Health, happiness and hope for children, adolescents and young adults living with HIV
Contents

Message from our Board 4

2021 in summary 6

Zvandiri overview 8

Our Values 10

Approaches, key achievements and innovations 11
A. Service Delivery 11
B. Strengthening the evidence 14
C. Advocacy 16
D. Guidelines and tools 18
E. Strengthening the workforce 20
F. Strengthening families and communities 22
G. Partnerships 24

Financial report 27

Thank you 28
Health, happiness and hope for children, adolescents and young adults living with HIV
2021 was once again marked by significant disruption, risk and tragedy for people the world over. In Zimbabwe, the devastating effects of COVID-19 were further exacerbated by severe economic distress and overburdened health services, compounding existing challenges for the health and well-being of people living with HIV. Notably, the pandemic continued to widen the gap in HIV testing, treatment and care for children, adolescents and young people compared with adults, whilst simultaneously furthering the mental health and protection risks for this vulnerable population.

Yet Zvandiri remained steadfast in its commitment to health, happiness and hope for all children, adolescents and young adults living with HIV (CAYALHIV). Through continued adaptation of our evidence-based Zvandiri Model, in partnership with the Government of Zimbabwe and our partners, we sought to ensure each child’s and young person’s individual needs were identified and responded to with quality, peer-led case management services.

Despite the global pandemic, we have managed to ensure continued services for almost 100,000 children, adolescents, young adults and their families through a phenomenal team of trained, mentored peer counsellors – Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs). In partnership with the Government, on site and virtual training and mentorship for multi-sectoral health and protection cadres across health facilities and communities was led by our Zvandiri District Teams in Zimbabwe, and through our Technical Support Unit (TSU) for 10 countries regionally.

Service delivery was complemented by our on-going programmes in research, advocacy, guidelines and tool development. Young people have remained at the forefront of this work, contributing to global, national and local evidence, resource mobilisation, policies, guidelines, and service delivery improvements for children, adolescents and young adults and their families.

We remain deeply committed to Government ownership and leadership. In 2021, the Government of Zimbabwe’s National AIDS Council continued to scale up its direct funding for CATS in Zimbabwe; the Government of Namibia scaled its direct implementation of Namibian Adolescent Treatment Supporters (NATS) across the country; and the Governments of Zimbabwe, Eswatini and Ghana took up direct implementation of CATS through the Global Fund.

Our continued efforts to scale Zvandiri through regional Government partnerships requires a sustained focus and investment in our organisational capacity. Eighteen years ago, we were a small team of community volunteers and six awesome young people. Today, we are a team of

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1 Angola, Eswatini, Ghana, Namibia, Nigeria, Mozambique, Rwanda, Tanzania, Uganda and Zambia

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Message from our Board

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220 full time staff and 2,690 awesome young people supporting 91,910 children, adolescents and young adults across 11 countries. We are immensely grateful to our past and present partners for your support on this journey and look forward to another year together.

Dr Claudine Pasi (Chairperson)
Karen Webb
Cynthia Chipeni
Dr Cleopas Chimbetete
Effort Dube
Godspower Sande
Rufaro July
2021 in summary

2021 highlights

- **2,690** CATS² and YMMs mentored and supported
- **16,000** HIV self-test kits distributed by the Zvandiri District Teams
  - 15,840 (99%) of kits used
  - 935 (6%) were reactive
  - 795 (85%) linked and received confirmatory testing
- **1,133** health facilities received on-site and virtual technical assistance in case management of CAYALHIV, including peer-led services
- **7,006** contacts of 5,472 children, adolescents and their parents or sexual partners were identified and offered HIV testing services
  - 643 previously undiagnosed children and adolescents living with HIV were identified
  - 593 (92%) were linked to antiretroviral therapy (ART).
- **91,910** children, adolescents and young adults received virtual and in-person information, counselling, monitoring and linkages to services in the region

2 Or adapted to Namibian Adolescent Treatment Supporters (NATS) in Namibia; Young Adolescent Peer Supporters (YAPS) in Uganda and Determined Adolescent Treatment Supporters (DATS) in Nigeria. Other countries have retained 'CATS'.

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[Image of a young girl smiling]
Health, happiness and hope for children, adolescents and young adults living with HIV

65,065 children and adolescents screened for signs and symptoms of tuberculosis (TB)
- 2,602 screened positively for TB and referred to clinicians
- 22,479 children and adolescents identified and referred for TB preventive treatment (TPT)

1,099
Infants of Young Mothers were supported to access early infant diagnosis (EID)
- 875 (80%) were tested for HIV at six weeks
- 4 (0.5%) received HIV positive results and were started on ART

9,420 children and adolescents identified and brought back to HIV treatment and care

67,790
CAYALHIV received peer-led counselling and support through health facilities, home visits, support groups and MHealth
- 64,587 CAYALHIV screened for mental health conditions
- 10,017 CAYALHIV with mental health conditions received enhanced counselling and case management

65,065
CAYALHIV with a suppressed viral load (cf 72% nationally)

141,826 referrals for services
- viral load monitoring, ART, mental health, sexually transmitted infection (STI) management, family planning, cervical cancer screening for young mothers, social protection and legal services.

