



# The last mile: Finding and caring for children living with HIV in Zimbabwe



Results and best practices from the Find, Test, Treat project in Zimbabwe

## Find, Test, Treat in Zimbabwe

There have been significant successes in the response to HIV among adults in Zimbabwe. However, identifying and caring for children living with HIV has not been addressed adequately. Approximately 72,000 children are living with HIV in Zimbabwe and 27% of children are not on treatment.<sup>1</sup> The majority of children in Zimbabwe (93%) are delivered in a hospital or clinic, but only 56% of infants access diagnosis and treatment for HIV by six weeks of age.<sup>2</sup> Point-of-care testing machines for early infant diagnosis are overburdened resulting in the widespread use of dry blood spot testing, which can take up to three months. This long delay creates anxiety for parents but also results in delayed care for infants. In Zimbabwe, **as estimated 30% of children living with HIV miss diagnosis and treatment initiation leading to a risk of death in the first year of life.**<sup>3</sup>

The Find, Test, Treat project implemented by SAfAIDS with support from Aidsfonds aimed to reach the “last mile” in finding and caring for children living with HIV in

<sup>1</sup> <https://www.unaids.org/en/regionscountries/countries/zimbabwe>

<sup>2</sup> ibid

<sup>3</sup> ibid

<sup>4</sup> Jointed Hands Welfare Organisation  
Seke Rural Home-Based Care  
Million Memory Project Zimbabwe

Zimbabwe by reaching all children at risk. The project was implemented in three high HIV-burden districts (Marondera, Bulawayo and Kwekwe) between June 2018 and September 2022 working with three well-established community-based organisations<sup>4</sup> supported by SAfAIDS. The project was implemented in two phases: June 2018 - December 2019 (phase 1) and December 2019 to September 2022 (phase 2).

In addition to health facility challenges, the baseline study of the Find, Test, Treat project found that **57% of the 14 clinics that participated in the study reported having ‘relationships with community-based organisations that were weak/not strong’**, with the remainder reporting ‘poor’ relationships. Community-based organisations responded similarly, with 53% saying that relationships with clinics were very poor, and the remainder saying relationships were ‘poor’.

The Find, Test, Treat project used a ‘multi-party’ collaboration approach to address the missed opportunities, bottlenecks, and leakages in the cascade of prevention and care for children. It did this by creating stronger clinic-community collaboration and engaging community cadres to find, test and support treatment access and retention for children living with HIV.

## What is the Kids to Care model?

The Aidsfonds Kids to Care model empowers communities to strengthen the links between communities and health facilities to **find, test, treat and retain** children, and pregnant and lactating mothers, living with HIV.

- ◆ Community-owned and community-led
- ◆ Builds on existing community structures
- ◆ Child and family centred
- ◆ Builds on government frameworks and policies
- ◆ Key stakeholders are meaningfully involved from the beginning
- ◆ Interventions are informed by data
- ◆ Committed to sustainability and long-term support

## The project aimed to achieve the following objectives:

- 1.** Strengthen community systems to enhance early identification, testing and treatment of 1,000 children living with HIV aged 0-14 years; as well as identify, test and treat pregnant and lactating women before, during and post-delivery and link them into care to close the gaps in the prevention of mother-to-child-transmission and paediatric HIV response.
- 2.** Strengthen clinic-community engagements/collaborations between multidisciplinary paediatric and children HIV Treatment Teams, community-based organisations and communities to enhance the finding, diagnosis, linking into care and retention of children 0-14 years into paediatric HIV treatment, care and support within project communities.
- 3.** Research, document best practices and share lessons learnt on effective community approaches for case finding, testing, treatment and retention in care of infants and children 0-14 years and pregnant women in Zimbabwe.

The Find, Test, Treat project was endorsed by and conducted in partnership with the Zimbabwe Ministry of Health and Child Care, which supported the project at national and district levels. South African based [Paediatric-Adolescent Treatment Africa](#) (PATA) was a technical partner, for the community-clinic collaboration (C3) model in the three implementing districts, as well as at national level.



