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

Message from Mitchel and Takudzwa 3

2022 in summary 4

Zvandiri overview 6

The Zvandiri Model 7

Our Values 8

Approaches, key achievements and innovations 9
A. Service delivery 9
C. Advocacy 14
D. Guidelines and tools 17
E. Strengthening the workforce 18
F. Strengthening families and communities 20
G. Technical Assistance 22

Financial report 24

Thank you 25
Health, happiness and hope for children, adolescents and young adults living with HIV

As trained and mentored peers — Community Adolescent Supporters (CATS), Young Mentor Mothers (YMMs) and Young Men Facilitators (YMFs) — our role is to counsel, support and refer our peers to relevant health and social services, helping them to live healthy lives, with happiness and hope. 2022 marked Zvandiri’s 18th anniversary, and this was another exciting and engaging year of being part of the organisation and supporting health facilities and communities to do better in caring for children, adolescents and young people living with HIV. Not only were we at the forefront — leading service delivery at the community level, but we were also engaged in and led advocacy efforts around mental health, HIV care and ending HIV stigma.

Zvandiri created exciting new tools to support this work, including comics, short films, animations, podcasts, conference presentations and books that we shared with young people. We gathered and discussed the programme during the many look-and-learn visits held in our safe space — Zvandiri House. We have improved our skills through research programmes and engagement as youth researchers, which is important because it encourages us as young people to find out about the issues that interest and influence us so that we can make positive changes in those areas. One of the most interesting issues was self-stigma, which, if not addressed, can negatively impact the gains made in HIV care.

We appreciate the efforts of our partners, led by the Ministry of Health and Child Care, and the donors who have made our work as peer counsellors possible. We also want to dedicate our efforts in loving memory of the children, adolescents and young people living with HIV and the advocates from around the world that we lost in 2022; you will be remembered forever!

Message from Mitchel and Takudzwa
2022 in summary

2,139
peer counsellors (CATS and YMMs) mentored and supported

1,179
health facilities received on-site and virtual technical assistance (TA) in the case management of children, adolescents and young adults living with HIV (CAYALHIV), including peer-led services

107,709
children, adolescents and young adults received virtual and in-person information, counselling, monitoring and linkages to services

5,795
children and adolescents were identified and brought back to HIV treatment and care

2,802
health care workers provided with on-site and virtual training and mentorship for quality paediatric and adolescent HIV services across 11 countries

15,322
HIV self-test kits distributed by CATS, YMMs and Zvandiri District Teams
  • 15,130 (99%) kits used
  • 798 (5%) were reactive
  • 742 (93%) linked and received confirmatory testing

1 Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs), 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’.
Health, happiness and hope for children, adolescents and young adults living with HIV

36,150 children and adolescents screened for signs and symptoms of tuberculosis (TB)
• 3,991 screened positively for TB and referred to clinicians
• 9,427 children and adolescents were identified and referred for TB preventative treatment (TPT)

107,709 CAYALHIV received peer-led counselling and support through health facilities, home visits, support groups and MHealth
• 38,350 CAYALHIV screened for mental health conditions
• 4,907 CAYALHIV with mental health conditions received enhanced counselling and case management

110,481 referrals for services, including viral load monitoring, ART, mental health, sexually transmitted infection (STI) management, family planning, social protection and legal services

3,784 contacts of 3,005 children, adolescents and their parents or sexual partners were identified and offered HIV testing services.
• 455 previously undiagnosed children and adolescents living with HIV were identified.
• 433 (97%) were linked to antiretroviral therapy (ART).

