

PEPFAR SOLUTIONS PLATFORM (BETA)

Zvandiri: Peer Counseling to Improve Adolescent HIV Care and Support.

COUNTRY: Zimbabwe

IMPELMENTING PARTNER: Africaid

The Zvandiri program, run by Africaid, began in Zimbabwe in 2004 as a support group for adolescents living with HIV. Community Adolescent Treatment Supporters (CATS), HIV- positive people aged 18-24 years, work between health facilities and the homes of youth living with HIV (YLHIV) to increase uptake of testing, linkage, and retention in care, adherence, and services related to sexual and reproductive and mental health. Monthly community-based support groups, community outreach teams, and clinic-based Zvandiri Centers provide safe spaces for accessing clinical and social services and linking adolescents to other forms of assistance, while educating individuals on sexual and reproductive health (SRH) and life skills. Through these interventions, the Zvandiri program builds mental, emotional, and physical resilience.

WHAT WAS THE PROBLEM?

Adolescents living with HIV face challenges with adherence and retention on treatment and have much lower viral suppression rates than adults.

WHAT IS THE SOLUTION?

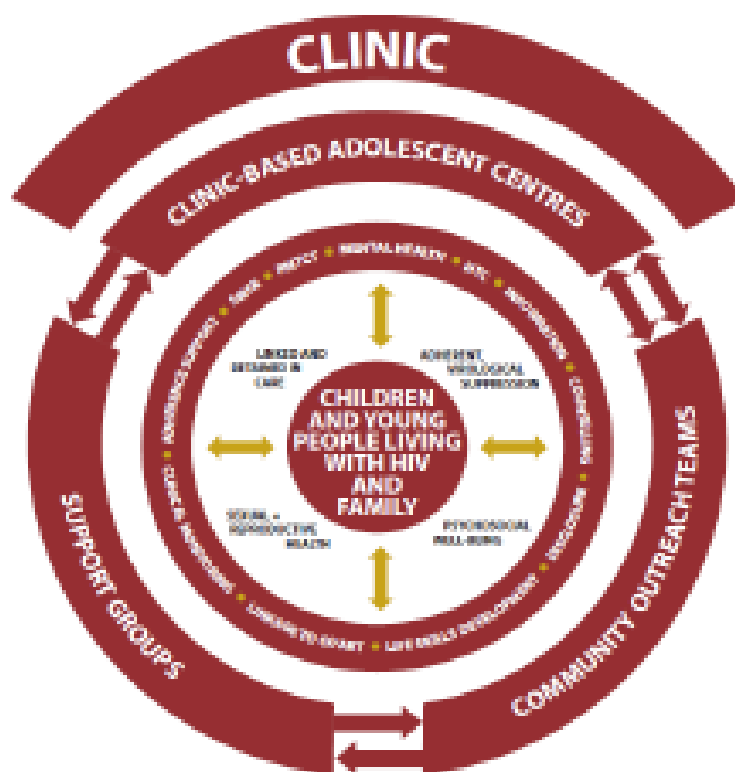
The Zvandiri program began in Zimbabwe in 2004 as a support group for adolescents living with HIV. This program provides differentiated care for children, adolescents and young people living with HIV (aged 6–24 years). The program is implemented by Community Adolescent Treatment Supporters (CATS), who are young HIV- positive people (aged 18-24 years) who work between health facilities and the homes of youth living with HIV (YLHIV) to increase uptake of testing, linkage and retention in care, adherence, and, services related to sexual and reproductive and mental health. CATS are integrated with health facilities supervised by the Ministry of Health (MOH), and work closely with social workers, community health workers and clinic health workers.

The Zvandiri model was developed in partnership with ALHIV, with different model components piloted then scaled up progressively over the years in response to the emerging, evolving needs of HIV-positive adolescents growing up in Zimbabwe.

One research study showed that this model improved linkage (100% of the 535 new HIV-positive youth identified through index testing were started on ART), retention (from 44.2% to 71.8% in a study of 50 adolescents), adherence (OR=3.934 in study of 50 adolescents), disclosure and psychosocial well-being.

