

ZVANDIRI – ‘As I am’

Health, Happiness & Hope For Children And
Young People Living With HIV



Zvandiri is transforming young lives through peer connections to assure health, happiness and hope. We began in 2004 with six young people living with HIV who wanted more than just the medicines and clinic visits. They established a peer support group named ‘Zvandiri’, meaning accept me ‘as I am’. This one support group has evolved into our model of community, clinic and digital health services for young people living with HIV delivered at scale in partnership with Government. Zvandiri connects young people living with HIV with trained, mentored peer counsellors known as Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs) who support them to survive and thrive. Zvandiri’s approach is effective, evidence-based, innovative and ensures sustainable impact. Zvandiri started in Zimbabwe and has been adopted and scaled in 9 countries with 1600 CATS supporting 56,000 young people.

Our Purpose

Transforming young lives through peer connections to assure health, happiness, and hope.

Our Mission

We work with Governments using an innovative model that delivers services to young people living with HIV at scale through trained peers who connect with them and support them to live healthy lives with happiness and hope.

Our Vision

Our vision is to expand our Zvandiri model to 20 countries by 2030 to deliver health, happiness and hope to 1 million young people living with HIV.

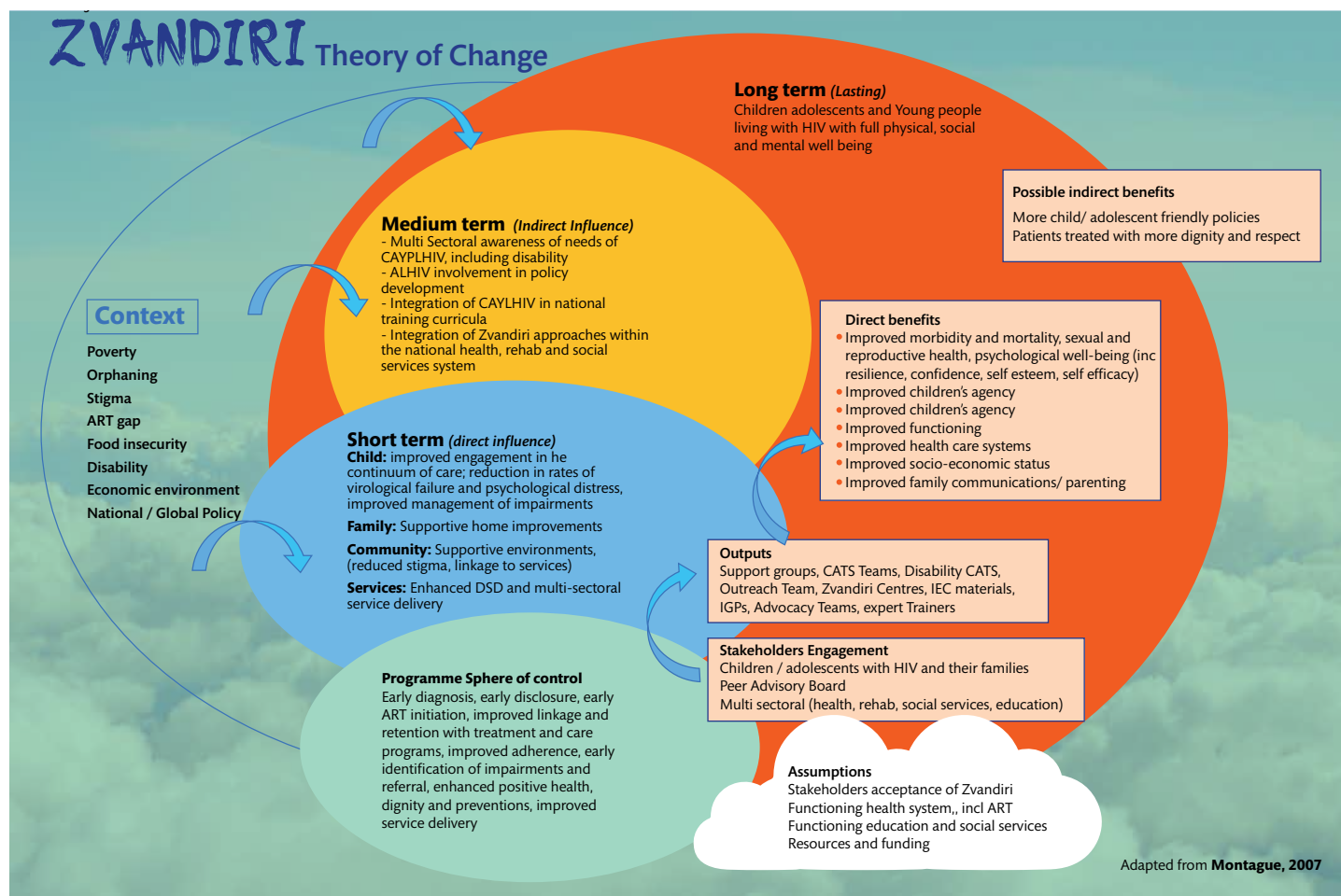


Fig. 1: Zvandiri Theory of Change

Strategic Objectives

Strategic Objective 1:

We work with governments to deliver holistic, evidence-based, scalable services which are led by peers in the health facilities, communities and through digital health which ensure that young people living with HIV survive and thrive.

Strategic Objective 2:

We strengthen the systems and environments in which young people live so that the services they receive and the homes and communities in which they live support them to survive and thrive.

Strategic Objective 3:

We learn from young people, those who care for them, and our programmes and research findings to inform service delivery. We design and create innovative responses, package these, share them locally and across the globe.

Strategic Objective 4:

We train and mentor young people to advocate for policies, systems, communities, services and resources which enable young people to survive and thrive.

Zvandiri Approaches

These approaches define the way we work to ensure we achieve our purpose;

Holistic Service Delivery

The Zvandiri model successfully transforms the lives of young people living with HIV by delivering more than just the medicines. Zvandiri connects young people living with HIV (0-24 years) with trained, mentored peers who understand and respond to their needs and experiences. We ensure these trained peers have the knowledge, skills and tools to provide quality services and are fully embedded within the national health system. They connect with young people's holistic needs, supporting both their physical and mental health through a combination of community, clinic and digital health services.

Evidence

The Zvandiri model is rooted in proven methods for what actually works best for the unique needs of young people living with HIV. Traditional HIV services are provided at health facilities often without a strong connection to the community or involvement of peers which we know are transformative. That's why the Zvandiri model relies on trained peers -- young adults who are also living with HIV -- to help properly identify and support the specific physical and mental health services each young person needs to ensure they survive and thrive. Three randomised controlled trials have clearly demonstrated that the Zvandiri model leads to significantly better outcomes for young people living with HIV, with a 42% reduction in the proportion of young people failing on their HIV treatment. In addition, the proportion of young people with poor mental health reduced from 62% to just 2%.