95% CAYALHIV with a suppressed viral load (cf 72% nationally)

11 countries supported with TA
6 research studies conducted
3 published, peer-reviewed papers
6 innovations presented at international conferences
19 child- and adolescent-friendly information, education and communication materials developed and disseminated (5 animations, 5 comics books, 1 journal, 8 activity cards)
10 episodes of the Zvandiri Radio Show produced
2 new films produced
6,109 young people supported directly through U-Report.
Zvandiriri 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 connects young people with trained, mentored peer counsellors and provides an innovative holistic approach that ensures sustainable impact. Zvandiri started in Zimbabwe and has been adopted and scaled in 53 districts in Zimbabwe and 11 African countries, with 2,139 trained peer counsellors we call Community Adolescent Treatment Supporters or CATS² and Young Mentor Mothers (YMMs). Together, they currently support 107,709 young people in 1,179 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.

² Or adapted to NATS in Namibia, YAPS in Uganda and DATS in Nigeria. Other countries have retained ‘CATS’.
The Zvandiri Model

**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 Zvandiri Mentors (ZMs), CATS and YMMs support their peers to know their HIV status and start and remain on treatment while also supporting their broader health, mental health, sexual and reproductive health and protection. During 2022, in Zimbabwe, Zvandiri supported 1,664 CATS, 108 YMMs, and a newly introduced cadre of 6 ‘Young Men Facilitators’ (YMF), transforming the lives of 97,388 CAYALHIV across the country.
Key achievements and Innovations in 2022

Find, test and treat
› 3,784 contacts of 3,005 children, adolescents, young people and their parents or sexual partners were identified and offered HIV testing services
  • 455 previously undiagnosed children and adolescents living with HIV were identified
  • 433 (97%) were linked to ART
› 854 children were supported and received early infant diagnosis (EID)
  • 0 infants were diagnosed HIV positive

HIV self-testing
› 15,332 HIV self-test kits distributed by the Zvandiri District Teams
  • 15,130 (99%) kits used
  • 798 (5%) were reactive
  • 742 (93%) linked and received confirmatory testing

Continuity of HIV treatment and care
› 7,402 confirmed ART defaulters traced
› 5,795 (78%) were brought back to HIV treatment and care

Treatment monitoring
› Viral load monitoring continued to be affected by COVID-19
  • 46,807 had viral load tests and received results
  • 77% Viral load coverage
  • 94% viral suppression among Zvandiri-supported CAYALHIV

Support for TB services
› 36,150 screened for signs and symptoms of TB
  • 3,991 (11%) screened positively for TB and referred to clinicians for investigations
  • Of those screening negatively and eligible for TPT, 9,427 were referred
  • 6,120 (65%) 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
› 107,709 CAYALHIV received peer-led counselling and support through health facilities, home visits, support groups and MHealth
› 38,350
  • 13% screened positively for common mental health conditions
  • 96% received enhanced counselling and case management from CATS, YMMs and Zvandiri District Teams
  • 65% required further referral, of which 99% completed the referrals

Referrals
› 110,481 referrals to services
  • including but not limited to viral load monitoring, ART, mental health, STI management, family planning, social protection and legal services.
  • 6 partners of young mothers were referred and accessed pre-exposure prophylaxis — PrEP
  • 523 young mothers were screened for cervical cancer, and 5 were identified and put on treatment.
Quality improvement implementation: Zvandiri continued its thematic approach to quality improvement (QI) implementation, with each grant prioritising a service-delivery area to be addressed through the QI initiative. The most common thematic areas chosen for improvement were mental health screening and management, viral load monitoring, high viral load management, TB preventative therapy, case finding of previously undiagnosed CAYALHIV, and HIV status disclosure.

A snapshot of some of the QI interventions:

› Mental health QI: Three districts (Makonde, Zvimba and Seke) focused on improving screening reach, quality of screening, and provision of services across 8 health facilities. After six months, they increased the screening reach from 667/1665 (40%) to 990/1,160 (85%) and the identification rate from 49/667 (7%) to 143/990 (14%; range 5%-29%).

› Early infant diagnosis: Three districts (Lupane, Kadoma and Tsholotsho) focused on increasing EID coverage. After 3 months, they improved it from 34/90 (38%) to 97/140 (69%).

