



2018

AFRICAID ANNUAL REPORT



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2018

AFRICAID ANNUAL REPORT



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Message from the Executive Director

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It is now 14 years since the birth of Zvandiri when there was one single support group and 6 young members living with HIV. Now at the end of 2018, Zvandiri supports more than 63,000 children, adolescents and young people living with HIV (CAYPLHIV) through a combination of community and clinic based peer-led services which are fully integrated in to the national HIV and child protection systems.

Whereas previous years have focused on the expansion and further differentiation of the model for different sub-populations of young people living with HIV, 2018 focused on strengthening the implementation of standardised, quality service delivery across the country. Program data and research evidence continue to suggest

improved outcomes for Zvandiri beneficiaries, including improved uptake of HIV Testing Services (HTS), adherence, retention and viral suppression, as well as mental health and social protection outcomes. Africaid, through the Zvandiri model, continues to contribute to the attainment of the 95-95-95 global targets. Beyond Zimbabwe, learning and sharing and the adoption and adaptation of Zvandiri in other countries is growing from strength to strength.

Yet there is still so much more to do. Like other countries, children, adolescents and young people living with HIV in Zimbabwe continue to fall behind in the uptake of HIV Testing Services (HTS), ART initiation and viral suppression. As we push towards the ambitious global targets for HIV prevention, treatment and care, we need to recognise the challenging psychosocial circumstances which are intrinsically linked with these HIV outcomes, yet receive much less recognition. It is our firm belief that if investments and focus do not shift towards the mental health and protection needs of CAYPLHIV, as well as the specific needs of adolescent sub-populations, the global community will fail to meet these targets. Beyond the targets, we will have neglected the need to improve the quality of life of this young population. As Africaid, we



remain deeply committed to ensuring that Zvandiri continues to respond to the holistic needs of children, adolescent and young people living with HIV and that Zvandiri evolves and drives forward in response to their emerging needs.

As 2018 comes to a close, there is much to reflect on. We hope that this annual report will increase your understanding of Africaid's work, the evidence we have gathered and efforts that have been made to ensure that children, adolescents and young people living with HIV live happy, healthy, safe, fulfilled lives.

A handwritten signature in dark ink, which reads "Nicola Willis". The signature is fluid and cursive.

Nicola Willis

Executive Director







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Executive Summary

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2018 has been a year of significant progress across the HIV cascade for children, adolescents and young people. Efforts to intensify case finding and introduce HIV self-testing have resulted in 53,299 children, adolescents and young people receiving an HIV test, with 2,952 confirmed to be HIV positive; 91% of those were linked to care and initiated on ART. A total of 63,515 CAYPLHIV were engaged in Zvandiri services, receiving differentiated services between the home and health facility, led by a team of 1,162 CATS attached to 613 health facilities across 51 districts of Zimbabwe. Improvements on multiple

levels were noted with 93% CAYPLHIV retained in care and 77% achieving viral suppression. Identification and support for CAYPLHIV with mental health conditions, disability and social protection challenges was scaled up; livelihoods programmes continued and the young mentor mothers programme was introduced.

On-site and e-mentorship and supervision remained a key component of Africaid's work – for its team of Zvandiri Mentors and interns in the districts, for their teams of CATS and for multiple health, social protection and community cadres

Key highlights



Supervision and mentorship for 1,162 CATS in 613 health facilities across 51 districts of Zimbabwe

53,299

Children, adolescents and young people mobilized and referred for HIV testing services of which 2,952 CAYP (9% yield) confirmed to be HIV positive

91% Linkage to ART and initiated on treatment

63,515

CAYPLHIV retained and supported in Zvandiri care

75% Average viral suppression across all age groups

439

Child protection cases identified, referred and managed

1,798

CATS and clients screened for mental health conditions

34%

(697) identified to be at risk of common mental health conditions

613

Support groups for CAYPLHIV facilitated

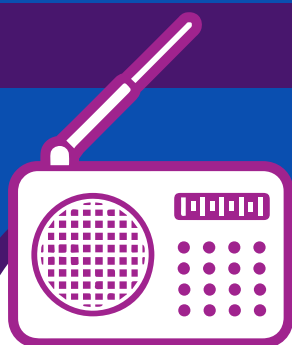


Expansion of the **young mothers** programme to five new districts of Zimbabwe

working together to provide comprehensive services for children, adolescents and young people living with HIV. This focus on capacity strengthening and implementation fidelity necessitated a review of Zvandiri guidance and implementation resources, information and counselling materials in partnership with the youth they seek to serve. Programme activities were all underpinned by intensified efforts to ensure real time data collection through scale up and support for ZVAMODA, the Zvandiri Mobile Database Application. Research studies continued to generate evidence to inform service

delivery for CAYPLHIV, both within Zimbabwe and internationally. Beyond Zimbabwe, adoption of the Zvandiri model in Eswatini, Mozambique and Tanzania continues with new countries following suit.

Above all, young people from Zvandiri continued to drive the way forward for Zvandiri, Zimbabwe, and other countries in the region through their continued commitment, skill and determination to improve the lives of their peers through improved policies and guidance, service delivery and engagement of young people living with HIV.



Launch of the **Zvandiri Radio Show** on national and community radio stations

Training

Training of 400 District Child Protection Committee members in HIV and disability

Training of 320 Lead Child Care Workers and Village Health Workers in referrals and linkages

49

Strengthening of ZVAMODA in 49 districts



Adoption of the CATS model in **Mozambique, Tanzania** and **Eswatini**

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Recruitment of 5 previous beneficiaries to become Zvandiri Interns

Africaid - Transforming the lives of CAYPLHIV through the Zvandiri programme

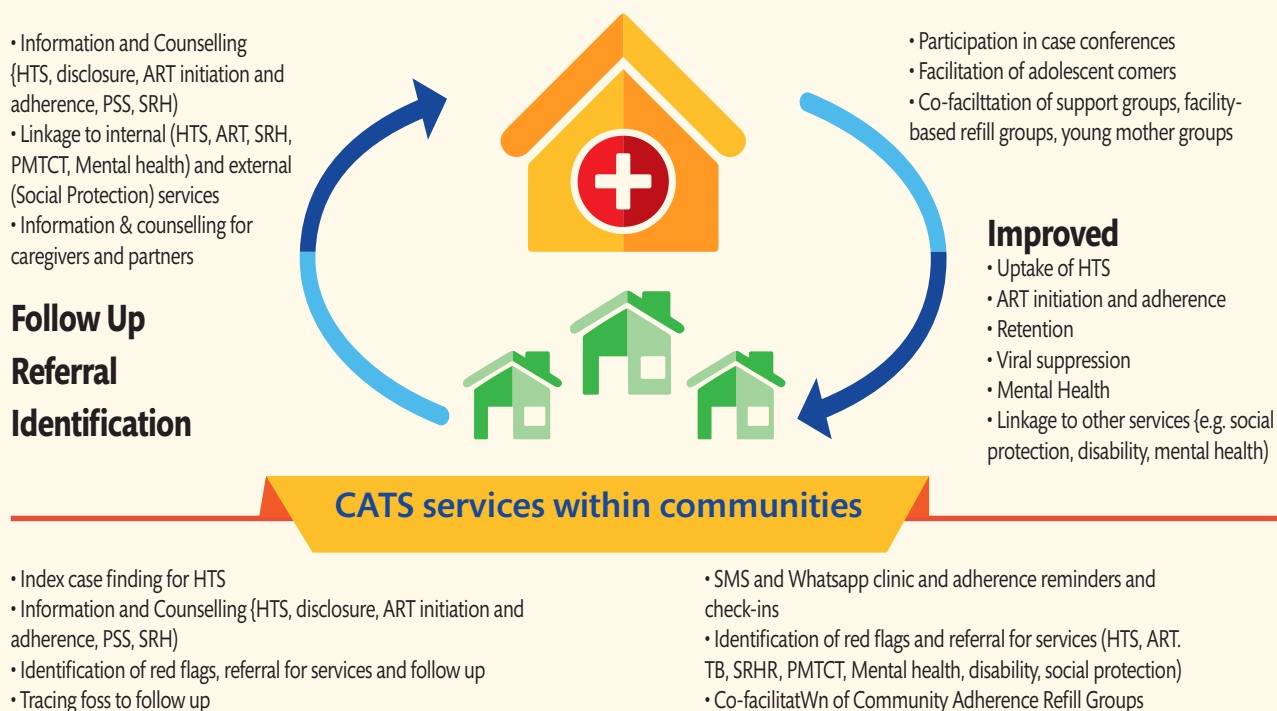
Africaid is a Private Voluntary based organization registered in Zimbabwe (09/2007). Through its Zvandiri programme, Africaid seeks to ensure that children, adolescents and young people living with HIV (CAYPLHIV), 0-24 years, have physical, social and mental well-being. Zvandiri, meaning "As I am" in Shona, aims to directly improve young people's experience across the HIV cascade—HIV diagnosis, disclosure, linkages, adherence, retention and to provide ongoing support for their mental health, social protection and sexual and reproductive health. Since 2004, Zvandiri has evolved from one support group in Harare into a comprehensive model, combining community and clinic based health services and psychosocial support for CAYPLHIV (Figure 1). At the forefront of service delivery are adolescents and young people living with HIV, 18-24 years old, who are trained and mentored by Ministry of Health and Child Care (MoHCC) and Africaid as peer counsellors known as Community Adolescent Treatment Supporters, or 'CATS'. Their role is to support CAYPLHIV across the HIV cascade through a variety of complementary services integrated within government and private sector clinical care packages, Orphans and Vulnerable Children and social protection services.

