CATALYST Quality Improvement Collaborative Brief
Zimbabwe

QI BRIEF #2
OCTOBER 2024

Introduction

The CATALYST Quality Improvement Collaborative (QIC) enables CATALYST study staff and partners to refine, adapt, and make context-specific improvements to an enhanced service delivery package providing choice of oral PrEP, the PrEP ring, or CAB PrEP for HIV prevention (Figure 1).

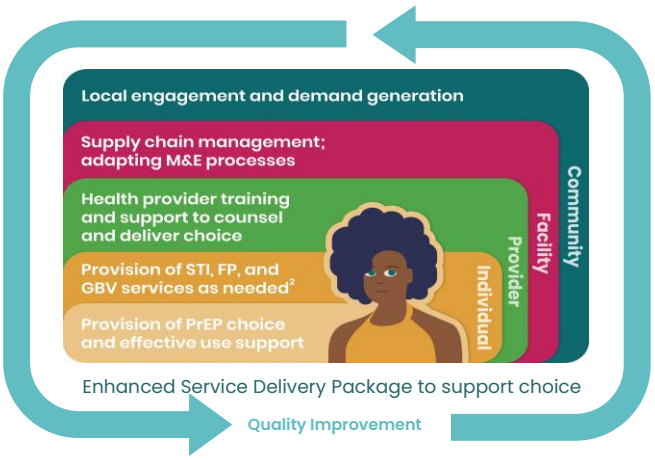


Figure 1. Enhanced PrEP choice service delivery package

In Zimbabwe, the QIC is being implemented across six facilities in six districts: Cowdray Park Clinic (Bulawayo), Plumtree District Hospital (Mangwe), Runyararo Clinic (Masvingo), Ngundu Clinic (Chivi), Beitbridge Wellness Clinic (Beitbridge), and the Chitungwiza SHAZ! Hub (Chitungwiza). **This QI brief highlights the progress during the second action period, between learning sessions 1 and 2, from November 2023 to June 2024.** In addition to routine coaching visits, QI team meetings, and testing change ideas through Plan-Do-Study-Act (PDSA) cycles, the QI teams participated in country-level exchange visits, the regional PrEP Exchange, and the launch of Stage II of the CATALYST study in April 2024, which expanded PrEP options to include the long-acting cabotegravir injection (CAB PrEP) (Figure 2).

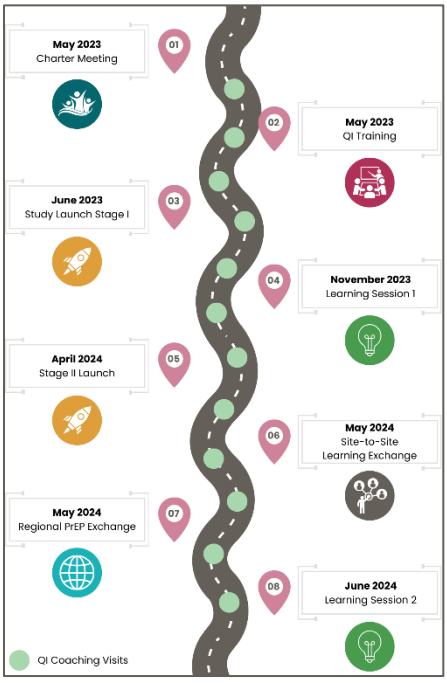


Figure 2. QIC implementation progress in Zimbabwe

Knowledge Exchanges

Learning session 2

The second learning session was conducted June 27–28, 2024. The objectives of the session were to facilitate experience sharing, peer learning, and exchange; build the capacity of the participating teams on QI and PrEP as part of combination HIV prevention; plan for the subsequent action period; and facilitate the spread of adopted change ideas. Participants included representatives from the Ministry of Health and Child

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Care (MOHCC); USAID Zimbabwe; implementing partners, including the Organization for Public Health Interventions and Development, the Zimbabwe Technical Assistance Training & Education Center for Health, and Population Solutions for Health; CATALYST Zimbabwe study team members; CATALYST Zimbabwe site QI team members; and providers from PEPFAR-supported programmatic sites offering CAB PrEP. MOSAIC's NextGen Squad representative, adolescent girls and young women (AGYW), and MOSAIC Youth Advisory Board members took part in the session by sharing their valuable insights and feedback with the site QI teams. All the CATALYST sites presented and showcased their QI projects through storyboards. Key issues elevated to the MOHCC and the PrEP Technical Working Group (TWG) included:



Learning session 2 participants

- Capacity building of providers on gender-based violence (GBV) screening, management, and referral pathways
- Capacity building of providers on mental health screening, management, and referral pathways
- Dissemination of standardized tools for screening for GBV
- Modification of monitoring and evaluation (M&E) tools to capture data on the integration of PrEP, GBV, sexually transmitted infection (STI), and mental health services.

