



Differentiated Service Delivery for Key Populations

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Creating an enabling environment for optimizing HIV service delivery for MSM in Zimbabwe

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery





Presentation Overview

- Overview of HIV and AIDS in Zimbabwe
- Background: Human Centered Design Insights Gathering
- Insights from Human Centered Design Immersions
- Archetypes of MSM
- The MSM Journey maps
- The ColourZ Intervention for MSM
- Conclusion

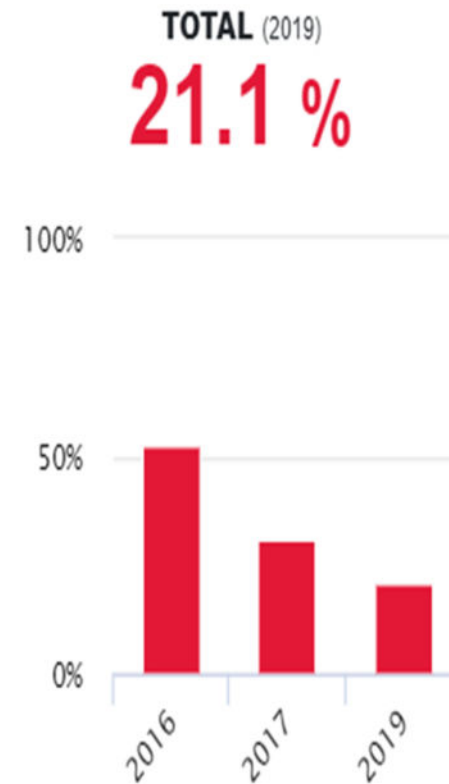


Overview of HIV & AIDS in Zimbabwe

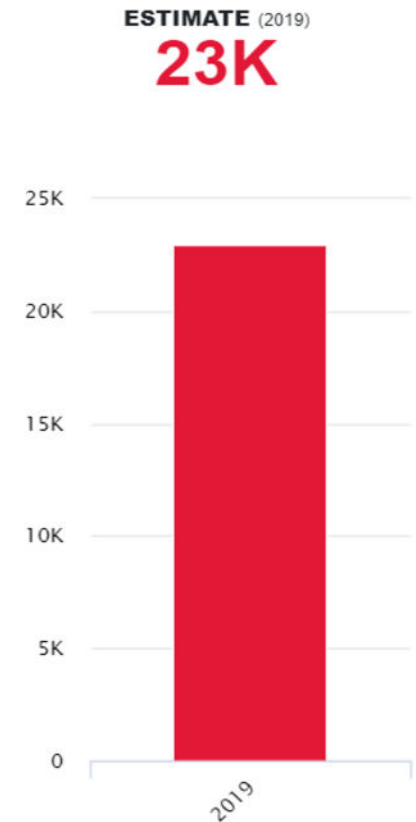
Zimbabwe remains one of top countries heavily burdened by HIV/AIDS & TB epidemics

- **1,4M PLHIV (2019 estimates)**
 - 1,3M adults
 - 84,000 children
- **HIV Prevalence: 11.8% (15-49 age group)**
 - Female 14.8%
 - Male 8.6%
- **HIV Incidence: 0.45% in 2020 (ZIMPHIA, 2020)**
 - Down from 1.42% in 2011, 0.98% in 2013
- **TB/HIV co-infectivity rate of 62% [Global TB Report, 2019]**

MSM HIV Prevalence



MSM Population Size Estimates



*Despite gains in the general HIV response, HIV sub-epidemics show evidence of a disproportionate burden of disease among KP groups, with an HIV prevalence of **21.1%** among men who have sex with men (MSM), IBBS,*

2019

Background: Human Centered Design Insights Gathering

- In 2019, PSI Zimbabwe & IDEO.org, collaborated with the Zimbabwean KP led CBOs and communities of MSM to undertake a **human-centered design** approach aimed at **increasing uptake of HIV services** amongst MSM.
- Coming from a background of limited knowledge on the MSM community, we set out to explore the dynamics of the journey of MSM to accessing HIV services and determined **distinct archetypes** based on **barriers and motivators** to accessing HIV services
- We conducted 18 focus group discussions, 20 one on one interviews, 3 hotspot immersions and 3 observations across two urban areas over a two-week period.