› HIV status disclosure: Three districts (Hurungwe, Nkayi and Goromonzi) focused on providing full disclosure to adolescents and young adults aged 10 and above. After 3 months, they assisted in providing full disclosure to 279/384 (73%) eligible clients across 10 supported sites. The QI project was cascaded to 16 sites, and the number of recipients of care aged 10 and above who had received full disclosure increased from 357/664 (54%) to 664/717 (93%).
B. Strengthening the evidence

Our approach

Zvandiri is an evidence-based Model designed, delivered, evolved and scaled up over the last 19 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 2022

Integrating mental health and HIV interventions for adolescents living with HIV: Zvandiri’s work in generating evidence for the integration of mental health and HIV was documented in 5 peer-reviewed papers:

› Rich et al. (2022). Exploring the beliefs, experiences and impacts of HIV-related self-stigma amongst adolescents and young adults living with HIV in Harare. *PLOS One* 17(5): e0268498
› Cluver et al. (2022). From surviving to thriving: integrating mental health care into HIV, community, and family services for adolescents living with HIV. *Lancet Child and Adolescent Health* 2022
› Dambi et al. (2022). Conceptualisation and psychometric evaluation of positive psychological outcome measures used in adolescents and young adults living with HIV: a mixed scoping and systematic review protocol. *BMJ Open* 2022;12: e066129
The Zvandiri Trial: In 2020, at the end of the Zvandiri Trial, the Government of Zimbabwe took up direct implementation and funding of the CATS intervention in Bindura and Shamva districts, with continued TA from Zvandiri. Two years on, we conducted a follow-up study with the Centre for Sexual Health and HIV AIDS Research (CeSHHAR), the Zimbabwean Ministry of Health and Child Care (MoHCC), Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, 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. We found the impact of Zvandiri has been sustained, with high rates of viral suppression (96%) and low rates of common mental disorders (14.7%) among young people supported.

Wakakosha, ‘You’re worth it’: Wakakosha is a self-stigma intervention that was co-created and piloted with young people living with HIV through a collaboration between Zvandiri, CeSHHAR Zimbabwe, and Beyond Stigma. This intervention is the first of its kind, incorporating Inquiry-based Stress Reduction by #TheWorkofByronKatie, psychology, art, music, meditation, and group activities. Formal evaluation confirmed an overwhelming transformative effect on confidence, self-worth, self-efficacy and sense of purpose among young people engaged in Wakakosha.

Intersecting epidemics — HIV and COVID-19 study: This study examined the implications of COVID-19 on the utilisation of HIV treatment services among people living with HIV on ART in Zimbabwe, including adolescents and young people. The study aimed to understand whether the COVID-19 pandemic intensified barriers and or redefined the utilisation of HIV care and treatment services. Study results are expected in 2023.
C. Advocacy

Our approach

Zvandiri prides itself on the meaningful engagement of CAYALHIV to take the lead in the design, delivery, monitoring and evaluation of their own advocacy initiatives — those that address their needs and the gaps they face in accessing services for improved health outcomes. Through training, mentorship and support, ZMs and a team of Youth Advocates (YA) 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 Zvandiri, they mentor their peers to take over the reins, ensuring sustained advocacy and peer-led skills transfer.

Key achievements and innovations in 2022

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

› The Zvandiri Radio Show: We successfully produced and broadcast 10 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, reaching approximately 94,004 on Facebook. Five of these episodes were led by six young people. All 10 episodes used U-Report — a free SMS-based platform supported by UNICEF — to facilitate community engagement through conversations and enquiries from listeners. The platform received 6,109 questions, queries and comments, which the 6 trained U-Report CATS located in 6 rural districts responded to.
› Adolescent voices on HIV stigma in schools: A video written and produced by young people at Zvandiri, which shares experiences of HIV-related stigma in schools — created for presentation at the 50th UNAIDS Programme Coordinating Board (PCB) 2022.

