

# Zambia - Zambia Population-based HIV Impact Assessment 2021

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## Identification

### SURVEY ID NUMBER

ZMB-ZS-ZAMHPIA-2021-v01

### TITLE

Zambia Population-based HIV Impact Assessment 2021

### COUNTRY

Name	Country code
Zambia	ZMB

### STUDY TYPE

Other Household Health Survey [hh/hea]

### SERIES INFORMATION

In 2016, the first Zambia Population-based HIV Impact Assessment (ZAMPHIA) was completed, revealing that the nation had succeeded in reducing the spread of HIV. To further assess the progress made toward epidemic control, the Zambia Ministry of Health led a second ZAMPHIA survey implemented from April 2021 to December 2021.

### ABSTRACT

The Zambia Population-based HIV Impact Assessment (ZAMPHIA 2021) was a cross-sectional survey to estimate the sub-national prevalence of viral load suppression among adults living with HIV, measure the national and subnational prevalence of HIV, and document the country's progress towards achievement of UNAIDS 95-95-95 targets along with the impact of HIV services. ZAMPHIA 2021 characterizes HIV incidence, prevalence, viral load suppression, and risk behaviors in a nationally representative household sample of Zambia's adult population and describes uptake of key HIV prevention, care, and treatment services.

### KIND OF DATA

Sample survey data [ssd]

### UNIT OF ANALYSIS

Households and Individuals

## Version

### VERSION DESCRIPTION

Version 1.0: Edited, anonymous dataset for public distribution as provided using the guidelines produced by the U.S. Centers for Disease Control and Prevention (CDC)

### VERSION DATE

2023-12-13

### VERSION NOTES

This version is the final risk-mitigated and cleared ZAMPHIA 2021 public use data set and associated documentation. This version is the final risk-mitigated and cleared ZAMPHIA 2021 public use data set and associated documentation.

## Scope

### NOTES

The survey was intended to provide:

- National HIV prevalence and incidence estimates among the population 15+ years
- Indicative trends in sexual and preventive behavior among the population 15+ years
- A comparison between HIV rate, behavior, knowledge, attitude, and cultural factors that are associated with the epidemic with estimates derived from previous surveys
- Demographic and socio-economic data, and data on housing and household members to examine the determinants and

consequences of the pandemic.

### Primary Objectives

To estimate the following in a household (HH)-based, nationally representative sample of adults, aged 15+ years:

- The sub-national prevalence of HIV viral load suppression (VLS - defined as HIV ribonucleic acid (RNA) <1000 copies/milliliter (mL));

### Secondary Objectives

To estimate the following in the population 15+ years:

- National and sub-national HIV prevalence;
- National HIV incidence;
- Prevalence of HIV-related risk behaviors, knowledge, and attitudes;
- Behavioral and demographic determinants of HIV incidence and prevalence;
- Uptake and barriers to uptake of HIV-related services and exposure to HIV interventions;
- Prevalence of primary and secondary antiretroviral (ARV) drug-resistance (DR) in PLHIV;
- Progress towards achievement of the Joint United Nations Program on HIV and AIDS (UNAIDS) 90-90-90 targets;

### TOPICS

Topic	Vocabulary
Health	World Bank
HIV/AIDS	World Bank
Tuberculosis	World Bank

## Coverage

### GEOGRAPHIC COVERAGE

National coverage

### UNIVERSE

In ZAMPHIA 2021, individuals aged 15 years and older were eligible to participate in the survey. The inclusion criteria included:

- Being a usual household member who slept in the household the night before the survey, or a visitor who slept in the household the night before the survey; and
- Self-reported age 15 years or older; and
- For those 18 years and older, able and willing to provide verbal informed consent in English, Bemba, Kaonde, Lozi, Lunda, Luvale, Nyanja, or Tonga;
- For minors aged 15-17 years, able and willing to provide verbal assent and parent/guardian able and willing to provide verbal informed consent/permission in English, Bemba, Kaonde, Lozi, Lunda, Luvale, Nyanja or Tonga;
- For emancipated minors, i.e., those aged 15-17 years who were married or living in independent households without parents or guardians, able and willing to provide verbal informed consent in English, Bemba, Kaonde, Lozi, Lunda, Luvale, Nyanja or Tonga.

