CATALYST Quality Improvement Collaborative Brief

Zimbabwe

QI BRIEF
JULY 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).

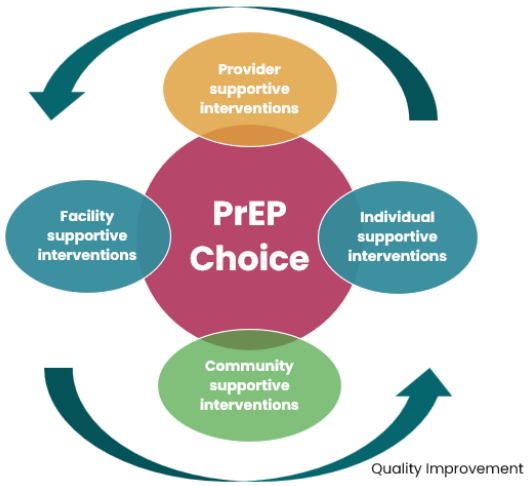


Figure 1. Enhanced service delivery package

The QIC is a component of the CATALYST study that functions as a mechanism for refining, adapting, and making context-specific improvements to an enhanced service delivery package providing choice of oral PrEP, PrEP ring, and injectable cabotegravir for HIV prevention. In Zimbabwe, the QIC is being implemented in six facilities in six districts that are supported by USAID through the following implementing partners: Cowdray Park Clinic (Bulawayo), Plumtree District Hospital (Mangwe), Runyararo Clinic (Masvingo), Ngundu Clinic (Chivi), Beitbridge Wellness Clinic (Beitbridge), and Chitungwiza SHAZ! Hub (Chitungwiza). This QI brief covers the period from the launch of the QIC at the charter meeting in May 2023 to the first learning session conducted in November 2023.

QI Structure in Zimbabwe

The QIC faculty includes global CATALYST study team members and QI experts and is joined locally by the Ministry of Health and Childcare (MOHCC) QI specialist, the national data quality officer, and the medical officer for PrEP and key population (KP) programs. The faculty works in tandem with the National QI Technical Working Group (TWG) (Figure 2). The CATALYST QI faculty, advisor, and coach work together to support the six facility-based QI teams. To enhance the buy-in of the CATALYST QIC, alignment with the National QI Programme, and sustainability, the CATALYST QIC involves the MOHCC at national and subnational levels. This collaborative

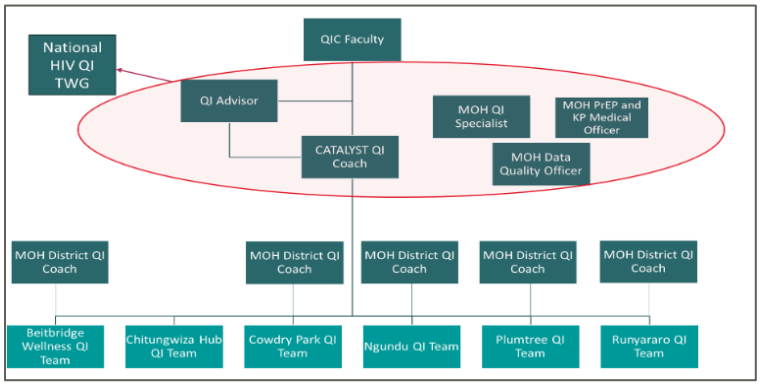


Figure 2. Zimbabwe CATALYST QIC structure

MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. MOSAIC is led by FHI 360 with core partners Jhpiego, LVCT Health, Pangaea Zimbabwe, Wits RHI, and AVAC. The contents of this resource are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

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effort involves actively including MOHCC district QI coaches in providing coaching and assistance to facility teams and regularly updating the national TWG.

Launching the QIC in Zimbabwe

Charter meeting

The charter meeting was conducted in May 2023 to build consensus on the aim and objectives, measures of success, and roles and responsibilities of the CATALYST QIC in Zimbabwe. Participants included PrEP providers from the six CATALYST sites, program managers, representatives of the district health executives, USAID, and implementing partners, and representatives of civil society and end users. The stakeholders adopted all the core and additional objectives of the collaborative (Box 1).

