child to take part in this survey. I know that after allowing my child to participate, I may change my mind and withdraw him/her from taking part in this survey at any time. I have been offered a copy of this consent form.

1. Do you agree that your child will give blood for HIV and hepatitis B testing and related testing? ‘YES’ means that you give your permission to have the nurse collect a sample of your child’s blood for HIV and hepatitis B testing and related testing. ‘NO’ means that your child will NOT give blood for HIV and hepatitis B testing and related testing.

_____Yes _____No
(If “Yes” proceed to the next question)

2. Do you agree to have your child’s leftover blood stored for other additional HIV related testing? ‘YES’ means that you give permission for your child’s blood samples to be stored for other additional HIV related testing. ‘NO’ means that your child’s blood samples will NOT be stored for other additional HIV related testing.

_____Yes _____No

Parent/guardian signature or mark _____ Date: ___/___/___
Printed name of parent/guardian _____
Parent/guardian ID number _____ (If applicable. If not applicable check here ___)

[For illiterate participants]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining consent _____ Date: __/__/__

Printed name of person obtaining consent _____

Survey staff ID number _____

Child's name (print) _____

Child's participant ID number _____

Zambia Population-based HIV Impact Assessment: Consent for Blood Draw, ages 6-9

Interviewer reads:

What language do you prefer for our discussion today?

English

Bemba

Nyanja

Lozi

Tonga

Lunda

Luvale

Kaonde

Other Language: Specify _____

Now I would like to ask you to let your child take part in the research study/survey.

This form might have some words in it that are not familiar to you. Please ask me to explain anything that you do not understand.

What is the purpose of the survey?

HIV is the virus that causes AIDS. AIDS is a very serious illness. This survey will help us learn more about the health of children in Zambia. We plan to ask thousands of children like yours to join this survey. We would like to invite your child to join the survey too. Your child's participation will help the Ministry of Health make HIV services better.

What will happen to your child if you agree to allow your child to take part?

If you agree to allow your child to take part in the survey, a trained nurse will take about one teaspoon of blood (about 5 mL) from your child's arm to perform HIV and hepatitis B tests here in your home. Like HIV, hepatitis B is a serious infection that can cause very serious illnesses if left untreated. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger.

We will give you the results of these blood tests today. We will not share the results with your child unless you ask us to do so. We will also provide counseling about the results and discuss with you how to share the test results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and counseling session will take about 40 minutes.

If your child tests positive for HIV, we will also test the amount of CD4 cells in his/her blood and give you the result today. CD4 cells are the part of the immune system that fight HIV infection and other diseases. We will also test the amount of CD4 cells in children without HIV. In addition, if your child tests positive for HIV, we will send his/her blood to a laboratory to measure his/her viral load. Viral load is the amount of HIV in the blood. This information may help a doctor or nurse treat your child. We may also do other additional tests related to HIV. If we have test results that might guide your child's care or treatment and you provide us with contact information, we will contact you to tell you how you and your child's doctor or nurse may get these results.

After the blood test, we will show you a list of the nearest Ministry of Health-approved and recommended health facilities for HIV, where you will be able to talk to trained doctors and nurses about your child's HIV test results. We will give you a referral form to the health facility you select and information on today's test results so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count and overall health. Your child's viral load test results will be ready in six to eight weeks. When the results are ready, we will send the results to your health facility of choice. If you provide us with your contact information we will contact you to let you know the results are ready and encourage you to go to your health facility to discuss your child's viral load results with a doctor or nurse.

As I stated before, we will also test your child's blood for hepatitis B. If your child test positive for hepatitis B, we will refer you to the nearest appropriate health facility for further testing for your child.

What will happen to your child's leftover blood?

We would like to ask your permission to store your child's leftover blood for other additional HIV related tests such as tests for toxoplasmosis , cryptococcal meningitis, hepatitis C or cytomegalovirus. We would store your child's leftover blood for the length of the study, but your child's name will only be on the sample for three years. During this three year period, we will attempt to tell you about any tests results that are important for your child's health. Your child's leftover blood will not be sold or used for commercial reasons. If you do not agree to have your child's blood samples stored for other additional HIV related tests, we will destroy your child's blood samples after survey-related testing has been completed.

What are the potential risks?

The needle may be uncomfortable for your child when it is put into and taken out of his/her arm. Experienced staff will do the tests under safe and clean conditions in order to protect your child against any risk.

You may learn that your child is infected with HIV and/or hepatitis B. Learning that your child has HIV and/or hepatitis B may cause some emotional discomfort. You will decide when your child should be told of the test results. We will support whatever decision you make. We will provide counseling on how to cope with learning that your child has HIV and/or hepatitis B. We will also tell you where he/she may go for care and treatment.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

The main benefit for your child to be in the survey is the chance to learn more about his/her health today. Some children who participate will test positive for HIV and/or hepatitis B. If this happens to your child, the benefit is that you will learn his/her HIV and hepatitis B status and will learn where to take your child for life-saving treatment. Care and treatment provided by the Ministry of Health is free. If you already know that your child is HIV positive and he/she is on treatment, the CD4 and viral load tests can help your child's doctor or nurse judge how well the treatment is working. Your child taking part in this survey could help us learn more about children, HIV and hepatitis B in Zambia. It can help us learn about how well HIV prevention and treatment programs are working. It can also help improve these programs and services for Zambians.

What are alternatives to taking part?

You can decide to allow or not allow your child to take part in this survey. Or you can decide to allow your child to get his or her blood tested for HIV and hepatitis B, but not agree to have his or her blood stored for other additional HIV related tests. Your decision to allow your child to take part or not take part in this survey will not affect your child's health care in any way. However, we hope you will agree to allow your child to take part in this survey as getting HIV and hepatitis B tests can help your child. If your child tests positive for HIV and/or hepatitis B, he/she can start medication to keep him/her healthy.

What about confidentiality?

Your child's test results will be kept strictly confidential. We will only include your child's name on the referral forms we may give you to help the doctors and nurses at your health facility of choice identify your child. In all other cases, your child's name and the consent forms will be kept separate from his/her health information. Your name and your child's name will not appear when we share survey results. When we share results, the information we collect from your child will be identified by a number and not by your name or your child's name. Only people working on the survey will have access to the data during the survey.

The following individuals and agencies will be able to look at your child's survey records to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your child's rights as a participant. These

include the Tropical Diseases Research Centre in Zambia (TDRC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA), Columbia University Medical Center and Westat (a statistical survey research organization)

- The U.S. Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your child's rights as a participant in this survey
- Survey staff and monitors

The information we collect from your child will not be released outside of the survey groups listed above unless there is an issue of safety. If we learn of anything that could harm you or your child, we will provide information on where you can receive support. Your permission to allow us to use and share your child's name and contact information with the groups above will end three years after the end of the survey.

Who should you contact if you have questions?

If you want your child to leave the survey, have any questions about the survey, or feel that your child has been harmed by taking part, you should contact the Principal Investigator, Mr. Chipalo Kaliki at the Ministry of Health, or Ms. Nchimunya Nkombo at the Central Statistical Office (CSO), who can be reached at the number and address below.

