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# Know Your HIV-Prevention Response: Southern Province, Zambia

## Chart Book on Implementation of HIV-prevention Interventions by Nongovernmental Organizations

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## List of Acronyms

ARV	antiretroviral
ART	antiretroviral therapy
CSO	Central Statistics Office
HIV	human immunodeficiency virus
HPV	human papilloma virus
INESOR	Institute of Economic and Social Research
KYR	Know Your Response
NAC	National HIV/AIDS/STI/TB Council
MSM	men who have sex with men
NGO	nongovernmental organization
PEPFAR	U.S. President's Emergency Plan For AIDS Relief
PLWH	people living with HIV
PWID	people who inject drugs
STI	sexually-transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	U.S. Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization
YFS	youth-friendly services

## Introduction

In 2007, Southern Province of Zambia had an HIV prevalence rate of 14.5 percent among men and women aged 15-49 years (Central Statistical Office et al., 2009). Data provided by the National HIV/AIDS/STI/TB Council (NAC) showed that in 2010 HIV prevalence was highest in Livingstone (25.3 percent), followed by Mazabuka (18.4 percent). Overall, 15.7 percent of adults in the districts of Choma, Monze, and Siavonga and 15.2 percent of those in Kalomo and Kazungula were HIV positive. Gwembe and Namwala had the lowest prevalence of HIV in Southern Province (6.2 percent). The National HIV and AIDS Strategic Framework of 2011-2015 identified the acceleration and intensification of prevention in order to reduce the annual rate of new HIV infections as one of the four national priorities for the HIV and AIDS response (Zambia NAC, 2009).

In 2013, MEASURE Evaluation in collaboration with the NAC and the Institute of Economic and Social Statistics (INESOR) of the University of Zambia, implemented the Know Your HIV Response (KYR) study, a situation analysis of HIV-prevention interventions in Southern Province, Zambia. The study had three primary objectives:

- determine what specific HIV-prevention interventions were being implemented;
- determine by which organizations and in which districts the interventions were being implemented; and
- assess the extent to which the HIV-prevention response matched current HIV-transmission patterns, were focused on geographic areas where HIV was spreading most rapidly, and covered technical recommendations for populations at higher risk of HIV exposure.

The purpose of this chart book is to disseminate easily understandable information on gaps in HIV-prevention interventions in the nongovernmental sector in Southern Province. It is hoped that the information presented will guide program implementers as they select and prioritize prevention interventions that are needed to have an impact on HIV incidence and prevalence.

### *Data and Methods*

The data come from a pilot test of the KYR tools. The study was funded by the U.S. Agency for International Development (USAID) and was implemented from September to October 2013 in Southern Province, in collaboration with the Institute of Economic and Social Research at the University of Zambia, and the NAC. One of the objectives of the pilot test was to determine whether data collected via the tool kit yielded information that was needed to assess the extent to which prevention interventions were focused on geographic areas where HIV was spreading most rapidly and covered technical recommendations for HIV-prevention among populations at higher risk of HIV exposure.

The Program Implementer Core Questionnaire and Program Implementer Modules for Key (and vulnerable) Populations at Higher Risk of HIV Exposure provided the information analyzed in this chart book. The core questionnaire and modules were administered to all HIV-implementing organizations operating in Southern Province, based on a list of registered implementers provided by the NAC. A total of 93 Program Implementers in the nongovernmental organization (NGO)-sector were successfully interviewed, representing a response rate of 84 percent.

The core questionnaire collected basic information about the implementing organization and for each of the organization's projects that currently conducted HIV-prevention activities, data were collected on the type of HIV-prevention activities implemented in the past 12 months, financial resources expended for HIV prevention activities in the past 12 months, and sources of funding for HIV-prevention activities implemented in the past 12 months. The structure of the core questionnaire was guided by Michael Sweat's (2008) framework for classifying HIV-prevention interventions, which was published by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The modules identified which of the following key/vulnerable populations were targeted by the organization in the past 12 months: female sex workers; men who have sex with men and transgender; people who inject drugs; young people aged 10-24 years in the general population; emergency settings and refugee/internally displaced populations; migrant and mobile populations; pregnant women, infants, and young children; uniformed personnel/services; and incarcerated populations. For each population subgroup, data were collected on a standard set of HIV-prevention interventions as well as on specific interventions for the group based on recommendations by the U.S. President's Emergency Plan For AIDS Relief (PEPFAR) and World Health Organization (WHO).

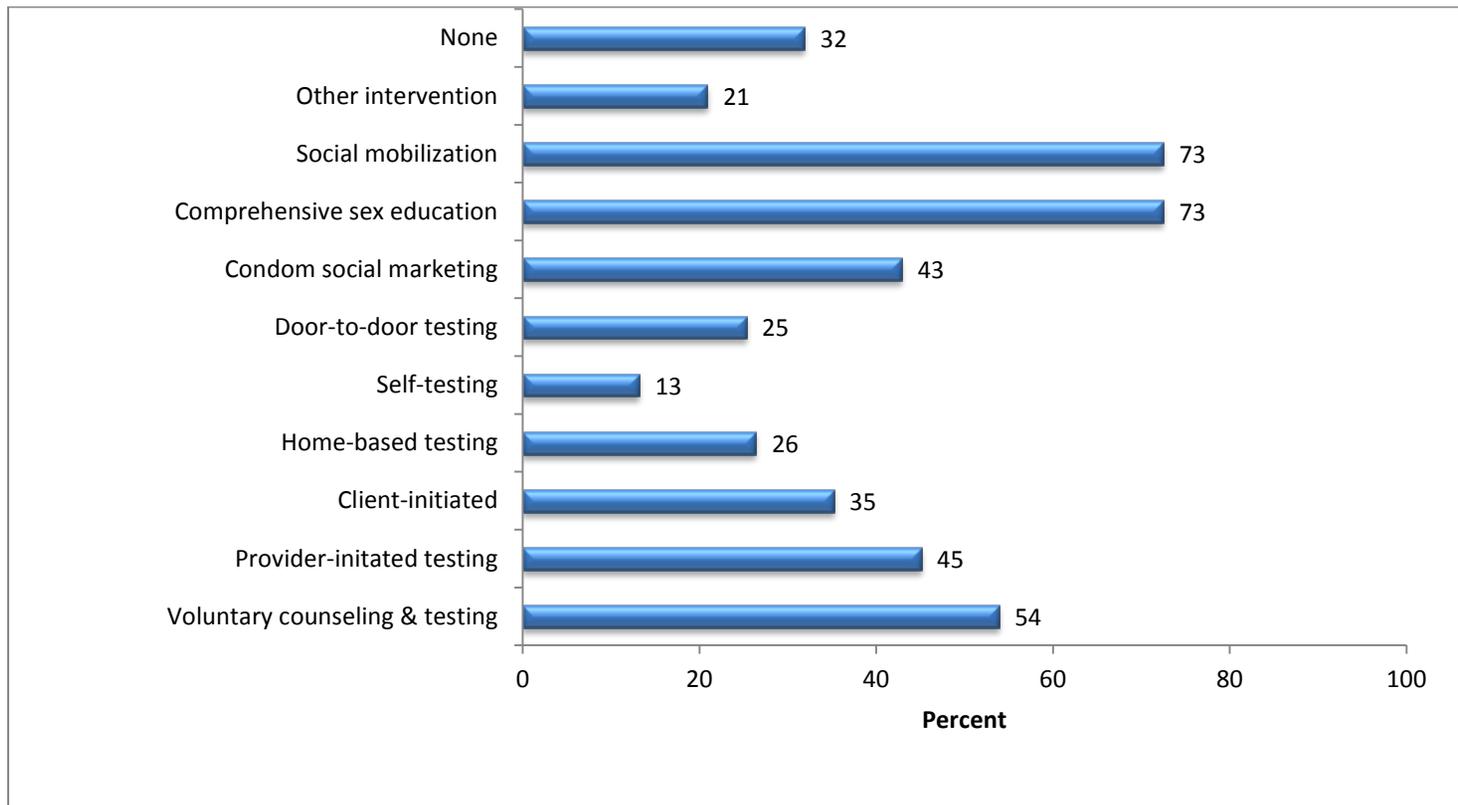
The study was approved by the Tulane University Human Research Protection Program Biomedical Institutional Review Board (IRB), New Orleans, Louisiana. Local IRB approval was obtained from ERES Converge, Lusaka; and authorization to conduct the study was from the Zambia NAC. Interviewers and supervisors received a one-day research ethics training, based on the FHI 360 Research Ethics Curriculum. The data collection instruments were pretested in Chongwe and Kafue Districts near Lusaka in July 2013.

The data were analyzed using Stata version 12.0. In order to estimate implementation rates for each intervention in a given district, percentages were calculated based on the total number of organizations that were completely interviewed (i.e., n=93 program implementing organizations for each calculation). Some charts also show the district availability (yes or no) of at least one surveyed organization that implemented a given priority intervention in the past 12 months for population subgroups at higher risk of HIV exposure.

**FIGURE 1**

Fewer organizations provided self-testing and door-to-door testing for HIV compared to provider- or client-initiated testing.

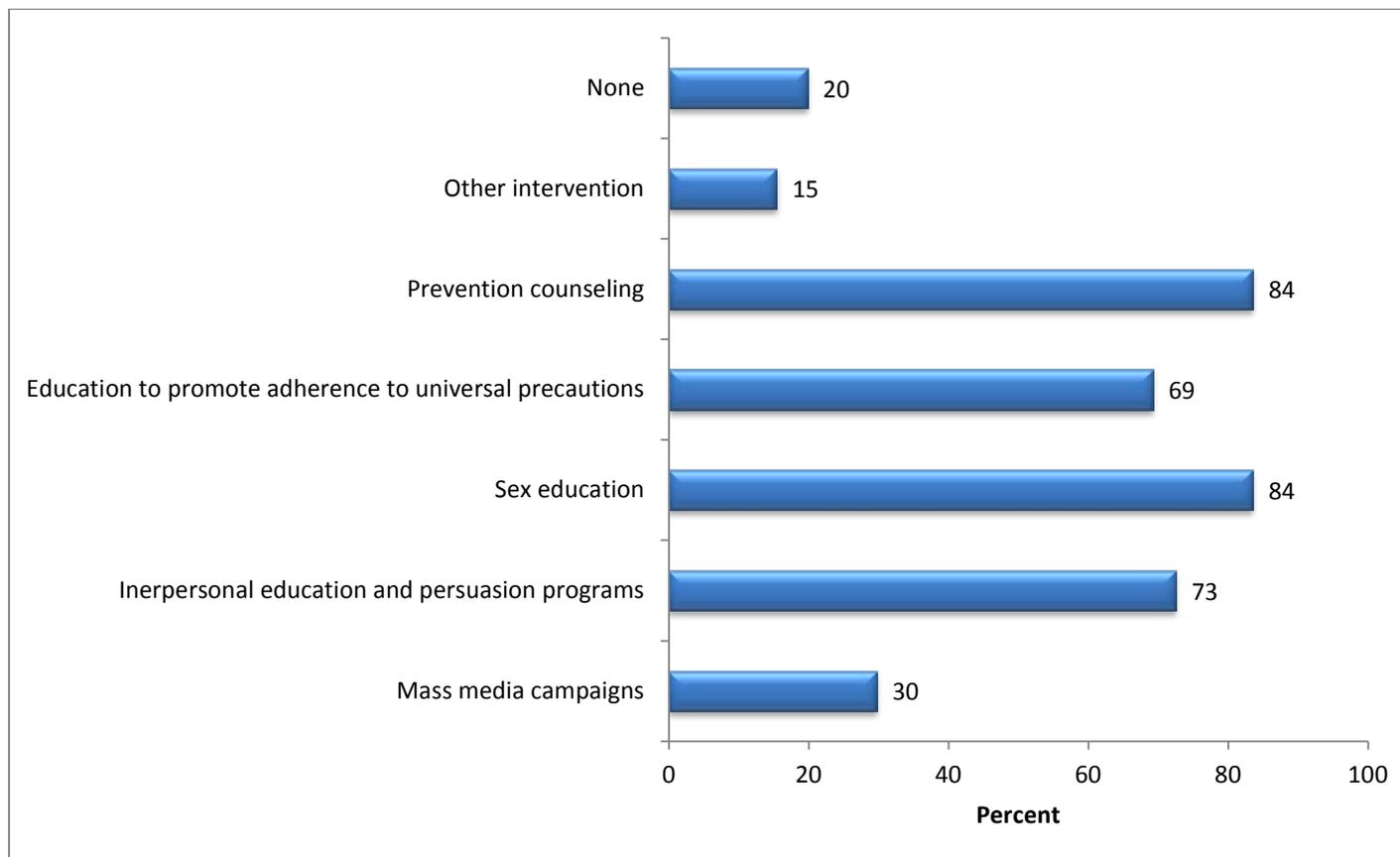
Percentage of organizations surveyed in Southern Province that were currently implementing standardized interventions, Zambia 2013



**FIGURE 2**

Mass media campaigns were implemented by fewer organizations surveyed than sex education programs or prevention counseling.

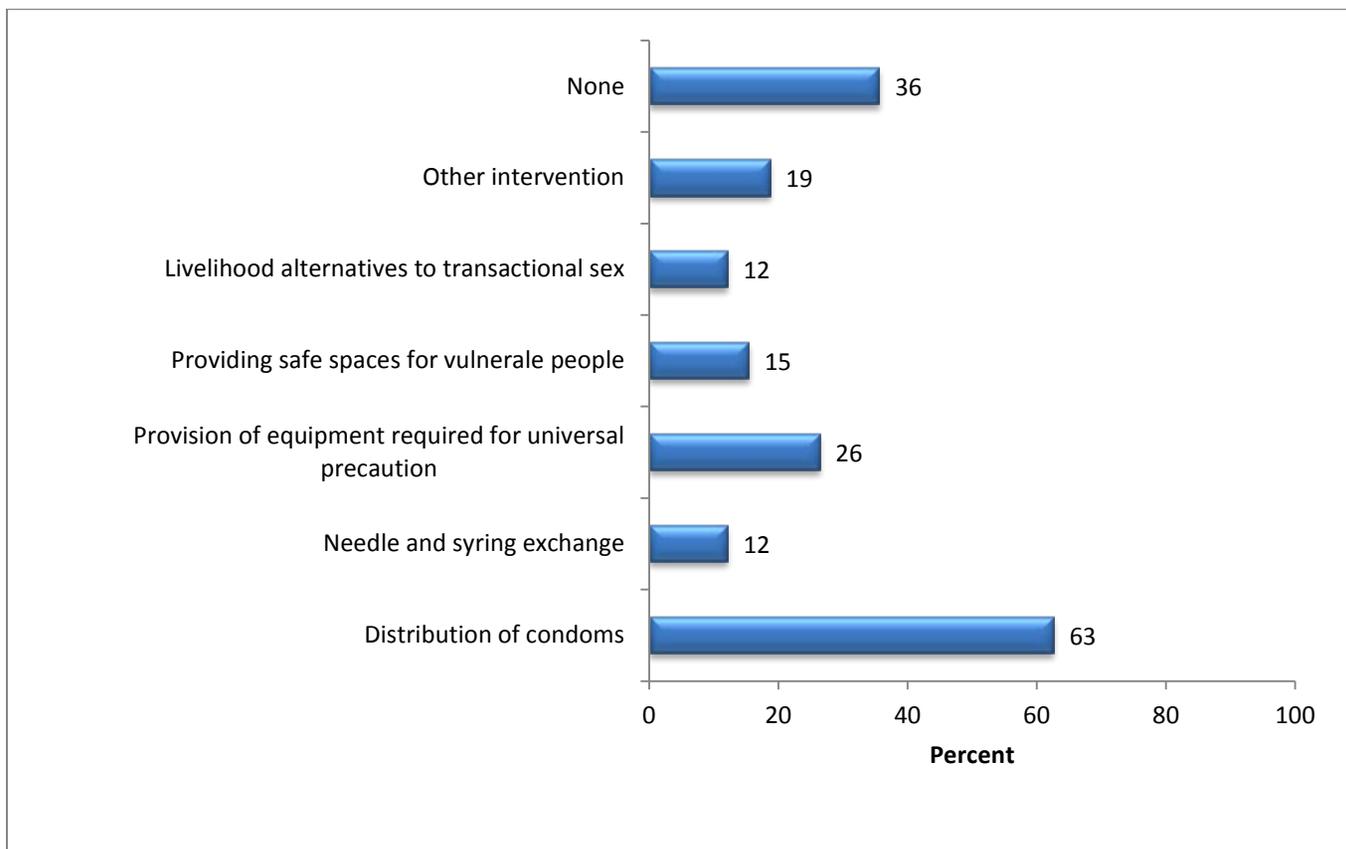
Percentage of organizations surveyed in Southern Province that were currently implementing harm reduction interventions, Zambia 2013



**FIGURE 3**

Livelihood alternatives to transactional sex were five times less commonly implemented than condom distribution.

