







Case-finding and continuity of care for adolescents using the CATS model





ZVANDIRI: ONE MODEL, MULTIPLE PARTNERS







Grand Challenges Canada® Grands Défis Canada











































OUR PURPOSE

We transform the lives of young people living with HIV through peer connections to ensure health, happiness, and hope.

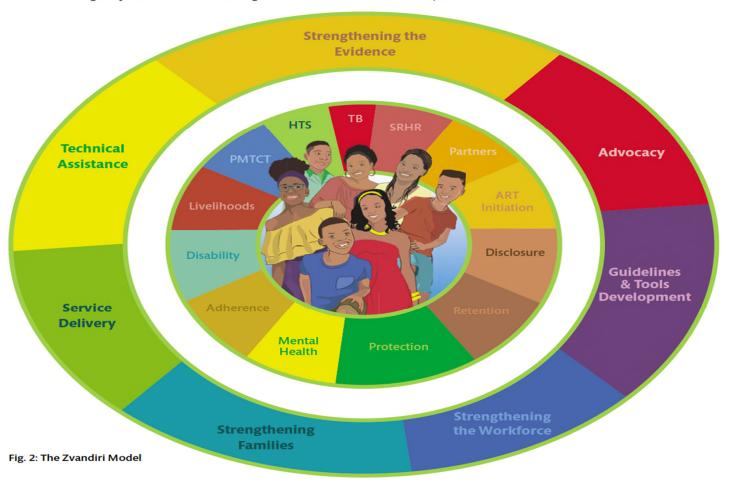
OUR MISSION

We work with governments to deliver Zvandiri services to young people living with HIV at scale and currently work with 10 countries in African region



The Zvandiri Model

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





ZVANDIRI – PEER-LED DSD

2400

Community Adolescent Treatment Supporters (CATS)

and Young Mentor Mothers (YMMs)

supporting

64,000 children, adolescents and young people living with HIV



IMPROVED

HTS

ART ADHERENCE

VIRAL SUPPRESSION

RETENTION

MENTAL HEALTH

SRHR

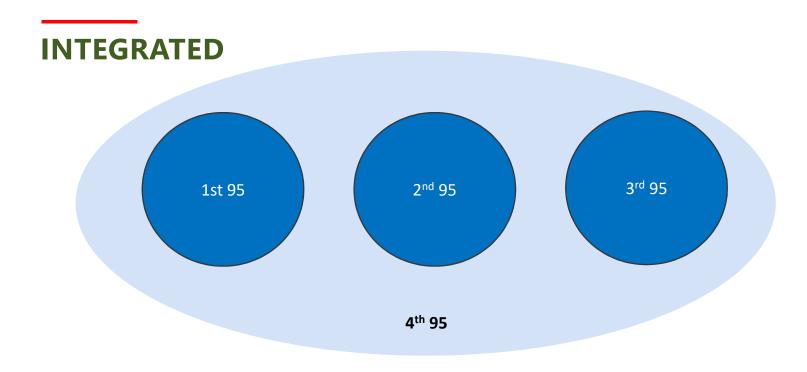
PROTECTION

PREVENTION

ZVANDIRI – PEER-LED CASE FINDING

- CATS and YMMs
 Through their existing caseloads of CAYPLHIV, they identify undiagnosed:
 - Siblings of CAYPLHIV
 - Sexual partners of AYPLHIV
 - Children of caregivers on ART
 - Referral to HTS
 - Distribution of HIV ST
 - Counselling
 - Caregivers
 - Disclosure
 - HIV, ART, VL literacy
 - Case conferencing for children facing barriers to HTS





Integration of peer-led, comprehensive child and adolescent services across the clinic, community and eHealth to promote health and quality of life outcomes

ZVANDIRI



HEALTH FACILITY

Training, mentorship and supervision for health care workers

Case load management planning and coordination (ART refill, MMD, VL, Tracing, TB, MH, SRHR services, planning for outreach)

Adolescent Days (ART refill, Support Group, VL bleeding, TB and MH screening)

Peer counselling, psychological support for CAYPLHIV and caregivers (Use of child / ado friendly IEC materials, job aides)

Identification of red flags, peer-navigation to services

Mhealth (Check-ins, clinic and adherence reminders, EAC, MH and TB screening)

Adolescent Quality Standards and QI initiatives



COMMUNITY

CATS Home Visits (information, counselling, monitoring and support; clinic and adherence reminders; tracing)

Identification of red flags and referral

Screening for TB and MH conditions, and referral

Joint Home Visits for enhanced / complex cases (nurses, counsellors, mental health nurses, protection officers)