Scale

The Zvandiri model is designed for scale so we can transform as many lives as quickly as possible. The Zvandiri model is currently adopted across 9 countries, transforming the lives of more than 56,000 young people with HIV through our evidence-based, holistic model. We help governments adopt and deliver our model through intensive training and mentorship, customized technical assistance, and on-site and digital support. Zimbabwe successfully integrated the Zvandiri model into its national HIV service delivery system, and Zimbabwe's Ministry of Health has helped drive the adoption and adaption of this model across multiple countries in Africa, including Uganda, Namibia, Ghana, Rwanda, Eswatini, Tanzania and Mozambique. To scale from 9 countries to 20 we will use our proven standardised technical assistance programme to provide sustained training, mentorship and support in many countries at one time.

Innovation + Leadership

Positively transforming the lives of young people with HIV requires bold, innovative thinking. The Zvandiri model is rooted in the voices and needs of young people living with HIV, which sets us on a continuous path of learning, creative growth, and innovation. Young people living with HIV have helped Zvandiri design a holistic model that doesn't only focus on clinical interventions, but rather recognizes and responds to the broader needs and challenges uniquely experienced by young people living with HIV, customized to each age group. Through our government-supported path to scale, using a combination of on-site and digital technical assistance, we plan to deliver health, happiness, and hope to 1 million young people living with HIV by 2030.



The Zvandiri Model

These four strategic objectives are achieved through the Zvandiri model and its 7 core pillars

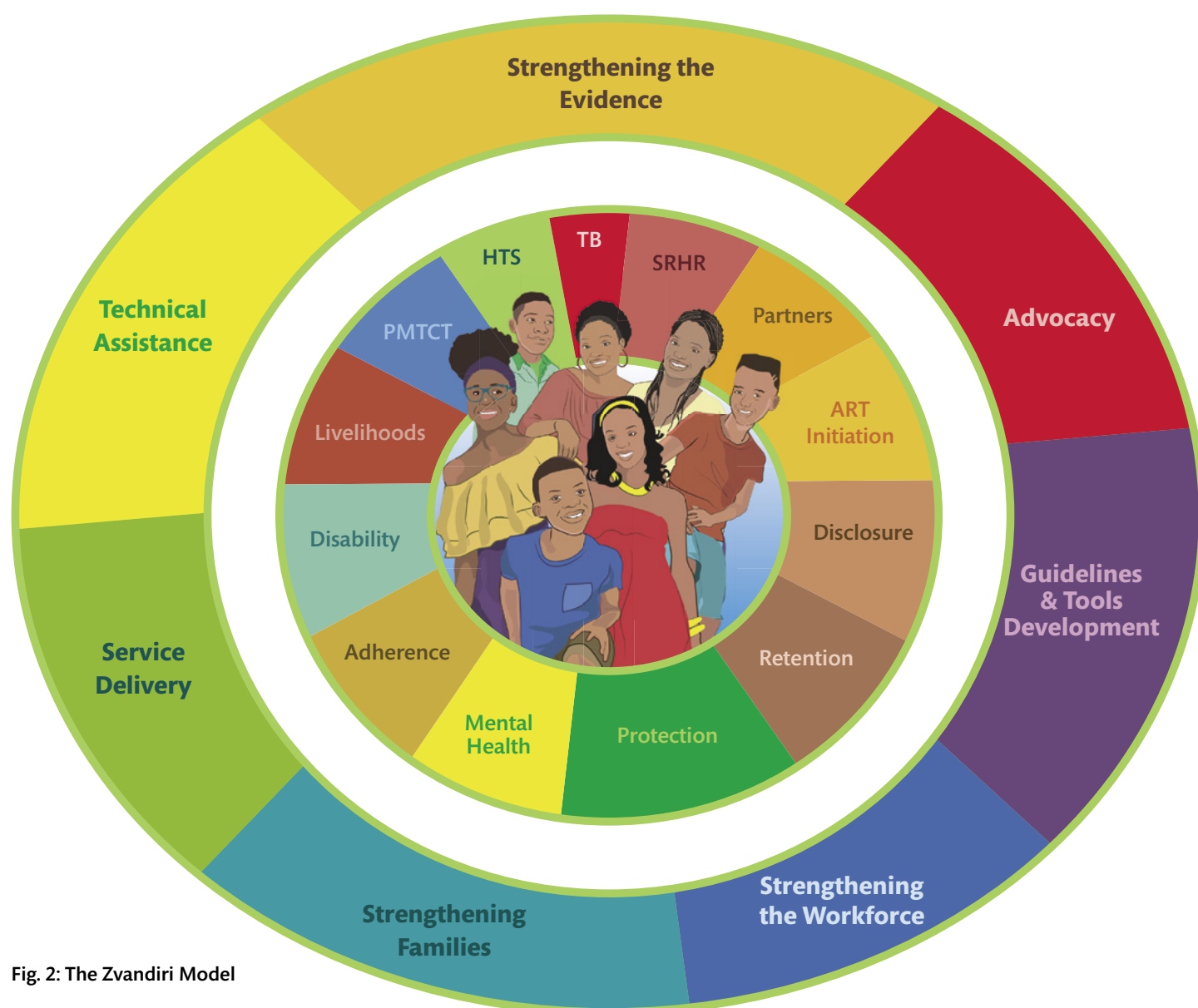


Fig. 2: The Zvandiri Model

Values

Extraordinary - We dare to be bold, to be different, unusual and creative; ensuring excellence at all times. We strive to be frontrunners in meeting the evolving and dynamic needs of young people.

Holistic - We passionately believe in supporting the whole person, throughout childhood and adolescence into adulthood; they are not just a statistic but a human being.

Connected - We connect young people to a network of peers for support so they can build safe relationships that inspire hope. We collaborate with young people, partners and governments, leading to the exchange of knowledge and ideas to promote growth, innovation and impact.

Loving - Our work is driven by gaining a deep understanding, commitment and connection to the lived experiences of young people to foster love and self-acceptance. We believe that together we can change things for the better.

Informed - Through research and evidence and connecting with young people, we learn what is needed and how to be most effective in our work. We ensure we deliver high quality interventions that allow young people to achieve their true potential

Authentic - Everything we do is with a commitment to be honest, humble and respectful in our work and to be guided by young people.



