Integrating HIV, Sexual and Reproductive Health and Mental Health Services for Adolescents and Young People Living with HIV in Zimbabwe

AN END-OF-PROJECT REVIEW  DECEMBER 2021
Acknowledgements

This review describes Zvandiri’s integrated HIV, sexual and reproductive health, GBV and mental health programme for adolescents and young people living with HIV, implemented in partnership with Zimbabwe’s Ministry of Health and Child Care, UNICEF and the Government of Sweden, through the 2gether 4 SRHR programme. Special thanks to the Zvandiri team, Community Adolescent Treatment Supporters, Young Mentor Mothers, service providers, clients and their families for taking part in this review.

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Acronyms

ACYW  Adolescent girls and young women
ALHIV  Adolescents living with HIV
App  Application
ART  Antiretroviral therapy
ARVs  Antiretroviral medicines
AYPLHIV Adolescents and young people living with HIV
CATS Community Adolescent Treatment Supporter
CAYPLHIV Children, adolescents and young people living with HIV
CeSHHAR Center for Sexual Health and HIV/AIDS Research
COVID-19 SARS-Coronavirus 2019
EID Early infant diagnosis
ESA Eastern and southern Africa
GBV Gender-based violence
HEI HIV-exposed infant
MoHCC Ministry of Health and Child Care
MHPSS Mental health and psychosocial support
PMTCT Prevention of mother-to-child transmission of HIV
PrEP Pre-exposure prophylaxis
PSS Psychosocial support
SGBV Sexual and gender-based violence
SRH Sexual and reproductive health
SRHR Sexual and reproductive health and rights
STI Sexually transmitted infection
TB Tuberculosis
TSU Technical Support Unit
UNAIDS Joint United Nations Programme on HIV and AIDS
UNFPA United Nations Population Fund
UNICEF United Nations Children’s Fund
VLS Viral load suppression
YM Young mother
YMM Young Mentor Mother
WHO World Health Organization
ZM Zvandiri Mentor
ZVAMODA Zvandiri mobile database application
Executive Summary

With less than a decade left to reach the global goal of ending AIDS by 2030, support and services for adolescents and young people living with HIV (AYPLHIV) need to be intensified. Despite wide availability of life-saving treatment, one out of 5 adolescents living with HIV in Zimbabwe (10-19 years) are not on treatment. Those who are on treatment face multiple challenges to adherence and retention, including stigma, mental health concerns, and poverty. Young mothers living with HIV are at particular risk of falling through gaps in health care services that are designed for adults. In 2016, the Government of Sweden, UNAIDS, UNFPA, UNICEF, and WHO launched a regional joint programme, 2gether 4 SRHR, to scale up the delivery of integrated services for HIV, sexual and reproductive health (SRH), and sexual and gender-based violence (SGBV). Zvandiri was selected as an implementing partner in Zimbabwe to improve the delivery of integrated services and achieve improved health outcomes for AYPLHIV and young mothers living with HIV.

Zvandiri’s programme is centered around clinic- and community-based cadres, Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs), who deliver in-person and virtual support to AYPLHIV and young mothers. The CATS and YMMs are 18-24 year old, trained and mentored peer counselors living with HIV who offer care and support services to their peers. Under the leadership of the Ministry of Health and Child Care and district-level health and social welfare officials, CATS and YMMs provide critical information and support to AYPLHIV, caregivers, sexual partners, family and community members on HIV, SRH, SGBV and mental health. CATS and YMMs deliver individual counselling, facilitate support group and community dialogue sessions, identify and refer those at risk or in need of further services, and follow up referrals to ensure AYPLHIV and young mothers receive a comprehensive package of health, child and social protection services.

During the project period, a total of 14,870 AYPLHIV and 786 young mothers were supported in 5 districts by 82 CATS and 46 YMMs. Final early infant diagnosis outcomes, established through HIV testing after the cessation of breastfeeding, was conducted for 396 babies and 11 (2.8%) received HIV positive results. Male partners were also tested and those found to be positive were initiated on to treatment. Health worker capacity was enhanced with the support of Zvandiri mentors and adolescent-friendly materials. With the COVID-19 pandemic, Zvandiri adapted its activities by increasing digital outreach, ensuring that its client-centered support continued.
Based on continuous learning and a review of 2017-2021 programming, Zvandiri offers several key considerations to scaling up support and integrated services for AYPLHIV and young mothers:

- **Government leadership and coordination** is essential to delivering integrated, high-quality services at scale.

- **Integration and multi-sectoral referrals** based on clear referral pathways and follow up mechanisms increase the likelihood that AYPLHIV and young mothers will access a range of SRH, HIV, SGBV, mental health and other services.

- **Capacity building service providers** to provide non-judgmental, quality care to AYPLHIV and young mothers has the potential to improve SRH, HIV prevention and treatment outcomes.

- **Trained, mentored peer counsellors** effectively contribute to decentralized services while meaningful adolescent engagement ensures programmes are rights-based and responsive to adolescents’ needs.