Regional PrEP Exchange

Representatives from QI teams at each CATALYST site in Zimbabwe participated in the regional PrEP Exchange, which was a virtual two-day learning session for all CATALYST sites across the study's five countries. Beitbridge Wellness Centre presented one of their QI projects at the PrEP Exchange, and a PrEP nurse from Cowdray Park spoke on the PrEP provider panel.

Site-to-Site Learning Exchange

Also in May 2024, Runyararo Clinic and Ngundu Clinic held a site-to-site learning exchange visit. Activities conducted during the exchange visit included a tour of the PrEP care pathway and review of QI projects, data, change ideas, and documentation. The teams also reviewed key principles and tools, such as testing with PDSA cycles on a small scale, process maps, root-cause analysis, and driver diagrams. The two sites are near one another, and more site-to-site visits will be planned during future action periods to take place between learning sessions.

Results

Client exit survey

Facility teams refined their processes for conducting client exit surveys. Teams identified the optimal point in the care pathway to conduct the survey and determined the best person to support clients who need assistance when taking the survey. The QI faculty, with input from the advisors and coaches, revised the

survey to make it easier to understand and inclusive of CAB PrEP. Following revisions to the exit interview procedures, all facility teams reviewed the new approach during coaching visits and have since adopted their new processes. Feedback from the teams indicates the updated tool is easier to use, with questions that are clearer and simpler.

Change ideas sustained from action period I

All change ideas adopted in the first action period were sustained in the second action period. Group health education sessions on PrEP, individual health education, and choice counseling sessions are being implemented across all sites. Escorting clients from their first point of care at HIV testing services (HTS) to PrEP initiation has been sustained at Plumtree and Ngundu. Plumtree and Runyararo have also sustained their adopted change idea to expand the facilities' entry points offering PrEP. The electronic health record system has been sustained at Cowdray Park, and every site is continuing to implement its appointment reminder system.

New change ideas tested

Table 1 summarizes the change ideas tested during the second action period along with the actions and implementation considerations by QIC objective.

Table 1. Summary of change ideas tested

QIC objective	Site name	Change ideas tested with PDSA cycles	Action (adopt, adapt, or abandon)	Implementation considerations
Increase the percentage of clients who make an informed choice about PrEP	Runyararo Clinic	Modify client flow by triaging clients after health education for fast tracking to HTS and PrEP initiation	*Adapted:* Removed re-entry into waiting area between HTS and PrEP consultation	Ensure clients and providers are aware of PrEP care pathway and fast track option
	SHAZ! Hub	Include PrEP talks during community dialogues and literacy sessions twice a week	*Adopted*	
	Plumtree District Hospital & Runyararo Clinic	Increase the number of designated PrEP dispensing points in the outpatient department (OPD), family and child health (FCH) and opportunistic infection (OI) clinics, and pharmacy	*Adopted*	Requires safe, secure cabinets for storage of commodities and good stock management practices (i.e., updating stock cards regularly in line with MOH protocols)

Enhance positive client experience	Plumtree District Hospital	Install signage to direct clients where to access PrEP services	*Adopted*	
	Beitbridge Wellness & Plumtree District Hospital	Designate PrEP service delivery rooms and redirect client flow to reduce waiting times.	*Adopted*	
Enhance positive client experience		Increase the number of nurses providing choice counseling and general consultations	*Adopted*	• On-the-job training to increase the number of cadres who can offer PrEP services • Engage the sister-in-charge to allocate duties
Improve PrEP retention at M1	SHAZ! Hub, Beitbridge Wellness, & Cowdray Park	Assess client's readiness for PrEP using PrEP Readiness Assessment Tool	*Adapted: The tool was modified to include additional questions; assessment is being conducted by PrEP Champions instead of nurses*	• Process may lead to increased waiting times • Clients who want to be on PrEP but have a low readiness score receive PrEP with additional support from providers and PrEP Champions
	SHAZ! Hub & Cowdray Park	Include key messages on the importance of month 1 follow-up during choice counseling	*Adopted*	
	Beitbridge Wellness	Request consent of physical follow-up to clients with no contact details	*Adopted*	Consent should be obtained and clients given options to choose who they are most comfortable with for follow-up
	Beitbridge Wellness	Introduce in-person follow-up of clients at home by PrEP Champions	*Adapted*	
	Runyararo Clinic	Alert clients about the expected client flow and fast-track system to reduce waiting times before follow-up visits.	*Adopted*	