QI training

The QI advisor and coach collaborated with the MOHCC to customize the CATALYST QI training package to suit the local context and ensure alignment with the available tools and resources. Subsequently, in partnership with the MOHCC QI team, they conducted a comprehensive three-day training in May 2023. This training targeted multidisciplinary facility QI teams comprised of nurses, counselors, data entry clerks, and pharmacy and laboratory personnel with the aim of enhancing their capacity in QI methodologies and practices. At the end of the training, each facility team drafted a quality management plan.

QI coaching and support visits

Monthly QI coaching visits began after the QI training in May. The first round of coaching visits focused on establishing functional QI teams in each facility, measuring baseline data for PrEP initiations and month one (M1) follow-up, and using QI tools to identify PrEP service delivery gaps (Figure 3). Monthly coaching visits focus on reviewing QI performance and documentation, as well as tested change ideas and implementation of Plan-Do-Study-Act (PDSA) cycles; identifying and addressing implementation challenges; and providing quality PrEP choice counseling.

Learning sessions

The first QIC learning session in Zimbabwe was held in November 2023. The purpose of this first country-level

CATALYST QIC Objectives

Core objectives:

1. Increase the number of PrEP clients who make an informed choice about PrEP.
2. Improve continued PrEP use at Month 1.
3. Increase the percentage of PrEP users reporting a positive experience with the enhanced PrEP service delivery package.

Additional objectives:

1. Improve sexually transmitted infection (STI) screening for all PrEP clients.
2. Improve the percentage of CATALYST participants with an unmet need for family planning (FP) who talk to a provider about FP during their PrEP visit or are offered a referral.
3. Ensure that all PrEP clients are screened for gender-based violence (GBV). Of clients who report or disclose GBV, increase the percentage who are offered direct support or referral services.
4. Support providers in having a positive experience with the delivery of the enhanced service delivery package.
5. Improve mental health screening for all PrEP clients.

Box 1: QIC objectives



Figure 3. QI tools on display at Runyararo Clinic
Photo credit: Bekithemba Ndhlovu

learning session was to review implementation progress and build the capacity of CATALYST QI teams through peer learning and exchange.

During the session, representatives of the QI teams from the six facilities shared their QI progress and were joined by CATALYST study team members, global QI faculty members, MOHCC representatives, and PrEP users. QI teams planned their next action period and were recognized and rewarded in areas such as the best storyboard (Figure 4), most improved team, most interesting change idea, and highest performance on positive client experiences.

Subsequent learning sessions will take place at the country level approximately every six months to share what has been learned from the most recent action period and plan for the road ahead.