- **Family and community members** require information and support to provide an environment that is conducive to AYPLHIV and young mothers’ health and well-being.

- **Adolescents’ diversity** needs to be respected to ensure services and support are accessible to all AYPLHIV and young mothers, particularly the most marginalized and vulnerable.

- **Young mentor mothers** positively influence male partner involvement and HIV testing.

- **Technology and digital innovation** play an increasingly important role in reaching adolescents and young people with information, services and support, with care taken to ensure standardization, quality, and privacy protection.

- **Implementation research** on psychosocial and clinical outcomes for AYPLHIV and young mothers will contribute to programme effectiveness, scale up and sustainability.

- **Long term and flexible funding** critical for effective implementation and achievement of desired results.
Introduction

Eastern and southern Africa (ESA) is home to 1.74 million adolescents (10-19 years) living with HIV (ALHIV), representing 60 per cent of this population globally. Although there have been significant gains in reducing HIV-related deaths, the gains for adolescents lag behind those for adults. Adolescents represent the highest rate of HIV treatment failure and are the only age group in which HIV-related mortality is not decreasing.²

While mother-to-child transmission rates have reduced dramatically, the majority of new infections in children (0-4 years) occur after birth³, suggesting the need for improved and sustained support to mothers, particularly young mothers living with HIV. The past decade has also seen a significant decline in new HIV infections in adolescents and young people (15-24 years), but that decline has plateaued among adolescent girls and young women (AGYW). Most recently, the gains made in the HIV response have been threatened by the onset of the SARS Coronavirus Disease 2019 (COVID-19) pandemic.

Zimbabwe remains at the epi-centre of the HIV epidemic in ESA. In 2020, an estimated 2,700 adolescent girls were newly infected with HIV, compared to 400 boys in the same age group. Of the 81,000 adolescents living with HIV, 20 per cent are not on life-saving antiretroviral therapy (ART) and an estimated 1,600 adolescents (10-19 years) died in 2020 from AIDS-related causes.⁴ The rate of viral load suppression¹ (VLS) among adolescents and young people (15-24 years) falls far below the national target of 95 per cent; only 66.2 per cent of young women and 49.2 per cent of young men are virally suppressed.⁵

While Zimbabwe has seen significant success in preventing mother-to-child transmission of HIV (PMTCT), with 87 per cent of pregnant women living with HIV receiving lifelong ART, in 2020 one out of ten HIV-exposed infants (HEI) was HIV positive. Zimbabwe also has a high rate of early childbearing; in 2019, 24 per cent of women aged 20-24 years gave birth before the age of 18.⁴ Sexual violence against girls remains unacceptably high; 9 per cent of girls 18-24 years have experienced sexual violence before the age of 18. For 17 per cent of girls who have had sexual intercourse, their first experience was physically forced or coerced.⁷

In 2016 the Government of Sweden, together with the regional offices of UNFPA, UNAIDS, UNICEF and WHO, launched 2gether 4 SRHR, a four-year regional programme in Lesotho, Malawi, Uganda, Zambia and Zimbabwe aimed at scale up and delivery of quality, client-centred, integrated HIV, sexual and reproductive health (SRH) and sexual and gender-based violence (SGBV) services, and ensuring that communities are empowered to exercise their rights, access services, and adopt safer health behaviours.

¹ VLS defined as HIV RNA<1,000 copies per milliliter
Zvandiri (“As I Am”), first established in 2004, seeks to transform and improve the life and experiences of children, adolescents and young people living with HIV (CAYPLHIV) aged 0-24 years, around HIV testing and diagnosis, linkage to and retention in care, and adherence to treatment, as well as improved mental health and SRH outcomes. The Zvandiri model is centred on the provision of peer support by trained and mentored Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs) in the community and health facility, in partnership with the Ministry of Health and Child Care (MoHCC), National AIDS Council and district health and social welfare officials.

The Zvandiri model is being scaled up across Zimbabwe and replicated in other countries in the African region, supported by a Technical Support Unit (TSU). To date, 51 out of 63 districts are covered across Zimbabwe, and the model has been implemented in Eswatini, Ghana, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Uganda, and Zambia. Countries have used a standardised methodology throughout the scale-up process to ensure quality implementation.

**Aim of programme review**

Since its inception in 2004, Zvandiri has touched the lives of thousands of children, adolescents and young people living with HIV, many of whom have grown up to become healthy, thriving adults with children of their own. The aim of this review is to reflect on the support provided by 2gether for SRHR during 2017 to 2021, in 8 districts including Bulilima and Mangwe in Matabeleland South Province, Hurungwe in Mashonaland West, Hopley in Harare, Mbire in Mashonaland Central, Mudzi in Mashonaland East and Buhera and Chimanimani in Manicaland Province. It is to share the lessons learned, and offer key considerations for integrated service delivery and scale up. (Please see https://www.zvandiri.org/ for a comprehensive look at all of Zvandiri’s activities.)