Mr. Chipalo Kaliki
Address: Ministry of Health Headquarters, Ndeke house
P.O. Box 30205, Lusaka, Zambia
Office Phone: +260 211 253053
Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
Address: Central Statistical Office
P.O. Box 31908, Lusaka, Zambia
Cell phone: +260 0977 783527
Office Phone: +260 211 251377
Email: nnkombo@hotmail.com

If you decide that your child should leave the study, no more information will be collected from your child. We will make every effort to delete the information we have collected from your child. However, after today, we cannot guarantee we will be able to delete information that has already been shared.

If you have any questions about your child's rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
Address: Tropical Diseases Research Centre
P.O. Box 71769, Ndola, Zambia
Phone: +260 966 787234
Email: khondowes@tdrc.org.zm

Are there any costs?

There is no cost to you for your child being in the survey. You should also know that neither you nor your child would be paid for your child to be in the survey.

Do you want to ask me anything about your child’s participation in the survey?

Consent Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions I had have been answered satisfactorily. I agree for my child to take part in this survey. I know that after allowing my child to participate, I may change my mind and withdraw him/her from taking part in this survey at any time. I have been offered a copy of this consent form.

- 3. Do you agree that your child will give blood for HIV and hepatitis B testing and related testing? ‘YES’ means that you give your permission to have the nurse collect a sample of your child’s blood for HIV and hepatitis B testing and related testing. ‘NO’ means that your child will NOT give blood for HIV and hepatitis B testing and related testing.
 Yes No
 (If “Yes” proceed to the next question)

- 4. Do you agree to have your child’s leftover blood stored for other additional HIV related testing? ‘YES’ means that you give permission for your child’s blood samples to be stored for additional HIV related testing. ‘NO’ means that your child’s blood samples will NOT be stored for additional HIV related testing.
 Yes No

Parent/guardian signature or mark _____
 ___/___/___

Date:

Printed name of parent/guardian _____

Parent/guardian ID number _____ (If applicable. If not applicable check here __)

[For illiterate participants]

Signature of witness _____

Date: __/__/__

Printed name of witness _____

Signature of person obtaining consent _____

Date: __/__/__

Printed name of person obtaining consent _____

Survey staff ID number _____

Child's name (print) _____

Child's participant ID number _____

Zambia Population-based HIV Impact Assessment: Permission for Interview and Blood Draw, ages 10-14

Interviewer reads:

What language do you prefer for our discussion today?

English

Bemba

Nyanja

Lozi

Tonga

Lunda

Luvale

Kaonde

Other Language: Specify _____

Now I would like to ask you to give us permission to invite your child to take part in the research study/survey.

This form might have some words in it that are not familiar to you. Please ask me to explain anything that you do not understand.

What is the purpose of the survey?

HIV is the virus that causes AIDS. AIDS is a very serious illness. This survey will help us learn more about the health of children in Zambia. We plan to ask thousands of children like yours to join this survey. We would like to invite your child to join the survey too. Your child's participation will help the Ministry of Health make HIV services better.

What would happen to your child if you agree to allow your child to take part?

If you agree to allow us to invite your child to take part in the survey, we will invite your child to do an interview with us and then offer him/her a blood test for HIV and hepatitis B. Like HIV, hepatitis B is an infection that can cause very serious illnesses if left untreated.

In the interview, we will ask what your child knows about HIV. We will also ask about your child's behaviors that may put him or her at risk for HIV. The interview will take about 30 minutes. Out of

respect for your child's privacy, we will not share your child's answers to the interview questions with you. The interview will take place in private here at your house or an area around your house.

If you agree, after the interview, we will offer your child a blood test for HIV and hepatitis B. A trained nurse will take about one teaspoon of blood (about 5 mL) from your child's arm to perform the tests here in your home. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger.

We will give you the results of these blood tests today. We will not share the results with your child unless you ask us to do so. We will also provide counseling about the results and discuss with you how to share the test results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and counseling session will take about 40 minutes.

If your child tests positive for HIV, we will also test the amount of CD4 cells in his/her blood and give you the result today. CD4 cells are the part of the immune system that fight HIV infection and other diseases. We will also test the amount of CD4 cells in children without HIV. In addition, if your child tests positive for HIV, we will send his/her blood to a laboratory to measure his/her viral load. Viral load is the amount of HIV in the blood. This information may help a doctor or nurse treat your child. We may also do other additional tests related to HIV. If we have test results that might guide your child's care or treatment and you provide us with contact information, we will contact you to tell you how you and your child's doctor or nurse may get these results.

After the blood test, we will show you a list of the nearest Ministry of Health-approved and recommended health facilities for HIV, where you will be able to talk to trained doctors and nurses about your child's HIV test results. We will give you a referral form to the health facility you select and information on today's test results so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count and overall health. Your child's viral load test results will be ready in six to eight weeks. When the results are ready, we will send the results to your health facility of choice. If you provide us with your contact information, we will contact you to let you know the results are ready and encourage you to go to your health facility to discuss your child's viral load results with a doctor or nurse.

As I stated before, we will also test your child's blood for hepatitis B. If your child tests positive for hepatitis B, we will refer you to the nearest appropriate health facility for further testing for your child.

What will happen to your child's leftover blood?

We would like to ask your permission to store your child's leftover blood for other additional HIV related tests such as test for toxoplasmosis, cryptococcal meningitis, hepatitis C or cytomegalovirus. We would store your child's leftover blood for the length of the study, but your child's name will only be on the sample for three years. During this three year period, we will attempt to tell you about any tests results

that are important for your child's health. Your child's leftover blood will not be sold or used for commercial reasons. If you do not agree to have your child's blood samples stored for other additional HIV related tests, we will destroy your child's blood samples after survey-related testing has been completed.

What are the potential risks?

Your child may feel uncomfortable about some of the questions I will ask. I do not wish this to happen. Your child does not need to answer any question(s) if they feel the question(s) are too personal or if it makes them uncomfortable.

The needle may be uncomfortable for your child when it is put into and taken out of his/her arm. Experienced staff will do the tests under safe and clean conditions in order to protect your child against any risk.

You may learn that your child is infected with HIV and/or hepatitis B. Learning that your child has HIV and/or hepatitis B may cause some emotional discomfort. You will decide when your child should be told of the test results. We will support whatever decision you make. We will provide counseling on how to cope with learning that your child has HIV and/or hepatitis B. We will also tell you where he/she may go for care and treatment.

Lastly, as with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

The main benefit for your child to be in the survey is the chance to learn more about his/her health today. Some children who participate will test positive for HIV and/or hepatitis B. If this happens to your child, the benefit is that you will learn his/her HIV and hepatitis B status and will learn where to take your child for life-saving treatment. Care and treatment provided by the Ministry of Health is free. If you already know that your child is HIV positive and he/she is on treatment, the CD4 and viral load tests can help your child's doctor or nurse judge how well the treatment is working. Your child taking part in this survey could help us learn more about children, HIV and hepatitis B in Zambia. It can help us learn about how well HIV prevention and treatment programs are working. It can also help improve these programs and services for Zambians.