Community Support groups

Caregiver support groups

Community ART refill

Community Viral load bleeding

Linkage to OVC services

STANDARD SUPPORT

ADOLESCENTS WITH:

- Viral load <1000 copies/mL
- Attendance at all scheduled clinic visits in the last 3 months
 - Psychosocially stable

SERVICES PROVIDED:

- Clinic based services, as scheduled
 - · Adolescent days, as scheduled
 - CATS home visits, monthly
 - Mhealth, weekly
 - Support Groups, monthly
- Caregiver groups, counselling and support

ENHANCED SUPPORT

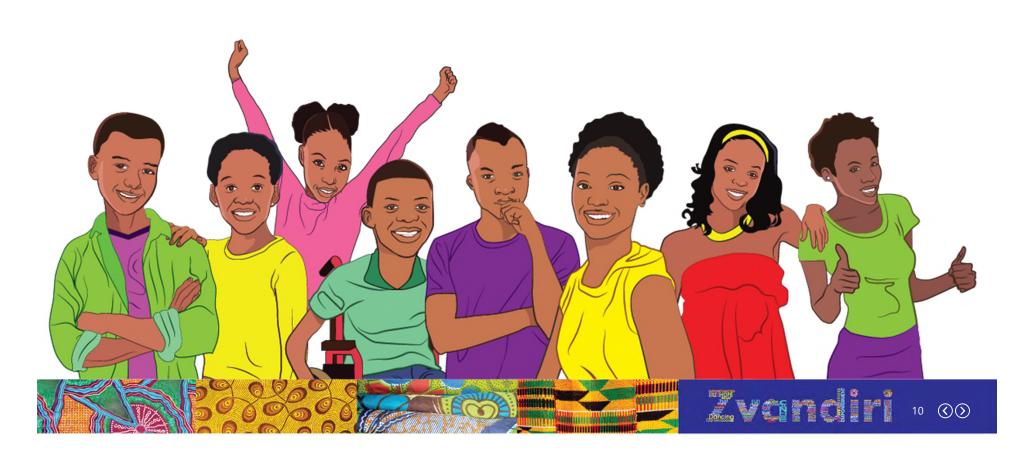
ADOLESCENTS WITH:

- Viral load ≥1000 copies/mL
- Failing to attend one or more scheduled clinic visits in the last three months
 - Commencing ART in the past three months,
 - Common mental disorders (CMDs)
 - Pregnant
 - Psychosocial challenges or protection issues

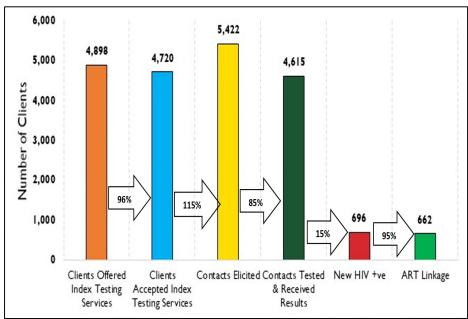
SERVICES PROVIDED

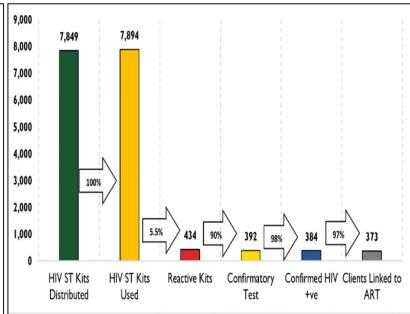
- Clinic based services, as scheduled
 - Adolescent days, as scheduled
- CATS home visits, twice /month or more
 - Mhealth, daily
 - Support Groups, monthly
- Caregiver groups, counselling and support
- Joint case management with clinic and community cadres

RESULTS, 2020



HTS





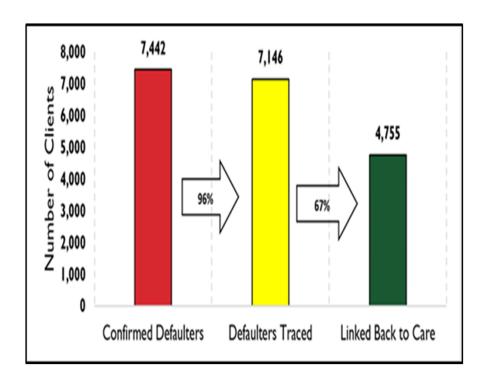
In spite of COVID-19 challenges, managed to identify almost 700 new CAYPLHIV through Index testing services, with 95% of them linked to care

