



## Annual Report

<b>Project:</b>	Coalition to Accelerate and Support Prevention Research (CASPR)
<b>Reporting Period:</b>	June 1, 2021 – December 31, 2021

### I. Project Implementation Progress

PZAT joined the CASPR coalition in June of 2021, with an overarching goal of contributing to HIV research preparedness and translation work; specifically, by facilitating community and civil society readiness for engaging with HIV prevention biomedical research agendas, enhancing advocacy capacities of key stakeholders, and facilitating shifts in policies that foster biomedical prevention research at all levels. PZAT has also come on board as a MEL partner, to provide support in strengthening the MEL function across the coalition, by strengthening CASPR partners' capacities to track the implementation of their activities; and assess the extent to which they are achieving the coalition activities. PZAT made substantial progress towards the achievement of set out targets. PZAT worked in collaboration with the Ministry of Health and Child Care (MoHCC) in implementing activities.

Below are the deliverables for the year.

#### **HIV Prevention Workstream**

##### **Expanding access to PrEP and next-generation PrEP in tertiary institutions**

6 workshops were conducted with young women in tertiary institutions, to bring awareness to HIV Prevention Options. Two were conducted virtually for students from Midlands State University and Bindura University using the WhatsApp platform; whilst four were held face to face at Joshua Nkomo Polytechnic, Hillside Teachers' College, Masvingo Polytechnic college, and Great Zimbabwe University. A total of 129 young

women participated in the workshops. Young women raised their concern over the lack of youth-friendly services at public health facilities including clinics serving students within tertiary institutions. It also emerged during the discussions that there is a lack of knowledge on PrEP products including general information on how to access oral PrEP. Young women expressed their preference for oral PrEP compared to other methods discussed, citing reasons such as fear of injections and reluctance to insert objects in their vaginas. There was a high appetite for the workshops, particularly on the virtual platforms which provided flexibility and perceived anonymity to participate openly. Young women demanded the need to repackage oral PrEP pills to differentiate them from ARVs, training healthcare workers on new HIV Prevention options, and the availability of PrEP at tertiary institutions where there are no consultation fees.

### **Advocate for policy change in improving access to HIV prevention options for PBFW in Zimbabwe**

PZAT made strides in engaging key partners (OPHID and UZCTRC), who supported mobilization for this work. Meetings with the National PMTCT and Pediatric HIV Care and Treatment Coordinator from the MoHCC have been conducted to facilitate admission and participation of PZAT into the PMTCT TWG. Six consultations with 112 pregnant and breastfeeding women were conducted to understand perceived barriers on the use of HIV prevention options (oral PrEP, Dapivirine ring, Long-acting injectable cabotegravir) and appropriate interventions. The PBFW repeatedly voiced that the use of HIV prevention methods especially the new PrEP products might be perceived by the community as a way to promote promiscuity. They also reported that using these products is a sign of mutual mistrust. They recommended health care workers sensitize male partners about the PrEP products. Pregnant women noted that the health care workers discourage them to use any other pills except paracetamol and this can be a barrier for pregnant women to using oral PrEP. PBFW recommended the need for health care workers to be trained on new HIV Prevention options; oral PrEP to be integrated with antenatal visits in all public health facilities. PZAT has developed a policy brief which will be presented to the PMTCT TWG to advocate for the inclusion of PBFW in HIV prevention research and to prioritize them during the rollout of new HIV prevention products. PZAT developed a policy brief which will be presented at the PMTC TWG to advocate for the inclusion of PBFW in HIV prevention research and for them to be prioritized during the rollout of new HIV prevention products. The policy brief was informed by the advocacy asks from the PBFW consultations

### **Assess current gaps and opportunities that PZAT can support around research literacy, CAB-LA, DVR introduction, SRH, and overall women's prevention**

PZAT administered the needs assessment questionnaire to 32 partners working with AGYW on SRH and HIV prevention. 26 out of 32 organizations responded to the survey. While most of the organizations reported interest in working on HIV Prevention Research Literacy, current gaps identified include limited work on conducting work around CAB-LA and DVR. Most organizations highlighted the need for training and provision of IEC materials to conduct HIV prevention research literacy. Most of the organizations are interested in raising awareness around Dapivirine Ring and CAB-LA in Zimbabwe. The majority of the survey participants highlighted the need for training, mentorship, and networking to conduct work around

the Dapivirine ring and CAB-LA. Organizations highlighted that support is required from biomedical research experts and partners who are currently working on new HIV prevention methods. All the respondents showed interest in conducting HIV prevention activities with adolescent girls and young women among other key priority populations.