Insights from Human Centered Design Immersions

1. Living a double life is a burdensome reality for many MSM, but also a source of strength and resilience

2. Kinship among the MSM community is immediate but trust is fragile.

3. The HIV testing experience threatens to reveal the carefully curated life of an MSM

4. The fear of social fallout is more powerful than the fear of death



The Archetypes

The Glass Box

I feel comfortable at places like Eclipse—there, you can be you. No one restricts you.”
—*Young Man, Harare*



- Has recently found a sense of belonging within Zimbabwe’s LGBTQ community.
- Is comfortable to be identified as gay only within the community and not to the general community.

The Subtle Champion

Most people know about my sexuality Now. I’m stronger. No one can get to me.”
—*Young Man, Bulawayo*



- Considers himself an advocate in the community.
- His own life experiences and struggles have inspired him to want to help others and positively impact their lives.

The Flag Bearer

My time at GALZ, these are the
Best days of my life.”
—*Young Man, Harare*



- Is openly gay and proud of his sexuality.
- Considers himself a leader of the pack and a veteran in the community.

The Dual Life

I’m pretending I’m a father. I’m
pretending to fit in.”
—*Middle Aged Man, Bulawayo*



- Has met all expectations that his culture and society place on him — Married and has kids
- He’s had a stable job and feels proud that he can support his family but sometimes this life feels like a scripted, pre-calculated life of someone else, not him.

The Conflicted Heart

I was shocked to see people
being free, being gay when
I visited SRC.”
—*Young Man, Bulawayo*



- The Conflicted Heart has internalized the homophobia he sees in his community.
- He is trying to wrestle and suppress these feelings he doesn't recognize inside.

The After Nine

I'm pretending I'm a father. I'm
pretending to fit in.”
—*Middle Aged Man, Bulawayo*



- The After Nine has been described by other members of the MSM community as 'manipulative and completely hidden'.
- He has a high-profile job and an established family.
- He will only engage in sex with men after hours and off premises.

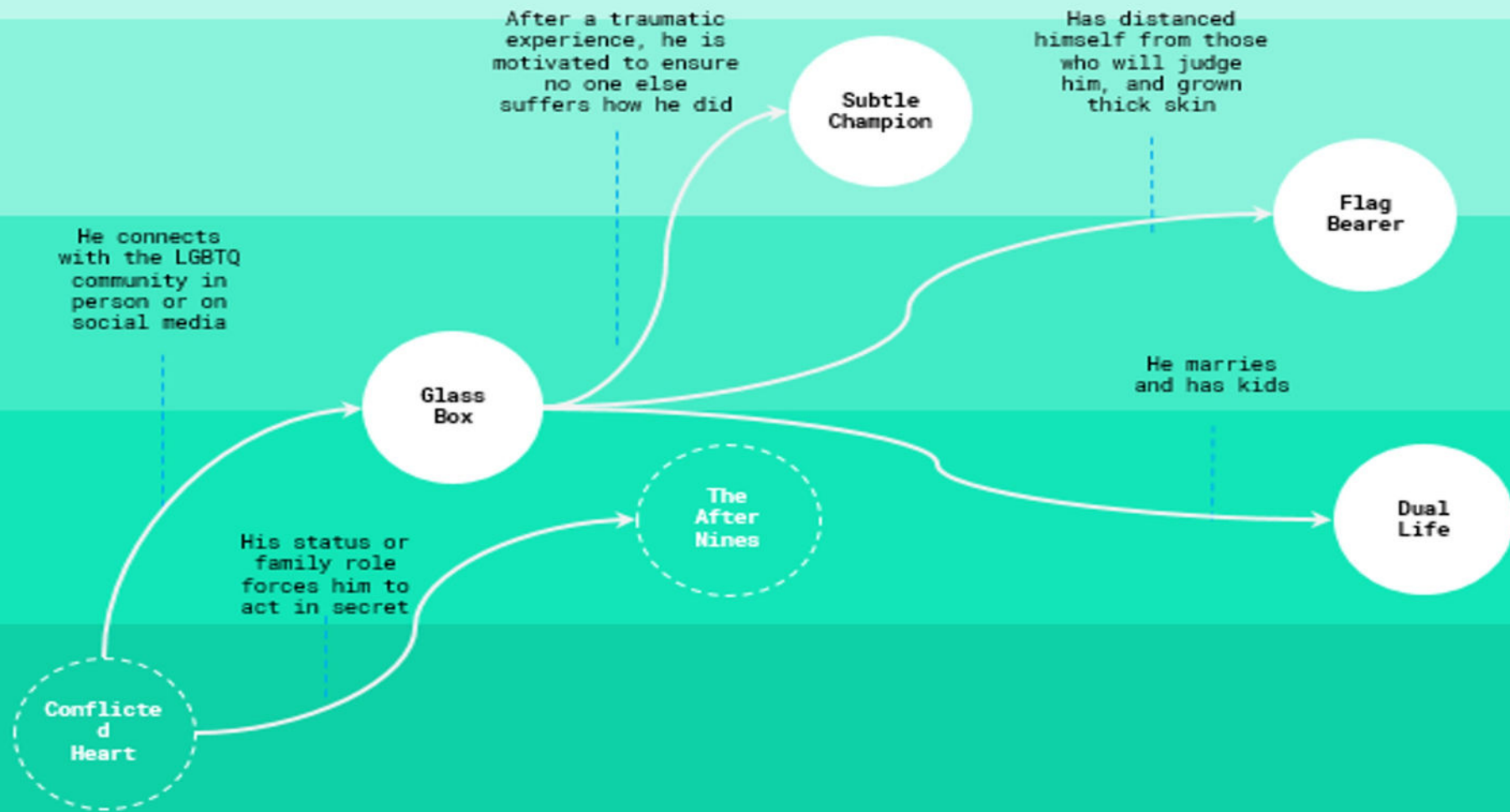
An MSM is never static. Over time, he may change and take different trajectories depending on his experiences and his corresponding mindsets and behaviors.

