THE PEOPLE LIVING WITH HIV
STIGMA INDEX

Tonderai Mwareka
Zimbabwe National Network of People Living with HIV
Zimbabwe National Network of People Living with HIV (ZNNP+)

- ZNNP+ is an umbrella body that represents the interest and rights of people living with HIV in Zimbabwe.

- It is a membership organization of individuals as well as community-based organization led by people living with HIV.

- The organization has a national reach and is represented in all the country’s 10 provinces.

- The organization has been coordinating the implementation of stigma index study in Zimbabwe starting with stigma index 1.0 and now 2.0.
Zimbabwe National Network of People Living with HIV

MISSION: To Improve the Quality of Life for People Living with HIV
VISION: An Environment where People Live Positively

Strategic Pillars:
- Advocacy, Communications and Social Mobilisation
  - Enabling environment that ensures the rights of PLHIV & needs are met
  - Increased uptake of HIV related services
- Community Systems Strengthening
  - Increased coverage for HIV and other related interventions
- Coordination of the PLHIV Sector
  - A well-coordinated PLHIV sector that meaningfully contributes to the national HIV response
- Knowledge Management
  - Improved evidence-based decision making in the HIV response
All 10 provinces were represented in the study

It had a mixture of urban, peri-urban, farming communities and rural areas

A total of 27 districts were selected across the 10 provinces

On average each province had 3 districts sampled and some had 2

Some areas like prisons were also sampled

For comparison purposes same districts sampled in 2014 were deliberately chosen
Methodology: Sample Size and Composition

- The Stigma Index sample size calculator was used to calculate the sample size, based on the estimated prevalence of avoidance of seeking healthcare due to anticipated stigma by PLHIV.

- The aimed sample size was 1387 people living with HIV in all their diversity.
  - The final sample consisted of 1400 participants.
Methodology: Sample Size and Composition

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Province</th>
<th>Sample size</th>
<th>Sample distribution</th>
<th>Other PLWHIV (65%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Key population (25%)</td>
<td>Youths* (10%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Women (60%)</td>
<td>Men (40%)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Bulawayo</td>
<td>151</td>
<td>38</td>
<td>15</td>
<td>59</td>
</tr>
<tr>
<td>2</td>
<td>Harare</td>
<td>117</td>
<td>29</td>
<td>12</td>
<td>46</td>
</tr>
<tr>
<td>3</td>
<td>Manicaland</td>
<td>107</td>
<td>27</td>
<td>11</td>
<td>42</td>
</tr>
<tr>
<td>4</td>
<td>Mashonaland Central</td>
<td>105</td>
<td>26</td>
<td>11</td>
<td>41</td>
</tr>
<tr>
<td>5</td>
<td>Mashonaland East</td>
<td>139</td>
<td>35</td>
<td>14</td>
<td>54</td>
</tr>
<tr>
<td>6</td>
<td>Mashonaland West</td>
<td>121</td>
<td>30</td>
<td>12</td>
<td>47</td>
</tr>
<tr>
<td>7</td>
<td>Masvingo</td>
<td>126</td>
<td>31</td>
<td>13</td>
<td>49</td>
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<tr>
<td>8</td>
<td>Matabeleland North</td>
<td>174</td>
<td>43</td>
<td>17</td>
<td>68</td>
</tr>
<tr>
<td>9</td>
<td>Matabeleland South</td>
<td>204</td>
<td>51</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>10</td>
<td>Midlands</td>
<td>142</td>
<td>36</td>
<td>14</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1387</td>
<td>347</td>
<td>139</td>
<td>541</td>
</tr>
</tbody>
</table>
### Methodology: Sample Size and Composition

**Key Population Disaggregation**

<table>
<thead>
<tr>
<th>Key Population Group</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>11</td>
</tr>
<tr>
<td>Men who have sex with Men</td>
<td>49</td>
</tr>
<tr>
<td>Transgender People</td>
<td>33</td>
</tr>
<tr>
<td>Sex Workers</td>
<td>258</td>
</tr>
<tr>
<td>People Who use Drugs</td>
<td>3</td>
</tr>
</tbody>
</table>
75% of participants were recruited from the VBS and 25% of participants through the LCR.

Venues included health facilities, community places, and households.

Drop-in centers were also used to target key populations who also facilitated the recruitment of their peers.
Key Findings and Recommendations

**Key Findings**
- Internalized stigma stands at 48% with young people (18-19 years) most affected
- Stigma in health facilities stands at 35%
- Stigma and discrimination experienced by PLHIV 69.7%

**Recommendations**
- Intensify engagement of PLHIV and community at large to address stigma and discrimination
- Engage in open discussion on issues of stigma and discrimination among PLHIV
- Invest in anti-stigma programming
Challenges with Implementation of the Standardized Methodology

- Limited resources that had to be shared across provinces especially equipment.

- Some key populations like PWUD were not easy to find. What were easily found were PWUD but not living with HIV. The network of drug users also struggled to come up with this subpopulation. At national level there is also no data of PWUD and are HIV positive.
Lessons Learnt

- The study is very important to inform programming as most partners showed interest in it.
- Digital data collection is effective in data collection.
- There is need to be discrete in sampling certain sub-populations so that people are not in various sub-populations.
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