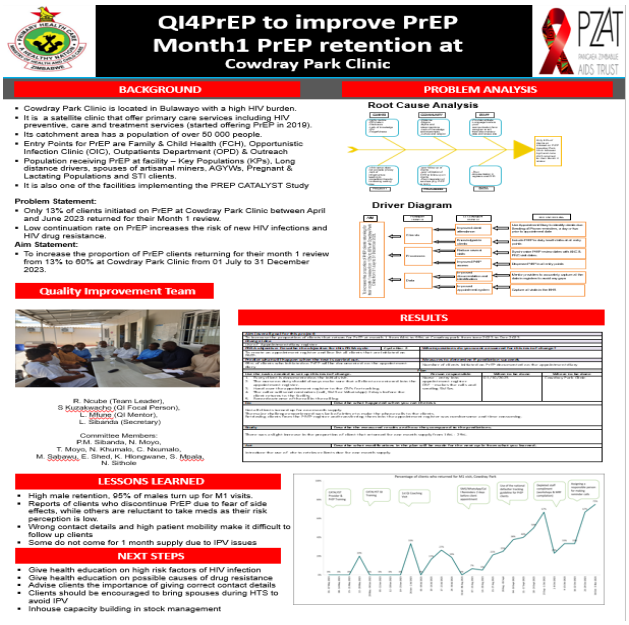


Figure 4. Storyboard from Cowdray Park Clinic

Choice counseling survey among PrEP providers

The first objective of the QIC is to increase the number of clients who make an informed choice about PrEP. Choice counseling—giving the client all the relevant information on the available PrEP products, listening to their concerns, and responding to questions that clients may have—enables the client to make an informed choice about PrEP. When it became clear that choice counseling might not be occurring consistently for all PrEP clients in the CATALYST study, the Zimbabwe QI advisor and coach surveyed providers to ascertain competence in choice counseling. Of the 29 providers from the six CATALYST sites surveyed, 62% were confident in delivering choice counseling; 62% were not trained on the HIV Prevention Journey Tool—a resource to support the provision of choice counseling; 59% were not aware of the Journey Tool; and only 17% were using it consistently. Time constraints were the major factor hindering effective choice counseling, and the Journey Tool was not available in most facilities. The facility teams were subsequently trained on choice counseling; and A3-size desktop and A2 wall posters of the tool were printed and distributed to all sites after being modified and resized to make them more user friendly.

Implementing QI at the CATALYST Sites

All six facilities focused on the core objectives during the first action period. Table 1 summarizes the interventions, tested change ideas, and key implementation considerations.

QIC Objective	Challenges	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	• Clients not aware of PrEP choices • Myths and misconceptions about PrEP choices	Group health education sessions on PrEP	*Adapted* in all the six facilities. PrEP included on the health education timetable daily	• Timing and frequency • Facilitators • Tools used to guide the sessions
		Increased number of group health education sessions to cover clients who	*Adapted* at Ngundu and Runyararo — midmorning and afternoon sessions	

Increase the percentage of clients who make an informed choice about PrEP		come in later in the day	conducted only if there are clients *Abandoned* at Beitbridge Wellness Centre because no clients come in the afternoons	
		Individual health education and choice counseling sessions	*Adopted* at Beitbridge Wellness and SHAZ! Hub	Reinforce key messages and target clients who missed the group sessions
Enhance positive client experiences	Long wait times	Escorting and navigating clients from the first care point at HIV Testing Services (HTS) to the next (PrEP initiation) through counselors, peers, or lay cadres	*Adopted* at Plumtree and Ngundu Clinics	Escorting is done by different cadres across the different facilities and departments: • Plumtree: Clinic referral facilitators and primary counselors escort clients to the pharmacy • Ngundu: Nurses escort clients for HTS and study procedures
		Expanding entry points offering PrEP, e.g., outpatient department (OPD) and family and child health (FCH) at Runyararo and OPD/FCH/ opportunistic infections (OI) at Plumtree	*Adopted* at Plumtree and Runyararo *Abandoned* at Cowdray Park due to a staff shortage and at Ngundu due to limited working space	• HTS already being offered in different departments • On-the-job training of cadres • Some departments required lockable cabinets for safe storage of PrEP products.
Improving M1 follow-up	Clients forgetting scheduled appointments	• Reminders for scheduled appointments: short-message service (SMS), WhatsApp, calls • Call log used to capture outcomes	*Adapted:* Timing of reminders ranges from 1–7 days before the scheduled appointment date.	Clients are asked to consent to reminders and choose their preferred follow-up method.
		• Scheduling M1 appointment on day 21.	*Abandoned:* At Ngundu and Beitbridge, this change affected timelines for other services, such as HIV testing and study-related interventions.	The 2 sites tested sending reminders from day 21 rather than scheduling appointments at day 21.
	No proper documentation of scheduled visits and outcomes	Use of the appointment diaries	*Adapted* in all sites except Cowdray Park Clinic. Data points modified to include	• Diaries used to capture the date of next appointment and identify clients who miss appointments to

