



Africaid Annual Report

2019



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Executive Summary

2019 marked another year of significant progress across the HIV cascade for children, adolescents and young people reached by Zvandiri. Trained, mentored young people at the forefront of Zvandiri have continued to advance local, national and global recognition of the contribution which young people have to make in the HIV response for children and young people. Through the provision of peer-led, clinic and community-based services which are integrated within government services, Zvandiri has directly contributed to strengthening progress towards the 95-95-95 global targets, as well as improved quality of life for children, adolescents and young people.

2019 Highlights include:

- Supervision and mentorship for **837** CATS in **508** health facilities across **57** districts of Zimbabwe
- **22,953** children, adolescents and young people mobilized through contact tracing and referred for HIV testing services; 7% confirmed HIV positive
- **97%** children, adolescents and young people testing HIV positive were linked to HIV treatment and care
- **63,065** children, adolescents and young people living with HIV (CAYPLHIV) were retained and supported in Zvandiri care
- **76%** average viral suppression across all age groups
- **3,971** clients screened for mental health conditions; **27%** confirmed at risk and referred
- **4,537** social protection cases identified, referred and supported.
- **508** support groups were operational and integrated within ART refill days
- **368** CAYPLHIV were screened for disability; **58%** referred for further management and support
- **670** adolescents and young people referred for SRHR services and supported
- **98%** of Young Mothers virologically suppressed; **<1%** babies seroconverted
- **130** youth supported to establish their own livelihoods projects
- Treatment support and specialized counselling for **3,492** beneficiaries affected by Cyclone Idai
- Adoption of **30** CATS in **3** districts of Zimbabwe by the National AIDS Council
- **92%** viral suppression among CATS
- Completion of **40** episodes of the Zvandiri Radio Show
- Completion of the Zvandiri Trial finding adolescents receiving Zvandiri are **42%** more likely to be virologically suppressed
- Formation, training and mentorship of the Youth Advocates Team
- Development and dissemination of youth-led communications and advocacy initiatives
- Collaboration with WHO in **10** AIDS Free Priority countries to support in-country paediatric and adolescent technical working groups
- Youth participation in international conferences, webinars and meetings
- Adoption of CATS in Namibia, Rwanda, Ghana and Nigeria, and adaptation in Uganda, to join Eswatini, Mozambique and Tanzania

Our Vision, Mission and Strategic Objectives

Vision and Mission

Africaid's vision and mission have remain unchanged since the conception of Zvandiri in 2004. We continue to strive for the same.

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

Africaid's Strategic Plan for 2016-2020 sets out our strategic objectives as follows:

- 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.

Zvandiri

Zvandiri is a model of differentiated service delivery for children, adolescents and young people living with HIV (CAYPLHIV). It seeks to ensure that CAYPLHIV, 0-24 years, have physical, social and mental well-being through provision of a package of holistic services which are sensitive to their age, development and evolving needs and experiences. Zvandiri, meaning “As I am” in Shona, aims to directly improve young people’s experience across the care cascade - HIV diagnosis, disclosure, linkage, 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 scaled, 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 the 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 other CAYPLHIV 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 integrated within their respective health facilities, supervised by government nurses and primary counselors and receive on-going mentorship and support from Zvandiri Mentors. CATS identify, refer and support undiagnosed children, adolescents and young people through index case finding, testing 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 (Fig. 1).

At the end of 2019, Zvandiri was operational in **57 (of 63) districts** of Zimbabwe and provided differentiated services for **63,065 CAYPLHIV** nationally. A total of **837 CATS** are integrated within **508 (of 1,490) clinics** and **508** support groups are operational.

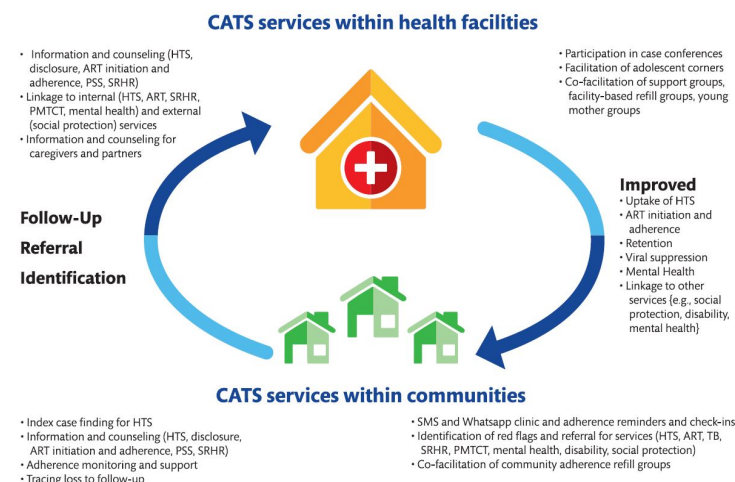


Fig. 1 Zvandiri Service Delivery

The model has also been adapted for CAYPLHIV with virological failure, mental health disorders, disability, TB and for young parents. Programme and research data confirm improved outcomes across the HIV cascade for children, adolescents and young people who receive Zvandiri services. In the Zvandiri Trial, adolescents receiving Zvandiri were **42%** more likely to be virologically suppressed than those receiving standard of care.

