

# The effect of a targeted quality improvement intervention on improving access to antiretroviral therapy services for key populations in Zambia

Mercy Nalwamba,<sup>1</sup> Sunni Wenson,<sup>1</sup> Flavia Mwape,<sup>1</sup> Joseph Kamanga,<sup>1</sup> Ngaitila Phiri,<sup>2</sup> Moses Bateganya<sup>3</sup>

EPE061

## BACKGROUND

The USAID/Zambia Open Doors Project (ODP) led by FHI 360 works to increase access to comprehensive HIV prevention, care, and treatment services for key populations (KPs) in target provinces. The project identifies and links female sex workers (FSWs), men who have sex with men (MSM), and transgender people to social and behavior change communication, preventative measures such as condoms and lubricants, HIV testing and counseling, and antiretroviral therapy (ART) or pre-exposure prophylaxis, among other health services.

In October 2020, the project partnered with a local community-based organization Zambian Network of Religious Leaders Living with or Personally

Impacted by HIV/AIDS (ZANERELA+) to implement the project's minimum package of services to targeted KPs. ZANERELA+ empowers religious leaders to address and challenge issues of stigma and discrimination in their communities, while supporting the delivery of HIV prevention, care, and treatment services.

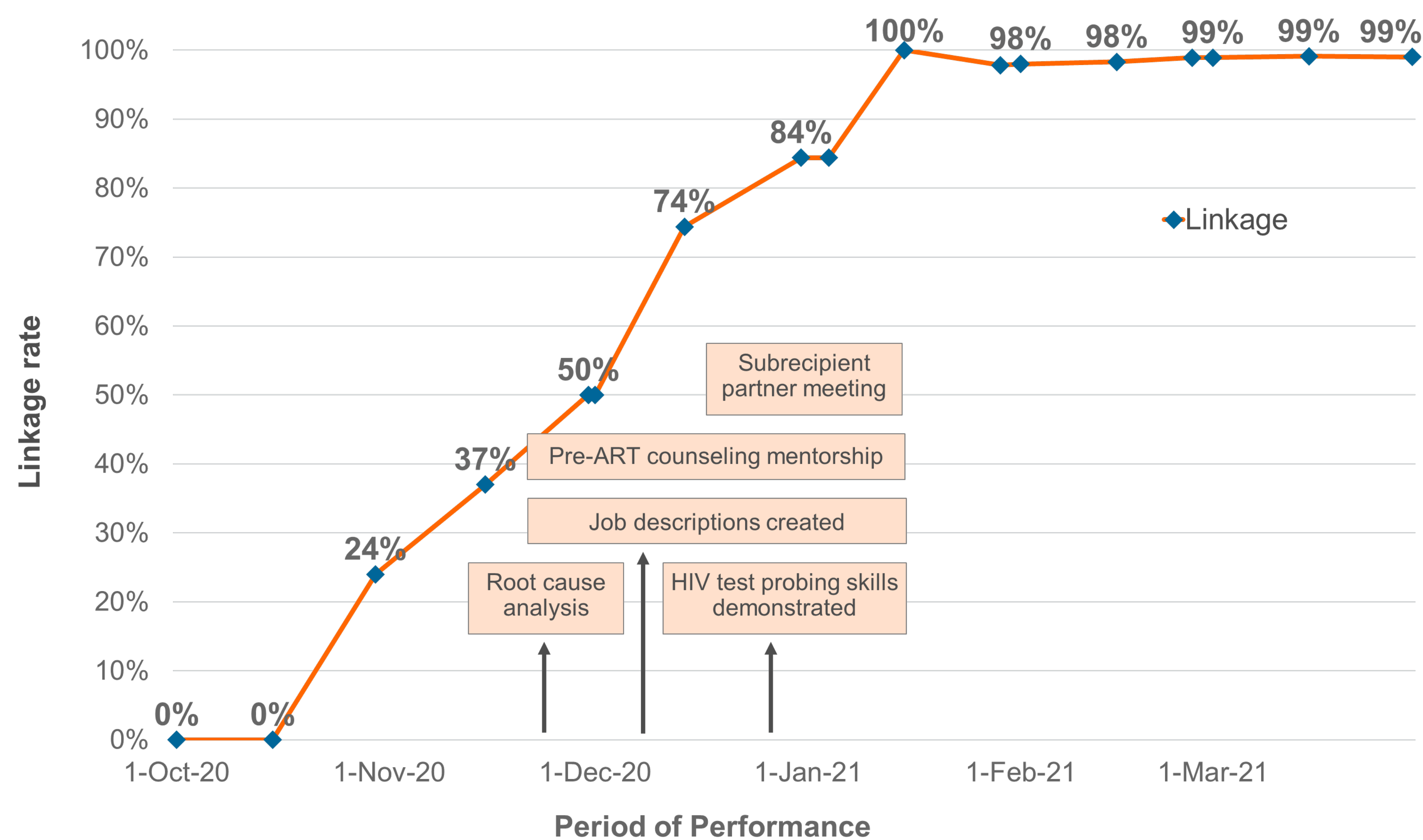
During the initial months of the partnership, ZANERELA+ faced challenges in linking HIV-positive KP members to clinical HIV services. From October to November 2020, ZANERELA+ linked less than 50 percent of all clients to ART treatment. In response, ODP engaged the organization in a quality improvement (QI) intervention with the goal of linking 95 percent of all newly diagnosed clients.