## **COVID-19 VACCINE CONFIDENCE WORKSTREAM**

### **Combating vaccine hesitancy and improving vaccine confidence through a series of activities; as a pathway to supporting future HIV vaccine roll-out**

PZAT successfully conducted a qualitative assessment. The assessment consisted of a survey that reached out to 250 people, 20 community consultations, and 50 individual conversations. The overall rapid assessment showed that the major motivator to getting vaccinated was the need to protect themselves and others from contracting COVID-19. Lack of information and health concerns on COVID vaccines is the major barrier to vaccination. The dissemination of COVID-19-related information through trusted channels of information including public radio stations and health workers is vital to ensure public trust.

PZAT conducted 20 community consultations and reached out to 394 people. The consultations were held in three different urban and rural provinces in Zimbabwe (Harare, Goromonzi, and Lupane) Participants across all community consultation categories of the study mentioned that people in many communities have inadequate information about the Covid-19 vaccine; how it works, the possible side effects, benefits, and risks, myths, and misconceptions. During community consultations, some participants expressed reservations about the safety and effectiveness of the vaccine because they felt that the Covid-19 vaccine did not go through rigorous trials to ascertain that it is safe for everyone. PZAT compiled a dialogue report with recommendations for actions to address the issues raised.

PZAT in collaboration with MoHCC developed IEC materials such as a palm card and a booster flier to give people information. PZAT conducted 14 radio sessions to disseminate COVID-19 information to the public and widen the source of COVID-19 vaccine perspectives, to inform future HIV vaccine rollout. The key emerging issues from the radio sessions were that there were a lot of myths and misconceptions around the COVID-19 vaccine efficacy among pregnant and breastfeeding women and people with comorbidities. There is a lack of information on who is eligible to get the booster vaccine in Zimbabwe and the reasons why people are encouraged to get the booster vaccine. PZAT developed 4 animation skit videos, the skits have been used for the radio sessions to prompt discussion at the start of the session. The animation videos focus on the COVID-19 vaccination myths and misconceptions, addressing why vaccinated people can still contract COVID-19.

## **MEL WORKSTREAM**

### **Strengthening MEL capacity of CASPR partners**

Following a formal introduction of PZAT to the CASPR coalition, via a brief MEL introductory session on the monthly call, PZAT developed and administered a MEL Needs Assessment Survey to analyze gaps for capacity strengthening in MERL and map areas for support. Feedback reflected the need for support in measuring short-term progress, understanding individual partner contributions to CASPR, SPARC stories, and strengthening partner collaboration. Follow-up meetings were held with FHI360; IAVI; Internews, HAVEG & Wits RHI were conducted to determine the next steps. PZAT facilitated an introductory MEL session for Copper Rose Zambia, a new partner to CASPR. A follow-up MEL Needs Assessment Survey was administered to the partner to get an understanding of their learning needs.

The CASPR Outcomes Assessment Tool (COAT) adapted from the C-CAAT was tailor-made to measure progress for the newly added 7 qualitative outcomes. This tool contains numerical ranges describing the level of impact of each result. The COAT also provides the opportunity for learning by partners because it takes into account unintended outcomes and ways of addressing setbacks during implementation. An Indicator Reference Sheet was developed to complement the COAT. The tool defines the indicators, mainly quantitative ones, aimed at helping partners identify short-term progress. AVAC continues to provide technical support in making the tool user-friendly yet detailed enough to capture outcomes. Ongoing support on tool utilization shall be provided to partners during office hours. Office Hours refer to the times set aside by the MEL team to meet virtually with CASPR partners to discuss any MEL-related matters they may have.