Zvandiri has been adopted by the Government of Zimbabwe and is currently being scaled up by the Ministry of Health with PEPFAR support (currently in 24 districts and scaling to 38 districts in FY18). Zvandiri combines the component interventions described below and depicted in the diagram:

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1. **Monthly community-based support groups** -- run by the CATS, support groups provide structured activities intended to build resilience, confidence, and self-esteem, to develop knowledge and skills related to HIV, to promote adherence, and to improve sexual and reproductive health. These groups also provide opportunities for sharing experiences and developing friendships and support networks, and an opportunity for informal review of beneficiaries' well-being. Support groups also include youth and young parents' groups to meet the changing lifestyles of young people with HIV.
2. **Community Outreach Teams** – multi-disciplinary teams, made up of HIV clinicians, nurses, counselors, social workers, psychologists, and a network of CATS, provide home-based clinical monitoring, counseling, adherence support and ensure retention in care. Teams identify and refer to clinics when patients require laboratory investigations, opportunistic infection (OI) management, and experience adverse events including ARV-related toxicities.
3. **Clinic-based Zvandiri Centers:** Established in 2013 four clinics in Harare, Zvandiri centers provide an adolescent-focused environment for young people to access HIV and SRH related information, counseling, peer support, life skills training, and recreational activities. Run by

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trained CATS and supervised by clinic staff, the centers also refer young people to other services including HTC, family planning, STI treatment, PMTCT, mental health, and socio-economic services (e.g., for school fees).

In addition to the above, Zvandiri also includes the following components:

Beginning in 2012, Zvandiri introduced efforts to improve uptake of testing among children and adolescents by advocating and sharing information about the importance of HTS at community gatherings and schools. Counseling and referral to the local clinic are provided and children testing positive are then referred back to Zvandiri by the clinic for post-test support. CATS also identify untested siblings refer them for HTC.

Zvandiri also links with one of the main referral centers in Harare, Newlands Clinic, to support young people in Harare to establish a range of income-generating projects, (e.g., graphic design, painting, etc.). In 2010, Zvandiri began offering training for parents and caregivers based on research findings that suggested they felt ill-equipped to support the children in their care. CATS and Zvandiri staff work with parents and caregivers to increase their understanding of the unique needs and experiences of adolescents in care.

WHAT WAS THE IMPACT?

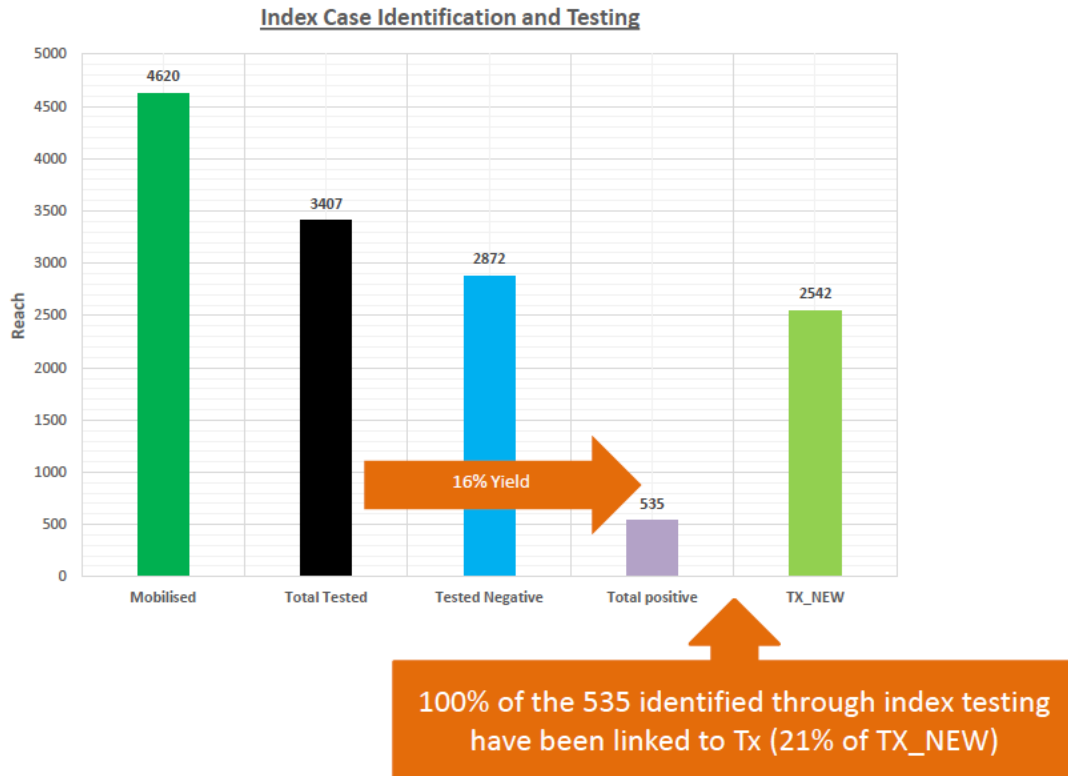
Findings are available from a small OR study (see below) and will be made available in future from two randomized control trials 1) a cluster randomized trial of the Zvandiri Programme, a multi-component, community-based programme to improve adherence and retention in care among children and adolescents living with HIV in Zimbabwe (MoHCC, CeSSHAR, ViiV Healthcare); and 2) the peer support intervention, which supports HIV-positive adolescents in Zimbabwe to improve HIV care continuum outcomes among adolescents with virological failure (MoHCC, UZCHS, JSI/USAID)