The Zvandiri way

- Zvandiri believes that young people are **agents of change**. Our young people are at the **forefront of programming** – including planning, delivery, monitoring and evaluation.
- Zvandiri believes it is our responsibility to make sure young people (YP) have the knowledge, skills and tools to fulfil their roles. **We continually invest in the development and capacity strengthening of young people.**
- Zvandiri knows that children, adolescents and young people (CAYP) live within families and communities which shape their lives including their health and wellbeing. Our services reach **beyond the individual** and support the communities in which they live.
- Zvandiri celebrates the excitement, diversity and potential of CAYP. Our services are creative, fun and innovative.
- Zvandiri recognises the diversity and rapid development of CAYP. Our services are **responsive to their different and evolving needs.**
- Zvandiri is committed to working **together with government** programmes to plan and provide services for CAYP. Our services are fully **integrated into national systems.**
- Zvandiri promotes the provision of **quality health services for CAYP**. Our services are free, confidential, non-judgmental and are available when and where our clients need them.
- Zvandiri is committed to **continually reflecting** on how best to provide services to CAYP. We collect data through our programmes and our research to improve the way our services are provided.
- Zvandiri recognises that there is more to CAYP than their HIV status and that HIV can impact many areas of their lives. We promote **different sectors working together** and facilitate engagement in a range of services beyond HIV and health.

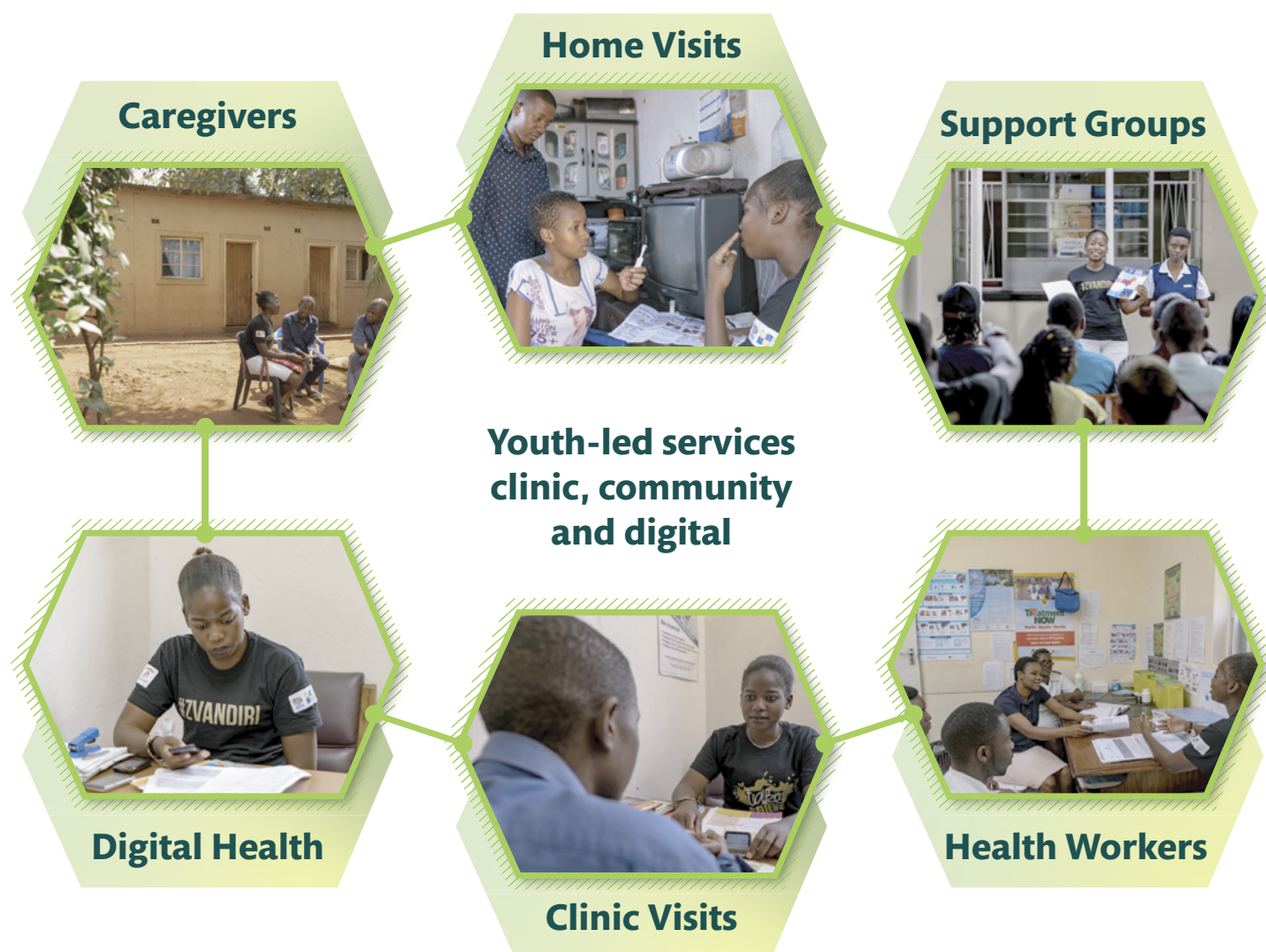


Fig. 3 : The role of peers in Zvandiri

Strengthening the workforce

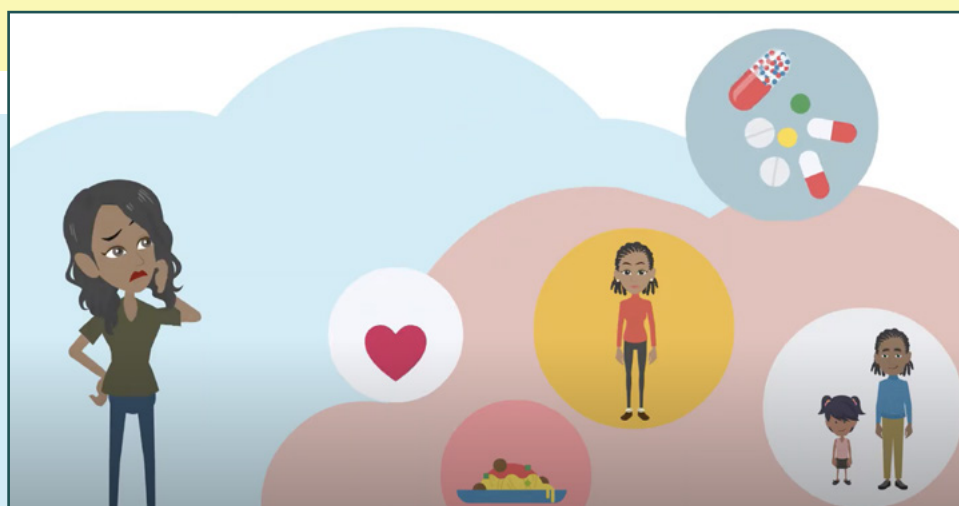
Zvandiri is an evidence-based model which has been designed, delivered, evolved and scaled over the last 18 years. It is informed by evidence from our programme data, evaluations and research and the lived experiences and needs of the young people we work with. This has shaped the work of Zvandiri but has also strengthened the evidence-base for global and national guidelines, service delivery and resources allocated for paediatric and adolescent HIV.