## II. Monitoring and Evaluation

**Table 2: Summary of Outputs for Quarter**

Indicator	Definition	Results	Additional comments
# workshops, webinars and trainings held to train or support advocates		<p># Workshops: 12.</p> <p># webinars: NIL</p> <p># trainings: NIL</p>	<p><i>Please list each workshop, webinar or training held; if you have data on the # of attendees, please include it here.</i></p> <p>6 workshops with young women in tertiary institutions; broken down as follows</p> <ul style="list-style-type: none"> <li>• 4 in person workshops to sensitize 79 AGYW on available HIV prevention options at Hillside teachers college and Joshua Mqabuko Nkomo polytechnic</li> <li>• 2 Virtual workshops on WhatsApp Platform to sensitize 50 AGYW on available HIV prevention options</li> </ul> <p>6 workshops were conducted with pregnant and breastfeeding women to understand perceived barriers to HIV Prevention options use. Below is a</p>

Indicator	Definition	Results	Additional comments
			breakdown of the training locations and corresponding number of participants: <ul style="list-style-type: none"> <li>• Harare 18</li> <li>• Bubi 20</li> <li>• Masvingo 22</li> <li>• Chtungwiza 19</li> <li>• Lupane 22</li> <li>• Mazowe 20</li> </ul>
<b># products developed and disseminated with advocacy and/or research literacy messages</b>	Please report the number of CASPR-supported products developed and disseminated publicly during the quarter. There is no need to include draft meeting notes or draft internal advocacy messages.	# articles: N/A  # blogs: N/A  # Publication: 1  # other (please specify each under additional comments): NIL	<i>Please list each product included under results and indicate if you are able to get data on # page views or downloads for that product.</i>  A palm card was developed with information on what to expect after receiving covid 19 vaccination to be disseminated in the next quarter through MoHCC to people attending health facilities for vaccination. Palm card translated to 2 local languages (Shona and Ndebele)



Indicator	Definition	Results	Additional comments
	mentee focused on building capacity. An individual should not be double counted as a new and existing advocate in the same project year.	<ul style="list-style-type: none"> <li>• #&lt;25 yrs:0</li> </ul>	
# partners attending conferences		<p>Conference Name: International AIDS Society Conference 2021</p> <p>Attendance and participation by your organization</p> <ul style="list-style-type: none"> <li>• # Attendees: 6</li> <li>• # Female attendees: 6</li> <li>• # Abstracts submitted: NIL</li> </ul>	<p>PZAT attended the following sessions:</p> <p>A Conversation with Advocates on Vaccine Hesitancy</p> <p>The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) 2021 was held under the theme <b><i>The race to 2030 – Evidence</i></b></p> <p>A Conversation with Advocates on Vaccine Hesitancy</p> <p>Inclusion of Pregnant and Breastfeeding Women in HIV Prevention Research: What can you and I do to move this agenda forward</p>



Indicator	Definition	Results	Additional comments
		<ul style="list-style-type: none"> <li>• # Abstracts accepted: N/A</li> <li>• # Invited speakers: 2</li> <li>• # Events hosted: NIL</li> </ul> <p>International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) 2021</p> <p>Attendance and participation by your organization</p> <ul style="list-style-type: none"> <li>• # attendees: 4</li> </ul>	<p>2 speakers from PZAT presented during the following sessions:</p> <ul style="list-style-type: none"> <li>• A Conversation with Advocates on Vaccine Hesitancy</li> <li>• Inclusion of Pregnant and Breastfeeding Women in HIV Prevention Research: What can you and I do to move this agenda forward?</li> </ul> <p>The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) 2021 was held under the theme <b><i>The race to 2030 – Evidence. Scale Up. Accelerate. The following sessions were attended:</i></b></p> <p><i>The Impact of COVID-19 on HIV.</i></p>

Indicator	Definition	Results	Additional comments
		<ul style="list-style-type: none"> <li>• # female attendees: 4</li> <li>• # abstracts submitted: Nil</li> <li>• # abstracts accepted: Nil</li> </ul>	<i>The key role of faith-sector leadership in the HIV Response in Africa.</i>
<b># consultative meetings, working groups, and forums on global and national policy development and guideline review</b>	Please count and report on the number of meetings, groups, and forums intended for policy engagement that you attended during the quarter (e.g. national Technical Working Groups)	# Consultative meetings: 11 # working groups: NIL # forums: NIL	<ul style="list-style-type: none"> <li>• 5 MEL meetings were held with FHI360, WACI Health, Internews, HAVEG, and Wits RHI to set the agenda for MEL support in the next quarter.</li> </ul> <p>6 stakeholder engagement meetings with the Ministry of Health and Child Care; and key partners' breakdown as follows.</p> <ul style="list-style-type: none"> <li>• 1 Meeting with the National PMTCT and Pediatric HIV Care and Treatment Coordinator to</li> </ul>