› Global Fund Advocates Network — Loyce Maturu: Loyce Maturu, Advocacy Officer at Zvandiri, has championed youth-led advocacy over the last decade, fighting for improved policies, resource allocation and service delivery. She shared a message to Prime Minister Trudeau on behalf of the Global Fund Advocates Network, advocating for Canada’s continued support to the Global Fund.

› Health, Happiness and Hope: Our new short film — Health, Happiness and Hope — tells the story of Zvandiri, what we do, why we do it, the impact we have and our vision for the future.

› Tino’s Story: In 2015, Zvandiri was awarded a five-year game-changer award by PEPFAR through USAID and CDC, focused on supporting the Government of Zimbabwe in closing gaps in HIV testing, treatment and mental health outcomes for CAYALHIV. Meet Tino, a CATS, and hear some of the results from this project over the years.

› More than Medicines: In this film, five young people from Zvandiri speak about their mental health and the support they need. They developed this short film for WHO’s TeleECHO webinar on integrating mental health and HIV services for adolescents.

› Because Prevention is Better Than Cure — TB preventative therapy: In this animation, Sungi and Tatenda talk about the importance of TB preventative therapy for young people living with HIV.

› READY for an AIDS-Free Future: This is the story of three young men from Maputo and Matola in Mozambique who have been trained and mentored as CATS. Through READY for an AIDS-Free Future, they were selected to participate in a storytelling project to share their experiences as marginalised young people affected by HIV. They learnt skills in storytelling and photography and worked together to produce a set of images and quotes to share their experiences of stigma and exclusion and how their work as CATS has given them the skills and opportunity to support others like them. The film is in English and Portuguese.
Zvandiri Advocates and youth participated in a wide range of conferences, meetings and consultations during the year, including:

› **The UNICEF Africa Radio 4000 series:** A podcast for implementers working to improve HIV and sexual reproductive health services for adolescent girls and young women. Each week, 4000 adolescent girls and young women in sub-Saharan Africa acquire HIV. Zvandiri youth featured on the Power of Peers episode. [Listen on Spotify.](#)

› **Conferences and workshops**
  - AIDS2022 conference — we participated via the in-country virtual hub
  - International Workshop on HIV & Adolescence 2022
  - 50th UNAIDS PCB 2022 meeting

› **Meetings**
  - PEPFAR 2022 Annual Meeting
  - Political Leadership in the HIV Response: UNAIDS/PEPFAR High-Level Side Event at the 77th Session of the United Nations General Assembly
  - Communities of Faith Breakfast Meeting High-Level Side Event at the 77th Session of the United Nations General Assembly on the sidelines of the 77th UN General Assembly
  - The Global Fund 7th Replenishment Meeting

› **Featured Articles**
  - Loyce Maturu on childhood HIV: “Interfaith community has the power to make a difference”
  - I did not know what to do when I was diagnosed HIV positive
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, adolescents and those that care for them to have the knowledge and skills they need.

Key achievements and innovations in 2022

› Strengthening viral load literacy among children and adolescents in Zimbabwe. Zvandiri has rolled out its 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, 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. UNICEF initially funded this work, and Zvandiri is now rolling out the package in 6 USAID-supported districts and other Zvandiri implementing districts funded by READY+ (4), SDC (19) and ZHI ACCE (8).

› Providing technical assistance to MoHCC in updating the Operational Service Delivery Manual (OSDM). In 2022, MoHCC invited Zvandiri to participate in revising Zimbabwe’s OSDM. Zvandiri shared evidence and best practices to support disclosure, transitioning care, and integration of mental health, which were all adopted within national guidance. This is hoped to improve service delivery significantly among CAYALHIV. Zvandiri will be involved in disseminating the OSDM in 2023.

