



## COP 20 ANNUAL REPORT

Delivery of Oral Pre-Exposure Prophylaxis for HIV for Adolescent Girls and Young Women (AGYW) in Mazowe District, Mashonaland Central Province & Client-Centred HIV Services for Key Populations (KPs) in Harare

Reporting period: October 2020 to September 2021



Friendship Bench Mental Health Problem Solving Therapy training for Community Facilitators: September 2021: Harare.

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## Acronyms

AGYW	Adolescent Girls and Young Women
ART	Antiretroviral therapy
CFs	Community Facilitators
COVID-19	Corona Virus Disease of 2019
DSD	Direct Service Delivery
FMC	Facility Monitoring Committee
FO	Field Officers
FSW	Female sex workers
HIV	Human Immunodeficiency Virus
HIVST	Human Immunodeficiency Virus Self Testing
KPs	Key Populations
LTFU	Loss to follow up
MoHCC	Ministry of Health and Child Care
MSM	Men who have sex with men
MSW	Male sex workers
NAC	National AIDS Council
PPE	Personal Protective Equipment
PrEP	Pre-exposure prophylaxis
OI	Opportunistic Infections
Q	Quarter
STI	Sexually Transmitted Infection
VIAC	Visual inspections with acetic acid
YWSS	Young women selling sex
Zim-TTECH Health	Zimbabwe Technical Assistance, Training and Education Centre for Health

## 1.0 Introduction

Pangaea Zimbabwe AIDS Trust (PZAT) is a partner in the Zimbabwe Partnership to Accelerate AIDS Control (ZimPAAC) consortium. ZimPAAC focuses on several context-appropriate health interventions to improve access to, and quality of HIV prevention, treatment, care, and support services through site-specific interventions and community outreach. PZAT is implementing a CDC-funded project to ensure comprehensive, quality and client-centered HIV prevention, care and treatment services are provided to key populations (KPs) including men who have sex with men, (MSM), male sex workers (MSW), female sex workers (FSW) and transgender people in Harare and adolescent girls and young women (AGYW)] in Mazowe District, Mashonaland Central Province.

PZAT works in collaboration with the Ministry of Health and Child Care (MoHCC), Harare City and Zimbabwe Technical Assistance, Training and Education Centre for Health (Zim-TTECH) to ensure program objectives are met in both Harare and Mazowe districts. In COP 20, PZAT made significant progress towards meeting annual programme targets

### 1.1 Key Highlights

- Harare district has made progress towards the achievement of targets on the KP PrEP\_NEW indicator (111.6%), reflecting efforts put towards achieving set targets. However, more strategies are needed to improve the uptake of PrEP among the general population.
- Despite the effects of COVID-19 lockdown restrictions on programming, both districts managed to employ strategies to carry out program interventions during the lockdown.
- The data summaries for Harare and Mazowe PrEP MER indicators are tabulated below:

#### Harare

**Table1: Cumulative Reach for COP20 Harare (October 2020- September 2021)**

Indicator	Annual Target	Cumulative Reach	% Progress Towards Target
PrEP_NEW	3077	2416	79%
PrEP_NEW Gen Pop	1624	794	49%
KP PrEP_NEW	1453	1622	112%
PrEP_CURR	3620	3441	95% (Annual)
KP PrEV	6468	2670	41% (PZAT supported sites)

## Mazowe

**Table 2 Cumulative Reach for COP20 Mazowe (October 2020- September 2021)**

Indicator	Annual Target	Cumulative Reach	% Progress towards target
PrEP_NEW	1272	2591	204%
PrEP_CURR	1287	3596	281%

## 1.2 Objectives

The specific objectives of this award include the following:

- To build the capacity of public sector health facilities in Harare to provide client-centred, key populations friendly HIV prevention, care, and treatment services.
  - To work with MoHCC and other stakeholders to develop data collection tools and registers that allow identification and tracking of key populations across the HIV treatment cascade.
  - To work with KP networks to improve access to HIV services in public health facilities in Harare.
- To improve HIV prevention and treatment literacy for KP in Harare and AGYW in Mazowe district
- To strengthen psychosocial support for key populations in Harare and Mazowe
- To strengthen risk awareness and risk reduction counselling for key populations
- To expand access to HIV self-testing (HIVST) for key populations
- To increase uptake and effective use of client centred oral PrEP in the targeted districts through acceptable and differentiated service delivery models.
- To strengthen psychosocial support for KPs

This report highlights milestones reached, and activities undertaken and will narrate Harare and Mazowe interventions separately, with cross-cutting activities combined at the end of the report. Supporting data (visualizations, pictures, and tables) will be used to highlight annual progress.

## HARARE DISTRICT

### 2.0 To increase uptake and effective use of client-centered oral PrEP

#### 2.1 PrEP\_New

A total of 2416 clients were initiated on PrEP from October 2020 to September 2021. Of these 67% (1622/2416) were key populations. During first quarter 509 clients, second quarter 367 clients, third quarter 827 clients and, 713 clients in quarter four were initiated on PrEP.

#### Initiations by month

A total of 187, 143 and 156 clients were initiated on PrEP in July, August and September respectively bringing the total to 486. CFs mobilized KP clients through social networks, safe spaces and moonlight outreach activities that were conducted during the reporting period. January recorded the lowest number of PrEP initiations due to intensified COVID-19 lockdown

measures that saw lesser in-person demand creation and service uptake happening. There were strict movement restrictions of the general population, and this affected health-seeking behavior and outreaches were also temporarily stopped during that period.

PrEP initiations were higher in May and June 2021 among the general population and KPs. The increase in the uptake of PrEP is attributed to intensified demand creation activities and KP safe spaces outreaches and an increased frequency of PrEP literacy sessions as the year progressed.

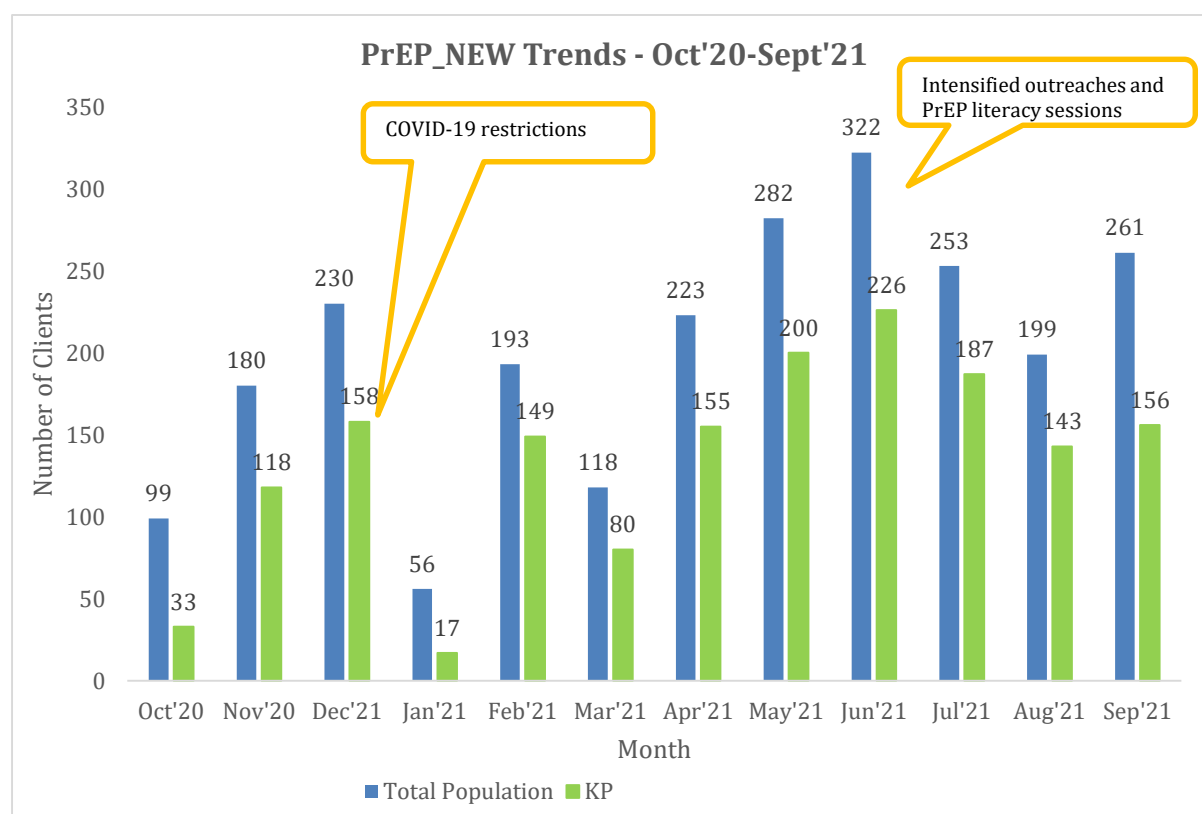


Figure 1: Total number of clients and KPs initiated on PrEP (Oct'20 – Sep'21)

### PrEP Initiations by facility, age and sex

Since October 2020, most of the PrEP initiations were recorded at high-volume facilities with Kuwadzana (191), Parirenyatwa (145), and Budiro (137). Q3 recorded the highest uptake in KP PrEP initiations.