CATS are attached to health facilities within their own communities and supervised by MoHCC staff, with technical support from district-based Zvandiri Mentors employed by Africaid. CATS identify and refer undiagnosed children, adolescents and young people through index case finding, HIV self-testing (for 16 years+) and support pre- and post-test HIV counselling and disclosure. They support the linkage of HIV negative clients to HIV prevention services while those confirmed as HIV positive are registered with Zvandiri. Each CATS manages a caseload of up to 60 CAYPLHIV whom they support through home visits, support groups, clinic visits and MHealth.

Key to Zvandiri's success and sustainability is its adoption as a key component of the MoHCC's national accelerated action plan for paediatric and adolescent HIV treatment. Additionally, the Department of Social Welfare has rolled out Zvandiri within its national case management system to strengthen the identification and response to child protection violations against CALHIV. Zvandiri is established in 51 (of 63) districts of Zimbabwe and provides differentiated services for over 63,000 CAYPLHIV nationally. A total of 1,162 CATS are integrated within 613 (of 1,490) clinics and 613 support groups are operational. Program and research data confirm improved outcomes across the HIV cascade for children, adolescents and young people who receive Zvandiri services. Other research studies by Zvandiri in partnership with MoHCC and research institutions have explored the experiences and service delivery needs of highly vulnerable sub-populations of CAYPLHIV, including those with virological failure, disability, mental health conditions and those who are pregnant or breastfeeding. Zvandiri has now been scaled up in to Eswatini, Mozambique and Tanzania through the READY+ project and Uganda's Ministry of Health are planning for adoption of the model within their national plans.

Young Zvandiri advocates have taken a leading role at international, regional and national level in promoting awareness, influencing policy and mobilizing resources for the service delivery needs of CAYPLHIV. This has included participation in the development of the WHO consolidated ART guidelines and the WHO guidance on differentiated service delivery for adolescents and young key populations.

Fig. 1 The Zvandiri Model



Vision and Mission

Vision: That HIV positive children and young people have the knowledge, skills and confidence to live happy, healthy, safe, fulfilled lives and to pursue their hopes and dreams.

Mission: To increase access to quality care and support for HIV positive children, adolescents and young people through the development and dissemination of innovative models of community-based care and support.

Strategic Objectives 2016-2020

- To provide quality, evidence-based, integrated HIV prevention, treatment, care, support and protection services for children, adolescents and young people through implementation of the Zvandiri model in 51 districts of Zimbabwe
- To build capacity in government and partner organizations across the country and region to replicate the Zvandiri model, thereby expanding access to more children, adolescents and young people living with HIV
- To advocate for evidence-based, quality HIV prevention, treatment, care, support and protection services for children, adolescents and young people
- To collect, analyse and disseminate data and lessons learned from these services to provide a clearer evidence base for best practice in HIV programming for children, adolescents and young people and to inform future national and international programming.

The Zvandiri Programme

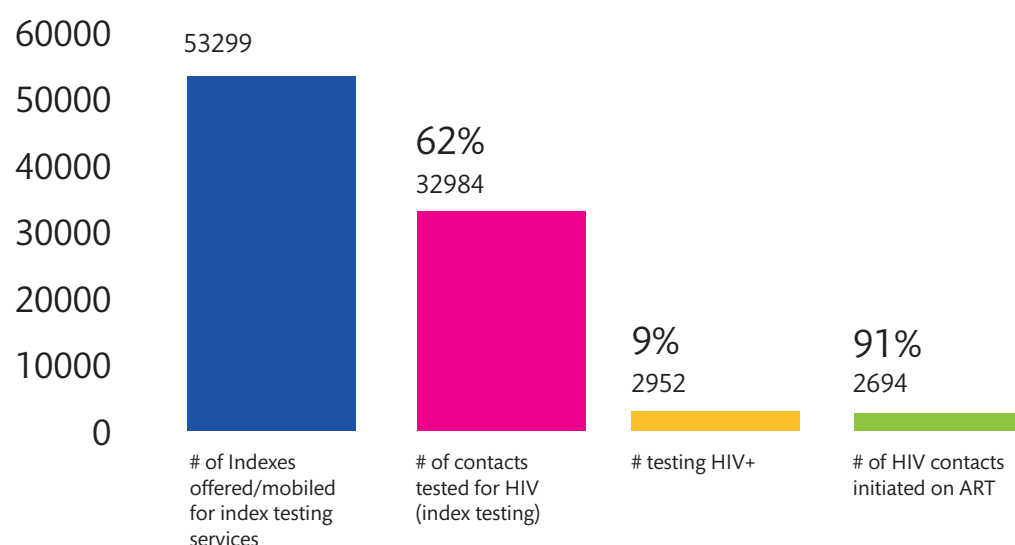
1. Improving the uptake of HIV Testing Services among CAYPLHIV

Following the success of CATS-led index case testing in previous years, Africaid continued to support CATS in the identification of children, adolescents and young people in need of HIV testing services and linking them to HTS provided by the health facility or community testing programmes. A total of 53,299 index cases (i.e. CAYPLHIV in Zvandiri, or caregivers living with HIV) were identified throughout the year; and CATS managed to follow up on 32,984 contacts of index cases (i.e. siblings or sexual partners of CAYPLHIV or children of caregivers with HIV) who all received HTS at local health facilities. By the end of the year, 2,952 (9%) contacts of index cases were confirmed HIV positive and 2,694 (91%) were initiated on ART at the clinics and registered in Zvandiri.

CATS played a key role in providing peer counselling and motivating CAYP who required HTS services. Integration and linkages with various community cadres such as village health workers, community childcare workers and community linkages facilitators enabled strengthened identification of children, adolescents and young people in need of HTS. Linkage to clinical partners such as OPHID and FHI360 within health facilities also promoted the increase of clients receiving HTS.

Fig 3: Linkage to HIV testing services among CAYP at risk of HIV

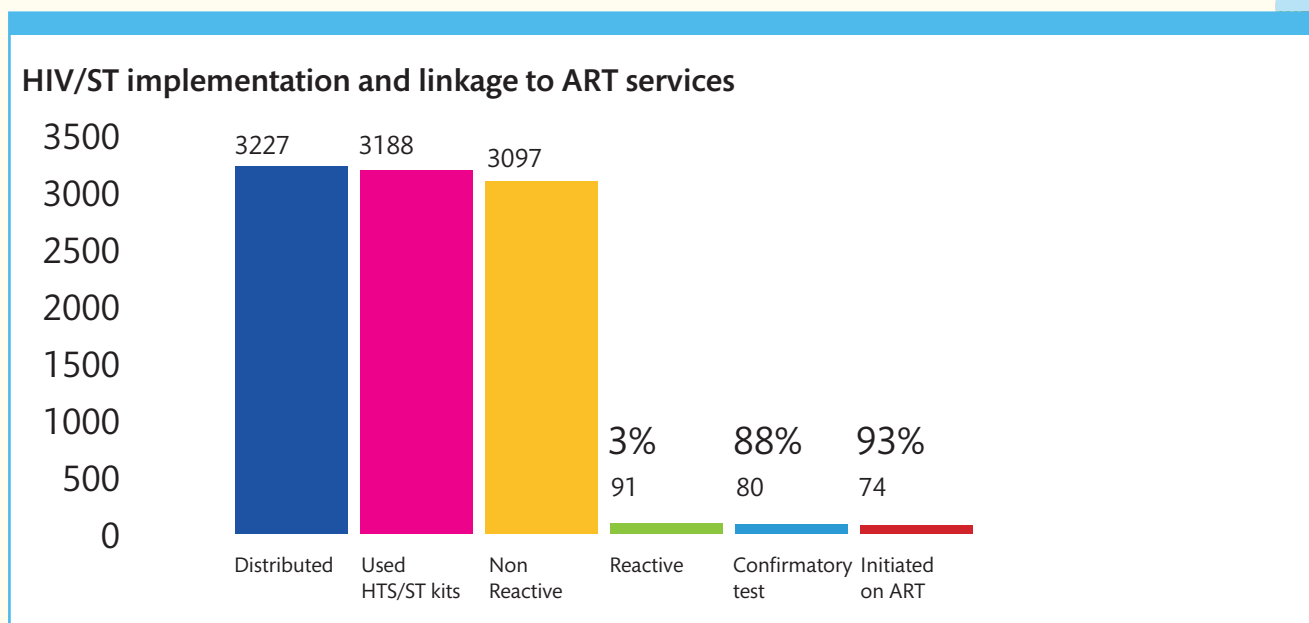
Targeted mobilisation and linkage to HTS service



Despite the successes of CATS-led index case testing, it was necessary to explore alternative strategies for reaching hard-to-reach young people with HTS. In partnership with MoHCC, Africaid piloted the role of CATS in distributing HIV self-test kits (HIV/ST) to 16-24 year old clients in 19 districts. 3,227 HIV/ST test kits were distributed to contacts of index cases, which included siblings and sexual partners of young people living with HIV, as well as the children of adults living with HIV. 3,188 young people managed to perform HIV/ST and correctly interpreted their result. The 91 (3%) clients who had reactive tests were then referred by CATS to the health facility for confirmatory test; 80 (88%) received a confirmatory test. With support from the health care workers 74/80 clients who tested positive were commenced on ART at their local health facilities. The pre and post-test counselling provided by the CATS assisted clients who tested positive to visit clinics for confirmatory tests and to be initiated on ART.