Improve PrEP retention at M1	Beitbridge Wellness	"Coding" WhatsApp and SMS to avoid accidental disclosure	*Adopted*	Coded messages should be designed in consultation with the clients
	Plumtree District Hospital	Create a fast lane and designate a nurse for PrEP service provision	*Adopted*	Other clients need to be made aware of triaging processes and fast-track options for PrEP and other clients
	Beitbridge Wellness	Verify clients' phone numbers during initiation visit	*Adopted*	Engaging peers and champions fosters trust between clients and providers
Improve mental health screening	Runyararo Clinic	Orient and mentor staff on mental health and screening tool (SSQ14) by mental health nurse	*Adopted*	Orientation of providers on common mental health disorders, screening and referral pathways is critical. Screening tools need to be translated into vernacular.
	Runyararo Clinic	Screen clients using the SSQ14 after HTS by primary counselors	*Adapted*	
	Runyararo Clinic	Screen clients using the SSQ14 after choice counseling by nurses	*Adopted* Screening was spread to the FCH department, targeting pregnant and breastfeeding women	
Improve GBV screening and support	Runyararo Clinic	Adapt the GBV screening tool from Musasa project to screen for GBV among PrEP clients	*Abandoned* Tool was long and took too much time to administer. The team plans to screen using a shorter version from the MOHCC that focuses on Intimate partner violence (IPV)	Providers need to be trained in GBV prevention, screening, first-line response, management, and referral pathways. Use of the MOHCC IPV screening tool is recommended.

Increasing informed choice for PrEP

In April 2024, Stage II of the CATALYST study was launched, expanding the PrEP options to include CAB PrEP in addition to the PrEP ring and oral PrEP offered in Stage I. The total number of clients initiated on PrEP

across the six sites was high, with a total of 1,588 clients (including non-CATALYST participants) starting PrEP during this action period. Across all six sites, the proportion of clients making an informed choice about which PrEP method to use ranged from 93% in February 2024 to 100% in June 2024.

At Plumtree District Hospital, the QI team expanded PrEP services from the opportunistic infection (OI) clinic to two additional entry points, the outpatient department (OPD) and family and child health department (FCH), to address the fear of stigma associated with the OI clinic among some clients. The expansion to more entry points also addressed the long distance from FCH or OPD to the OI clinic. Once PrEP became available in these new departments, a larger percentage of new initiations at the hospital took place in FCH and OPD than in the OI clinic. Additional change ideas tested included dispensing PrEP from the respective departments instead of the main pharmacy, designating a specific PrEP room adjacent to the HTS, and installing signage about where to access PrEP. As a result of the implementation of these change ideas, the number of clients initiated on PrEP increased from 127 during action period I to 195 in action period II. Nearly all the clients who filled out the client exit survey reported having made an informed choice (Figure 4). The results of the expanded PrEP service delivery at Plumtree are depicted in Figure 5.