Over the years, we have ensured a sustained commitment to:

- The design and utilisation of **electronic record systems** for peer-led data collection, tracking and monitoring of the comprehensive health and psychosocial support needs and services delivered for young people in Zvandiri. This is collected by young people.
- **Partnerships** with world-renowned research institutions on programme evaluations, randomised controlled trials and exploratory studies to inform Zvandiri.
- **Engagement** of young people in research, using their own creative, participatory methodologies
- **Documentation** of this evidence in a wide range of mixed media resources for sharing with the global, national and local communities (peer-reviewed journals, books, film, art and music)

Highlights

- **Zvandiri is an effective, peer-led, community and clinic-based HIV and mental health intervention**
 - The Zvandiri Trial: Adolescents engaged in Zvandiri were three times more likely to be virologically suppressed than adolescents receiving standard care¹
 - The Zvandiri-Friendship bench Trial: Common mental disorder in adolescents living with HIV reduced from 80% to 2% among adolescents receiving enhanced counselling from CATS²
 - The Gokwe Study: Adolescents in Zvandiri had improved retention, adherence and psychosocial well-being compared with those receiving standard care³
 - The Breaking the Chain Study: Zvandiri Young Mentor Mothers are an effective PMTCT intervention, leading to improved viral suppression among pregnant and breastfeeding mothers and reduced mother to child transmission of HIV to their infants⁴
 - The Tapera Study: Improved outcomes across the HIV case cascade among children and adolescents in Zvandiri⁵
 - The Mbare Study: Adolescents living with HIV are at high risk of common mental disorders (CMD), correlating with poor adherence to ART⁶
 - The Grief Study: CATS are effective at providing a peer-led bereavement intervention for ALHIV⁷
- **Adolescents living with HIV require integrated, peer-led HIV and mental health services**
 - Adolescents living with HIV:
 - ◊ are at high risk of common mental disorders (CMD)^{2,6,8}
 - ◊ attribute their poor mental health to the negative relationships in their lives, specifically families, peers and carers⁸
 - ◊ attribute their virological failure to mental health issues⁸
 - ◊ consider non-adherence a form of slow suicide⁸
 - ◊ consider peer-led interventions, caregiver interventions and supportive health care workers to be critical in preventing and managing depression⁸
 - ◊ consider CATS as critical in alleviating symptoms of poor mental health⁸



What do ALHIV think?

In October 2020, Africaid led a global consultation on behalf of WHO as part of the WHO guidelines development process. 388 ALHIV were consulted across 45 countries. ALHIV unanimously agreed that mental health and psychosocial support services are critical in improving their HIV outcomes and engagement in health services

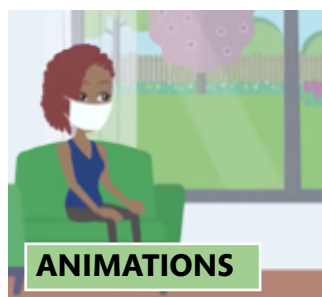
WATCH HERE

Advocacy

Zvandiri trains, mentors and supports children, adolescents and young people living with HIV to lead the design, delivery, monitoring and evaluation of their own advocacy initiatives.

Zvandiri Advocates utilise a wide range of media to advocate for improved, child and adolescent-focused policies and guidelines, resource mobilisation and service delivery, as shown below.

As Zvandiri Advocates graduate out of the programme, they train and mentor their peers to take over the reins, ensuring sustained advocacy and peer-led skills transfer.



Guidelines, Training and Tool Development

Zvandiri has a long history of developing paediatric and adolescent HIV guidance, training curricula and tools to inform the delivery of quality, child and adolescent-focused HIV services. Working together with the Government of Zimbabwe and young people living with HIV, a wide range of creative materials have been developed to support children and adolescents, and those that care for them, to have the knowledge and skills they need.



Fig. 4: Implementation guidance, training curricula, job aides, resource materials and tools for different audiences.

- **Implementation Guidance** – input to global and national guidance to support quality service delivery
- **Training curricula** – to equip service providers with the knowledge, skills and confidence they need to provide quality, effective, accessible services; virtual and face to face; practical, case-based, WHO
- **Intervention curricula** – CATS, Young Mentor Mothers, Support groups, Adolescent boys and young men, Working with caregivers, Disability
- **Information and literacy** – to ensure young people have access to the information. They need to make safe, informed decisions about their health and well-being; demand creation; books, comics, fact sheets
- **Screening tools** – to ensure those in need of services are not missed and are referred, including for HIV testing, disability, mental health, TB and child protection services
- **Counselling tools** – to support HCWs, families and peers to provide age and developmentally appropriate, effective counselling and support; these are disability friendly
- **Standard Operating Procedures** – to guide our team and youth in the delivery of Zvandiri, with fidelity
- **Job aides and guides** – to ensure quick reference to the information and tools needed for quality services, by HCWs, CATS