Fig 2: HIV Self- testing (HIV/ST) among Adolescents and Young people between ages of 16 - 24



HIV/ST motivated CATS as it made them feel like direct service providers as they provided HIV/ST kits to their peers. HIV/ST provided young people (18-24yrs) who were reluctant to visit clinics with an opportunity to screen themselves for HIV whilst at home. HIV/ST demonstrated that utilization of a peer led distribution model appeals to young people as they are able to receive support from the CATS. HIV/ST will continue to be explored in other districts to target young people in areas with high artisanal mining activities, border towns and in areas with mobile populations. In this way, Africaid is strengthening outcomes across the HIV cascade through screening those living with HIV, linking them to treatment and providing care and support within the community to ensure virological suppression.

2. Differentiated service delivery for children, adolescents and young people living with HIV

Following a diagnosis of HIV, CAYPLHIV were registered in Zvandiri for differentiated services provided at home, in the clinic, support group and through MHealth. In 2018, a total of 18,995 new clients were enrolled in Zvandiri, with a total of 63,515 CAYPLHIV receiving Zvandiri services in their own homes and communities. These services aimed to promote adherence, retention and viral suppression, as well as mental health, social protection and sexual reproductive health among CAYPLHIV (Figure 4). A team of 1,162 CATS across 51 districts were attached to 613 health facilities and led these services for their peers, under the supervision of the health facility and with technical assistance from the Zvandiri Mentor and Zvandiri intern in each district. Although different districts were funded by different funding partners, a key achievement has been the standardized planning and implementation of Zvandiri in different districts, as well as standardized costings and levels of support.

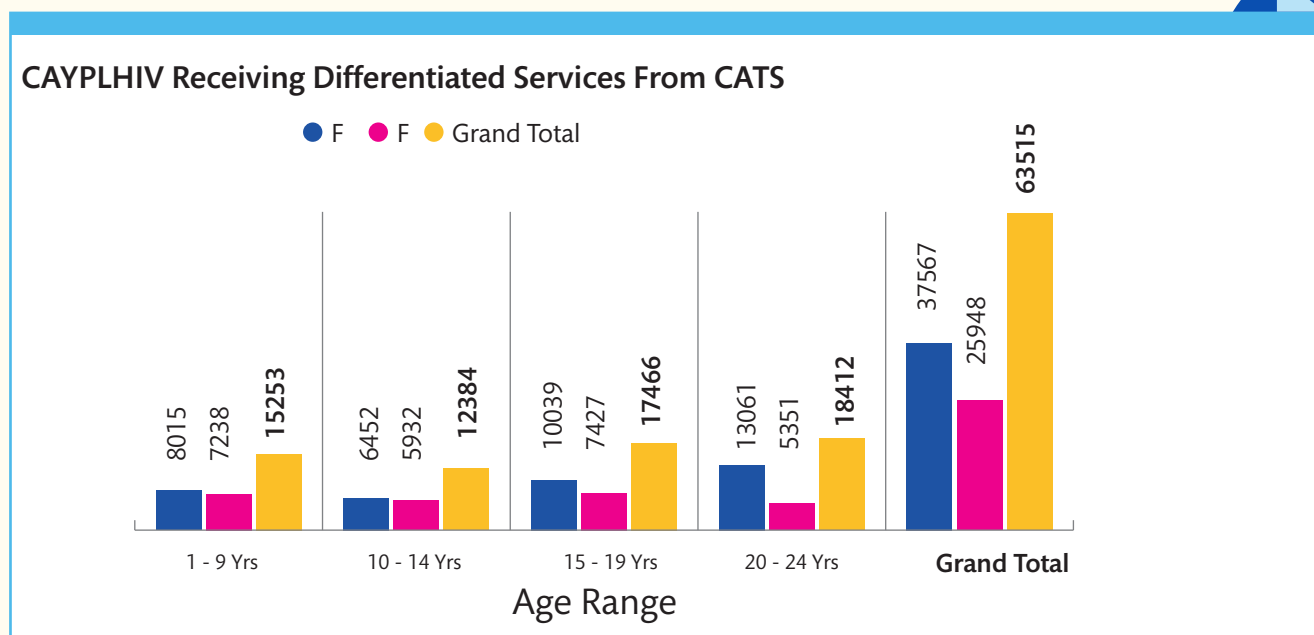


Each individual registered in Zvandiri was case managed according to their individual clinic and psychosocial circumstances. Those who were attending clinic and were virologically suppressed, safe and well received Standard Support from their CATS on a monthly basis. Those who faced challenges such as poor health, adherence barriers, virological failure, poor mental health or social protection issues, received Enhanced Support – i.e. ‘stepped-up’ case management with enhanced frequency and intensity of services, including identification of red flags and referral to other services and joint visits with Zvandiri Mentors and interns, community sisters, social welfare officers and other community cadres.

Africaid continued to support the facilitation of 613 support groups for CAYPLHIV throughout the year. However, efforts focused on integrating these groups within the expanding number of facility-based refill groups, in order to streamline the provision of services for CAYPLHIV. CATS, Zvandiri Mentors and Zvandiri interns provided critical support to the health facilities in the facilitation of these adolescent days and the integration of ART re-supply and peer-led PSS on the same day have proved to be an important step in promoting engagement in services and access to support.

Africaid also used mobile messaging platforms to remind beneficiaries to adhere to their medication and visit health facilities for ART refill and clinic review appointments. These mobile platforms were also important for providing e-follow up and support to enhanced cases such as those with psychological distress.

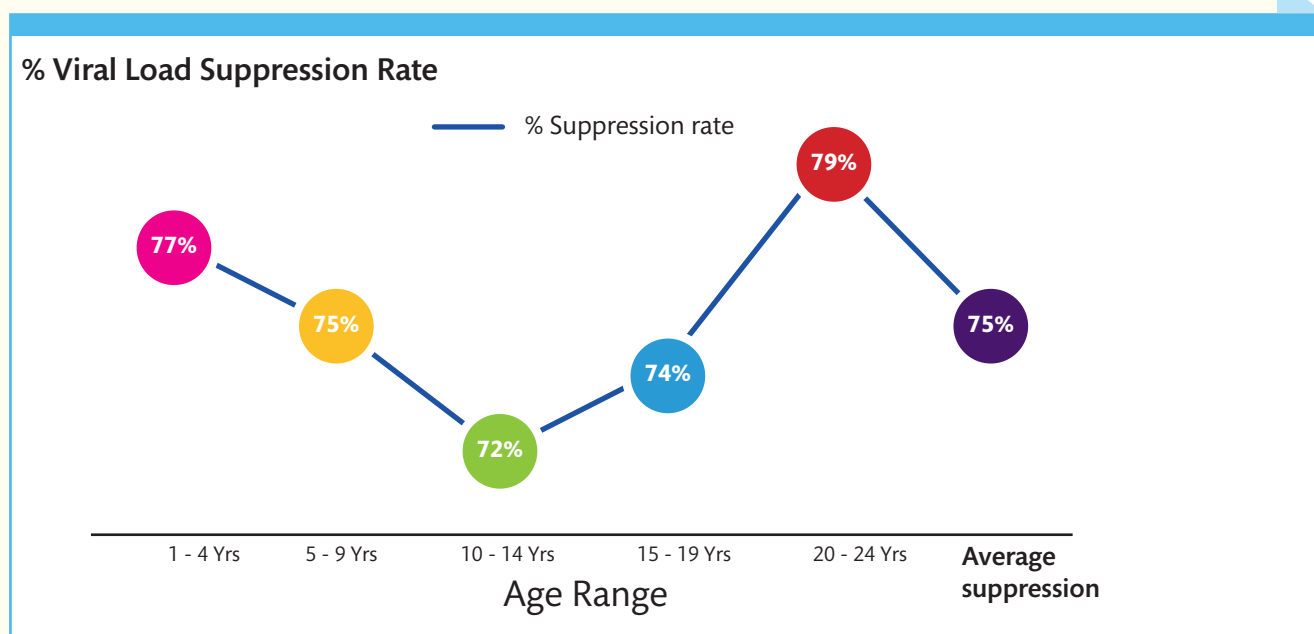
Fig 4: CAYPLHIV receiving differentiated service delivery from CATS



Viral Load Suppression

During 2018, Africaid stepped up efforts to increase the number of CAYPLHIV accessing viral load monitoring. This proved challenging due to limited availability of routine viral load testing although this did improve over the year. The Zvandiri team, through the CATS, Zvandiri mentors and interns identified those due for a viral load test and referred those to the clinic. As highlighted in Fig. 5, the average viral suppression rate for all age groups was 75%. However, suppression rates varied by age group, with 79% among 20-24 year and 72% among 10-14 year olds. Viral load monitoring for CAYPLHIV, including CATS, will be a key focus in 2019, together with morbidity and mortality reviews.