During the period under review, Zvandiri contributed to the national response to the HIV epidemic and the UNAIDS fast track targets of ending AIDS by 2030: 95 per cent of adolescents and young people living with HIV (AYPLHIV) and young mothers (YMs) know their HIV status, are initiated and retained in integrated, quality care and treatment, and achieve viral suppression. Specifically, Zvandiri has striven to:

- Improve access to information on HIV, SRH, SGBV, mental health, and emerging issues, such as COVID-19.
- Improve the provision of integrated HIV, SRH and mental health services for AYPLHIV and YMs.
- Strengthen adolescent-led advocacy for an improved policy environment, integrated service delivery, and scale up.
- Contribute to global learning on the issues affecting AYPLHIV and YMs.
1. Improved access to HIV, SRH, SGBV, mental health, and COVID-19 information

**Key results**

- **15,656** AYPLHIV and YMs received information on HIV, SRH, SGBV, mental health, COVID-19
- **13,998** adolescents engaged and were provided with information and linkages to services on U-Report
- **84** Zvandiri Radio Shows were conducted

Zvandiri’s approach to sharing information is based on social and behaviour change communications: AYPLHIV and young mothers require information, tools, and skills to achieve better HIV and health outcomes. At the same time, caregivers, family and community members, and partners need to obtain HIV and mental health literacy to provide adherence and treatment support. Zvandiri therefore uses a mix of communication methods and materials focused on a range of audiences.

Under 2gether 4 SRHR, Zvandiri demonstrated flexibility in adding new information and modes of communication to its existing programme. In addition to strengthening information on SRH, mental health and SGBV, Zvandiri was a trusted source for up-to-date, reliable information related to adolescents, HIV and COVID-19.

“Receiving support from my peer (YMM) has empowered me with information especially family planning commodities. I am now knowledgeable and confident to choose the method I want”

Young mum
Zvandiri has excelled at using multiple platforms to reach as wide an audience as possible. Although much of Zvandiri’s innovative communication has relied on digital tools, Zvandiri recognized the digital divide and employed traditional media, such as interpersonal communication, radio, television and print materials, alongside digital platforms. Zvandiri also ensured that its materials were accessible to people with different abilities, including producing materials in Braille.

Inter-active materials are a cornerstone of Zvandiri’s communications work. Zvandiri youth, 18-24 years, were trained as U-Reporters to receive and respond to messages on the U-Report dashboard. Through this free SMS-based platform, 13,998 SMS messages were received from young people across Zimbabwe containing questions and comments about HIV and SRHR and how to access services. U-Reporters responded to requests for information and linked users to local services. At the beginning of the COVID-19 pandemic, U-Report was also used to conduct a targeted poll among young people enrolled in Zvandiri support groups across the country to explore their needs and concerns. The results of this poll were then used to inform service delivery continuity.

The Zvandiri Radio Show is designed, produced and staffed by 4 Zvandiri radio presenters, who are the face of the show and man the studio with a veteran presenter from ZiFM, alongside 17 Youth Reporters who are responsible for gathering community voices. The Youth Reporters and radio presenters were trained by UNICEF, Zvandiri and ZiFM on news gathering and reporting. Their stories informed episodes on a range of topics, including HIV testing, disclosure, antiretrovirals (ARVs), SRHR, COVID-19, mental health, PMTCT and disability. Each 30-minute episode was presented by Zvandiri Radio Show presenters in partnership with ZiFM. A total of 84 episodes (62 supported by 2gether 4 SRHR and 22 by other funding partners) were produced and aired on national and local radio stations and social media; there are 9,700 followers on the Radio Show’s Facebook page. Each episode was linked with U-Report to facilitate audience engagement. Importantly, young people shared their own lived experiences, challenges and insights on how to address the needs of AYPLHIV and YMs.

Zvandiri also produced a series of short animations on HIV-related issues which were made available on youtube and other social media platforms. In June 2021, Zvandiri aired a short animation on national television to support AYPLHIV’s access to age and developmentally appropriate information on HIV and ARVs during COVID-19.
2. Improved integrated HIV, SRH, SGBV and mental health services for AYPLHIV

**Key results**

- **14,870** AYPLHIV received/referred for HIV, SRH, SGBV, mental health and other services
- **82** CATS supervised and mentored
- **16** support groups operational
- **2,633** caregivers engaged in caregiver support groups and dialogue sessions
- **783** community leaders engaged in community sessions

**Capacity building peer counsellors**

In partnership with the MoHCC, CATS were trained to support their peers with information, demand creation, and referral to HIV, SRH, SGBV, and mental health services. In addition to the facts around HIV, SRHR and, later, COVID-19, training included a wide range of topics, such as puberty, contraception, HIV testing and disclosure, ART adherence and retention, viral suppression, tuberculosis (TB) co-infection, pre-exposure prophylaxis (PrEP), and how to make and track referrals to other...
services, such as SGBV and child protection. This was then followed by on-site and virtual training and mentorship by Zvandiri Mentors (ZMs), based in the districts, to ensure quality as CATS helped their peers navigate access to HIV and SRH services.