Improving M1 follow-up			reminders and visit outcomes	trigger the tracking and tracing system
	No system for identifying and tracking clients who miss scheduled appointments	Tracking and tracing clients who miss scheduled appointments through calls, SMS, WhatsApp, and in-person follow-up by PrEP champions	*Adapted:* All sites adapted tracking and tracing clients who miss scheduled visits, with variation on when to trigger the in-person follow-up based on the number of missed calls and days elapsed since messages were sent.	• Adapted from the national default tracking system for ART • Method used depends on the client's preference
		Update the appointment diary and call log based on outcomes	*Adopted*	
		Use of the electronic health records (eHR) to generate appointments at Cowdray Park	*Adapted:* Paper-based system maintained in event of power outage	Client flow designed such that the last point of conduct is the data entry clerk who generates the appointments and captures client data in the eHR

Table 1. Summary of change ideas tested by the facilities by QIC objective

Performance on Core Objective 1: PrEP initiations and informed choice

Informed PrEP choice refers to an individual having the autonomy, knowledge, and freedom from coercion at any given time to select the best HIV prevention method for them among options available in their specific market. To measure informed choice and client experience with the enhanced PrEP service delivery package, each facility uses a standardized client exit survey designed by the global QI faculty. In the informed choice portion of the survey, PrEP clients are asked whether the provider told them about more than one way to prevent HIV, side effects and what to do if they experience any, and the possibility of switching methods. Data collection on informed choice began in July 2023 when PrEP method choice became available. Data on informed choice across all six sites is shown in Figure 5.

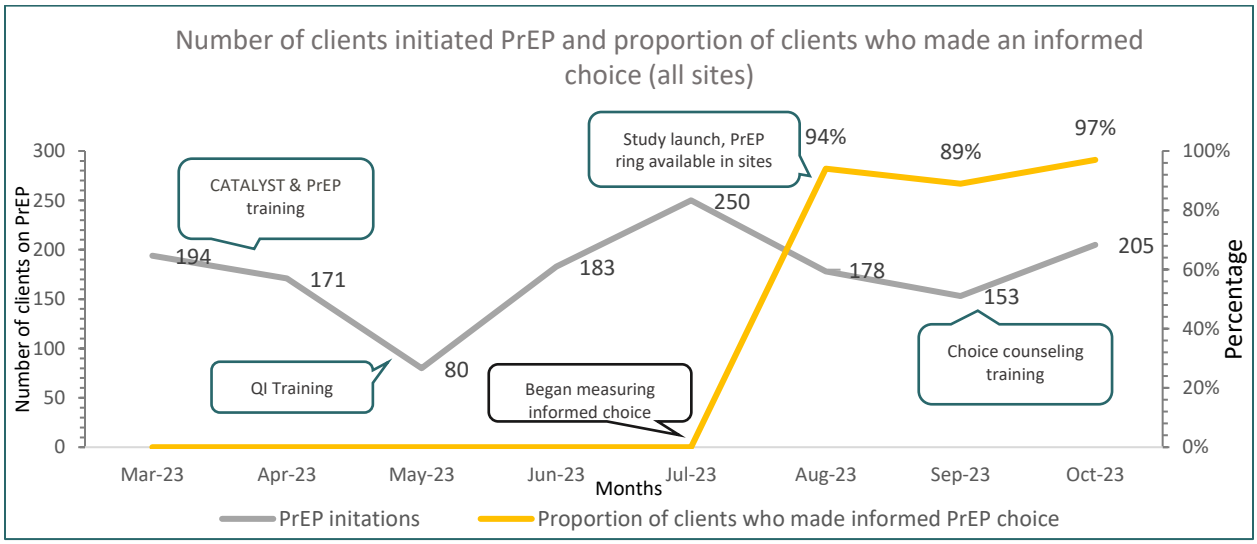


Figure 5: Aggregated PrEP initiations and informed choice data across Zimbabwe

At SHAZ! Hub in Harare, the QI team tested and implemented several change ideas to inform clients about PrEP services and the availability of new PrEP options. When clients check in, the staff at the registration desk inform them about PrEP services using standardized messaging. In addition, PrEP fact sheets are placed in the waiting rooms, and PrEP services are discussed during routine group health talks. The run chart of PrEP initiations below is annotated with the interventions the QI team tested to increase interest in and knowledge of PrEP (Figure 6).

