



# CQUIN 5<sup>th</sup> Annual Meeting

Virtual: November 16-19, 2021

Targeting MSM through virtual interventions  
in Zambia

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USAID Open Doors project

16 November 2021



HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery

# Project Overview

- 5-year USAID/PEPFAR funded project
- May 17, 2016 – December 31, 2022
- Prime: FHI 360
- Implementing partners: 7 Community Resource Partners,
- Collaborating partners: Ministry of Health, National AIDS Council

## Target audience

- Female Sex Workers (FSW)
- Men who have Sex with Men (MSM)
- Transgender persons (TG)

# Geographic coverage

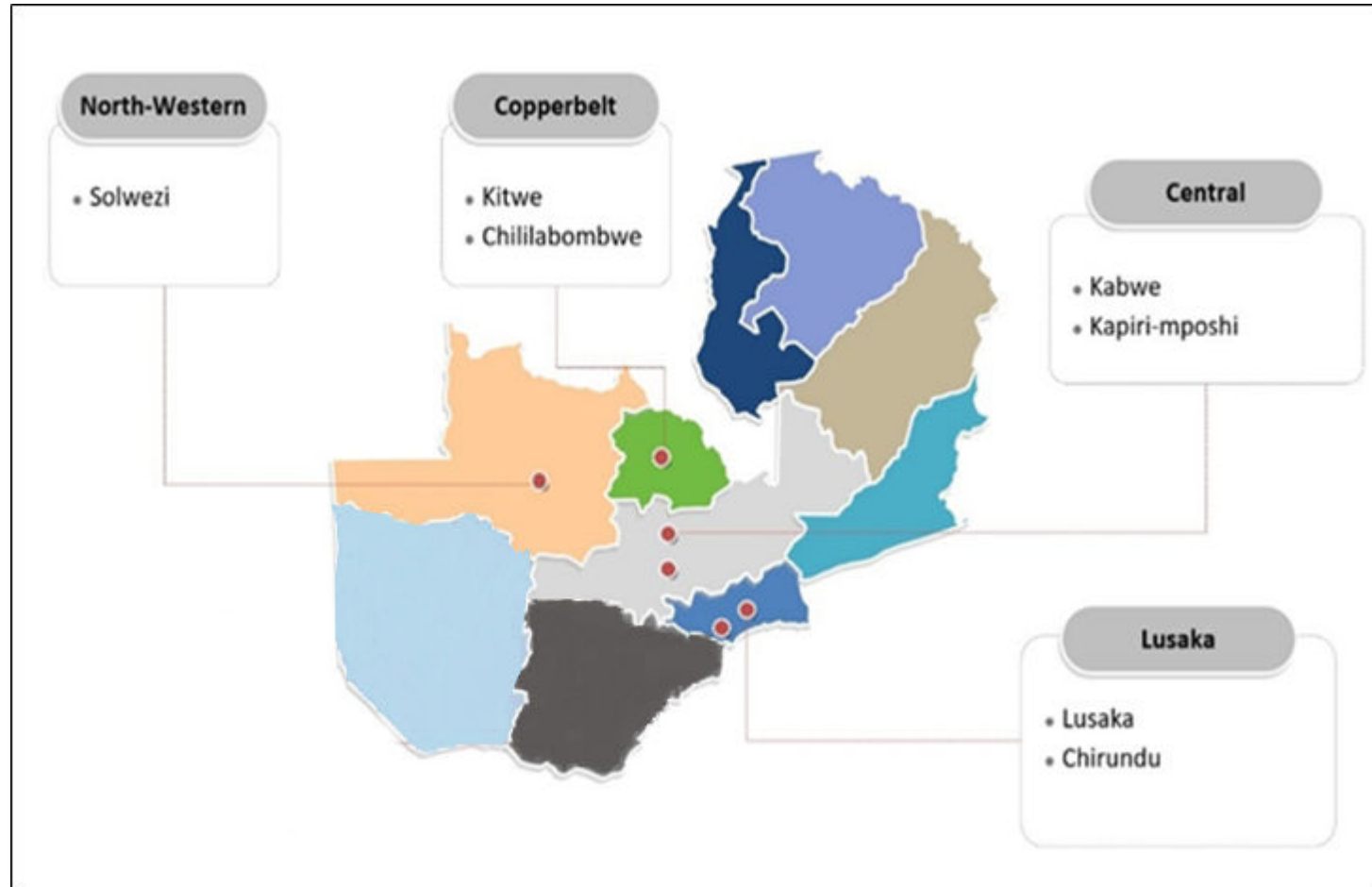
4 provinces and 7 districts

**Lusaka:** Lusaka and Chirundu

**Central:** Kabwe & Kapirimposhi

**Copperbelt:** Kitwe & Chililabombwe

**Northwestern:** Solwezi



# Project Goal and Objectives

## *Goal*

Increase access to and use of comprehensive HIV prevention, care, and treatment services by key populations (KPs)

## *Objectives*

- Identify and address the key determinants of risky behavior among KPs in Zambia, particularly in the targeted areas.
- Increase the availability of high-impact HIV and other health services for KPs.
- Strengthen the capacity of local stakeholders to plan, monitor, evaluate and assure the quality of interventions for key populations.