FACILITY	QTR 1: OCT-DEC 2020	QTR 2: JAN-MAR 2021	QTR 3: APR-JUN 2021	QTR 4: JUL-SEP 2021
	KP	KP	KP	KP
Budiriro	20	32	33	55
Hatcliffe	16	18	36	29
Highlands	6	3	10	19
Tariro	53	31	32	2
Kuwadzana	98	33	33	41
Mabvuku	20	11	34	43
Mabelreign	0	16	17	19
Marlborough	21	7	27	17
Mbare	19	25	17	20
Parirenyatwa	30	10	68	37
Rutsanana	5	19	48	13
Warren Park	18	30	31	25
Wilkins	3	11	21	28
Hatfield	0	0	13	22
Sunningdale	0	0	15	13
Rujeko	0	0	64	39
Glenview	0	0	38	35
Mufakose	0	0	44	29
<b>Total</b>	<b>309</b>	<b>246</b>	<b>581</b>	<b>486</b>

Table 3: PrEP Initiations by Facility (Oct'20-Sep'21)

## 2.2 PrEP CURR

PrEP\_CURR is described as the number of individuals (both new and old) who received oral PrEP to prevent HIV infection at any time during the reporting period (in this case stretching from October 2020 to September 2021). A total of 3441 clients received oral PrEP for HIV prevention during the period under review with KPs constituting 57% (1960) of the total PrEP\_CURR. Below is a table with statistics recorded.

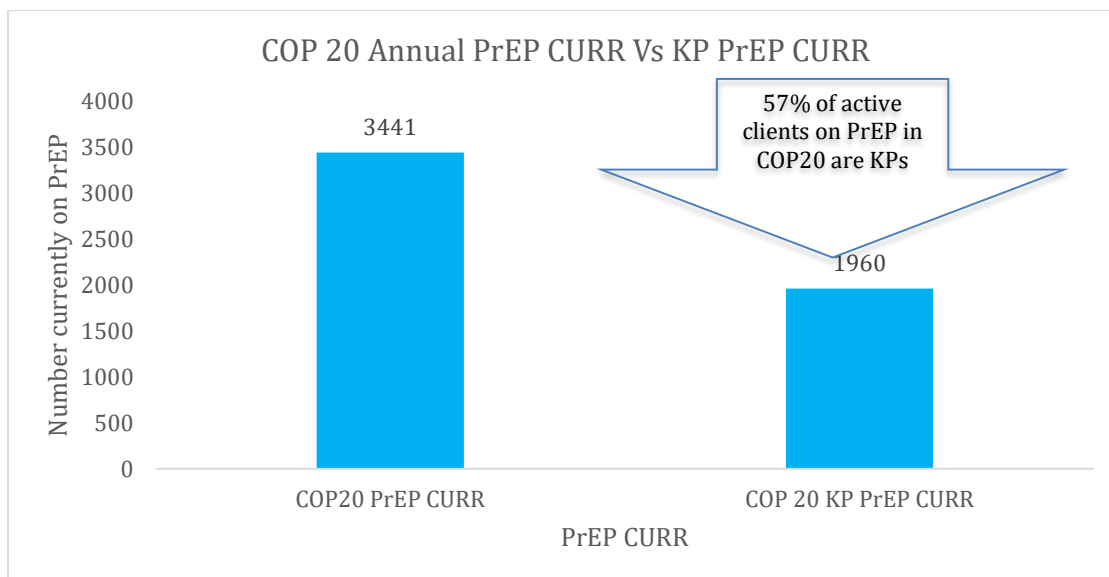


Figure 2: PrEP-CURR (Oct'20-Sep'21)

### PrEP\_CURR by Risk Profile

- The largest proportion of people who accessed oral PrEP services during the reporting period are serodiscordant couples. These constitute 40% of the total PrEP\_CURR.
- Sero discordant relationships had total of 1309 currently on PrEP.
- FSW are the second largest population group with 1282(37%) currently on PrEP as of 30 September 2021.
- MSM constitute 19% of those currently on PrEP.

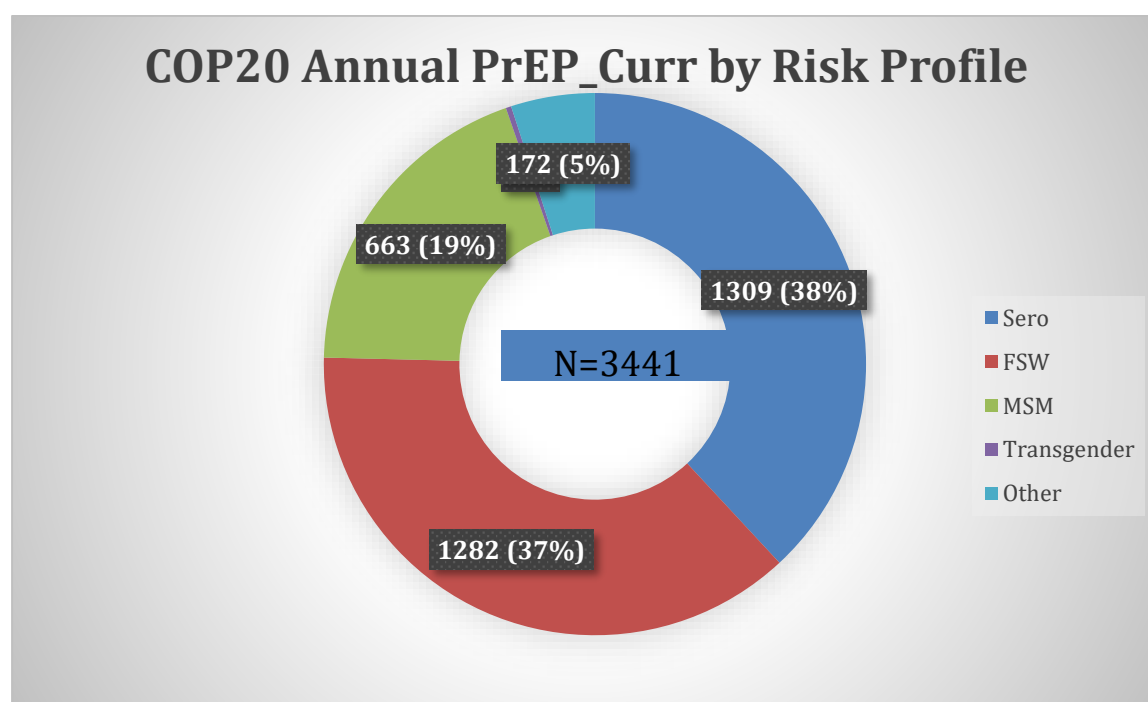




Figure 3: PrEP-CURR by Risk Profile (Oct'20-Sep'21)

### 3.0 Improve Uptake of HIV Prevention, Care and Treatment Including SRH Services among Key populations KP HIV Services

To improve access to prevention, care, and treatment services, joint PZAT/Zim-TTECH moonlight and safe spaces outreaches were conducted. MOH and Harare City DSD cadres in coordination with CFs conducted the outreaches. These outreaches enabled KPs to access the services they required in their communities.

#### STI Screening

In Q4 alone, 283 KPs were screened for STIs during the reporting period. Ten clients (4 FSW, 2 MW, 1 MSM and 3 other) who screened positive were all treated on site except 1 FSW who was not treated. The client who was not treated had tested positive for syphilis that was advanced and was therefore referred for further care and received treatment. Cumulatively, a total of 972 KPs accessed STI screening and treatment between October 2020 to September 2021. A total of 230 clients were eligible for treatment and 93% (213) of those were treated. The reason for non-treatment for some clients is that outreach team had no STI treatment team on site hence clients were referred to the facility for treatment. The most common types of STIs treated include genital herpes, vaginal discharge syndrome (VDS) and syphilis. At facilities, KPs struggled to afford the consultation fees required during most of the implementation year hence they preferred to access services at outreaches. The majority of KPs who got treated for STIs accessed services free of charge at KP safe spaces outreaches.

At the end of COP 20, PZAT managed to procure STIs medicines to cater for KPs who cannot afford treatment. This innovation will ensure access to STI treatment for the KPs.