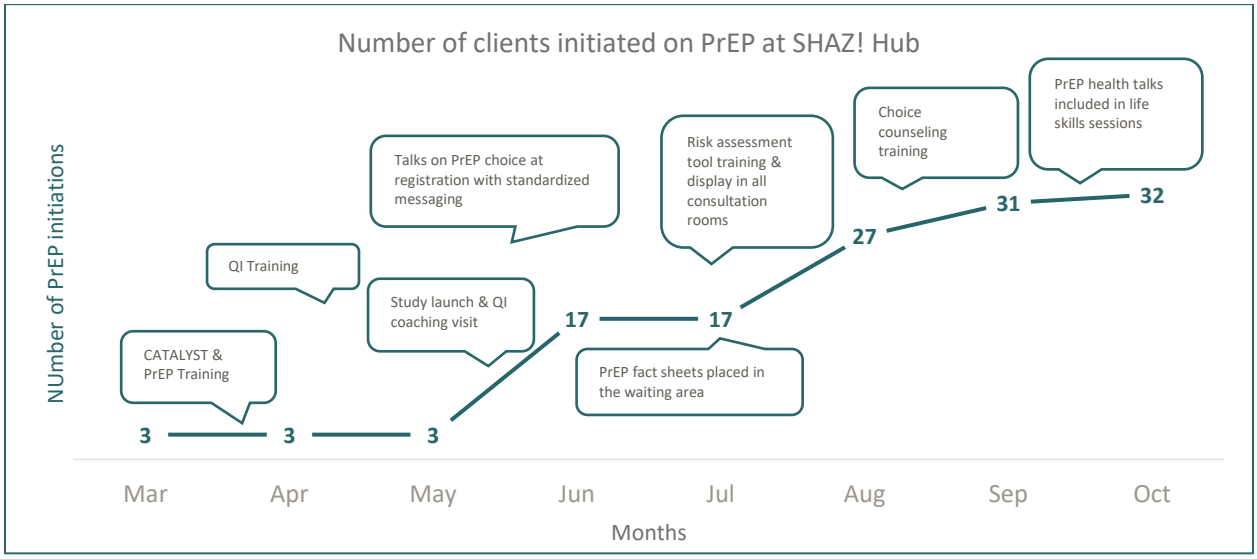


Figure 6. PrEP initiations at SHAZ! Hub

At Beitbridge Wellness clinic, the QI team began implementing daily group health education sessions on PrEP services. While PrEP initiations began to increase, the site also decided to incorporate individualized PrEP education sessions for all female clients. Shortly after, the site began providing PrEP education to all clients, including men. The run chart below shows the number of PrEP initiations from March 2023 through October 2023 (Figure 7).