Zvandiri has now been scaled up in to 8 countries in the region whose respective governments and implementing partners have adopted or adapted the CATS intervention. These countries are reporting the same improvements among young people living with HIV.

HIV Testing Services

Supporting children and adolescents to know their status

Contact Tracing: In 2019, CATS continued to play a critical role in the identification of children, adolescents and young people in need of HIV testing services (HTS) and linking them to HTS provided by facilities or community testing programmes. Following referral by the health facilities, CATS followed up on **27,443** undiagnosed contacts of adults and children living with HIV – including children of parents living with HIV, biological siblings of CAYPLHIV and sexual partners of adolescents and young people living with HIV. Of these, **22,953 (84%)** accepted to be tested and **98%** received their results. Of those tested, **1,533 (7%)** were confirmed HIV positive and **1,501 (98%)** were linked and initiated on ART. This contact tracing was also enhanced to focus on contacts of individuals with a high viral load.

Strategic partnerships and collaborations were critical in the success of this approach. CATS' collaborations with community cadres such as village health workers, community childcare workers and community linkages facilitators greatly enabled the identification of contacts in this way. Further, linkage to treatment for those testing HIV positive was strengthened through collaboration with clinical partners supporting health facilities with the 'Test and Treat' initiative.

HIV Self Testing: As Zimbabwe continued to scale up the HIV self-testing programme, CATS played a central role in reaching adolescents and young people, 16 years and above. A total of **310** CATS across **22** districts were trained and mentored in the distribution of **13,579** HIV self-test kits and linkage of those in need of confirmatory testing. In total, **13,529 (99%)** kits were utilized, **441 (33%)** had reactive results, **385 (87%)** received a confirmatory test and **374 (97%)** were confirmed HIV positive. **364 (97%)** were linked to care. Self-testing provided a bridge to young clients facing barriers to clinic based HTS services, such as those in hard to reach areas and those reluctant to go to a health centre. This has been an extremely effective strategy for reaching undiagnosed sexual partners of young people living with HIV. Young sex workers have also been reached in the DREAMS districts. Through distribution of HIV self-test kits and linkage for those in need of confirmatory testing, CATS are ensuring that they leave no one behind.



Vimbai (CATS) providing information on the HIV self-test kit to the sister of one of her clients

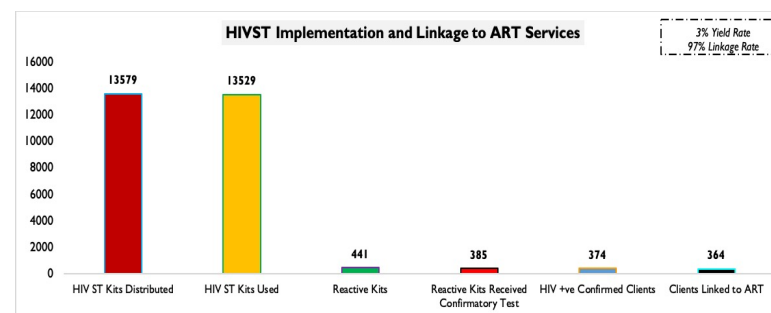


Fig 2. HIV-ST implementation and linkage to ART

HIV Treatment and Care

Strengthening retention, adherence and viral suppression

In 2019, a total of **63,065** CAYPLHIV from **57** districts were actively engaged in Zvandiri services. Each client received a package of services to support their HIV treatment and care, primarily led by CATS and delivered through home visits, facility contacts, adolescent refill groups, support groups and phone calls / SMSs. The frequency and nature of support for each client was differentiated as '*standard*' or '*enhanced*' support according to their individual clinical and psychosocial needs.

Under the supervision of the health facilities, each CATS managed their own caseloads of CAYPLHIV, 0 – 24 years, delivering age and developmentally sensitive, peer-led information, counselling, adherence monitoring and support. Clients with 'red flags' indicating a risk to their health and well-being were then referred to the health facility, department of social welfare and Zvandiri Mentor as indicated. In this way, CATS are a vital frontline strategy for the early identification and response for CAYPLHIV in need of further assessment, management and support, thereby directly the health and psychosocial outcomes of their clients.

Led by the health facilities, CATS also stepped up viral load literacy and demand creation to ensure that CAYPLHIV received viral load testing. At the end of 2019, **42%** of CAYPLHIV had a valid viral load result, and **76%** of those were virally suppressed. While viral load coverage is poor, this is significantly improved from last year. Although viral suppression is well below the target of 90%, this is aggregated national level data; not all CAYPLHIV are engaged by CATS. In selected districts with optimal numbers of CATS, **>90%** of ALHIV are virologically suppressed. There is an urgent need for increased number of CATS if all CAYPLHIV are to benefit. As found in the Zvandiri Trial, ALHIV engaged by CATS were significantly more likely to be virologically suppressed than those receiving standard of care alone.

Through collaboration with MoHCC and other clinical partners, CATS were tasked to trace **5,073** defaulters; **4,689 (92%)** were successfully traced, and **3,083 (66%)**



were linked back to care. Challenges to tracing included informal transfers to new facilities, high mobility within our population and misclassification of defaulters at clinic level.

As the country transitioned to Dolutegravir, we collaborated with MoHCC and Pangea Zimbabwe AIDS Trust in the development of a youth-led, animation to support DTG-literacy among CAYPLHIV.

