The Ghana National AIDS/STI Control Programme (NACP) signed an MoU with Zvandiri following a WHO technical working group in Ghana, where the Model was showcased. The NACP could see that Zvandiri spoke to the big gaps it faced in paediatric care. A successful learning visit to Zimbabwe began Ghana’s Zvandiri journey. “We came back and the support didn’t end. The remote support happened on average every two weeks through the pilot phase — every engagement with the Zvandiri team was a learning moment.” In December 2022, the Christian Health Association of GHANA (CHAG) came on board as an implementing partner, scaling up from two to eleven districts. In addition to the standard Zvandiri Model, Ghana is working on economic empowerment, as well in schools with HIV positive teachers who are helping to reach young people.

**Implementing Partners:**
National AIDS/STI Control Programme (NACP)
Christian Health Association of GHANA (CHAG)

**Web link:** [https://chag.org.gh/](https://chag.org.gh/)

**Started implementing Zvandiri:** 2019

**No of CAYALHIV living in Ghana:**
- 26,810 (0–14)
- 317,410 (15–24)

As of June 2022: 80 trained and mentored CATS are collaborating with health care workers in 46 health facilities to support 1,011 children, adolescents and young adults living with HIV.

**Viral suppression**
94% of CATS are virally suppressed.

**Key highlights of the Zvandiri technical assistance plan**
- “The learning visit to Zimbabwe was an eyeopener — we learnt a lot and especially noted the strong collaboration between Zvandiri and the MoHCC.”
- “E-mentorship is really, really helpful. Every time we meet there is something new to be learnt and learning is not just uni-directional — there are opportunities for dialogue.”
- “Tools — we were not just given an M&E tool — Zvandiri worked with us to adapt the tools to suit our country so as not to burden our service providers unduly. Before, we weren’t collecting such data.”
- “The on-site support we received for training CATS. We have learnt a lot and are hoping to replicate this with other cadres, e.g. Mentor Mothers.”

**Positive change**
- “In 2020 we had about 40% increase in the number of children enrolled into care and about 80% of them came from index testing, which we learnt about through Zvandiri.”
- “This peer support intervention is addressing a lot of stigma-related challenges for younger ones.”
- “The CATS have contributed significantly to improving the treatment cascade for children. Before we started, treatment coverage for children was below 20% (around 2018), but now it’s over 50.”

**Our proudest moment:**
- “Zvandiri has helped us achieve epidemic control through the National Strategic Plan targets and improved the paediatric contribution towards epidemic control in Ghana.”

**Factors for success:**
- Embed the Zvandiri Model in MoH
- Engage with facilities early to recruit the right young people as CATS and work on retention
- Ensure health facility buy-in
- Include health care workers in CATS training so they understand the benefits of the CATS and how to support them
- Fully engage young people in planning, delivery and M&E.

**Hopes for the future:**
- Scale up to more facilities and regions
- Add Young Mentor Mothers
- Learning exchange between implementing countries in the region and CATS.

**Would you recommend Zvandiri?**

“Oh I surely will recommend it... It is very good — apart from just improving numbers in the country. For the young ones—it’s not just HIV—this model supports them comprehensively.”

Dr Raphael Adu-Gyamfi, NACP

“It is a good model that targets the specific needs of young people. I also like the material that you have developed, for example, the Masas’ game.”

Ignatius Terence Ako-Nnubeng, CHAG