

Zvandiri



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The Zvandiri Intervention

Improving HIV Outcomes through DSD for Adolescents living with HIV
WHO Webinar, 3 September 2019



PRESENTATION OUTLINE

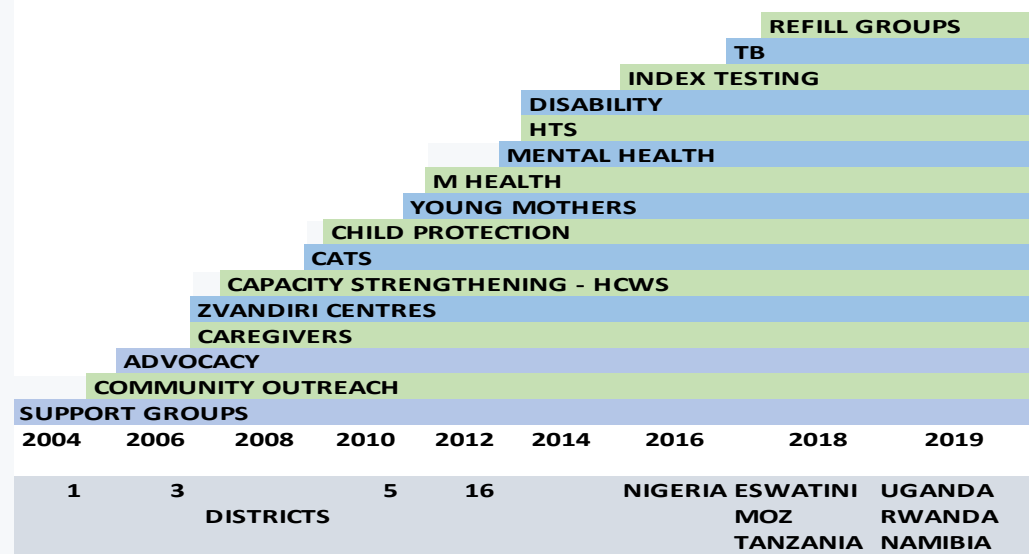
- **Zvandiri Differentiated Service Delivery**
- **Two case studies: Rudo and Petty**
- **Data and Results**
- **Experiences from South to South Learning and Sharing**



ZVANDIRI EVOLUTION OF THE DSD MODEL

2004: Established in response to increasing availability of ART, yet critical need for integrated community-clinic response to improve HIV outcomes, as well as other health and protection outcomes

2005-2019: Pilot and layering of new initiatives in response to emerging, evolving needs of CAYPLHIV; adoption by MoHCC and MoPSLSW and scale up



Implementation, Learning, Reflection, Adaptation, Guidance

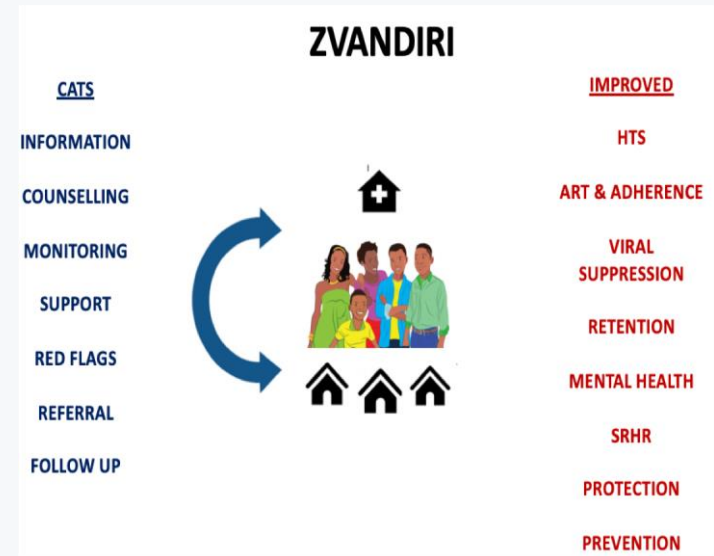


ZVANDIRI OVERVIEW

Differentiated HIV service delivery model for children, adolescents and young people, adopted by MoHCC, Zimbabwe
Implemented primarily by Community Adolescent Treatment Supporters (CATS)

CATS:

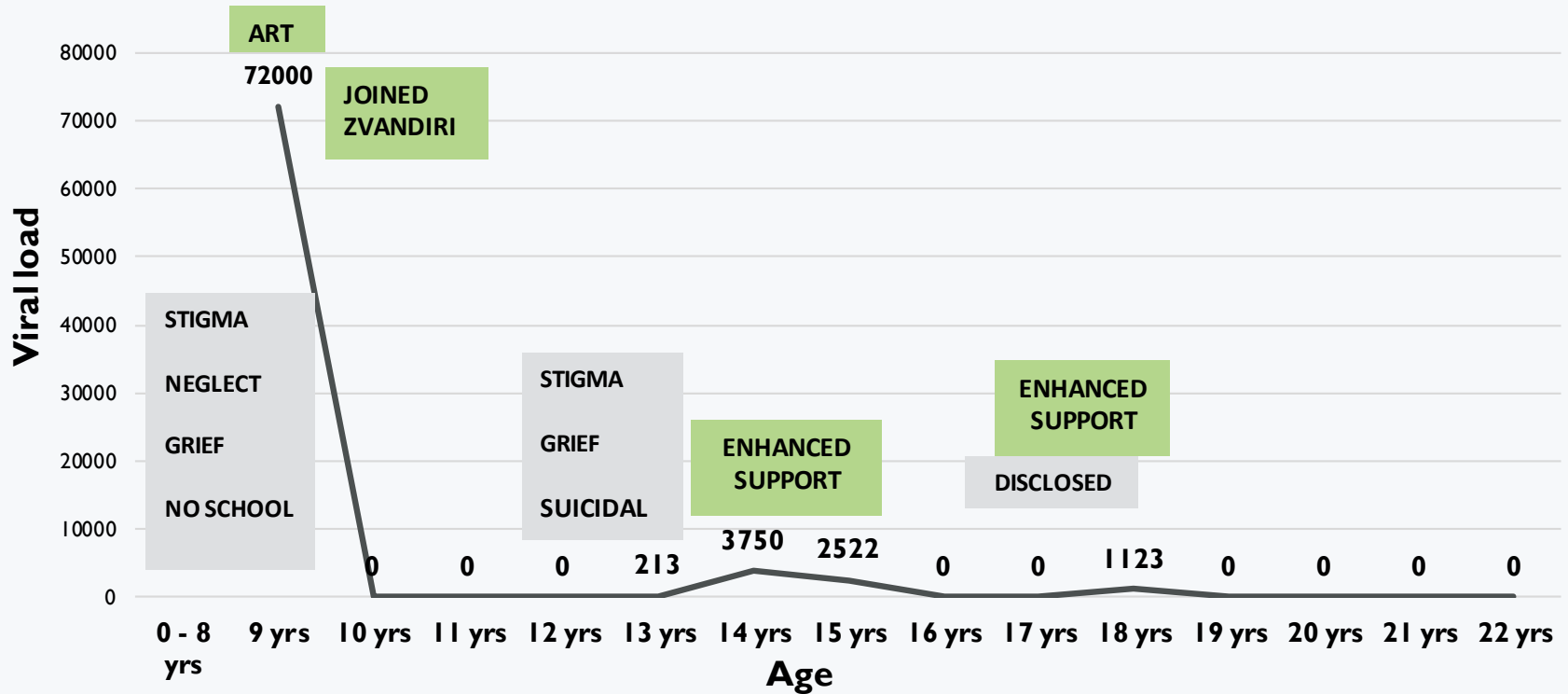
- HIV positive 18-24 yr olds
- On ART; adhering well
- Willing to engage as a CATS
- Able to read and write
- Completed school
- Consent from caregivers