6 research studies conducted

3 published, peer-reviewed papers

6 innovations presented in international conferences

19 child and adolescent friendly information, education and communication (IEC) materials developed and disseminated (5 animations, 5 comics books, 1 journal, 8 activity cards)

21 episodes of the Zvandiri Radio Show produced

2 new films produced

5,244 young people supported directly through U Report

1 award received from Mulago Foundation.
Zvandiri overview

Zvandiri, ‘As I am’, transforms young lives through peer connections to assure health, happiness and hope. We began in 2004 with six young people living with HIV who wanted more in their lives than just medicines and clinic visits. They established a support group that has evolved into the Zvandiri Model of community, clinic and digital health services, working in partnership with governments to deliver services to CAYALHIV. Our evidence-based Model, which connects young people with trained, mentored peers, provides a holistic approach that is innovative and ensures sustainable impact. Zvandiri started in Zimbabwe and has been adopted and scaled in 10 countries with 2,690 trained peer counsellors we call Community Adolescent Treatment Supporters or CATS* and Young Mentor Mothers or YMMs. Together they currently support 91,910 young people in 1,133 health facilities across the region.

Our Mission
We support governments to adopt Zvandiri’s innovative model which delivers services to young people living with HIV at scale through trained peers who connect with them and help them to survive and thrive.

Our Vision
Our vision is to expand our Zvandiri Model to 20 countries by 2030 to deliver health, happiness and hope to 1 million young people living with HIV.

* Or adapted to NATS in Namibia, YAPS in Uganda and DATS in Nigeria. Other countries have retained ‘CATS’.
Centre: Our goal is **health, happiness and hope** for all children, adolescents and young people living with HIV.

Inner circle: We achieve this by influencing **multiple dimensions of their health and well-being**.

Outer circle: This is delivered through **7 complementary pillars, with young people living with HIV** at the forefront of each.
Our Values

**Extraordinary** - We dare to be bold, to be different, unusual and creative; ensuring excellence at all times. We strive to be frontrunners in meeting the evolving and dynamic needs of young people.

**Holistic** - We passionately believe in supporting the whole person, throughout childhood and adolescence into adulthood; they are not just a statistic but a human being.

**Connected** - We connect young people to a network of peers for support so they can build safe relationships that inspire hope. We collaborate with young people, partners and governments, leading to the exchange of knowledge and ideas to promote growth, innovation and impact.

**Loving** - Our work is driven by gaining a deep understanding, commitment and connection to the lived experiences of young people to foster love and self-acceptance. We believe that together we can change things for the better.

**Informed** - Through research and evidence and connecting with young people, we learn what is needed and how to be most effective in our work. We ensure we deliver high quality interventions that allow young people to achieve their true potential.

**Authentic** - Everything we do is with a commitment to be honest, humble and respectful in our work and to be guided by young people.
Approaches, key achievements and innovations

A. Service delivery

Our approach

At the forefront of Zvandiri are trained and mentored peer counsellors – CATS and YMMs – who connect with their peers in their homes, clinics, support groups and through mobile health; providing information, counselling and support services for HIV testing, treatment and care. Supervised by health care workers and ZMs, CATS and YMMs support their peers to know their HIV status and to start and remain on treatment, while also supporting their broader health, mental health, sexual and reproductive health and protection. During the course of 2021, in Zimbabwe, Zvandiri supported 1,360 CATS; 106 YMMs, and 74 faith and community initiative champions, transforming the lives of 67,790 CAYALHIV across the country.
Key achievements and Innovations in 2021

• Find, Test and Treat
  › 7,006 contacts of 5,472 children, adolescents, young people and their parents or sexual partners were identified and offered HIV testing services
    ▷ 643 previously undiagnosed children and adolescents living with HIV were identified
    ▷ 593 (92%) were linked to ART
  › 875 infants of young mothers were supported and received EID at six weeks
    ▷ 4 (0.5%) infants tested HIV positive and were linked to ART

• HIV Self-testing
  › 16,000 HIV self-test kits distributed by the Zvandiri District Teams
    ▷ 15,840 (99%) of kits used
    ▷ 935 (6%) were reactive
    ▷ 795 (85%) linked and were confirmed HIV positive

• Retention on HIV treatment and care
  › 12,561 confirmed ART defaulters traced
  › 9,420 (75%) brought back to HIV treatment and care