A small operations research study was conducted in Gokwe South, a rural district of northern Zimbabwe. The study sought to measure the effectiveness of a community-based, adolescent-led treatment support and psychosocial intervention in improving: 1) retention in care; 2) adherence; and 3) psychosocial well-being. The study enrolled 50 adolescents on ART receiving standard of care versus 50 receiving standard of care plus CATS. The study found that there was improved adherence from 44.2% at baseline to 71.8% at end line (p -value=0.0087) in those receiving CATS services. In addition, they were 3.9 times more likely to adhere to treatment than the control group (OR=3.934). Overall the study results confirmed programmatic experience. Those in the intervention had improved adherence; CATS helped motivate adherence and increase understanding of medication. The results confirmed the importance of home visits. The impact of the intervention was also felt by caregivers. Youth who had experiences of adherence issues and previous loss to follow up now found CATS links and reminders improved their retention in care. The intervention also showed improvements in psychosocial well-being, self-esteem, self-worth and confidence. Limitations of the study included the fact there were no objective measures, and anecdotal evidence of referrals was used.

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PEPFAR monitoring has also shown that as of Q3, Zvandiri achieved the following results:

Zvandiri results to date



HOW DOES IT WORK?

INDIVIDUAL LEVEL

The peer component or “CATS” was established in 2009. Young people living with HIV between 17 and 23 years old, coping well with HIV are trained and mentored to become peer counselors. According to project reports --“CATS have experienced and therefore understand many of the issues around ill-health, anxiety, guilt, fear, shame, rejection, depression, and hopelessness. They have also benefited in terms of personal growth and transformation from Zvandiri, and this enables them to support others effectively. Their lived experience makes them particularly credible to others struggling with a new HIV diagnosis or with treatment, and they have a unique value as normative role models. Remuneration of US\$100/per month has enabled individual CATS to further their education and support themselves and family members and has contributed towards 100 percent retention of CATS in the program.”

SYSTEMS AND SERVICES LEVEL

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Provider discomfort and knowledge gaps are commonly-cited reasons for decreased HIV testing and linkage to ART among children/adolescents. Facility-based CATS work with clinical providers to improve adolescent-friendliness at health facilities, addressing this systems-level challenge.

To provide a comprehensive range of services to adolescents, CATS work across both health and child welfare sectors, collaborating with community case care workers who are responsible for social protection.

PEPFAR OPERATING MODEL

The interagency team worked to scale-up this model throughout PEPFAR-supported districts by collaborating with existing partners. Africaid was initially a sub-recipient of both CDC and USAID funding; the organization has now become a prime recipient under USAID. With CDC funding, Africaid continues to operate as a sub-grantee, and close collaboration with the prime care/treatment partner has allowed for implementation fidelity. Under both agencies, collaborating with other implementing partners has increased the number of child/adolescent beneficiaries through good coordination of referrals.