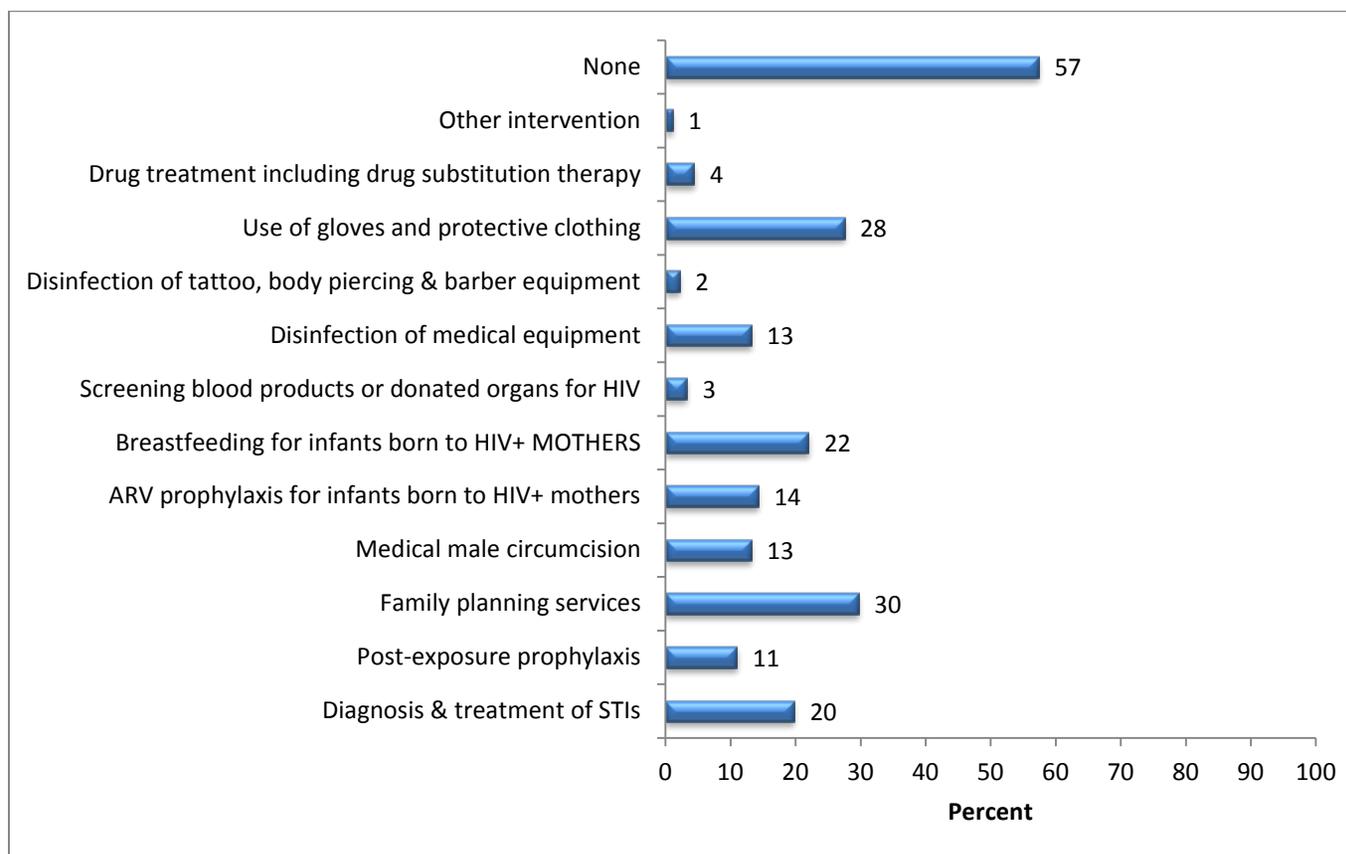
Percentage of organizations surveyed in Southern Province that were currently implementing standardized interventions, Zambia 2013



**FIGURE 4**

Less than half of organizations surveyed implemented biological or biomedical interventions.

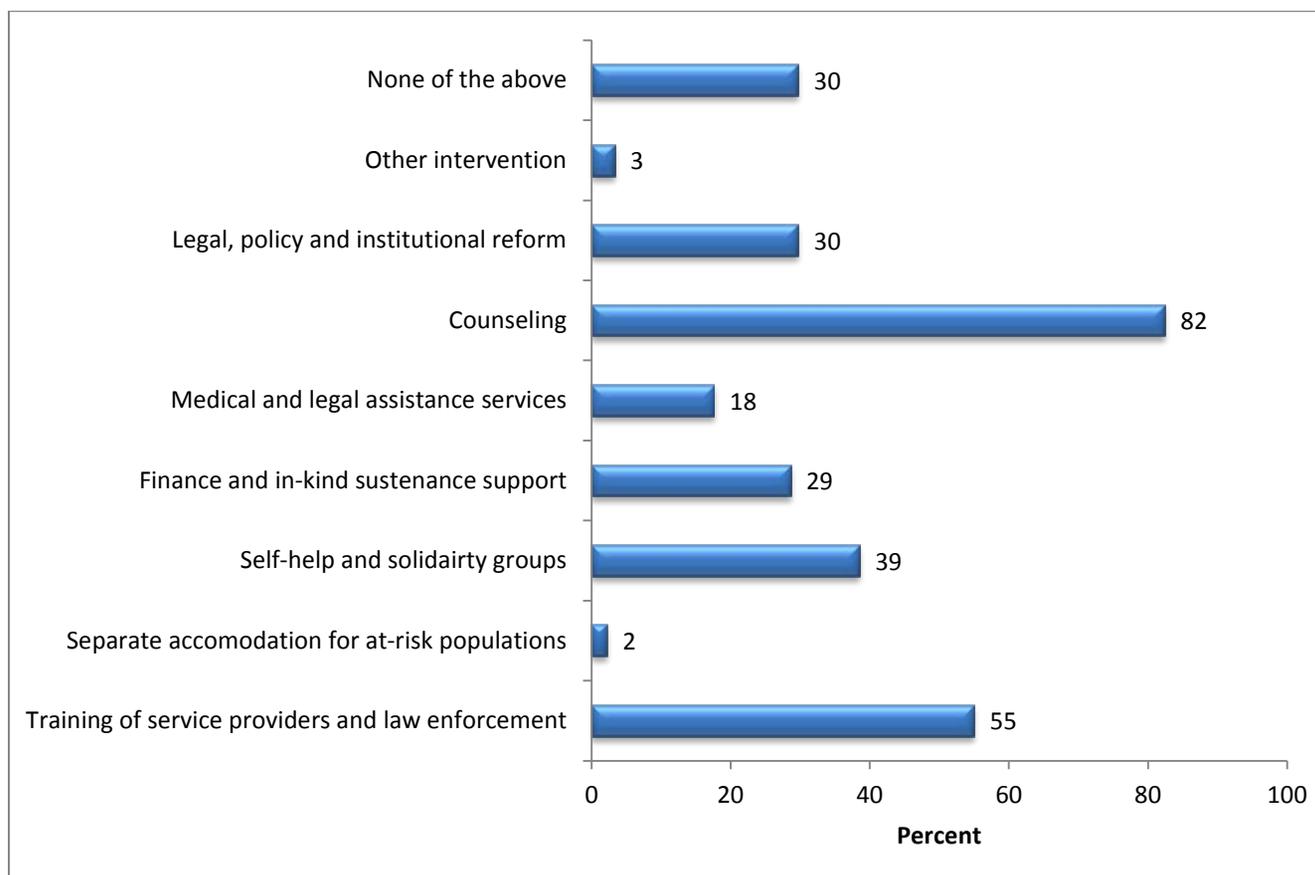
Percentage of organizations surveyed in Southern Province that were currently implementing biological or biomedical interventions, Zambia 2013



## FIGURE 5

Three of every 10 organizations surveyed worked on reforms to protect the rights of HIV-positive people.

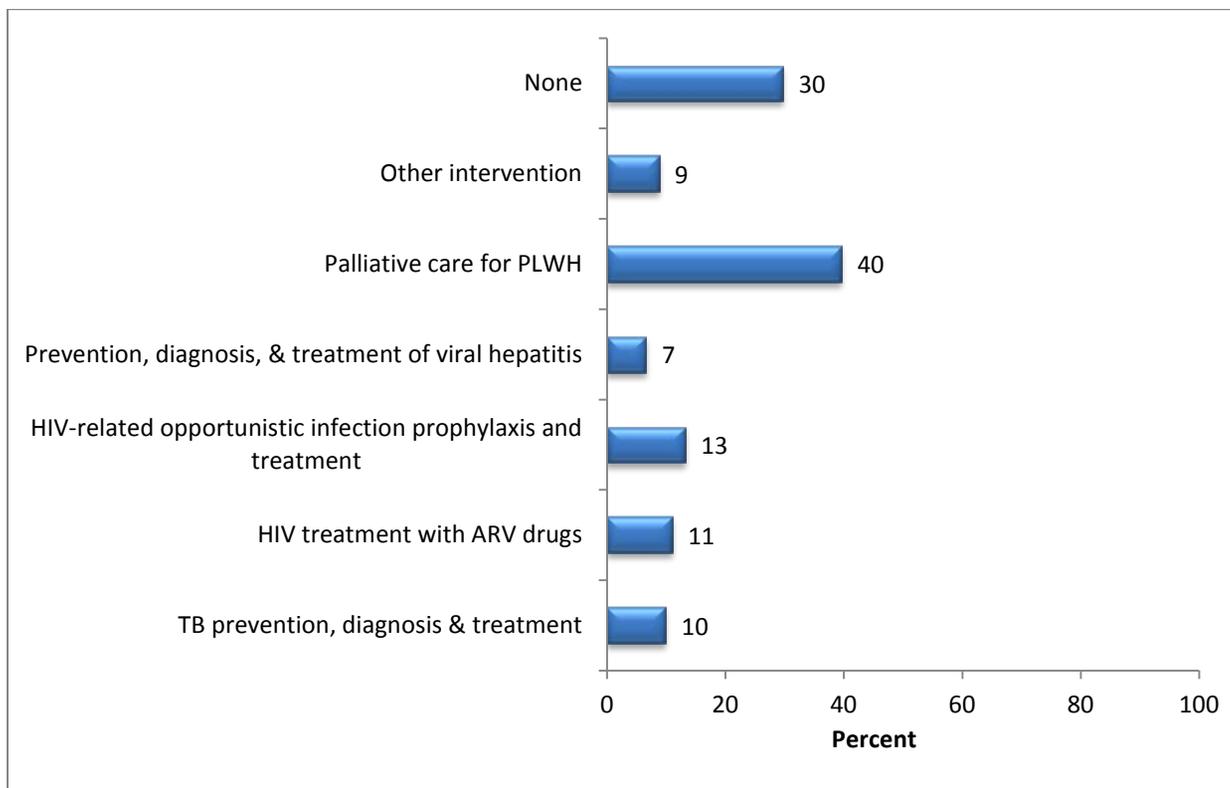
Percentage of organizations surveyed in Southern Province that were currently implementing interventions to mitigate barriers to prevention and negative social outcomes of HIV infection, Zambia 2013



**FIGURE 6**

Two in every five organizations surveyed provided palliative care for people living with HIV.

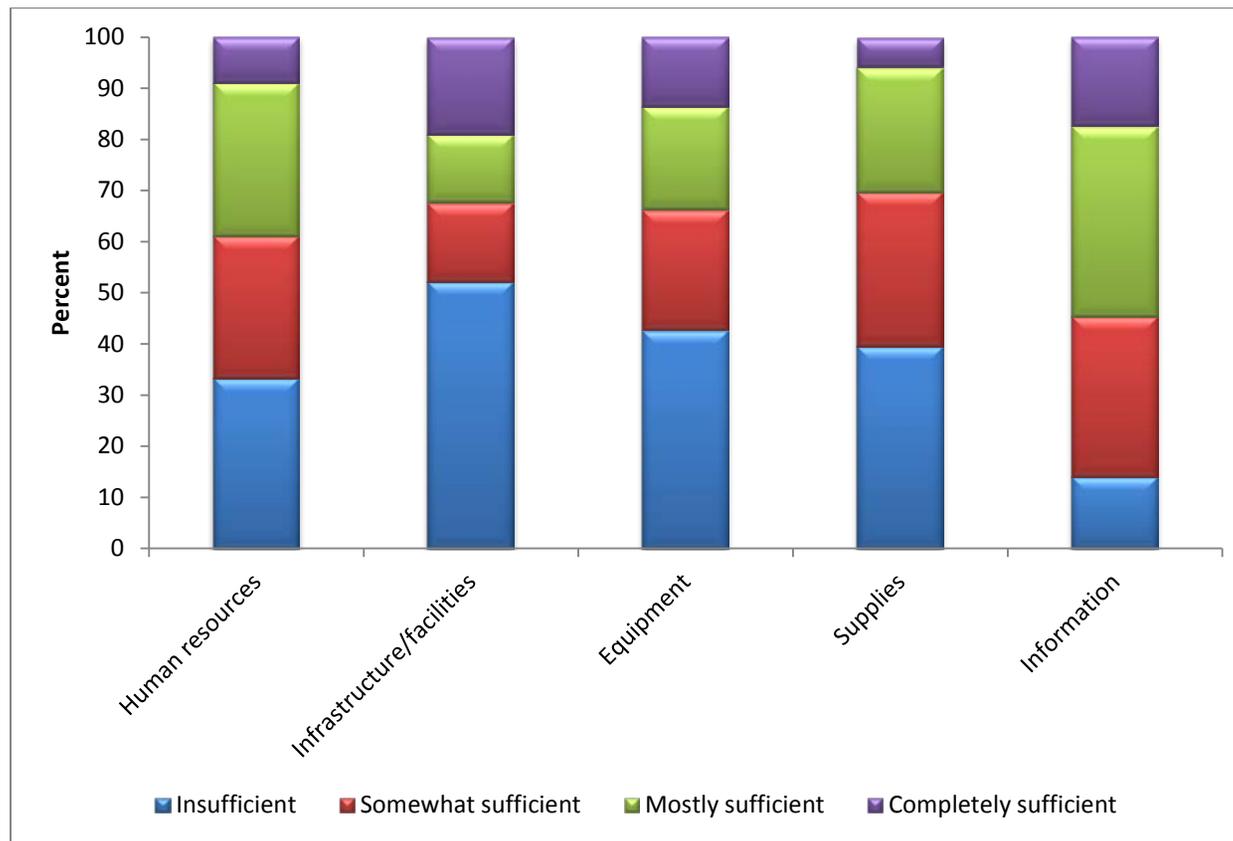
Percentage of organizations surveyed in Southern Province that were currently implementing interventions to mitigate biological outcomes of HIV infection, Zambia 2013



**FIGURE 7**

More than half of organizations surveyed felt that the quantity of infrastructure was insufficient for current HIV-prevention activities.