• Treatment monitoring
  › Viral load monitoring continued to be affected by COVID-19
    ▷ 32,810 (48.4%) had a valid viral load
    ▷ 89% viral suppression among CAYALHIV with a valid viral load (compared with 72% national viral suppression rate)
  › 97% of the 1,806 young mothers supported in the programme were virally suppressed

• Support for TB services
  › 65,065 (96%) screened for signs and symptoms of TB
    ▷ 2,602 (4%) screened positively for TB and referred to clinicians for investigations
    ▷ Of those screening negatively and eligible for TPT, 22,479 were referred
    ▷ 13,478 (60%) of the referrals were initiated on TPT
    ▷ Availability of TPT regimens was a particular challenge that affected services, as well as health care worker reluctance to offer it and CAYALHIV’s fear of side effects

• Mental health services
  › 67,790 CAYALHIV received peer-led counselling and support through health facilities, home visits, support groups and MHealth
  › 64,587 (95%) CAYALHIV screened for mental health conditions
    ▷ 16.5% screened positively for common mental health conditions
    ▷ 94% received enhanced counselling and case management from the CATS, YMMs and the Zvandiri District Teams
    ▷ 53% required further referral, of which 66% completed the referrals
  › All young mothers, 1,806 were screened for mental health conditions
    ▷ 11% screened positively for common mental health conditions received enhanced counselling and case management from the YMMs and the Zvandiri District Teams
• **Cervical Cancer Services**
  › **591** young mothers screened for cervical cancer after being referred by YMMs
    • **8** screened positively for cervical cancer
    • **8** were referred and **4** received treatment

• **Referrals**
  › **141,826** referrals for services
    · including but not limited to viral load monitoring, ART, mental health, STI management, family planning, social protection and legal services.

• **Quality Improvement Implementation:** Zvandiri introduced a thematic approach to Quality Improvement Implementation, with each grant prioritising a service-delivery area that would be addressed through the quality improvement initiative. The most common thematic areas chosen for improvement were mental health screening and management, viral load monitoring, management of high viral load, TB preventive therapy and case finding of previously undiagnosed CAYALHIV.

• **Caseload Planner:** The Child and Adolescent Caseload Planner was developed and disseminated as a critical tool for CATS, YMMs and their clinic supervisors to plan, deliver and review case management activities for individual children, adolescents and young people.

• **COVID-19 Flowchart:** The COVID-19 Flowchart was developed and disseminated to guide the multisectoral team in reaching CAYALHIV with essential services and support despite COVID-19 restrictions. In the Flowchart, services are differentiated, not only according to whether CAYALHIV require standard or enhanced support, but also according to whether they have access to a mobile device or not, for M-health.
B. Strengthening the evidence

Our approach

Zvandiri is an evidence-based model that has been designed, delivered, evolved and scaled up over the last 18 years. Zvandiri is informed through evidence from our programme data, evaluations, research, and the lived experiences and needs of the young people we work with. We provide the most effective available care through quality interventions that allow young people to achieve their true potential. This has moulded the work of Zvandiri and strengthened the evidence-base for global and national guidelines, quality service delivery and resource allocation for paediatric and adolescent HIV.

Key achievements and innovations in 2021

• The Zvandiri-Friendship Bench Trial: 2021 saw the publication of three papers on the Trial – a cluster randomised controlled trial to evaluate the feasibility and effectiveness of CATS as a peer-led mental health intervention on virological suppression and mental health among adolescents living with HIV in 10 districts in Zimbabwe. In partnership with the Ministry of Health and Child Care (MoHCC) in Zimbabwe, Friendship Bench, London School of Hygiene and Tropical Medicine (LSHTM) and Children’s Investment Fund Foundation (CIFF), the study was conducted among 842 adolescents living with HIV with common mental disorders (depression and anxiety) who were attending public health clinics for HIV care. This trial confirmed CATS are an effective mental health intervention for their peers living with HIV, with symptoms of common mental disorders reduced from 68% to 2% after 12 months.

• Peer-led counselling with problem discussion therapy for adolescents living with HIV in Zimbabwe: A cluster-randomised trial

• It helps to talk: A guiding framework (TRUST) for peer counsellors delivering mental health care for adolescents living with HIV
• Risk factors for HIV virological non-suppression among adolescents with common mental disorder symptoms in Zimbabwe: A cross sectional study

• **The Zvandiri Trial**: A sub-study was conducted in partnership with Centre for Sexual Health and HIV AIDS Research (CeSHHAR), MoHCC, Liverpool School of Tropical Medicine, LSHTM, the University of Sydney, and Viiv Health Care, to follow up on viral load, ARV resistance and mental health among adolescents engaged in the Zvandiri Trial, which ended in 2020. A cost effectiveness study of Zvandiri is also underway. Results for both will be available in 2022.