In December 2018-March 2019, a total of 118 CATS were trained to do active case finding for TB in the community and mobilisation for IPT. In 2019, a total of **1,999** beneficiaries were screened, **357 (18%)** screened positive, **240 (67%)** were seen by health care workers, **12 (0.06%)** were diagnosed with TB, **118** were referred for IPT and **58 (49%)** initiated on IPT.

Mortality reports were documented, and case review meetings held in 16 districts for 32 clients. These have provided critical insights into the systems strengthening required for CAYPLHIV and urgent need to strengthen the home environment for CAYPLHIV.

Mental Health

There is No Health without Mental Health

Zvandiri integrates HIV and mental health services for CAYPLHIV, recognizing the intrinsic link between these aspects of young people's lives when living with HIV.

In 2019, Africaid's mental health response continued to be driven by a task shifting approach in which mental health services were provided by youth, lay counsellors. Led by a team of 837 trained, mentored peer counsellors - the CATS - counselling and psychosocial support was provided for 63,065 CAYPLHIV across a range of issues including HIV diagnosis, disclosure, ART initiation, adherence, virological failure as well as managing issues related to child protection, sexual and reproductive health and growing up with HIV. CATS were trained to screen and refer those in need of further management for mental health conditions and played a key role in case management of those with mental health conditions, together with the multi-disciplinary team. Of the 3,971 clients screened, 27% had common mental conditions, were referred and supported. The Zvandiri mental health specialists provided specialist counselling for those in need, working hand in hand with OI clinic staff, psychiatrists and mental health nurses to ensure an integrated package of enhanced care.

Zvandiri support groups were facilitated in partnership with 508 health facilities and integrated within adolescent ART refill days, ensuring that information sharing, group counselling, psychosocial support and life skills development were integrated within the provision of ART. In 2019, we began piloting these groups as virtual support groups through an SMS-based platform in partnership with SHM.

Health systems strengthening is a key component of our mental health strategy to ensure health care providers, CATS and families are capacitated to recognise and respond to the mental health needs of CAYPLHIV. We have developed a training curriculum which is being delivered on site or virtually, then followed up by on-site visits and individualised case management reviews.

Mental health support has been a key component of CATS Care (see page 15), ensuring that each CATS is supported through routine mental health screening, counselling and support for their own mental health and well-being.



2019 marked the end of two trials – 1) The Zvandiri Trial and 2) The Zvandiri-Friendship Bench Trial. Both studies examined the effectiveness of CATS-led interventions in improving viral load and mental health outcomes. See page 17 to find out more.

Mental health has also been a central part of the Zvandiri response to emergencies and humanitarian crises. See page 13 to find out more.

Finally, 2019 involved the development of a range of training curricula, job aides, fact sheets, videos and books, all with the goal of improving mental health literacy, service provision and support for CAYPLHIV.

Social Protection

HIV sensitive case management

CATS continued to play a critical role in the national case management system by promoting the early identification and response for their clients in need of social protection services. As trusted peer counsellors with shared experiences, CATS are well placed to identify young people at risk and refer to the Department of Social Welfare and national case management system for further assistance. Equally, adult community care workers (CCWs) also refer CAYPLHIV in need of support from CATS. CCWs and CATS conduct joint home visits as needed.

In 2019, **4,537** cases were identified; **463** were protection cases and **4,074** were welfare cases. Protection cases included cases of neglect, sexual abuse, emotional abuse and child headed families. The majority of these cases were identified in the border towns such as Mangwe, Bulilima and Mwenezi where parents or caregivers are leaving their children alone while they go in search for jobs in neighbouring countries. The welfare issues which were identified included birth registration, nutrition, assisted treatment medical order and ART re-initiation. These cases were identified, referred then resolved through the national case management system, although a large number of cases are still being handled by the Department of Social Welfare and continue to be followed up on.



A team of 10 young people from across Zimbabwe were identified, trained and supported to write, create and produce their own digital stories, highlighting the link between social protection and HIV and the role that Zvandiri has played. These films will be available in 2020.



Mercy (Zvandiri Mentor) and CATS conduct a joint home visit to a girl in need of social protection services.

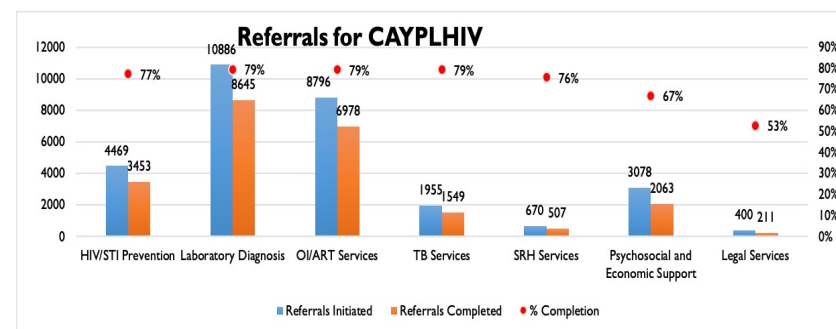


Fig 3. Referrals made to other services for CAYPLHIV

Disability

Leave no one behind

As found in previous years, Zvandiri has a vital role to play in improving the identification and response for HIV positive children and adolescents with disability. This group of young people continues to be marginalized and missed in the HIV response, so the role of CATS in screening and linkage of their clients with disability or impairments is a significant step forward in ensuring they are not left behind.