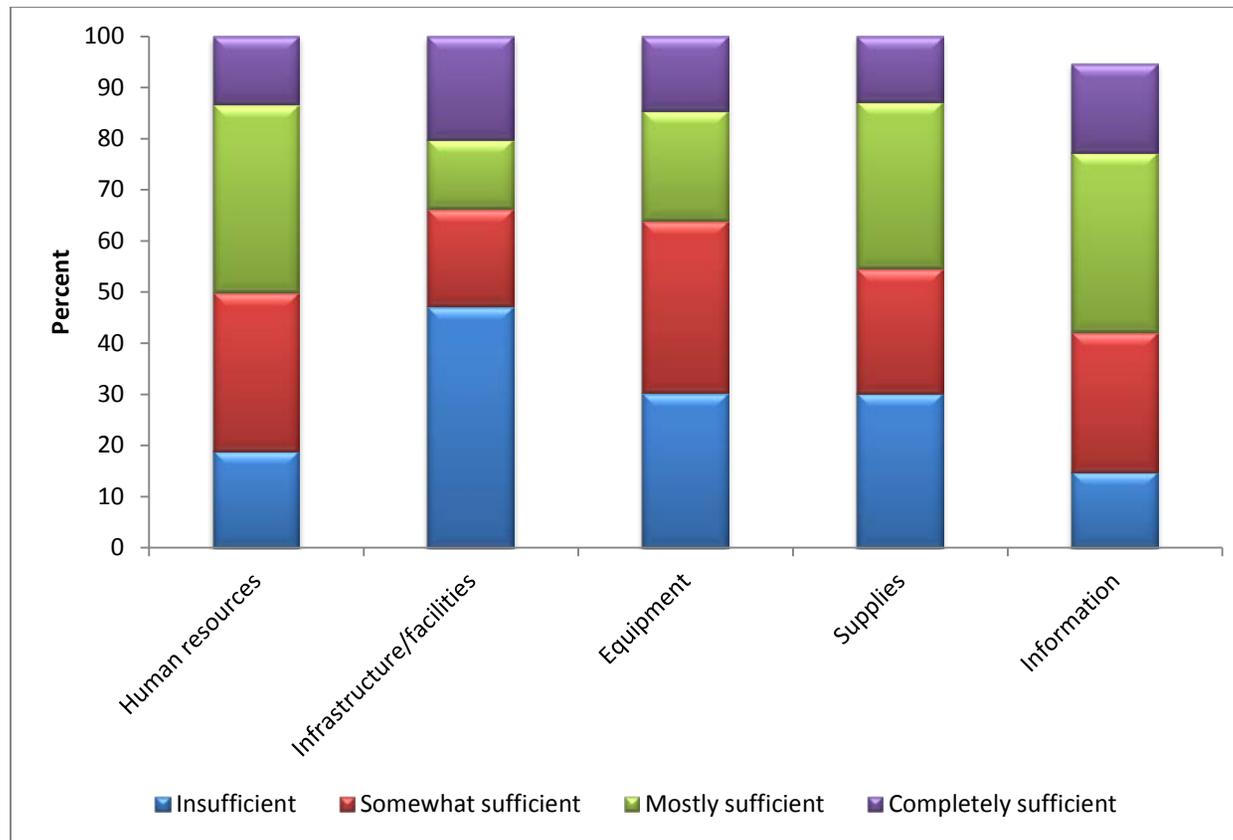
Percent of organizations surveyed in Southern Province by level of sufficiency of the quantity of resources for HIV-prevention activities, Zambia 2013



**FIGURE 8**

There was greater dissatisfaction with the quality of infrastructure than with the quality of human resources for HIV-prevention activities.

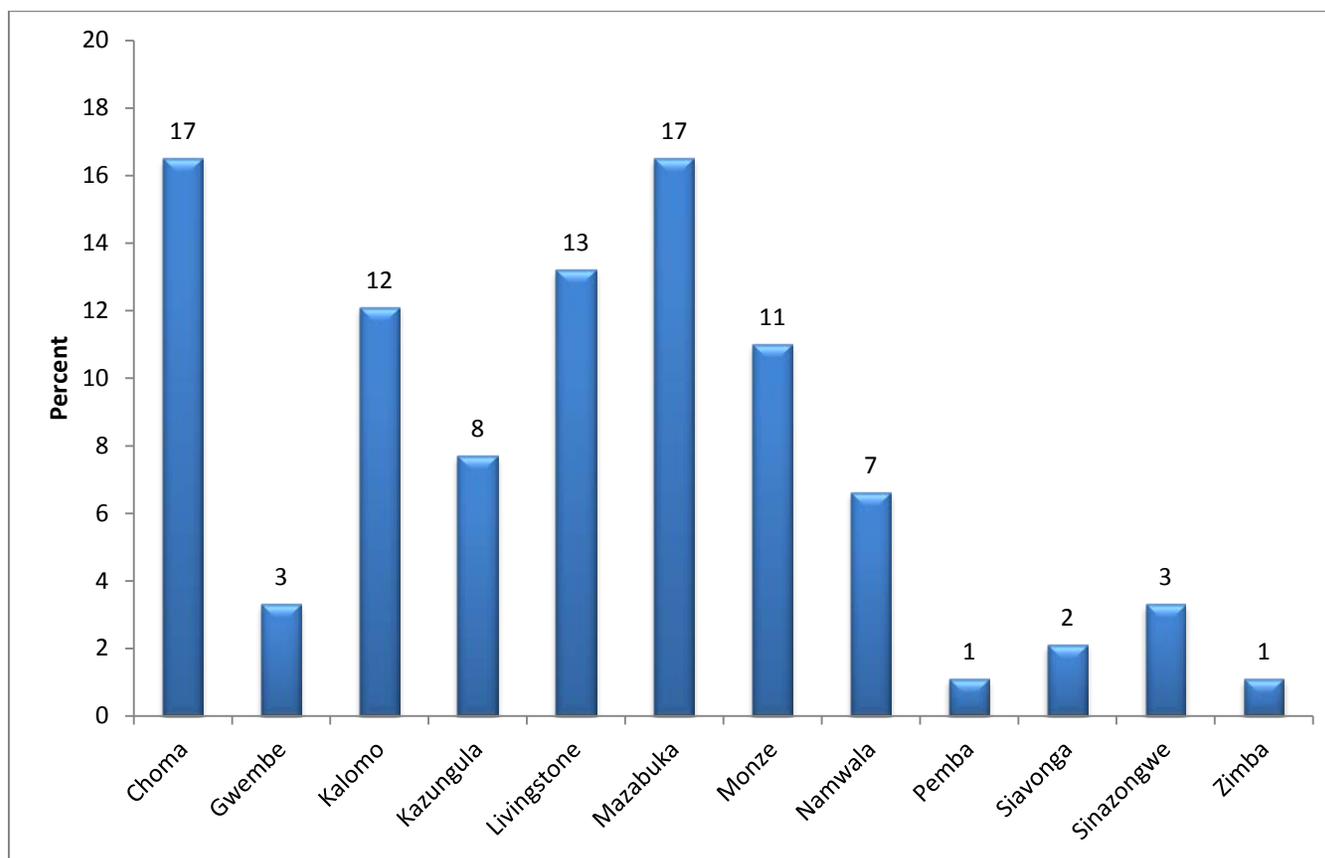
Percent of organizations surveyed in Southern Province by level of sufficiency of the quality of resources for HIV-prevention activities, Zambia 2013



**FIGURE 9**

Most organizations surveyed worked in Choma, Kalomo, Livingstone, Mazabuka and Monze districts.

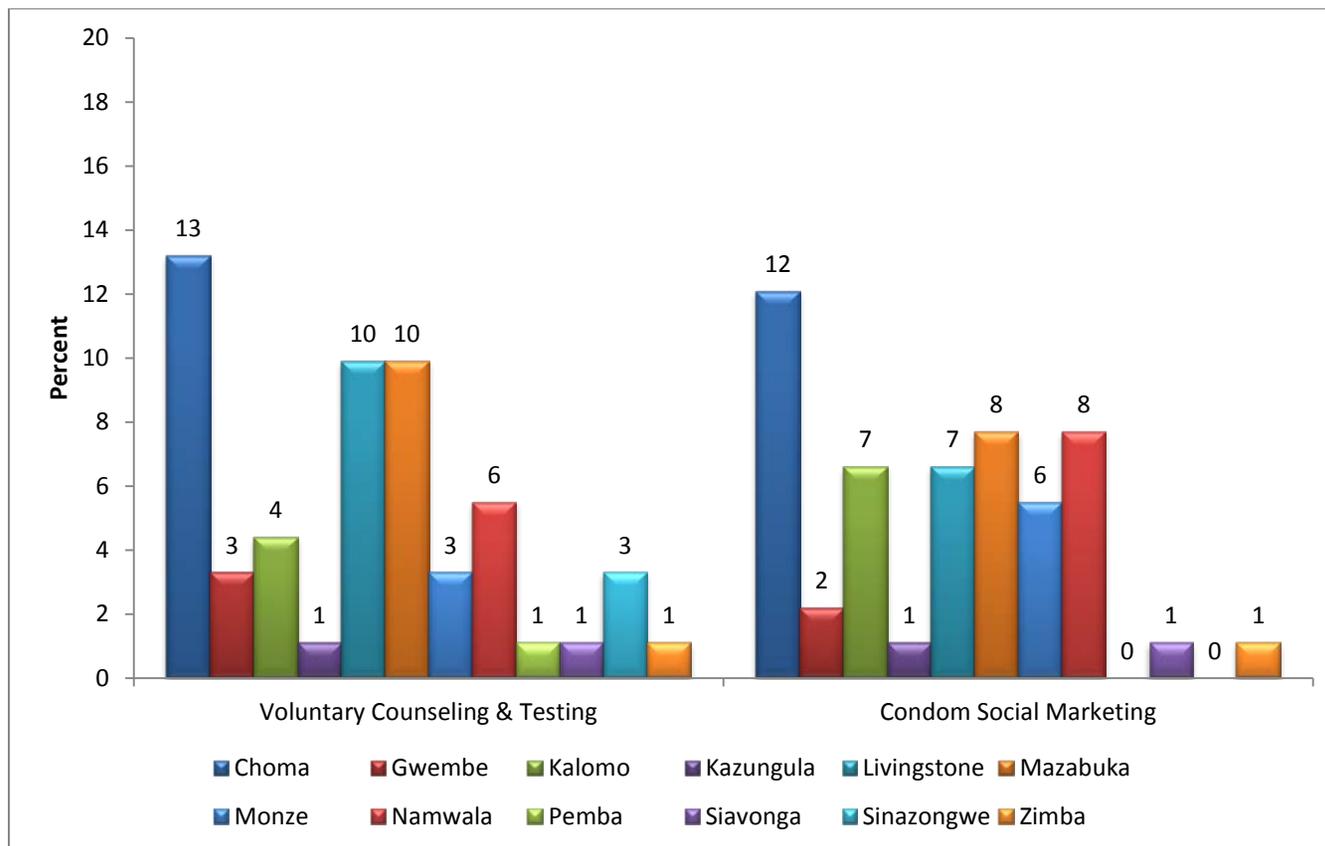
Percentage of organizations surveyed that implemented HIV-prevention activities in the past 12 months in districts of Southern Province, Zambia 2013



**FIGURE 10**

No organizations surveyed implemented condom social marketing programs in Pemba and Sinazongwe districts.

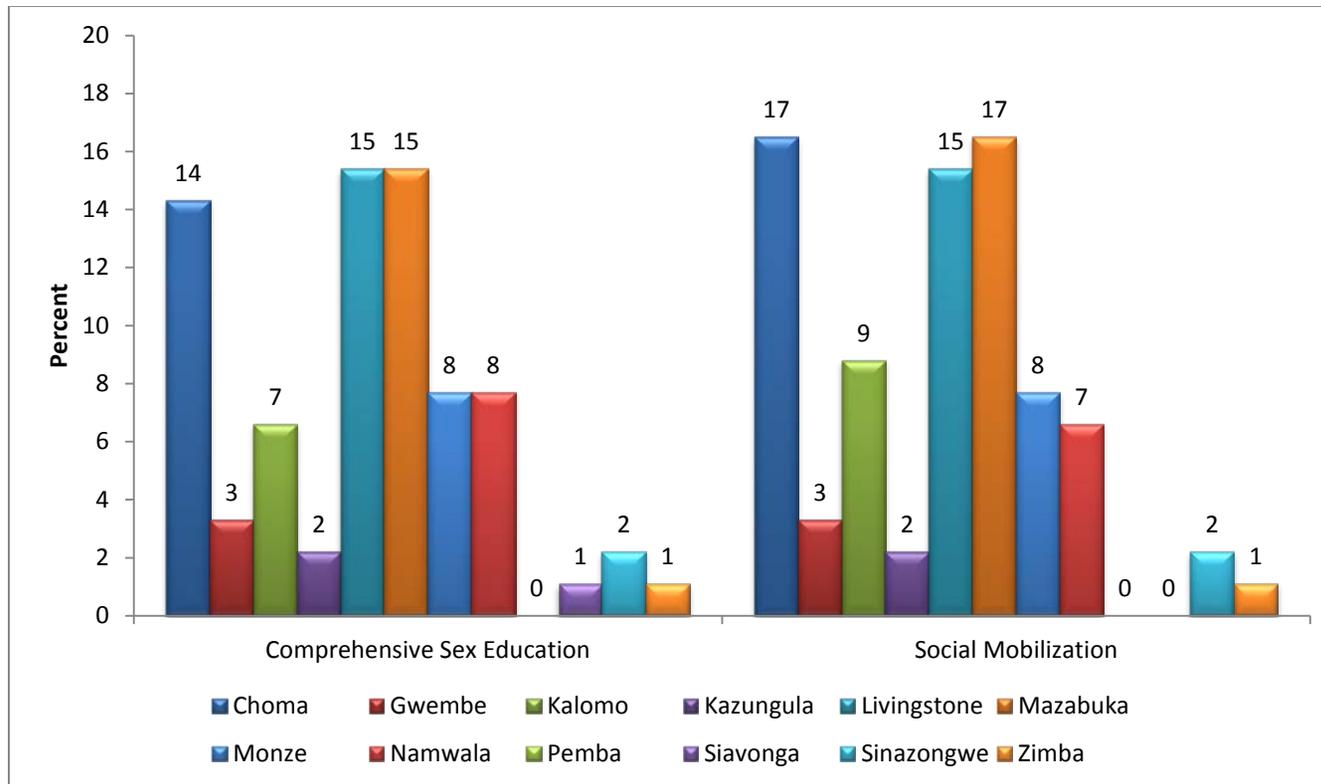
Percentage of organizations surveyed in Southern Province that implemented voluntary counseling and testing and condom social marketing programs in the past 12 months by district, Zambia 2013



**FIGURE 11**

No organizations surveyed implemented comprehensive sex education or social mobilization interventions in Pemba.