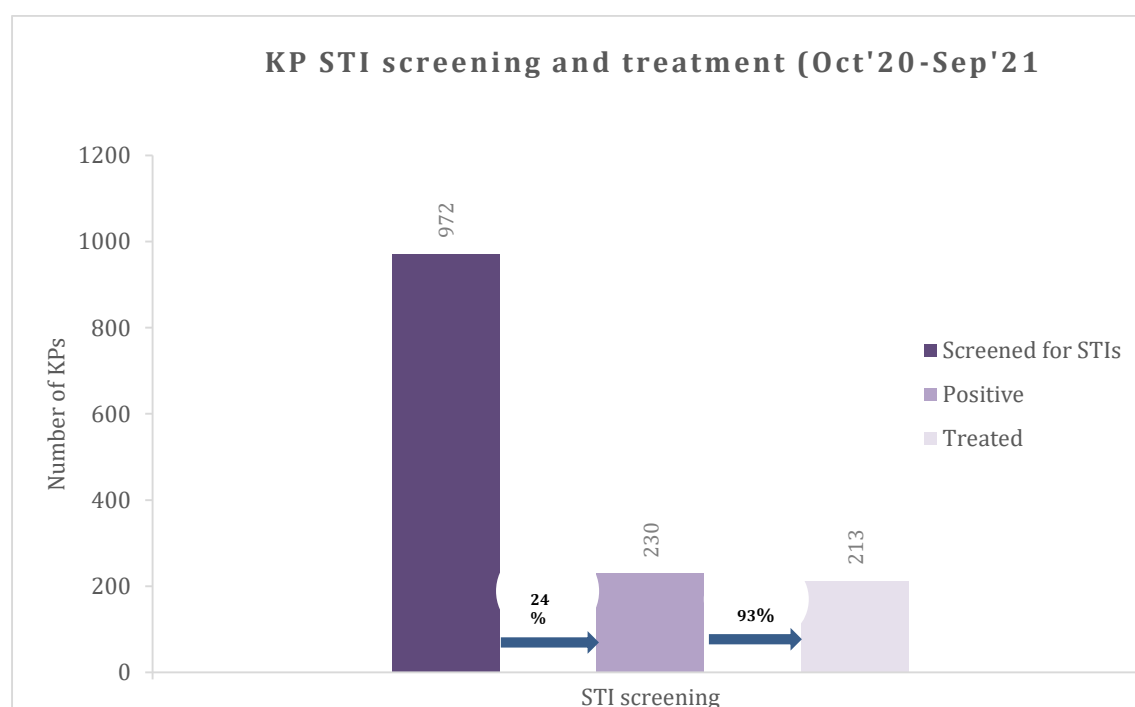
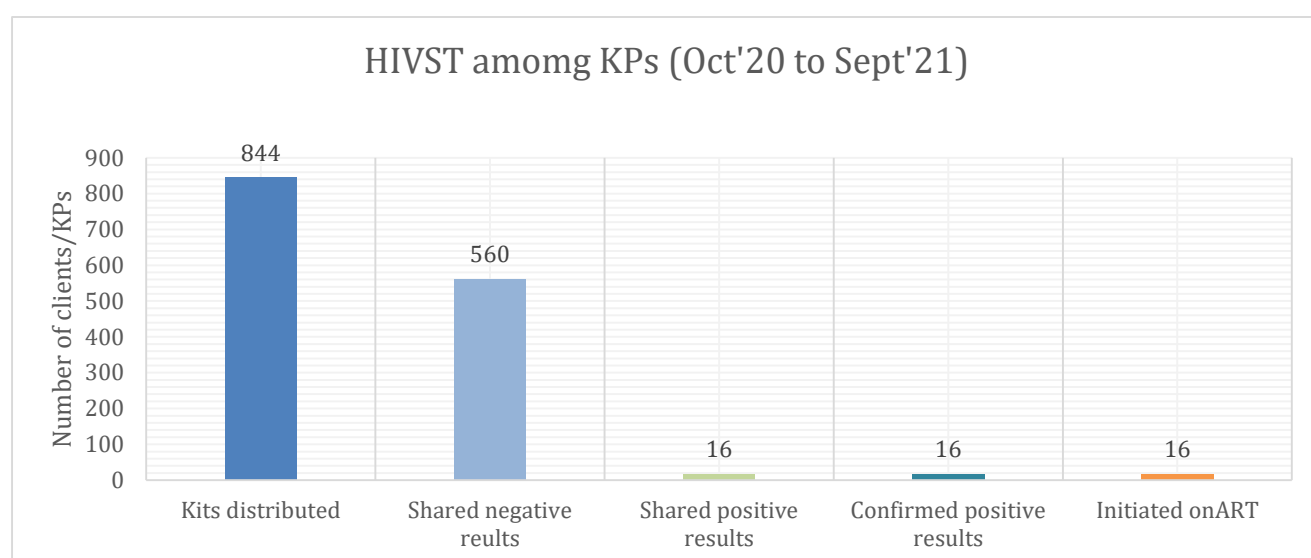


Figure 4: Number of KPs accessing STI screening and treatment services (Oct'20 to Sep'21)

## HIV Self Testing

844 HIVST kits were distributed during the period October 2020 to September 2021. A total of 560 KPs tested for HIV using HIVST kits and shared their results. 16 (3.1%) had reactive results. All 16 clients with reactive results had confirmatory positive test results and were initiated on ART.

In Q4 alone, 50 HIVST kits were distributed among KPs at supported facilities. Five reactive tests were confirmed positive using rapid tests, and all clients were initiated on ART.



*Figure 5: KP HIV Self Testing Services COP 20*

## Provider Initiated HIV services

A total of 2104 KPs were tested for HIV through provider-initiated testing and counselling during the reporting period. Among those tested, 181 individuals were identified as newly HIV positive (9% positivity rate). 179 were initiated on ART (ART Initiation Rate=99%). Two clients who were not initiated are still being followed up. In Q4 alone, 686 KPs were tested for HIV and 52 (8%) were positive.

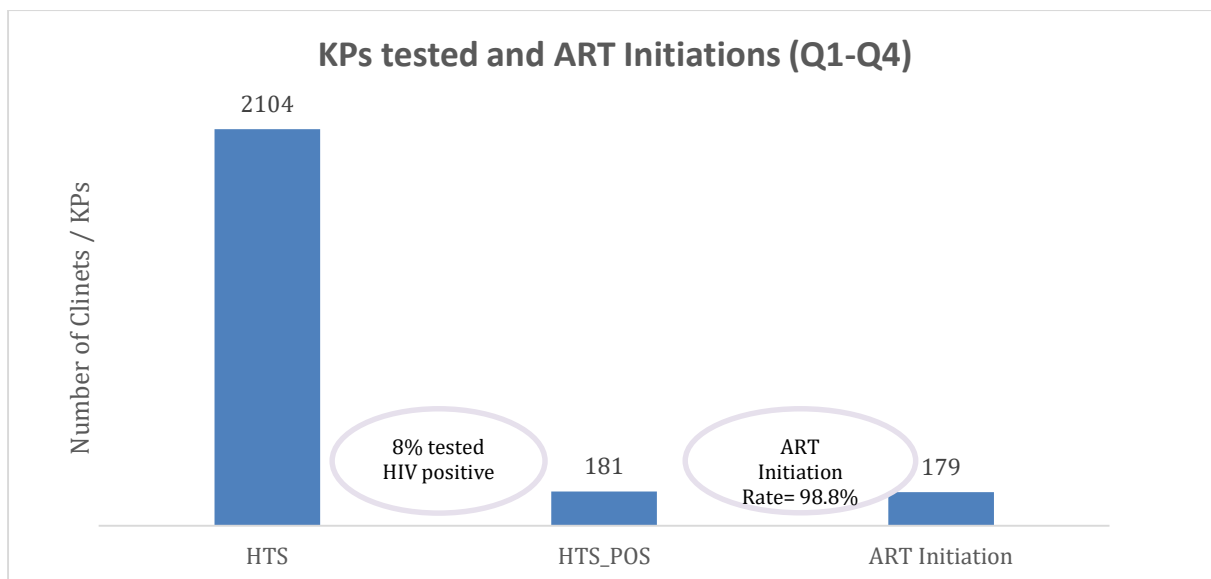
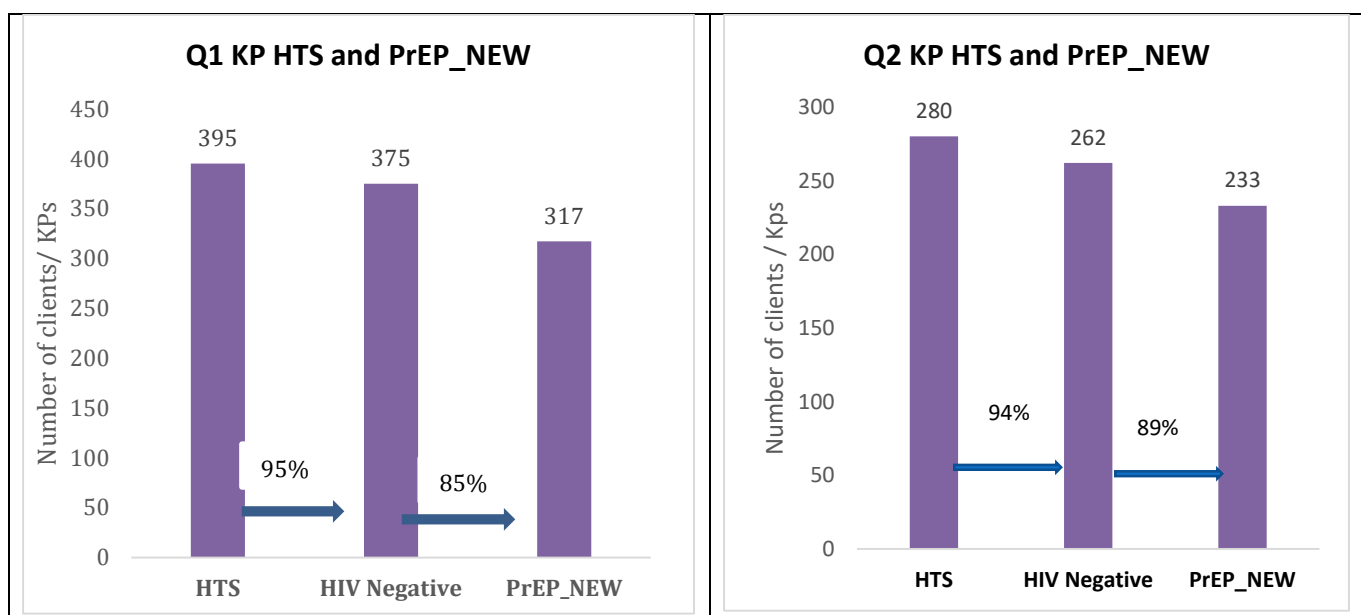