What are alternatives to taking part?

You can decide to not allow your child to take part in the survey. Or you can allow your child to take part in the interview, but not the blood testing. Or you can allow your child to take part in the interview and blood testing, but not agree to allow your child's leftover blood to be stored for other additional HIV related tests.

Your decision to allow your child to take part or not take part in this survey will not affect your child's health care in any way. However, we hope you will agree to allow your child to take part in this survey as getting HIV and hepatitis B tests can help your child. If your child tests positive for HIV and/or hepatitis B, he/she can start medication to keep him/her healthy.

What about confidentiality?

Your child's test results will be kept strictly confidential. We will only include your child's name on the referral forms we may give you to help the doctors and nurses at your health facility of choice identify your child. In all other cases, your child's name and the consent forms will be kept separate from his/her health information. Your name and your child's name will not appear when we share survey results. When we share results, the information we collect from your child will be identified by a number and not by your name or your child's name. Only people working on the survey will have access to the data during the survey.

The following individuals and agencies will be able to look at your child's survey records to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your child's rights as a participant. These include the Tropical Diseases Research Centre in Zambia (TDRC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA), Columbia University Medical Center and Westat (a statistical survey research organization)
- The U.S. Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your child's rights as a participant in this survey
- Survey staff and monitors

The information we collect from your child will not be released outside of the survey groups listed above unless there is an issue of safety. If we learn of anything that could harm you or your child, we will provide information on where you can receive support. Your permission to allow us to use and share your child's name and contact information with the groups above will end three years after the end of the survey.

Who should you contact if you have questions?

If you want your child to leave the survey, have any questions about the survey, or feel that your child has been harmed by taking part, you should contact the Principal Investigator, Mr. Chipalo Kaliki at the Ministry of Health, or Ms. Nchimunya Nkombo at the Central Statistical Office (CSO), who can be reached at the number and address below.

Mr. Chipalo Kaliki
Address: Ministry of Health Headquarters, Ndeke house
P.O. Box 30205, Lusaka, Zambia
Office Phone: +260 211 253053
Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
Address: Central Statistical Office
P.O. Box 31908, Lusaka, Zambia
Cell phone: +260 0977 783527
Office Phone: +260 211 251377
Email: nnkombo@hotmail.com

If you decide that your child should leave the study, no more information will be collected from your child. We will make every effort to delete the information we have collected from your child. However, after today, we cannot guarantee we will be able to delete information that has already been shared.

If you have any questions about your child's rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
Address: Tropical Diseases Research Centre
P.O. Box 71769, Ndola, Zambia
Phone: +260 966 787234
Email: khondowes@tdrc.org.zm

Are there any costs?

There is no cost to you for your child being in the survey. You should also know that neither you nor your child would be paid for your child to be in the survey.

Do you want to ask me anything about your child's participation in the survey?**Permission Statement**

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions I had have been answered satisfactorily. I agree for my child to take part in this survey. I know that after allowing my child to participate, I may change my mind and withdraw him/her from taking part in this survey at any time.

I agree to allow you to ask my child to be in this survey. I know that after allowing my child to decide whether he/she wants to be in this survey, he/she may withdraw at any time. His/her participation is voluntary. I have been offered a copy of this permission form.

5. Do you agree for us to ask your child to do the interview? YES' means that you give your permission to have the survey staff ask your child to do the interview. 'NO' means that you will NOT give permission for us to ask your child to be interviewed.

_____ Yes _____ No
(If "Yes" proceed to the next question)

6. Do you agree for us to ask your child to give blood for HIV and hepatitis B testing and related testing? 'YES' means that you give your permission for us to ask your child to have the nurse collect a sample of your child's blood for HIV and hepatitis B testing and related testing. 'NO' means that we will NOT ask your child to give blood for HIV and hepatitis B testing and related testing.

_____ Yes _____ No
(If "Yes" proceed to the next question)

7. Do you agree to have your child's leftover blood stored for other additional HIV related testing? 'YES' means that you give permission for your child's blood samples to be stored for other additional HIV related testing. 'NO' means that your child's blood samples will NOT be stored for other additional HIV related testing.

_____ Yes _____ No

Parent/guardian signature or mark _____ Date: __/__/__

Printed name of parent/guardian _____

Parent/guardian ID number _____ (If applicable. If not applicable check here __)

[For illiterate participants]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining permission _____ Date: __/__/__

Printed name of person obtaining permission _____

Survey staff ID number _____

Child's name (print) _____

Child's participant ID number _____

Zambia Population-based HIV Impact Assessment: Permission for Interview and Blood Draw, ages 15-17

Interviewer reads:

What language do you prefer for our discussion today?

___ English

___ Bemba

___ Nyanja

___ Lozi

___ Tonga

___ Lunda

___ Luvale

___ Kaonde

___ Other Language: Specify _____

Now I would like to ask you to give us permission to invite your child to take part in the research study/survey.

This form might have some words in it that are not familiar to you. Please ask me to explain anything that you do not understand.

What is the purpose of the survey?

HIV is the virus that causes AIDS. AIDS is a very serious illness. This survey will help us learn more about the health of children in Zambia. We plan to ask thousands of children like yours to join this survey. We would like to invite your child to join the survey too. Your child's participation will help the Ministry of Health make HIV services better.

What would happen to your child if you agree to allow your child to take part?

If you agree to allow us to invite your child to take part in the survey, we will invite your child to do an interview with us and then offer him/her a blood test for HIV, hepatitis B and syphilis. Like HIV, hepatitis B and syphilis are infections that can cause very serious illnesses if left untreated.

In the interview, we will ask what your child knows about HIV. We will also ask about your child's behaviors that may put him or her at risk for HIV. The questions are the same as the ones we will ask adults who agree to participate in the survey. The interview will take about 50 minutes. Out of respect for your child's privacy, we will not share your child's answers to the interview questions with you. The interview will take place in private here in your house or an area around your house. It is also possible that your child may be eligible to take part in future studies related to health in Zambia. We will also ask your child for permission to contact them in the next two years if such an opportunity occurs.

If you agree, after the interview, we will offer your child a blood test for HIV, hepatitis B and syphilis. A trained nurse will take about three teaspoons or 14 mL of blood from your child's arm to perform the tests here in your home. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger.

We will give you the results of these blood tests today. We will not share the results with your child unless you ask us to do so. We will also provide counseling about the results and discuss with you how to share the test results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and counseling session will take about 40 minutes.

If your child tests positive for HIV, we will also test the amount of CD4 cells in his/her blood and give you the result today. CD4 cells are the part of the immune system that fight HIV infection and other diseases. We will also test the amount of CD4 cells in children without HIV. In addition, if your child tests positive for HIV, we will send his/her blood to a laboratory to measure his/her viral load. Viral load is the amount of HIV in the blood. This information may help a doctor or nurse treat your child. We may also do other additional tests related to HIV. If we have test results that might guide your child's care or treatment and you provide us with contact information, we will contact you to tell you how you and your child's doctor or nurse may get these results.