## RESULTS

In the first quarter (October–mid-December 2020) of fiscal year 2021 (Q1 FY21), the linkage-to-treatment rate for KPs was 48 percent (FSWs n=32 [50 percent], MSM n=5 [80 percent], transgender people n=2 [0.00 percent]). The majority of unlinked clients were tested during community-based outreach (n=11) and were ages 20–29 years

(n=8). Linkage increased to 99.4 percent (FSWs 99 percent, MSM 100 percent, transgender people 100 percent) by March 2021, after completion of the Q1 interventions (Figure 1). Among previously unlinked FSWs, 92 percent (n=12) were initiated on care. All MSM (n=1) and transgender (n=2) clients were initiated, resulting in 100 percent linkage.

FIGURE 1. QI intervention implementation and linkage



Open Doors staff provide capacity building to ZANERELA+ counselors to increase linkage to treatment.

## DESCRIPTION

Under the six-week QI plan, FHI 360 staff (one clinical officer, one nurse, and two medical doctors) implemented several capacity-building activities related to following up with unlinked clients and initiating them on treatment. ZANERELA+ health care providers and HIV testing counselors received targeted support on providing service delivery to KPs along the cascade of care. Starting December 1, 2020, ODP implemented the following interventions:

- Engaged ZANERELA+ staff in a root-cause analysis and driver diagram to identify specific issues
- Developed job descriptions with defined responsibilities for health care providers and lay counselors
- Developed and implemented weekly virtual and on-site mentorship on pre-ART counseling for program/clinical staff over six weeks
- Demonstrated skills to staff counselors related to probing about clients' HIV status
- Established designated zones for client outreach

## CONCLUSIONS

Through the QI process, ODP identified gaps in ZANERELA+ staff's knowledge and skills related to providing HIV services to KPs. The technical assistance provided by experienced clinicians helped ZANERELA+ offer the tailored, client-centered service delivery KPs often require. Average monthly linkage to ART increased from 50 percent before the QI interventions to 98 percent after intervention activities were completed. We recommend that QI interventions be extended to other community-based organizations serving high-risk, but hard-to-reach, populations to improve their service delivery and organizational capacity.

## AUTHOR AFFILIATIONS

- <sup>1</sup> FHI 360 Lusaka, Zambia
- <sup>2</sup> USAID/Zambia, Lusaka, Zambia
- <sup>3</sup> FHI 360 Durham, NC, United States

## CONTACT INFORMATION FOR LEAD AUTHOR

Mercy Nalwamba, Senior Technical Officer, HIV Prevention Care and Support, Zambia, [mnalwamba@fhi360.org](mailto:mnalwamba@fhi360.org)

## ACKNOWLEDGMENTS

We thank the Government of the Republic of Zambia Ministry of Health and implementing partner ZANERELA+.

This work was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the Open Doors project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.