Engaged advocate

Actively engages with the MSM community

Participates in MSM relationships secretly

Does not identify as MSM or participate

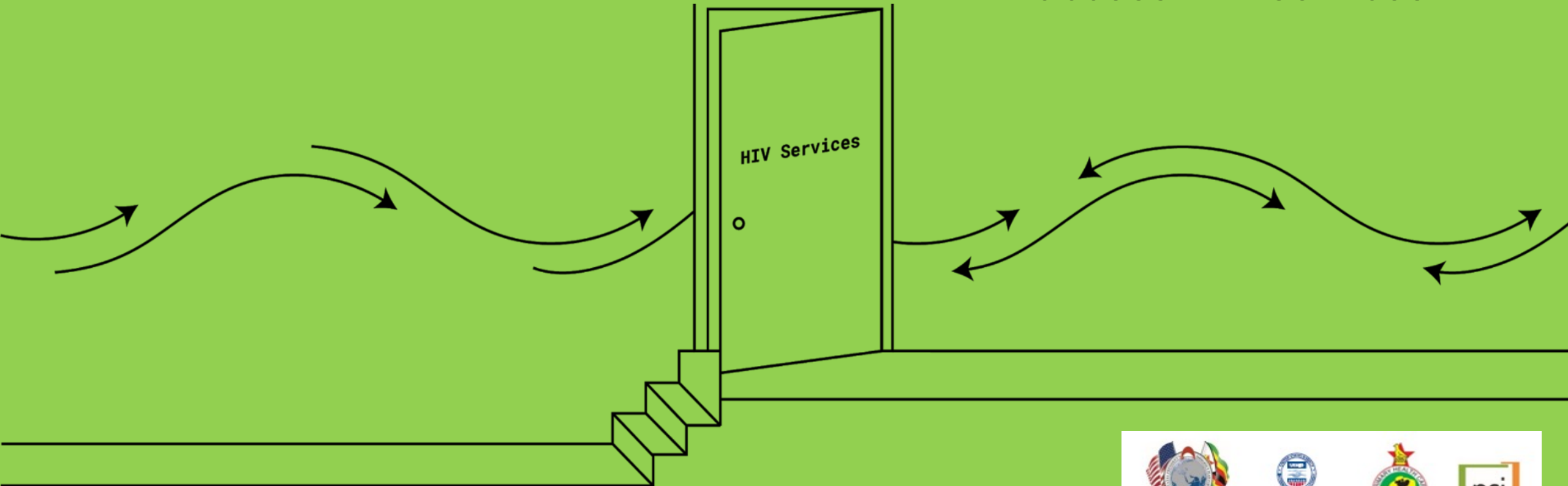


Opportunity 1:

Shift the social forces from *inhibiting* to *encouraging* before MSM even get to the door.