After the blood test, we will show you a list of the nearest Ministry of Health-approved and recommended health facilities for HIV, where you will be able to talk to trained doctors and nurses about your child's HIV test results. We will give you a referral form to the health facility you select and information on today's test results so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count and overall health. Your child's viral load test results will be ready in six to eight weeks. When the results are ready, we will send the results to your health facility of choice. If you provide us with your contact information, we will contact you to let you know the results are ready and encourage you to go to your health facility to discuss your child's viral load results with a doctor or nurse.

As I stated before, we will also test your child's blood for hepatitis B and syphilis. If your child tests positive for hepatitis B and/or syphilis, we will refer you to the nearest appropriate health facility for further testing for your child.

What will happen to your child's leftover blood?

We would like to ask your permission to store your child's leftover blood for other additional HIV related tests such as tests for toxoplasmosis, cryptococcal meningitis, hepatitis C or cytomegalovirus. We would store your child's leftover blood for the length of the study, but your child's name will only be on the sample for three years. During this three year period, we will attempt to tell you about any tests results that are important for your child's health. Your child's leftover blood will not be sold or used for commercial reasons. If you do not agree to have your child's blood samples stored for other additional HIV related tests, we will destroy your child's blood samples after survey-related testing has been completed.

What are the potential risks?

Your child may feel uncomfortable about some of the questions I will ask. I do not wish this to happen. Your child does not need to answer any question(s) if they feel the question(s) are too personal or if it makes them uncomfortable.

The needle may be uncomfortable for your child when it is put into and taken out of your child's arm. Experienced staff will do the tests under safe and clean conditions in order to protect your child against any risk.

You may learn that your child is infected with HIV, hepatitis B and/or syphilis. Learning that your child has HIV, hepatitis B and/or syphilis may cause some emotional discomfort. You will decide when your child should be told of the test results. We will support whatever decision you make. We will provide counseling on how to cope with learning that your child has HIV, hepatitis B and/or syphilis. We will also tell you where he/she may go for care and treatment.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

The main benefit for your child to be in the survey is the chance to learn more about his/her health today. Some children who participate will test positive for HIV, hepatitis B and/or syphilis. If this happens to your child, the benefit is that you will learn his/her HIV, hepatitis B and syphilis status. You will also learn where to take your child for life-saving treatment. Care and treatment provided by the Ministry of Health is free. If you already know that your child is HIV positive and he/she is on treatment, the CD4 and viral load tests can help your child's doctor or nurse judge how well the treatment is working. Your child's taking part in this survey could help us learn more about children, HIV, hepatitis B and syphilis in Zambia. It can also help us learn about how well HIV prevention and treatment programs are working and how to improve these programs and services.

What are alternatives to taking part?

You can decide to not allow your child to take part in any parts of the survey. Or you can allow your child to take part in the interview, but not the blood testing. Or you can allow your child to take part in the interview and blood testing, but not agree to allow your child's leftover blood to be stored for other additional HIV related tests.

Your decision to allow your child to take part or not take part in this survey will not affect your child's health care in any way. However, we hope you will agree to allow your child to take part in this survey as getting HIV, hepatitis B and syphilis tests can help your child. If your child tests positive for HIV, hepatitis B and/or syphilis, he/she can start medication to keep him/her healthy.

What about confidentiality?

Your child's test results will be kept strictly confidential. We will only include your child's name on the referral forms we may give you to help the doctors and nurses at your health facility of choice identify your child. In all other cases, your child's name and the consent forms will be kept separate from his/her health information. Your name and your child's name will not appear when we share survey results. When we share results, the information we collect from your child will be identified by a number and not by your name or your child's name. Only people working on the survey will have access to the data during the survey.

The following individuals and agencies will be able to look at your child's survey records to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your child's rights as a participant. These include the Tropical Diseases Research Centre in Zambia (TDRC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA), Columbia University Medical Center and Westat (a statistical survey research organization)
- The U.S. Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your child's rights as a participant in this survey
- Survey staff and monitors

The information we collect from your child will not be released outside of the survey groups listed above unless there is an issue of safety. If we learn of anything that could harm you or your child, we will provide information on where you can receive support. Your permission to allow us to use and share your child's name and contact information with the groups above will end three years after the end of the survey.

Who should you contact if you have questions?

If you want your child to leave the survey, have any questions about the survey, or feel that your child has been harmed by taking part, you should contact the Principal Investigator, Mr. Chipalo Kaliki at the Ministry of Health, or Ms. Nchimunya Nkombo at the Central Statistical Office (CSO), who can be reached at the number and address below.

Mr. Chipalo Kaliki
Address: Ministry of Health Headquarters, Ndeke house
P.O. Box 30205, Lusaka, Zambia
Office Phone: +260 211 253053
Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
Address: Central Statistical Office
P.O. Box 31908, Lusaka, Zambia
Cell phone: +260 0977 783527
Office Phone: +260 211 251377
Email: nnkombo@hotmail.com

If you decide that your child should leave the study, no more information will be collected from your child. We will make every effort to delete the information we have collected from your child. However, after today, we cannot guarantee we will be able to delete information that has already been shared.

If you have any questions about your child's rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
Address: Tropical Diseases Research Centre
P.O. Box 71769, Ndola, Zambia
Phone: +260 966 787234
Email: khondowes@tdrc.org.zm

Are there any costs?

There is no cost to you for your child being in the survey. You should also know that neither you nor your child would be paid for your child to be in the survey.

Do you want to ask me anything about your child's participation in the survey?**Permission Statement**

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had have been answered satisfactorily. I agree for my child to take part in this survey. I know that after allowing my child to participate, I may change my mind and withdraw him/her from taking part in this survey at any time.

I agree to allow you to ask my child to be in this survey. I know that after allowing my child to decide whether he/she wants to be in this survey, he/she may withdraw at any time. His/her participation is voluntary. I have been offered a copy of this permission form.

8. Do you agree for us to ask your child to do the interview? YES' means that you give your permission to have the survey staff ask your child to do the interview. 'NO' means that you will NOT give permission for us to ask your child to be interviewed.

_____Yes _____No

(If "Yes" proceed to the next question)

9. Do you agree for us to ask your child to give blood for HIV, hepatitis B and syphilis testing and related testing? 'YES' means that you give your permission for us to ask your child to have the nurse collect a sample of your child's blood for HIV, hepatitis B and syphilis testing and related testing. 'NO' means that we will NOT ask your child to give blood for HIV, hepatitis B and syphilis testing and related testing.

_____Yes _____No

(If "Yes" proceed to the next question)

10. Do you agree to have your child's leftover blood stored for other additional HIV related testing? 'YES' means that you give permission for your child's blood samples to be stored for other additional HIV related testing. 'NO' means that your child's blood samples will NOT be stored for other additional HIV related testing.

_____Yes _____No

Parent/guardian signature or mark _____ Date: __/__/__

Printed name of parent/guardian _____

Parent/guardian ID number _____ (If applicable. If not applicable check here __)

[For illiterate participants]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining permission _____ Date: __/__/__

Printed name of person obtaining permission _____

Survey staff ID number _____

Child's name (print) _____

Child's participant ID number _____

Zambia Population-based HIV Impact Assessment: Assent for Interview, ages 10-14

Interviewer reads:

What language do you prefer to use for this discussion?