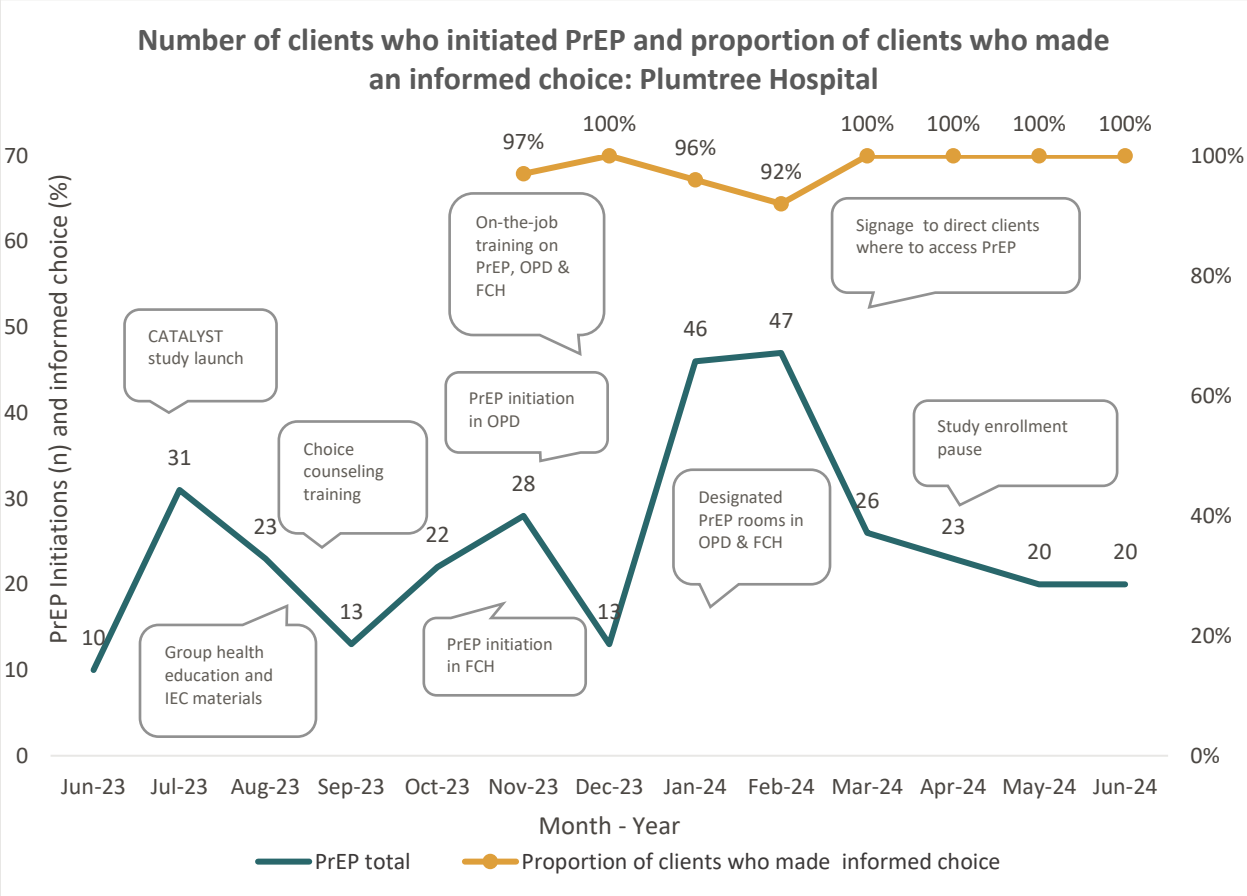


Figure 3. Number of clients who initiated PrEP and proportion of clients who made an informed choice at Plumtree Hospital

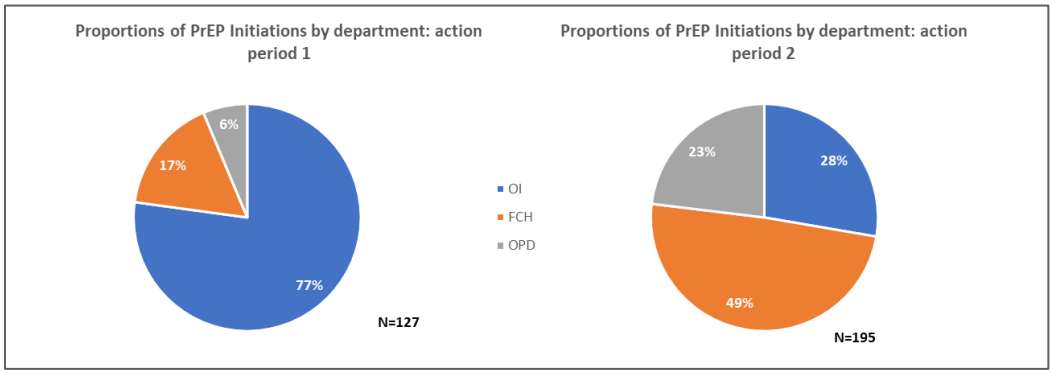


Figure 4. Proportion of clients initiated on PrEP by department at Plumtree Hospital

Improving month 1 follow-up

Building on the work done during the first action period, all six facilities continued to work on improving month 1 follow-up for clients initiated on PrEP. Following the first learning session, Beitbridge Wellness introduced an appointment diary based on lessons from other facilities (Figure 6). Clients on the appointment lists were followed up after consenting, with reminders sent one to three days before the scheduled visits. The reminders were sent via phone calls, SMS, or WhatsApp messages, depending on client preference. PrEP champions were engaged to conduct home visits for clients who did not provide phone numbers.