Opportunity 2:

Create a testing experience that **affirms** an MSM's decision to access HIV services.



COLOURZ

The intervention

Your health, your place.



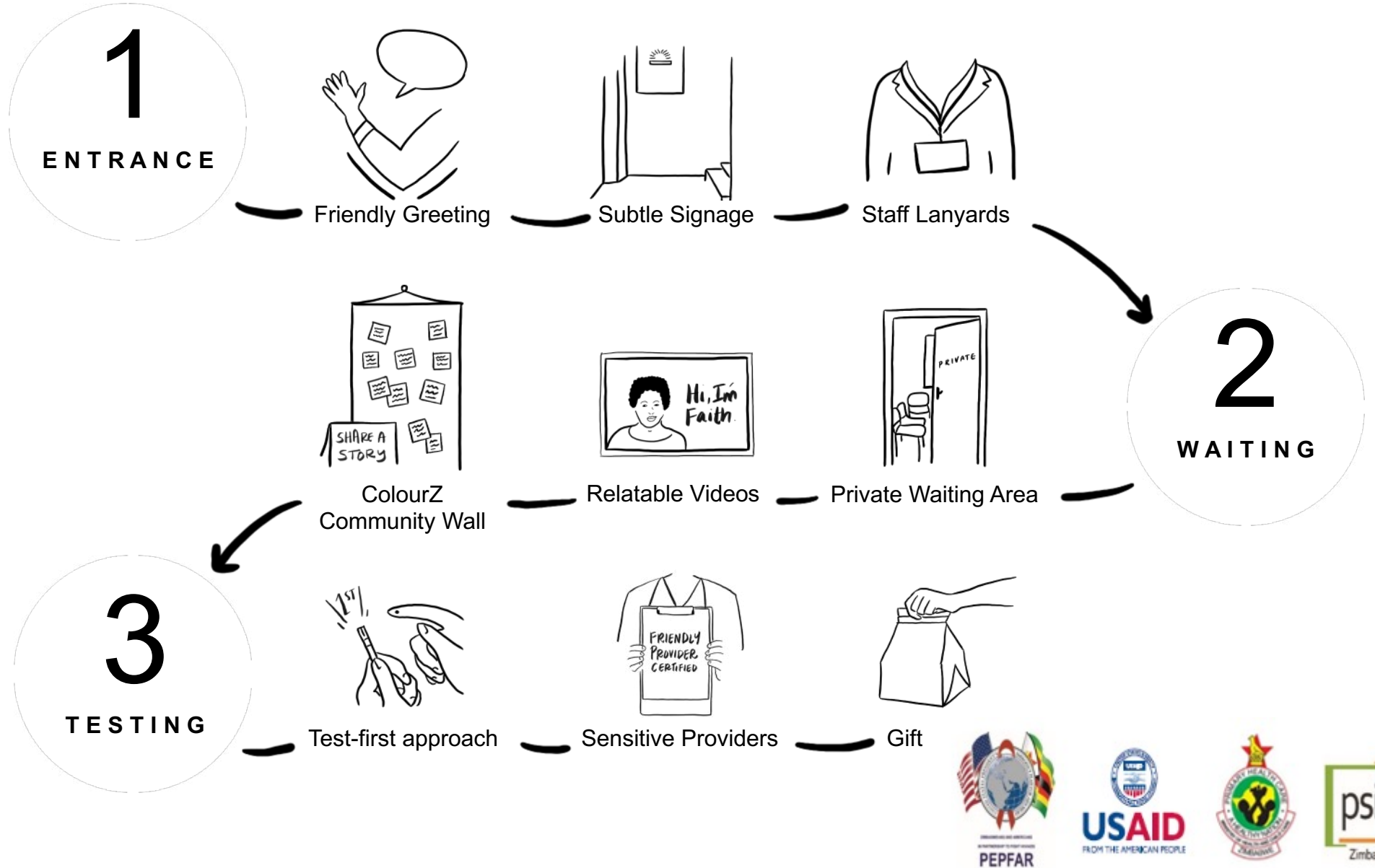
The Brand Experience

Within each moment, there are critical components that bring a client's experience to life. Ideally each client should experience the following touchpoints.