• **Religious and Spirituality Study**: This study explored the impact of religion and spirituality on the outcome of ART in Zimbabwe, with a special focus on adolescents and young adults during the COVID-19 pandemic. In partnership with the University of Basel, this mixed-methods study engaged 800 participants (aged 14–24) in Zvandiri in a digital survey; 10 focus group discussions with 81 participants, and semi-structured interviews with 35 key stakeholders, including religious leaders, health workers and traditional healers. Results will be available in 2022.

• **Wakakosha, 'You're worth it'**: A novel self-stigma intervention was designed by and for young adults living with HIV. Through a collaboration between Zvandiri, CeSHHAR Zimbabwe and Beyond Stigma, the #Wakakosha project engaged 30 young people with diverse backgrounds and experiences (24 CATS, 3 YMMs, and 3 Young Mentor Dads (YMDs) around self-stigma, in a 12-week workshop series. This is the first of its kind, incorporating Inquiry-Based Stress Reduction by #TheWorkofByronKatie, psychology, art, music, meditation, and group activities. COVID-19 required adaptation to virtual delivery through the Zvandiri-ECHO Hub, facilitated by a team of coaches from Zvandiri, Beyond Stigma and the Zimbabwe National Network of People Living with HIV. One of the outputs of the project is a song – ‘Wakakosha’ – which is currently in production. Research results are expected in 2022.

• **The Vitality Study**: Led by the Biomedical Research and Training Institute, the Vitality Study seeks to establish whether supplementation with vitamin D3 and calcium carbonate improves musculoskeletal health among adolescents aged 11–19 years with perinatally-acquired HIV who have been on ART for at least 6 months. Zvandiri CATS engaged in this study by mobilising 119 peers from Harare province and are supporting their continued engagement and follow up. Results are expected in 2023.

• **The experiences of young people in Zvandiri during COVID-19**: Pangea Zimbabwe AIDS Trust and Zvandiri collaborated on a qualitative study of the needs and experiences of young people in Zvandiri during the COVID-19 pandemic. This study explored the effectiveness of service delivery adaptations in supporting engagement in care and HIV treatment adherence. Results will be available in 2022.
C. Advocacy

Our approach

Zvandiri prides itself in the meaningful engagement of CAYALHIV to take the lead in the design, delivery, monitoring and evaluation of their own advocacy initiatives that address their needs and the gaps they face in accessing services for improved health outcomes. Through training, mentorship and support, Zvandiri Mentors (ZMs), and a team of youth advocates (YA) (adolescents and young adults living with HIV), utilise a wide range of media platforms to advocate for improved child, adolescent and youth-focused policies, guidelines, service delivery and resource mobilisation. As YAs graduate out of the Zvandiri, they mentor their peers to take over the reins, ensuring sustained advocacy and peer-led skills transfer.

Key achievements and innovations in 2021

Zvandiri intensified young people’s use of digital platforms for exchange of information and engagement with local, regional and international audiences, showcasing the power of youth-led interventions. These included:

- **The Zvandiri Radio Show**: Successful production and broadcast of 21 episodes on ZiFM radio station and its community stations to a potential on-air audience of 2.8 million people and streamed live on 4 Facebook pages, attracting an approximate reach of 136,156 on Facebook. All 21 episodes of the Zvandiri radio show used **U-Report** - a free SMS based platform supported by UNICEF to facilitate community engagement through conversations and inquiry from the listeners. The platform received 5,244 questions, queries and comments and these were responded to by the 7 trained U-Report CATS.
• **Stigma in the Health Care Setting:** WHO and the International Council of Nurses (ICN) invited Zvandiri youth to share their views on stigma in healthcare settings at the ICN Congress. This was attended virtually by nurses from across the globe.

• **Eliminating Mother to Child Transmission (EMTCT):** Tarisai, a YMM from Zvandiri, featured in a film production led by Her Excellency the First Lady of Zimbabwe, working with MoHCC, UNAIDS and the Organization of African First Ladies against HIV/AIDS. In this film, Tarisai speaks out to pregnant and lactating mothers and their partners about the importance of engaging in EMTCT services.

• **International AIDS Society (IAS) HIV Youth Hub:** IAS invited an awesome team of global youth, including Zvandiri’s Paul Ndhlovu, to co-create and launch its IAS HIV Youth Hub.