Disability has been integrated within the day to day work of CATS who are trained to identify, refer and support their clients with impairments. They make use of a disability-identification tool during their routine contacts with their respective caseloads. The tool was jointly developed by MoHCC and Africaid. As found in the pilot of this intervention in 2015-2018, this approach has greatly enhanced early identification of impairments, referral and access to interventions which prevent reduce long-term disability, improve functioning and engagement in HIV treatment and care. Benefits were also seen regarding health, rehabilitation, school participation and learning, stigma reduction and increased well-being.

In 2019, **368** CAYPLHIV were screened for disability by CATS in **31** districts, **213** (**58%**) were identified with disabilities and **109** (**51%**) were assessed by health and rehab professionals. Although a range of disabilities were identified, visual, hearing, learning and mobility impairments were the most common. Notably, **89%** of those assessed had multiple disabilities. There is a critical need to improve follow up by strengthening the integration of disability within HIV services.

This much needed intervention continues to lack funding for full implementation and scale up to ensure that HIV positive children with disability are identified, referred and supported. Africaid is fully committed to building on the progress made so far in integrating disability and HIV and will continue its efforts to mobilise resources to support this.

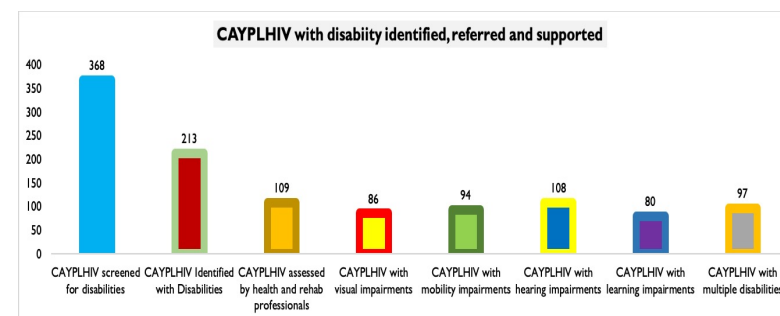


Fig 4 CAYPLHIV screened and identified with disability and referred

Sexual Reproductive Health and Rights

Integrated SRHR and HIV services

In 2019, Africaid continued to promote access for adolescents and young people living with HIV to age and developmentally responsive information, counselling and support for their sexual and reproductive health and rights. The barriers to SRHR services for young people are well recognized, yet CATS are well placed to reach their peers who may be reluctant or unaware of how to access the SRHR information and services they need. Integration of these services within the case management of their clients has led to improved knowledge, linkage and uptake of SRHR services among young people.

In 2019, Africaid expanded capacity strengthening for CATS through training and mentorship on SRHR. Peer-led information, education and communications materials were developed and disseminated through support groups, ART refills days, WhatsApp and during CATS Coordination meetings.

CATS identified and referred **670** adolescents and young people in need of SRHR services including condoms, STI screening and management, contraceptive care and cervical cancer screening; **570 (85%)** received the services they needed, and efforts continue to follow up on the remaining clients.

Disclosure counselling and support for ALHIV and their partners is a significant component of CATS' services for their older clients and is intrinsically linked with the mental health support provided, as this issue has a profound effect on the well-being of young people living with HIV.

Zvandiri youth also played a key role in global advocacy for the integration of contraceptive care within DSD models, including participation in two global consultations for WHO and IAS, and as speakers at ICASA in Kigali, Rwanda

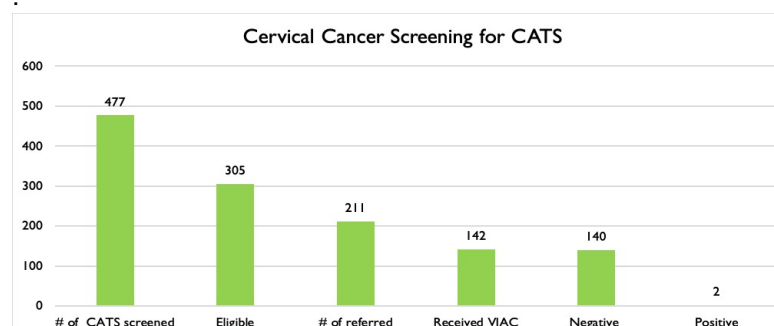


Fig 5 VIAC screening for CATS

EMTCT

Supporting mothers and the third generation

In 2018 Africaid celebrated a monumental step in programming with the advent of the Young Mentor Mother (YMM) programme. This year the programme continued to mature and grow through sustained mentorship and support for the team of **149** Young Mentor Mothers.

The YMM programme is a differentiated service delivery model that uses a holistic approach to supporting young mother-baby dyads, ensuring responsiveness to the specific clinical, psychosocial and development needs of young mothers and their HIV exposed infants. This integration of laboratory data (viral load and HIV testing), biometrics (physical growth monitoring) and core metrics (mental health screening for the mothers and developmental assessment for the babies) are being monitored in a collaborative effort between YMMs, health facility staff and Africaid staff. This intensive one on one care has been found to be incredibly effective, with the YMMs truly invested in each individual young woman and her family, placing priorities on caring for the baby, staying virally suppressed and keeping the babies negative.