Service Flow

Ideally each client should experience the following touchpoints when visiting ColourZ .



Service Experience Components



- Community wall posters in the ColourZ waiting room to act as a tool which encourages social support amongst MSM clients as they wait to access services.
- Adapted community wall poster concept for application in Drop-in Centres.



- ColourZ branding materials in waiting areas which resonate with the community members



Service Experience Components



Subtle signage to direct clients towards the dedicated waiting room.



KP Sensitized service providers with ColourZ name tags to indicate friendly and non-discriminatory approach to providing services.

Lived experiences of MSM shape distinct archetypes and their journey to uptake of HIV services. Understanding these archetypes presents an opportunity to tailor make the provision of HIV services and mobilization activities to their unique needs.

Messages



First person stories of positivity.



Language that speaks to the community in a "if you know, you know" way.



Connecting healthy lifestyles to healthy relationships

Visuals



Simplicity and bold in style.



Colors that are bright and expressive.

KP program reaching high volumes of KPs and providing DSD services to ensure client centered care

-Overall **high yields** seen in both FSW (20%) and MSM (23%)

-KP **Treatment Linkage** 95% (including tracked referral and linkage to government facilities)

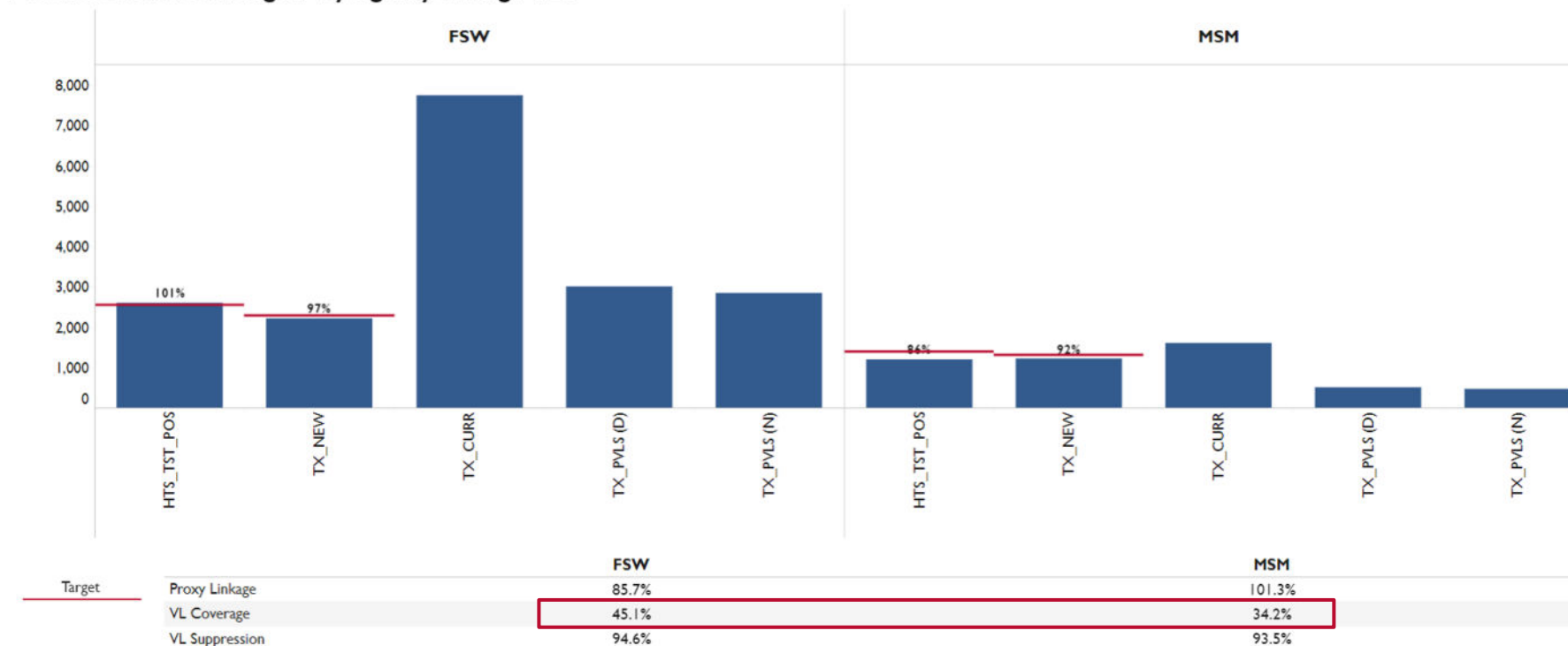
-**7000+ HIVST** performed for KP

-**Viral Load Suppression** high for KPs

-Partners well positioned to continue **refining/expanding DSD** models in COP 21