Indicator	Definition	Results	Additional comments
			<p>discuss HIV prevention advocacy work for PBFW.</p> <ul style="list-style-type: none"> <li>• 1 Meeting with MoHCC Health Promotion Deputy Director to discuss the vaccine confidence activities</li> <li>• 1 Meeting with Hillside teachers' college principal to plan for the AGYW workshop at Hillside teachers' college.</li> <li>• 1 Meeting with the MoHCC SRH/HIV/SGBV Linkages Coordinator and the HIV Prevention coordinator to discuss the SRH/HIV integration work</li> <li>• 2 Meetings with SAYWHAT organization and Female Students Network Trust to discuss partnerships with PZAT.</li> </ul>

### **III. SPARC Stories (no more than 1/2 page per story)**

#### **1) Story title: Giving young women power to choose through credible information on prevention options**

PZAT conducted a workshop with 20 young female students at Joshua Mqabuko Nkomo Polytechnic in Gwanda district with the aim of sensitizing students to SRH services and PrEP products (Oral PrEP, Dapivirine Ring, and Long-acting Injectable Cabotegravir). Interactive learning methods such as open discussions around PrEP eligibility and accessibility enabled participants to open up and share their knowledge and perspectives. The students reported they had limited knowledge of comprehensive SRH services and available HIV prevention products.

At the end of the session, participants reported improved awareness, with 5 students expressing interest in seeking PrEP initiation at the local health facilities. One participant commented, “We have been waiting for HIV prevention options we can use without informing our partners.” Thus, through this workshop, PZAT contributed to ensuring young women are more knowledgeable about HIV prevention options and are able to access those that are available. This is critical to enhancing AGYW’s autonomy to make informed health decisions. PZAT’s work with young women in tertiary institutions contributes toward one of CASPR’s objectives which seek to; propose forward-thinking plans for preparedness and community and civil society readiness for engaging with HIV prevention biomedical research agendas, especially through broad stakeholder engagement. The workshop held at Joshua Mqabuko Nkomo Polytechnic is one of 3 similar engagements that have been implemented in the last quarter and reached 60 young women across 3 tertiary institutions in Zimbabwe. The key emerging lesson is that; the provision of information on HIV prevention options to AGYW in spaces where they are free to share their perspectives is key in ensuring these new innovations are known, socially accepted, and fully utilized.

#### **2) Championing change: Provision of information for improved access and understanding of HIV prevention to Pregnant and Breastfeeding Women**

PZAT conducted consultations with 121 Pregnant and Breastfeeding Women (PBFW) in six selected communities across Zimbabwe with the aim of understanding the barriers to their use of new HIV prevention options. These consultations created an enabling environment where pregnant and breastfeeding women freely discussed issues affecting their uptake and use of prevention products. Participants reported that the use of HIV prevention options is viewed as leading to promiscuity among pregnant and breastfeeding women and intimate partner violence.

Follow-ups via text messages and voice calls were conducted with all 22 participants who attended the consultation in Mazowe. A total of 7 women reported that they had been initiated on oral PrEP at the local clinic. One pregnant woman said, “...after attending the discussion I went home and reflected on what had

been said. I realized that since I had contracted an STI during pregnancy, I was at risk of contracting HIV. I then decided to act by going to the clinic to be initiated on PrEP without my husband's knowledge”

Following the consultations, PBFW reported that they had improved their understanding of how oral PrEP, DVR, and CAB-LA work. One pregnant woman commented, *“We are at risk of contracting HIV, and we were afraid to use any medication as we thought it would affect our babies, I am happy that Oral PrEP can be used even when I am pregnant.”* Thus, through these consultations, PZAT provided safe spaces for PBFW to voice their barriers to HIV prevention access and use. Provision of safe spaces is critical to ensure that concerns of PBFW are considered in the rollout of new HIV prevention products. PZAT's work with PBFW contributes to one of the CASPR objectives to propose forward-thinking plans for preparedness and community and civil stakeholder engagement. The key emerging lesson is that prioritizing PBFW in HIV prevention research is key to ensuring these new innovations are known, socially accepted, and fully utilized.