English

Bemba

Nyanja

Lozi

Tonga

Lunda

Luvale

Kaonde

Other Language: Specify _____

Hello. My name is _____. I would like to invite you to take part in a research study/survey. Surveys help us learn new things.

This form talks about our survey and the choice that you have to take part in it. I want you to ask me any questions that you have. You can ask questions any time.

Why are we doing this survey?

We are doing this survey to help us learn more about the health of children in Zambia. We plan to ask thousands of children like you to join this survey. We would like to invite you to join this survey too. Your parent/guardian said it was okay for us to ask you to join.

This form might have some words that you may not have heard before. Please ask me to explain anything that you do not understand.

What would happen if you joined this survey?

If you decide to join the survey, here is what would happen:

- We will ask you questions about your age and some of your activities. We will also ask you what you know about a germ called HIV that makes people very sick. The interview will take place in private here in your home or an area around your home.
- The interview will take about 30 minutes.
- After we ask you the questions, we will also ask you if it is okay to take some of your blood to test for HIV and hepatitis B. Like HIV, hepatitis B is a germ that can make people very sick. We will also ask you if we can store your blood for future surveys.

Could bad things happen to you if you joined this survey?

You may feel uncomfortable answering some of the questions I will ask. If I ask you any questions you don't want to answer, just let me know and I will go to the next question. You can stop the interview at any time.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this chance.

Could the survey help you?

Being in this survey may not help you. But you may help us figure out ways to help other children and learn more about HIV in Zambia. Taking part in this survey is important.

What else should you know about this survey?

If you don't want to be in the survey, you don't have to be. Nobody will get upset with you if you do not want to join the survey.

It is also OK to say 'yes' and change your mind later. You can stop being in the survey at any time. If you want to stop, please tell us.

We will not tell other people that you are in this survey. You can choose to tell your parent/guardian about the interview. However, we will not share your answers to the questions with your parent or guardian. We will not share information about you to anyone who does not work on the survey. Any information we share about you will have a number on it instead of your name.

The following individuals and agencies will be able to look at your survey records:

- Survey staff and monitors
- Staff members from groups that protect your rights as a survey participant to make sure that we are protecting your rights as a participant

If you have any questions about the survey, feel that you have been harmed by taking part, or no longer want to take part in the survey, you can contact Mr. Chipalo Kaliki or Ms. Nchimunya Nkombo:

Mr. Chipalo Kaliki
Address: Ministry of Health Headquarters, Ndeke house
P.O. Box 30205, Lusaka, Zambia
Office Phone: +260 211 253053
Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
Address: Central Statistical Office
P.O. Box 31908, Lusaka, Zambia
Cell phone: +260 0977 783527
Office Phone: +260 211 251377
Email: nnkombo@hotmail.com

If you have any questions about your rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
Address: Tropical Diseases Research Centre
P.O Box 71769, Ndola, Zambia
Phone: +260 966 787234
Email: khondowes@tdrc.org.zm

You should also know that you would not be paid to be in the study.

You can ask questions any time. Take the time you need to make your choice.

Do you want to ask me anything?

If you want to be asked questions after we talk, please write your name below. We will write our name too. This shows we talked about the survey and that you want to take part.

11. Do you agree to do the interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.

_____ Yes _____ No

Child signature or mark _____ Date: __/__/__

Printed name of child _____

Child's participant ID number _____

Printed name of parent/guardian _____

[For illiterate child]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining assent _____ Date: __/__/__

Printed name of person obtaining assent _____

Survey staff ID number _____

Zambia Population-based HIV Impact Assessment: Assent for Interview, ages 15-17

Interviewer reads:

What language do you prefer to use for this discussion?

English

Bemba

Nyanja

Lozi

Tonga

Lunda

Luvale

Kaonde

Other Language: Specify _____

Hello. My name is _____. I would like to invite you to take part in a research study/survey about HIV in Zambia. A survey is a way to learn about something by interviewing and testing many people.

This form talks about our survey and the choice that you have to take part in it. I want you to ask me any questions that you have. You can ask questions any time.

Why are we doing this survey?

HIV is the virus that causes AIDS. AIDS is a very serious illness. We are doing this survey to help us learn more about HIV, AIDS and the health of children in Zambia. We plan to ask thousands of children like you to join this survey. We would like to invite you to join this survey too. Your parent/guardian said it was okay for us to ask you to join.

This form might have some words in it that are not familiar to you. Please ask me to explain anything that you do not understand.

What would happen if you joined this survey?

If you agree to join, here is what would happen:

- We will ask you questions about your age and your knowledge about HIV. We will also ask you if you experienced any behaviors that may increase your chance of getting HIV.
- The interview will take about 50 minutes.
- After the interview, we will ask you if it is okay to take some of your blood to test for HIV, hepatitis B and syphilis. Like HIV, hepatitis B and syphilis are infections that can make someone very sick if left untreated. The testing and counseling will take about 40 minutes. You do not have to agree to the blood testing now. We will give you a separate opportunity to agree to the blood testing. You can agree to the interview, but not agree to the blood testing.
- Lastly, it is possible that you may be eligible to take part in future surveys related to health in Zambia. At the end of this form, we will ask you if it is okay to contact you in the next two years if such an opportunity occurs.

Could bad things happen to you if you joined the survey?

You may feel uncomfortable about some of the questions I will ask. If I ask you any questions you don't want to answer, just let me know and I will go to the next question. You can stop the interview at any time.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

Could this survey help you?

Being in this survey may not help you. But you may help us figure out ways to help other children and learn more about HIV in Zambia. Taking part in this survey is important.

What else should you know about this survey?

If you don't want to be in the survey, you don't have to be. Nobody will get upset with you if you do not want to join the survey. Your decision to take part or not take part will not affect your health care, but we hope you will agree to answer these questions since your views are important.

Will you share my answers in the interview with other people?

All the information you share with us during the interview will be kept confidential. You can choose to tell your parent/guardian about the interview. However, we will not share your answers to the questions with your parent or guardian. We will not tell other people that you are in this survey. We will not share information about you to anyone who does not work on the survey. Any information we share about you will have a number on it instead of your name. Only people working on the survey will be allowed to view the information we collect from you.

The following individuals and agencies will be able to look at your interview records to help oversee the conduct of this survey:

- Survey staff and monitors
- Staff members from groups that protect your rights as a survey participant to make sure that we are protecting your rights as a participant

Who should you contact if you have questions?

If you want to leave the survey, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the Principal Investigator, Mr. Chipalo Kaliki at the Ministry of Health, or Ms. Nchimunya Nkombo at the Central Statistical Office (CSO), who can be reached at the number and address below.

Mr. Chipalo Kaliki
 Address: Ministry of Health Headquarters, Ndeke house
 P.O. Box 30205, Lusaka, Zambia
 Office Phone: +260 211 253053
 Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
 Address: Central Statistical Office
 P.O. Box 31908, Lusaka, Zambia
 Cell phone: +260 0977 783527
 Office Phone: +260 211 251377
 Email: nnkombo@hotmail.com

If you have any questions about your rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
 Address: Tropical Diseases Research Centre
 P.O Box 71769, Ndola, Zambia
 Office phone: +260 212 620737
 Cell phone: +260 966 787234
 Email: khondowes@tdrc.org.zm

Are there any costs to taking part in the interview?