# Minimum Package of Services for KPs

- HIV testing and counseling services
- Peer education, SBCC & sensitization
- Condom & lubricant promotion and distribution
- STI screening & treatment
- Reproductive health, including family planning integration
- Screening for cervical cancer
- Voluntary medical male circumcision
- GBV/IPV screening & support
- Referral to other social services & skills education
- Pre- and post-exposure prophylaxis
- Emergency contraception
- Referral to continuum of care-ART, VL
- Alcohol abuse counselling and mental health services
- Economic strengthening & GSLA activities

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# Minimum package of interventions

- **Regular SNS meetings**

- ✓ The Social Network Strategy (SNS) uses KP peer leaders to reach potential clients as seeds in their networks. The Seeds then invite peers within their networks to attend SNS meetings that are held either at the Project Wellness center or a community safe space. Meetings often cover: benefits of HIV testing, PrEP demand creation, STIs screening and treatment, and using Community Adherence Groups (CAG)
- ✓ SNS meetings are led by peer promoters and lay counselors that provide behavior change communication and HIV testing services
- ✓ SNS meetings have been instrumental in identifying hard-to-reach high risk MSMs that cannot be reached through traditional modalities, such as hotspot-based outreach

# Minimum package of interventions

- **Weekend MSM clinics**

- ✓ These clinics are specifically targeted towards MSMs that the project is unable to reach during the weekdays. These clinics are mobile and set in selected community safe spaces or project wellness centers.
  - ✓ Allows for comprehensive service delivery the clinics are comprised of peer promoters, counselors and healthcare providers (all of whom have been trained in KP sensitivity by the project).
  - ✓ The safe spaces used are either client homes, peer promoter homes or safe spaces of the client's choice.
- **Use of MSM seeds and trusted key informants to identify and invite hard to reach/most at risk MSM.**