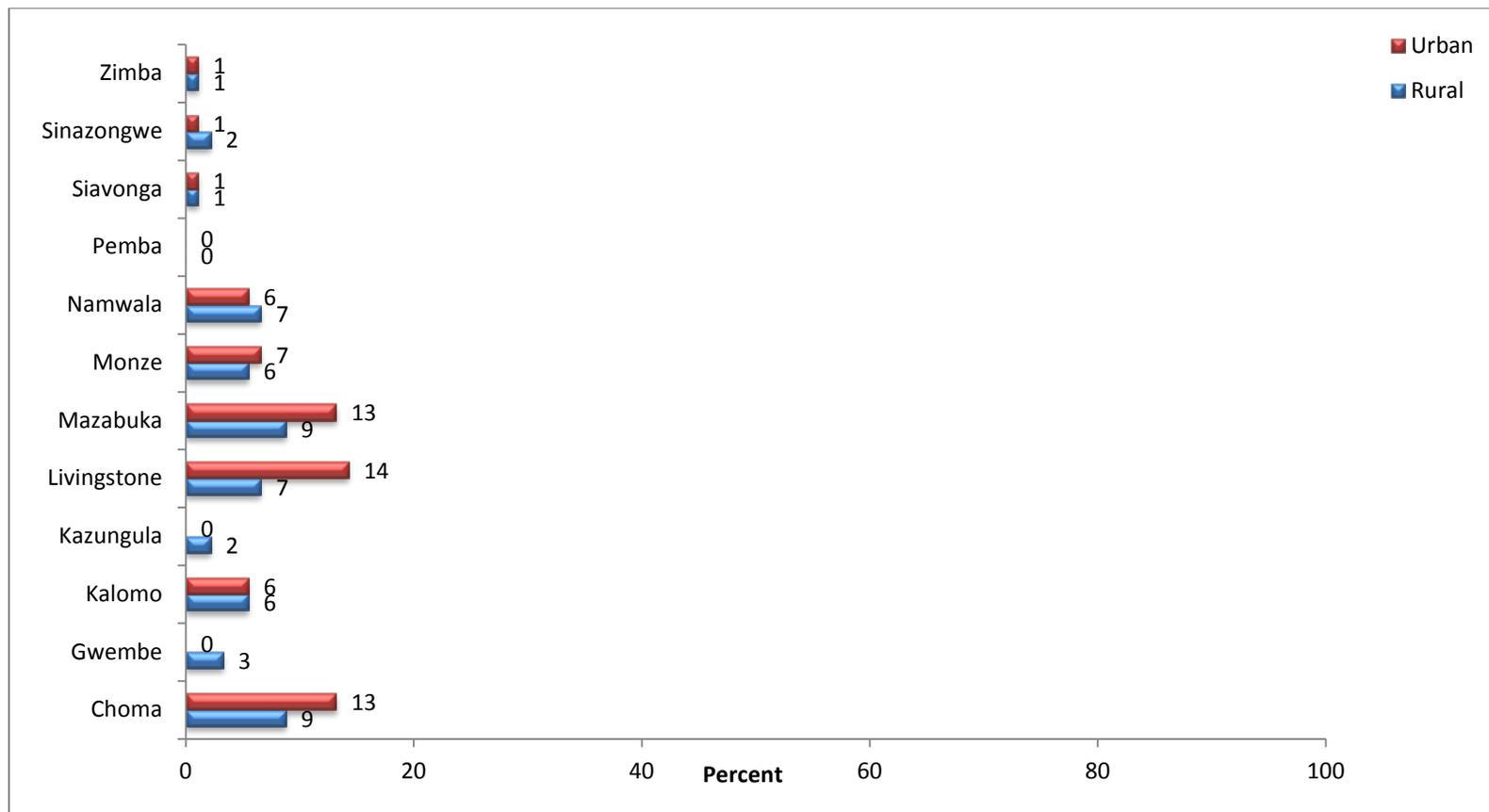
Percentage of organizations surveyed in Southern Province that implemented comprehensive sex education and social mobilization interventions in the past 12 months, Zambia 2013



**FIGURE 12**

In Mazabuka, Livingstone and Choma, more organizations implemented comprehensive sex education programs in urban than in rural areas.

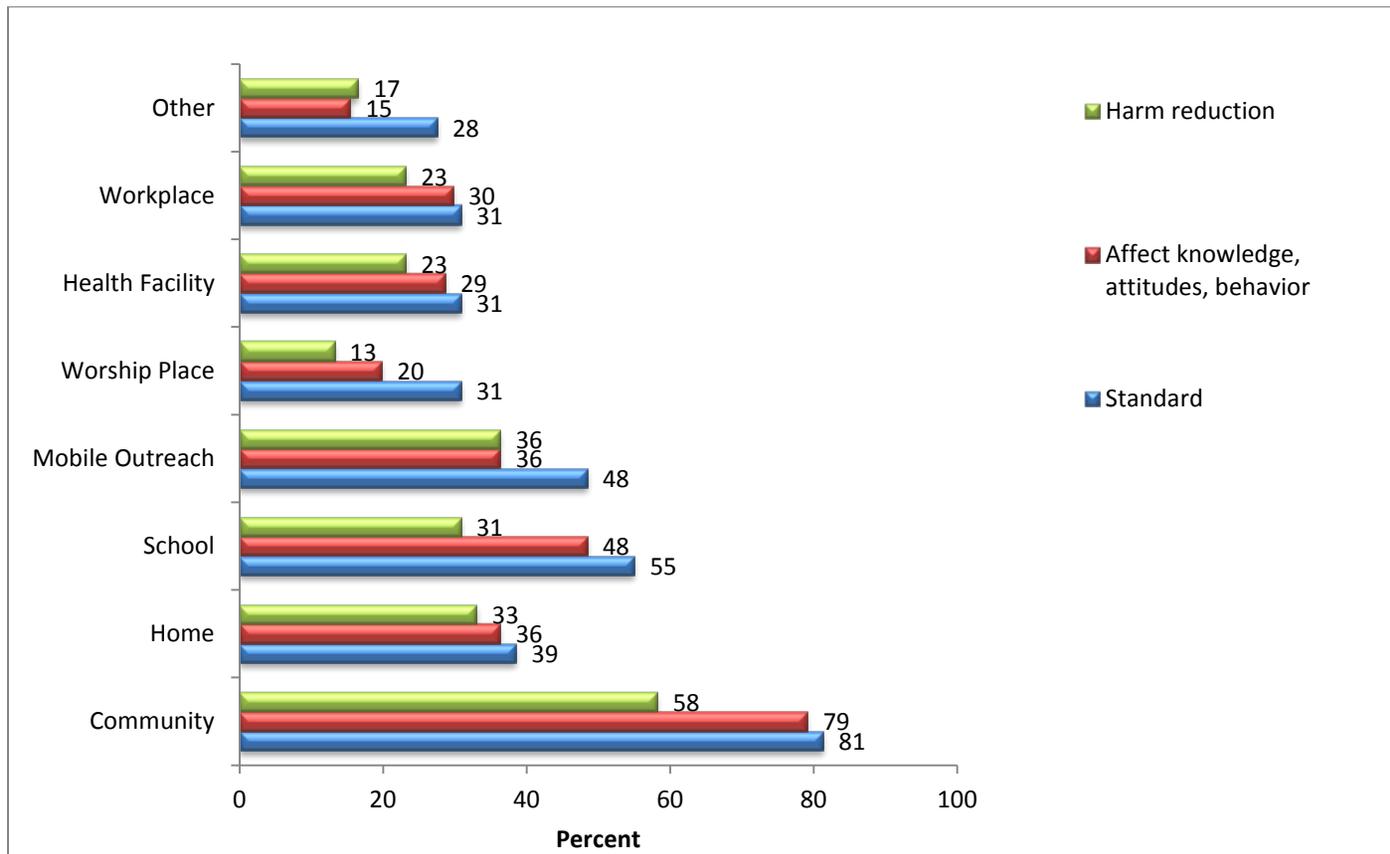
Percentage of organizations surveyed in Southern Province that implemented comprehensive sex education and social mobilization interventions in the past 12 months, Zambia 2013



**FIGURE 13**

Schools, communities and worship places were less frequently sites for harm reduction interventions than for standard interventions.

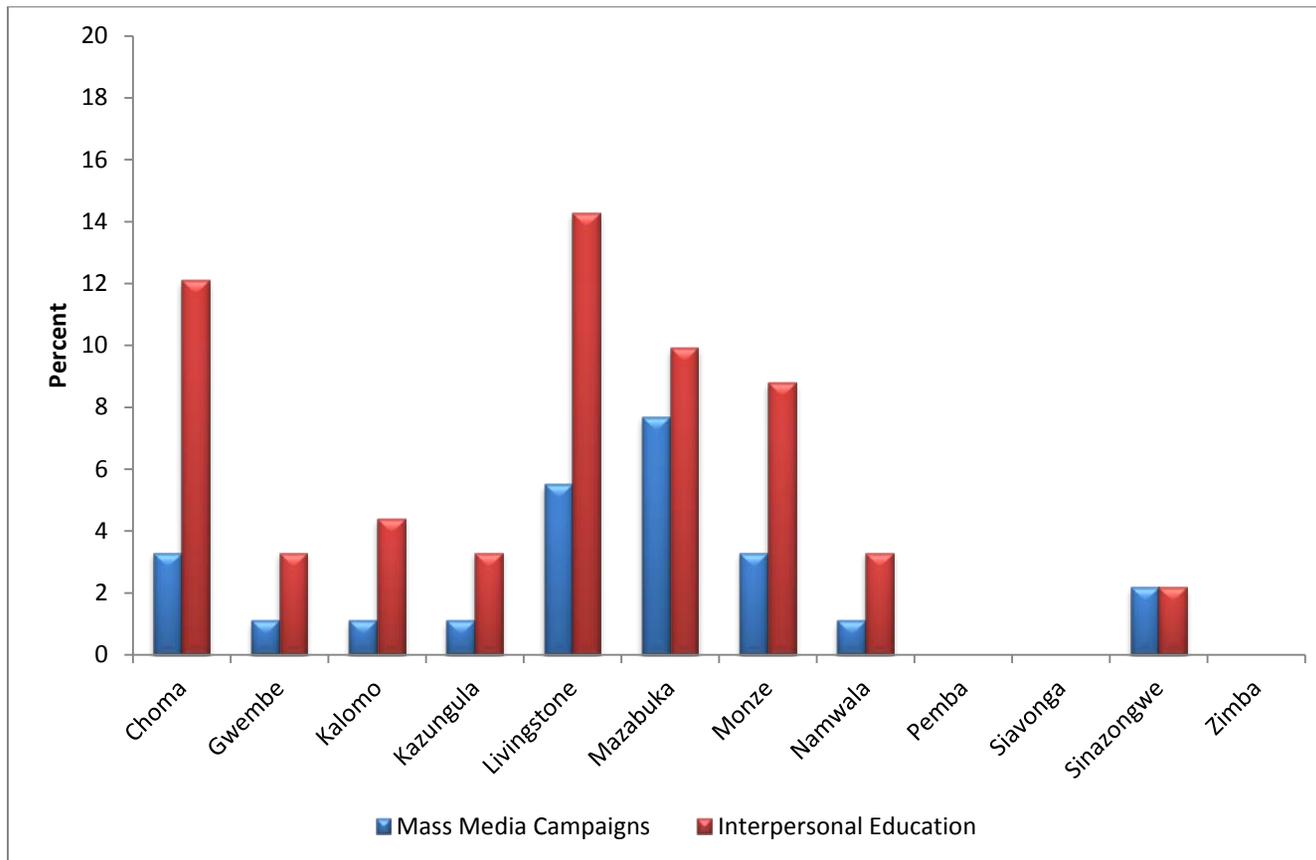
Percentage of organization surveyed in Southern Province that implemented selected HIV-prevention interventions in the past 12 months by type and site of intervention, Zambia 2013



**FIGURE 14**

Livingstone had the highest percentage of organizations implementing interpersonal education programs.

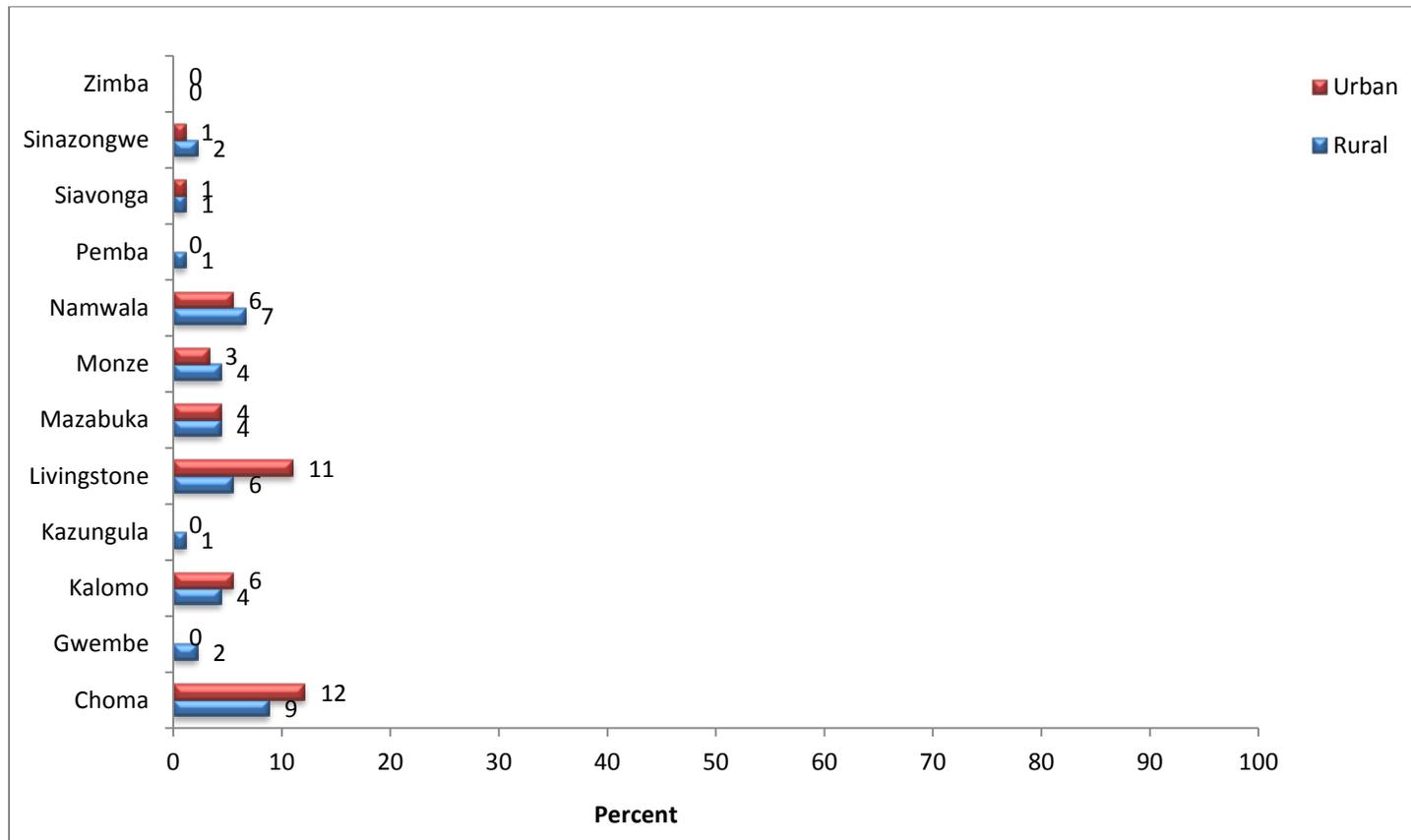
Percentage of organizations surveyed in Southern Province that implemented interpersonal education programs and mass media campaigns in the past 12 months by type of place of residence, Zambia 2013



**FIGURE 15**

No condom distribution was implemented in Zimba and urban areas of Gwembe, Kagungula, and Pemba districts by organizations surveyed.