At the end of 2019, **1,458** young mothers were registered in the programme; **92.6%** had a valid viral load result and **98%** were virologically suppressed. Of the **819** babies registered, **100%** had an EID result and **<1% of babies** had seroconverted at 6 weeks. The success of this intervention was documented in a film telling the story of one YMM and the intensified care and support provided for young mothers, their babies and families across the nine supported districts in Zimbabwe¹.

An operations research study was completed in two districts in collaboration with CeSHHAR. This study and programme data shows that disclosure, intimate partner violence, gender-based violence and common mental health conditions continue to be challenging areas for these young mothers. In 2020, the programme will be expanded to include interventions for partners and young father and partners, as well as capacity building of YMMs to address issues of mental health and SRHR.

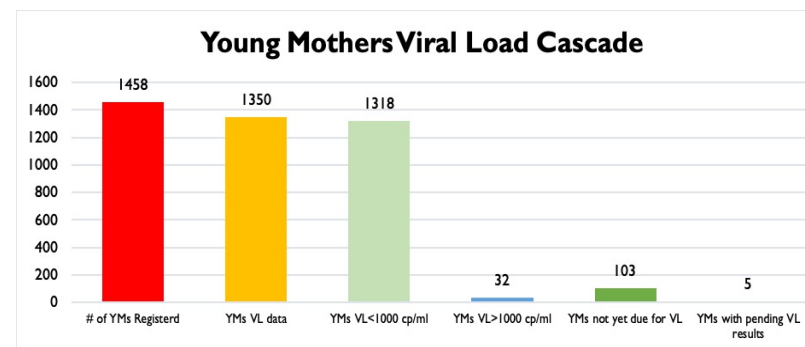


Fig 6 Young Mothers Viral Load Cascade

¹ <https://www.youtube.com/watch?v=91lpNnpok0Y>

Economic Strengthening

Building livelihoods for now and the future

An increasing number of young people are now transitioning out of Zvandiri, having reached 24 years of age. At the same time, unemployment in Zimbabwe is at **90%** and there is a dearth of economic opportunities for young people entering adulthood. Our own research confirms that lack of economic opportunity is a significant contributor to poor mental health among adolescents and young adults living with HIV which also impacts on adherence and viral suppression.

As part of Africaid's transition strategy for young people graduating out of Zvandiri, particularly CATS, we have been expanding our focus on economic strengthening. This work has been on-going since 2014 but has largely centred on CATS in Harare. In 2019, this was scaled up in **5** districts, and focused on:

- Capacity strengthening of **130** ALHIV to establish their own projects
- **13** Income, Savings, and Lending (ISALs) groups formed by the trained ALHIV
- Reported cumulative savings for the 13 groups at year end amounted to USD8,550
- Reported benefits included economic and social emancipation

This work has been a critical component of the support provided to CATS moving into the next stage of their lives.

During Cyclone Idai, the emergency response programme targeted the most in need who had their livelihoods destroyed by the cyclone and the benefits and successes of the programme were;

- Identification of **295** affected beneficiaries who were trained to kick-start Income Generating Projects (IGPs)
- Capacity strengthening of **202** caregivers in Income, Savings, and Lending training and received a USD40 start-up kit



Adolescents affected by Cyclone Idai, receiving their start up kits



ISALs group member in Mwenezi managed to build a two roomed house from her ISALs project earnings

Emergency Response

Sustaining Treatment and Care during an Emergency

In March 2019, Zimbabwe experienced the devastating effects of Cyclone Idai. Children, adolescents and young people living with HIV lost their homes, relatives, household income and food source; clinics were swept away, severely damaged or inaccessible; ARVs and clinic records were lost. CAYPLHIV were at extreme risk of ART interruption as well as mental health disorders arising from grief, loss, bereavement and trauma.

Within 48 hours of Cyclone Idai, we had conducted a rapid assessment to establish the location, safety and access to ART for **2,697** CAYPLHIV in Zvandiri, utilizing our existing electronic database and network of CATS across six districts. In response, we launched an emergency response in Chimanimani and Chipinge, the two most affected districts, with the aim of preventing treatment interruption and poor mental health among CAYPLHIV. Two multidisciplinary teams were formed comprising a nurse, social worker, psychologist, M&E officer and driver, who worked in partnership with the MoHCC, Department of Social Welfare, NAC and CATS to:

- Identify CAYPLHIV in urgent need of ART
- Conduct community-based ART refill for those who could not access clinic
- Conduct mental health assessments
- Provision of specialised grief and trauma counselling
- Identification and linkage of CAYPLHIV in need of other services
- Economic strengthening activities for caregivers of CAYPLHIV

Cyclone Idai was not the only emergency situation to affect CAYPLHIV in 2019. The cholera outbreak and national shutdown also disrupted HIV treatment and care and affected the mental health of young people. However, as a multi-component, layered, clinical and psychosocial intervention, Zvandiri could be rapidly adapted to ensure virtual tracking, tracing, monitoring and support for young people and their caregivers affected by these crises. At that time, we had no idea how important these lessons would be in 2020 during the COVID-19 pandemic.



