

Zvandiri—when medicines alone are not enough

In 2004, Nicola Willis, a paediatric HIV specialist nurse, was working at Newlands clinic in Harare, Zimbabwe, when she received a letter from a 13-year-old girl called Simbisai. “We are so grateful for these antiretrovirals that you have given us, they give us hope, but the pills alone are not enough”, Simbisai wrote. “We need a place as young people where we can come together and grow up, talk about living with HIV, learn to cope, and share issues in our lives. Above all, we are young people, we just want to be together as peers who understand each other.” It was a cry for another form of treatment. A treatment for the fear, loneliness, and anxiety in their lives.

Willis, who has spent 18 years living in Zimbabwe and previously lived in the UK, went on to start a support group in Harare with six adolescents living with HIV. One of them, Amanda, named the group, Zvandiri. In Shona, the local language, she was saying, “I am HIV-positive but accept me as I am”. The adolescents and Willis were joined by a small group of enthusiastic volunteers, including nurses, doctors, and counsellors.

Zvandiri’s aim is to ensure health, happiness, and hope for children, adolescents, and young people (up to 24 years old) who are living with HIV. The model focuses on testing and treatment, but also the mental health and wellbeing of children and young people. The group became an immediate hit, but more was needed. “We ended out doing outreach, complementing children’s clinical care with counselling and support”, Willis, now Executive Director of Zvandiri, told *The Lancet HIV*. “At the time, there was rampant stigma and misconception about HIV, yet young people were stepping up and speaking out about their lives, sharing with communities how they responded to HIV”, she adds.

The Ministry of Health and Child Care (MOHCC) invited the young children from Zvandiri to train doctors and nurses, teachers, and social workers. “The children developed a new belief in themselves, that they are important, valued, loved, and capable”, says Willis. Family and caregivers were counselled to strengthen understanding and support for their children with HIV. “We still faced a big challenge, adherence to antiretrovirals among the young was still a problem”, says Willis.

In 2009, together with MOHCC, Zvandiri piloted training of people aged 18–24 years living with HIV as community adolescent treatment supporters (CATS) to provide counselling for adolescents. “It was immediately clear these CATS could work. They were born counsellors. They knew the issues”, Willis says. The programme started with ten CATS, today there are 1630, all linked to Zvandiri, around

Zimbabwe supporting 67790 children and adolescents each month. CATS are embedded within the national HIV response, integrated within health facilities, and supervised by government health-care workers. They ensure their clients have information, counselling, and support and are referred to services they need.

The Zvandiri programme is currently implemented in Zimbabwe’s 63 districts, covering the whole country. Zvandiri has drawn on the partnership of caregivers, schools, faith and religious leaders, and community members to create a more supportive environment that promotes young people’s health and wellbeing. Willis credits Zvandiri’s strength in working within the government structures. “With the support from the Government of Zimbabwe, we have really been able to support the nation’s response to treatment, care, support, and prevention for children and young people with HIV”, Willis said.

In response to requests from governments in Africa, the Zvandiri model and its peer-led approach has been adopted or adapted in ten other countries (Angola, Eswatini, Ghana, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Uganda, and Zambia). Zvandiri supports the countries to establish systems for embedding peer mentors and peer counsellor recruitment, training, and mentorship. There are 3000 counsellors supporting 96 000 children. “Zvandiri ensures that each and every child is cared for. It is not just about the pill count”, Nobuhle Mthethwa, Paediatric HIV Coordinator, Ministry of Health, Eswatini, told *The Lancet HIV*. “Zvandiri monitors each and every child at individual level. If there is one investment our country can make, this is one.”

A nurse based at a clinic in Zimbabwe, who wished to remain unnamed, says CATS have transformed how health-care givers can support children and adolescents. “We used to really struggle with difficult cases. Now with CATS, the children understand their HIV status and they take their antiretrovirals”, she told *The Lancet HIV*. “Those difficult cases with high viral loads and mental health problems we refer to the CATS and they help us. They also follow up on defaulters and make sure they come back. We feel proud when we hear other countries are now learning from us and starting CATS.”

“Our vision is to continue to scale Zvandiri to reach 1 million young people in 20 countries by 2030”, says Willis. “We will achieve this through continued partnerships with governments, funding partners, and most importantly, young people living with HIV.”

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