## **Gender Integration**

PZAT has mainstreamed gender by deliberately engaging men, women, people with disabilities, people living with HIV, and key populations in the vaccine confidence work. PZAT included men as influencers of norms and values by holding consultations specifically with traditional leaders and religious leaders; who are predominantly men. However, challenges were encountered in accessing people with disabilities at health facilities for individual consultations during data collection of the rapid assessment of the COVID-19 vaccine. Gender integration is a learning opportunity for PZAT as the organization continually seeks to understand and apply the principles better. PZAT also mainstreamed gender by engaging key population groups including transgender people, men having sex with men, and female sex workers in the rapid assessment on motivators and barriers to COVID-19 vaccination.

## **IV. Attachments**

- Attachment #1, 2, 3 and 4: Pictures of discussions with young women in tertiary institutions.
- Attachment #5: Screenshot of partner responses during the MEL Webinar.
- Attachment #6: English - Individual consultation guide for the vaccine hesitant individuals



Figure 1: Participant leads a group discussion.



Figure 2 and 3: The facilitator moderating a group discussion

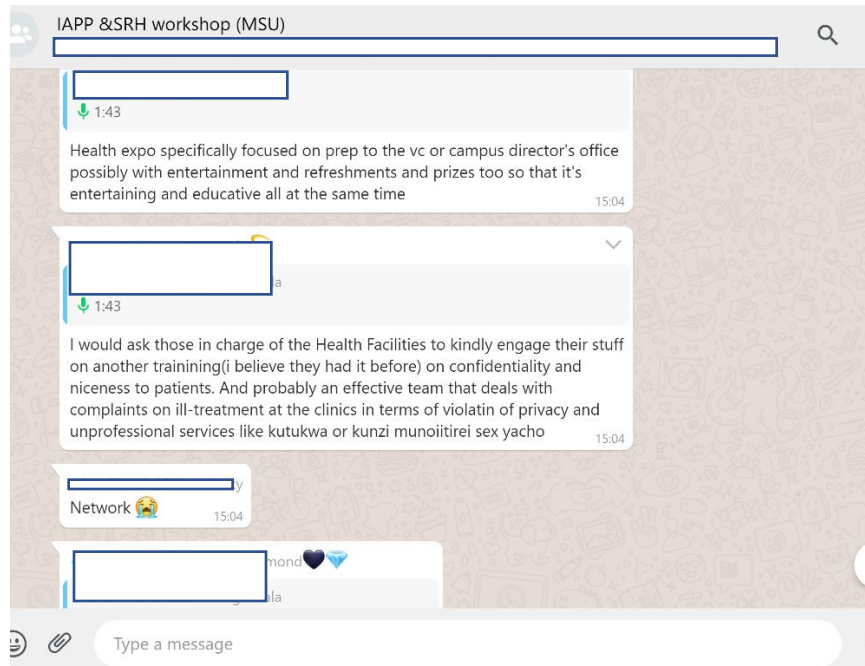


Figure 3: WhatsApp screenshot showing discussions on PrEP

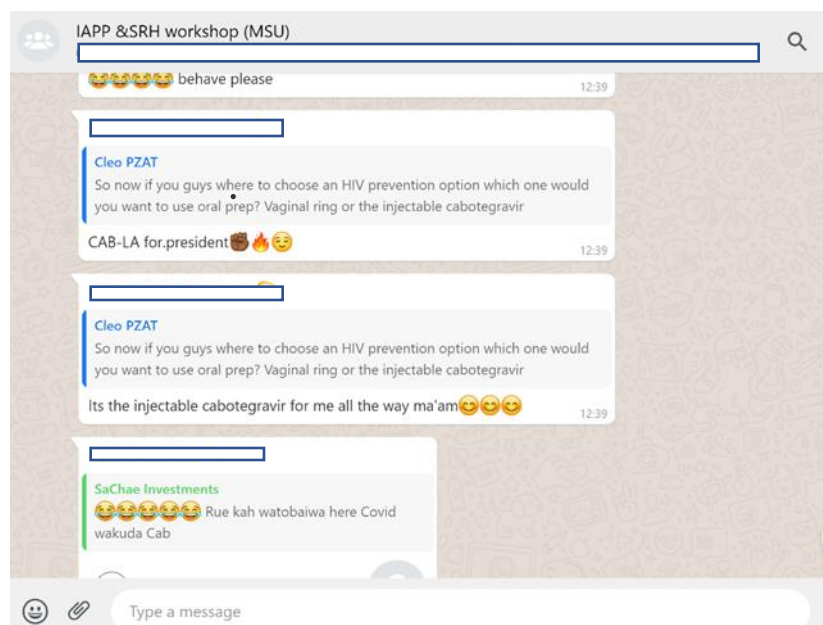


Figure 1: WhatsApp group conversation amongst students on HIV prevention options.

