

# Improving youth friendly service provision through technical assistance; Experiences from Zambia

Ann Sellberg<sup>1</sup>, Nicola Willis<sup>1</sup>, Vivian Chitiyo<sup>1</sup>, Audry Shava<sup>1</sup>, Chilobe Kambikambi<sup>2</sup>, Kai Dimingo<sup>2</sup>, Adrienne Hayes<sup>2</sup>, Lekani Banda<sup>2</sup>, Lugano Nkhoma<sup>2</sup>, Webby Kanjipite<sup>2</sup>, John Phiri<sup>2</sup>, and Esther Ngulube<sup>2</sup>

<sup>1</sup>Zvandiri, Zimbabwe, <sup>2</sup>The USAID Empowered Children and Adolescents Program III (USAID ECAP III), Zambia

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Name of author: Ann Sellberg Email Address: [ann@zvandiri.org](mailto:ann@zvandiri.org)

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## Issues

- Four decades into the HIV pandemic Children, Adolescent and Young People living with HIV (CAYPLHIV) continue to be left behind.
- WHO and UNAIDS' Global Alliance seeks to **scale evidence-based solutions to end paediatric AIDS by 2030**.
- According to the Zambia Population-based HIV/AIDS Impact Assessment 2021 report, **CAYPLHIV have both lower retention (84%) and virological suppression (72%)** as compared to the adult population.
- **Zvandiri** is a Non-Governmental Organisation based in **Zimbabwe** providing **technical assistance** to implementing partners to set up the **evidence-based Community Adolescent Treatment Supporter (CATS) model** building on WHO Global Standards for Adolescent and Youth Friendly Services (AYFS).
- **USAID ECAP III** partnered with **Zvandiri** for technical assistance to deliver the **CATS model** in in Zambia.

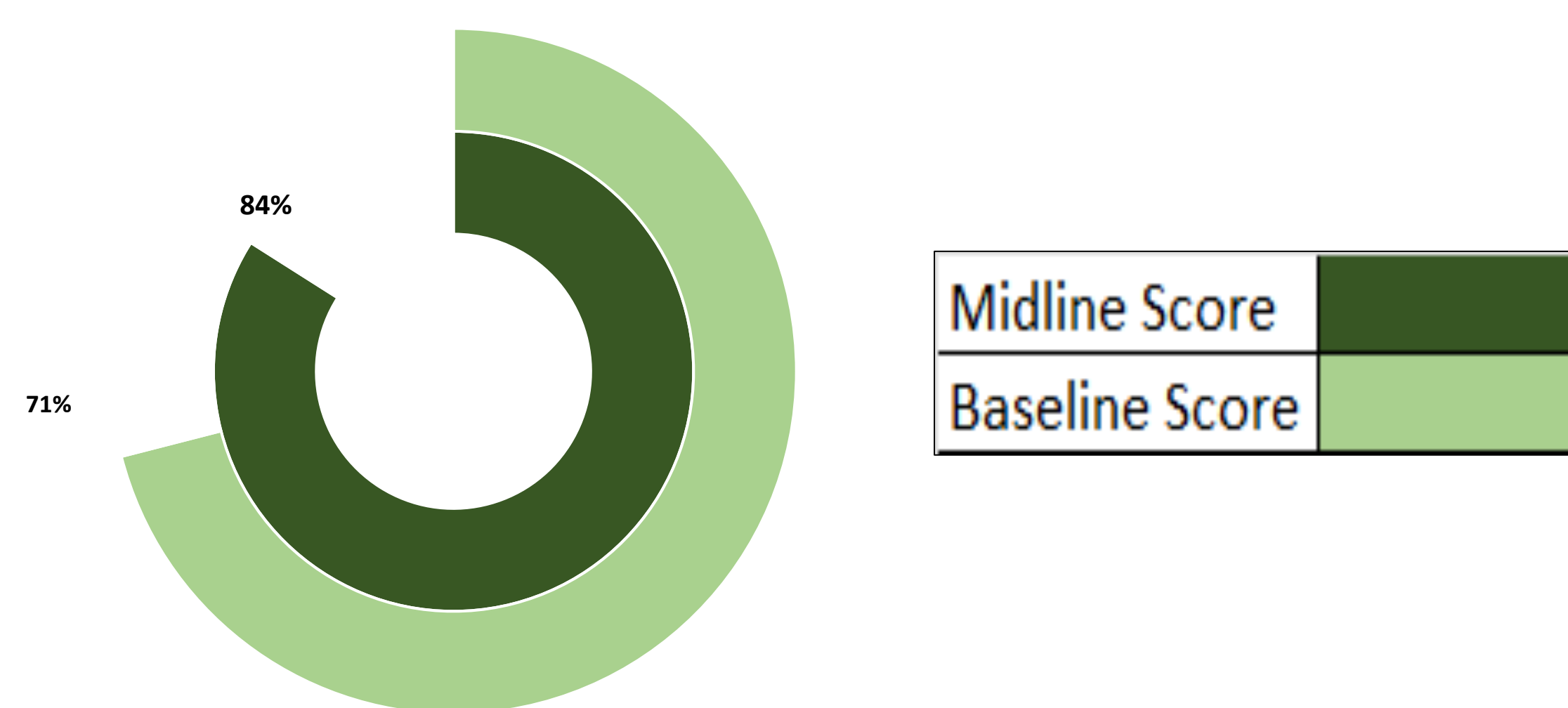
## Description

- The model was successfully integrated within existing health systems by **engaging Ministry of Health (MoH)** through joint planning meetings, orientation, training and implementation.
- In May 2021, Zvandiri, USAID ECAP III and MoH assessed **38 targeted health facilities** according to **WHO Global Standards for AYFS** and set up **individual mentorship plans** for each site to ensure appropriate CATS selection and supervision, differentiated support groups, and caregiver involvement.
- **CATS are trained and mentored peer counsellors** that help CAYPLHIV to thrive through a combination of **community, clinic and digital health services**
- At the end of 2021, **119 young people had been trained as CATS across 38 sites, in six districts supported by 76 CATS mentors (2 per site)**.