There is no cost to you for answering the questions in the interview. You should also know that you would not be paid to answer these questions.

You can ask questions any time. Take the time you need to make your choice.

Do you want to ask me anything?

Assent Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and was given time to ask questions. Any questions that I had were answered satisfactorily. I agree to take part in the individual interview. I know that after choosing to be in this individual interview, I may withdraw at any time. My participation is voluntary. I have been offered a copy of this assent form.

12. Do you agree to do the interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.

_____ Yes _____ No

13. **FUTURE RESEARCH:** It is possible that you may be eligible to participate in future studies related to health in Zambia. We are asking for your permission to contact you in the next two years if such an opportunity occurs. If we contact you, we will give you details about the new study and ask you to sign a separate assent form at that time. You may decide at that time that you do not want to take part in that study.

If you do not wish to be contacted about future studies, it does not affect your involvement in this study. Do you agree to be contacted in the future? 'YES' means that you agree to be contacted in the future if a study opportunity arises. 'NO' means that you will NOT be contacted about future studies.

_____ YES _____ NO

Participant signature or mark _____ Date: ___/___/___

Printed name of participant _____

Participant ID number _____

Printed name of parent/guardian _____

[For illiterate participants]

Signature of witness _____ Date: ___/___/___

Printed name of witness _____

Signature of person obtaining assent _____ Date: ___/___/___

Printed name of person obtaining assent _____

Survey staff ID number _____

Zambia Population-based HIV Impact Assessment: Consent for Blood Draw (18-59 years) and Special Case Minors (15-17 years)

Interviewer reads:

What language do you prefer to use for this discussion?

___ English

___ Bemba

___ Nyanja

___ Lozi

___ Tonga

___ Lunda

___ Luvale

___ Kaonde

___ Other Language: Specify _____

Hello. My name is _____. I will give you information about blood testing options in this research study/survey.

As a part of this survey, we are giving people who take part a chance to learn if they have HIV, hepatitis B and/or syphilis. HIV, hepatitis B and syphilis are infections that can cause very serious illness if left untreated. We are also asking people if we can keep some of their blood for other additional HIV related tests.

This form might have some words in it that are not familiar to you. Please ask me to explain anything that you do not understand.

What would happen to you if you agree to take part in the blood testing?

If you agree to the HIV, hepatitis B and syphilis blood testing, a trained nurse will take about three teaspoons or about 14 mL of blood from your arm. If it is not possible to take blood from your arm, then we will try to take a few drops of blood from your finger. We will give you the results of these blood tests today. We will provide counseling about the results. The testing and counseling session will take about 40 minutes.

If you test positive for HIV, we will also test the amount of CD4 cells in your blood and give you the result today. CD4 cells are the part of the immune system that fight HIV infection and other diseases. We will also test the amount of CD4 cells in people without HIV. If you test positive for HIV, we will send

your blood to a laboratory to measure your viral load. Viral load is the amount of HIV in the blood. This information will help a doctor or nurse treat you. We will also do other additional tests related to HIV. If we have test results that might guide your care or treatment and you provide us with contact information, we will contact you to tell you how you and your doctor or nurse may get these results.

After this blood test, we will show you a list of the nearest Ministry of Health-approved and recommended health facilities for HIV, where you will be able to talk to trained doctors and nurses about your HIV test results. We will give you a referral form to the health facility you select and information on today's test results so that you can consult with a doctor or nurse to learn more about your HIV test, CD4 count and overall health. Your viral load test results will be ready in six to eight weeks. When the results are ready, we will send the results to your health facility of choice. If you provide us with your contact information, we will contact you to let you know the results are ready and encourage you to go to your health facility to discuss your viral load results with a doctor or nurse.

As I stated before, we will also test your blood for hepatitis B and syphilis. If you test positive for hepatitis B and/or syphilis, we will refer you to the nearest appropriate health facility for further testing.

What will happen to your leftover blood?

We would like to ask your permission to store your leftover blood for other additional HIV related tests such as tests for toxoplasmosis, cryptococcal meningitis, hepatitis C or cytomegalovirus. We would store your leftover blood for the length of the study, but your name will only be on the sample for three years. During this three year period, we will attempt to tell you about any tests results that are important for your health. Your leftover blood will not be sold or used for commercial reasons. If you do not agree to have your blood samples stored for other additional HIV related tests, we will destroy your blood samples after survey-related testing has been completed.

What are the potential risks?

The needle may hurt when it is put into and taken out of your arm. Experienced staff will do the test under safe and clean conditions in order to protect you against any risk.

In addition, you may learn that you are infected with HIV, hepatitis B and/or syphilis. Learning that you have HIV, hepatitis B and/or syphilis may cause some emotional discomfort. We will provide counseling on how to cope with learning that you have HIV, hepatitis B and/or syphilis. We will also tell you where you may go for care and treatment.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

The main benefit is the chance to learn more about your health today. Some people who participate will test positive for HIV, hepatitis B and/or syphilis. If this happens to you, the benefit is that you will learn your HIV, hepatitis B and syphilis status. You will also learn where to go for life-saving treatment. Care and treatment provided by the Ministry of Health is free. If you already know that you are HIV positive and are on treatment, the CD4 and viral load tests can help your doctor or nurse judge how well the treatment is working. Your taking part in this blood testing could help us learn more about HIV, hepatitis B and syphilis in Zambia. It can help us learn about how well HIV prevention and treatment programs are working. It can also help improve these programs and services for Zambians.

What are alternatives to taking part?

You can decide to not take part in the blood testing. Or you can decide to take part in the blood testing, but not agree to allow your leftover blood to be stored for other additional HIV related tests.

Your decision to take part or not take part in the blood testing will not affect your health care in any way. However, we hope you will agree to take part as getting an HIV, hepatitis B and syphilis tests can help you. If you test positive for HIV, hepatitis B and/or syphilis, you can start medication to keep healthy.

What about confidentiality?

Your blood test results will be kept strictly confidential. We will only include your name on the referral forms we may give you to help the doctors and nurses at your health facility of choice identify you. In all other cases, your name and signed forms will be kept separate from your health information. Your name will not appear when we share survey results. When we share survey results, the information we collect from you will be identified by a number and not by your name. Only people working on the survey will have access to the data during the survey.

The following individuals and agencies will be able to look at your records to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your rights as a participant. These include the Tropical Diseases Research Centre in Zambia (TDRC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA), Columbia University Medical Center and Westat (a statistical survey research organization)
- The U.S. Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your rights as a participant in this survey
- Survey staff and monitors

The information we collect from you will not be released outside of the survey groups listed above unless there is an issue of safety. If we learn of anything that could harm you, we will provide information on where you can receive support. Your permission to allow us to use and share your name and contact information with the groups above will end three years after the end of the survey.

Who should you contact if you have questions?