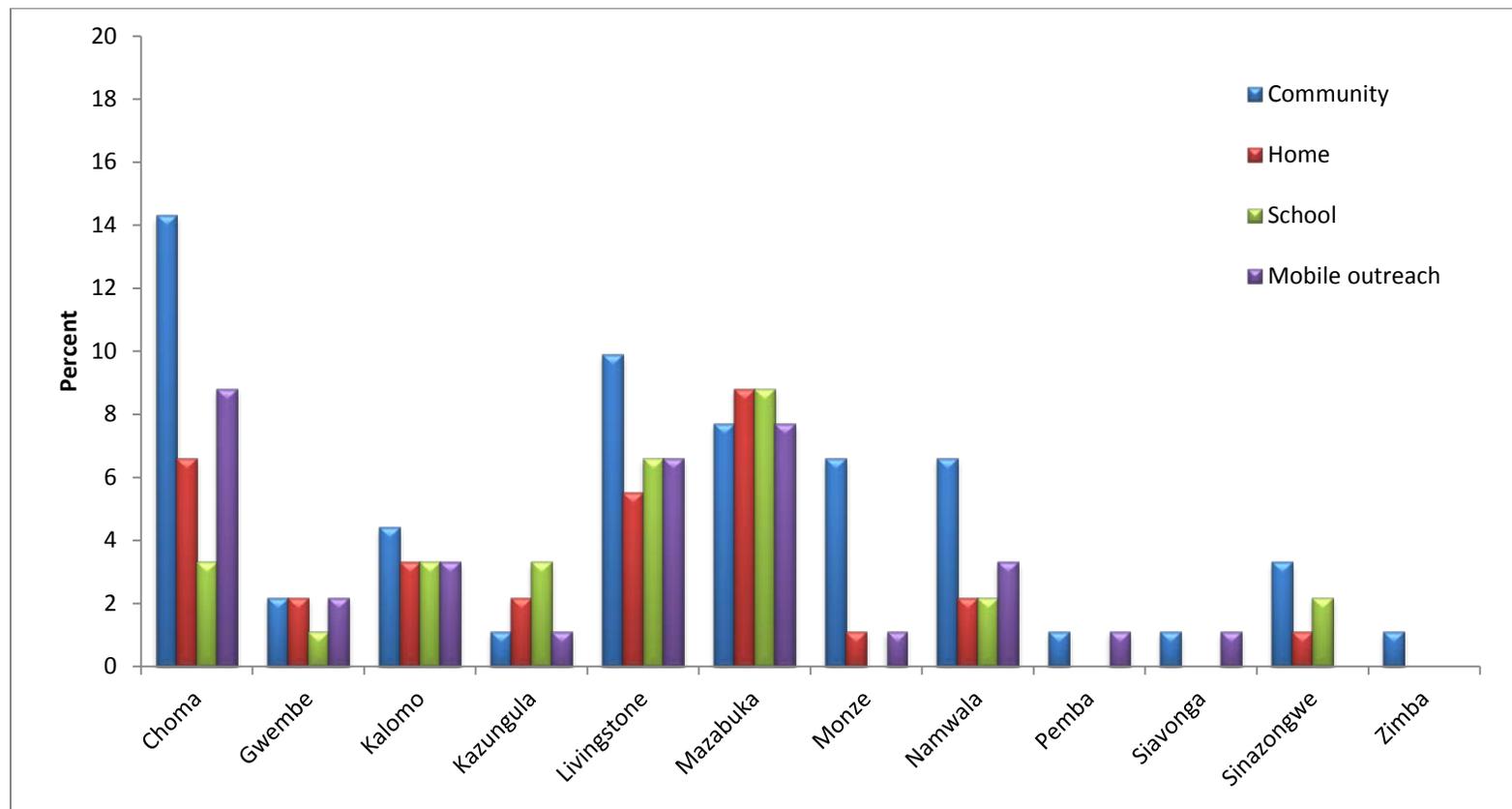
Percentage of organizations surveyed in Southern Province that distributed condoms in the past 12 months by type of place of residence, Zambia 2013



**FIGURE 16**

The community was the most common implementation site for harm reduction interventions except in Kagungula and Mazabuka.

Percentage of organizations surveyed in Southern Province that implemented harm reduction interventions in the past 12 months by district and intervention site, Zambia 2013



**FIGURE 17**

No organization surveyed was conducting or promoting voluntary medical male circumcision in eight out of 12 districts.

Availability of organizations surveyed in Southern Province that promoted or conducted voluntary medical male circumcision in the past 12 months by district, Zambia 2013

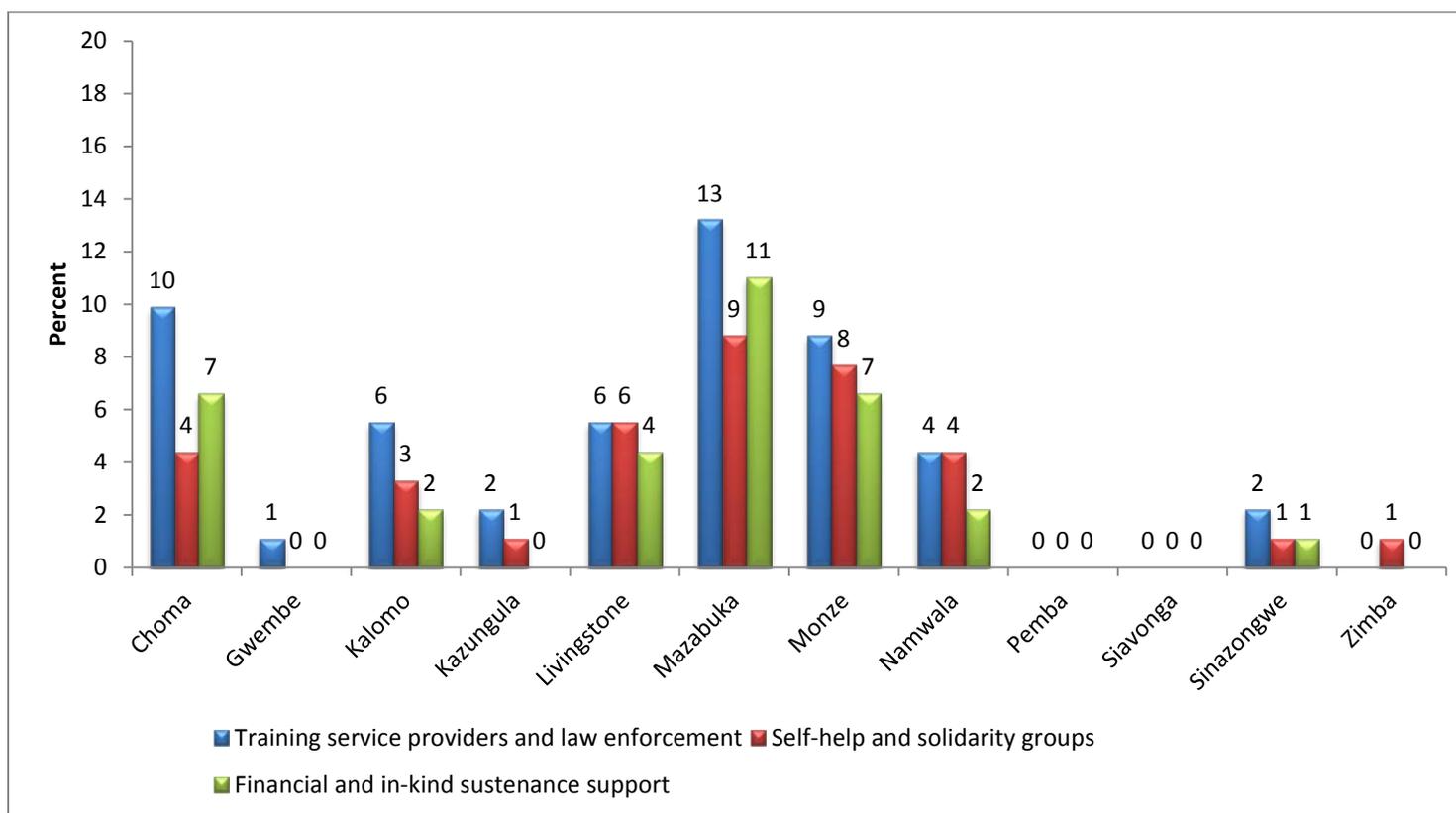
District	STI Diagnosis & Treatment	Post-exposure Prophylaxis	Family Planning	Voluntary Male Medical Circumcision
Choma	Yes	Yes	Yes	Yes
Gwembe	Yes	Yes	Yes	Yes
Kalomo	Yes	Yes	Yes	Yes
Kazungula	Yes	Yes	Yes	No
Livingstone	Yes	Yes	Yes	No
Mazabuka	Yes	Yes	Yes	No
Monze	Yes	Yes	Yes	Yes
Namwala	Yes	No	No	No
Pemba	No	No	No	No
Siavonga	No	No	No	No
Sinazongwe	No	No	No	No
Zimba	No	No	No	No

STI – Sexually Transmitted Infections

**FIGURE 18**

No organizations surveyed trained service providers and law enforcement, organized solidarity groups, or provided financial and in-kind sustenance support to people living with HIV in Pemba and Siavonga.

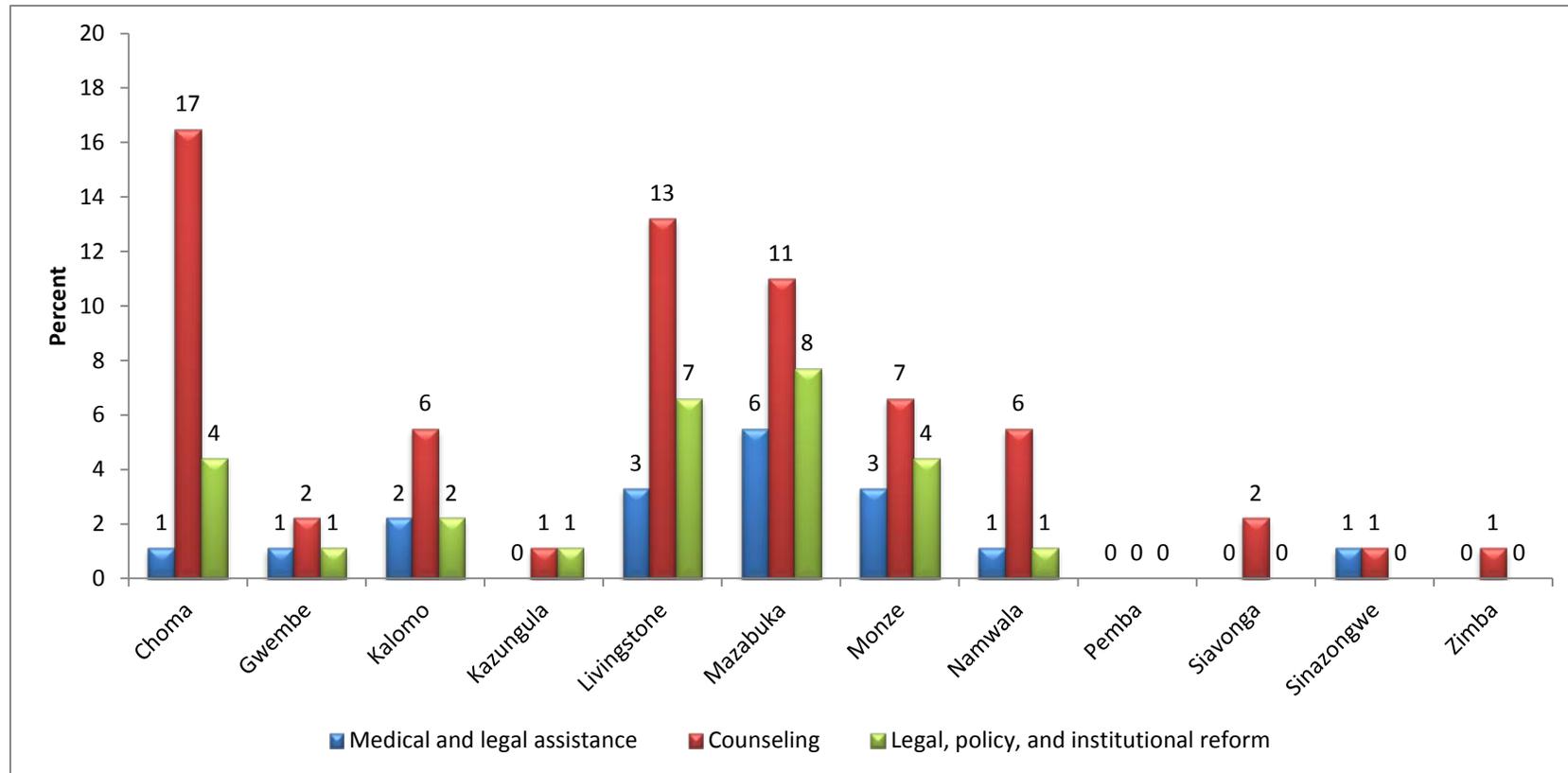
Percentage of organizations surveyed in Southern Province that implemented selected interventions to mitigate barriers to prevention and negative social outcomes of HIV infection in the past 12 months by district, Zambia 2013



**FIGURE 19**

In all but three districts, more organizations surveyed provided counseling than medical and legal assistance or legal, policy and institutional reform to protect the rights of PLWH.

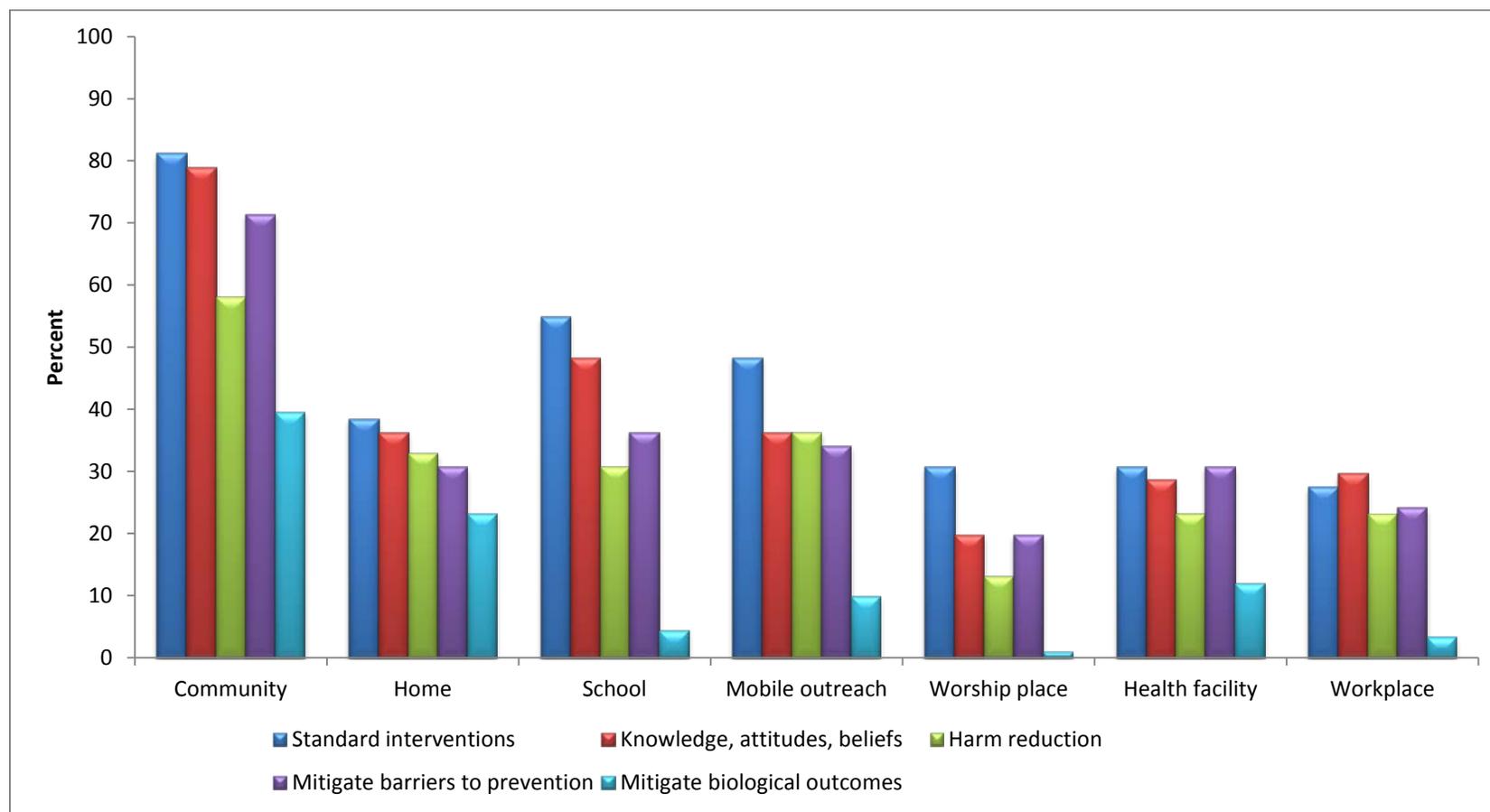
Percentage of organizations surveyed in Southern Province that implemented selected interventions to mitigate barriers to prevention and negative social outcomes of HIV infection in the past 12 months by district, Zambia 2013



**FIGURE 20**

At each implementation site, the least common interventions were those that mitigated biological outcomes of HIV infections.

