Lessons learned from nimble adaptations to organisations' responses to the sexual and reproductive health (SRH) needs of adolescents in the context of the COVID-19 crisis.

Country: Zimbabwe

Africaid (Zvandiri) and the Ministry of Health and Child Care

Africaid's Zvandiri program, "As I am", is transforming young lives through peer connections to assure health, happiness, and hope. The program began 18 years ago with six young people living with HIV who wanted more than just the medicines and clinic visits. In partnership with the government, they established a support group that has evolved into the Zvandiri's Model of community, clinic, and digital health services for young people living with HIV. Trained, mentored peers –called Community Adolescent Treatment Supporters (CATS)– are paired with young people living with HIV. The organization's evidence-based model provides a holistic approach that that connects young people with each other and ensures sustainable impact. Zvandiri started in Zimbabwe and has been adopted and scaled in eight countries with 1600 CATS. The long-term goal is to expand the Zvandiri model to twenty countries by 2030 to deliver health, happiness and hope to one million young people living with HIV.

Were you delivering services to young people before the COVID-19 crisis?

Africaid, in partnership with the Ministry of Health and Child Care and its funding and technical partners, adapted the existing Zvandiri model of differentiated service delivery for children, adolescents, and young people living with HIV(CAYPLHIV). Zvandiri integrated a package of peer-led, community and clinic-based services within the clinical services provided by the health facilities. Each client registered in Zvandiri is case managed with services primarily led by Community Adolescent Treatment Supporters (CATS).

What new approaches are you using to overcome the barriers created by COVID-19 and the response to it, to reach young people with this service?

In April 2020, Africaid conducted a rapid assessment of 20,470 CAYPLHIV registered in the Zvandiri program to establish their access to ART, adherence, and overall health and safety. This assessment identified that 172 clients did not have ARVs, 2862 clients only had one week

of ARVs left and 37 were due for enhanced adherence counselling (EAC) in April and May. This assessment also identified significant mental health concerns among CAYPLHIV resulting from young people's concerns for their own health, including their access to ART and well-being. Clients also raised overwhelming concerns related to the need for other services including SRHR, TB, and prevention of mother-to-child transmission (PMTCT) services.

The adaptation of services has been an iterative process in response to the rapid pace of change throughout the COVID-19 pandemic, in response to national and international guidance. First and foremost, we aimed to keep CAYPLHIV engaged in care, virologically suppressed, linked to the services they need, and with positive mental health. We have upheld the principle of 'do no harm' throughout this adaptation process, bearing in mind Zvandiri services are principally led by a cadre of youth living with HIV.

In March 2020, Africaid in collaboration with the MoHCC and its partners, scaled-up key aspects of the Zvandiri program and adapted other components, as set out in the three pillars below:

Virtual case management for home visits and client base support: We conducted these services with a focus on information sharing, provision of counselling, identifying red flags, and providing referrals for needed services including sexual and reproductive health and rights (SRHR) and referrals of contacts for HIV test services (HTS). Our mentors also provided services such as antiretroviral treatment (ART) refills and viral load (VL) monitoring, case tracking and tracing, screening for mental health, tuberculosis (TB), and identifying child protection risks during targeted home visits.

Virtual support groups: We continued group support through virtual means with activities such as information sharing, group counseling, sharing experiences and coping strategies, and referring group members for services including SRHR.

Expanding and scaling up the existing Mobile Health program: We provided services such as information sharing, ART refill, and adherence, counselling as well as referrals for needed services.

In all our interventions during the COVID-19 pandemic, we used a youth-led approach to develop evidence-based, age-appropriate information on COVID-19 as well as HTS, ART, and mental health.

Why did you decide to use these approaches?

Zvandiri has previously demonstrated that it is possible to improve outcomes for CAYPLHIV by integrating peer-led, community action, and government health and protection services. COVID-19 has necessitated social distancing, quarantine, and restrictions on movement, making it impossible to implement Zvandiri services as usual. Yet it was imperative that the

core Zvandiri approach of a) individualized case management in partnership with health and protection services and b) peer-led engagement, monitoring, and support be continued for CAYPLHIV during this COVID-19 pandemic.

Hence, we were ideally positioned to support MoHCC in promoting sustained HTS, engagement in care, viral suppression, and positive mental health among children, adolescents, and young people. This was achieved through adapting our existing package of services that responds to the individual clinical and psychosocial needs of children, adolescents, and young people living with HIV.

In recent years, significant efforts have been made to address the gaps in HIV testing, treatment, and care for children, adolescents, and young people living with HIV. The COVID-19 pandemic has threatened the gains made in improved mortality and morbidity for this population due to disruptions in ART access and ART adherence, disruptions to other health and protection services, as well as the impact of this pandemic on the mental health of young people.

How are you working to find out if these approaches are having the desired impact?

Over 45,000 CAYPLHIV have remained engaged in care throughout the COVID-19 pandemic. We are tracking our progress using various tools and methods such as:

Zvandiri Mobile Database Application (ZVAMODA): We are able to provide electronic case management for each CAYPLHIV registered in Zvandiri, conduct real-time data collection for case management, and use this data to track the type and frequency of contacts, standard versus enhanced care as well as referrals provided.

Joint planning and review with health care facilities: We are able to review our clinic registers, conduct community ART refills and VL monitoring as well as conduct multidisciplinary case review meetings.

Virtual beneficiary and stakeholder engagement: We are able to engage our peer advisory Board, youth advocates, support groups, conduct CATS coordination meetings as well as plan and review meetings with MoHCC and other implementing partners.

Africaid (Zvandiri) and the Ministry of Health and Child Care

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