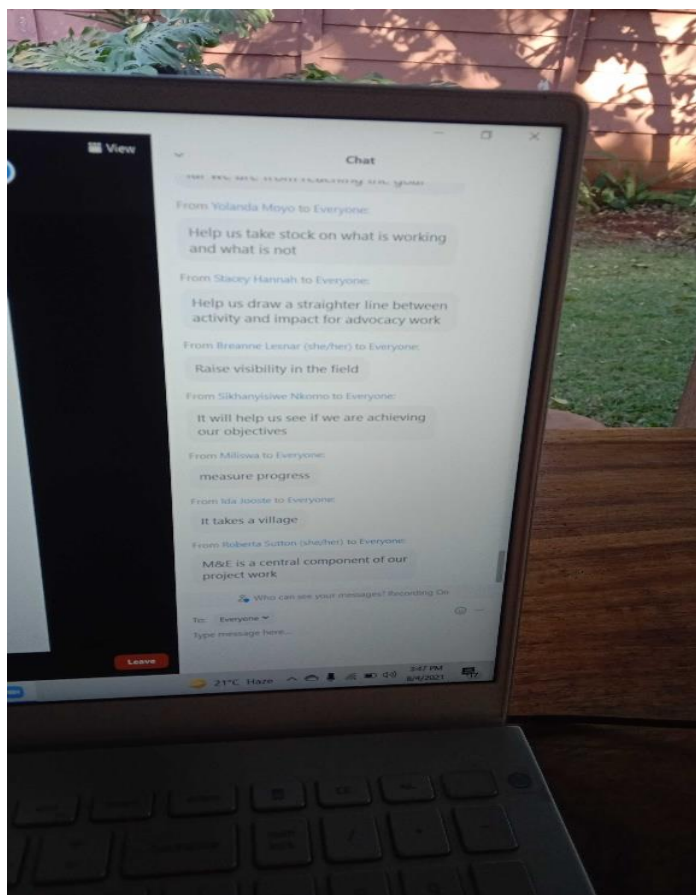


Figure 2: Individual responses during the MEL webinar for all CASPR partners.



## CASPR

### English - Individual consultation guide for the vaccine hesitant individuals

Objective
To understand barriers and motivators to receiving the COVID-19 vaccine among 20 vaccine hesitant individuals.
Instructions to the interviewer
<ul style="list-style-type: none"><li>➤ If the participant has specific questions during the interview that are off topic for the IDI or are inappropriate to discuss during the IDI, the interviewer should take note of them and answer them directly after the interview if s/he is qualified to answer. If the interviewer cannot answer them, refer the participant to site staff who are qualified to answer.</li><li>➤ Suggested topics to probe on are in <i>italics</i>. The interviewer should use them if the topic has not already been addressed. If the topic has already been fully covered under a previous question, the interviewer should not probe further.</li><li>➤ A natural follow up probe to almost anything is “why?” and, therefore, has largely not been listed as a probe in this guide. However, the interviewer should always ask this (or a similar follow-up question) in the IDI as is appropriate.</li><li>➤ Instructions to the interviewer are in brackets and <i>italics</i> [like this].</li></ul>
Introduction
<p><i>[Bullet points below to be explained in the facilitator’s own words]</i></p> <p><i>Thank participant for agreeing to participate</i></p> <ul style="list-style-type: none"><li>• Remind participant that whatever s/he says will not be linked back to her/him;</li><li>• Remind participant that there are no right or wrong answers – their opinion is important for the research</li><li>• Ask participant if they have any questions before the IDI begins</li><li>• Remind participant that the IDI will be audio recorded.</li><li>• Ask participant if it is OK to begin the recorder</li></ul> <p><i>[Once you have answered participant’s questions, turn on recorder, and ask them to confirm that it is OK to record.]</i></p> <p><b>I’ve just turned on the audio recorder. I will let you know when I turn it off as well. Can you confirm you agree to be recorded?</b></p> <p><b>Were you vaccinated?</b></p>
Section 1: General Knowledge
<ol style="list-style-type: none"><li>1. Please tell me what you know about COVID-19?</li><li>2. Where do you get your information on COVID-19?</li><li>3. To your knowledge, do you have, or have you had COVID-19?</li><li>4. Do you personally know anyone in your family, group of friends, or community networks who became seriously ill or died as a result of COVID-19?</li><li>5. Are you familiar with the vaccine for COVID-19?</li><li>6. What are your thoughts about COVID-19 vaccine?</li><li>7. Have you seen or heard any information about COVID-19 vaccines (e.g., on the news, on social media, or from friends and family) that you could not determine were true or false?</li><li>8. Are you familiar with other vaccines? Which one(s)?</li><li>9. If so, have you received any? If yes Which one(s)?</li></ol>
Section 2: Delivery of the COVID-19 vaccine
<ol style="list-style-type: none"><li>10. Have you been vaccinated for COVID-19?</li><li>11. Is there a reason why you haven’t been vaccinated yet for COVID-19?</li></ol>