## Producers and sponsors

### PRODUCERS

Name	Affiliation
Zambian Statistics Agency	Government of Zambia

## Data Collection

### DATES OF DATA COLLECTION

Start	End	Cycle
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2021-05-19	2021-07-29	Pre election cycle
2021-09-24	2021-12-13	Post election cycle

## TIME PERIODS

Start date	End date	Cycle
2022	2027	The survey is usually undertaken every 5 years

## DATA COLLECTION MODE

Computer Assisted Personal Interview [capi]

## DATA COLLECTION NOTES

ZAMPHIA 2021 was a household-based national survey among adults (defined as those 15 years and above) that measured the status of Zambia's national HIV response. Conducted from April through December 2021, Zambia offered HIV homebased testing and counseling (HBTC) with return of results, and collected information about households and individuals background, and the uptake of HIV care and treatment services

## Questionnaires

## QUESTIONNAIRES

Survey staff administered the Household (HH) Questionnaire to the head of the HH or his or her designee. The questionnaire asks about the age and sex of all usual HH members and overnight visitors and the relationship of each member to the head of the HH, as well as support for orphans and vulnerable children and HH deaths. The HH questionnaire also collected data on internal and external migration, economic support and other HH characteristics.

The Individual Questionnaire was administered to persons ages 15 years and older. The individual questionnaire included the modules that collected data on

- (1) demographic characteristics;
- (2) marriage;
- (3) reproductive history of women, ANC and prevention of mother-to-child transmission services uptake;
- (4) male circumcision;
- (5) sexual activity and HIV-related risk behaviors;
- (6) previous HIV testing experience;
- (7) HIV serostatus knowledge, and continuum (uptake) of HIV care services;
- (8) tuberculosis and other health issues;
- (9) alcohol use;
- (10) exposure to Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women (DREAMS) program.

Data from the HH Questionnaire and Individual Questionnaire was entered directly onto mobile tablet devices using CSPro software programmed with the questionnaires. The tablet recorded the assigned PTID of each participant through the scanning/reading of preprinted barcode labels. These labels were also used for field and laboratory-based results.

A questionnaire is attached in the document section for further review.

## Data Processing

## DATA EDITING

1. Data was collected using tablets in the field. Some in-line consistency edits were undertaken and reports on completion provided to the supervisor.
2. The data was transmitted to central office for further review and editing. A Central Processing System was applied to the data upon reception.
3. The Central Processing System undertook completion and coherence checks and indicated potential questions for review. These would be provided to a Central Editing Group that would follow up in the field.

A Data Finalization Manual exists for further consultation.

## Data Appraisal

### DATA APPRAISAL

Data was appraised in various ways.

1. A spot-checking process was implemented. This spot-checking was done by the Regional Coordinators and was designed to identify those households that appeared to have inconsistent data with the original data. A side-by-side comparison was done and any suspicious inconsistencies transmitted to the supervisor.
2. Data quality was checked by looking at the frequencies and assuring that responses were consistent and logical and skip patterns preserved.
3. Field Check tables were transmitted and posted to a central information system known as the AIMS for checking the performance of the teams in the field.