CATS Levels of Support and Eligibility Criteria

| Standard Support | Enhanced Support |
|--|--|
| <ul style="list-style-type: none">• Undetectable viral load - last 6 months• Retention in care - last 3 months• Psychologically stable• Safe | <ul style="list-style-type: none">• Detectable viral load in the last 6 months• Self report of non adherence• Commencing ART < 3 months• Opportunistic infection• LTFU > 3 months• Psychological distress• Abuse, neglect• Pregnancy |
| <p>MoHCC treatment and care</p> <p>CATS-led:</p> <ul style="list-style-type: none">• Monthly Home Visit<ul style="list-style-type: none">• Information, counselling, monitoring• Identification of red flags and referral• Monthly SMS Reminder• Clinic-based counselling• Referrals and Linkages <p>CATS-Supported:</p> <ul style="list-style-type: none">• Monthly Support Group• Caregiver Workshop | <p>MoHCC treatment and care</p> <p>CATS-led:</p> <ul style="list-style-type: none">• Two weekly Home Visit<ul style="list-style-type: none">• Information, counselling, monitoring• Identification of red flags and referrals• Joint home visits with health and protection cadres• Weekly SMS reminder / daily calls• Clinic-based counselling – enhanced content• Referrals and linkages – Extra support services – i.e. social protection, ANC etc <p>CATS-Supported:</p> <ul style="list-style-type: none">• Monthly Support Group• Caregiver Workshop• Adherence Workshop• Case Management with CHWs/ CCCWs |

RUDO 19 YEARS



DATA AND RESULTS



56% CALHIV living with disability

ALHIV attribute virological failure to poor mental health and relationships in their lives



65% of ALHIV at risk of common mental disorder, correlating with poor adherence

4th 90

Improved psychosocial well-being among those receiving Zvandiri

1st 90

90% acceptance rate

7% Positivity

2nd 90

97% initiated on ART post-testing

3rd 90

99% suppression after 12 mths on ART

77% viral suppression across 52 districts

Improved viral suppression compared with those not receiving Zvandiri services

High levels of resistance amongst ALHIV with virological failure



SOUTH TO SOUTH SHARING **SUCCESSSES**

- Country level meetings allowed for contextualized review, sharing and planning for DSD for adolescents living with HIV
 - Specific to each country's epidemic, existing services, success and challenges
 - Enabled Zvandiri team to understand different contexts and propose adaptations to the model and mentorship processes
- Multi sector engagement in the meetings promoted learning, sharing, buy-in and planning
- Engagement of young people from Zvandiri and host countries enabled peer-to-peer learning and sharing as well as stakeholder understanding of the capacities of young people
- Engagement of MoHCC Zimbabwe with host Ministries promoted understanding of government leadership and offered opportunity for ministry to ministry conversation and planning
- TWG meetings have led to further planning, learning, sharing and exchange visits
- Peers from different countries in the region have learned and shared from one another
 - Promoted ownership of their own programmes and advocacy for themselves and their peers
 - Increased the recognition that the issues they face are similar and that the model works to respond to these issues
- Zvandiri and the CATS model now adopted or adapted in Mozambique, Eswatini, Tanzania, Uganda, Rwanda, Namibia



SOUTH TO SOUTH SHARING CHALLENGES

- The Zvandiri model is best understood when seen first hand
 - Multiple components to the model which are layered upon one another
 - Government leadership from national to site level is best seen on site
- TWG meetings would have benefited from more time for sharing of host country programmes, review of ALHIV standards and planning
- Different languages has required translation of training, guidance materials and mentorship
- Different levels of capacity exist among implementing partners to support CATS and integration of DSD
 - Investments in on-going mentorship and capacity strengthening are essential
- The potential of young people as service providers has often be under recognized
 - Advocacy is needed to demonstrate this to different stakeholders if integrated, peer-led DSD is to be successful



SOUTH TO SOUTH SHARING LESSONS LEARNED

- Considerable experience and programming already in place, particularly in ESA
 - TWGs have provided a platform to review current practices and adoption of a national approach at scale
- South to south sharing has enabled learning and sharing of effective practices by governments, IPs and young people across the region
- Government leadership, with support from WHO, has been critical in steering the review and planning for DSD for ALHIV, in line with national strategic plans and policies
- Sustained investment in training and mentorship of Government, Implementing partners and CATS is essential for understanding and effective integration of DSD for ALHIV, including CATS Care
- West and Central Africa
 - Low prevalence among ALHIV yet the potential for growth in the epidemic is considerable
 - Low testing, treatment and viral suppression rates pose a significant crisis
 - Different starting point when working with WCA for adoption of this model
 - Adoption of the model can work but needs recognition of this population, then slow, small introduction of the model, adaptation then scale up



With support we stand strong



📍 12 Stoneridge Way North, Avondale, Harare, Zimbabwe

☎ +263 242 335 805

✉ info@africaid-zvandiri.org

📘 Africaid Zvandiri

🐦 @zvandiri

www.africaid-zvandiri.org