# Find, Test, Treat project interventions

The Find, Test, Treat project **uses a community and household-centred case management approach** and builds on the four stages of the Kids to Care model — find, test, treat, retain.

To **find** children living with HIV (stage 1 of the Kids to Care model), SAfAIDS identified and trained two cadres of community-based healthcare providers using training resources developed by SAfAIDS and the Ministry of Health and Child Care. These cadres included **community case finders and community testers**. The community case finders selected in the Find, Test and Treat project are literate, they are trusted by the community and received approval from community leaders, and some of them already had experience as a community health worker. Community members could become a community tester on the condition that they have an HIV testing and counselling certificate from an institution that is recognised and endorsed by the Ministry of Health and Child Care. The community case finders conducted door-to-door screening visits with households and the community testers provided early infant diagnosis and rapid HIV tests at household levels.

SAfAIDS adapted an existing **vulnerability assessment tool**<sup>5</sup> which was developed for children (aged 8-17) so that it could be used with children 0-9 years of age. This tool was used during home visits by the community case finders and assisted in identifying mothers and infants most vulnerable to HIV infection.

**The community testers received referrals** - primarily from community case finders - to **provide HIV testing services** (stage 2 of the Kids to Care model) for individuals. Those who tested positive on a rapid test were referred to a health facility for confirmatory testing and **treatment** was initiated immediately (stage 3 of the Kids to Care model). In some cases, community testers also received referrals for index case testing<sup>6</sup> of children in cases where their mothers tested positive for HIV.

Following the testing, the community case finders provided support to **retain** children and pregnant women living with HIV on treatment (stage 4 of the Kids to Care model) by conducting **ongoing household visits**. These provided an opportunity to identify those who defaulted from treatment early, encourage periodic testing and ensure that caregivers and their infants access early infant diagnosis. In addition, the community cadres supported women through the breastfeeding period to ensure that children born free of HIV remained HIV negative.

The Find, Test, Treat project used **innovative approaches** to improve the quality of care available for children and pregnant and lactating women, as well as to improve adherence and retention:

- **Advocacy** for widespread availability of point of care machines which are needed for HIV early infant diagnosis. Long waits for dry blood spot test results created anxiety among parents but also led to late linkage to care for infants. This work is ongoing, with positive engagement from the Ministry of Health and Child Care.
- **Sustainable livelihood projects** were established as a way to improve household economic status, including keeping small livestock such as goats, chicken and fish. The projects were run by SAfAIDS' community-based implementing partners that provide regular sources of nutritional food for the families they worked with. Proceeds from income generating projects were used to support transport for antiretroviral refills and other prescription medications. These projects are still ongoing and are key to long term adherence and retention into care.
- In Bulawayo, the community-based organisation Million Memory Project Zimbabwe introduced a new strategy of conducting community "square" meetings (clusters of houses grouped according to proximity). Within these meetings, community cadres met with residents from that particular area to identify children or pregnant/lactating women who might need HIV testing or other services.
- In Marondera, Seke Rural Home-Based Care conducted community outreaches, targeting children of key population groups such as female sex workers in hotspot areas.
- Working with community leaders led to greater community acceptance towards receiving HIV related information, HIV testing and adherence support.
- Providing HIV testing services in the community enabled groups that would otherwise not report to the clinic, such as some religious groups (apostolic sects) to access services. This highlighted the importance of diversifying service delivery models to reach groups that are regularly left behind by traditional health service approaches.

The foundational approach of the Find, Test, Treat project is to improve the collaboration and effectiveness of community-based case management models to reach pregnant and lactating women, and children living with HIV who have been left behind.