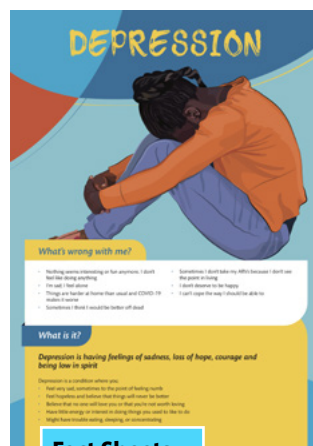
Counselling Tools



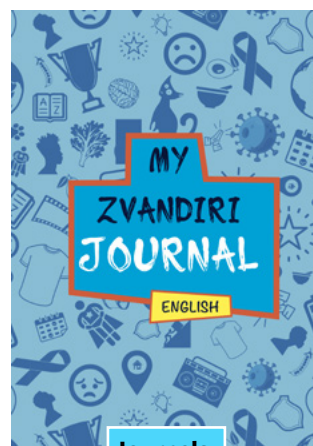
Comic Books



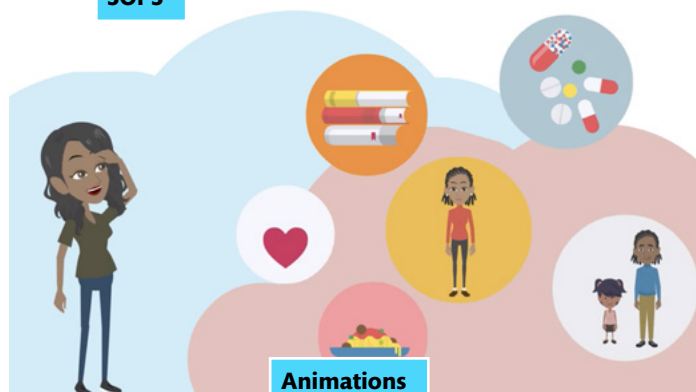
SOPS



Fact Sheets



Journals



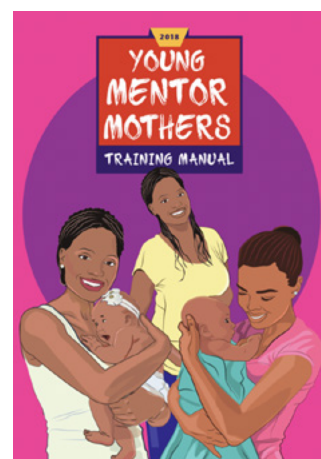
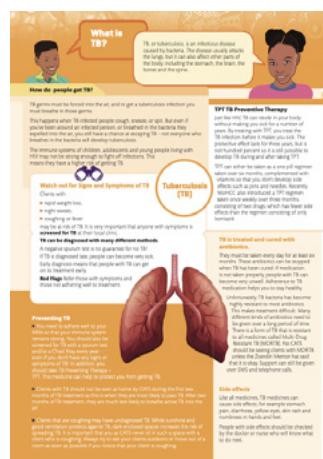
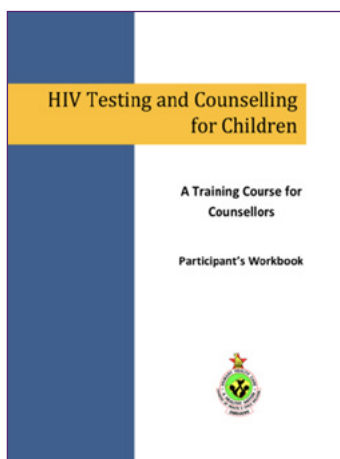
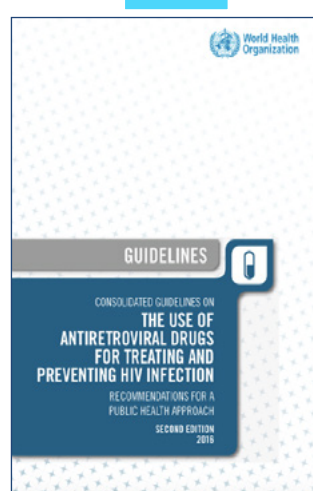
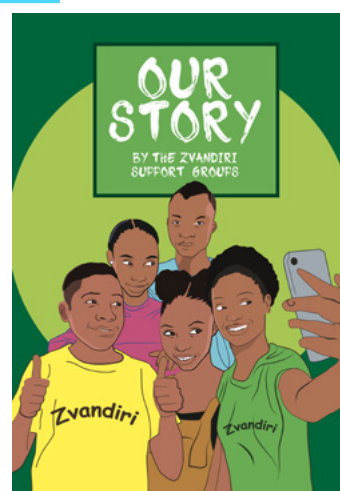
Animations



Games

Mental Health Screening Tool

Date	Name	Age	Sex	
AFRICAD				
CHECK THE BEST BOX				
In the past 3 months, have you...	Never	Rarely	Sometimes	Often
felt confident and proud of yourself				
felt that your peers like you and want to spend time with you				
had arguments with someone or other family members				
spent time doing things you enjoy doing				
avoided difficult situations or people you felt good about				
felt like someone was talking to you or talking to other people				
felt confident or happy				
had trouble sleeping, eating or felt like you had no energy				
felt like you got angry or irritable very easily				
felt happy and like the future looks bright				
your trouble concentrating, even when doing things you usually like to do				
felt like your mind is going too fast				
seemed interested about everyday things				
seemed about something that happened to you or someone you care about				
thought about suicide or self-harm				
felt like you had trouble breathing, heart pounding or some trouble				
felt good when you think about a bad thing that happened to you (e.g. scared, angry, sad, guilty, etc.)				
felt sad or like you were better about the bad thing, but you thought, "sometimes come around"				
felt like the bad news was happening again				
didn't say anything or behave differently				
used anything else to get high (e.g. drugs, prescription drugs, alcohol, or things you use)				
have you used substances to help yourself feel better				
thought about harming yourself in any way or felt like you'd be better off dead				
heard or seen things that other people don't				

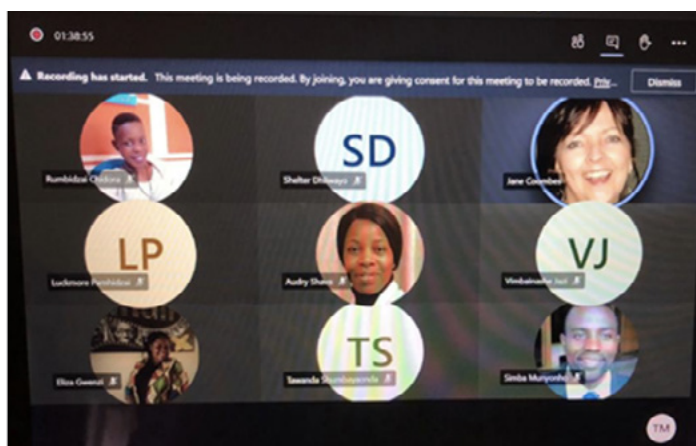


Strengthening the Workforce

Zvandiri partners with Government to strengthen the capacity of its service providers to provide quality, evidence-based services for children and adolescents living with HIV as they grow and live with HIV. This is achieved through on-site and virtual training and mentorship for clinic and community based health care workers and social workers including lay cadres such as CATS, Young Mentor Mothers, community health workers and case care workers. Training and mentorship focuses on integrating services which address both the clinical, psychosocial and service delivery needs of children and young people so that they survive and thrive.

Key Strategies

- Development of **evidence-based training and mentorship curricula** on paediatric and adolescent HIV
- **Engagement of expert CATS** as trainers and mentors
- **Quality Standards Assessments** for health facilities to inform and monitor training and mentorship
- **Onsite and digital training**
 - **Face to face** trainings facilitated by Ministry of Health and Child Care, Zvandiri trainers and CATS
 - Virtual trainings via the **Zvandiri-ECHO Hub**
 - The **Zvandiri paediatric and adolescent HIV training course**
- **Onsite and digital mentorship**
 - Integrated within the **national clinical mentorship programme**
 - Multidisciplinary case management reviews
 - Multi-country case management reviews



Digital training and mentorship



On-site training and mentorship



Strengthening Families and Communities

The capacity of children and young people living with HIV to survive and thrive is directly influenced by the world in which they live – their homes and communities. We work with young people living with HIV to design and deliver their own interventions which create more supportive environments.