› Providing technical assistance to MoHCC in finalising and piloting the Adolescent Checklist for Transitioning to Adult HIV Care and Treatment Services. Zvandiri played a pivotal role in the design, pilot and revision of the transition checklist that went on to be included in the OSDM. The checklist ensures adolescents have sufficient knowledge and are empowered to take charge of their own treatment before transitioning into adult treatment and care.
Providing access to ado-youth friendly mental health material for wider dissemination

Zvandiri shared its mental health information sheets with the Committee of African Youth Advisors (funded by Elizabeth Glazer Pediatric AIDS Foundation) for inclusion in A Resource for Young People on Mental Health: How to connect with your feelings and tips on supporting others struggling with difficult feelings.

E. Strengthening the workforce

Our approach

Zvandiri partners with governments to strengthen the capacity of its service providers to deliver quality, evidence-based holistic services for CAYALHIV so that they survive and thrive. This is achieved through on-site and virtual training, mentorship and supervision, case management support and QI initiatives for clinic and community-based health care workers and social workers, including lay cadres, such as CATS, YMMs and YMFs, community health workers and case care workers.

Key achievements and innovations in 2022

- **On-site training:** A total of 1,093 service providers were trained on-site. Of these, 42% (463/1,093) were community volunteers trained to be CATS (N=463). The remaining 58% (630/1,093) were health care workers (N=605) and Department of Social Development staff (N=25) trained in a range of topics, including child and adolescent mental health, HIV self-testing services, high viral load management and the use of the WHO Global Standards for quality health-care services for adolescents.

- **Mentorship and supervision:** The Zvandiri District Teams collaborated with MoHCC to provide mentorship, support and supervision to 2,802 health care providers and social workers.

- **Last year, virtual trainings for enhanced adherence counselling (EAC) reached 88 health care workers in 6 districts. Zvandiri collaborated with MoHCC to follow up on the outcome and found that a year after the trainings, viral load suppression improved from 3875/4333 (89%) to 5812/6098 (95%) (patient-level data). According to district-level data, the proportion of CAYALHIV who achieved viral load suppression after completing EAC increased from 56% to 59%.

- **Virtual case management:** Following the successful introduction and evaluation of Zvandiri-ECHO multi-disciplinary Case Management meetings in 2021, Zvandiri cascaded this model to all grants and beyond Zimbabwe. In 2022, 57 virtual case management sessions were held.
through the Zvandiri-Echo Hub with 193 service providers, including Zvandiri staff, MoHCC at site, district, provincial and national levels, and District Social Services Officers. Outside of Zimbabwe, Zvandiri supported four countries (Eswatini, Tanzania, Angola and Mozambique) to set up Case Management meetings, with a total of 63 participants, of which 46 were non-Zvandiri staff.

- **Quality standards assessments** were conducted across 475 health facilities in 19 districts supported by Zvandiri in Zimbabwe to measure site-level service delivery utilising the WHO Global standards for quality health-care services for adolescents adapted for Zimbabwe by MoHCC.
- In the previous reporting period, we successfully piloted our new innovative **Zvandiri-ECHO Paediatric and Adolescent HIV Service Delivery Training and Mentorship Programme** with health care workers across the region. In 2022, we took the learning from this and delivered the programme to our second cohort of 36 participants: ZMs and Regional Coordinators, MoHCC personnel and health care workers from Ghana and Namibia, who graduated in February 2023.
- **Provincial mental health officers** across Zimbabwe were oriented in the Zvandiri Model by MoHCC and Zvandiri, followed by joint planning for integrating Zvandiri in the national mental health response for children and adolescents.