The Zvandiri Emergency Response Team conducting outreach to CAYPLHIV affected by Cyclone Idai, with the Department of Social Welfare and Childline

3,492 clients supported through linkage to antiretroviral therapy adherence, mental health, sexual reproductive health, and protection support

660 beneficiaries received medical consultations with Africaid covering medical transport and facility fees

375 beneficiaries received medical follow-ups with Africaid covering medical transport and facility fees

1,096 caregivers participated in meetings to share information and receive mental health and administrative support

CATS Care

Care for the Carer

In 2019 in Zimbabwe, there were **837** trained CATS at the heart of Zvandiri. Working across 57 out of 63 districts, this formidable team of young people were responsible for providing information, counselling and support for 63,065 young people living with HIV. CATS play a critical role in improving outcomes for CAYPLHIV, yet being a CATS incurs considerable responsibility, whilst they too are HIV positive and commonly share the same experiences as their clients.

'CATS Care' is a package of services designed to ensure CATS receive full support for their own health and well-being. It includes intensive adherence and viral load monitoring and support, treatment switch to Dolutegravir, mental health services from our clinical psychologists, TB services, linkage to SRHR and PMTCT services and economic strengthening activities.

At the end of 2019, **95%** of all CATS had been bled for Viral Load, **83%** had a valid viral load result, and **92%** of CATS were virally suppressed. We collaborated with clinical partners to ensure that **92%** of CATS were screened for signs of symptoms of TB, resulting in **7 (1%)** of CATS being diagnosed with TB and linked to treatment and care. **10%** of CATS have either started TB preventive therapy or finished the course less than three years ago. Sexually active female CATS for cervical cancer screening. Of the 295 female sexually active CATS, **68%** were referred for cervical cancer screening, **71%** received services, **2** CATS tested positive and received treatment. Mental health screening was conducted for **837** CATS, with **178 (21%)** found to be at risk; **100%** received intensive counselling and support

A total of **130** CATS were engaged in economic strengthening activities, enhancing their capacity for pursuing livelihoods both during this time as CATS but also once they graduate from the programme. A total of **5** graduated from the programme at 24 years of age and any outcome data for what happened to them?

CATS Care will continue to be prioritized and invested in.

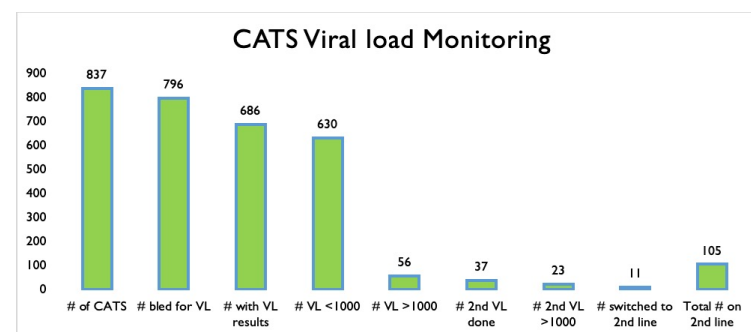


Fig 7 Viral Load Cascade for CATS

Transitioning CATS to Domestic Funding

The journey towards domestic funding

Zvandiri and the CATS intervention has been adopted and scaled nationally by the Government of Zimbabwe. CATS are integrated and supervised by health facility staff and recognized as a highly valuable, key cadre within the national response for CAYPLHIV. However, to date, implementation of this intervention has been fully reliant on donor funding and we have been extraordinarily fortunate to receive this over the past 15 years.

Yet 2019 marked a significant milestone in the journey towards domestic funding for this cadre of young peer supporters. When funding discontinued for CATS in 3 districts – Mwenezi, Gutu and Chiredzi - the National AIDS Council made the decision to utilize domestic resources generated from its National AIDS Trust Fund Levy to support the stipends and airtime for 30 CATS in 23 health facilities across these districts. With continued technical assistance from Africaid's Zvandiri Mentors, CATS were able to continue support for the **1,921** CAYPLHIV registered at these clinics.

This pilot produced extremely encouraging results, demonstrating this approach is feasible, effective and sustainable. So, at the end of 2019, we convened a partnership meeting between MoHCC, NAC and Africaid to review the lessons learned from this pilot and possible collaboration moving forward. We are delighted to report that there was enormous support across NAC's national, provincial and district level teams and this model and plans were then made to scale up the programme in 9 districts in 2020. Zimbabwe was the first country to adopt a peer led DSD model and is now the first to support this with its own domestic resources. This is a significant step forward for peer-led HIV interventions, demonstrating to countries globally that this can and should be done.



Zvandiri and NAC team conducting home visits in Mwenezi district

Beyond Zimbabwe

Building Bridges in the Region

In 2019, we had the tremendous privilege of working with governments, implementing partners and young people across the region, sharing lessons learned from Zvandiri, learning from other countries and jointly advancing quality service delivery for CAYPLHIV. This work was led by the Zvandiri Technical Support Unit (TSU) based at Zvandiri House in Harare.

In this fourth year of the READY+ project, we continued to consolidate service delivery in Mozambique, Eswatini, Tanzania and Zimbabwe in partnership with governments, IPs, consortium members and CATS. As the READY+ project enters its final year in 2020, our efforts focused on strengthening the capacity in each country in partnership with the READY+ consortium members.

We were also honoured to collaborate with WHO and 10 AIDS Free priority countries in a series of in-country paediatric and adolescent technical working group (TWG) meetings. We shared lessons from Zvandiri, learned from other countries experiences and planned for quality service provision in line with WHO's quality standards for ALHIV. These TWG meetings were followed by 6 country delegation visits to Zimbabwe and subsequent replication of the model.