Information – strengthening knowledge among caregivers by sharing child and adolescent-led information, education and communications materials e.g. on HIV and ART literacy, mental health, child rights, SRHR, TB

Community Dialogues – led by CATS, bringing together caregivers to discuss their needs and experiences, promote awareness of the needs and experiences of CAYPLHIV and the services available.

Training – led by CATS and Zvandiri Mentors, to promote caregivers' own health and well-being and knowledge, skills and confidence in supporting their children living with HIV

Demand Creation – through CATS-led engagement with caregivers to create awareness and demand for services

Linkage to services – assisting caregivers and their children to be linked to the services they need including HIV services, mental health, disability, TB, social protection, SRHR

Counselling and Support – led by Zvandiri Mentors and CATS, to support caregivers' own health and well-being as well as building skills and confidence to care for their children living with HIV

Engagement in research – through participation in research studies, consultations and program evaluations

Engagement in advocacy – through participation in Zvandiri Radio Shows, conferences, films

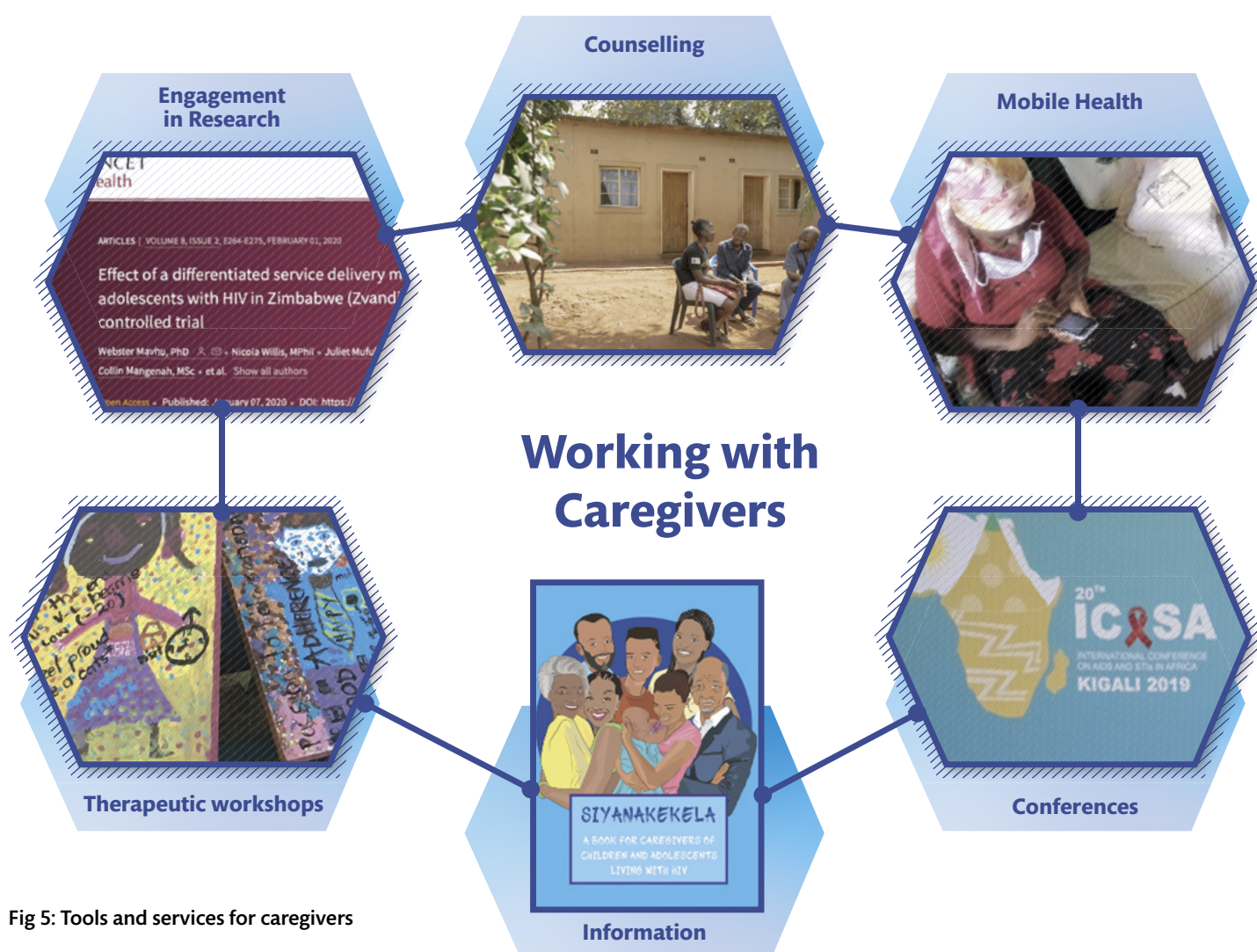


Fig 5: Tools and services for caregivers

Service Delivery

We work with children, adolescents and young people (0-24 yrs) in need of HIV services. We support our clients in:

- **Getting to know, understand and accept their HIV status**
- **Making sure they have the information and skills they need to make decisions which keep them healthy and safe**
- **Helping them get the services they need**
- **Helping them to manage and cope with the experiences in their lives**

- In the clinic
- In the home
- In support groups
- Via mobile technology

We work together with government services with our trained and mentored peer counsellors known as **Community Adolescent Treatment Supporters (CATS)**. CATS are at the forefront of providing Zvandiri services. 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, OVC and social protection services.

CATS are attached to health facilities within their own communities and supervised by Ministry of Health and Child Care (MoHCC) staff, with technical support from district-based Zvandiri Mentors (ZMs) employed by Africaid. CATS identify and refer undiagnosed children, adolescents, and young people through index case finding and HIV self-testing (for those 16yrs and above) 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. CATS manage a caseload of up to 30 CAYPLHIV whom they support through home visits, support groups, clinic visits, and MHealth.