Figure 6: PITC for KPs COP20 Q1-Q4

## HTS and PrEP Initiations



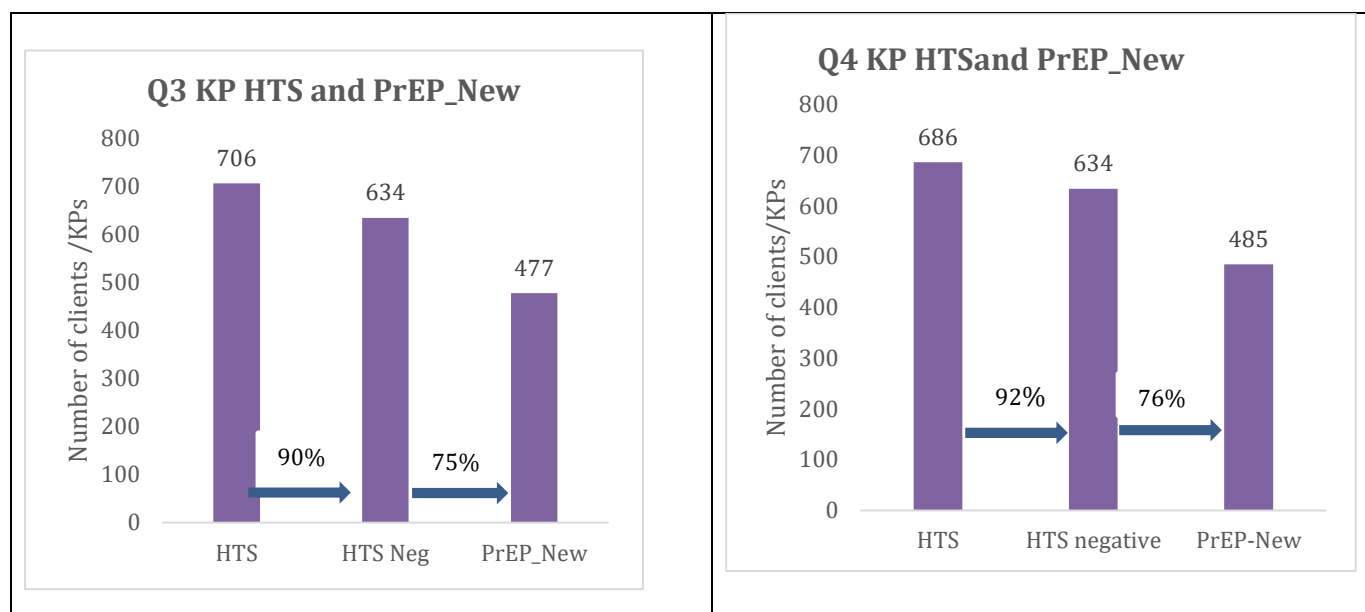


Figure 7: Q1-Q4 PrEP Uptake cascades

Q3 had the highest number of KPs accessing HIV testing services compared to Q1, Q2 and Q4. However, Q2 had the highest percentage of PrEP initiations (89%). Low uptake of PrEP is attributed to COVID-19 restrictions and intermittent supply of PrEP drugs at some facilities.

### Cervical Cancer Screening (CxCa SCRn)

During Q4, 31 sex workers received the VIAC tests, and one client tested positive and was treated.

Cumulatively from Q1 to Q4, 450 FSW were screened for cervical cancer and 13 tested positive. Out of the 13 clients that tested VIAC positive, 8 received thermocoagulation and cryotherapy treatment services on site. Five clients were referred for LEEP services including 1 who was referred for a punch biopsy and treated.

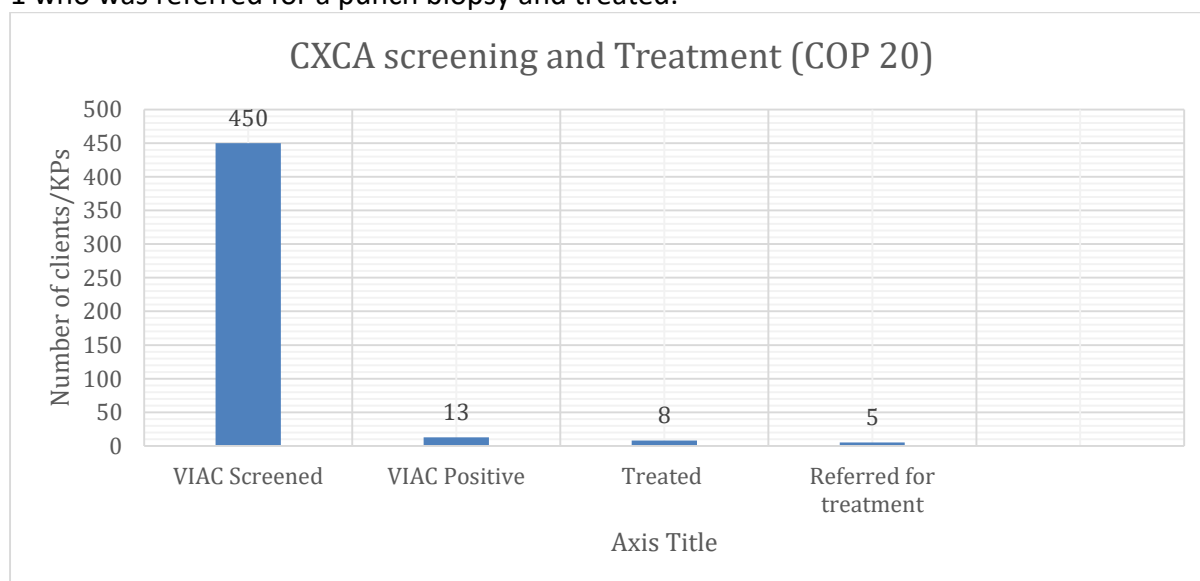


Figure 8: VIAC services uptake for COP Q1 to Q4

## KP Tx\_CURR and KP Tx\_CURR

The programme has been making further progress to track the care and treatment progress for KPs on ART. At the end of September, 293 KPs (245 FSW; 46 MSM and 2 Transgender) were active on ART at the supported facilities.

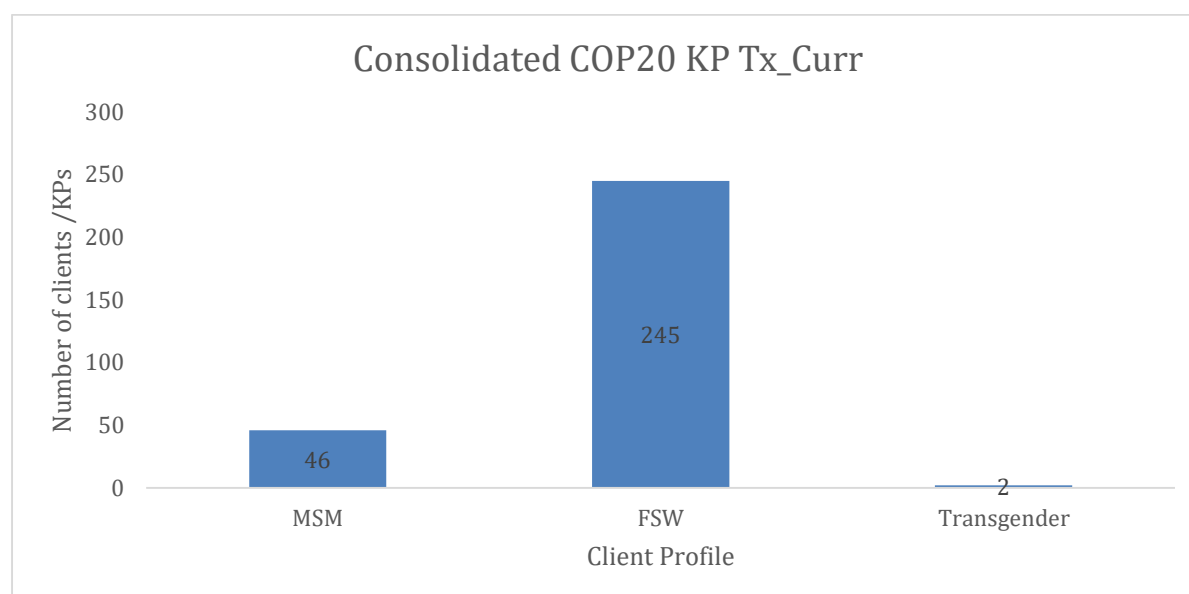


Figure 9: TX\_Curr vs KP\_TX\_CURR as of September 30, 2021

## KP Facility Monitoring Committees

In line with improving service provision, monitoring mechanisms and uptake of HIV prevention, care, and treatment services among the KPs, the programme established KP Facility Monitoring Committees (FMCs) at 17 supported facilities. FMCs aim to improve service delivery and client outcomes by identifying evidence-driven solutions that will overcome barriers and ensuring beneficiaries access and receive optimal client-centered HIV services. The activity was fully supported by Harare City nursing and health promotion departments as well as the National AIDS Council (NAC) national and district AIDS coordinators.

KP FMCs were successfully established at 17 supported facilities and 1 facility (Wilkins Hospital) was still pending at the time of reporting. Each committee has an average of 10 members which include clinical staff, community KP representatives, a DAC member, and a member from the police victim friendly unit.

Current support for the established KP facility monitoring committees include:

- instituting executive committees
- providing technical support on finalizing and maintaining a balance of the committees' membership as well as capacity building.
- supporting committee functionality.
- providing guidance on key areas for consideration for meeting agendas as well as financial support (refreshments, transport reimbursements, airtime, and stationery)

- Monitoring occurrence of meetings and reviewing minutes
- Providing template for reporting

Plans for supporting the committees in future are:

- Supporting the committee chairperson to fulfil his/her role and that of the committee
- Ensure functionality of the committee in accordance with the TORs as expected
- Supporting the implementation of committee decisions

Since the KP FMCs work with facility management and with community partners to represent key population communities on matters relating to health and health services, measurable outcomes include:

- *Number of meetings held*
- *Number of KPs taking up HIV prevention, care, and treatment services*

#### 4.0 Building capacity of public sector health facilities to provide client-centered, key populations friendly HIV prevention, care, and treatment service

##### Site support visits

The Program Officer provided site support to HCWs at all supported facilities during the year. Support visits covered mentorship on completion of PrEP registers, monitoring of clients for PrEP return visits through establishment of appointment system and defaulter tracking system for missed appointments and monitoring and abstraction of KP related data for reporting.