Fig 5: Viral Load suppression levels among children, adolescents and young people living with HIV



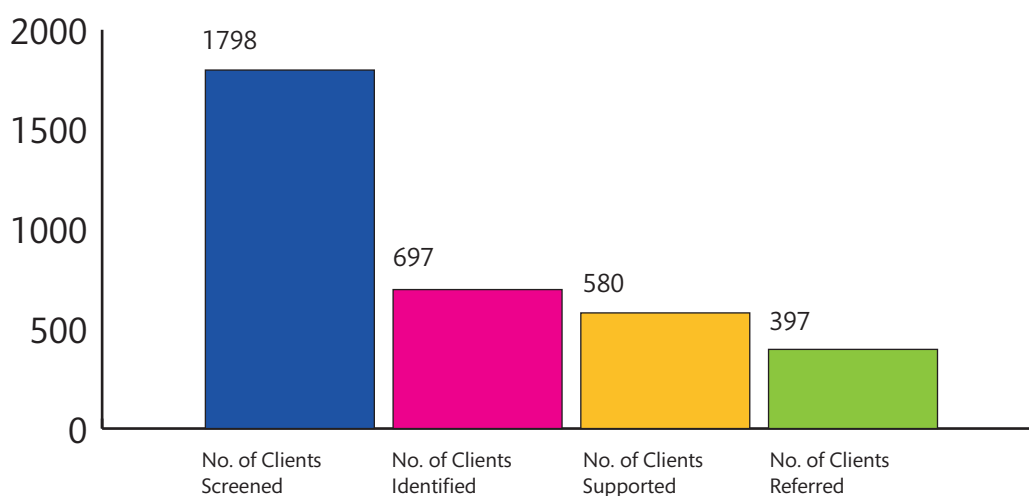
3. Integrating mental health in HIV programming

Adolescents living with HIV (ALHIV) in Zimbabwe have been found to be at risk of depression and other psychological problems correlating with poor adherence to ART. Recognizing the importance of mental health, Zvandiri targeted this as an area of focus, building the capacity of Zvandiri Mentors, Zvandiri Interns and CATS to identify problems and strengthen the system for response. Primary activities which were implemented in the year under review include: training; mentorship and supervision, both in person and virtual; materials development and direct counselling by the mental health specialists (MHS) to support complex cases. Efforts began with the development of the Zvandiri Mental Health Screening Tool and the implementation of a 5-day mental health training with the district programmes staff and CATS from Harare, Seke and Chitungwiza. Subsequent to the training, CATS in Chitungwiza began screening beneficiaries for risk of common mental health conditions. A case conferencing supervision group was held weekly and referral pathways with Chitungwiza's mental health nurses were established. Additionally, the target group for the mental health screening were CATS, those identified as at risk received support, and when indicated, referred for professional assessment and care.



Fig 6: Mental Health Support for CATS and beneficiaries

Mental Health Support for CAYPLHIV



In 2018; 1,798 CATS and beneficiaries were screened (Fig. 6). Of these, 697 (39%) were identified as being at risk for common mental health conditions (depression, anxiety, trauma and substance abuse). 580 (83%) were supported by the CATS, programmes district staff and the mental health specialists through counselling, case conferences and e-mentorship. 397 (57%) clients were referred to the primary counsellors, mental health nurses and psychiatrists for further management, including medication or hospitalization.

This work has demonstrated that depression, trauma and other mental health issues are playing a role in young people's sense of self, hope for the future and problems with adherence. These young people require increased support through the provision of enhanced care and referrals to their primary counsellors, district mental health nurses, and psychiatrist.

There are challenges to overcome in order to adequately support the mental health of CAYPLHIV. Stigma and misinformation about mental health difficulties is prevalent across the country, which like HIV, keeps people silent and limits care. Once issues are identified, the system for response across the districts is inadequate, with too few mental health professionals, poor access to care due to large geographic distances and with many care providers feeling ill-equipped to deal with mental health issues. To effectively address the mental health issues of CAYPLIVH, Zvandiri is working to support MoHCC in strengthening referrals and linkages along with building the capacity of health care providers to address mental health issues.

CASE STUDY

The power of peers in providing mental health services



Simon, age 20, learned about his HIV status at the age of 15. In response, he began abusing drugs to forget his worries and deny the reality of his status. He felt hopeless, worthless and contemplated suicide many times. With much effort, a CATS finally convinced him to go for an HIV test at the health facility.

He tested HIV positive, though still refused treatment.

The CATS continued to visit Simon, offering post-test counselling. Eventually Simon agreed to be initiated on ART. Using the Zvandiri screening tool, the CATS identified Simon as being at risk for depression with suicidal ideation and substance abuse. In addition to ongoing adherence counselling and monitoring from the CATS, Simon was referred for further support and counselling from the health care workers at the health facility. Simon also started to attend support groups meetings. Due to the support which Simon received from CATS and health care workers, he stopped abusing substances.

Repeat screening for mental health risk showed that he is now emotionally stable, no longer contemplating suicide and is confidently planning for his future. His viral load dropped from 21,300 copies to undetectable and he remains engaged in care.

4. Identification and management of HIV positive children and adolescents with disabilities

The year 2018 marked the end of the three year disability mitigation project which Africaid has been implementing in partnership with Christian Blind Mission with funding support from Big Lottery Fund. The project aimed to improve the quality of life of children with HIV-related disabilities living in Harare, through improving awareness of HIV and disability and by strengthening access to appropriate, quality health, rehabilitation and educational services.

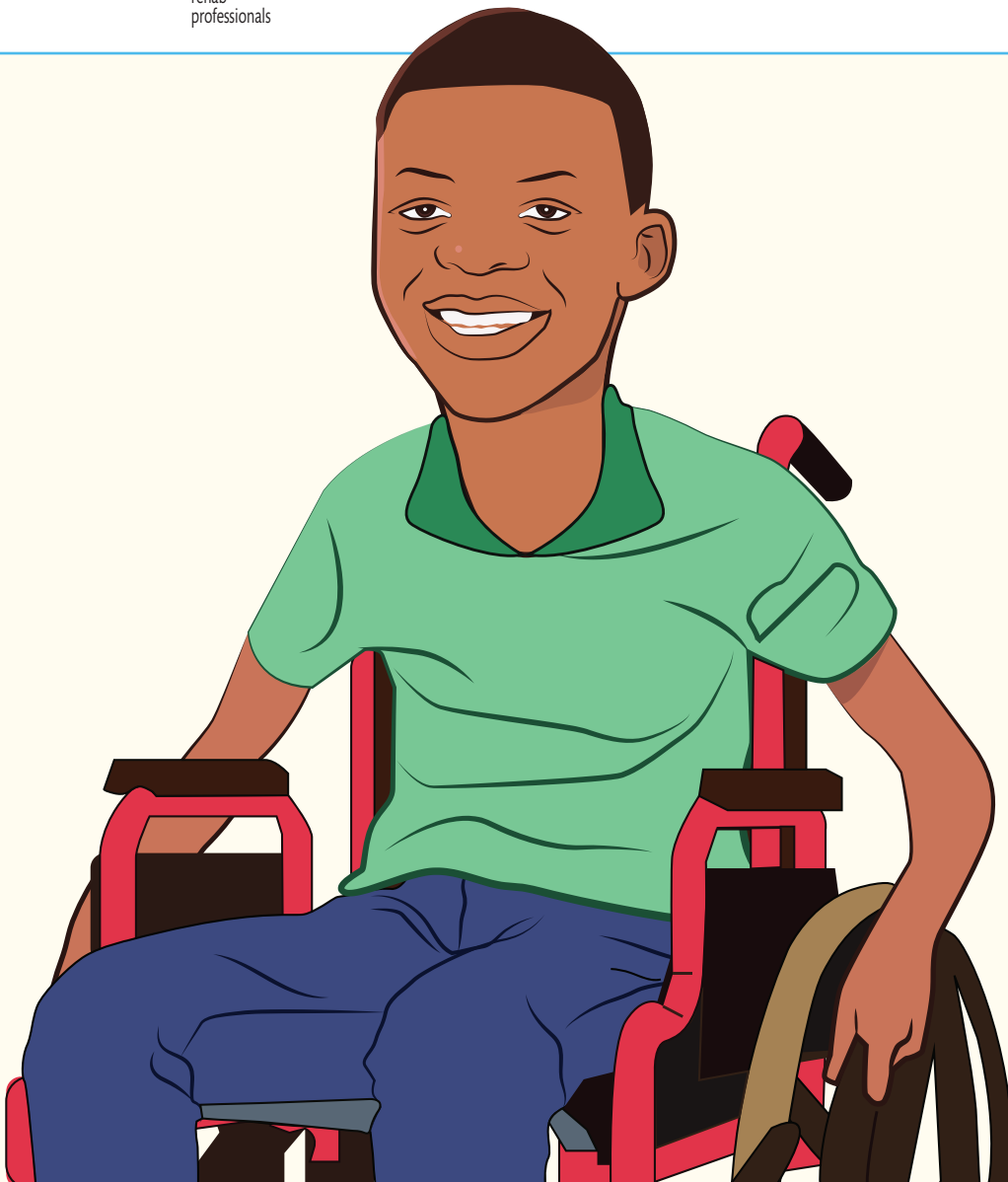
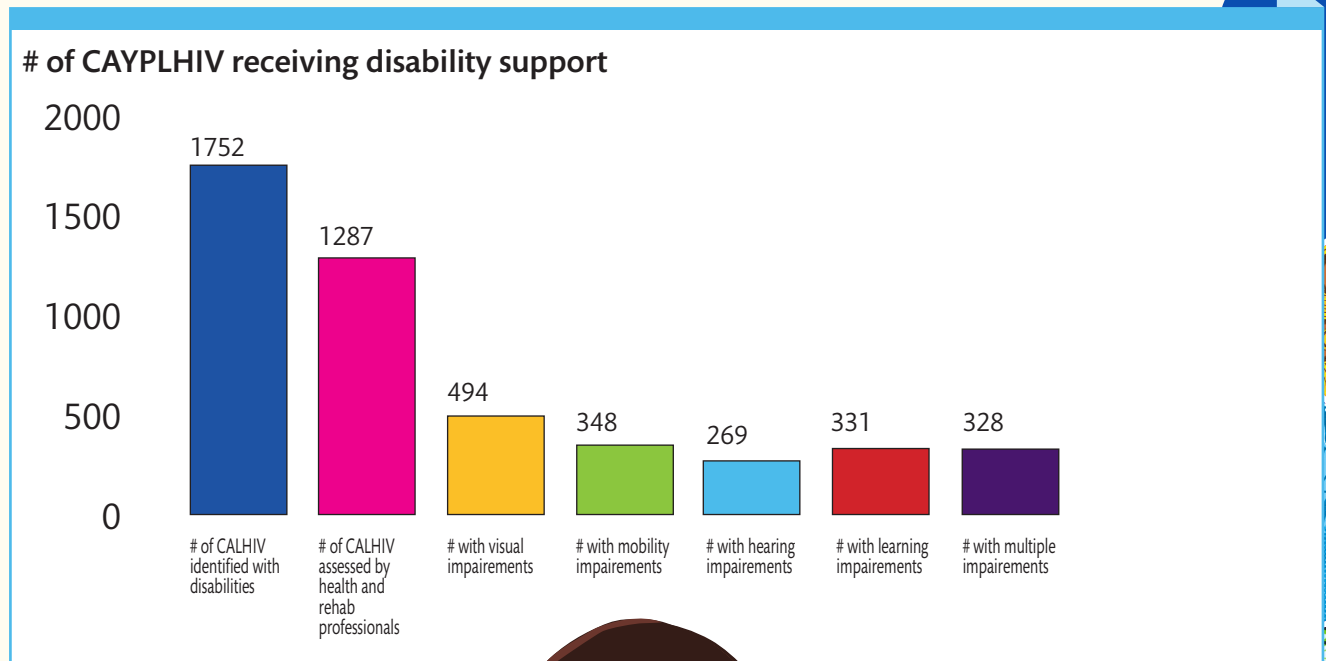
Africaid worked in partnership with children living with HIV and their families and the Government of Zimbabwe through the MoHCC, Ministry of Primary and Secondary Education (MoPSE) and Ministry of Public Service, Labour and Social Welfare (MoPSLW). The CATS were at the forefront of identifying their peers living with HIV at community level who are at risk of a disability, as shown in Figure 7. They worked closely with the health facilities utilising a newly developed disability identification tool to link their peers to services. The Schools Psychological Department also played a critical role in screening children for intellectual impairments during school holiday camps.