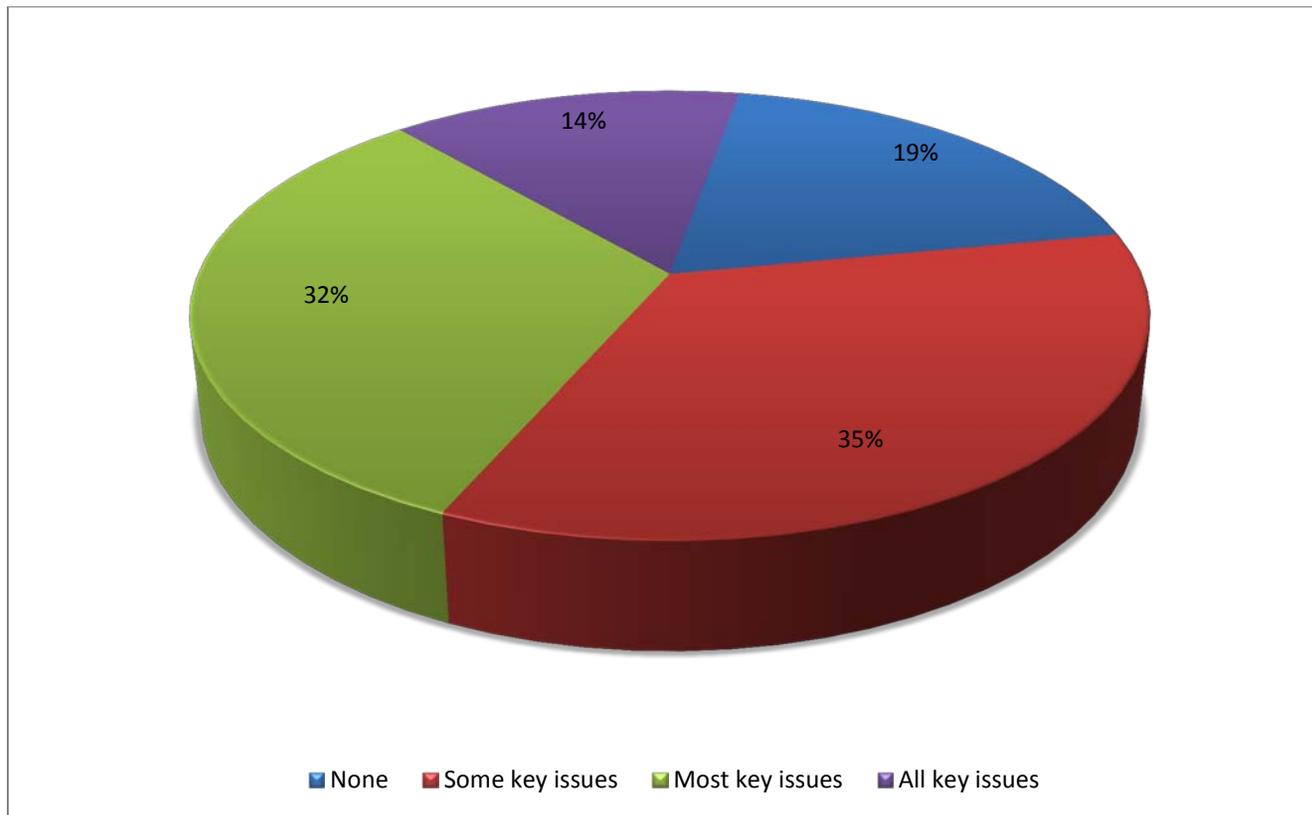
Percentage of organizations surveyed that implemented HIV-prevention interventions in Southern Province in the past 12 months by type and site of intervention, Zambia 2013



**FIGURE 21**

Nearly one out of five organizations surveyed did not integrate gender issues in their HIV-prevention activities.

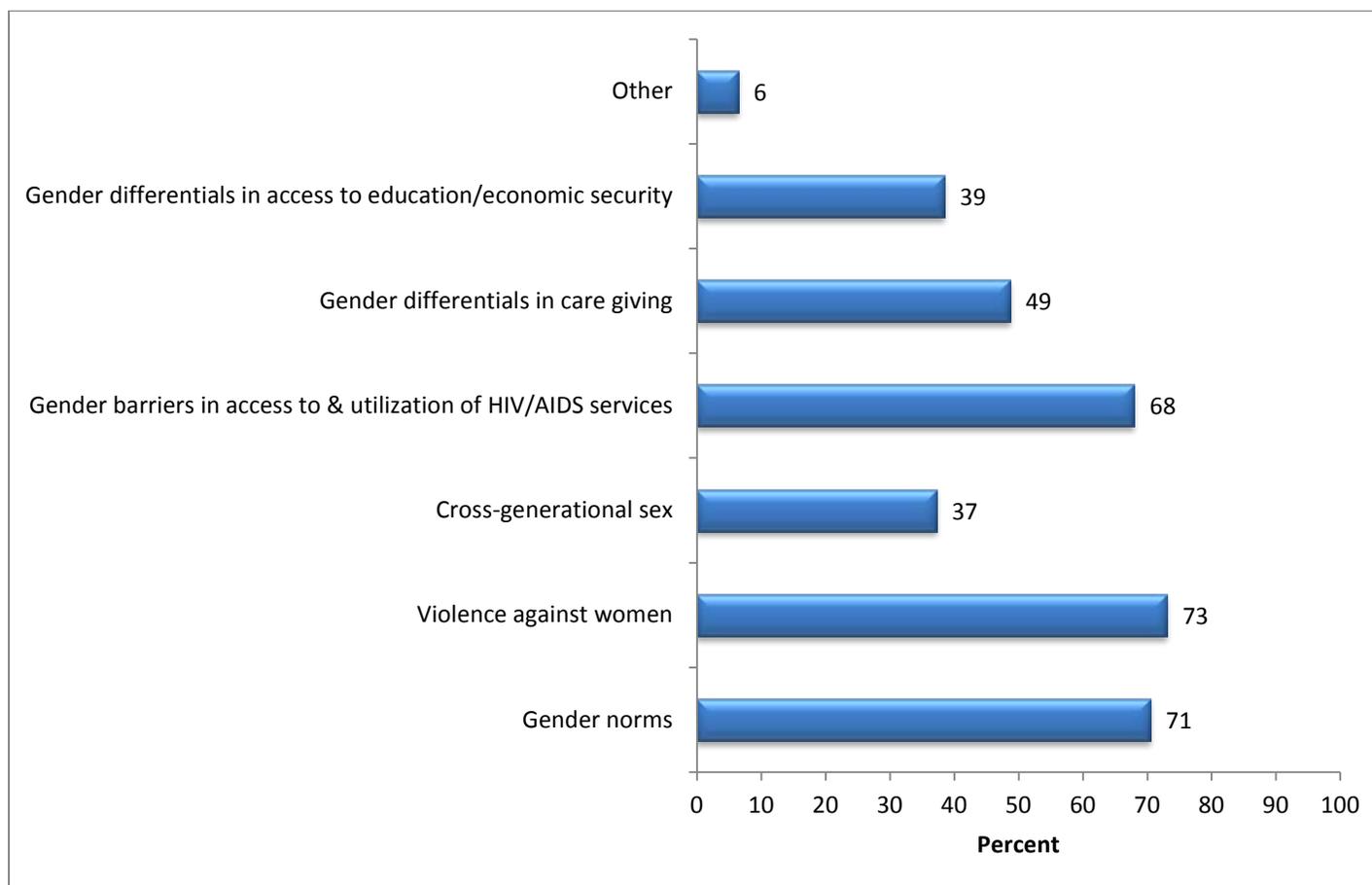
Percent distribution of organizations surveyed in Southern Province by level of integration of gender issues into their HIV-prevention activities/interventions, Zambia 2013



**FIGURE 22**

Half as many organizations addressed cross-generational sex as compared to violence against women.

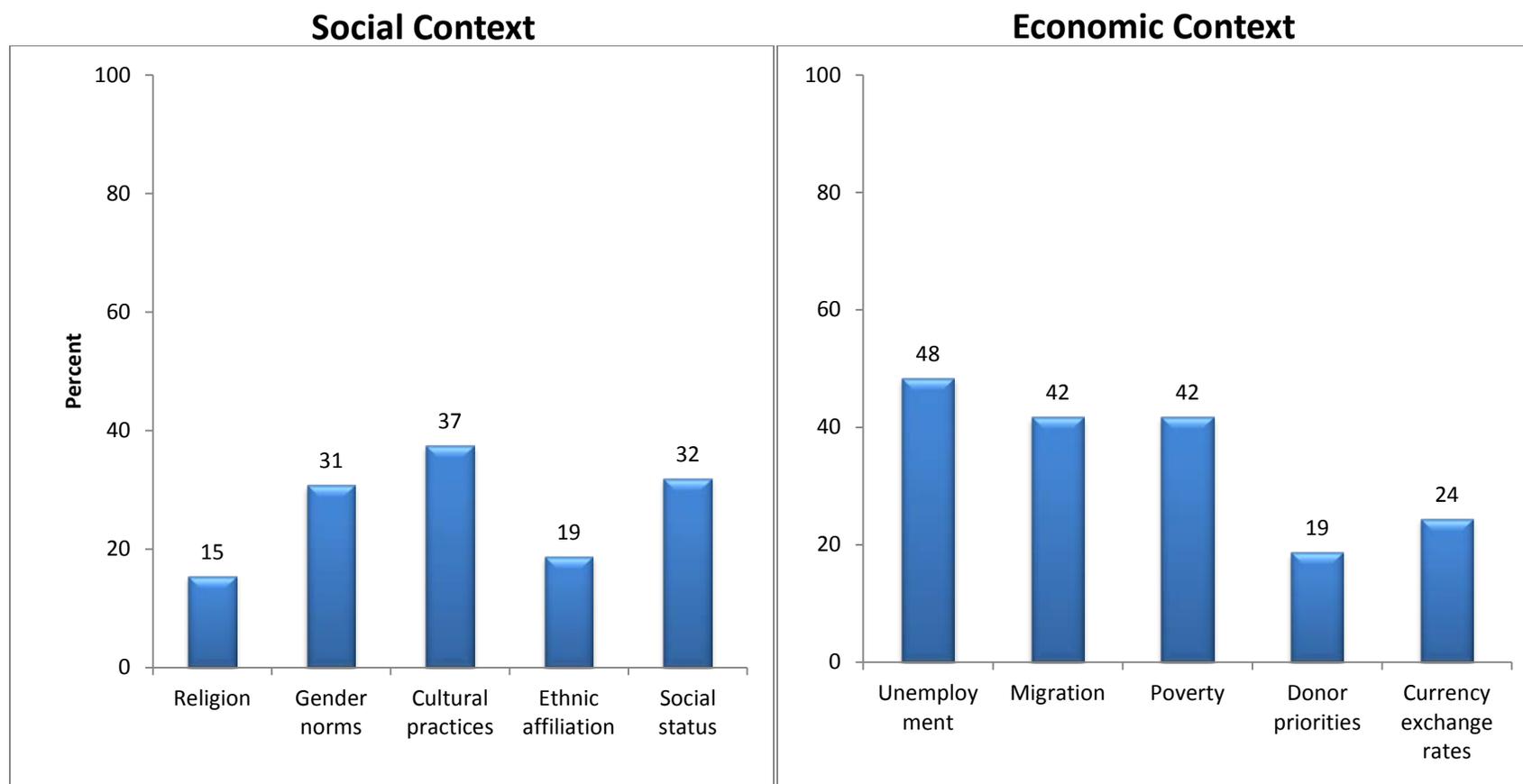
Percentage of organizations surveyed in Southern Province that addressed key gender issues in their HIV-prevention activities/interventions by type of issue, Zambia 2013



**FIGURE 23**

Unemployment, migration and poverty were the biggest constraints to the implementation of HIV prevention activities.

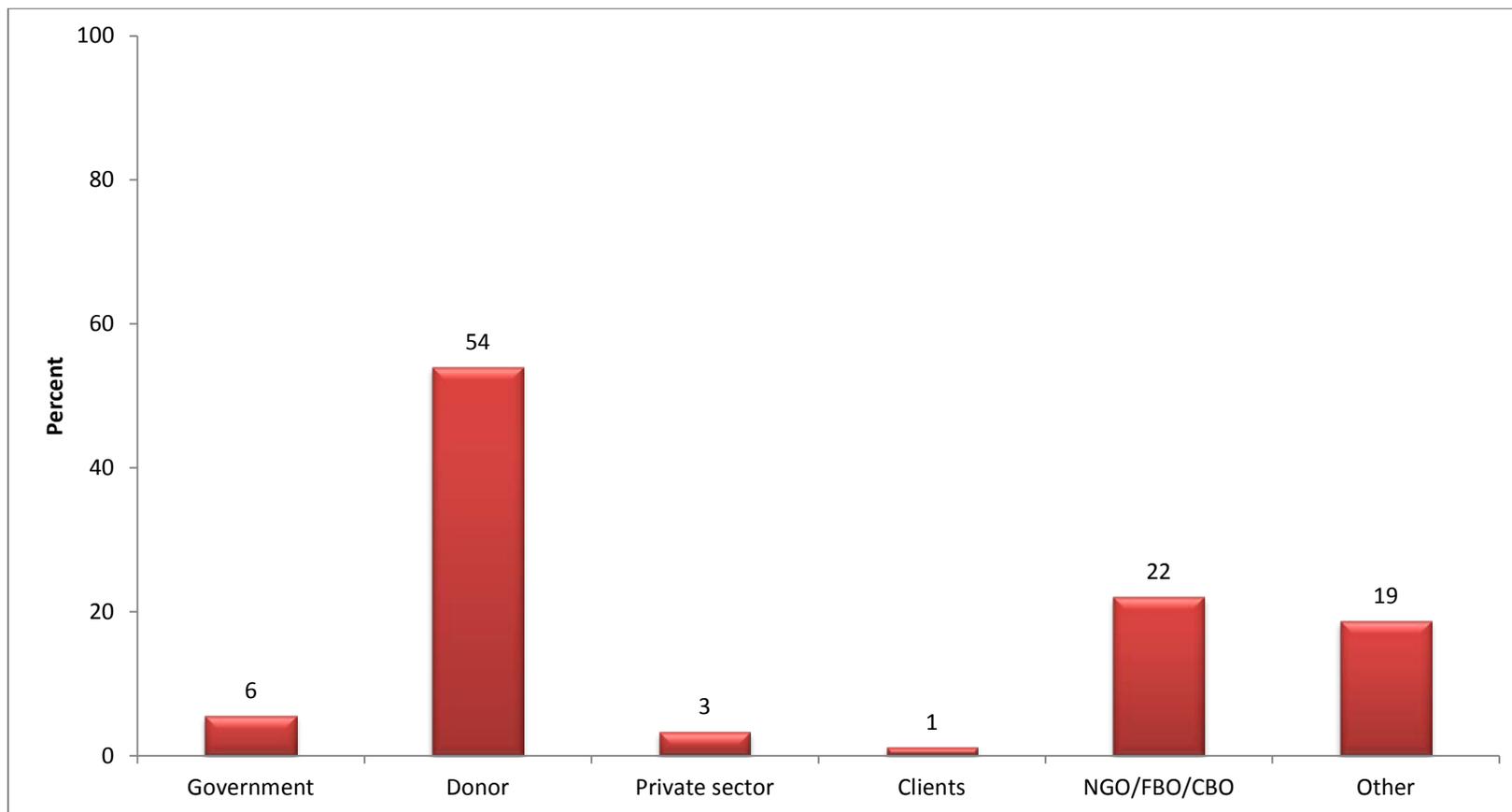
Percentage of organizations surveyed in Southern Province that addressed key gender issues in their HIV-prevention activities/interventions by type of issue, Zambia 2013



**FIGURE 24**

Only three percent of organizations surveyed received funding from the private sector for HIV-prevention activities.