##### PrEP Stock

An estimated total of 1400 PrEP bottles were available at the 18 supported sites. The batch of stocks at hand is expiring in June 2023. Six facilities that had below optimum stocks had orders made through the ZAPS channel. Facilities with low stocks were advised to consider providing monthly resupplies for returning clients until new stocks are received. At the time of reporting, Budiriro Polyclinic was out of PrEP stock and efforts are underway to provide drugs through transfer from another facility to ensure clients who come for resupplies are prioritized.

#### 5.0 To improve HIV prevention and treatment literacy for KPs

##### Literacy Sessions

Q3 had the highest number (368) of KPs attending literacy sessions compared to Q1 (33) and Q2 (205). During the year, 67 literacy sessions were conducted where a total of 959 KP individuals were reached with comprehensive HIV prevention and treatment messages including STIs. In Q4, 353 KPs attended literacy sessions.

After the sessions, 478 individuals in COP 20 expressed interest in taking an HIV test and were tested for HIV and all negative clients were screened for PrEP. A total of 408 KPs were initiated on PrEP while others requested time to consider and to inform their partners. A list of those who consented to be followed up for further one on one discussions was drawn by the CFs. Others opted for other HIV prevention methods like condoms and lubricants. In the year

under review, 27000 male condoms and 5000 lubricants were distributed to clients after sessions.



PrEP literacy session at Highlands clinic: Harare August 2021

### Targeted KP safe spaces joint outreaches

Community Facilitators identified groups of Key Populations in the communities surrounding the supported facilities and conducted KP Safe Spaces HIV service provision. The outreach teams comprised of Zim-TTECH DSD cadres, the PZAT Harare Field Officer and the Community Facilitators.

Services offered during outreaches-

- I. Health Education on HIV Prevention, Care and Treatment
- II. Condom and lubricant distribution
- III. IEC materials distribution
- IV. STI screening and treatment
- V. HTS
- VI. PrEP initiation/resupply
- VII. ART initiations/resupply

The summary of the output for the activity between October 2020 and September 2021 is below: In Q4, there were no outreaches conducted due to COVID-19 restrictions on gatherings.

	Total number of clients	HTS	HTS_Neg	HTS_Pos	Tx New	PrEP_New	PrEP_Resupply	STI Screening	STI Positive	STI Treatment	ART_Resupply
<b>Totals Q1 -Q4</b>	640	547	524	23	23	357	54	609	163	157	21

Table 2: Summary of services offered during targeted outreaches COP 20.



## 6.0 To strengthen psychosocial support for KPs

To strengthen psychosocial support for KPs, in Q4 PZAT embarked on a strategy to support the delivery of mental health services for KPs. Thirty community facilitators and PZAT staff were trained on Friendship Bench mental health model which enables them to screen for common mental disorders and Problem-Solving Therapy intervention for Key Populations.



PZAT Staff holding their Friendship Bench training certificates: Sep 2021

### KP Priority service assistance: Success Story

The programme assisted the KPs requiring urgent medical attention particularly those with complicated STIs. Clients with such conditions are assisted through transport provision from their homes to the closest facility where they can receive services.

At Budiro Poly, a CF identified a young female sex worker aged 18 through peer-to-peer contact and advised her to get tested for HIV. The client was reluctant and during that period started to show a general deterioration in health. After several attempts, the CF physically navigated the client at Budiro Poly for HIV testing and the result came out positive. The client could not be initiated immediately because she presented with TB symptoms, a sputum test was conducted, and the result was negative but again the health care workers were not convinced and therefore a referral was made to Beatrice Road Infectious Disease Hospital. At that point, the CF together with the KP focal person contacted the Field Officer to request for support as the client did not have money to go to the hospital and was not yet ready to inform family members because of fear. The Field Officer arranged for transportation of the client to BRIDH where the client was seen. After additional tests, results confirmed that the client was TB negative but had a heart condition. A prescription for the client was given and the programme assisted with the purchase of the drugs. After the 2 weeks course of the drugs, the client recovered and was successfully started on ART. Due to the coordination of the CF,



the healthcare workers and the Field Officer, the client was able to receive care that was responsive to her needs.

## MAZOWE DISTRICT

### 6.0 To increase uptake and effective use of client-centered oral PrEP

#### 6.1 PrEP\_NEW

##### PrEP Initiations

The cumulative PrEP initiations stand at 2591. In Q4, Oral PrEP uptake was high with 735 clients being newly initiated. Of the 735 clients initiated, 31% (227) were AGYW. This was due to increased demand creation and increased coverage due to facility expansion. After Q4 with the largest number of initiations at 735, Q3 followed at 679, Q2 at 675 and lastly Q1 with 502. Annually, 1004 (78%) AGYW were initiated.

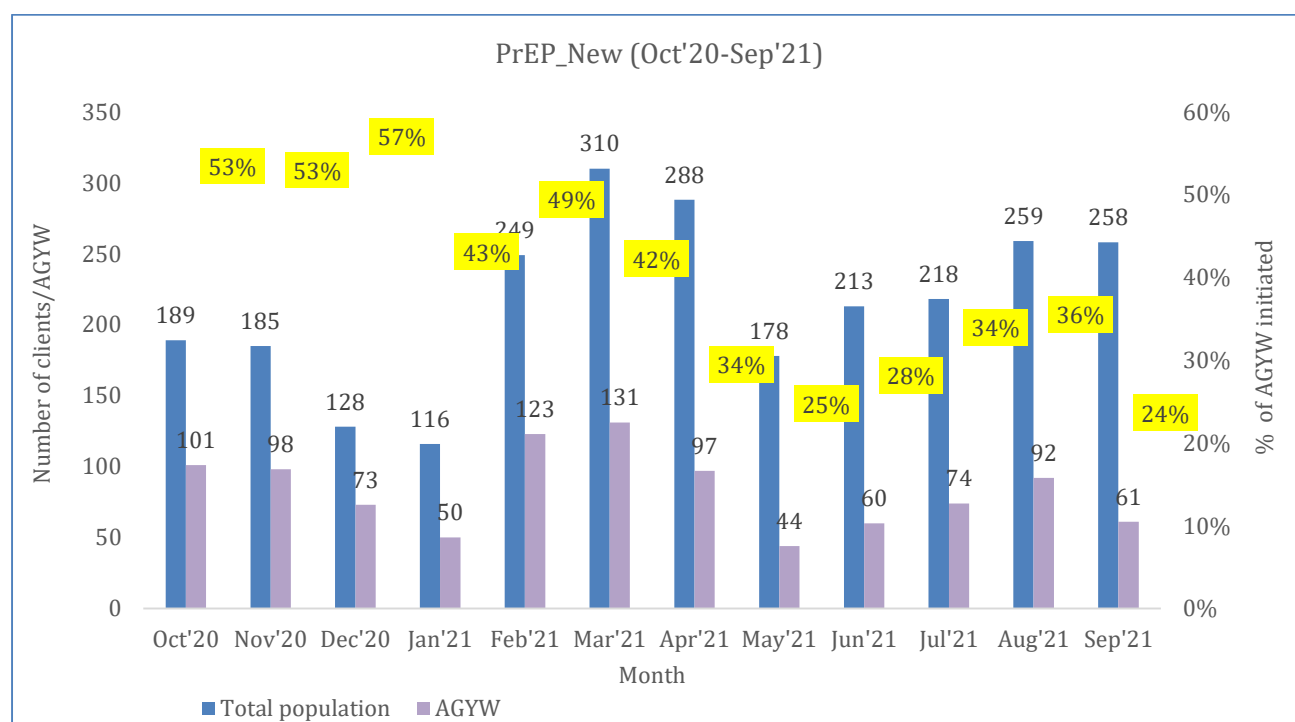


Figure 10: Mazowe: Total number of clients and AGYW initiated on PrEP (Oct'20-Sep'21)

##### PrEP Initiations by quarter

During Q1, 502 clients were initiated on PrEP and of these, 272 (54%) are AGYW. In Q2, a total of 675 clients were enrolled on PrEP with 45% being AGYW. In Q3, 679 initiations were recorded with 30% (201) being AGYW.

QTR 1: OCT-DEC 2020			QTR 2: JAN-MAR 2021			QTR 3: APR-JUNE 2021			QTR 4: JUL-SEP2021		
AGYW	Others	Total	AGYW	Others	Total	AGYW	Others	Total	AGYW	Others	Total
272	230	502	304	371	675	201	478	677	227	508	735

Table 3: PrEP initiations by quarter COP 20

### PrEP Initiations by age and sex

Most females initiated were in the 20-24 age group followed by the 15-19 age group. These results indicate targeted programming which is in line with the project objective of improving HIV prevention and treatment literacy for AGYW in Mazowe district. Male uptake was distributed evenly across the age groups except for 15-19 age groups where uptake was significantly low.