The end of project evaluation in 2018 found this project has added to the evidence base of the considerable extent to which children with HIV are at risk for impairments and has shown clear benefits from early identification of impairments, referral and intervention that prevents or reduces the extent of long-term disability and handicap. Benefits were seen regarding health, rehabilitation, school participation and learning, stigma reduction, and increased well-being. The project has demonstrated that it is feasible, even in a resource constrained setting, to reach high numbers of children with HIV and impairments in the community and to link them effectively with institutional services. The active involvement of disability-trained CATS within an existing model of differentiated service delivery for CAYPLHIV has demonstrated that this cadre is capable of adding the dimension of disability to their wide-ranging leadership roles regarding HIV and treatment adherence, community and family support. The project has also demonstrated that, through proven results and strong stakeholder inclusion of the relevant ministries and disability-related CSOs, it is possible to gain their trust and support for CATS as a valued part of the overall, integrated response. CATS ensure that the perceptions, needs and values of youth themselves remain at the forefront throughout.

In 2019, Africaid will work towards mobilising resources to support continuation of this intervention for CAYPLHIV with disability.



Fig 7: CAYPLHIV receiving disability support

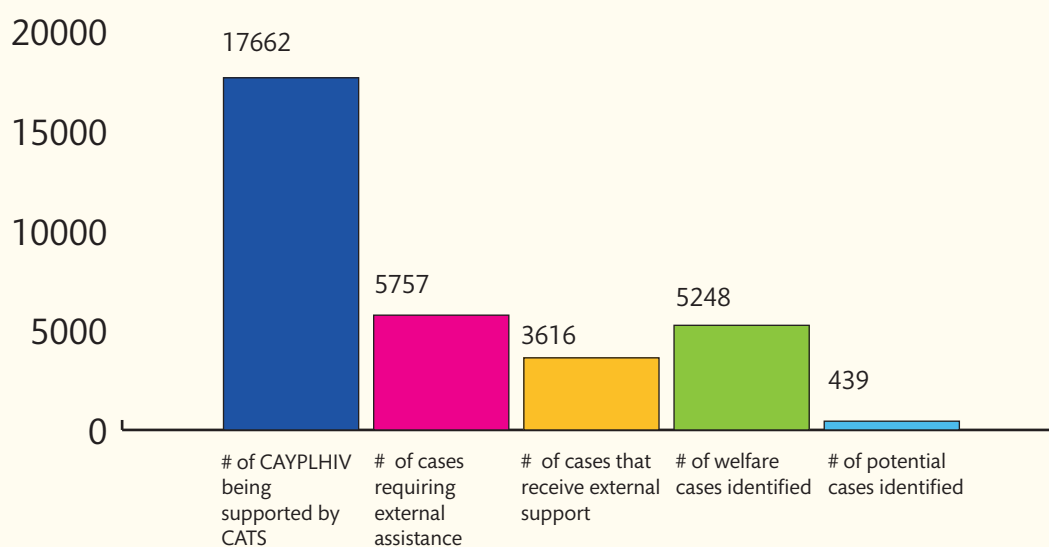


5. Addressing social protection among CAYPLHIV

Africaid continued to strengthen the integration of social protection services within service delivery for CAYPLHIV through support to MoPSLW in the implementation of the national HIV sensitive case management system. Under the National Action Plan for OVC and the Child Protection Fund, CATS played a critical role in 17 districts of Zimbabwe by identifying child protection and welfare cases and referring them to the Department of Social Welfare for case management. These districts include Zvimba, Mudzi, Rushinga, Binga, Bulilima, Mwenezi, Buhera, Makoni, Gokwe North, Murehwa, Beitbridge, Mangwe, Umzingwane, Shurugwi, Tredgold, Fort Street, Chitungwiza and Epworth. Working with the Department of Social Welfare and Ministry of Health and Child Care, a total of 17,662 children and adolescents living with HIV were provided with integrated case management services. As shown in Figure 8, 5,757 of these cases were referred for social protection services and 3,616 received the service they had been referred for. CATS also participated in the Harmonised Social Cash Transfer (HSCT) pay points during the year, reaching 33,424 households information about HIV testing services, treatment and care.

Fig 8: CAYP supported through integrated national case management system

Clients supported through the national case management system



During the year, 35 Zvandiri Mentors and interns were trained by the Department of Social Welfare to enhance their knowledge, skills and confidence in the identification and referral of protection and welfare cases. This was followed by a quarterly review meeting which further cemented the accomplishments of the training. Zvandiri Mentors and Interns interrogated their data and assessed individual district performance with the aim of improving strategies for CATS-led case identification at community level as well as linkages to services for CAYPLHIV. Capacity building continued with the training of 400 District Child Protection Committee members in HIV and disability in all 17 districts as well as training of 320 Lead Child Care Workers and Village Health Workers in the referral linkages with CATS. This assisted the program by strengthening the linkages between CATS and the community structures.

6. Promoting engagement and support for young mothers and their children

As the young mentor mother (YMM) project is new not only to Africaid, but to Zimbabwe, it is imperative that there is understanding and collaboration from all levels from the onset. Quarter one and two focused primarily on the introduction of the project, sensitisation process and trainings for both the YMMs and the support group leaders. This began with an internal orientation meeting for all Africaid staff in the respective districts (Goromonzi, Mazowe, Marondera, Mt Darwin, Buhera, Hurungwe, Bulilima/Mangwe and Hopley Clinic), that will be implementing the YMM project. The objective of the meeting was to orient the Zvandiri Mentors (ZMs), Zvandiri Interns (ZIs) and Regional Co-ordinators about the YMM project and provided an opportunity for everyone to familiarise themselves with the National EMTCT plan. Simultaneously, Africaid collaborated with MoHCC's PMTCT department to plan and implement the project, including seeking clearance from the Permanent Secretary for Health and Child Care.

Upon receipt of clearance, the ZMs and ZIs conducted a district stakeholder meeting in their respective districts to explain the project, answer questions and seek a coordinated collaboration for the opening of the work. With districts fully informed and invested in the project, it created a conducive environment for the selection of the YMMs. Having learned from the CATS project, the selection criteria and selection process are key to successful implementation so there was much time and emphasis placed on this activity.