At the end of 2019, the CATS intervention had been adopted or adapted in **Eswatini, Tanzania, Mozambique, Uganda, Namibia, Rwanda, Ghana**, with **312 CATS** supporting **10,543 CAYPLHIV**. This collaborative process is based on government leadership, partnership, training and mentorship from TSU, standardization of services, implementation fidelity and documentation.

It has been an invigorating year as we watched other governments, funders and implementing partners invest in the CATS model in their own country contexts; newly trained CATS begin their journey in to the world of peer-to-peer service delivery with full support from their health facilities and more experienced CATS continuing to learn and share with one another.



The Nigerian delegation to Zimbabwe, together with The Permanent Secretary for Health, Dr Agnes Mahomva, and Dr Tsitsi Apollo, Deputy Director for HIV Care and Treatment, MoHCC, and April Ricotta, Head of Zvandiri's Technical Support Unit

Research and Evidence

Strengthening the Evidence

The Zvandiri Trial: Zvandiri was conceived in 2004 as a model of integrated clinical and psychosocial support established with the goal of improving HIV outcomes and quality of life among CAYPLHIV. Although program data has always pointed to the benefits of Zvandiri, we lacked empirical evidence to support this. Therefore, in 2017 we embarked on the Zvandiri Trial, a cluster randomized controlled trial of the Zvandiri programme to generate evidence of its effectiveness and cost effectiveness. This collaborative research study was led by CeSHHAR, together with MOHCC, Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine (LSHTM), Kings College London, University of Sydney.

In 2019, the results of the Zvandiri Trial were a fitting way to celebrate our 15th anniversary. The trial found **strong evidence of an intervention effect on the primary outcome of virological failure or death at end line, with 42% lower prevalence of virological failure or death at 96 weeks** among participants in the intervention arm compared with those solely receiving standard of HIV care. A two-year process evaluation found significant benefits for adolescents engaged in Zvandiri, as well as health systems strengthening. This qualitative work has also generated a wealth of evidence around the mechanisms of effect for this peer-led, differentiated service delivery model. The results of this trial were presented in a special session at the AIDS Impact Conference in London in March, then again at ICASA in Kigali, Rwanda in December.

Publications: It was a busy year for peer-reviewed publications of the Zvandiri programme with three papers being published in 2019. Together with the Zvandiri Trial which will be published in 2020, these papers represent a tremendous contribution to the literature in support of peer-led interventions for children, adolescents and young people living with HIV and are being used to inform policy, programming and funding for this population.

The Zvandiri-Friendship Bench Trial: A second cluster randomized controlled trial was commenced in 2019, to evaluate the feasibility and effectiveness of a peer-led mental health intervention on virological suppression and mental health among adolescents living with HIV in ten districts of Zimbabwe. The results of this trial will be available in 2020.

Willis et al. *BMC Public Health* (2019) 19:117
<https://doi.org/10.1186/s12889-019-6447-4>

BMC Public Health

RESEARCH ARTICLE Open Access

Effectiveness of community adolescent treatment supporters (CATS) interventions in improving linkage and retention in care, adherence to ART and psychosocial well-being: a randomised trial among adolescents living with HIV in rural Zimbabwe

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Glob Health Sci Pract. 2019 Dec 23; 7(4): 575–584.
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PMCID: PMC6927836
PMID: [31852741](https://pubmed.ncbi.nlm.nih.gov/31852741/)

Effects of a Peer-Led Intervention on HIV Care Continuum Outcomes Among Contacts of Children, Adolescents, and Young Adults Living With HIV in Zimbabwe

Talent Tapera,^a Nicola Willis,^a Kudakwashe Madzeka,^a Tanyaradzwa Napei,^a Mather Mawodzeke,^a Stanley Chamoko,^a Abigail Mutsinze,^a Teddy Zvirawa,^a Beatrice Dupwa,^b Aveneni Mangombe,^b Anesu Chimwaza,^b Talent M. Makoni,^b Winnie Mandewo,^c Mbazi Senkoro,^d Philip Owiti,^{e,f} Jaya Prasad Tripathy,^{e,g,h} and Ajay M.V. Kumar^{e,g,i}

Development and piloting of a novel, peer-led bereavement intervention for young people living with HIV in Zimbabwe

Carol Wogrin, Lisa F Langhaug, Charity Maruva & Nicola Willis

Pages 13–24 | Published online: 24 Apr 2019

Download citation | <https://doi.org/10.2989/17280583.2019.1579097> | Check for updates

Communications and Advocacy

Youth speak out for their peers

It has been yet another packed, exciting year for Zvandiri's work on communications and advocacy. With youth firmly at the helm, a whole range of child, adolescent and youth-friendly initiatives have been designed, developed and disseminated. As in previous years, these initiatives have continued to advance global, national and community level understanding of the needs and experiences of CAYPLHIV and contributed to changes in policy, funding and service delivery. Examples include:

ICASA: We were incredibly fortunate to have support from WHO, ELMA and Frontline AIDS for a delegation of 30 to participate in ICASA in Kigali, Rwanda in November. This included a team of CATS from Zimbabwe, Rwanda, Eswatini, Tanzania and a YAPS from Uganda. It was an intensely busy week with two special sessions ('The Zvandiri Trial' and 'The Scale up of DSD'), oral presentations, panel sessions, poster presentations. Youth were at the forefront of this work, sharing evidence, lessons learned and recommendations for HIV policy and service provision.