## Access policy

### CONTACTS

#### CONFIDENTIALITY

The protection of participant privacy and confidentiality was maintained at each phase of ZAMPHIA data collection and processing. To ensure the protection of participant privacy and confidentiality, ZAMPHIA data processing encompasses various methods to reduce the risk of disclosure in the public use data. The mitigation of potential risk disclosure occurs at the household-level and individual-level and addresses both direct and indirect identifiers in the public use data. The following risk mitigation methods are applied across all PHIA public-use datasets:

- Removal of all direct identifiers (e.g. names, addresses, phone numbers)
- Household and participant IDs were randomly reassigned.
- Days have been redacted from all date variables. Month and year were retained.
- All age variables have been top-coded to 80.
- In certain circumstances, age variables were bottom-coded. See each PHIA's Supplement for specific details.
- For categorical variables, categories with counts of less than 25 were collapsed into "other", if "other" is an option. Response types "Don't know" and "Refused" were not collapsed into "other" because these response options are not identifying. Special circumstances may exist. See each PHIA's Supplement for additional details, including variables with this method applied.
- For dichotomous variables (i.e. variables with yes/no response options), the variables may have been redacted from the data if there were no risk remediation measure possible. See each PHIA's Supplement for additional details, including variables with this method applied.
- For continuous variables, top-coding or bottom-coding may have been used. See each PHIA's Supplement for additional details, including variables with this method applied.

This is in accordance with the UN Fundamental Principles of Official Statistics Article 6 stating: Individual data collected by statistical agencies for statistical compilation, whether they refer to natural or legal persons, are to be strictly confidential and used exclusively for statistical purposes. Which has been incorporated in the Zambia Statistical Act 13/2018 which states under Article 21: The (Statistics) Agency shall, where statistics are designated as official statistics, protect the confidentiality and identity of the source of data.

#### ACCESS CONDITIONS

The data has been anonymized and is provided as a Public Use File. Users must register on the National Data Archive site and agree to the terms and conditions provided in the user agreement.

#### ACCESS AUTHORITY

Name	Affiliation	URL
Zambia Statistics Agency	Government of Zambia	<a href="#">Link</a>

## Disclaimer and copyrights

### DISCLAIMER

The user of the data acknowledges that the original collector of the data, the authorized distributor of the data, and the relevant funding agency bear no responsibility for use of the data or for interpretations or inferences based upon such uses.

### COPYRIGHT

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## Metadata production

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DDI DOCUMENT ID

DDI\_ZMB\_UMB\_PHIA\_2021\_v1

PRODUCERS

Name	Abbreviation	Affiliation	Role
Center for International Health, Education, and Biosecurity	CIHEB	University of Maryland Baltimore (UMB)	Metadata producer
Zambian Statistics Agency	ZamStat	Government of Zambia	Metadata host

DATE OF METADATA PRODUCTION

2023-12-13

## Data Dictionary

Data file	Cases	Variables
<b>zamphia2021hh</b> Households were the highest-level observation. Each sampled household has been represented as a single record (row) on the household dataset, including sampled households that were ultimately determined to be ineligible (i.e. vacant, not a dwelling, or dwelling destroyed) or were non-responding households. Each household has been identified by a unique householdid. Households that participated in the household survey were indicated as eligible respondents by the variable hhstatus = 1.	12245	275
<b>zamphia2021roster</b> Roster records were the next level observation. Each individual rostered has been represented by a single record (row) on the roster dataset. All individuals who slept in the household the night before or who were usual residents were included on the household roster; this information was provided by the head of the household. Roster data contains individual-level roster data collected during the household interview for individuals of all ages, including those who were not eligible, who did not consent or who were not interviewed. Individuals who participated in the individual interview were indicated as eligible respondents by the variable indstatus = 1. Individuals who participated in biomarker testing and had valid laboratory test results were indicated by the variable bt_status = 1. Each person on the Roster dataset has been identified by a unique personid.	50706	60
<b>zamphia2021adultind</b> The adult interview records have been contained within the adult individual interview data. Within each responding household, eligible responding individuals as identified by the variable indstatus = 1 have been represented as a single record (row) on the interview datasets. ID variables were identical to those in the Roster dataset.	22262	505
<b>zamphia2021adultbio</b> Individuals who were interviewed and consented to the biomarker testing as identified by the variable bt_status = 1 have been represented as a single record (row) on the Biomarker dataset. ID variables were identical to those in the Roster dataset.	18804	244