Prior to the receipt of grants funding and throughout Q1, Africaid worked together with the MoHCC PMTCT team and the Nutrition Department in the development of the draft YMM training curriculum. This draft was piloted during the first ever YMM training which occurred from the 26th of September to the 3rd of October, followed by two other trainings. A total of 76 YMMs have been trained to date. This training provided the YMMs with the knowledge and confidence to provide

“If Zimbabwe is to reach for gold in the dual elimination of mother to child transmission of HIV and Syphilis, then the adolescent and young mothers are a crucial component to address in order to reach the elimination stage”





pregnant and young mothers with information, counselling, monitoring and support as well as referrals to services as needed.

During the training, all YMMs were trained in the use of mobile phones and M&E tools. YMMs use phones to send messages (appointment reminders and adherence check-ins) and make calls to the clients as part of the differentiated care package of services. The YMM training was then followed by the training of 38 support group leaders. A total of 38 support group leaders (27 females and 11 males) These are health care workers (Primary Councillors and 32 Nurses) from each of the facilities implementing the YMM project. Their role is to assist with young mother's support group meetings that will be held at the respective facilities. To date, 537 young mothers have been enrolled into the programme.

Now that the core components have been put in place, service delivery will commence fully in 2019.

The Zvandiri YMM project team is excited to undertake a journey with the Young Mothers, providing the much-needed support as the country moves towards EMTCT.

7. Zvandiri beyond the borders of Zimbabwe

PEPFAR is driving harder and smarter to prevent HIV infections and ultimately help end AIDS among children, adolescents and young women. Every person deserves the chance to survive, thrive, and pursue their dreams.

Deborah Birx, United States Global AIDS Coordinator and Special Representative for Global Health Diplomacy

In 2018, Africaid focused on the words of Ambassador Birx, and strove to drive harder and expand our borders in the fight against the HIV epidemic. Following the 2016 and 2017 national expansion of the Zvandiri Model to 52 districts throughout Zimbabwe, Africaid took the opportunity in 2018 to focus on the development of a regional department: The Technical Support Unit (TSU). TSU is focused on sharing, collaborating and expansion of the Zvandiri model to other countries.

The READY+ Project

Africaid's first foray into regional scale up was fostered through the Alliance-funded READY+ Project which started in 2017. Focused on three international countries (Eswatini, Tanzania and Mozambique), Africaid provides Technical Assistance within the consortium. During the life of the project, Africaid has successfully trained 158 CATS (48 Eswatini, 44 in Mozambique, and 66 in Tanzania) following the same guiding principles used within the Zvandiri Model in Zimbabwe. Working with young people within different countries and cultural contexts forces the TSU to be creative, flexible and humble. It has been an awe inspiring process to watch young people around the region learn counselling skills, use Zvandiri IEC materials for adherence or disclosure counselling and to provide meaningful care and support to 14,019 adolescents and young people in these three countries. It has also been encouraging to note the relevance and acceptability of the Zvandiri model in other countries in the region. This project has provided important lessons learned regarding entry and scale up in to new sites.

Mentorship is the other major pillar within the READY+ programme; Africaid provides onsite programmatic and M&E mentorship as well as quarterly E-mentorship. These visits and discussions allow for the identification of gaps and challenges and provides a forum for learning and building of best practices. Mentorship is the key to quality and implementation fidelity as the model is shared and adopted/adapted within other countries. Lessons learned from both training and mentorship within the READY+ project are the enablers to a successful regional scale up method. TSU has documented the achievements as well as gaps and challenges and applies them to future planning and implementation.

Utilising learning achieved during the READY+ regional project, Africaid is now exploring other scale up opportunities through partnership with



the World Health Organisation, Ministries of Health and funding partners. Within 2018, the TSU has engaged in discussions with five potential implementing partners or funders on various levels. Ministry-led delegations from Uganda (June 2018) and Namibia (November 2018) visited Africaid resulting in the plan to adopt Zvandiri within their national plans.

“I have never known a safe haven for interacting with adolescents and young people on issues which relate to their health, particularly HIV and sexual reproductive health.... until now - I feel like I am at home when I am responding to cases on an interactive dashboard.” said Melissa.

Building Bridges: Improving adolescent HIV service delivery through south to south learning

Throughout the regional and international world of HIV, it is evident that strengths, novel ideas and successful programmes stretch across countries and organisations. In order to build bridges and break down silos, regional and national best practices on community-based treatment, care, support and prevention services should be reviewed and shared. From 19-30 November, Zambia, Kenya, Lesotho and Eswatini hosted technical working group meetings for strengthening the implementation and scale up of services for adolescents living with HIV in their respective countries. Supported by UNICEF and ELMA, Africaid collaborated with WHO Headquarters, WHO country offices and Ministry of Health and Child Care (MoHCC), Zimbabwe to share the Zvandiri CATS model as a best practice on service delivery approaches for adolescent HIV.

The areas of focus for these workshops were: to review the current country specific status of adolescent HIV services including progress and remaining challenges; to receive and incorporate technical updates on WHO recommendation on differentiated service delivery for adolescent living with HIV; sharing of regional experiences and best practices; develop national collaborative plans for accelerated access to adolescent responsive HIV services; Africaid experience sharing on a differentiated model of care, scaling up/implementation of adolescent friendly services, development of package of care for adolescent s, capacity building of HCWs and scaling up/developing peer support for ALHIV.

Programme and IEC Materials

The development of curricula, guidelines and IEC materials was a key deliverable for the TSU in 2018. For successful quality implementation and scale up, new or updated materials is paramount. Through the support of ELMA, the technical expertise of two consultants and home grown Africaid knowledge, the TSU successfully completed two multidisciplinary writing workshop wherein 26 key documents were developed, edited and are now in circulation and printed or print ready.

8. Creating demand for HIV services among children, adolescents and young people

U Report

Like other countries, children, adolescents and young people in Zimbabwe are falling behind in accessing HIV testing services when compared with adults. They also lack information about other HIV, SRHR and protection services available to them. In an effort to promote access to information and uptake of services, Africaid has been working with UNICEF on disseminating information through U Report. U-report is a free SMS social monitoring tool for community participation which has managed to create a virtual space for young people to share information and experiences while retaining anonymity. In addition to the information they receive, U Report has provided a platform for adolescents and young people to feel supported and less isolated through interacting in a safe space with those who share similar experiences. The Zimbabwe U-Report system has registered 162, 877 individuals and of these, 34% are adolescents and young people between the age of 15-24 (Figure 9 and 10).

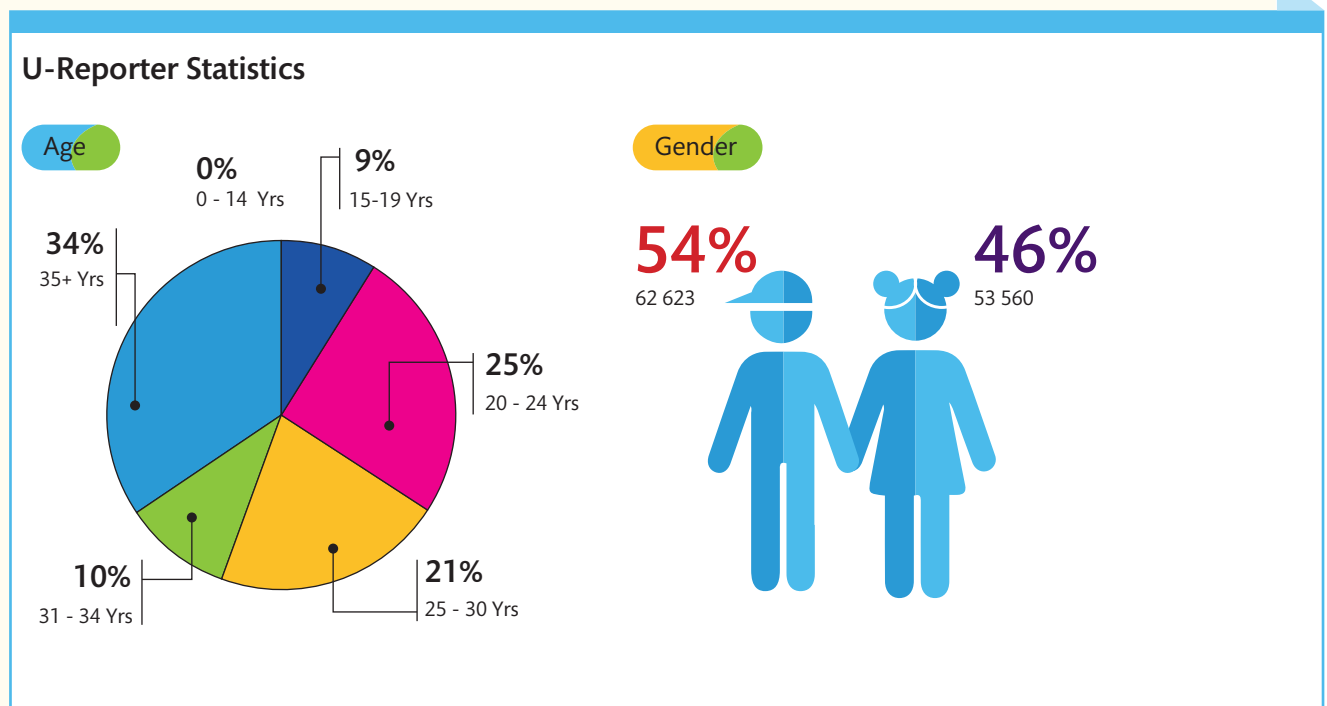
Africaid's U Report programme is led by 9 trained, mentored U Report CATS. In 2018, they were recruited and trained and are responsible for responding to enquiries generated by U Reporters across the country. 1,714 unique cases were received and managed; of these, 194 were referred for HIV Testing and Counselling, STI screening, VMMC and other health services.