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

### Strengthening the management of high viral load through a QI approach

Several Zvandiri research studies show that approximately two-thirds of clients with suspected treatment failure do not manage to resuppress. Therefore, Zvandiri set up a QI project in collaboration with MoHCC to improve the management of CAYALHIV with suspected treatment failure. In the period September 2021-September 2022, 222 CAYALHIV were enrolled. At the end of the project, 169/222 (76%) had a follow-up viral load sample taken; 106/169 (63%) received their results, and 92/106 (86%) managed to resuppress. These numbers indicate that the supported CAYALHIV not only received the appropriate EAC services but also quality services that helped them to resuppress. This was also visible in the overall viral load suppression across supported districts, which improved from 29,141/32,804 (89%) to 35,340/37,983 (93%). Programme staff testify that service improvement is being sustained as health care workers are now capacitated in managing CAYALHIV with a high viral load.
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 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 caring for and supporting their children and adolescents living with HIV.

Key achievements and innovations in 2022

› Caregivers’ meetings were conducted at health facilities to share information about supporting children and adolescents living with HIV to remain engaged in treatment, as well as supporting their mental health and well-being. These meetings were also utilised to share information about the impact of climate change and how this may affect health services.
› **Community meetings** were held to disseminate sexual and reproductive health and rights (SRHR) information to gatekeepers and community members. These meetings enhanced the community’s understanding of the SRHR needs of CAYALHIV to promote access to services. These platforms also furthered community understanding of HIV testing, treatment and mental health support for children and young people.

› Zvandiri continued with **community dialogues** where community leaders were engaged to discuss critical barriers to accessing HIV services. The community leaders embraced these discussions and promised to fulfill their role in addressing some of the identified barriers.

› **Community cadres’ meetings** were held with CATS, YMMs, Village Health Workers and Case Care Workers to ensure clarity over roles at the community level. These meetings saw an increase in the number of bi-directional referrals. Joint case management cases were also recorded, resulting in clients receiving comprehensive services at the community level.

---

"I am an elderly grandparent, and most of the time it is difficult for me to remind my granddaughter about her clinic appointments. The CATS from Zvandiri assisted me to ensure my granddaughter remains linked on treatment through the home visits to remind us about the clinic appointments and taking medicine".

– Uzumbu Maramba Pfungwe, caregiver

"In my opinion, I did not appreciate discussing sexual and reproductive health with my daughter at home. This changed when I attended a meeting at the community level where the benefits of such discussions were encouraged. I am now very comfortable discussing SRHR issues with my daughter, including dating and disclosure".

– Matobo, caregiver

"I am one person who never appreciated the roles of CATS at the community level as I feared they wanted to take my job. The meetings conducted at the clinic opened my eyes, and I have totally embraced the role of CATS. I am now able to refer all cases of CAYALHIV to the CATS for peer support. Working with CATS at the community level also assisted me in my role to get some referrals for protection concerns for the children".

– Kariba, Child Case Worker
G. Technical Assistance

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.

Key achievements and innovations in 2022

› New partners in Angola and South Sudan: We are thrilled to be extending our partnerships in the region to continue supporting other governments to establish and maintain evidence-based, peer-led services within their HIV and mental health programmes. In Angola, we signed a partnership agreement with the Ministry of Health and began working with implementing partner (IP) — Ajuda De Desenvolvimento De Povo Para Povo Em — to set up Zvandiri in 12 health facilities in Luanda and Benguela districts. In South Sudan, JHPIEGO came on board as a Zvandiri partner and is implementing Zvandiri in 10 facilities in Juba with guidance from a dedicated Zvandiri in-country Technical Assistant seconded from the Zvandiri technical team.

› Our first Zvandiri-accredited country: In May 2022, following a successful Endline Assessment with the Namibian Ministry of Health and Social Services, Namibia became the first country to be accredited to implement the Zvandiri model independently.

› ECHO Paediatric and Adolescent HIV Service Delivery Training and Mentorship Programme: This programme has now become integral to our TA programme for health care workers and partners in Zimbabwe and the region. 2022 brought together our second cohort of students from across four countries who graduated in February 2023.
› **Revision of Zvandiri Technical Assistance Packages:** In 2022, we documented our regional scale-up process, interviewing IPs and health care staff in each partner country to understand their experiences of receiving Zvandiri TA and their successes and challenges in setting up and implementing the Model. As we grow, we continue to learn from our partners and young people themselves. We are feeding this into evolving Zvandiri packages of implementation guidance, training curricula, and child and adolescent-focused tools and materials.