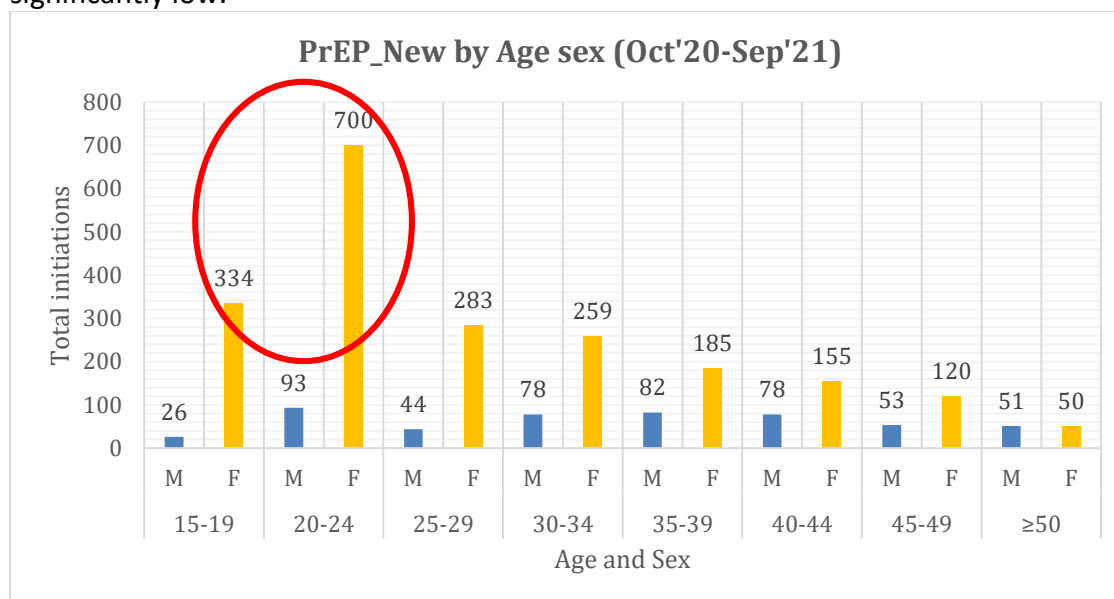


Figure 11: Mazowe PrEP initiations COP 20

### PrEP\_New by Risk profile

A total of 1493 female clients were initiated on PrEP between October 2020 and September 2021. Of these, 429 (29%) were people with partners of unknown status (PSUNK), 407 (27%) serodiscordant relationship; 364 (24%) other and FSW; 293 (20%) were initiated on PrEP.

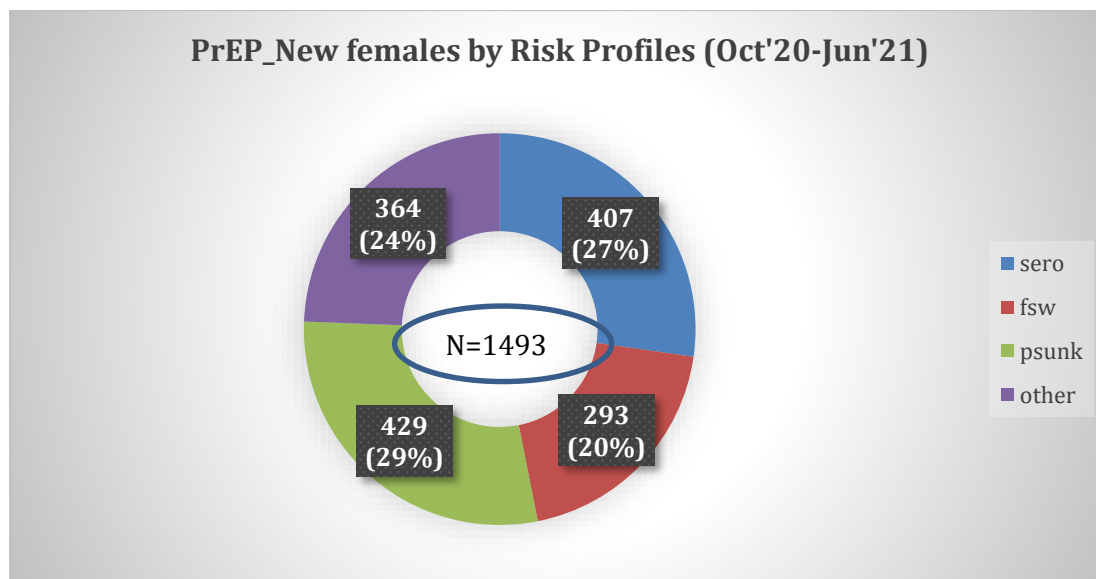


Figure 12: Mazowe PrEP risk profiles COP 20

### PrEP Return-1 Month

Month 1 continuation was tracked each month and by September 2021, more clients continued to understand their risk of contracting HIV. Continuation at month one remained high. However, factors like pill burden, pill size and packaging of drugs seem to be negatively affecting the continuation of some PrEP clients resulting in the district losing clients at month one at subsequent months. PrEP Champions also reported that some clients fail to turn up for month 1 visit because they would have travelled or opted out without consulting the HCW. Comprehensive risk reduction counselling of clients by HCWs before initiation remains an ongoing process at facilities both during initiation and follow-up visits. This has facilitated good client continuation rates. HCWs also strive to offer comprehensive counselling to clients before initiation, therefore more clients are continuing past the first follow-up visit at month 1. PrEP Champions follow up all defaulters so they can return to care.

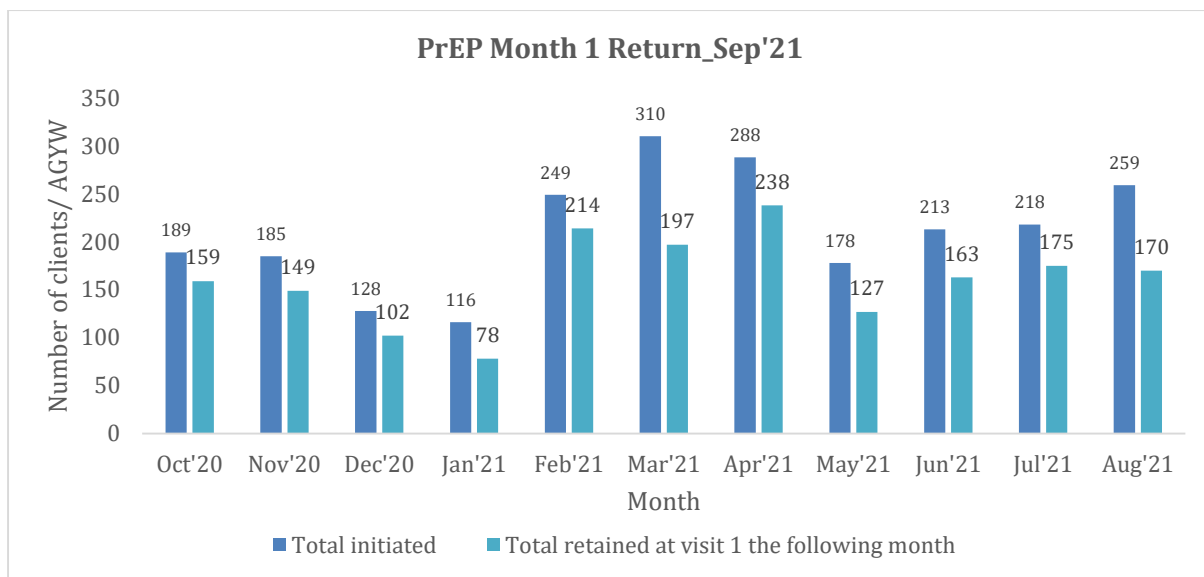


Figure 12: Mazowe PrEP Return-Month 1

## 6.2 PrEP\_CURR

Data for PrEP\_CURR; which is the number of individuals (both new and old) who received PrEP for HIV prevention at any time during the 12-month period (in this case October'20 to September'21) was abstracted and the following data was recorded.

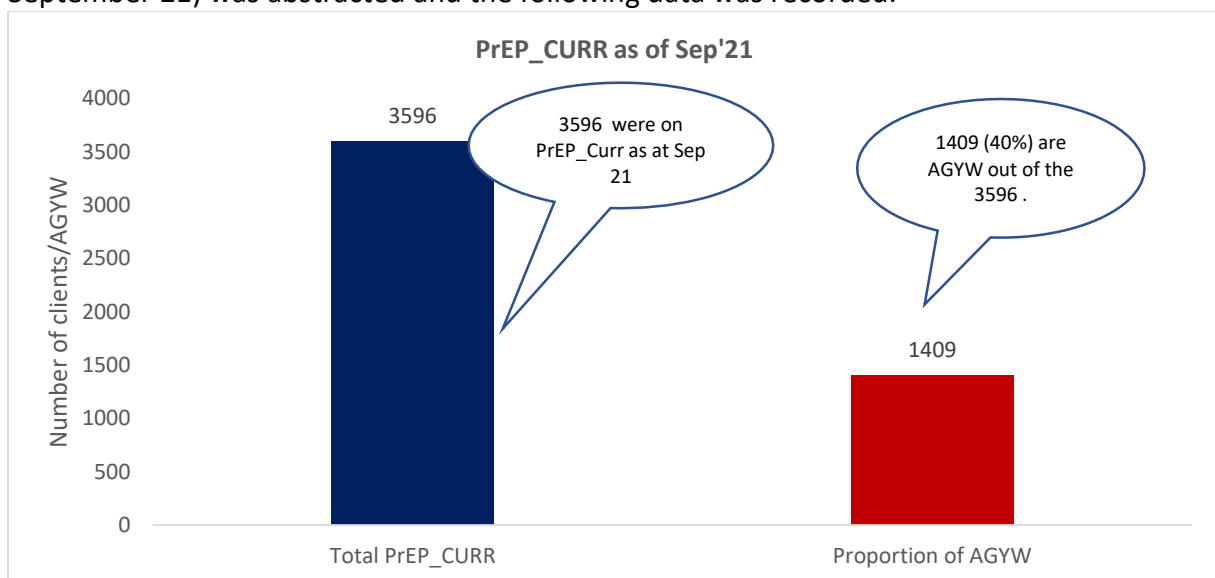
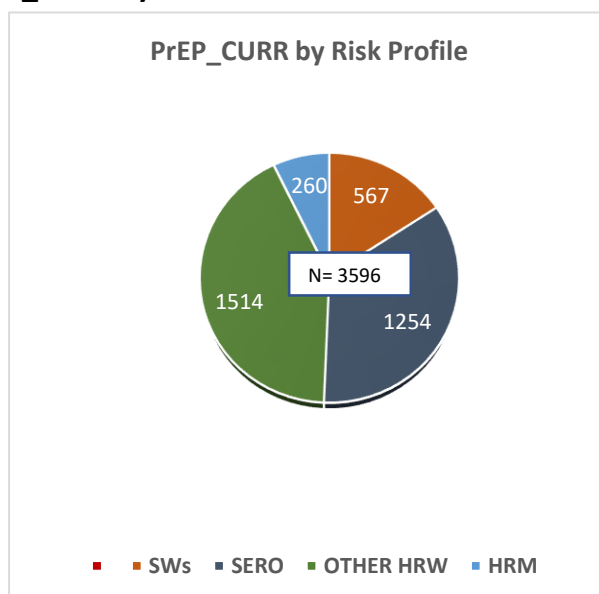