The U Report CATS also generate poll questions on HIV prevention, treatment, care and support as well as sexual reproductive health and social protection which are disseminated nationally. The responses are then used to inform programming and the Zvandiri radio show.

The U Report programme has also provided important career development opportunities for the U Report CATS. 5 U Report CATS have now graduated and are formally employed; one is a primary counsellor with ITECH; four have been recruited by Africaid as Zvandiri interns. One of the U Report CATS has abandoned her initial dream of pursuing an accounting profession after discovering a new passion in online counselling through regular interaction with adolescents and young people in Zimbabwe through U-Report. She stated:

Fig 9: U-Reporters disaggregated by age

Fig 10: U-Reporters disaggregated by sex



Peer-led national and community radio show: a unique approach in addressing HIV and sexual reproductive health issues among adolescents living with HIV in Zimbabwe.

Adolescents and young people face multiple challenges in accessing HIV Testing Services. In response, Africaid with support from UNICEF designed the Zvandiri Radio Show in an attempt to enhance the capacity of children, adolescents and young people to understand and adopt behaviours to prevent HIV and access HIV Testing Services.

The Zvandiri Radio Show is produced and broadcasted on a national radio station and two local, community radio stations supported by social media platforms.



The radio show provides an opportunity for AYPLHIV to air the challenges they are facing in both private and public spaces as well as make recommendations on what they want in terms of HIV service delivery. At the forefront of the Zvandiri Radio Show are 4 adolescents and young people who have been trained and mentored as radio presenters. They are responsible for guiding the conversation around a specific topic for each week. Additionally, 17 adolescents and young people have been trained and mentored as young reporters. They take the lead in gathering community voices from their peers, caregivers, health providers, community leaders and other stakeholders in relation to the topic of the week. In 2018, 6 radio episodes were produced and broadcasted on ZiFM Stereo as the national broadcaster. The same episodes received airplay on two community radio stations that is Hevoi FM and 98.4 Midlands. Through the use of internet, the radio episodes have been streamed live on UNICEF Zimbabwe, Africaid Zvandiri and ZiFM Stereo Facebook pages. 5, 559 unique listeners were reached from different provinces and countries including, Matabeleland North, Matabeleland South, Midlands, South Africa, Ireland and England. A total number of 859 males and 977 females between the ages of 18-24 years from Child Protection Supported districts were reached by the radio show episodes.

Zvandiri Mobile data collection Application (ZVAMODA)

Africaid increased coverage of mobile data collection to cover all 631 facilities in 2018 with a total 887 mobile devices distributed. This data collection app was meant to decentralise the burden of data entry and also introduce real time data collection. The scale up in 2018 was adversely affected by connectivity challenges since most of the supported facilities are remotely located. A total of 2000 registrations and 1990 contacts were captured through ZVAMODA.

The use of ZVAMODA has been a source of motivation for the CATS and Young Mentor Mothers. Some have even gone an extra mile and provide M-health services to their clients for example, by having e-Support group meetings using their mobile devices. This has allowed the CATS and Young Mentor Mothers to continue providing services to their clients even when they cannot be reached physically.



8. Evidence driven programmes

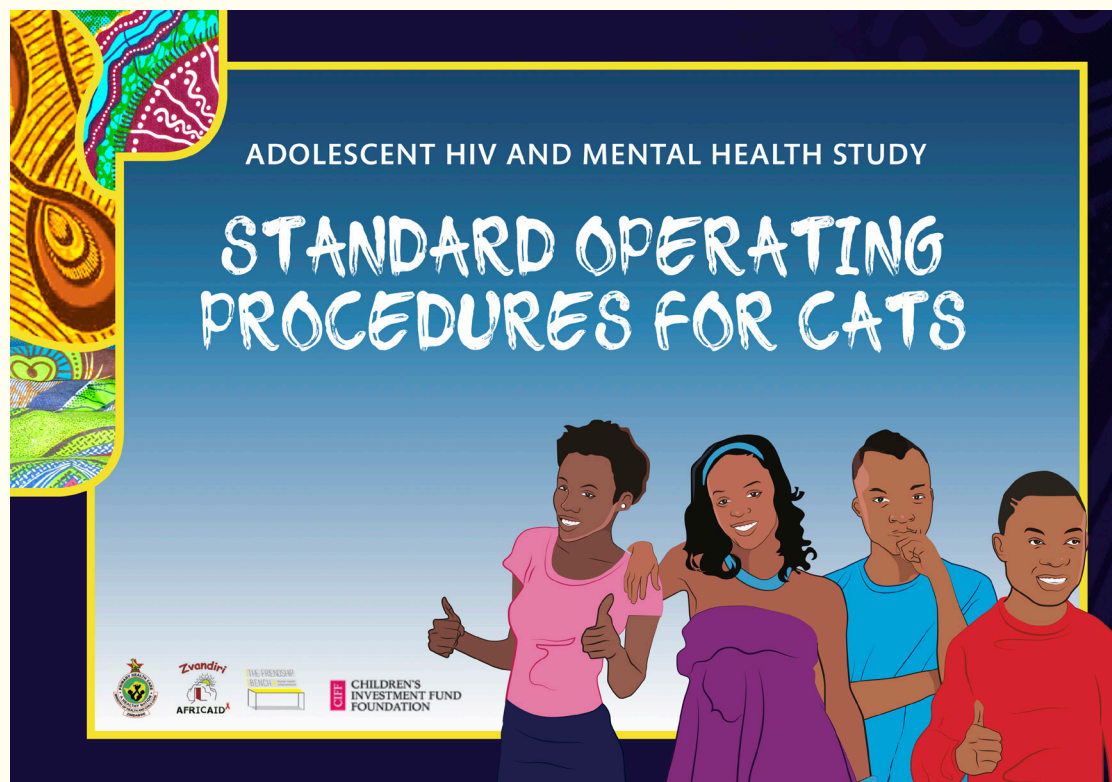
Africaid has continued to play a leading role in strengthening the evidence for paediatric and adolescent HIV service delivery, through the collection, analysis and dissemination of empirical evidence in partnership with the Ministry of Health and Child Care, research institutions and funding partners.

Research Studies

The Peer Support Study (PESU): In partnership with AIDS Free / John Snow Inc. and the University Of Zimbabwe College Of Health Sciences, this study set out to determine the effectiveness of the Zvandiri intervention compared to the standard of care provided by Parirenyatwa Hospital Family Care Centre through measuring adherence and virologic suppression rates at 24 and 48 weeks among adolescents and youth (10-24 years) who were failing their antiretroviral therapy. The study ended in 2018 and the results will be available in early 2019, then submitted for publication in a peer-reviewed journal in 2019.

A qualitative sub-study of the PESU study was also conducted to explore the stories behind the quantitative results from the PESU study. Adolescent participants in the PESU study who had been diagnosed with depression, together with their CATS and their caregivers, were engaged in a body mapping process to elicit the life experiences of adolescents with virologic failure on ART as well as the impact of CATS services on their mental health and adherence to ART. This study was presented at the 2nd Adolescent HIV conference in Cape Town, South Africa.

The Zvandiri Trial: In partnership with CeSSHAR, MoHCC and ViiV Healthcare, Africaid is conducting a cluster randomised control trial of the Zvandiri model to measure the effectiveness of the Zvandiri programme on virological suppression and retention among 220 CAYPLHIV, (10-24 years) compared with 220 CAYPLHIV receiving standard of care in two rural districts of Zimbabwe. The baseline survey found 47% of adolescents on ART had virological failure. A team of 19 trained and mentored CATS are delivering the intervention, with supervision and support from two Zvandiri Mentors. A process evaluation and cost effectiveness study are also being conducted. The study results will be available in 2019.



SSQ and PHQ-9 validation study: In partnership with CeSSHAR and UNICEF, Africaid participated in a validation study of two mental health screening tools for adolescents, so that there is a locally validated tool for use by health care workers. This validation study was completed in 2018.

Adolescent HIV and Mental Health Study: In partnership with The Friendship Bench, MoHCC and CIFF, this study aims to generate evidence around the feasibility and effectiveness of a unique, peer-led mental health support intervention, which seeks to improve both virological suppression and quality of life in ALHIV, 10-19 years old. 2018 focused on a theory of change workshop, mental health needs assessment survey among health workers and CATS, randomisation meeting, development of Standard Operating Procedures and training of CATS to deliver the Problem Solving Therapy intervention adapted from The Friendship Bench. Study enrolment will begin in January 2019.

Publications in peer-reviewed journals

Zvandiri – Bringing a differentiated service delivery program to scale for children, adolescents and young people in Zimbabwe

Africaid was invited to participate in a special issue JAIDS Supplement highlighting lessons and best practices that can be applied to improve paediatric HIV care globally. *Zvandiri – Bringing a Differentiated Service Delivery Program to Scale for Children, Adolescents and Young people in Zimbabwe* documents the Zvandiri model, lessons learned from its national scale up and DSD implementation considerations for CAYPLHIV at scale.