- 392 confirmed new CAYPLHIV identified through HIVST distribution, with 98% confirmed
- 97% linkage rate

DIFFERENTIATED CARE FOR CAYPLHIV ON ART

54,764 receiving Zvandiri services 22% in ART refill clubs/support groups 94% retained in care 87% required 13% required standard care enhanced care

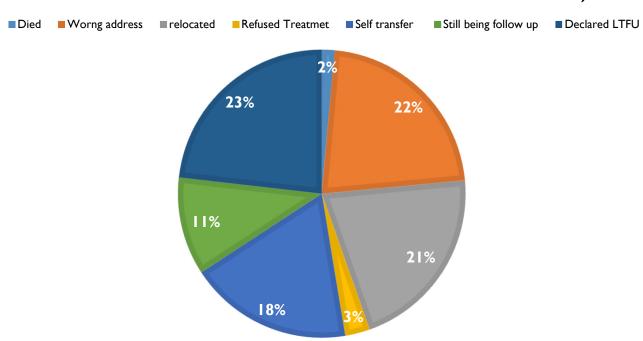
DEFAULTER TRACKING



- A total of 7,442 defaulters submitted to CATS by clinical staff
- 96% (7,146) of these traced by CATS.
- Of the CAYPLHIV traced, 4,755 were successfully linked back into care, translating to a success rate of 67%.
- The balance of the success rate were either still being traced, were still in care with a documentation challenge, had self-transferred, lost-to-follow-up, or had died.

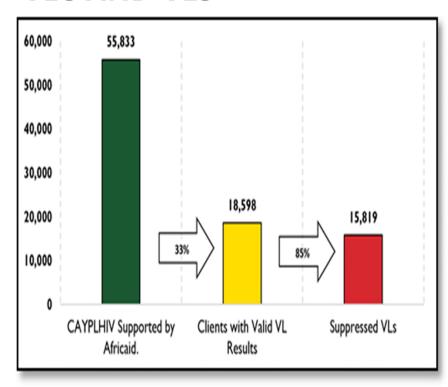
DEFAULTER TRACKING

REASONS FOR CLIENTS NOT BEING LINKED BACK N=2,391





VLC AND VLS



- 2020 VLC was 33% (cc 42% in 2019) mostly due to the COVID19 pandemic
- Crucial demand-generation and viral load literacy work routinely provided by the CATS was heavily impacted by the COVID-19 restrictions
- The fewer clinic attendances by CAYPLHIV provided less opportunities for bleeding
- Overall VLS was 85%
 - However, in districts with ideal CATS beneficiary ratio estimated at 1:30, the viral suppression rates are above 90%.

VIRAL SUPPRESSION

ZVANDIRI TRIAL

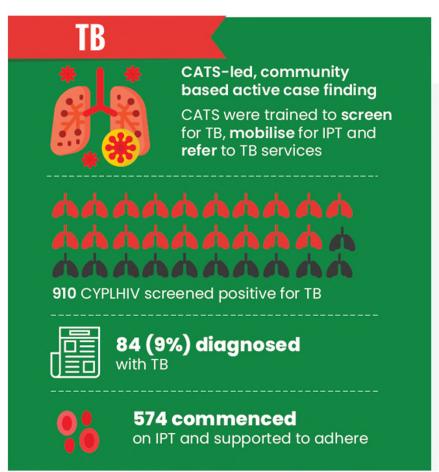
ALHIV in Zvandiri 42% more likely to be virologically suppressed than ALHIV not engaged in Zvandiri

ZVANDIRI-FRIENDSHIP BENCH TRIAL

Improvement in virological suppression from 65% at baseline to 88% at 24 months among 842 ALHIV

TB/HIV

- Among those screened non-presumptive cases, 574 were commenced on TPT, and provided with adherence support to complete the TPT course.
- However, this figure could have been higher had the availability of Pyridoxine, a vitamin co-administered with Isoniazid, been guaranteed





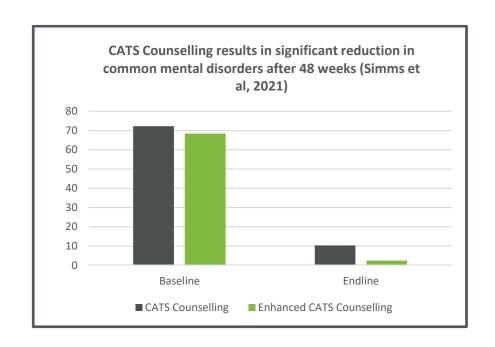
MENTAL HEALTH

1,328 CATS providing peer counselling and support for 54,764 clients.