Zvandiri advocates and youth participated in a wide range of conferences, meetings and consultations during the year including:

• **International Workshop on HIV & Adolescence, 2021**
  › Increasing uptake of tuberculosis preventive therapy among adolescents and young people living with HIV: The role of peer support
  › Translating knowledge into practice: Delivering empirically informed mental health training at scale to peer supporters in a time of COVID-19
  › It makes all the difference: Evidence from adolescents to inform global recommendations to integrate psychosocial support in standard of care to improve adolescents’ health outcomes
  › Zvandiri-ECHO Hub: Sustaining and strengthening SRHR and HIV services and information for CAYPLHIV during COVID-19

• **International Workshop on Innovations in Delivery of HIV Care, 2021**
  › Service Delivery Models - Youth and Adolescence in Resource Limited Settings

• **Meetings**
  › Science, HIV and COVID-19 – Where are we headed? UN High Level Meeting on AIDS
  › Adapting the Global Standards for Quality Services for Children, Adolescents and Young People living with HIV, WHO TeleECHO, on Paediatric and Adolescent HIV
  › My Story – Young people, some paints and a camera. Engagement of adolescents in HIV-focused research in Africa. Findings from the Crowd Sourcing Open Call, 4YBY/AHISA Webinar
  › Maximizing the positive potential of digital communications in HIV, AVERT webinar
  › The pills alone are not enough. Leveraging decentralised drug distribution models to meet the HIV treatment needs of children and adolescents living with HIV, Decentralized Drug Delivery (DDD) Learning Collaborative, EpiC, USAID, PEPFAR

• **Featured Articles**
  › Bridging the ART access gap during a pandemic, CATS hold the fort in Zimbabwe
  › CATS control their own Story, Mozambique
D. Guidelines and tools

Our approach

Zvandiri has a long history of developing paediatric and adolescent HIV guidance, training curricula and tools to inform and support the delivery of quality, child and adolescent-focused HIV services. Working together with the Government of Zimbabwe and adolescents living with HIV, a wide range of creative materials have been developed that are age- and developmentally-appropriate to support children and adolescents, and those that care for them, to have the knowledge and skills they need.

Key achievements and innovations in 2021

- **New WHO Guidelines recommending mental health and psychosocial support.**
  
  In March 2021, WHO launched its new guidelines which ‘strongly recommend’ that all countries include mental health and psychosocial support (PSS) services in HIV treatment and care for adolescents. This guidance was directly informed by a global consultation led by Zvandiri on behalf of WHO. We talked to 388 young people living with HIV on behalf of WHO to find out from those who know best. We asked them about their opinions on how PSS can improve young people’s engagement in care and other health outcomes. Watch our [animation](#) to hear from young people how PSS improves their lives and how their voices influenced the new WHO guidelines.

- **Strengthening viral load literacy among children and adolescents in Zimbabwe**
  
  Zvandiri has produced a new set of resources to help children and adolescents understand viral load monitoring and the importance of achieving an undetectable viral load. Informed by programme and research data from Zvandiri and CeSHHAR, two animations ([Not just a number](#) and [Taking Charge of HIV](#)), two accompanying comics ([Not just a number](#) and [Taking Charge of HIV](#))
Charge of HIV, a set of activity cards and a discussion guide have been developed for use in health facilities, support groups, and during home visits with children and adolescents on ART, as well as with their caregivers. This work was initially funded by UNICEF and Zvandiri is now rolling out the package in six USAID-supported districts.

**Promoting health literacy and well-being among children and adolescents and their families during COVID-19**

As COVID-19 continued to disrupt access to health services, a package of comic books, animations, fact sheets and interactive journals were disseminated across 43 districts to support young people and their families to know why, how, when and where to access HIV testing, ART and mental health services during the pandemic. Zvandiri youth and MoHCC developed this package with support from PEPFAR through USAID.

**WHO Sexual and Reproductive Health and Rights Toolkit development for women living with HIV**

Zvandiri collaborated with the WHO Department of Sexual and Reproductive Health, Salamander Trust, International Council of Women Global, and other partners to support the development and writing of an SRHR toolkit to guide the implementation of the 2017 WHO consolidated guideline on sexual and reproductive health and rights of women living with HIV. The development of this women’s toolkit was shaped by and for women living with HIV for a global audience of women living with HIV to address their sexual and reproductive health and rights. Available 2022.

**Story: Interactive counselling game saves children, adolescents, and young adults living with HIV**

Zvandiri employs a suite of simple and unique peer-led, age-appropriate, psychosocial interventions to achieve HIV viral suppression. The CATS – 18 to 24-year-old trained peer counsellors – facilitate the interventions.