SUPPLEMENT ARTICLE

Zvandiri—Bringing a Differentiated Service Delivery Program to Scale for Children, Adolescents, and Young People in Zimbabwe

Nicola Willis, BN (Hons), MPhil,* Tanyaradzwa Napei, BSc, BSS, MSc,* Alice Armstrong, BScN, MSc,† Helen Jackson, BA (Hons), Dip Hum Biol, MSc,‡ Tsitsi Apollo, MBChB, MPH, MBA,§ Angela Mushavi, MBChB, MMed (Pediatrics),§ Getrude Ncube, MIH,§ and Frances M. Cowan, MBBS, MRCP, MSc, MD, FRCP, FRCPE||¶



9. Partnership and stakeholder engagement

Zvandiri has been designed, implemented and expanded over the years through its strong partnerships and collaboration with government ministries, including the MoHCC, MoPLSW, MoPSE and the National AIDS Council (NAC) of Zimbabwe. 2018 was no exception and the continued scale up and integration of Zvandiri, both in Zimbabwe and the region, this year has been possible due to the leadership, collaboration and support from the Government of Zimbabwe, as well as Africaid's technical and funding partners.

Our sincere thanks go to our technical and funding partners including the Bristol Myers Squibb Foundation, CeSSHAR, Child Protection Fund, Children's Investment Fund Foundation, Christian Blind Mission, Elizabeth Glaser Pediatric AIDS Foundation, The ELMA Foundation, Elton John AIDS Foundation, Frontline AIDS Global Fund, International AIDS Society, I-TECH, JSI, Leopold Bachmann Foundation, Maruva Trust, Management Sciences for Health, Pangea, PATA, PEPFAR, Southern African AIDS Trust, Swiss AIDS Care International, UNAIDS, UNESCO, UNICEF, USAID, ViiV Health Care and the World Health Organisation.

In particular however, we express our profound gratitude to the many children, adolescents and young people who continually inform, deliver and lead Zvandiri, for their inspiration, commitment and wisdom.



10. 2018 advocacy and events

Young Zvandiri advocates participated in a wide range of local, national and international events through which they advocated for improved policies, programming and service delivery for their HIV positive peers. Here are just a few of those events:



The U.S. Ambassador to Zimbabwe Brian Nichols and his wife Ms Kam had an opportunity to interact with Community Adolescent Treatment Supporters (CATS) at Masvingo Provincial Hospital.



Community Adolescent Treatment Supporter from Chipinge demonstrating their counselling skills to the DREAMS team from Washington DC.



Community Adolescent Treatment Supporters at the PATA 2018 Summit in Tanzania.



From left: Dr. Susan Hillis (Senior Advisor in Global Health in the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention) Dr Suzanne Leclerc- Madlala (HIV and AIDS Technical Advisor), Dr Joseph (Sean) Cavanaugh (Senior Technical Advisor for TB at OGAC, and the Acting Team Lead for the HIV Care and Treatment team), and Adrian Kwangwa Mukosa (Zvandiri Mentor) at Kambuzuma Clinic in Harare.



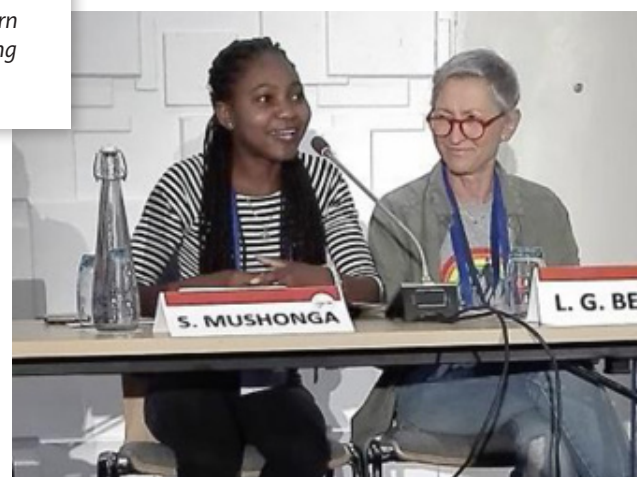
Zvandiri Young Advocate moderating a workshop session on Youth at the Centre: Community mobilization for youth - friendly HIV services. The workshop was held at the International AIDS Conference, Amsterdam, Netherlands



Africaid Zvandiri Deputy Director, Kudakwashe Madzeke delivering solidarity remarks during the launch of the 'Free to Shine' Campaign. Free to Shine is a campaign which aims to end AIDS among children and adolescents in Africa by 2030.



Ugandan health professionals visited Zimbabwe to learn about the Zvandiri community HIV care model which is being implemented by Africaid.



Shanine Mushonga and fellow peers from Zvandiri participated in the 2nd HIV Adolescence conference, Cape Town - 6 posters, one oral presentation and two panel discussions;



Taking radio to the people - five hours of outside broadcasting at a rural growth point in Masvingo Province.

11. Financial update

Grant Income

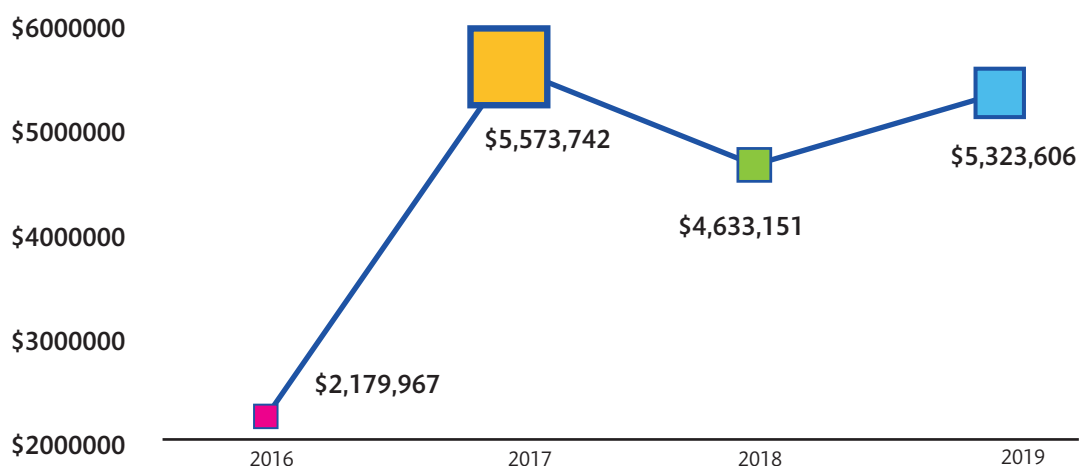
Grant Income dropped by 13% to \$4.6 in 2018 from \$5.3 million in 2017.

Uncertainty in the donor funding environment in 2018 resulted in revenue from our major grants, USAID and ITECH shrinking by 24% and 11% respectively.

During the year under review, the EGPAF grant was closed in October 2018 while new two year grants were received from CIFF (\$868,094) and Grant Challenge Canada (\$194,559)

UNICEF increased its support for Africaid by 26% through new funding for the Radio, Young Mothers and App Development projects that all received a total \$268,911

Grant Income Trend (2016-2019)



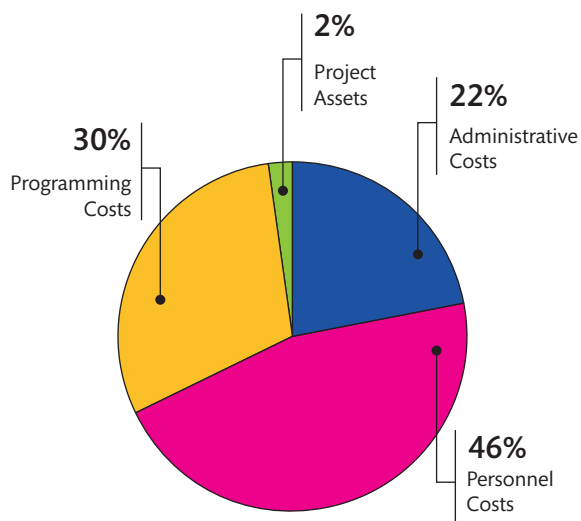
Grant Expenditure

Total grant expenditure for the year ending 2018 dropped by 13% to close at \$4.7million compared to \$5.4 million in the prior year.

Personnel costs consumed 46% of the total expenditure while 30% was directed towards programing activities.

Expenditure on programming activities was 23% lower than the previous year due to increase in the fleet of program vehicles thus cutting costs on vehicle hire which was a major programming cost in 2017.

2018 Expenditure Analysis



AUDITED STATEMENT OF FINANCIAL POSITION

as at 31 December 2018

	Notes	2018 USD	2017 USD
ASSETS			
Current assets			
Advances and other receivables		27,856	153,809
Inter-fund Receivables		140,302	194,373
Grants Receivable		29,431	62,300
Cash and cash equivalents		764,283	807,001
		961,871	1,217,483
Total assets		961,871	1,217,483
RESERVES AND LIABILITIES			
Reserves			
Accumulated (deficit) / funds		(200,309)	(130,769)
Current liabilities			
Inter-fund Payables		140,302	194,373
Accounts payable		474,864	423,116
Unexpended grants		547,014	730,763
		1,162,180	1,348,252
Total reserves and liabilities		961,871	1,217,483





Africaid Zvandiri

Contact Persons:

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