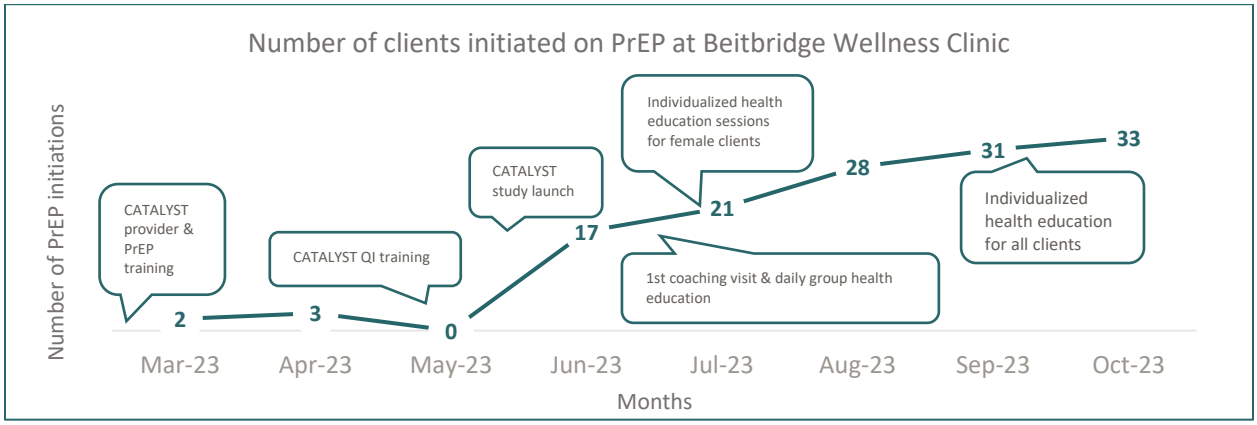


Figure 7. PrEP initiations at Beitbridge Wellness Clinic

Lessons learned from improving PrEP choice with QI:

- Increasing PrEP literacy through group and individual health education sessions was associated with increased uptake of PrEP.

- Informed choice is a process that begins with group health education but is most effectively facilitated at the individual level during one-on-one counseling sessions. Simple tools such as the Journey Tool help providers cover all the components of effective choice counseling.
- System-level issues such as limited workspace, separation of departments, stock-outs, and staff attrition/withdrawal have negative effects on performance even if the teams implement effective change ideas. For example, Cowdray was doing well on objective 1 until one of the trained cadres providing PrEP services was withdrawn. Staff performance at the site was also negatively affected by stock-outs of oral PrEP. Both issues triggered on-the-job training on stock management and PrEP for staff across all sites.
- Where PrEP is delivered within a facility can affect uptake and continuation. For example, at Plumtree Hospital, PrEP was exclusively offered at the opportunistic infections (OI) clinic. Due to fear of stigma, PrEP clients did not want to be seen going into the OI clinic for initiation or follow-up, which resulted in low PrEP initiations and M1 returns.

Performance on core objective 2: M1 follow-up

All six CATALYST sites in Zimbabwe tested the use of reminder calls prior to clients' M1 return appointments. At Runyararo clinic, the QI team tested whether calling clients seven days before they were due to return for their M1 follow-up visit led to an increase in M1 returns; however, the team did not see an improvement from this test (Figure 8). The Cowdray Park clinic tested a similar change idea but called clients two days before their visits and is beginning to see an improvement in the M1 return rate (Figure 9), although more data are needed to conclude whether this change idea should be scaled up and sustained.