Tsitsi, a 16-year-old girl from Mberengwa has lived with her grandparents since the death of her parents. After six years doing well on ART, the clinic team was concerned her viral load was unsuppressed at 5,000 copies/ml. Tsitsi received enhanced counselling at the health facility but her viral load remained high. The nurse referred Tsitsi to the CATS who connected with her in a series of peer-led counselling sessions. At the centre of these counselling sessions was an interactive card game called Masas’. This game turns complex clinical information into simple, accessible, visual information which the CATS use to explain and talk about HIV, ART, viral load and adherence with their clients. Tsitsi quickly opened up about the challenges she was facing with adherence, particularly in relation to the side effects that led her to stop taking her medication. The CATS supported Tsitsi to share this with her nurse who was then able to investigate further, leading to a transition in ART regimen. Three months later, Tsitsi’s repeat blood test confirmed she had a suppressed viral load. She explained:

“Ndinopa kutenda nerubatsiro rwamakaita kwandiri aya mapiritsi andakabatsira uye kundikurudzira kunwa mushonga zvakakakanaka kwakabatsira zvikurusa” – “I want to thank you for the assistance you gave me. The medicines I received helped and you encouraged me to adhere well”. 
E. Strengthening the workforce

Our approach

Zvandiri partners with government to strengthen the capacity of its service providers to provide quality, evidence-based holistic services for children, adolescents and young adults living with HIV so that they survive and thrive. This is achieved through on-site and virtual training, mentorship and supervision, case management support and quality improvement initiatives for clinic and community-based health care workers and social workers, including lay cadres, such as CATS, YMMs and YMDs, community health workers and case care workers.

Key achievements and innovations in 2021

- **On-site training:** A total of 830 service providers were trained on site. Of these, 79% (574/830) were community volunteers trained to be CATS (N=503), YMMs (N=64) and YMDs (N=7). The remaining 31% (256/830) were health care workers trained in a range of topics including adolescent mental health, HIV self-testing services, management of high viral load and use of the WHO Global Standards for quality health-care services for adolescents.

- **Mentorship and Supervision:** The Zvandiri district teams collaborated with the MoHCC to provide mentorship, support and supervision to **2,555** health care providers and social workers.

- Through the Zvandiri-Echo hub, virtual **trainings for enhanced adherence counselling (EAC) and mental health** reached 88 health care workers in 6 districts and 20 health care workers in 7 districts, respectively.
"I have learned a lot…..there is need for consistent refresher courses. Our duties as counsellors are very stressing and very tiresome, so these meetings refuel us with more energy, more knowledge, more self-confidence, and also build resilience to bounce back, so I recommend that this type of support and supervision should continue”.
- Mr Mupedze, Primary Care Counsellor at Igava clinic attending a Zvandiri-Echo Hub virtual EAC training, Marondera District

**Virtual Case Management:** 23 virtual case management sessions were held through the Zvandiri-Echo hub with 84 service providers, including CATS and District Social Services Officers.

"We are benefitting much from the case management [sessions]. We are learning from each other. You may come across a case that was presented by another district and a presentation [that was helpful to you] …we are getting empowered". - Zvandiri mentor attending a Zvandiri Echo Hub virtual case management session, Zvimba district

**Quality Standards Assessments** were conducted to measure site level service delivery utilising the WHO Global Standards for quality health-care services for adolescents adapted for Zimbabwe by Zvandiri in collaboration with MoHCC.

- Launch of the Zvandiri-ECHO Paediatric and Adolescent HIV Service Delivery Training and Mentorship Programme with health care workers from Namibia, Ghana, Rwanda and Zambia. This programme will commence in Zimbabwe in 2022.

These key achievements and innovations ensured service providers at site level are capacitated to provide quality, holistic services for children, adolescents living and young adults living with HIV, including appropriate case management services, integration and mentorship of CATS and YMMs, facilitation of paediatric/adolescent facility days, support groups and community outreach.

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**Strengthening the management of high viral load through a quality improvement approach**

Several Zvandiri research studies show that approximately two thirds of clients with suspected treatment failure do not manage to resuppress. Zvandiri therefore set up a quality improvement project in collaboration with MoHCC to improve management of CAYALHIV with suspected treatment failure. The team identified 81 CAYALHIV with high viral load from 6 sites in Bulawayo province, Mberengwa and Mangwe districts. Health care workers were engaged to strengthen the system and developed individual case management plans for each client. After two months, the proportion starting EAC had increased from 59% to 93%; the proportion completing EAC had increased from 39% to 83%, and the proportion with a repeat viral load done had increased from 19% to 48%. This approach has now been cascaded to 3 other districts and a virtual viremia clinic for doctors is being set up with the support of MoHCC.
F. Strengthening families and communities

Our approach

The capacity of CAYALHIV to survive and thrive is directly influenced by the world in which they live – their homes and communities. Zvandiri works with caregivers, schools, faith and religious leaders and community members to create more supportive environments that promote young people’s health and well-being. Zvandiri helps with information, counselling and support for caregivers and families of CAYALHIV to support HIV diagnosis, HIV status disclosure and treatment adherence to achieve viral suppression. In addition, we focus on TB prevention, mental health support and links to education, social welfare services, disability services and economic strengthening. The Zvandiri package of care enables families and communities to take a leading role in the care and support of their children and adolescents living with HIV.