If you want to leave the survey, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the Principal Investigator, Mr. Chipalo Kaliki at the Ministry of Health, or Ms. Nchimunya Nkombo at the Central Statistical Office (CSO), who can be reached at the number and address below.

Mr. Chipalo Kaliki
Address: Ministry of Health Headquarters, Ndeke house
P.O. Box 30205, Lusaka, Zambia
Office Phone: +260 211 253053
Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
Address: Central Statistical Office
P.O. Box 31908, Lusaka, Zambia
Cell phone: +260 0977 783527
Office Phone: +260 211 251377
Email: nnkombo@hotmail.com

If you decide to leave the study, no more information will be collected from you. We will make every effort to delete the information we have collected from you. However, after today, we cannot guarantee we will be able to delete information that has already been shared.

If you have any questions about your rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
Address: Tropical Diseases Research Centre
P.O Box 71769, Ndola, Zambia
Office phone: +260 212 620737
Cell phone: +260 966 787234
Email: khondowe@tdrc.org.zm

Are there any costs?

There is no cost to you for receiving the blood tests today. You should also know that you would not be paid to receive the blood tests.

Do you want to ask me anything about:

- Taking your blood for HIV and hepatitis B testing?
- Testing in the laboratory?
- Storage of blood for other additional HIV related tests?

Consent Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and was given time to ask questions. Any questions that I had were answered satisfactorily. I agree to be in this survey. I know that after choosing to be in this survey, I may withdraw at any time. My participation is voluntary. I have been offered a copy of this consent form.

1. Do you agree to give blood for HIV, hepatitis B and syphilis testing and related testing? 'YES' means that you agree to give blood for HIV, hepatitis B, and syphilis testing and related testing. 'NO' means that you will NOT give blood for HIV, hepatitis B, and syphilis testing and related testing.

_____Yes _____No
(If "Yes" proceed to the next question)

2. Do you agree to have your leftover blood stored for other additional HIV related testing? 'YES' means that you give permission for your blood samples to be stored for other additional HIV related testing. 'NO' means that your blood samples will NOT be stored for other additional HIV related testing.

_____Yes _____No

Participant signature or mark _____ Date: __/__/__
Printed name of participant _____
Participant ID number _____

[For illiterate participants]

Signature of witness _____ Date: __/__/__
Printed name of witness _____

Signature of person obtaining consent _____ Date: __/__/__
Printed name of person obtaining consent _____

Survey staff ID number _____

Zambia Population-based HIV Impact Assessment: Assent for Blood Draw, ages 10-14

Nurse counselor/Interviewer reads:

What language do you prefer for our discussion today?

English

Bemba

Nyanja

Lozi

Tonga

Lunda

Luvale

Kaonde

Other Language: Specify _____

Hello. My name is _____. I will give you information about the blood testing part of this research study/survey.

As a part of this survey, we are giving people who take part a chance to learn if they have HIV or hepatitis B. HIV and hepatitis B are germs that can make people very sick. We are also asking people if we can keep some of their blood for other additional HIV related testing.

This form might have some words in it that you may not understand. Please ask me to explain anything that you do not understand. You can ask me questions any time.

What would happen if you joined the blood testing part of this survey?

- If you decide to join the blood testing part of the survey, here is what would happen:
- We will use a needle to take some of your blood from your arm and then we would test your blood for HIV and hepatitis B today in your home.
- It will take about 40 minutes to do the test and to talk to your parents about the results.
- If you test positive for HIV, we will do another test on the blood we have already collected to measure the cells in your blood that fight HIV and other infections. We will also measure these cells from some children without HIV. We will do this test here at your home.
- If you test positive for HIV, we will send your blood to a laboratory to measure the amount of HIV in your blood.

We would like to ask you to store your leftover blood for other additional HIV related tests. We would store your leftover blood for the length of the study, but your name will only be on the sample for three years. During this three year period, we will attempt to tell your parents/guardians about any tests results that are important for your health. Your leftover blood will not be sold or used for commercial reasons. If you do not agree to have your blood samples stored for other additional HIV related tests, we will destroy your blood samples after survey-related testing has been completed.

Could bad things happen if you take the blood tests?

The needle may hurt when it is put into and taken out of your arm. This will go away after a while. We will do our best to make it hurt as little as possible. Experienced nurses will do the test under safe and clean conditions to protect you from any risks. You can say ‘no’ to what we ask you to do for the survey at any time and we will stop.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

Could the blood testing help you?

Taking the blood test may help you learn if you have HIV and/or hepatitis B. After the blood test, we would give your tests results to your parent/guardian and they would decide on the best time to tell you the results. If your parent/guardian wants us to tell you about your test results, we would talk with you about any questions or worries you might have about the results. If you have HIV and/or hepatitis B, we will tell your parent/guardian where they can take you for medical care and treatment. Treatment for HIV and hepatitis B is free. We hope to learn about HIV healthcare needs in this survey. And we hope it will help other children in Zambia in the future.

What else should you know about the blood testing part of this survey?

If you don’t want to take the blood tests, you don’t have to. Nobody will get upset if you do not want to get your blood tested. You can say ‘yes’ to the blood testing and storage for other additional HIV related tests. Or you can say ‘yes’ to the blood testing, but ‘no’ to storage for other additional HIV related tests. You can also say ‘yes’ and change your mind later. You can stop the blood testing at any time. If you want to stop, please tell us.

We will not tell other people that you took a blood test today. We will not share information about you to anyone who does not work on the survey. Any information we share about you will have a number on it instead of your name.

The following individuals and agencies will be able to look at your blood testing records:

- Survey staff and monitors
- Staff members from groups that protect your rights as a survey participant to ensure that we are protecting your rights as a participant

Who should you contact if you have questions?

If you have any questions about the survey or blood test, feel that you have been harmed by taking part, or no longer want to participate in the survey, you can contact Mr. Chipalo Kaliki or Ms. Nchimunya Nkombo who can be reached at the number and address below:

Mr. Chipalo Kaliki
Address: Ministry of Health Headquarters, Ndeke house
P.O. Box 30205, Lusaka, Zambia
Office Phone: +260 211 253053
Email: ckaliki@gmail.com

Ms. Nchimunya Nkombo
Address: Central Statistical Office
P.O. Box 31908, Lusaka, Zambia
Cell phone: +260 0977 783527
Office Phone: +260 211 251377
Email: nnkombo@hotmail.com

If you have any questions about your rights as a participant in this survey, you can contact:

Mr. Shepard Khondowe
Address: Tropical Diseases Research Centre
P.O Box 71769, Ndola, Zambia
Phone: +260 966 787234
Email: khondowe@tdrc.org.zm

Will you or your parent/guardian have to pay to receive blood testing?

There is no cost to you or your parent/guardian for receiving blood testing today. You should also know that you and your parent/guardian will not be paid for receiving blood testing.

Take the time you need to make your choice.

Do you want to ask me anything about:

- Taking your blood for HIV and hepatitis B testing?
- Testing in the laboratory?
- Storage of blood for other additional HIV related tests?