Training and Capacity Building efforts included the development of the following materials which have helped to scale the model across Zimbabwe:

- CATS Training and Mentorship Curriculum
- CATS Care and Coordination Guidelines
- Zvandiri Support Group Curriculum
- Zvandiri Caregivers Training Curriculum
- Job aides
- CATS Service Delivery Manual
- Counselling game
- Adolescent-focused mixed media IEC materials including treatment literacy

LOCAL ENVIRONMENT

This model serves as an illustrative example of patient involvement and empowerment which can easily be extrapolated to adults as well. The training and engagement of expert clients to improve linkage, defaulter tracing, and adherence support among adult PLHIV in the PEPFAR Zimbabwe portfolio is largely modeled after the success of the Zvandiri program. This necessarily includes dialogue and engagement with community groups and networks of PLHIV, to identify gaps in services and strategies for addressing them.

NATIONAL ENVIRONMENT

CATS training material and service delivery guides were jointly created with the MoHCC. The PEPFAR team also worked with the MoHCC to coordinate training at the national level cascaded to provincial and district levels. Training is conducted by MoHCC and Africaid (NGO) staff and supervision of CATS are under clinic nurses and counsellors from both government and NGOs at community and facility level.

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Africaid is the lead technical partner to the MoHCC in the training of healthcare workers in the provision of adolescent-friendly HTC services and actively supports the national HTC campaigns, ensuring that adolescents are reached and referred by CATS for post-test support.

The Zvandiri CATS mentors have been incorporated within the national mentorship program. MoHCC leads monthly coordination meetings for planning, reporting and to facilitate supportive supervisions.

With the MoHCC and other stakeholders, PEPFAR supported Zvandiri to develop tools and policy instruments including:

- National guidelines on HTS
- National curriculum on HTS for children and adolescents
- Adolescent sexual and reproductive health strategy and training curriculum
- National Operational Service Delivery Manual
- Treat All Campaign

Based on close work with government and other stakeholders, Zvandiri has been adopted for national scale up by the government of Zimbabwe and has also been recommended for scale up by WHO, UNAIDS, UNICEF and SADC.

SCALABILITY

Zvandiri is well beyond the pilot stage. PEPFAR plans to support expansion from 24 districts to 38 districts in COP 17. The CATS model has been scaled up under the Accelerated Action Plan for Treatment for Children and Adolescents, and is being implemented by the national MoH. The creation of policies, guidelines, training and supervisory tools (noted in other sections) has facilitated scale up.

CATS are currently given a stipend for attending various training and support sessions, and this is an area that will likely require mobilizing more funding as the effort to scale ramps up. Other challenges noted include the inevitable need to maintain quality while expanding, and the need to ensure CATS remuneration is commensurate with other community cadres.

According to the Zvandiri website, “through the Ministry of Health and Child Care, the CATS model has been adopted in Tanzania, Mozambique and Swaziland. In these countries, Africaid will be offering training and mentorship services to 377 CATS.”

Demand Creation: CATS actively seek children and adolescents through ‘adolescent corners’ in clinics and outreach in the community to promote and increase the uptake of HIV testing and Counselling, treatment, care and support.

Task sharing: CATS provide a support system for nurses and providers by positioning themselves as a primary contact in clinics and the community for children and adolescents. Through this support system, health care providers can refer children and adolescents to CATS for pre- and posttest

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counseling, information, disclosure and treatment adherence support. Those young people often then become Zvandiri clients.

Technology: The program introduced digital tablets for CATS to use in their client monitoring in 2014. Moving from paper to tablets has provided a significant opportunity for improved reporting, quality control, and data management for adherence and retention. The shift to tablets also promises to improve CATS' technological capacities.

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Gradual addition of interventions: Intervention components were added gradually which allowed time to test out new ideas. Formative research helped inform the design of new interventions.

Stakeholder involvement: From young people living with HIV to national ministry structures, Africaid involved stakeholders in the design of the program which helped to foster adoption.