Zvandiri Radio Show: Led entirely by young people as coordinators, reporters and presenters, this show broadcast 40 shows in partnership with ZiFM. A wide variety of topics were addressed including positive living, ART and adherence, mental health, PMTCT and disclosure - each one providing up to date, evidenced based information and sharing the perspectives of young people to listeners across Zimbabwe.

DTG animation: In support of the national transition to Dolutegravir and wide- spread messaging regarding the potential risks of this new ARV, Zvandiri youth developed their own animation to ensure their peers had access to accurate information to support their transition and adherence to DTG.

U Report: In partnership with UNICEF, a team of CATS trained as U Reporters, have continued to run a live response desk for young people across Zimbabwe utilizing U Report. This team of **10** U Reporters has reached **178,057** young people with information and referrals for HTS, SRHR, protection and other services.

Music videos: Two music videos were produced in 2019, both as very appropriate markers of Zvandiri's 15th birthday. We were truly grateful for the opportunity to reunite with a fabulous team of creative, brilliant Zimbabwean artists (see *How to Dance*, *Audacity of Hope* and *Tiri Tose* from previous years). Firstly, 'Together Superpower' is a truly beautiful, creative powerful piece of advocacy, written and produced by Rina Mushonga, Zvandiri youth and Zimbabwean artists. This will be released in 2020 and reminds us that young people living with HIV are so much "more than a just a number"!

We were deeply grateful for the opportunity for Zvandiri youth to cover 'This is Me' from the Greatest Showman. This was launched at ICASA in Rwanda, had everyone on their feet, deeply moved, in tears. If you haven't seen it, don't delay - www.africaid-zvandiri.org



Partnerships

With Support We Stand Strong

Our Zvandiri motto is **'with support we stand strong'**. 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 continues to inspire, motivate and teach us. We remain deeply grateful to the Government of Zimbabwe for their leadership and support as we complete our 15th year of partnership.

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 key partners in the implementation of services in the clinics and community, whether in Zimbabwe or in one of the 8 countries in the region with whom we are now partnering. The symbiotic relationship between our work and partners' work is vital if we are to respond effectively to the holistic needs of CAYPLHIV.

We are deeply grateful to the partners who continue to provide Zvandiri youth with opportunities to grow and shine in their advocacy roles; and for the opportunity to contribute to global policy, guidance and policy. Our research partners enable us to gather robust, empirical data to shape the growth of Zvandiri as well as service delivery worldwide.

Thank you to you all



The Way Forward in 2020

Over the last few years, increased resources have enabled us to work with MoHCC in taking the Zvandiri model to scale in Zimbabwe, resulting in the integration of Zvandiri services in 57 of 63 districts in the country. We now have compelling research and program data demonstrating that children, adolescents and young people engaged in Zvandiri have improved uptake of HIV testing services, linkage to ART, adherence, retention and viral suppression compared with those receiving standard of care alone. We have also demonstrated the feasibility and effectiveness of integrating interventions that focus on disability, mental health, PMTCT, TB, SRHR and social protection within this peer-led model of differentiated service delivery.

However, we have not yet been able to demonstrate the full effect of the Zvandiri programme for all CAYPLHIV engaged in the programme. Whereas the number of CATS has been scaled up, the number of CATS is inadequate to support the number of CAYPLHIV in need of their services. This has resulted in large caseloads for individual CATS, making it impossible to implement the model with fidelity in the majority of sites. We are now at a critical turning point in the Zvandiri story – we are advocating for increased funding so that we can saturate districts and implement the full package of services as delivered in the Zvandiri Trial and other districts demonstrating high rates of ART initiation, retention and viral suppression. Meanwhile, in 2020, we will continue to work closely with health facilities, social protection services and other implementing partners to ensure we intensify support for those most at risk, whilst also ensuring we do not overlook the importance of sustained engagement and support for all CAYPLHIV.

We will continue to intensify the identification of undiagnosed young people through HIV self-test kit distribution, targeting sexual partners of young people living with HIV and those with high viral loads in particular. We will deepen our efforts to improve outcomes across the viral load cascade as well as enhancing the integration of services for TB, SRHR, mental health, social protection, disability and economic strengthening. We hope to secure funding for continued scale up of the extremely successful Young Mentor Mother programme, including strengthening the engagement of young fathers. We will support young people as they transition to Dolutegravir and continue to work with our clinical partners to enhance outcomes across the HIV cascade.

Other exciting developments to look forward to are the results of our mental health trial and the continued expansion of the Zvandiri Technical Support Unit's work in the region. As always, we look forward to watching the Zvandiri youth as they continue to fly the flag high in global, national and community fora, speaking out for their peers living with HIV, shaping policy, funding and service delivery. We have a number of new creative advocacy initiatives coming up so watch this space.

2020 looks set to be another exciting year!

Financial Report

Summary of income and expenditure for the year ended 31 December 2019

Income	2019 USD	2018 USD
Grant income	4,693,760	4,611,225
Other income	60,685	21,926
Total income	4,754,445	4,633,151
Operating expenses	4,580,599	4,702,691
Surplus / (deficit) for the year	173,846	(69,540)

Further Information

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