**Case-management**

CATS provided a vital link between households, communities and facilities. For example, CATS supported community and facility-based HIV Testing Services, focusing on index case finding to identify undiagnosed children of adults on ART, siblings of children on ART, and sexual partners of AYPLHIV. Those identified were referred to health facilities and community partners for HIV testing services. CATS played a critical role in providing information and counselling for adolescents and caregivers to support them both to test and then to manage the results, using adolescent sensitive counselling approaches, such as books, interactive games, fact sheets and animations developed by and for young people.

CATS’ role in facilitating community-facility linkages is illustrated in Pindai’s story, a mother whose daughter died from HIV-related causes, and whose son later was identified by a CATS, tested for HIV, and initiated on life-saving treatment.

CATS also supported timely disclosure for AYPLHIV by providing information and counselling for caregivers on the benefits of disclosure. A book developed for caregivers, Siyanakekela, addressing the importance of timely disclosure, was shared with caregivers during health facility and home visits while the Masas counselling game was updated. In addition, together with the MoHCC, an enhanced disclosure intervention was developed that is being piloted in Buhera district to strengthen timely, quality disclosure as a strategy for improving mental health and viral suppression among AYPLHIV.

Zvandiri provided a layered package of in-person and virtual adolescent differentiated services to promote retention, adherence, and viral suppression. CATS provided information and support to AYPLHIV and their caregivers at home, within health facilities, and virtually to support understanding of ART, viral load testing and suppression, and treatment adherence. This included identifying and referring clients due for viral load monitoring and following up clients who had missed appointments. Clients who experienced difficulties adhering to treatment received enhanced adherence counselling by CATS, using a ‘problem discussion therapy’ approach.

“It this intervention has assisted me to adhere to my medication (ARVS) I used not to really worry about time but now I am aware it is important for me to keep time and also support my child to do the same.”
Mudzi caregiver
AYPLHIV were also supported through community and facility-based support groups as a core component of integrated care. Support groups were facilitated by trained group leaders, guided by a standardized curriculum. During COVID-19, the support groups were adapted virtually mainly through WhatsApp to mitigate the negative impact of isolation.

CATS and health workers co-facilitated health facility-based adolescent clinic days which combined support groups, ART refill, viral load monitoring and other services to promote well-being. During COVID-19, when national lockdowns resulted in restricted movement, CATS supported adolescents to switch to longer multi-month dispensing of ARVs, depending on availability of stocks.

The period under review also saw increased provision of SRH services. Health workers increasingly initiated discussions on SRH and conducted STI and cervical cancer screening and treatment. During COVID-19-related lockdowns and related travel restrictions, ZMs distributed oral and emergency contraceptives to AYPLHIV and YMs to ensure continued access to contraceptive services.

Caregivers and community leaders
The support of caregivers, family members and the wider community is vital to improving the health outcomes and well-being of AYPLHIV and YMs. Zvandiri mentors and CATS facilitated community dialogues in all the implementation districts.

These sessions engaged families and community leaders in understanding their responsibility to support AYPLHIV and YMs, and adolescents and young people in general, to make informed, safe decisions about HIV and SRH. Recognizing that adherence issues often emanate from home, Zvandiri developed treatment literacy materials for caregivers focusing on the role they can play in assuring ART adherence and viral suppression. Caregiver support groups for AYPLHIV and YMs with unsuppressed viral load addressed obstacles to adherence, the challenges to supporting lifelong treatment, and issues caregivers living with HIV might face themselves.

“With the support through home visits which we received from the YMMs and CATS I am now able to discuss about SRHR issues with my children. This was a difficult topic for me before this intervention.”

Hurungwe caregiver
Mental health and psychosocial support

Mental health and psychosocial support (MHPSS) are a fundamental part of the Zvandiri model. There is growing evidence that AYPLHIV have a higher occurrence of common mental health problems than their HIV-negative peers. Zvandiri has placed a strong emphasis on promoting mental health literacy among AYPLHIV, YMs and their families and communities. CATS and YMMs were trained to provide PSS and to identify and refer clients for mental health conditions. Zvandiri integrated mental health issues into its wide-range of tools and materials and Zvandiri Radio Show episodes, creating a stigma-free space to talk about mental health and well-being and the mental health-related experiences of AYPLHIV, YMs, and caregivers.

CATS and YMMs provided counselling for their clients in the health facilities, homes and through mHealth to promote wellbeing, social connectedness, resilience and coping skills. Counselling was one-on-one, within groups, and family-based, using an integrative, holistic approach that draws on cognitive behavioural therapy, narrative therapy and positive psychology. They also provided counselling for caregivers to promote supportive environments. CATS and YMMs were supported by standardized factsheets on specific mental health issues developed by and for children and adolescents.