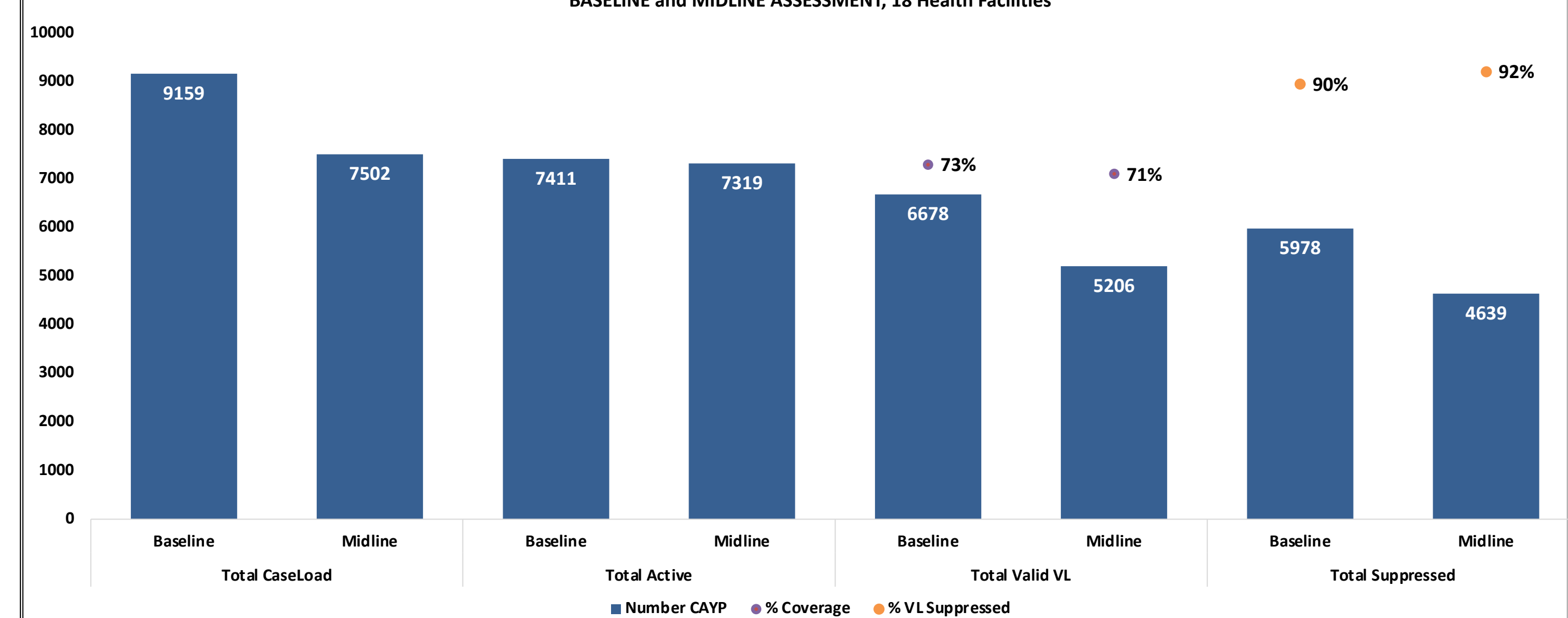
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## Lessons learned

Overall Quality Standard Score at Baseline and Midline Assessments, 38 Health Facilities



CALHIV VL COVERAGE AND SUPPRESSION, BASELINE and MIDLINE ASSESSMENT, 18 Health Facilities



- In December 2022, one and a half year after inception of the programme, the 38 health facilities were re-assessed according to WHO Global Standards for AYFS. The health facilities reached an average score of **84% as compared to 71% at baseline**, indicating that the CATS model had made good progress towards the quality of health care services for adolescents (see figure 1).
- The **retention improved from 81% (7411/9159) to 98% (7319/7502)** and the **VL suppression improved from 90% (5978/6678) to 92% (4639/5206)** (see fig 2). The number of CAYPLHIV supported decreased from 9159 to 7502 as CATS assisted in following up and providing updates on all clients no longer active in care.
- **Support group participation improved from 46% to 92%**
- All sites had set up **functional support groups, CATS were well integrated** and received appropriate **mentorship and support**, there was **adequate space for youth friendly activities**, and CAYPLHIV were supported by the CATS to access **counselling, information, and referrals for services** they needed for diagnosis and treatment. However, there was room for improvement regarding caregiver and community involvement.
- During qualitative assessment across all sites, **health care workers and CATS testified towards the positive impact of the CATS on adolescent leadership, health and wellbeing**. The ongoing site **mentorship from trained CATS Mentors played a crucial role** in ensuring the provision of high-quality services. The main challenges towards implementing the programme was lack of disclosure of own HIV status among the adolescents.

During qualitative assessment across all sites, HCWs and CATS testified towards the positive impact of the **CATS on adolescent leadership, health and wellbeing**



CATS session in Chilanga district

## Conclusion

- The programme has been effective in improving provision of AYFS, **translating into improved retention and virological suppression**.
- The next step is to set up **caregiver groups** to ensure caregiver involvement especially regarding **disclosure support**.
- There is need to **cascade the programme** to include more districts and health facilities in Zambia to reach the UNAIDS goals and targets.



Adolescents participating in the midline assessment

## Key Words

HIV, children and adolescents, treatment and care, differentiated service delivery, community support, mental health, implementation science

## Acknowledgements