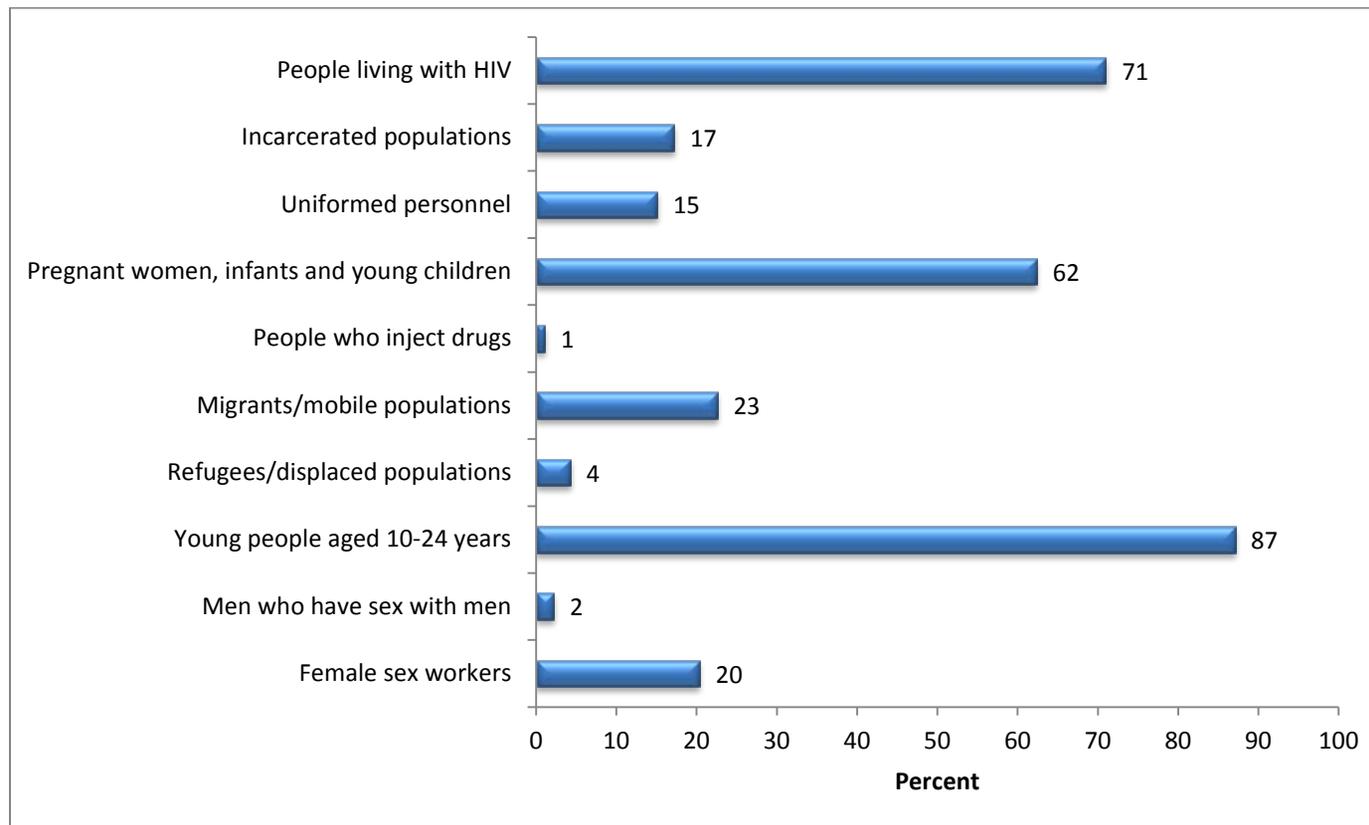
Percentage of organizations surveyed in Southern Province that received funding for HIV-prevention activities from specific sources, Zambia 2013



**FIGURE 25**

Young people aged 10-24 years were the population subgroup most targeted with HIV-prevention interventions by organizations surveyed.

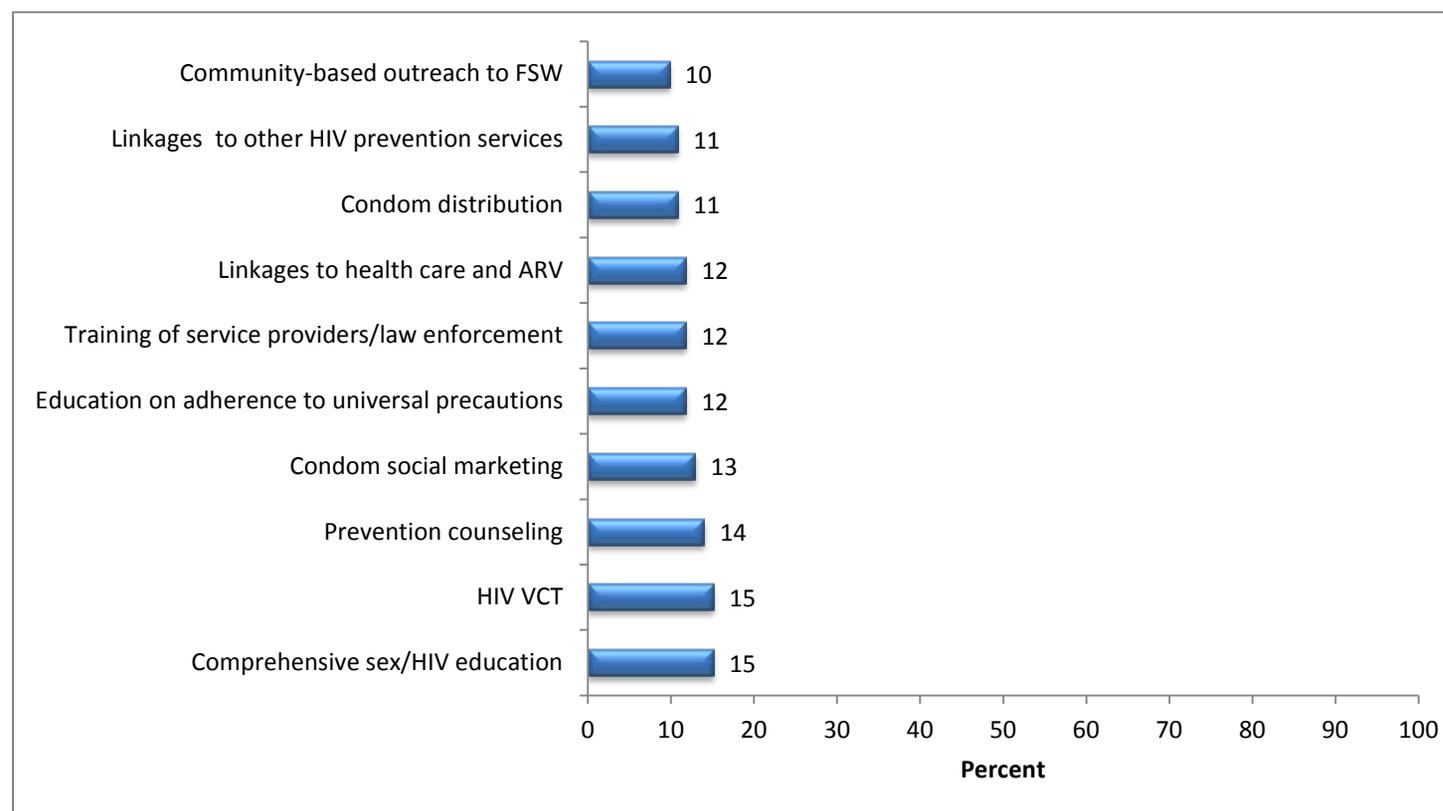
Percentage of organizations surveyed in Southern Province that targeted specific key populations in the past 12 months, Zambia 2013



**FIGURE 26**

The three most common interventions targeted at female sex workers were HIV VCT, comprehensive sex/HIV education, and prevention counseling.

Percentage of organizations surveyed in Southern Province that provided the ten most common interventions targeted at female sex workers in the past 12 months, Zambia 2013



**FIGURE 27**

In five districts, no organizations targeted female sex workers with WHO priority HIV-prevention interventions for this key population group.

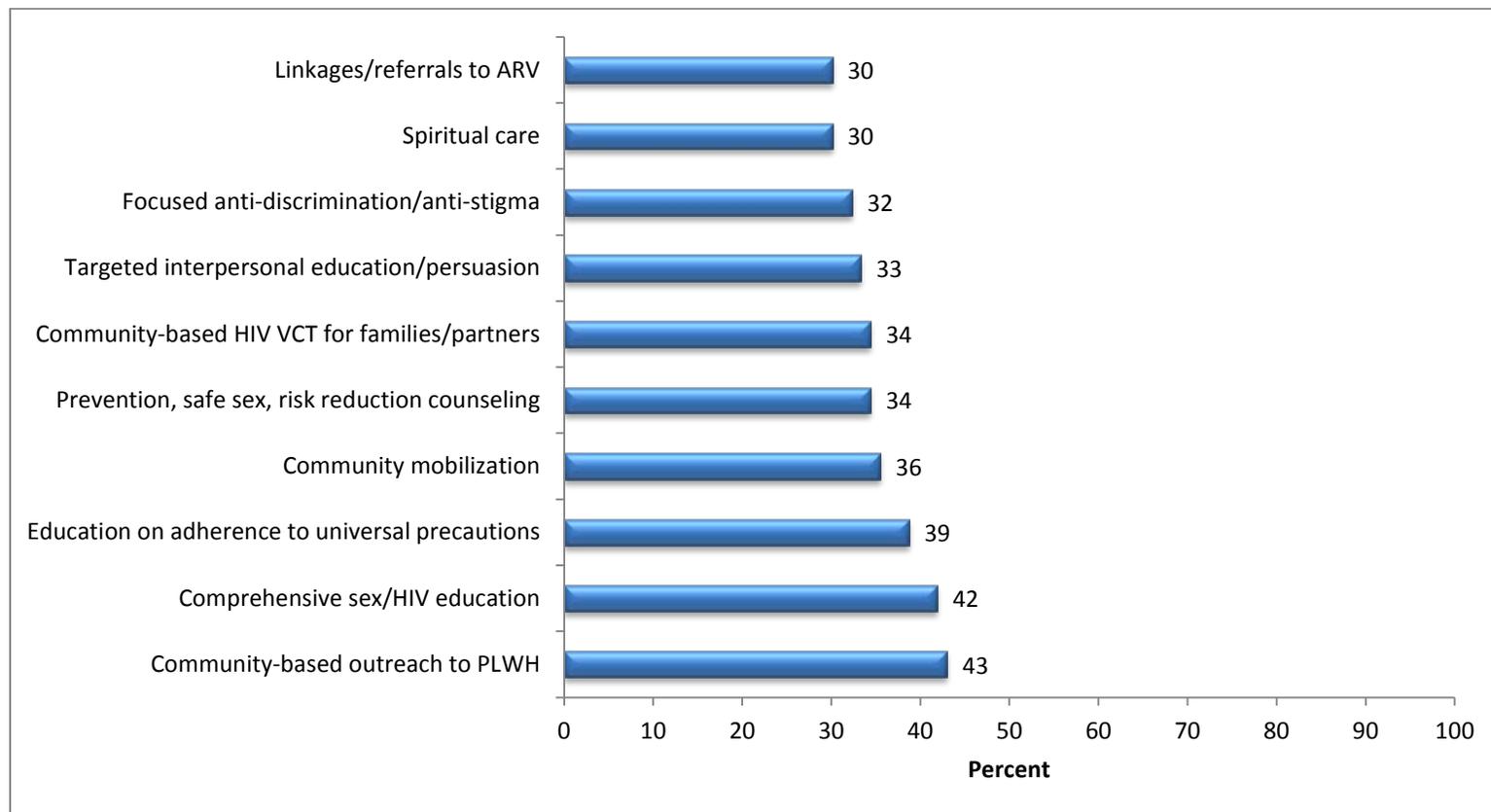
Availability of at least one organization providing WHO priority HIV-prevention interventions for female sex workers in the past 12 months by district, Southern Province, Zambia 2013

District	Condom Distribution	STI Detection and Management	Information, Education, and Communication	Voluntary Counseling and Testing
Choma	Yes	Yes	Yes	Yes
Gwembe	No	No	No	No
Kalomo	Yes	No	Yes	Yes
Kazungula	Yes	No	Yes	Yes
Livingstone	Yes	Yes	Yes	Yes
Mazabuka	Yes	No	Yes	Yes
Monze	Yes	No	Yes	Yes
Namwala	No	No	No	No
Pemba	No	No	No	No
Siavonga	Yes	No	Yes	Yes
Sinazongwe	No	No	No	No
Zimba	No	No	No	No

**FIGURE 28**

Two in every five organizations surveyed targeted people living with HIV with comprehensive sex/HIV education and community-based outreach.

Percentage of organizations surveyed in Southern Province that provided the ten most common interventions targeted at people living with HIV in the past 12 months, Zambia 2013



**FIGURE 29**

No organization surveyed worked in Gwembe, Kazungula, Pemba and Sinazongwe in the past 12 months to provide interventions to prevent illness and infection in PLWH.

Availability of at least one organization surveyed in Southern Province that provided WHO priority interventions for illness prevention, treatment and care in people living with HIV, by district, Zambia 2013

District	Anti-retroviral Therapy	Opportunistic Infection Prophylaxis and Treatment	Palliative Care	Tuberculosis Prevention, Diagnosis and Treatment	Prevention, Diagnosis, Treatment of Viral Hepatitis	Interventions to Improve Quality of Drinking Water and Hygienic Practices	Malaria Prevention and Treatment	Food Security of HIV-affected Households; Nutritional Care and Support	Prevention, Diagnosis and Treatment of Sexually-Transmitted Infections	Education to Promote Adherence to Universal Precautions
Choma	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gwembe	No	No	No	No	No	No	No	No	No	No
Kalomo	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Kazungula	No	No	No	No	No	No	No	No	No	No
Livingstone	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mazabuka	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monze	No	No	No	Yes	No	Yes	No	Yes	No	Yes
Namwala	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
Pemba	No	No	No	No	No	No	No	No	No	No
Siavonga	No	No	No	No	No	No	No	No	Yes	Yes
Sinazongwe	No	No	No	No	No	No	No	No	No	No
Zimba	No	No	No	No	No	No	Yes	No	Yes	Yes

**FIGURE 30**

There were fewer geographic disparities in the availability of interventions for preventing HIV transmission to others as compared to interventions aimed at illness prevention, treatment and care for people living with HIV.