Zvandiri is part of a joint case management approach, as CATS and YMMs worked with clinic nurses, mental health specialists, and social welfare officers. CATS and YMMs were trained to screen their clients for common mental conditions and substance use, and then refer those found to be at risk so they could be assisted further. Referrals were made to mental health nurses, most of whom work at central or provincial level, and Zvandiri mental health specialists. Given the limited number of mental health nurses at the district level, Zvandiri deployed mobile mental health specialists to support at-risk AYPLHIV and YMs who were unable to travel to provincial level hospitals. CATS also provided adherence monitoring for AYPLHIV on psychiatric medications. The mental health challenges faced by AYPLHIV are highlighted in Albeto’s Story, the story of a young man living with HIV who describes his depression and suicidal ideation, prior to Zvandiri’s intervention.
Health worker capacity

In partnership with the MoHCC and National AIDS Council, Zvandiri provided on-site and digital training and mentorship for health workers in delivering quality integrated HIV, SRH and mental health services for AYPLHIV and YMs. Zvandiri’s medical team co-facilitated training on how to manage an adolescent with a high viral load, switch regimens, and screen for and treat TB in adolescents. The Zvandiri team also worked alongside health workers to review adolescent deaths to better understand what could have been done differently and improve the quality of case management to prevent future HIV-related morbidity and mortality. With the onset of COVID-19, training for health workers in enhanced adherence counselling was adapted to virtual training and rolled out through the Zvandiri-ECHO Hub. The health worker training complemented Zvandiri’s advocacy work. For example, to foster a non-judgmental, supportive environment, Zvandiri produced a video featuring AYPLHIV speaking directly to health workers about how stigma affects their health and well-being.

“Having YMMs in the clinic has assisted us to retain these young mothers and their babies in care, home visits cement the information which they would have received in the health facility.”
Buhera nurse

Emergency response

Zvandiri’s work on mental health and PSS extended to humanitarian crises. Following Cyclone Idai in 2019, a team of psychologists, social workers and psychiatric nurses were seconded to Chimaniman and Chipinge, two districts devastated by the cyclone, as part of UNICEF’s humanitarian response to provide trauma counselling for children and families; trauma support and stress management for health care workers; and capacity building of health care workers to identify and manage psychological distress among children and adolescents.

Zvandiri was already on the ground in Chimaniman and other cyclone-affected districts to provide critical community and health facility-based prevention, treatment, care and support for AYPLHIV. CATS and Zvandiri staff helped to prevent ART interruption by identifying AYPLHIV who had lost their ARVs or could not access the clinic for ARV re-supply. The team also provided specialized adolescent counselling to prevent the development of prolonged psychological problems resulting from trauma, grief and loss. As Chimaniman recovers from the devastation caused by Cyclone Idai, community members, including village health workers, social workers, teachers and parents/caregivers are being sensitised and educated by CATS to be responsive to the needs of AYPLHIV and to ensure they receive the necessary support for treatment adherence and retention. CATS are also working to ensure that AYPLHIV receive emergency assistance for shelter, psychosocial support and other interventions. The lessons learned from the experience have been applied to disaster risk reduction strategies.

“It seems that my role in the community has become ever more important since the Cyclone. I am keen to help my peers as much as I can, and Zvandiri has really assisted me to be equipped to help.”
Brigitte, CATS, Chimaniman
Integrating TB into HIV services for adolescents

Given the prevalence of HIV/TB coinfection, Zvandiri trained CATS on providing information on adolescent TB. CATS produced and shared an adolescent-friendly fact sheet on TB with AYPLHIV and caregivers during support groups, home visits and at facilities, and referred AYPLHIV who were unwell for further investigation and management of TB. CATS also provided adherence monitoring, counselling and support for AYPLHIV on TB treatment or TB preventive therapy. These efforts were complemented by the Zvandiri Radio Show which shared information and advocated for child and adolescent-friendly TB services.

Strengthening child and social protection linkages and referrals

The collaboration of CATS with the Department of Social Development included conducting joint home visits to ensure that specific child protection and social protection needs of AYPLHIV were addressed. As the video, Amos’ Story, illustrates, CATS are well-placed in communities to identify cases of abuse, neglect, hunger and other challenges, and refer clients to Community Care Case Workers.
3. Adolescent and young mothers living with HIV and their babies

Adolescent and young mothers living with HIV are at risk of having worse health outcomes along the PMTCT continuum and need tailored support for treatment initiation, adherence and retention, parenting, and mental health. Young mothers may be learning of their HIV status for the first time when confirming their pregnancy status; others may already know their HIV status, be enrolled in ART and require additional adherence support. In 2018, Zvandiri launched the Young Mentor Mother initiative in 26 health facilities in 4 districts to improve HIV and SRH outcomes for young mothers and their babies. This peer-led intervention addressed the unique challenges faced by young mothers that are often missed by routine HIV and SRH services designed for adults.