Source: DATIM APR FY 20 and KP Dashboard

Positive Cascade among KP by Agency during FY20



USAID Targets by Key Population, FY20 & FY21

Country: Zimbabwe | SNU:All | PSNU:All | Group: FSW, MSM, TG | IM:All

Country	Indicator	FY20			FY21		
		FSW	MSM	TG	FSW	MSM	TG
Zimbabwe	KP_PREV	28,626	10,365		22,853	19,035	764
	HTS_TST	15,051	9,359		22,852	12,123	482
	HTS_SELF				14,728	8,698	368
	HTS_TST_POS	2,578	1,429		4,572	2,425	96
	TX_NEW	2,162	1,351		2,098	1,070	104
	TX_CURR				10,484	2,616	103
	TX_PVLS (D)				10,073	2,314	74
	TX_PVLS (N)				9,567	2,199	72

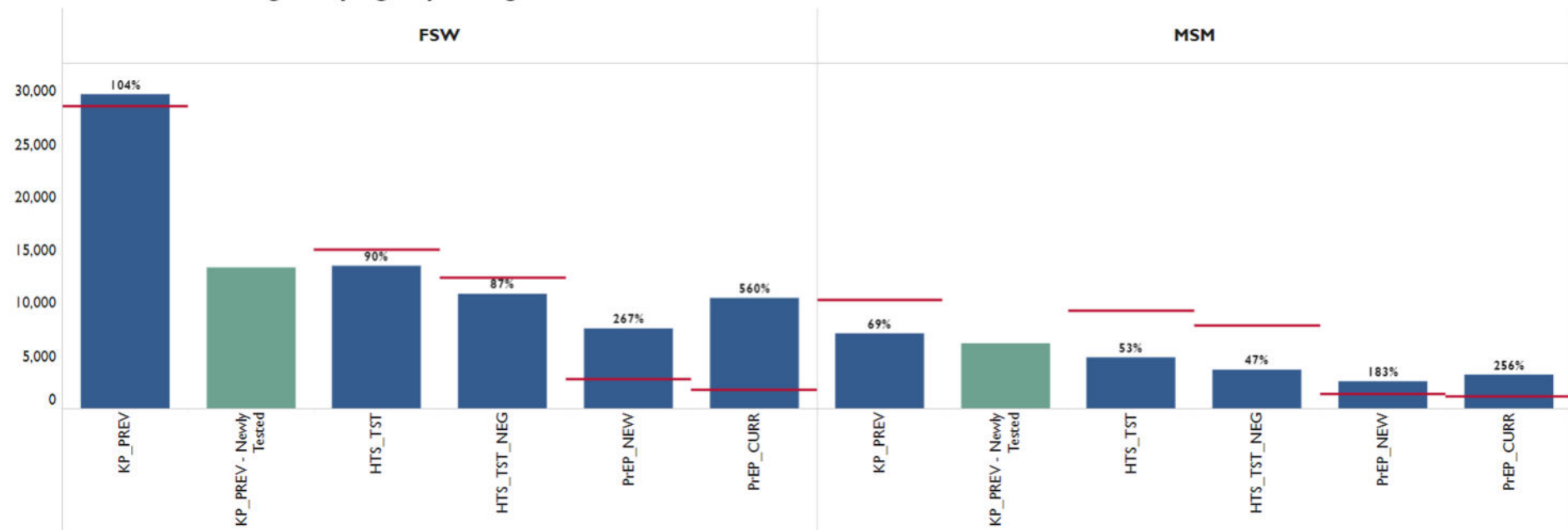
Prevention cascade and linkage to PrEP impressive and is a continued priority in COP 21