# Minimum package of interventions

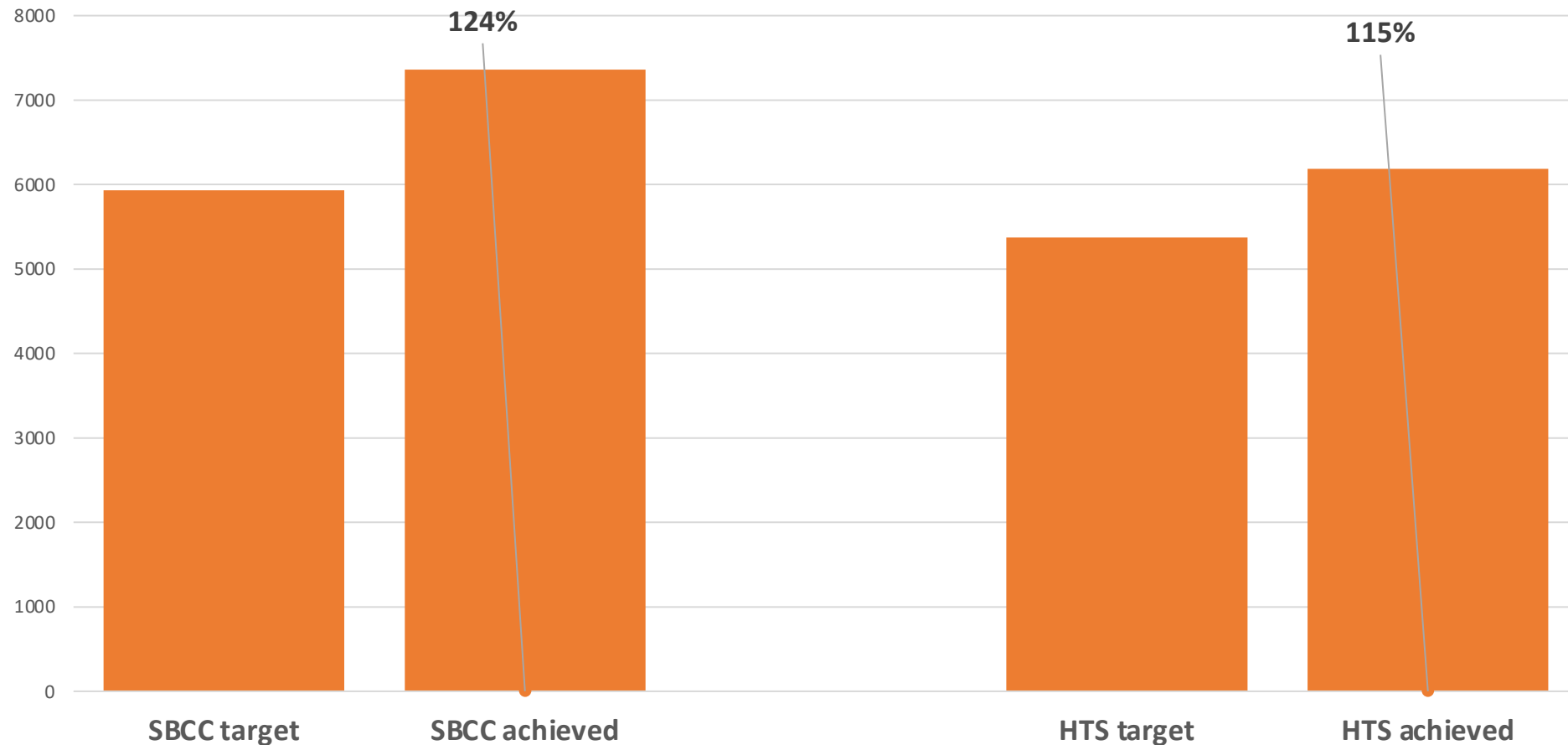
- **Creation of various MSM only champion groups for project services such as PrEP uptake and VL suppression.**
  - ✓ These groups are spearheaded by project clients that have consistently been on PrEP or those that currently on ART and have their viral load suppressed
  - ✓ The members of the groups are either selected by project staff or existing champions themselves can recommend peers that are high risk or hard to reach.
  - ✓ Whatsapp groups are created for groups with members that have smartphones.
  - ✓ The groups generally meet through weekend clinics, SNS meetings and social interaction meetings held by Project at the wellness center. This encourages clients to come with 1-2 partners to access information and services.
- **These groups create a snowball effect where other MSM with similar behaviors and experiences are motivated to take up project services.**



# Minimum package of interventions

- **Project services demand creation through social media platforms such as Whatsapp, GRINDR, and Facebook.**
  - ✓ Project peer promoters are selected from among the target key populations.
  - ✓ Since the project does not have official social media pages, MSM peer promoters use their personal accountants to interact and mobilize and promote QuickRes among their MSM peers on these platforms.
  - ✓ They are able to set up appointments to meet in person where comprehensive behavior change messages are shared with clients, including referrals for HTS and other project services.
- **Escorted referrals to public facilities for clients to easily access services.**