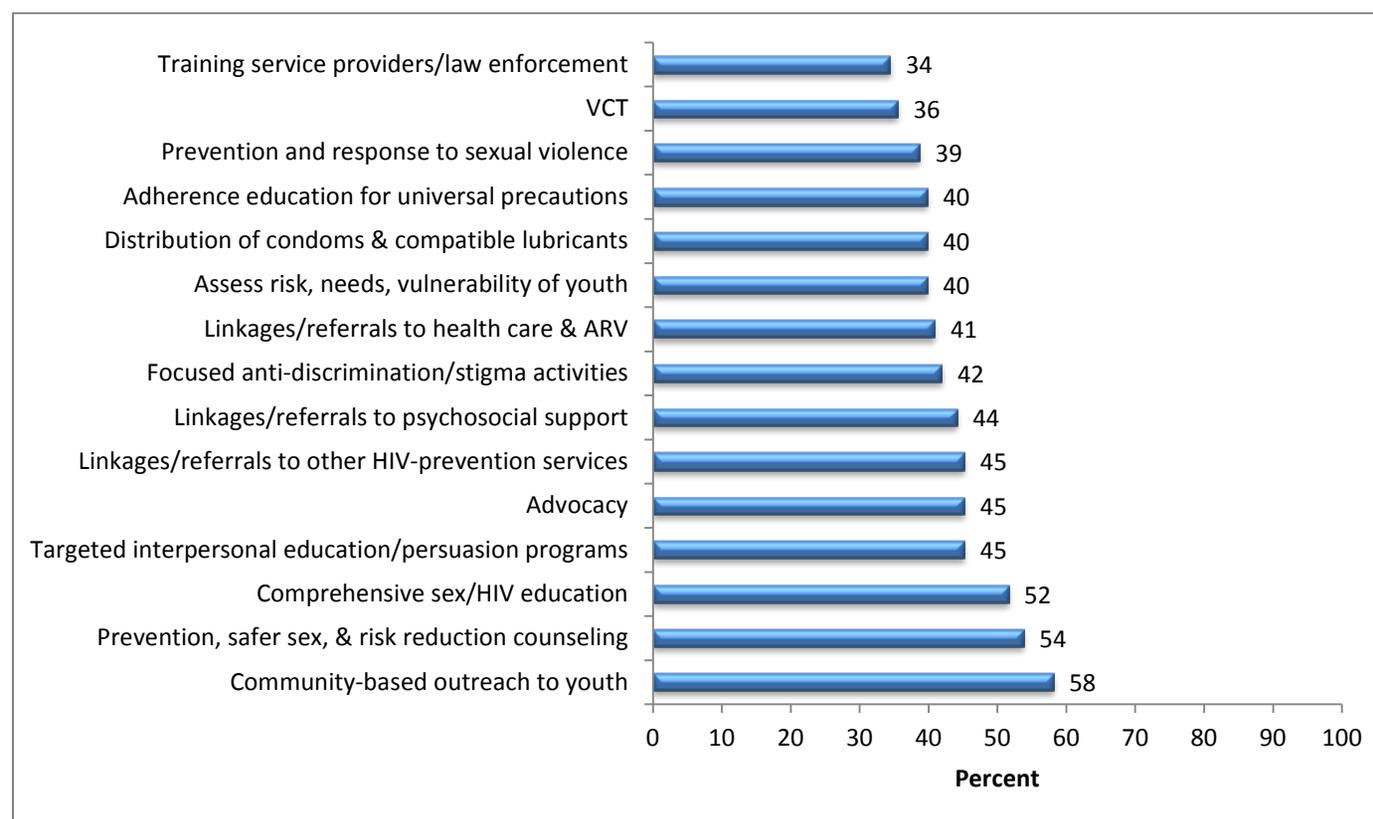
Availability of at least one organization surveyed in Southern Province that provided positive prevention interventions to prevent HIV transmission to other people, by district, Zambia 2013

District	Prevention, Safer Sex, Risk Reduction Counseling, and Sero-discordant Couple Counseling	Community-based HIV VCT for partners and families of PLWH	Provider-initiated Counseling and Testing for partners and families of PLWH	Family Planning and Reproductive HealthCare	Prevention of Mother-to-Child Transmission	Distribution of Condoms and Condom-Compatible Lubricants	Mass Media Programs
Choma	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gwembe	No	No	No	No	Yes	No	Yes
Kalomo	Yes	Yes	Yes	No	Yes	Yes	Yes
Kazungula	No	No	Yes	No	Yes	No	Yes
Livingstone	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mazabuka	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monze	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Namwala	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pemba	No	No	No	No	No	No	No
Siavonga	No	Yes	No	No	Yes	No	No
Sinazongwe	No	Yes	No	No	Yes	No	Yes
Zimba	Yes	Yes	Yes	No	Yes	Yes	No

## FIGURE 31

More than half of organizations surveyed targeted community-based outreach, comprehensive sex/HIV education and preventions/safer sex and risk reduction counseling interventions at youth aged 10-24 years.

Percentage of organizations surveyed in Southern Province that provided the 15 most common interventions targeted at young people aged 10-24 years in the past 12 months, Zambia 2013



**FIGURE 32**

Mazabuka was the only district in which there was at least one implementing organization for each of the key HIV-prevention interventions targeted at young people aged 10-24 years.

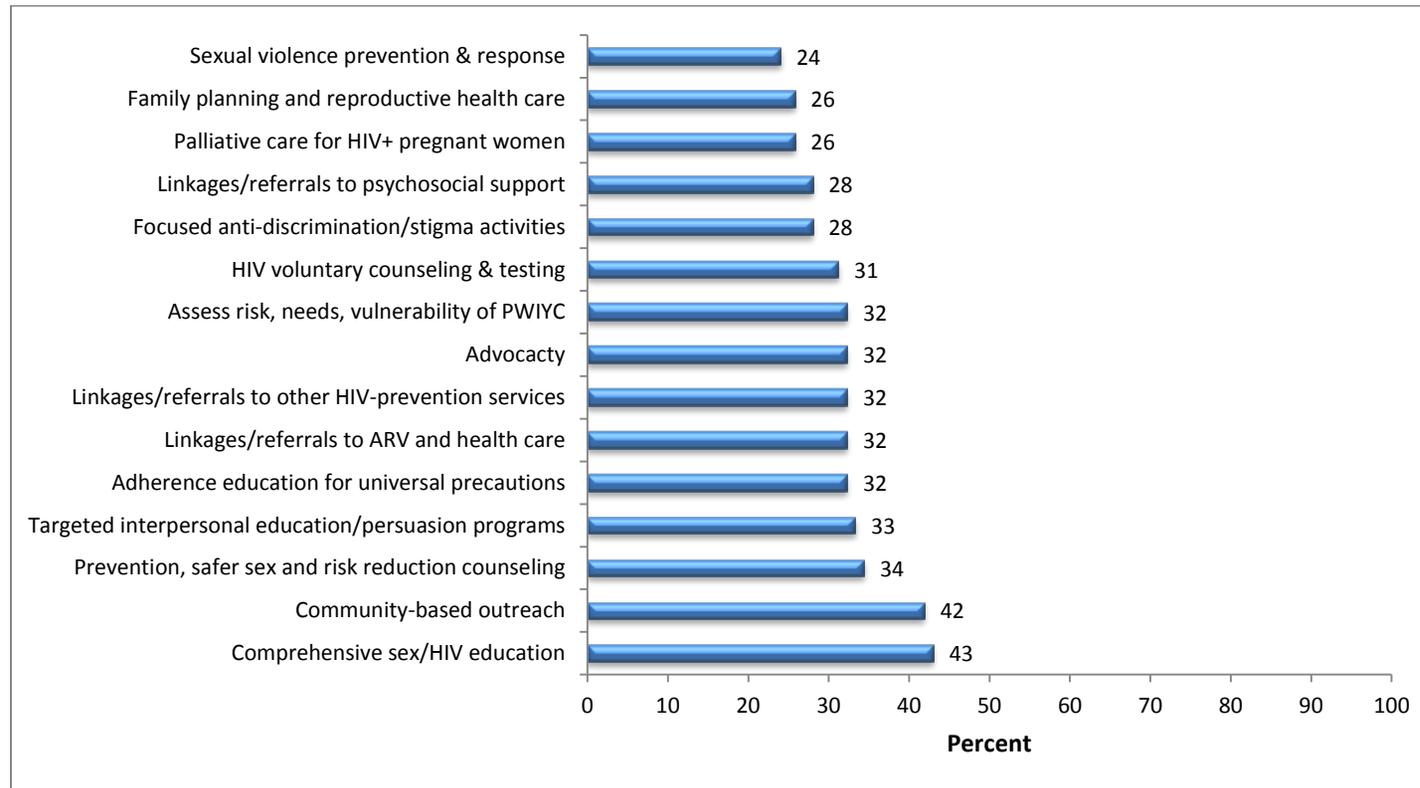
Availability of at least one organization surveyed in Southern Province that provided key interventions for HIV prevention in young people aged 10-24 years in the past 12 months, by district, Zambia 2013

District	Design/Establishment of Youth-friendly Facilities and Services	Fostering Parent and Community Support for YFS	Providing Information and Counseling	Distribution of Condoms	Harm Reduction for People Who Inject Drugs	Prevention, Diagnosis and Treatment of STIs	Voluntary Medical Male Circumcision	HIV Voluntary Counseling and Testing	Access to HIV Treatment and Services	HPV Vaccination	Training for Service Providers/Law Enforcement
Choma	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Gwembe	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Kalomo	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes
Kazungula	No	No	No	No	No	No	No	No	No	No	No
Livingstone	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mazabuka	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monze	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes
Namwala	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Pemba	No	No	No	No	No	No	No	No	No	No	No
Siavonga	No	No	No	No	No	No	No	No	Yes	No	Yes
Sinazongwe	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes
Zimba	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No

**FIGURE 33**

Only one WHO-recommended intervention for primary prevention of HIV transmission in pregnant women – safer sex and risk reduction counseling – was included among the 15 most common interventions targeted at pregnant women, infants and young children.

Percentage of organizations surveyed in Southern Province that implemented the 15 most common HIV-prevention interventions targeted at pregnant women, infants and young children in the past 12 months, Zambia 2013



**FIGURE 34**

Infant feeding counseling and support was not provided in 7 out of 12 districts by organization surveyed.

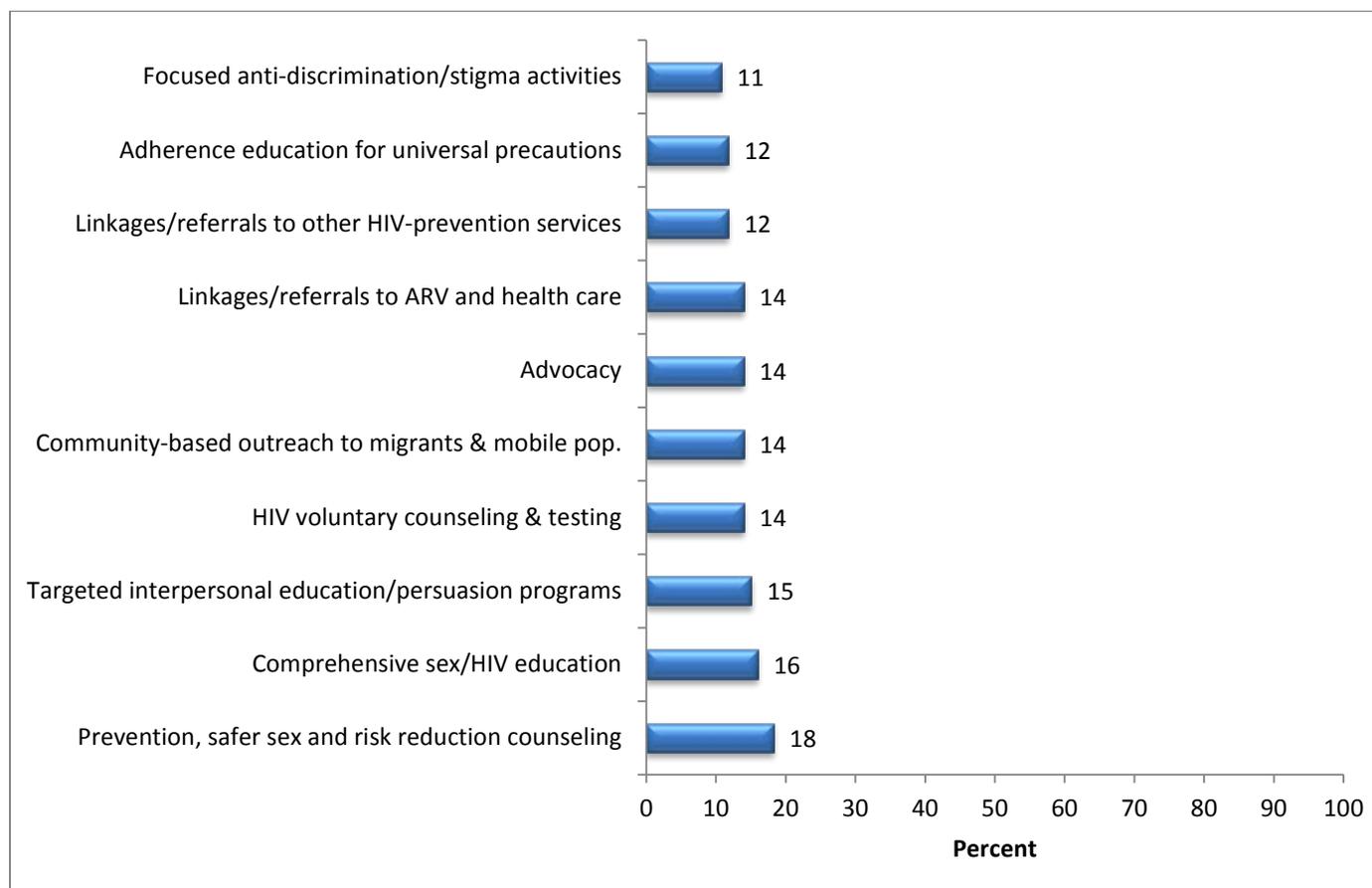
Availability of at least one organization surveyed in Southern Province that provided key interventions for HIV prevention in pregnant women, infants and young children, by district, Zambia 2013

District	HIV Voluntary Counseling and Testing	STI Diagnosis and Treatment	Family Planning and Reproductive Health Care	Anti-retroviral Drugs	Infant Feeding Counseling and Support	Survival Interventions for HIV-Exposed/Infected Infants	Viriological/Serological Tests for HIV-exposed Infants	Financial/In-kind Sustenance Support/Social Welfare	Linkages/Referrals to Psychosocial Support Services	Tuberculosis Prevention, Diagnosis, and Treatment
Choma	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Gwembe	No	No	No	No	No	No	No	No	No	No
Kalomo	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Kazungula	No	No	No	No	No	No	No	No	No	No
Livingstone	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mazabuka	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Monze	Yes	No	Yes	No	No	No	No	No	Yes	No
Namwala	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No
Pemba	No	No	No	No	No	No	No	No	No	No
Siavonga	Yes	No	Yes	No	Yes	No	No	No	Yes	No
Sinazongwe	No	No	No	No	No	No	No	No	No	No
Zimba	Yes	No	No	No	No	No	No	No	Yes	No

**FIGURE 35**

Behavior change communication programs were the most common HIV-prevention intervention targeted at migrant and mobile populations by organizations surveyed.

Percentage of organizations surveyed in Southern Province that implemented the 10 most common HIV-prevention interventions targeted at migrants and mobile populations in the past 12 months, Zambia 2013



**FIGURE 36**

Only Choma and Namwala had at least one implementing organization targeting migrant and mobile populations for each of the HIV-prevention interventions shown.

Availability of at least one organization surveyed in Southern Province that provided selected interventions for HIV prevention in migrant and mobile populations, by district, Zambia 2013

District	HIV Voluntary Counseling and Testing	Comprehensive Sex/HIV Education	Distribution of Condoms	Harm Reduction for People Who Inject Drugs	Prevention, Diagnosis and Treatment of STIs	Focused Anti-Discrimination and Anti-Stigma Activities	Voluntary Medical Male Circumcision	Prevention and Response to Sexual Violence	Community-based Outreach to Migrants and Mobile Populations
Choma	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gwembe	No	No	No	No	No	No	No	No	No
Kalomo	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Kazungula	No	No	No	No	No	No	No	No	No
Livingstone	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Mazabuka	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Monze	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes
Namwala	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pemba	No	No	No	No	No	No	No	No	No
Siavonga	No	No	No	No	No	No	No	No	No
Sinazongwe	No	No	No	No	No	No	No	No	No
Zimba	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes

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