At three sites a PrEP readiness assessment tool (PRT) was tested and adapted to evaluate individual clients' preparedness for starting PrEP following choice counseling. The PRT focuses on risk perception, willingness to take PrEP, disclosure, and commitment to adhere to the selected PrEP method and comply with the follow-up schedule. From March through June 2024, 76% of the clients who received the PrEP readiness assessment at the SHAZ! Hub returned for their scheduled M1 follow-up visit (N=68) compared to 44% among those who did not receive the assessment. Clients with low readiness scores were referred to the nurses/counselors for additional support based on the gaps identified by the assessment but were still provided with PrEP.

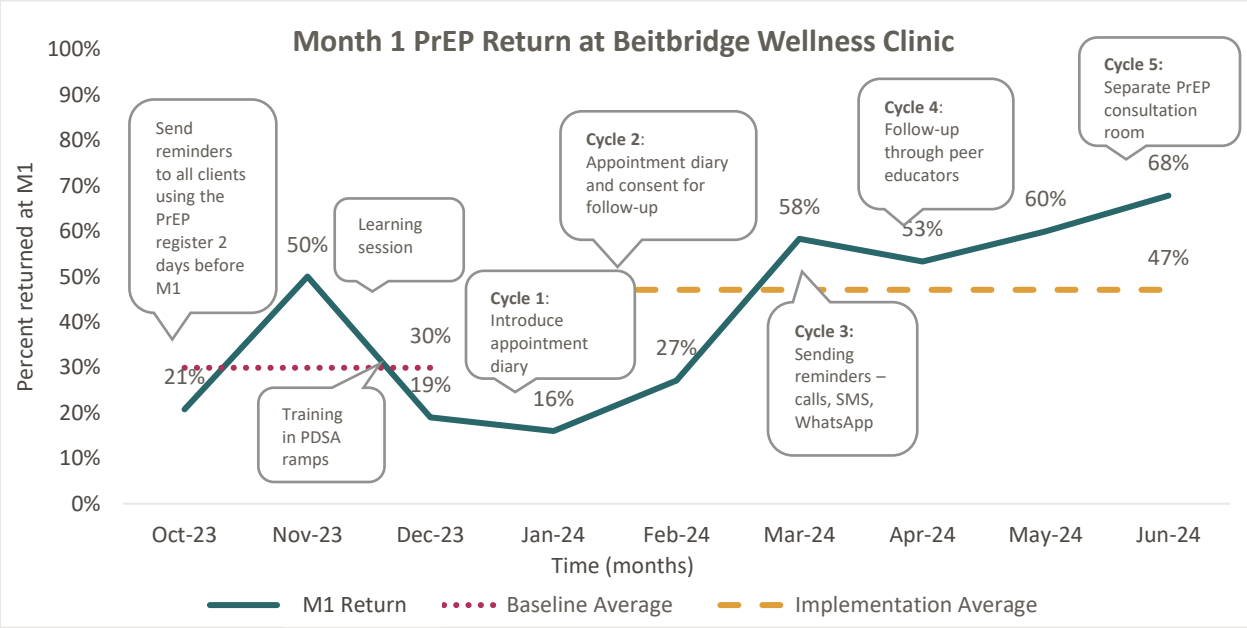


Figure 5. Month 1 PrEP return at Beitbridge Wellness Clinic

Improving mental health screening for all PrEP clients

Mental health is tied to PrEP care because it has implications for risk perception, PrEP uptake, effective use, and continuation. Supporting clients who are struggling with mental health was an issue raised to the MOHCC and TWG during the second learning session. Runyararo Clinic implemented change ideas to improve mental health screening among PrEP clients, starting in the OPD and later expanding to the FCH department (Figure 7). To initiate the process, a mental health nurse oriented all staff on mental health and the use of the national SSQ 14 screening tool. This orientation included basic skills on problem solving therapy for clients with a score of 8 and above and referral to the Mental Health Nurse for clients when needed. The Mental Health nurse provided weekly mentorship sessions to the PrEP providers. The screening process was initially implemented by the primary counselor in the OPD immediately after HIV testing. This process was then adapted to screening after a nurse provides choice counseling, and that adaptation was subsequently spread to the FCH department. The team also modified the PrEP registers to include a column for capturing data on the screening process and outcomes.