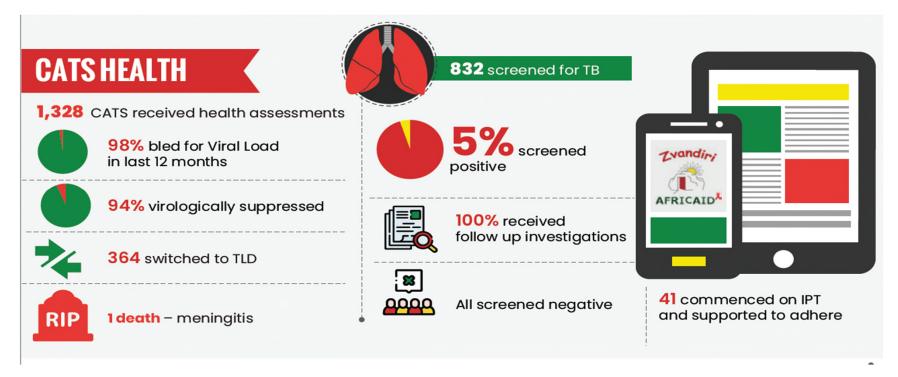
14,987 mental health screening s conducted by CATS, Zvandiri Mentors, in person and virtual

Zvandiri-Friendship Bench Trial

- Among ALHIV receiving standard CATS counselling, common mental disorder (CMD) reduced from 72.2% to 10.3%
- Among ALHIV receiving enhanced CATS counselling, CMD reduced from 68.4% to 2.4%



CATS HEALTH



PMTCT

- 72 Young Mentor Mothers trained and mentored by MoHCC and Africaid
- 1671 Young pregnant and breastfeeding mothers (YMs) are being supported by the YMMs
 - 96% of supported young mothers are virally suppressed
 - 98% of babies are HIV negative at final outcome on cessation of BF (2% MTCT rate)
 - 62% partners tested HIV positive
 - 99% initiated on ART
 - 72% of HIV negative partners initiated on PrEP



Enita - The Story of A Young Mentor Mother
https://www.youtube.com/watch?v=91lpNnpok0Y

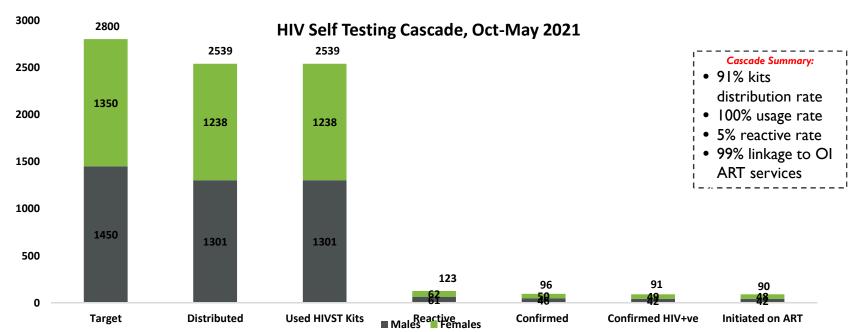








FAITH-BASED AND COMMUNITY INITIATIVES HIV SELF TESTING CASCADE



Key Highlights:

- FCI Champions at the heart of this initiative- recruited through nomination by faith leaders, nomination by leadership of busy marketplaces, as well as graduated CATS
- Distribute HIVST kits to contacts of index clients given to them by either the health facilities and/or the Community Posts set up to offer services to demographic groups not doing well on case-finding especially men, adolescents in busy marketplaces
- For COP20 thus far, have distributed 91% of their target number of HIVST numbers, with 100% usage rate, 5% reactive rate, as well as 99% of linkage of those confirmed positive to ART services

CONCLUSION

Zvandiri is an effective, peer-led model of differentiated service delivery model for CAYPLHIV, resulting in

- improved uptake of HTS,
- ART initiation,
- retention,
- adherence,
- viral suppression and
- mental health among ALHIV, compared with standard of care

Myriad of evidence is based on programme data and the following publications,

- The Zvandiri Trial
- The Gokwe Study
- The Zvandiri-Friendship bench Trial
- Effectiveness of CATS across 95-95-95
- Peer-led grief intervention



● 12 Stoneridge Way North, Avondale, Harare, Zimbabwe +263 242 335 805

(a) info@africaid-zvandiri.org

f Africaid Zvandiri

2 @zvandiri

www.africaid-zvandiri.org