Young women living with HIV (18-24 years), who are also young mothers, were trained and mentored to support other young mothers living with HIV during the pregnancy and breastfeeding period to access HIV testing, treatment and care services for themselves and their infants. In addition to the topics included in CATS training, the training for the YMMs included topics specific to young mothers, such as early infant diagnosis (EID), HIV-preventive treatment adherence for infants, exclusive breastfeeding, infant and young child feeding, disclosure of HIV status to partners, partner testing, parenting, and contraception. Importantly, YMMs have been integrated within the national PMTCT response as the 48 YMMs are embedded within health facilities and supervised by facility staff. YMMs have also been included in the pilot of the electronic mother-baby pair registers and contribute to the national PMTCT reporting system.

In 2019, Zvandiri and partners conducted the Third Generation Study to explore the clinical and psychosocial status of young mothers and their infants. Led by the Center for Sexual Health and HIV/AIDS Research (CeSHHAR), the study found that the majority of mothers were committed to ART adherence to prevent HIV transmission to their babies, but also struggled with mental health, intimate partner violence, stigma and lack of parenting skills. The results were used to strengthen the YMM initiative, especially components related to partner HIV testing and disclosure, mental health screening and referrals, timely EID, and early childhood development.
The YMMs supported their peers in health facilities, home visits and virtual support groups. In addition to increased antenatal and postnatal care attendance, this tailored approach increased the likelihood that young mothers received a comprehensive package of SRH services within their PMTCT care, including contraceptive counseling and commodities and cervical cancer screening. The YMMs also identified young mothers at risk of or experiencing SGBV and ensured appropriate referral to services. Young mothers who had left formal schooling during pregnancy or after childbirth were referred by the YMMs to other organizations that support young mothers’ return to education.

*As a facility we have managed to see improved attendance on ANC and post natal care amongst the young mothers*”
Mangwe nurse

YMMs proved highly effective in supporting young mothers to make decisions about if, when, how and to whom to safely disclose their HIV status, including their male partners. YMMs acknowledged some challenges in discussing HIV testing with male partners, particularly older partners. However, 166/739 (22%) male partners agreed to HIV testing and disclosure of their HIV test results, and several followed up with voluntary medical male circumcision and PrEP. Zvandiri noted that young mothers who were not in safe or stable relationships required additional peer support. YMMs also engaged caregivers in supporting YMs, particularly addressing social and cultural norms around exclusive breastfeeding.

The YMM initiative was captured in a video, *Enita’s Story*, which accompanies 23-year old Enita during a day in her life as a young mentor mother.
4. Strengthened advocacy and policy environment

Although Zimbabwe has strong HIV and adolescent sexual and reproductive health (ASRH) policies, strategies and service delivery guidelines, gaps remain in implementation. **Youth-led advocacy** for quality, adolescent-responsive service delivery, provision of technical expertise to AYPLHIV-focused **guidelines**, and **health worker training** were all critical components of Zvandiri’s work. In addition, Zvandiri contributed to **global guidance and learning** on AYPLHIV and young mothers.

Zvandiri youth were trained and mentored to participate in a wide range of global, regional and national advocacy events. Through these platforms, Zvandiri youth advocated for improved policies, service delivery and resource allocation. For example, AYPLHIV from Zvandiri created ‘**Together Super Power**,’ an animated music video aimed at policy makers, implementers, researchers and communities. The video celebrates AYPLHIV as individuals with rich lives and experiences. The young people are depicted with extraordinary superpowers, ready to support other children and young people, and celebrate their own lives, strengths, uniqueness and diversity. Collaboration was a key element of this project, bringing together Zimbabwean artists and musicians to share their skills with the Zvandiri young people.

Zvandiri provided **technical assistance** to the MoHCC and National AIDS Council to strengthen an integrated HIV and SRH response for AYPLHIV. This included ensuring adolescent-sensitive policy development and capacity strengthening of service providers. For example, Zvandiri supported the MoHCC in developing an addendum to the **national ASRH training curriculum** with a focus on supporting the SRH needs of ALHIV. Zvandiri also supported implementation of the revised **Guidelines for HIV Testing Services** for Children and Adolescents, contributing to its use at the district-level.
The Zvandiri model has been shared globally across multiple platforms. Zvandiri’s experiences informed new WHO guidelines for AYPLHIV service delivery, with Zvandiri youth participating in a global consultation, led by Zvandiri, as part of the process to develop the new guidelines. A film describing the consultation process and outcome serves as a learning tool for other young advocates.

Zvandiri was also included as an evidence-driven model in UNICEF’s HIV Treatment, Care and Support for Adolescents Living with HIV in Eastern and Southern Africa: a review of interventions for scale. Lessons learned from the YMM initiative were part of a global learning session on HIV-affected adolescent mothers and their children in Sub-Saharan Africa. The YMM initiative was presented as a best practice model to inform future programming and was featured in a subsequent WHO Technical Brief, Safeguarding the future: giving priority to the needs of adolescent and young mothers living with HIV.