Key achievements and innovations in 2021

- In-person support groups for caregivers were adapted to virtual support groups. These groups enabled caregivers to remain engaged despite lockdown so they could continue to receive information and support, particularly around how to access services for their children during COVID-19.

- A range of IEC materials were developed to raise awareness of the importance of HIV testing, ART, adherence and mental health services during COVID-19. These were disseminated widely to families and communities through print and social media, national television and the Zvandiri Radio Show.
• **Multidisciplinary home visits** were conducted by the Zvandiri District Team, MoHCC and the Department of Social Welfare to support families of children in need of HIV, mental health or protection services.

• **Community dialogues** were held with faith communities and traditional leaders to discuss key barriers to HIV testing, promoting awareness of HIV self-testing, and addressing persistent HIV-related stigma and myths around faith healing for HIV.

“The support which I received from Zvandiri enabled me and my family to remain linked to care. I always wish and pray that all the caregivers receive this kind of information. I am proud to share that during covid 19 restriction measures my children never missed their clinic appointments, this was made possible with the engagements which we continued to have with Zvandiri”.
– Bulawayo caregiver

“My daughter was getting sicker and sicker. Nothing seemed to help. Then the nurse introduced us to Dennis who started visiting us at home. She opened up to him and he helped her. Now her viral load is undetectable and she is back at school”.
– Mount Darwin caregiver

“I was always treated differently....given my own plate and cup and my own blanket. Everyone was afraid of me. They said I was going to die. The CATS talked to my family and everything changed. Now they understand better. They even support me to take my medicines”.
– Child, Harare
G. Partnerships

Our approach

The needs of CAYALHIV know no borders. The lived experiences of this population supersede culture, language and geography. Driven by common needs in the region, requests from governments and young people, and desire for positive change, Zvandiri provides technical assistance to partner countries to implement the peer-driven Zvandiri Model. Since 2016, guided by partnership agreements and following a standardised, phased approach to rolling out the Model in a new country, Zvandiri’s TSU has been collaborating with ministries and partners to set up, orientate, train and mentor health care workers, implementing partners and CATS. We support governments to integrate Zvandiri within their national HIV response for children, adolescents and young adults. Our TSU supports respective governments, local implementing partners and young people living with HIV to adapt and adopt, implement, monitor and evaluate peer-led differentiated services within health care facilities and communities towards quality standards for paediatric and adolescent HIV service delivery.

Nigeria - IVHN
- 15 DATS
- 5 Health facilities

Ghana - NACP, CHAG
- 88 CATS
- 45 health facilities

Angola - MoH, READY+
- Commencing April 2022

Namibia, Ministry of Health and Social Services
- 81 NATS
- 37 Health facilities

Eswatini - MoH, READY+
- 54 CATS; 10YMMs
- 48 Health facilities

Zambia - MoH, Project Hope, CIDRZ
- 119 CATS
- 37 Health facilities

Tanzania - MoH, READY+
- 101 CATS
- 15 Health facilities

Mozambique, MoH, READY+; EJAF
- 91 CATS
- 25 Health facilities

Uganda, Ministry of Health
- 770 YAPS
- 344 health facilities

Rwanda - Dream Village, Rwanda Biomedical Centre
- 19 CATS
- 10 Health facilities

Zimbabwe, MOHCC, NAC
- 1360 CATS
- 567 Health facilities

Rwanda - MoH, Project Hope, CIDRZ
- 119 CATS
- 37 Health facilities

Uganda, Ministry of Health
- 770 YAPS
- 344 health facilities

Tanzania - MoH, READY+
- 101 CATS
- 15 Health facilities

Mozambique, MoH, READY+; EJAF
- 91 CATS
- 25 Health facilities

Zimbabwe, MOHCC, NAC
- 1360 CATS
- 567 Health facilities
Key achievements and innovations in 2021

• **Sustained support throughout COVID-19:** In 2021, Zvandiri supported 9 partner countries at 533 health facilities with 1,260 CATS\(^4\) providing care and support to 29,098 CAYALHIV.

• **CATS get started in Zambia:** TSU embarked on a new partnership with Project Hope, through USAID-supported CIDRZ and the Ministry of Health, resulting in 111 active CATS in 38 health facilities across 6 districts.

• **A shift to in-country technical assistance, Eswatini:** One of the exciting challenges of technical assistance is adapting and innovating around various country contexts. In 2021, The Global Fund began supporting the Zvandiri Model in 3 countries: Zimbabwe, Ghana and Eswatini. Historically, our support consisted of a combination of virtual mentorship and carefully timed travel to partner countries. To provide consistent and meaningful learning and engagement in Eswatini, Zvandiri placed a Regional Coordinator in country to collaborate with government, partners and CATS. This new enterprise allows the Regional Coordinator to be part of the team on the ground, offering daily mentorship, guidance and support.