› **WHO:** WHO continues to endorse the Zvandiri Model and to support our expansion across the region. As a respected partner, Zvandiri is working with WHO to review the current state of Adolescent-friendly HIV Services in the 21 Priority Countries using WHO global standards. Results are due in early 2024.

**Quotes from our partners in the region**

“Being a person that has had a great impact on the lives of many young people has been a beautiful gift put on me. It’s the relationships that I have created with children and young people, the changes, challenges and growth it has brought that I appreciate. Getting feedback from young people on how we, as Namibian Adolescent Treatment Supporters have helped them reach their full potential has given us great satisfaction”.
– Sarah, NATS, Namibia

“The READY+ initiative launched in Angola on March 2022 has provided a window of opportunity for young people to reflect on how the area of advocacy can contribute to closing gaps in the response to the HIV epidemic in Angola. Young people are left behind, and their voice needs to be heard and must be part of the response to this epidemic to end inequalities to end AIDS by 2030.”
– Antonio Azevedo, UNAIDS

“I have become proud of myself by sharing my story to help an adolescent adhere to ART and become virally suppressed.”
– CATS, Zambia

“Our indicators for children and adolescents used to be really low. That’s when CATS were introduced in the country. Since then, CATS have played such a key role in improving our indicators. Zvandiri ensures that each and every child is cared for. It is not just about the pill count. This is changing lives. Zvandiri monitors each and every child at the individual level. If there is one investment our country can make, this is the one.”
– Ministry of Health, Eswatini
Financial report

Summary of income and expenditure for the year ended 31 December 2022

<table>
<thead>
<tr>
<th></th>
<th>2022 USD</th>
<th>2021 USD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant income</strong></td>
<td>8,869,646</td>
<td>8,346,740</td>
</tr>
<tr>
<td><strong>Other income</strong></td>
<td>168,221</td>
<td>159,782</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>9,037,867</strong></td>
<td><strong>8,506,522</strong></td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td>(8,967,756)</td>
<td>(8,377,857)</td>
</tr>
<tr>
<td><strong>Surplus/(deficit) for the year</strong></td>
<td>70,111</td>
<td>128,663</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 continue to inspire, motivate and teach us.

We remain deeply grateful to the Government of Zimbabwe for their leadership and support as we complete our 19th year of partnership.

We also thank the Governments of Angola, 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 vital partners in implementing services in the clinics and community, whether in Zimbabwe or one of the 11 countries in the region with whom we are now partnering. The symbiotic relationship between our work and our partners’ work is vital if we are to respond effectively to the holistic needs of CAYALHIV.

Thank you to you all

Ajuda De Desenvolvimento De Povo Para Povo Em (ADPP)
Anglo American
Avert
Beyond Stigma
Britton Charitable Trust
Coordinating Assembly of Non-Governmental Organizations (CANGO)
Centers for Disease Prevention and Control (CDC)
Centre for Sexual Health and HIV/AIDS Research (CeSHHAR)
Child Protection Fund
Christian Health Association of Ghana (CHAG)
Dream Village
ECHO Institute, University of New Mexico
ELMA Foundation
Elton John AIDS Foundation (EJAF)
Frontline AIDS
Her Voice Fund
Institute of Human Virology Nigeria (IHVN)
ITECH
JHPIEGO
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)
UNAIDS
UNICEF
USAID
Viiv Healthcare Positive Action
World Health Organization (WHO)
Y+ Global
Zimbabwe Association of Church-Related Hospitals (ZACH)
Zimbabwe Health Interventions (ZHI)
ZimTTECH
John Templeton Foundation
Leopold Bachman Foundation
Liverpool School of Tropical Medicine (LSTM)