Figure 13: Mazowe PrEP\_CURR

A total of 3596 clients received oral PrEP for HIV prevention during the period under review with AGYW constituting 40% (1409) of the total PrEP\_CURR. Of the 3596 clients who accessed PrEP, 72% (2591) are NEW clients initiated during COP 20 whilst 28% (1005) were initiated prior to COP 20.

## PrEP\_CURR by Risk Profile



-The highest proportion of people who accessed oral PrEP services during the reporting period are women with either self-perceived risk or are in condom-less sexual relationships with partners of unknown HIV status. These constitute 36% of the total PrEP\_CURR.

-Clients in sero-discordant relationships are the second largest population group that accessed PrEP services constituting 32% of the total PrEP\_CURR.

-The list is followed by FSW at 16% and HRM at 6%.

-The proportion of men taking up PrEP services remains low as compared to their female counterparts. This is mainly because the program is biased towards females (DREAMS) and most demand creation programs are crafted to suit the needs of AGYW.

Figure 14: PrEP\_Curr by risk profile as of September 2021

## 3.0 Building capacity of public sector health facilities

In Mazowe district, the project embarked on the following capacity building related activities.

### Site support visits

During the COP, all facilities were visited for site support. Key areas targeted for support are highlighted below.

- Checking PrEP stock levels at the facility
- Checking on the number of clients initiated on PrEP
- Creating demand for PrEP uptake
- Ensuring that clients are tested for HIV every 3 months as per guidelines and noting any inconsistencies in the testing of clients at three months
- Monitoring documentation of data on the PrEP tools (screening tools, clients forms and the PrEP register), identifying any gaps and problem-solving
- Mentoring HCWs on PrEP service provision through training
- Ensuring that daily health talks are being used to sensitize communities about oral PrEP and create demand for service uptake
- Ensuring proper completion of PrEP tools: risk assessment and client forms
- Monitoring PrEP continuation and identifying areas for improving PrEP retention

### PrEP Stock

At the end of Q4, 2100 PrEP bottles were in stock at the district pharmacy expiring August 2022. No drug stock out was recorded during the quarter across the 28 PrEP implementing sites.

## 7.0 To improve HIV prevention and treatment literacy for AGYW

### 7.1 Literacy Sessions and Demand Creation activities

PrEP treatment literacy sessions were conducted over the period under review. The purpose of the sessions was to raise oral PrEP awareness amongst AGYW and create demand for service uptake. Nurses In Charge from respective clinics supported and co-facilitated the literacy sessions with the aid of PrEP treatment literacy session guides.

Participants included out-of-school youths, lactating mothers and YWSS. Some sessions had reserved participants and a random oral assessment at the onset of one of the sessions revealed that 84% of the total participants had never heard about PrEP and were not aware that the service is locally available. In another session held in Q2, participants highlighted that AGYW would not disclose that they are taking PrEP for fear of being stigmatized.

In response to the hard lockdown COVID-19 restrictions instigated during the year, PZAT team strategized and intensified virtual demand creation activities and mobilization through PrEP champions. During this period, PrEP treatment literacy was delivered with small groups of people, and this resulted in the uptake of PrEP in Mazowe district. Participants who were reached with messages were knowledgeable about PrEP and could state various HIV prevention interventions.

### 7.2 Integrated outreaches

MoHCC, PZAT and Zim-TTECH monthly integrated outreaches were held throughout the year under report COP 20. Eight outreaches were conducted. The purpose of the outreaches was to offer EPI and HIV prevention, care, and treatment services at the community level amongst them, Oral PrEP. Most of the clients who were initiated are in sexual relationships with partners of unknown HIV statuses or are indulging in condomless sex with partners or engaging in sexual relationships with multiple partners. They indicated that negotiating for condom use in relationships is next to impossible hence taking PrEP gives them control over their health.

#### Outreach total reach (October 2020 – September 2021)

	Total tested using rapid	Total Screened	Total initiated	PrEP Refills
<b>Total</b>	<b>391</b>	<b>179</b>	<b>117</b>	<b>341</b>

Table 4: Integrated outreaches data (Oct'20- to Sep'21)

Some clients (62) were not initiated due to the following reasons:

- The need to seek spousal consent first
- Fear of pill burden and lack of commitment to adherence.
- Fear of possible side effects
- A handful despite being at risk wanted time to think and prepare themselves

209 clients retested for HIV, and they were given drug resupplies. To maintain good continuation rates especially at month 1, adherence and continuation follow-ups will be given to all newly initiated clients by PrEP Champions.

## 8.0 Other Cross-Cutting updates

### 8.1 Facility expansion

#### Facility expansion

#### FACILITY EXPANSION\_MAZOWE\_JAN 21



*Health care worker training for facility expansion at in Mazowe: January 2021*

In Q2, facility expansion to 5 sites in Harare and 11 additional sites in Mazowe was done using an on-the-job training model. The purpose of the expansion was to increase coverage of AGYW and KP-friendly services including PrEP in the districts. In Harare, supporting the expansion was the Harare City Principal Nursing Manager, the DNOs, and Principal Health Promotions Officer (HPO) and in Mazowe the DNO and District Health Promotions Officer (HPO) supported the activity. These officers also co-facilitated the training sessions.

Following the training, the number of health facilities offering KP-friendly services and PrEP in Harare district increased to 18 and in Mazowe facilities increased to 28.

A total of 92 multidisciplinary health care workers comprising of RGNs, PCNs, PCs, Nurse Aides and general hands were sensitized and trained on AGYW and KP-friendly service provision including PrEP across the new sites using standard KP and PrEP modules.

Role-plays were also utilized as a learning strategy for some sessions while practical sessions were conducted for PrEP M and E tools. Following the training, the facilities were provided with a PrEP register, MOH KP manuals, job aids and other IEC materials. For post training support, site support and mentorship visits are conducted routinely.



### HCWs trained by district

District	Clinic staff	Support staff	Total
Harare	31	5	36
Mazowe	39	17	56

Table 5: HCW trained through facility expansion, COP 20

### Issues raised during the training;

- The HCWs requested that the PrEP screening tool be integrated into E.H.R so that there is no repetition of screening questions.
- HCWs pointed that working with a CF would be helpful for facilities to offer KP-friendly services but some facilities required support to recruit one since they did not have a potential candidate. All facilities now have fCFs.
- The issue on drug resistance was discussed in cases where clients sero converts. The importance of conducting regular HIV tests on PrEP clients to detect early any cases of seroconversion was emphasized. Information was shared that if HIV is detected early and a client is switched early to ART, chances of developing resistance to ART medicines are reduced.

## 8.2 KP and PrEP Programme Site Visits by CDC

During the year, a team from CDC visited Kuwadzana and Mbare polyclinics in May, Glen View, Mufakose and Budiriro Polyclinics in June and Suwoguru in September 2021. The objective of the visits was to observe and familiarize with the KP and PrEP programs, provide technical assistance and capacity building to address programmatic gaps, to observe the KP and PrEP program monitoring and evaluation systems and to provide technical assistance and capacity building for KP and PrEP programs M&E.

Present at the site visits included the Zim-TTECH Harare programmes and strategic information team as well as the PZAT programmes team. The health care workers, the programmes team, the CFs, and programme beneficiaries were available to provide details to the key questions that the CDC visiting team raised.

Major highlights / recommendations from the visits are summarized below.

### Harare

- Training of health care workers in KP service provision at the facilities
- Prioritizing establishment of Facility Monitoring Committees
- Prioritizing a mental health intervention for KPs through the Friendship Bench model
- Strengthening monitoring and reporting of the KP across the cascade

### Key areas of improvement included:

- improvement the availability of drugs namely Truvada and STI drugs that will be available free of charge
- strengthening outreach activities as these are popular with KPs and have been yielding results
- ensuring consistency of outreaches



Some of the recommendations were already taken up and implemented in the year under review. Examples are establishment of Facility Monitoring Committees and facilitating the training of CFs to deliver a mental health intervention to KPs.

#### Mazowe

- Facility to explore DSD models for PrEP dispensing e.g., 3 months
- Tracking register – facility was encouraged to adopt a more efficient way so that they do not do a double job
- District level meetings with CeSHHAR to be held once a month to map out implementation.
- PZAT to broaden its program focus and look into other KPs and not just limiting to AGYW and FSWs.