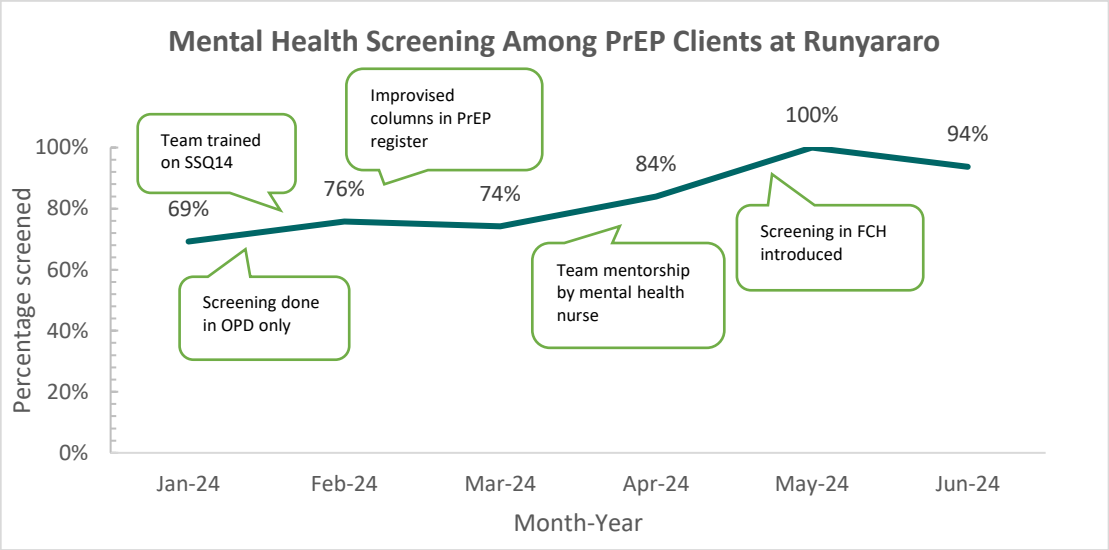


Figure 6. Mental health screening at Runyararo

Conclusion

Lessons learned

- Leveraging coaching and peer exchange enables QI teams across the six CATALYST sites to enhance PrEP service delivery, leading to improved client flow, mental health screening, and month 1 follow-up.
- Adapting interventions to the unique needs of each facility by conducting small-scale, iterative PDSA tests helps teams achieve effective, efficient, and sustainable improvements.
- Integrating client feedback through the revised client satisfaction survey enables teams to develop client-centered solutions and receive continuous feedback.
- Cross-facility exchanges offer a platform for shared learning and build enthusiasm.
- Strategies for scaling up successful change ideas include:
    - Solicit input from the national QI and PrEP technical working groups and related task forces.
    - Include implementing partners in learning sessions to share such ideas with other facilities and districts.
    - Facilitate site-to-site exchange visits for sites to learn from one another in smaller settings than learning sessions.
    - Include QI and PrEP managers from the MOHCC in coaching visits.

The way forward

During the next action period, the QI teams in Zimbabwe will focus on sustaining and spreading adopted change ideas, as well as addressing additional QI objectives, by:

- **Sustaining adopted change ideas:** A clear and documented framework to outline the processes, responsibilities, and timelines for continued implementation of successful change ideas will be developed. Regular monitoring will ensure these practices remain effective and are consistently applied across facilities.

- **Spreading change ideas:** Adopted change ideas will be systematically spread to other facilities through sharing best practices, conducting peer exchanges, and facilitating coaching sessions to ensure that successful approaches are adopted widely.
- **Scaling up QI work:** Continued testing of new and adapted changes will be a priority, with an emphasis on scaling up QI efforts around additional objectives, such as family planning, mental health, and GBV screening and response. These efforts will be expanded to all six sites, ensuring comprehensive integration into PrEP service delivery.