



Best Practices: Identifying Approaches to Long-term and Effective Engagement in HIV Health and Support Services

Case Study: Africaid – Zvandiri: Community Adolescent Treatment Supporters (CATS) Model

Executive Summary

Africaid is a non-governmental organization based in Harare, Zimbabwe (www.Africaid-Zvandiri.org). Through its Zvandiri (‘As I am’) program, Africaid provides community-based treatment, care, support and prevention services, which complement clinic-based care, for children, adolescents and young people living with HIV. These community interventions are primarily led by Community Adolescent Treatment Supporters (CATS), who are HIV-positive adolescents and young people from 17 to 23 years old. As part of an effort to ensure a holistic approach, CATS seek to improve both the psychosocial well-being and health outcomes of their HIV-positive peers.

Program Overview:

There are more than 200,000 children and adolescents (0-14) known to be living with HIV in Zimbabwe. Historically in Zimbabwe, many HIV-positive children and adolescents faced challenges in accessing HIV treatment and care and had limited knowledge of their HIV condition. The CATS model was initiated in 2009 and is an integral element in the implementation of the Zvandiri program. CATS play a central role in identifying and addressing barriers to adherence and retention through home visits, support groups, reminder SMS text messages, and the establishment and running of ‘adolescent corners’ and Zvandiri Centers in health clinics. These in-clinic sites have been a primary point of contact for children and adolescents and the CATS. Other CATS services include collaborating with providers in clinics to strengthen their capacity to meet the needs of HIV-positive children and adolescents (e.g., through provider training and mentorship); mobilization for HTC; pre- and post-test counseling; disclosure support services; identifying and referring clients in need of investigations for CD4, viral load, OIs, possible treatment failure; intensive support for those failing 1st and 2nd line; locating clients who have dropped out of care; support with linkage to sexual & reproductive health and mental health services through referrals; and facilitating support groups.

A total of **178 CATS** (See Table) have been trained since the program began in 2009. Of these, 35 were currently working in Harare in 2014 and each **served an average of about 105 patients during a 12 month period**. In response to promising feedback, the Ministry of Health and Child Care (MoHCC) adopted the Zvandiri program with a particular focus on the CATS model.

STATUS	NUMBER OF CATS
ACTIVE	100
GRADUATED	32
RESIGNED	40
DECEASED	6
GRAND TOTAL	178



Subsequently, 40 CATS were trained in 2013 in three other provinces (Bulawayo, Manicaland and Midlands) and who report to the MoHCC, increasing to 100 CATS across all four provinces, including Harare by 2014. **Due to the increase in the number of CATS in all four provinces during 2014, there was a 65 percent increase (from 3,031 to 5,009) in the number of children and adolescents reached with direct services from 2013 to 2014.**

Program Statistics at a Glance

<u>Service</u>	<u>Dates & Numbers Served</u>	
Retention in Program	2014: Zvandiri reported a 90 percent retention rate among clients served by CATS	
Number of Referrals (e.g. Medication, HIV Testing, Education Assistance, Birth Registration, etc.)	2014: 626	
Number of Health Workers Trained	2009-2014: 1,476	
Number of Home Visits	2009–2014: 18,115 (Harare Only)	*12,248 were for adherence support or related follow up services
Number of Support Groups	2014: 48 Support Groups across four provinces (Harare, Bulawayo, Manicaland, and Midlands) with 1,000 children and adolescents attending per month	* Retention Rate of Clients attending support groups was 94%

Costing Overview:

In 2014, Zvandiri's CATS program in **Harare cost \$52.39 per-patient, per-year (PPPY)**, while the **provincial program cost \$68.18 PPPY**. Costs were higher for the program in the provinces because although MoHCC is leading this effort, Zvandiri continues to provide technical support, particularly for training and development of adolescent-friendly spaces at MoHCC sites. For both programs, personnel were the primary cost driver, including the supervisory and administrative staff that supports CATS' service provision. When considering the overall care and treatment of HIV-positive adolescents, it is important to note that these costs are supplementary to the costs of facility-based ART



treatment—as the aim is to improve the treatment outcomes and overall patient quality of care through the provision of psychosocial support services.

CATS PROGRAM COSTS PPPY	PERSONNEL	EQUIPMENT	BUILDINGS	RUNNING COSTS	TRAININGS	TOTAL
1. HARARE ZVANDIRI-LED	\$36.13	\$2.93	\$2.23	\$9.42	\$1.68	\$52.39
2. PROVINCES MOHCC-LED WITH ZVANDIRI SUPPORT	\$49.44	\$4.49	\$2.30	\$10.48	\$1.48	\$68.18

Why the CATS Model is a Best Practice:

The following activities and associated impacts are among the main reasons the Zvandiri CATS model has been identified as a best practice for the provision of sustainable care and support services for children, adolescents and young people with HIV:

- Demand Creation: CATS actively seek children and adolescents through ‘adolescent corners’ in clinics and outreach in the community to promote and increase the uptake of HIV testing and counseling, treatment, care and support.
- Task-shifting: CATS provide a support system for nurses and providers by positioning themselves as a primary contact in clinics and the community for children and adolescents. Through this support system, health care providers can refer children and adolescents to CATS for pre- and post- test counseling, information, disclosure and treatment adherence support. Those young people often then become Zvandiri clients.
- Improved Adherence and Retention: Adherence among adolescents is a challenging issue. Through the work of CATS, Zvandiri clients are adhering to their medications and retained in the program.
- Improved Technology: The program introduced digital tablets for CATS to use in their client monitoring in 2014. Moving from paper to tablets has provided a significant opportunity for improved reporting, quality control, and data management for adherence and retention. The shift to tablets also promises to improve CATS’ technological capacities.