Assent statement

If you want to get a blood test and give your blood for research after we talk, please write your name below. We will write our name too. This shows we talked about the blood testing and that you want to take part.

1. Do you agree to give blood for HIV and hepatitis B testing and related testing? 'YES' means you want to receive HIV and hepatitis B testing and related testing. 'NO' means you do not want to receive HIV and hepatitis B testing and related testing.

_____Yes _____No
(If "Yes" proceed to the next question)

2. Do you agree to have your leftover blood stored for other additional HIV related testing? 'YES' means that you give permission for your blood samples to be stored for other additional HIV related testing. 'NO' means that your blood samples will NOT be stored for other additional HIV related testing.

_____ Yes _____ No

Child's signature or mark _____ Date: ___/___/___
Printed name of child _____
Child's participant ID number _____

Printed name of parent/guardian _____

[For illiterate participant]

Signature of witness _____ Date: ___/___/___

Printed name of witness _____

Signature of person obtaining assent _____ Date: ___/___/___

Printed name of person obtaining assent _____

Survey staff ID number _____

Zambia Population-based HIV Impact Assessment: Assent for Blood Draw, ages 15-17

Nurse counselor/Interviewer reads:

What language do you prefer to use for this discussion?

English

Bemba

Nyanja

Lozi

Tonga

Lunda

Luvale

Kaonde

Other Language: Specify _____

Hello. My name is _____. I will give you information about the blood testing part of this research study/survey.

As a part of this survey, we are giving people who take part a chance to learn if they have HIV, hepatitis B and/or syphilis. HIV, hepatitis B and syphilis are infections that can make someone very sick if left untreated. We are also asking people if we can keep some of their blood for other additional HIV related testing.

This form might have some words in it that you may not understand. Please ask me to explain anything that you do not understand. You can ask me questions any time.

What would happen if you joined the blood testing part of this survey?

If you decide to join the blood testing part of the survey, here is what would happen:

- We will use a needle to take some of your blood from your arm and then we would test your blood for HIV, hepatitis B and syphilis today in your home.
- It will take about 40 minutes to do the test and to talk to your parents about the results.

- If you test positive for HIV, we will do another test on the blood we have already collected to measure the cells in your blood that fight HIV and other infections. We will also measure these cells from some children without HIV. We will do this test here at your home.
- If you test positive for HIV, we will send your blood to a laboratory to measure the amount of HIV in your blood.
- Lastly, we will ask you if we can use your leftover blood for other additional HIV related tests. We would store your leftover blood for the length of the study, but your name will only be on the sample for three years. During this three year period, we will attempt to tell your parents/guardians about any tests results that are important for your health. Your leftover blood will not be sold or used for commercial reasons. If you do not agree to have your blood samples stored for other additional HIV related tests, we will destroy your blood samples after survey-related testing has been completed.

Could bad things happen if you take the blood tests?

The needle may hurt when it is put into and taken out of your arm. This will go away after a while. We will do our best to make it hurt as little as possible. Experienced nurses will do the test under safe and clean conditions to protect you from any risks. You can say 'no' to what we ask you to do for the survey at any time and we will stop.

In addition, you may learn that you are infected with HIV, hepatitis B and/or syphilis. Learning that you have HIV, hepatitis B and/or syphilis may cause some emotional discomfort. If your parent/guardian agrees, we will provide counseling on how to cope with learning that you have HIV, hepatitis B and/or syphilis, and tell your parent/guardian where you may go for care and treatment.

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

Could the blood testing help you?

Taking the blood test may help you learn if you have HIV, hepatitis B and or syphilis. After the blood test, we would give your tests results to your parent/guardian and they would decide on the best time to tell you the results. If your parent/guardian wants us to tell you about your test results, we would talk with you about any questions or worries you might have about the results. If you have HIV, hepatitis B and/or syphilis, we will tell your parent/guardian where they can take you for medical care and treatment. Treatment for HIV, hepatitis B and syphilis is free. We hope to learn about HIV healthcare needs in this survey. And we hope it will help other children in Zambia in the future.

What else should you know about the blood testing part of this survey?

If you don't want to take the blood tests, you don't have to. Nobody will get upset if you do not want to get your blood tested. You can say 'yes' to the blood testing and storage for other additional HIV related

tests. Or you can say 'yes' to the blood testing, but 'no' to storage for other additional HIV related tests. You can also say 'yes' and change your mind later. You can stop the blood testing at any time. If you want to stop, please tell us.

Your decision to take part or not take part in the blood testing will not affect your health care in any way. However, we hope you will agree to take part as getting an HIV, hepatitis B and syphilis tests can help you. If you test positive for HIV, hepatitis B and/or syphilis, you can start medication to keep healthy.

We will not tell other people that you took a blood test today. We will not share information about you to anyone who does not work on the survey. Any information we share about you will have a number on it instead of your name.

The following individuals and agencies will be able to look at your blood testing records:

- Survey staff and monitors
- Staff members from groups that protect your rights as a survey participant to ensure that we are protecting your rights as a participant

Who should you contact if you have questions?

If you have any questions about the survey or blood test, feel that you have been harmed by taking part, or no longer want to participate in the survey, you can contact Mr. Chipalo Kaliki or Ms. Nchimunya Nkombo, who can be reached at the number and address below:

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Mr. Shepard Khondowe
Address: Tropical Diseases Research Centre
P.O. Box 71769, Ndola, Zambia
Phone: +260 966 787234
Email: khondowe@tdrc.org.zm

Will you or your parent/guardian have to pay to receive blood testing?

There is no cost to you or your parent/guardian for receiving blood testing today. You should also know that you and your parent/guardian will not be paid for receiving blood testing.

Take the time you need to make your choice.

Do you want to ask me anything about:

- Taking your blood for HIV, hepatitis B, and/or syphilis testing?
- Testing in the laboratory?
- Storage of blood for other additional HIV related tests?

If you want to get a blood test and give your blood for research after we talk, please write your name below. We will write our name too. This shows we talked about the blood testing and that you want to take part.

Assent statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and was given time to ask questions. Any questions that I had have been answered satisfactorily. I agree to be in this survey. I know that after choosing to be in this survey, I may withdraw at any time. My participation is voluntary. I have been offered a copy of this assent form.

14. Do you agree to give blood for HIV, hepatitis B and syphilis testing and related testing? 'YES' means that you agree to give blood for HIV, hepatitis B, and syphilis testing and related testing. 'NO' means that you will NOT give blood for HIV, hepatitis B, syphilis testing and related testing.
_____ Yes _____ No
(If "Yes" proceed to the next question)

15. Do you agree to have your leftover blood stored for other additional HIV related testing? 'YES' means that you give permission for your blood samples to be stored for other additional HIV related testing. 'NO' means that your blood samples will NOT be stored for other additional HIV related testing.
_____ Yes _____ No

Participant signature or mark _____ Date: ___/___/___

Printed name of participant _____

Participant ID number _____

Printed name of parent/guardian _____

[For illiterate participants]

Signature of witness _____

Date: __/__/__

Printed name of witness _____

Signature of person obtaining assent _____

Date: __/__/__

Printed name of person obtaining assent _____

Survey staff ID number _____

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