# Project-wide MSM performance October 2020 – September 2021

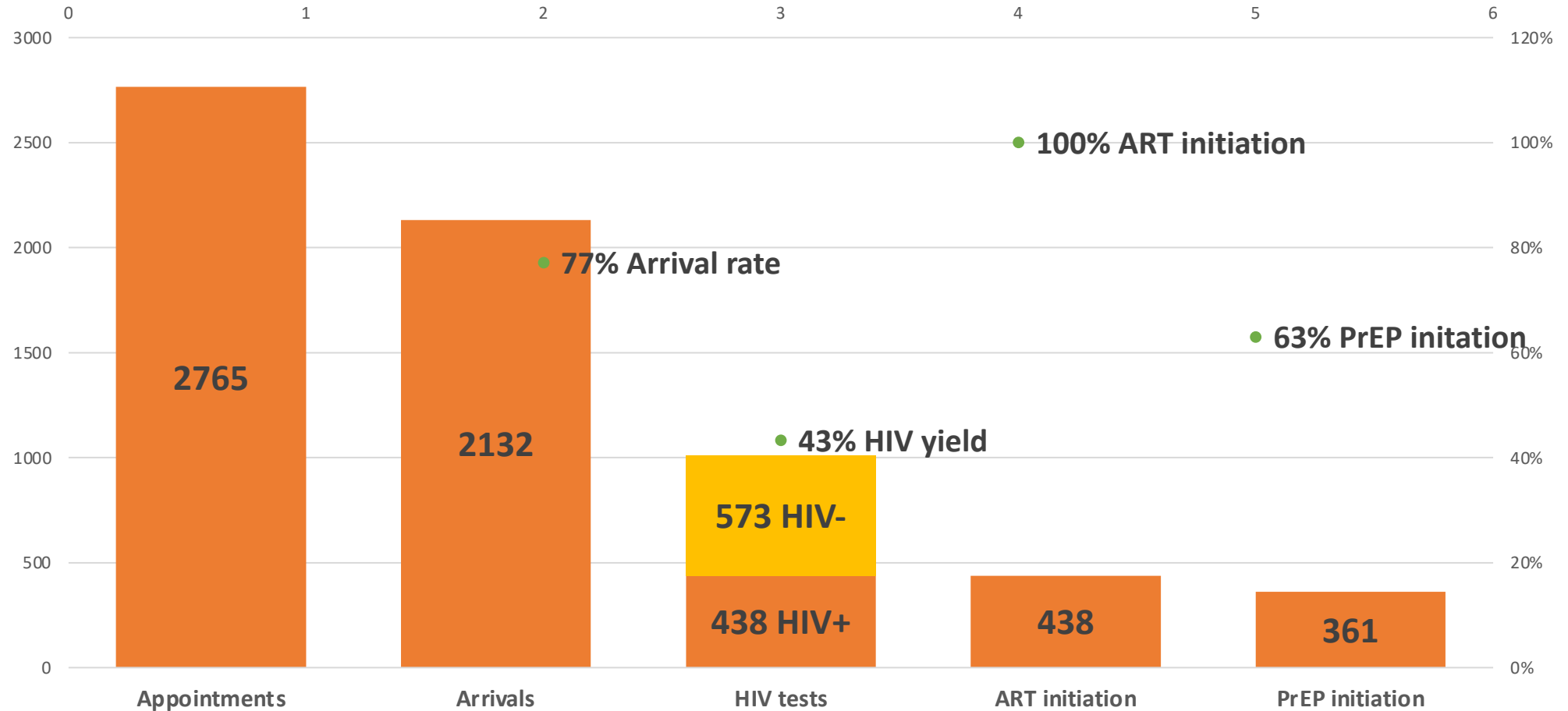


# Reaching MSM through QuickRes

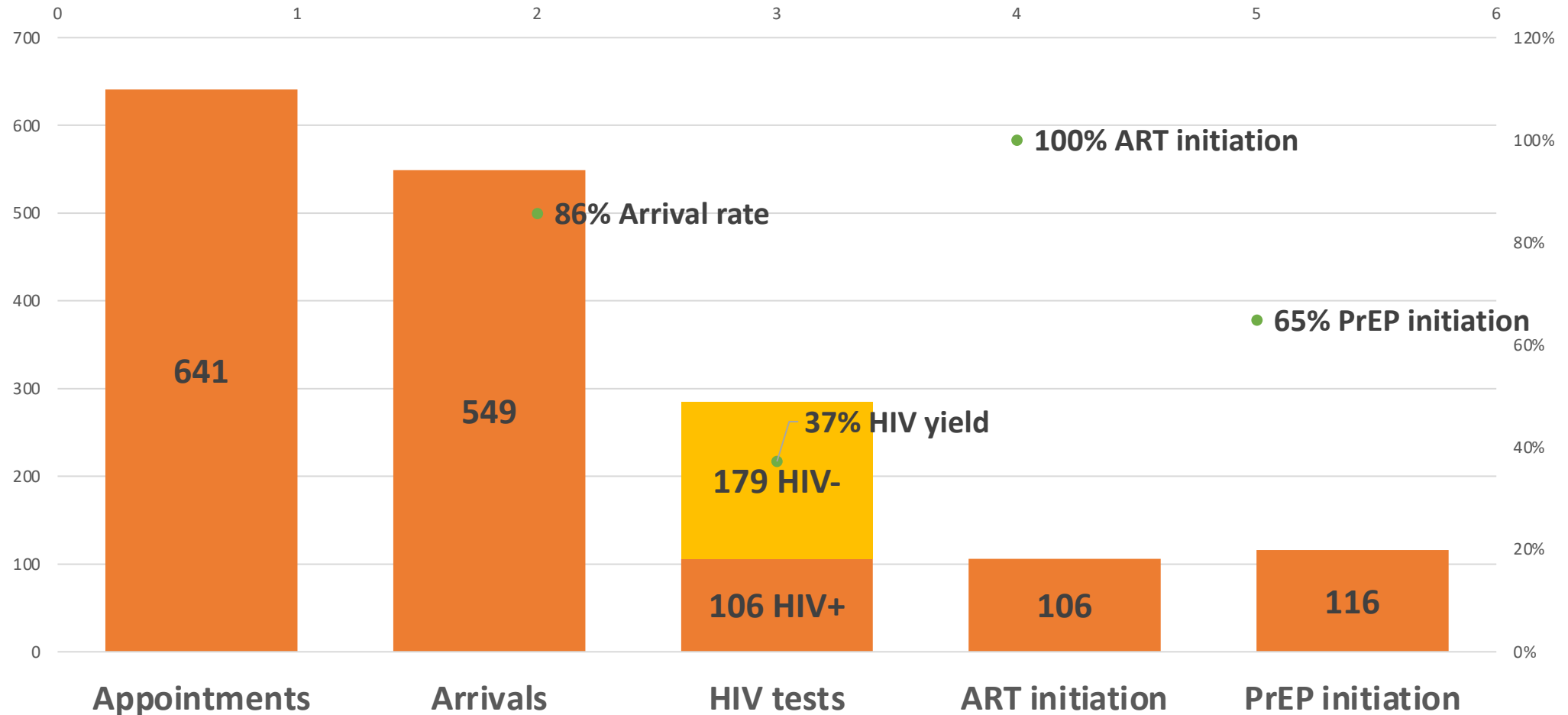
- QuickRes enables MSMs to discretely book for and access services at a facility and time that is most convenient to them
- MSM peer promoters promote online appointments in SNS meetings, weekend clinics, and social media