1. Have you been vaccinated for COVID-19?
2. Is there a reason why you haven't been vaccinated yet for COVID-19?
3. Would you be willing to be vaccinated if it was offered to you?
4. Why do people in this community want to get vaccinated?
5. Why would people in the community not be willing to get vaccinated?

### **Section 3: Barriers to and Enablers of COVID-19 Vaccination in the Community**

6. What barriers do you or other people in the community face when trying to get vaccinated?
7. What would make it easier for you to get vaccinated?
8. How has the COVID-19 pandemic affected your access to HIV prevention services?

Probe:

- i. *HIV prevention – oral PrEP, Condoms, VMMC*

9. **For PLHIV only** : How has the COVID-19 pandemic affected your access to HIV treatment and linkage to care services?

Probes:

- i. *HIV treatment – ART pick up, Viral load test, CD 4 test*
- ii. *Linkage to care – Support groups, CARGS, etc*

### **Section 4: Strategies to Improve Vaccine Confidence in the Community**

10. What measures have been taken to ensure people have adequate information about COVID-19 and the vaccine?
11. What measures have been taken to create a demand for the COVID-19 vaccine?
12. What are some ways to increase confidence in and uptake of COVID-19 vaccines in this community?

### **Closing: Thank participants for time and responses**

**Are there any final questions, comments, or opinions you would like to share with me?**  
*[Thank participant for their time and sharing their experiences in the IDI]*



Figure 3:COVID-19 Booster Flier

### Is It Because The Vaccine Does Not Work That One Needs A Booster?



The recommendation of boosters doesn't represent a failure of the existing vaccines.

The concept is to prolong protective immunity, particularly if there is evidence that protection is waning after a period of time.

### What is the Rationale For The Administration Of Booster Doses?

The current primary goal of immunization in the COVID-19 pandemic remains to protect against hospitalization, severe disease and death. Hence, booster doses may only be needed if there is evidence of insufficient protection against these disease outcomes over time.

### Can I Get Any Booster That Is Available At The Health Facility?



The Ministry of Health and Child Care recommends that one gets the booster shot that is the same as the 1st and 2nd dose that you initially received.

### What Should I Bring To The Health Facility For The Booster Shot?

Bring your COVID-19 vaccination card to your booster shot appointment. The booster dose is recorded on the same vaccination card as the 1st and 2nd dose. This also ensures that the provider gives you the appropriate shot.

NB: if you received a vaccination card before that did not have a QOS scan, you will be required to submit it and you will be issued a new card with all your recorded information from the previous card. This new card with a QOS scan has a unique identifier that can be traced to you each time you travel.

### What To Expect After Vaccination



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Most people do not feel anything at all after vaccination. A few others experience minor or temporary reactions that wear off in 2 to 3 days. Serious side effects are rare. If however you are worried about your condition after vaccination visit your nearest health centre or vaccination point for assessment

Figure 4: COVID-19 Booster Flier