Zvandiri’s experiences were further shared in a UNICEF Africa podcast focusing on the YMM Initiative. Taking ‘a day in the life’ approach, the podcast highlights how adolescent and young mothers are struggling to meet their needs, how easily they can fall through the gaps, and how YMMs are helping them with both PSS and in navigating the health system. Similarly, a video The Medicines Alone are Not Enough about the Zvandiri experience was shared by the British HIV Association to its broad network, contributing to advocacy for increased support for programmes for AYPLHIV.

5. Monitoring, tools and resources

To better monitor its work, Zvandiri developed the Zvandiri Mobile Database Application (ZVAMODA), a mobile application (app) designed to improve the quality of data management. The project data is captured by the CATS and YMMs at the community and facility level through mobile phones distributed by the project. The system is linked to the Zvandiri web-based database. CATS, YMMs and ZMs enter data on client registrations, treatment support given (contacts), referrals, and mental health, TB screening and support services. The ZVAMODA app is compatible with android-based phones and has a capability which enables CATS, YMMs and ZMs to capture data offline. The app synchronises data to the main server once there is reliable internet connectivity. Zvandiri shares the data with healthcare workers and district officials and participates in district-wide reviews.

Electronic mother baby pair register (eMBPR) was piloted in Hurungwe district where the YMMs were trained with support from MoHCC and Zvandiri. This platform is linked with the national data base, and it tracks the mother and baby health outcomes. 8 YMMs from 6 health facilities
worked closely with the health care workers. The HCW embraced the use of the mother-baby pair longitudinal tracking register which made it easy for the YMMs to enter the data into DHIS 2. The Data Entry Clerks (DECs) in the supported facilities have contributed immensely to the success of the program. The facilities use the eMBPR register to track those clients who would have missed their clinic appointments and services for both mother and baby. This has significantly improved the retention in care for the mother-baby pair.

Zvandiri implementation guidance, including the CATS Training Curriculum, Mentorship and Supervision Guidelines, counselling tools and job aides, were revised to support effective delivery of SRH services. These resources and standardized tools were made available on the CATS App, have been adopted by the MoHCC for scale up and are being used by health care workers. Red Ribbons and Roses, a collection of stories and poems written by CAYPLHIV, was updated to include PrEP and the experiences of young key populations. Our Story book and counselling game was revised and served as an important resource for CATS during client visits.

In partnership with CeSHHAR, a package of viral load literacy materials was developed, informed by research with Zvandiri youth, to strengthen understanding of viral load among AYPLHIV, YMs and caregivers. The package includes two animated films, two comic books, 12 activity cards and a facilitators’ guide.

The Zvandiri App is a digital application which contains a range of resources to support CATS and YMMs in their work, including service delivery guidance, short animated films, quizzes, and fact sheets. The App was piloted in two districts in 2018 and then scaled up to all 2gether 4 SRHR- supported districts. It is currently being rolled out across Zimbabwe and by countries adopting the Zvandiri model. The resources on the App have been translated into Shona and Ndebele.

2 Key populations include sex workers, people who inject drugs, and the LGBTQI community.
6. Key considerations for integrated service delivery and scale up

To further strengthen and scale up evidence-driven services and support for AYPLHIV and young mothers, a number of key considerations, based on the lessons learned from the Zvandiri model, are offered for policy makers, funding partners, implementors and researchers.

**Government leadership and coordination**

Zvandiri has worked under national, provincial and district-level government leadership and coordination from the outset of the Zvandiri project. Zvandiri’s goals and objectives contribute to the national HIV response, as articulated in the extended Zimbabwe National HIV and AIDS Strategic Plan (ZNASP III) 2015 – 2020, the National ASRH Strategy, and other planning documents. The government of Zimbabwe has recognized the value of Zvandiri’s work by integrating peer counsellors and mentors into health facilities and community case management of AYPLHIV. Building upon Zvandiri’s achievements, the National AIDS Council has allocated funding to replicate the Zvandiri model in eight additional districts.

**Integration and multi-sectoral referrals work**

AYPLHIV and young mothers have multi-faceted needs that extend beyond HIV-specific care and treatment, including SRH, mental health, nutrition, education, violence, and poverty. Integrating age-appropriate SRH information and services into HIV platforms within communities and health facilities clearly benefited AYPLHIV and young mothers. Embedded in communities and health facilities, CATS and YMMs were well-placed to coordinate care, provide screening and referrals to other services, and follow up case management. Zvandiri staff also worked closely with national, provincial, district and health facility staff to ensure standardized operating procedures and referral pathways were in place that facilitated integrated service delivery and referrals.
Capacity building service providers

As integrated services for AYPLHIV go to scale, services providers may find themselves having to develop and use new skills. Under Zvandiri, health workers increased their level of comfort in providing adolescent-responsive, integrated services for AYPLHIV. Support to capacity building health workers included training, resources, mentorship by Zvandiri medical staff, and having CATS and YMMs work alongside health workers. Health workers reported improved confidence while CATS and YMMs noted that health facilities became more adolescent-friendly and responsive to the needs of AYPLHIV and young mothers.