Local organizations often develop innovative strategies that are perfectly suited to their respective contexts. Rapidly scaling up these strategies to the national level, however, requires significant capacity building of these organizations. This is particularly true in administrative areas such as financial management and human resources, as well as monitoring and evaluation. National roll-out of this program has required a massive expansion of CATS and district-level Zvandiri mentors: the organization has therefore had to significantly increase its management capacity and strengthen operational systems to ensure that beneficiaries receive the services they need. It should be mentioned that rapid scale-up also runs the risk of prioritizing quantity over quality. The Zvandiri intervention is novel and innovative in catering to the holistic needs of each individual child/adolescent living with HIV. The pressure to grow rapidly and meet targets should never overshadow the need for high quality services, which in the case of at-risk children/adolescents, may include daily text messages, weekly home visits, and caregiver support.

MANAGEMENT & OVERSIGHT

PEPFAR Team Involvement: The Zvandiri model had already been adopted as a best practice by Zimbabwe's Ministry of Health and Child Care, but its reach was very limited and localized. The role of PEPFAR support was to facilitate nationwide scale-up to reach tens of thousands of CLHIV/ALHIV in both urban and rural settings. PEPFAR support has also facilitated Africaid's growing organizational capacity and strengthened the monitoring and evaluation of the intervention.

Implementing Partner: Being a local partner receiving small scale funding from various funding partners, AFRICAID's capacity to manage a large PEPFAR grant was severely limited. After identifying this limitation through an organizational assessment, USAID engaged Management Sciences for Health (MSH) to strengthen IP's technical, administrative, policy and financial systems and graduate the IP after

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two years. This was successfully done and effective May 2017, the IP received its first direct 5-year award from USAID/Zimbabwe. The PEPFAR team (both USAID & CDC through ITECH) worked closely with the IP in providing technical assistance to help better plan its implementation in line with the PEPFAR targeting system, SNU prioritization, 90,90,90 framework and national policies.

Roll out of implementation followed a phased approach starting off with the 36 PEPFAR supported & DREAMS districts. Since this model had already been recognized by the Ministry of Health & Child Care and WHO as a best practice, there was ready support in all the districts for rolling out in health facilities.

Scaling up included increasing the size of technical, support and managerial human capital at IP; training more facility health workers to spearhead the project; procuring vehicles; securing office space at district levels with the support of District Health Teams and training at a rate of 2 Community Adolescent Treatments Supporters (CATS) for each of the 157 facilities in the 51 districts covered to date.

In rolling out this model, the IP took a bold step of making sure that the program is owned by the managing MoHCC District Health Executive (DHE), roles and responsibilities between the IP and MoHCC structures clearly defined, communication lines clearly spelt out, reporting and accountability mechanisms established and agreed upon, involvement of CATS as key stakeholders at the DHE assured and communities were placed at the centre of facilitating recruitment of the CATS for maximization of support and ownership. In Zimbabwe, as is true elsewhere in Africa, we say “it takes a village to raise a child” and therefore the same concept is used when it comes to supporting the CATS at the community and health facility levels.

Monitoring: Africaid has an approved M&E framework which provides a structure for the collection of data to determine the inputs that Zvandiri programme will require in order to implement the activities to yield the required outputs, outcomes as well as the impact that the Zvandiri programme intends to achieve. Through this framework, the programme results at all levels (impact, outcome, output, activity and input) are measured to provide the basis for accountability and informed decision-making at programme level. The M&E framework is a living document, which guides Africaid program and management staff track implementation and feedback into the system. All outcomes are entered into customized DHIS 2 database from which reports on various indicators are generated to inform decision making.

CATS-led data collection

- Schedule of support (services required and received)
- Index case finding tools
- Home Visit Records
- Support Group Registers
- Referral tools
- Zvandiri mobile database application (real time CATS-led data collection)

Indicators for PEPFAR

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HTS_TST
TX_NEW
TX_CURR

CS_COMM
HTS_ST
TX_RET

OVC_SERV
TX_PVLS

IM management: Scale up of the Zvandiri model was incorporated into Zimbabwe’s COP 16 plan through the Game Changer initiative. There were no significant challenges from the CDC side; because of the delays inherent in competing a new award, the decision was made to arrange a sub-agreement with CDC’s main care/treatment partner. The implementation model is unchanged, and the sub-agreement ensured that administrative costs were trivial, thereby maximizing cost efficiency.