• **Scale up the Zvandiri-ECHO Hub:** With the persistence of COVID, Zvandiri continued to adapt, adopting a blended approach to technical assistance. With a combination of face-to-face where permitted, and virtual training and mentorship, the Zvandiri-ECHO Hub digital platform proved to be a sustainable way to deliver virtual technical assistance. The ECHO Hub allowed virtual space for new training of trainers, distanced assistance with assessments, and sustained and regular mentorship.

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\(^4\) With adoption and adaptation of the Model, CATS have been renamed to suit the country context: NATS in Namibia, YAPS in Uganda and DATS in Nigeria. Other countries have retained ‘CATS’
“I was amazed how Zvandiri in Zimbabwe had young people at the centre of the HIV response and they were so involved in helping their peers. It really hit somewhere – I also wanted to help my peers – to be equipped with knowledge and skills so I can equip my peers. I felt that the CATS Model would work for us here in Namibia and it is really working the way it is supposed to.”
– Lazarus, Senior NATS, Khomas Region, Namibia

“I would 100% recommend the CATS Model to any country that wants to see outcome-based solutions for YPLHIV. It is one of the few models that works closely with the health system – it is not in isolation. [The facility] becomes the basis for interventions and also solutions. At the same time, the community is involved in what is happening at the [facility]. Any country that wants to really adapt to support young people – I would recommend Zvandiri.”
– Norman Manzi, Executive Director, Dream Village, Kigali, Rwanda

“Engagement in Zvandiri helped us improve identification and linkage into care for children through index testing. The CATS programme has contributed significantly to improving the treatment cascade for children.”
– Dr Raphael Adu-Gyamfi, Programme Officer, National AIDS/STI Control Programme, Accra, Ghana
## Financial report

Summary of income and expenditure for the year ended 31 December 2021

<table>
<thead>
<tr>
<th></th>
<th>2021 USD</th>
<th>2020 USD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant income</strong></td>
<td>8,346,739</td>
<td>5,790,702</td>
</tr>
<tr>
<td><strong>Other income</strong></td>
<td>159,782</td>
<td>93,532</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>8,506,521</strong></td>
<td><strong>5,884,234</strong></td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td>(8,377,858)</td>
<td>(5,857,384)</td>
</tr>
<tr>
<td><strong>Surplus/ (deficit) for the year</strong></td>
<td>128,663</td>
<td>26,850</td>
</tr>
</tbody>
</table>
Thank you

We thank our partners – the children, adolescents and youth of Zvandiri who continue to shape and lead the delivery of Zvandiri services across Zimbabwe and the region. Their courage and tenacity continues to inspire, motivate and teach us.

We remain deeply grateful to the Government of Zimbabwe for their leadership and support as we complete our 18th year of partnership.

We also thank the Governments of Eswatini, Ghana, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Uganda and Zambia and their respective Ministry of Health representatives for the partnership, collaboration and shared learning.

We sincerely thank our technical and funding partners in Zimbabwe, the region and beyond. Many of our partners provide direct support to the implementation of Zvandiri through funding and technical guidance – without them, Zvandiri would not be able to function. Other organisations are key partners in the implementation of services in the clinics and community, whether in Zimbabwe or in one of the 10 countries in the region with whom we are now partnering. The symbiotic relationship between our work and partners’ work is vital if we are to respond effectively to the holistic needs of CAYALHIV.

Thank you to you all

Avert
Beyond Stigma
Coordinating Assembly of Non-Governmental Organizations (CANGO)
Centers for Disease Prevention and Control (CDC)
Centre for Sexual Health and HIV/AIDS Research (CeSHHAR)
Christian Health Association of Ghana (CHAG)
Children’s Investment Fund Foundation (CIFF)
Dream Village
ECHI Institute, New Mexico
ELMA Foundation
Elton John AIDS Foundation (EJAF)
Friendship Bench
Frontline AIDS
Her Voice Fund
Institute of Human Virology Nigeria (IHVN)
ITECH
Leopold Bachman Foundation
Liverpool School of Tropical Medicine (LSTM)
Maruva Trust
Mulago Foundation
Pangea Zimbabwe AIDS Care Trust
Paediatric AIDS Treatment for Africa (PATA)
President’s Emergency Plan for AIDS Relief (PEPFAR)
Project Hope
READY Consortium
Regional Psychosocial Support Initiative (REPSSI)
Rippleworks
SHM Foundation
Swiss Agency for Development Cooperation (SDC)
John Templeton Foundation
UNAIDS
UNICEF
USAID
Viiv Health Care
World Health Organization (WHO)
Y+ Global
Zimbabwe Health Interventions (ZHI)
ZimTTECH
Health, happiness and hope for children, adolescents and young adults living with HIV
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