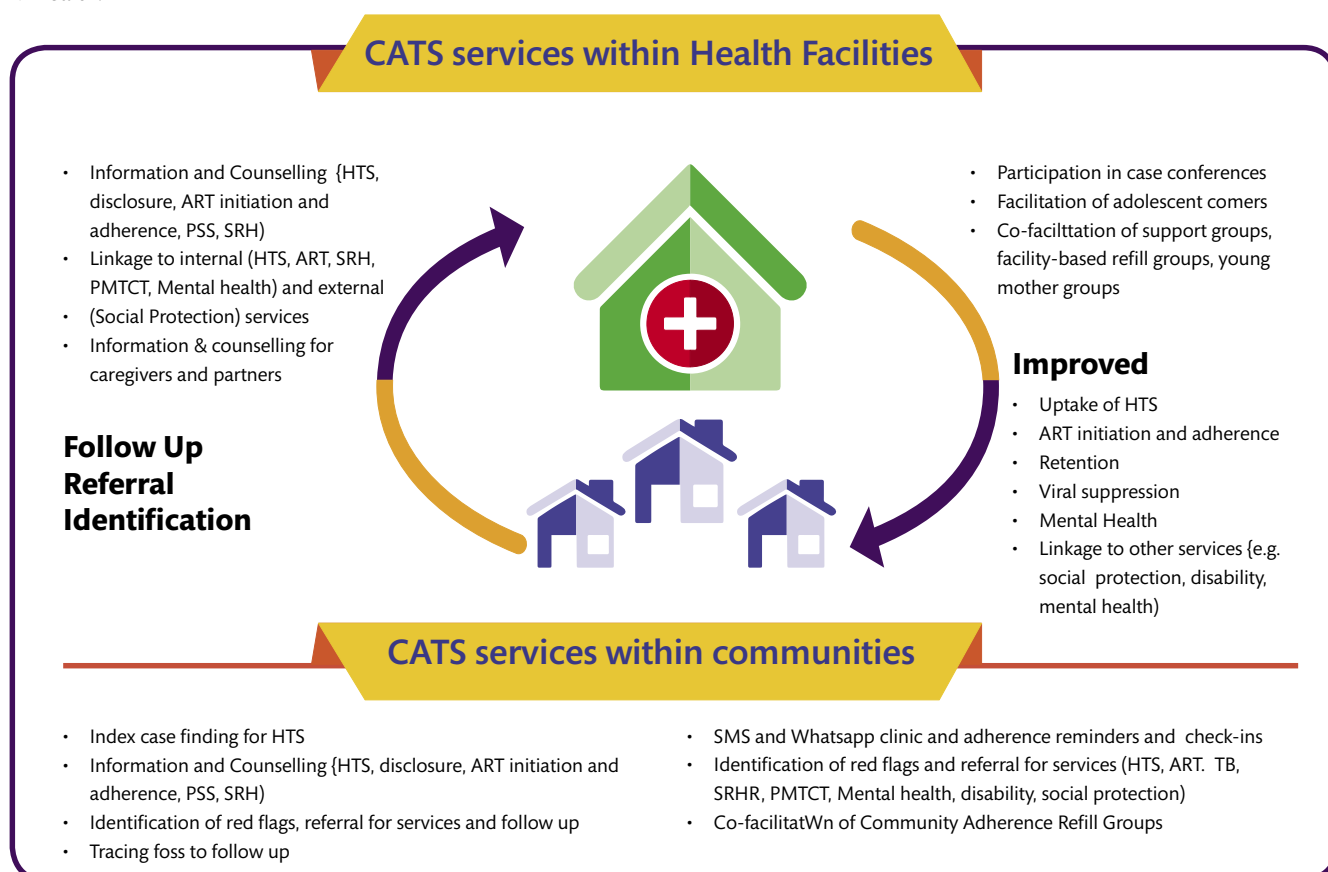


Fig. 6: CATS services within health facilities and communities

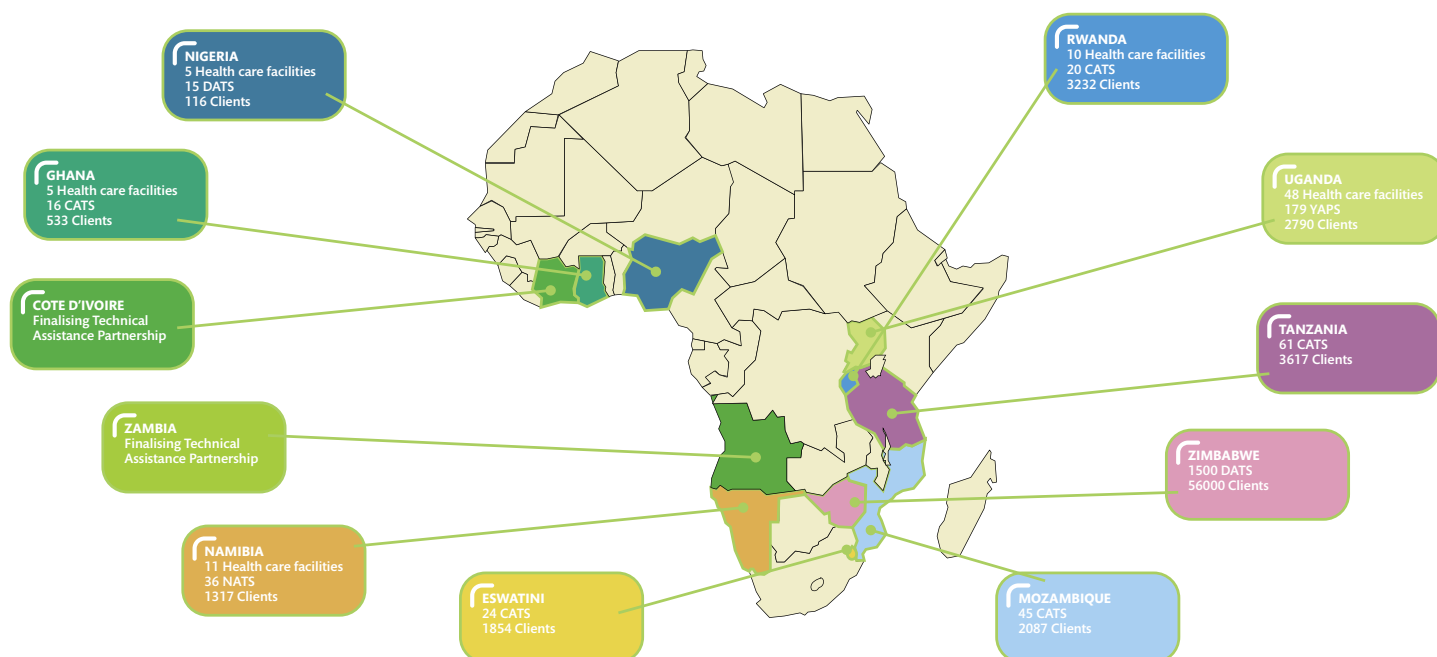
A second youth cadre known as 'Young Mentor Mothers' has evolved from the CATS programme, where young mothers living with HIV are trained and mentored to support other pregnant and breastfeeding adolescent girls and young women and their infants. Like the CATS, they are integrated within the health care facilities and support their caseloads across the clinic, home, mobile health and support groups.