### 8.3 Meetings

PZAT attended the Harare Zim-TTECH sector review meetings in May 2020. The meetings aimed to review COP 20 semi-annual performance, identify successes and challenges in programme implementation, develop strategies to improve performance for the rest of the year, and build the capacity of service providers for improved performance. PZAT staff presented updates on PrEP and KP programming.

#### Monthly Review meetings

Twelve review and planning meetings were held (1 per month) with PrEP champions. Physically meetings (with strict adherence to COVID-19 infection prevention and control measures) and virtual meetings were conducted. The objective of the meetings was to review implementation progress, plan for the following month's activities and strengthen referrals. At one of the meetings, PrEP Champions were provided with PPE comprising of cloth masks and sanitizers.

#### PZAT annual review meeting

A combined Harare- Mazowe annual review meeting was held from the 20th to the 21st of September 2021 at Serenity guest lodge in Bindura. The aim of the meeting was to review COP 20 performance, explore operational and implementation challenges and successes in KP and PrEP programming, share M and E updates, highlight COP 21 priorities as well as identify and share strategies to improve COP 21 program performance.

In addition to the respective Field Officers, DEC's and primary counsellor, participants were mainly comprised of HCWs from 43 PrEP implementing sites (28 sites for Mazowe, 18 sites for Harare) and district leadership. Supporting the review meeting was the Project lead, coordinator and SIO for the PZAT Zim-TTECH program.

The two districts shared their COP 20 updates and challenges. Strategies to overcome the challenges were also discussed. Updates and discussions surrounding the two districts' COP 21 priority areas were held.



Participants at the Harare-Mazowe review meeting in Bindura (Sep'21)

## 8.4 Quality improvement initiatives

Throughout the COP, the project embarked on a few activities to improve the quality of programming across the different interventions as indicated below:

### Monthly data verification visits

At the end of each month, Field Officers, SI and DEC's conduct monthly data verification visits under the supervision of the PC and SIO. This is a data quality measure to ensure that the data that is reported to Zim-TTECH is valid and reliable. The verification exercise is conducted at all supported facilities (18 facilities in Harare and 28 facilities in Mazowe). Each week facilities send in their statistics to the Field Officers. Apart from producing quality data, this exercise also builds the capacity of health care workers to correctly complete the registers. Facility performance was assessed during the exercise and support and mentorship were provided on key programmatic areas. The CFs and PrEP Champions for the respective facilities were also available during the visits. All 18 facilities were supported during the year.

### PrEP Support Groups

PrEP support groups were established across the two districts. The purpose of the support groups is to improve PrEP uptake and continuation. The participants select the group name, group rules and the committee. Generally, participants were very happy to meet. They indicated that the sessions were quite beneficial as they were able to get insights into other people's experiences regarding PrEP use. Clients indicated that meeting with their peers and sharing experiences and challenges gave them comfort. They felt supported and now have the strength to continue taking PrEP as long as they are still at risk of contracting HIV. All participants indicated that regular support group meetings will be most welcome. Mazowe conducted four support group meetings while Harare conducted six. Harare also established a support group of KPs living with HIV.

### **Cohort analysis:**

The cohort analysis activity was conducted at select supported facilities in Harare and Mazowe.

The purpose of the exercise was to abstract PrEP data for analysis with special interest on client PrEP continuation. PrEP registers were used as the primary source documents at all facilities. The PrEPit tool was used to collect the data.

#### **Observations**

- The preliminary data indicates an increase in uptake of PrEP as compared to the data collected at the last cohort.
- Data quality has some areas that require improving namely on PrEP numbers sequencing as well as outcomes documentation.

#### **Recommendations**

- The FOs to work closely with OI clinic staff to improve on the identified gaps at the facilities particularly in updating the records of patients who come for resupplies.

### **Mystery Client Survey**

The mystery client survey is a monitoring tool the program is using to assess the performance of interventions delivered to strengthen the quality and friendliness of services amongst the key populations at selected City of Harare clinics. This exercise is also in line with the (i) MOHCC Quality Improvement Strategy 2016-2020 and (ii) the National Patient Satisfaction Survey Guide and tools.

In total 50 mystery visits at 14 health facilities were conducted by 13 different participants. The participants were randomly allocated health facilities to visit. The visits were spread over different time of the day and a standard questionnaire with same questions was used.

One major outcome of the survey was that 42 % indicated that medicines are available at health facilities. This notion concurred with other program activities findings and PZAT has since procured STI medicines to counter this problem.

### **PrEP Community dialogues**

The overarching aim of the oral PrEP community dialogues was to explore and understand community-level perceptions about oral PrEP and identify potential facilitators and barriers to uptake and use of oral PrEP as a new HIV prevention intervention in Harare and Mazowe. Dialogues were conducted with groups of PrEP users, non-users and those who had opted out of PrEP. Results from the dialogue were used for program improvement. Examples of the results are:

#### **PrEP users:**

- Participants had adequate knowledge on PrEP.
- Sources of PrEP information mentioned included health facilities/PrEP Champions and Community facilitators
- Participants suggested that word about PrEP can also be shared at village meetings in Mazowe and at safe spaces in Harare.

- Preferred service delivery platforms are clinics, hospitals, outreaches, and safe hubs for the key populations
- Continuous education on PrEP is required for one to start and stay on PrEP
- Disclosure issues are associated with sexual partners not knowing the difference between PrEP and ART.
- Potential barriers to access to PrEP include lack of knowledge on PrEP and misconceptions about the pill

## 8.5 COVID-19 compliance

COVID-19 outbreak was declared a Public Health Emergency of International Concern on 30th January 2020 and characterized as a pandemic on 30 March 2020. To comply with the national COVID-19 guidelines, project ensured the program operations were conducted observing the prevailing COVID-19 regulations at any given time. Below are some of the challenges the program faced due to COVID-19 and the mitigating strategies

Challenge	Mitigating strategies
Beneficiaries concerned and were afraid of getting infected by COVID-19; some reluctant to visit facilities	Navigating beneficiaries needing urgent medical attention
Facilities prioritized ANC individuals and ART clients coming for resupplies; hence those on PrEP or intending to be tested would be turned away	Increasing resources that support DSD models to enable routine service provision in at outreaches
Reduced numbers of clients being attended to at facilities due to screening protocols at facilities	Virtual demand creation and safe spaces service provision
Sites were short staffed / closed access to services significantly affected	The program capitalized on when the facilities were functional
Movement restrictions of our lay cadres for service provision	Secured authorization letters from Ministry of Health

To protect ourselves and those around us, the program staff got vaccinated.



PZAT staff member getting a COVID-19 vaccine



In addition, to maintain contact with and ensuring that beneficiaries access clinical services the following has been adopted:

- Use of virtual platforms (SMS and WhatsApp) for PrEP mobilization (PrEP Champions) and sessions sensitization (Young Sisters)
- Providing Young Sisters, PrEP champions with PPE and sensitized on COVID-19
- PrEP resupply outreaches and home visits to ensure PrEP continuation among AGYW and KPs
- Virtual demand creation activities by forming WhatsApp Groups

## 9.0 CHALLENGES

The table below summarizes challenges faced in both Harare and Mazowe districts.

HARARE	
Challenge	Mitigating strategy/ solution
Limited access to HIV/ST kits at facilities	PZAT is engaged the facility focal persons for HIV/ST kits to ensure that when orders are made, they factor in the allocation for KP community distribution
MAZOWE	
Some facilities failing to order drugs on time from the district pharmacy resulting in artificial stock outs.	Facilities encouraged to keep track of their drug stocks and ensure that ordering is done on time to avoid stock outs.
CROSSCUTTING	
Limited movement due to lockdown	Lockdown restrictions slowed down demand creation activities, but this has since been alleviated

Table 6: Overall challenges for program implementation

## 10.0 Monitoring and Evaluation: Project Workplan Progress

Workplan progress tracker

	Annual Target	Achievement				Cumulative achievement
		Q1	Q2	Q3	Q4	
Number of health workers trained in service provision for KP and oral PrEP	0	0	56	4	0	60
Number of peers/expert clients/ KP champions/ PrEP Champions trained	0	0	17	0	31	48
Number of community Dialogues for KPs on PrEP and self-testing	0	0	0	0	6	6
Number of community Dialogues for AGYW	0	0	0	0	10	10
Number of treatment literacy sessions for AGYW on PrEP	12	3	7	37	24	71
Number of identified high risk AGYW offered oral PrEP	442	272	304	201	227	1004



### **PrEP Custom tool**

Every month, the project submits an updated PrEP custom tool to Zim-TTECH as part of programmatic deliverables. The tool collects indicators on HTS, PrEP\_SCREEN, PrEP\_ELIGIBLE, PrEP\_New, PREP\_1MONTH, PREP\_RETURN\_OTHER among other indicators. This tool also serves as a monitoring tool for the project.

### **PrEP Sero**

To date, 12 female clients have seroconverted in Mazowe since program inception. The first client was initiated on PrEP in August 2020 and had a history of defaulting. All clients' DBS were collected under the GEMS study for HIV drug resistance testing.

### **11.0 Conclusion**

In COP 20, PZAT successfully delivered on the mandate to implement provision of client centred HIV services for key populations in Harare as well as ensuring AGYW at risk in supported communities had access to and were initiated on PrEP. The peer-to-peer model (through recruitment of CFs and PrEP champions respectively) yields results. The above success story is an example of how a CF navigated a client through services and led to PZAT offering unique support to a KP.