USAID has a direct Cooperative Agreement with AFRICAID after having had the IP supported to by MSH to increase its capacity to receive USG funding. This was before PEPFAR decided to fund Zvandiri for the Game Changer initiative. USAID waived competitive grant award processes using the uniqueness of the Zvandiri model in serving the interests of a hitherto overlooked/neglected population of children living with HIV as justification.

Communications and feed-back loops: USAID manages AFRICAID as a direct awardee complete with target based AWP, Work plan Monitoring Framework and a dedicated Agreement Officer’s Representative (Award manager) who provides both technical and program management oversight to the IP. As part of managing the IP, USAID’s AOR conducts monthly progress meetings with the IP and an elaborate reporting system. USAID maintains an open-door policy with IPs where the latter is considered a partner who comes to the table with the skills and technical ability in their area of expertise whilst USAID brings forth the funding and technical direction. This has helped to create mutually beneficial relationships and smooth communication loops.

BUDGET

Cost of innovative solution: In 2014, Zvandiri’s CATS program in Harare cost \$52.39 per patient, per year (PPPY) and provincial programs cost \$68.18 PPPY. In Harare, CATS are compensated with a stipend of \$100/month; in the provinces, CATS work as volunteers without compensation. The main costs of the program are related to personnel (supervisory/administrative).

“Although the Zvandiri model in its entirety has not yet been costed, the CATS intervention has recently been costed by the Clinton Health Access Initiative, as follows, with costs being calculated per patient per year (PPPY):”¹

¹ Source: Pangea and Clinton Health Access Initiative 2015

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CATS program costs (PPPY)	Personnel	Equipment	Buildings	ORC	Trainings	Total
Harare (Zvandiri-led)	\$36.13	\$2.93	\$2.23	\$9.42	\$1.68	\$52.39
Provinces (MOHCC-led with Zvandiri support)	\$49.44	\$4.49	\$2.30	\$10.48	\$1.48	\$68.18
Provinces (MOHCC-led with Zvandiri support at scale-up)	\$14.83	\$0.84	\$0.77	\$4.23	\$1.86	\$22.53

Efficiency measures:

- The Zvandiri program is largely based at community with a very clear presence at health facility. This has facilitated community/facility linkages for children and adolescents which would otherwise be extremely difficult using the conventional nurse model
- Zvandiri has been great in providing adherence support for those children on treatment and potentially save the country the costs of tracing defaulting children and having children transferred onto second line treatment
- Through its well-established network of CATS, Zvandiri has also been set up as a HTS mobilization agent for children and youths after which testing IPs provide the testing and ART initiation to an almost captive but hitherto extremely elusive population to reach effectively.
- In addition, Zvandiri will be starting to offer HIV Self Testing in COP17 to maximize on the contacts the CATS make with children and youths.

RESOURCES

International AIDS Society. [Clinical Models of HIV Care for Adolescents](#). 18 July 2016.

[Zvandiri's Community Adolescent Treatment Supporters](#)

[Enhancing Psychosocial Support for HIV Positive Adolescents in Harare, Zimbabwe](#). Mavhu W, et al. (2013) PLOS ONE 8(7): e70254.

[“My story”—HIV positive adolescents tell their story through film](#), In Children and Youth Services Review. Willis L et al., Volume 45, 2014, Pages 129-136, ISSN 0190-7409.

[Best Practices for Adolescent- and Youth-Friendly HIV Services](#), Gage A, Measure 2017.

[Zvandiri Peer to Peer Support with HIV Positive Adolescents](#) – Video

[Africaid-Zvandiri's Community Adolescent Treatment Supporters \(CATS Model\)](#): Identifying Best Practices in HIV Service Delivery - Pangea Global AIDS and the Clinton Health Access Initiative.