-High linkage to PrEP among those who tested negative

-Community PrEP initiation and dispensation continues to be a priority

Source: DATIM APR FY 20 and KP Dashboard

Prevention Cascade among KP by Agency during FY20



Results, Targets, Achievement, and Projections by geography among KP

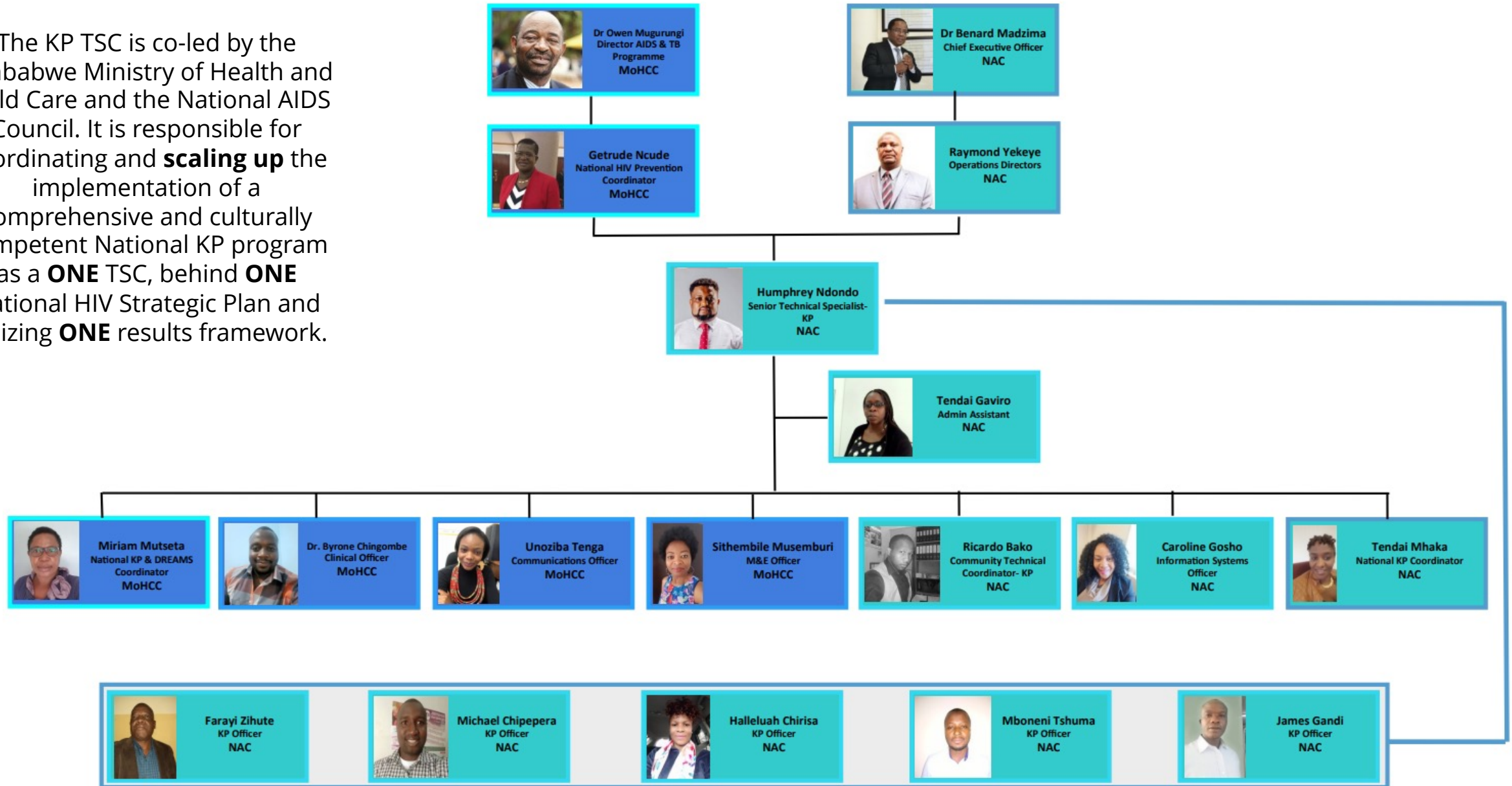
USAID | Country: Zimbabwe | SNU:All | PSNU:All | Group:All | IM:All