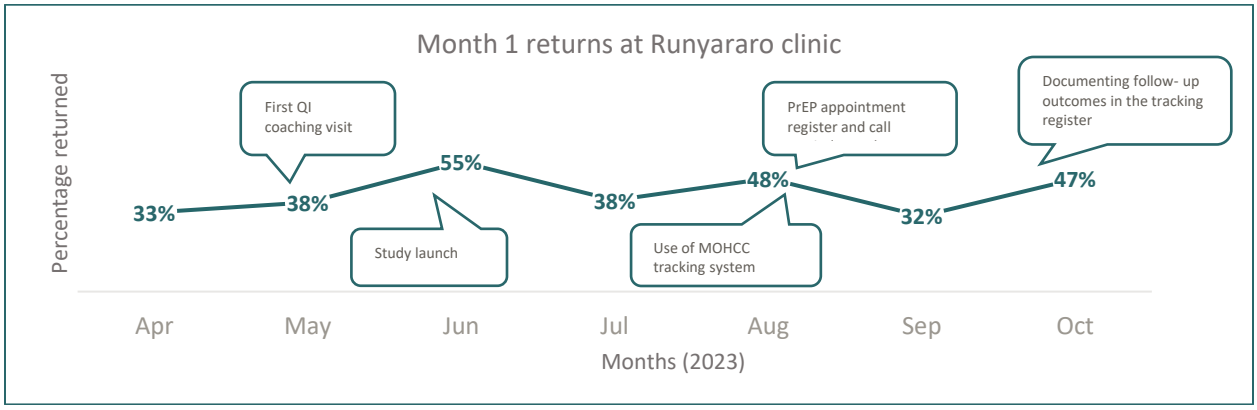


Figure 8. M1 returns at Runyararo Clinic

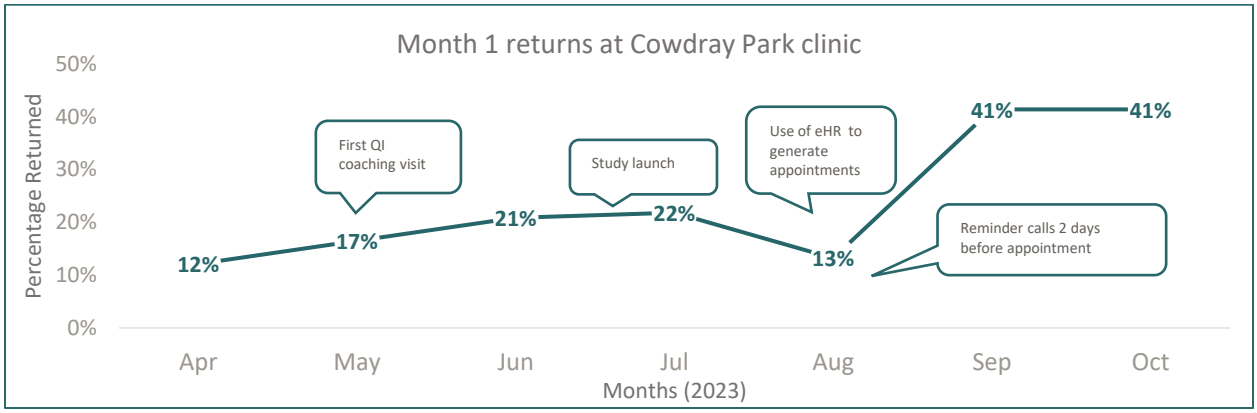


Figure 9. M1 returns at Cowdray Park Clinic

Lessons learned from improving M1 return rates:

- All sites have adopted a client reminder system for PrEP clients that includes identifying clients due for visits, following up with clients who miss appointments, and gathering and using clients' preferred contact methods (e.g., voice calls, SMS, or WhatsApp messages) for follow-up. These systems vary across the sites, including the timing of the reminders (1–7 days before), the cadres who do the follow-up (lay cadres, counselors, and nurses), and the follow-up method, which depends on client preferences.
- A significant proportion of the clients were not reachable despite having provided consent and preferred contact methods.

Conclusion

Lessons learned for PrEP choice delivery

- Care pathways may need to be redesigned to expand the scope of PrEP services. For example, Plumtree introduced PrEP initiations in the outpatient department (OPD) and family and child health (FCH) department to address the fear of stigma and loss of clients associated with the OI clinic. At Runyaro clinic, PrEP clients go straight to the HTS room after observations. And at Beitbridge, consultations and dispensing of PrEP are now done in the same room instead of having clients pick up the supplies at the pharmacy. Escorting clients from the first care point to the next with counselors, peers, or lay cadres helped reduce clients' long waiting times at Plumtree and Ngundu.
- Clients should be engaged to co-create or redesign care to ensure the changes meet their needs and service delivery preferences. The Cowdray Park, Ngundu, and Runyararo QI teams include consumer representatives from the MOSAIC Youth Advisory Board (YAB) and Community Advisory Board (CAB). Lessons learned benefit all CATALYST sites.
- Facility teams need ongoing mentorship to successfully deliver new PrEP methods.

Lessons learned for PrEP quality improvement

- Continuous stakeholder engagement, including at the charter meeting, in learning sessions, and in QI implementation processes is critical for the successful launch and implementation of the QIC.
- Facility teams need ongoing support and mentoring from QI coaches for capacity building in QI methods (data analysis, root cause analysis, planning, and testing at small scale) and provision of PrEP services as part of combination HIV prevention.

The way forward

Future coaching visits will focus on the design and implementation of PDSA cycles, documenting QI process in detail and collecting and analyzing performance data. The teams will continue to test the adapted change ideas based on the experiences shared at the learning session. QI teams will be encouraged to focus on improving additional QI objectives, such as GBV screening and response and integrating FP services and mental health services into PrEP service delivery.