Technical Assistance

We support governments to integrate Zvandiri within their national HIV response for children, adolescents and young people. Our technical assistance teams work with respective governments, local implementing partners and young people living with HIV to establish, implement, monitor and evaluate peer-led differentiated services within the health care facilities and communities. This is guided by joint partnership agreements, a standardised technical assistance programme and quality standards for paediatric and adolescent HIV. Sustained training, mentorship and support is delivered on site and through the Zvandiri-ECHO Hub digital platform.

Key Principles of the Zvandiri Technical Assistance Programme

- **Partnership** – between Government, Africaid, local implementing partner and young people living with HIV
- **Government-led** – integrating Zvandiri within the national system and service delivery
- **Youth-led** – with young people living with HIV at the forefront of training, mentorship and service delivery
- **Evidence-based** – informed by Zvandiri evidence, lessons learned and experience
- **Standardised** – guided by a standardised programme of technical assistance, curricula, SOPs and tools
- **Integrated** – with trained, mentored peers integrated within service delivery, supported by trained, mentored health care workers
- **Scaled over time** – beginning small, learning, then expanding to reach as many young people as possible



Digital Technical Assistance



On Site Technical Assistance

Results

6,000 children and adolescents supported by 1600 trained, mentored peers in 8 countries

1st **95**

5422 children, adolescents and young people mobilised through contact tracing and referred for HIV testing services;

15% confirmed HIV positive.

2nd **95**

95% CAYP who tested HIV positive were linked to HIV treatment and care.

4th **95**

Reduction in common mental disorders among adolescents living with HIV from 68% to 2% among those receiving enhanced counselling from CATS

3rd **95**

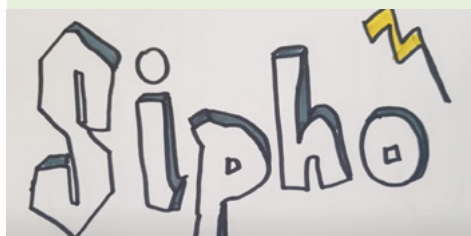
98% viral suppression among CATS

97% Of young mothers virologically suppressed

90% of young people in Zvandiri were virally suppressed

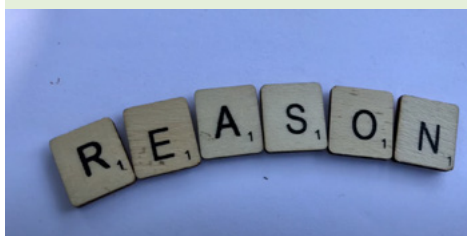
ALHIV in Zvandiri **3 times more likely** to be virologically suppressed

HIV Testing



▶ Sipho's story

Disclosure



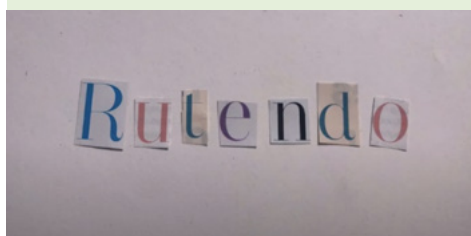
▶ Reason's Story

HIV Sensitive Case Management



▶ Tapiwa's story

HIV Sensitive Case Management



▶ Rutendo's story

Mental Health



▶ Albeto's story

The Pills are not enough



▶ Leosa's Story

Advocacy



▶ Loyce Maturu' Story

PMTCT



▶ Tarisai's Story

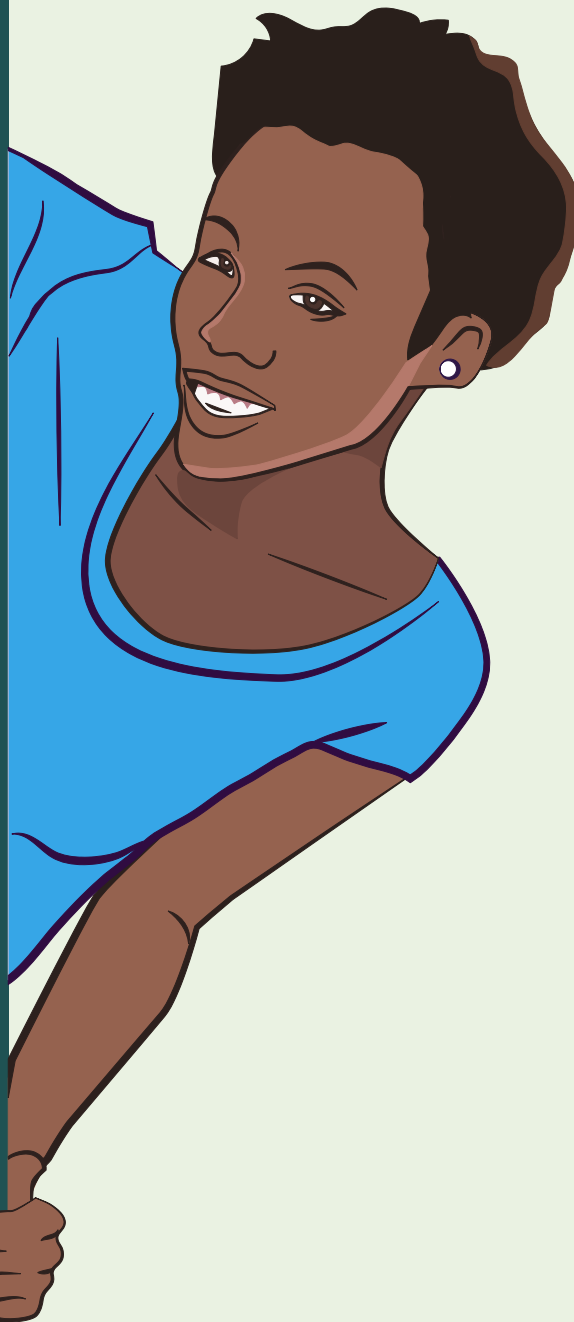
Technical Assistance



▶ Sipho's story

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Africaid Zvandiri

- 📍 11-12 Stoneridge Way North, Avondale, Harare, Zimbabwe
- ☎ +263 242 335 805 📧 info@africaid-zvandiri.org
- 📘 Africaid Zvandiri 🐦 [@zvandiri](https://twitter.com/zvandiri) www.africaid-zvandiri.org