

# Establishment of Key Populations-Led Facility Monitoring Committees for Strengthening Uptake of Comprehensive HIV Prevention Services at Public Health Facilities in Harare, Zimbabwe

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## Background

- Awareness among key populations (KP) i.e., Men who have sex with men, sex workers, transgender people and people who inject drugs of KP-specific HIV prevention services is poor. Health facility staff are not well equipped to provide services to KP groups.
- Working with KPs and health facility staff to develop committees to promote, monitor and improve clinical service uptake and quality among KP groups is key to optimizing Zimbabwe's goal to ending AIDS by 2030.
- KPs promoted uptake of these services through e.g., development of education materials, connected with local KP groups and advocated for the mental health program.

### STEPS TO ESTABLISHING KEY POPULATIONS HEALTH FACILITY MONITORING COMMITTEES (KPFMCs)

**Step 1:** Community entry - Develop and communicate KPFMC functions to all communities around facility catchment areas

**Step 2:** Assessment to verify feasibility of establishing a KPFMC at supported facilities

**Step 3:** Support KPFMC establishment by setting up KPFMC members

**Step 4:** Train KPFMC members on roles and functionality

**Step 5:** KPFMC members identify facility problems with community

**Step 6:** KPFMCs support facility improvement action plans

**Step 7:** Conduct KPFMC supportive supervision and monitoring in preparation for reporting

### Facility Monitoring Committees Promoted:

- Uptake of HIV prevention care and treatment services
- Trainings on documentation of uptake of services
- Uptake of mental health interventions
- Evidenced-based programming informed strategies for increasing uptake of services
- KP community involvement and participation in HIV prevention interventions



KPFMC Inception Tariro Clinic: July '21

### Issues Identified and Addressed

Long waiting periods at the facility → prioritization of KPs

Stigma and discrimination → trained to offer friendly services

## Description

- Pangaea Zimbabwe AIDS Trust integrated KPFMCs into existing Ministry of Health and Child Care Health Center Committees at 17 supported facilities between Jul-Aug 2021.
- A consultative process was conducted to develop terms of reference listing the constituencies represented on the KPFMCs and their roles and responsibilities
- At each facility, 11 to 13 nominated KPFMCs members including two health care workers were trained in monitoring quality of services and mobilization to reach additional KPs.
- From October 2021 to September 2022, all KPFMCs met quarterly to review performance and develop action plans to scale-up utilization of HIV prevention services.
- A total of 49 peer KPs (39% FSW, 33% MSM, 14% TG and 14% PWID) who were part of the KPFMCs were responsible for linking the KP community to facility-based services, providing feedback to health facility staff about the quality of services.
- KPFMCs ensured that the community health needs are identified and made available at the health facility and to the community and provide and ensure effective community, client and service provider participation in health service planning and design of health facilities

## Lessons Learned

- KPFMCs were successful in linking the KP communities to services, with improvement in access to services. Satisfaction levels remained high, even when client volume increased.

### Performance on Key Program Indicators Before and After Setting KPFMCs

Indicator	Performance before KPFMC	Performance after KPFMC	Relative increase
<b>Time Period</b>	<b>Oct'20 – Sep'21</b>	<b>Oct'21 – Sep'22</b>	
Number of KPs reached with HIV prevention messages	2,670	6,462	142%
Number of KPs initiated on PrEP	1,622	2,272	42%
Overall client satisfaction with quality of prevention services	94%	98%	4%

## Conclusions

- This intervention, which capitalizes on existing structures and KP-trained health experts, is a potential low-cost, sustainable strategy for effectively linking KPs to HIV services.
- Results demonstrate KPFMCs increase utilization of HIV prevention services and satisfaction among KPs.
- KPFMCs give communities ownership of primary health care service delivery points and that may have high impact if this model is scaled up to all public health care facilities in Zimbabwe.