Effectiveness of peers and meaningful adolescent engagement

Adolescents and young mothers living with HIV face numerous barriers to health services. Zvandiri has demonstrated that peer counsellors who are trained, supervised and mentored contribute to improved linkage to services, retention in care, self-reported adherence and psychosocial well-being. In addition to complementing and strengthening adolescent-responsive health care and decentralizing services, CATS and YMMs also played an important role in early identification, referral and support for AYPLHIV and young mothers at risk of mental health conditions and in need of further management and support.
Standardized training, compensation, supervision, mentorship, and quality tools contributed to the effectiveness of the CATS and YMMs. Zvandiri recognized that CATS and YMMs are not health professionals, and ensured they had clear roles and responsibilities and sustained mentorship, supervision and support. Standardizing the peer approach facilitated scaling up the Zvandiri model within Zimbabwe and adapting it in other countries in the region. Zvandiri has also recognized that CATS and YMMs are a volunteer work-force recruited with different levels of education and has made a concerted effort to ensure that their Zvandiri experience will assist them in further academic pursuits or future employment. For example, former CATS and YMMs often continue contributing to the HIV response by volunteering or working for the MoHCC or other community-based organizations.

Zvandiri has been unique in its inclusion of AYPLHIV in every aspect of its work, from governance and strategic planning, to training, programme implementation, monitoring and evaluation, advocacy, materials development, and research. As a result, Zvandiri is a powerful example of amplifying the voices of AYPLHIV, valuing their contributions, and ensuring the relevance of policies and programmes.

Families and communities

A supportive home environment is critical to the health and well-being of AYPLHIV and YMs. On-going dialogue sessions contributed to caregivers’ ability to provide HIV/SRH-related support and helped ease communication between AYPLHIV, YMs and caregivers. The sessions were also an opportunity to support caregivers and other family members living with HIV. Similarly, Zvandiri engaged community members, such as traditional and religious leaders, village health workers, and community case care workers to create an environment supportive of delivering the minimum standard package of SRH services, including preventing unplanned pregnancy, HIV reinfection, unsafe abortion, early marriage and late antenatal care.

Diversity of adolescents and young people

AYPLHIV are not a homogenous group. The Zvandiri model is inclusive of AYPLHIV who are living with disabilities, are married, have children, live in urban and rural areas, have different life experiences, and face heightened risk and vulnerability due to socioeconomic circumstances or sexual orientation. These differences are reflected in Zvandiri’s materials, outreach and interventions. Nonetheless, Zvandiri has also recognized that further financial and technical support is required for CATS, YMMs and health workers to screen and support AYPLHIV who have physical and cognitive impairments.

Technology and digital innovations

Digital information and support that is accessible and adolescent-friendly has helped Zvandiri reach a larger number of AYPLHIV, particularly during the COVID-19 pandemic and natural

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3 CATS and YMs receive a monthly allowance for travel and airtime, a mobile phone and a bicycle.
disasters. These digital tools also contributed to CATS and YMMs having access to guidance, job aides and other resources that strengthened their work within communities. Standard operating procedures for digital support ensured that clients’ privacy was protected and support retained its quality. Addressing access to digital technology and data and connectivity challenges, however, is an on-going challenge. To scale up digital innovations, further efforts need to be made to develop partnerships that make mobile phone and web-based resources more accessible to adolescents.

**Implementation research**

Zvandiri has conducted implementation research to understand which aspects of the Zvandiri model have the greatest impact on AYPLHIV and young mothers’ health and well-being, including adherence, retention, viral suppression, mother-to-infant HIV transmission, early childhood development, and mental health. Zvandiri has also demonstrated that CATS and YMMs can successfully be incorporated into health facility structures, working alongside health workers to provide information, PSS, and screening and referral to other services. Further research on cost-effectiveness is currently underway and will guide resource mobilization and budget allocation to bring the Zvandiri model to scale.

**Conclusion**

With support from 2gether 4 SRHR and other partners, and under government leadership and coordination, Zvandiri has scaled up across Zimbabwe and is gradually being integrated into the health and social welfare systems. CATS have successfully forged connections with their peers, invited family and community members into the support circle for ALHIV, and offered linkages to a wide range of resources. The programme has promoted continuous learning about HIV, contributing to the evidence on how to effectively and holistically manage care and treatment for ALHIV. Zvandiri has also helped to build the resiliency of ALHIV during humanitarian crises and amidst new challenges, such as COVID-19. As Zimbabwe makes strides towards the goal of ending the AIDS epidemic by 2030, Zvandiri will continue to use peer support to extend the reach and enhance the quality of HIV services, fulfilling its mission of transforming and improving the life experiences of ALHIV.
Endnotes

1 Data.unicef.org; aidsinfo.unaids.org
2 Ibid
3 Ibid
4 Ibid
6 Data.unicef.org; aidsinfo.unaids.org
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