Country	Indicator	FY20 Results	FY20 Targets	FY20 % Achieved	FY21 Targets	% Change in Targets FY20 - FY21	FY20 Results / Targets	FY21
Zimbabwe	PrEP_CURR	12,932	2,997	431.5%	10,074	236%	128.4%	
	PrEP_NEW	9,787	4,051	241.6%	7,097	75%	137.9%	

*FY21 % achieved is a projection of FY20 Results against FY20 Targets

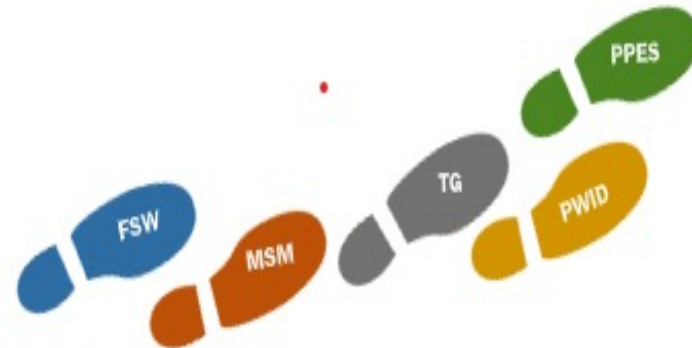
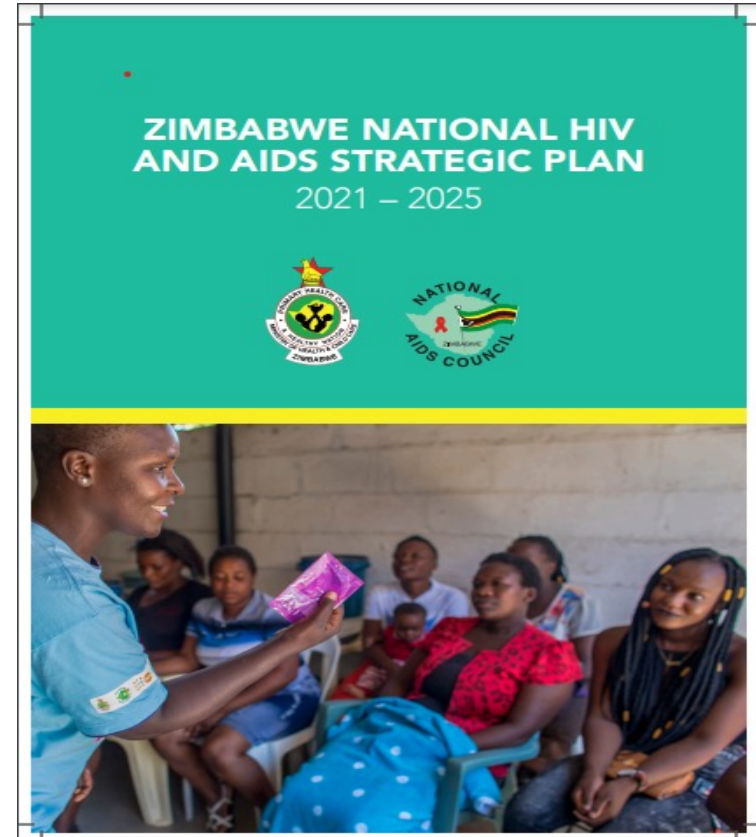
Technical Support Mechanism to scale up promising interventions

The KP TSC is co-led by the Zimbabwe Ministry of Health and Child Care and the National AIDS Council. It is responsible for coordinating and **scaling up** the implementation of a comprehensive and culturally competent National KP program as a **ONE** TSC, behind **ONE** National HIV Strategic Plan and utilizing **ONE** results framework.



Summary

- It is plausible to provide differentiated services for KPs within a restrictive legal and policy environment.
 - Need to strengthen programming (incremental, progressive) to remove human rights barriers to access to health care services for KPs.
- KP communities and KP led civil society play a central role in the design, implementation, monitoring and evaluation of HIV services.
- Leverage virtual platforms to enhance community reach, linkage and minimize instances of interruptions in care.
- Adapt promising interventions to **SCALE** for public health impact and sustainability utilizing a hybrid approach of
 - Private sector implementation
 - KP led community based organizations
 - Strengthened public sector institutions



Thank you



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feel free here.

Are you looking for
ColourZ or Room5?
It's just this way...