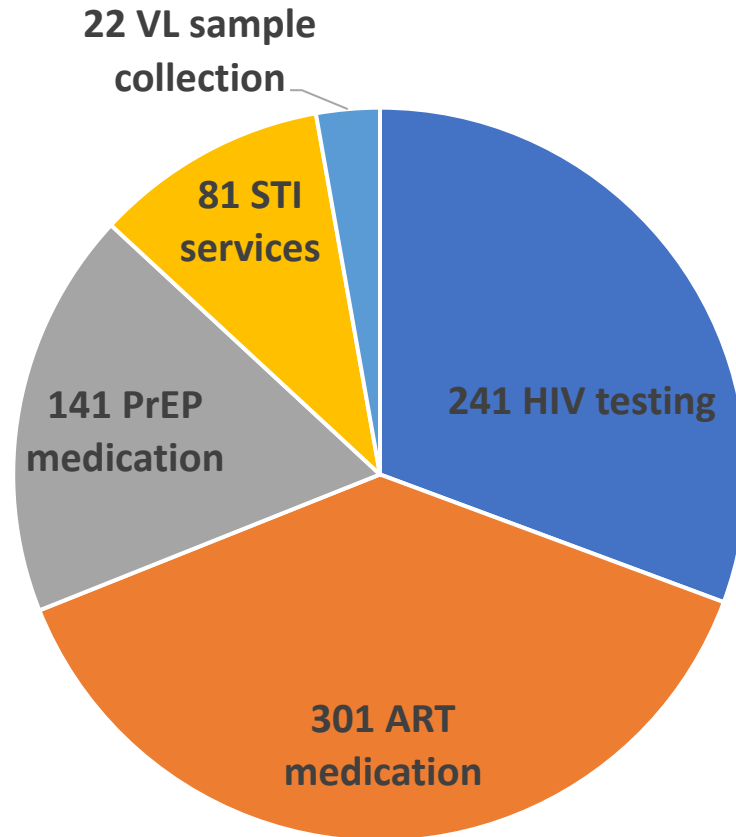
# Jan – Sept 2021 QuickRes performance – All Sites



# Jan – Sept 2021 QuickRes performance – MSM



# Jan - Sept 2021 QuickRes performance – MSM appointments



**A single appointment booking can be made for 1+ health service**

# Challenges

- Inconsistent network can disrupt QuickRes application use
- Some clients do not have contact numbers (phone) to be easily reached by ART facilities for service update
- Mobility of clients
- Closure of hotspots and hookup points due to COVID-19

# Lessons Learned

- There is need to train all service delivery personnel in KP sensitivity to allow for MSMs to access services in a stigma free environment
- Using MSM as peer navigators and service providers is an effective way of reaching MSMs for behavior change messages and clinical service delivery
- The social network strategy is the most effective modality for reaching hard to reach MSMs with targeted services
- In order to increase reach to MSM population, programs can engage older MSMs as peer promoters and key informants
- Weekend clinics, online reservations (e.g. QuickRes) and mobile clinics are very instrumental in providing convenient and flexible services to MSMs who face barriers in accessing health services



# Thank you