<sup>5</sup> Bandason, T, Dauya, E, Dakshina, S, McHugh, G, Chonzi, P, Munyati, S, et al. (2018)

Screening tool to identify adolescents living with HIV in a community setting in Zimbabwe: A validation study

<sup>6</sup> Index testing is an approach whereby the exposed contacts of an HIV-positive person are notified and offered an HIV test

## Impact of the Find, Test, Treat project

- A total of 60 community case finders and 14 community testers were trained and mobilised to provide services to families in the three districts of Marondera, Bulawayo and Kwekwe.
- **19,985** household visits were conducted over the course of the two phases of the project and a total of **9,694** children were tested for HIV in their homes.
- **487** infants were linked to early infant diagnosis with follow up for the results of testing by community cadres.
- **182** infants and children tested positive for HIV and by the end of the project **100%** of those had been initiated on antiretroviral therapy.
- **179** mother-baby pairs that were lost to follow up were reintegrated into care. The community outreach approach used by Seke Rural Home-Based Care in Marondera was particularly effective in identifying mother-baby pairs who were previously lost to follow up.
- A total of **2,053** referrals were made for children to receive other support services, such as nutritional support, tuberculosis screening and treatment, birth registration and immunisation services. SAfAIDS contributed to significant results in clinic-community collaboration as well as in the development of knowledge products and advocacy for improved quality of health service delivery. They achieved the following:
  - Knowledge products developed were endorsed by the Ministry of Health and Child Care.
  - At the project endline, healthcare workers and community cadres reported that relationships between clinic and community had improved substantially through the implementation of the project. Monthly clinic-community collaboration meetings provided an opportunity for implementing organisations, representatives from health facilities and the Department of Social Welfare to collaborate on case identification activities. The community-clinic collaboration model is still being used within the Find Test Treat districts to address the health and social needs of vulnerable children.
- An antiretroviral dosage wheel was developed and distributed for use in community level healthcare facilities. The wheel helps frontline healthcare workers calculate correct dosages and prevents incorrect dosing which can lead to treatment failure.
- The community household-centred case finding approach model has been adopted by the Ministry of Health and Child Care.
- Due to the case management skills imparted to the community case finders, a significant number of them were recruited by the Department of Social Services in Marondera, while in Kwekwe, the cadres were absorbed into the government's tuberculosis case-identification programme. This enhances the sustainability of the approach and community case finders continue to find and support children, pregnant and lactating women even after the project phased out.
- An information pack on paediatric dolutegravir was developed by SAfAIDS to support the transition to paediatric dolutegravir (pDTG) for children in Zimbabwe. Frontline healthcare workers, medical doctors, and community health workers were provided with training on how to use pDTG and how to support caregivers as children transition to this treatment.



A seven-year-old girl was identified through targeted door-to-door testing by the community case finder at Marondera. Her mother had passed away a few years before. The case finder observed that the girl had stunted growth and a distended abdomen. She was referred for services at the nearest health clinic, including HIV testing. Her sibling was also referred for HIV testing after the girl's result came back positive. Her sibling tested negative for HIV. However, since the girl tested positive for tuberculosis as well, she underwent treatment for tuberculosis and following that was enrolled in antiretroviral therapy. Her health has improved tremendously since the first community visit.

## Lessons learned and best practices

- Sustainability must be built in from the outset of the project. This can best be achieved through engagement and collaboration with key stakeholders such as the Ministry of Health and Child Care, implementing organisations, and healthcare facilities. When integrated early, strengthening clinic-community collaboration and working together with the government healthcare system creates the relationships and momentum for sustainability.
- Community cadres are critical to identifying the “last mile”. Without community cadres such as community case finders and community testers, children living with HIV remain unidentified and are not linked into care. These cadres are critical to reaching global goals and ensuring that children living with HIV can live healthily and realise their full potential.
- Long-term engagement with families is essential to retention in care. Working with families to support household-economic strengthening supports treatment adherence, reduces seroconversion through ongoing health education, and helps identify treatment dropout early so mothers and children can be reintegrated into care.
- Advocacy with key stakeholders is critical to promote increased quality of care. SAfAIDS engaged in advocacy through technical working groups, joint project monitoring and regular update meetings with key stakeholders such as implementing organisations, Ministry of Health and Child Care, and healthcare professionals. This supported the promotion of paediatric dolutegravir, clinic-community collaboration and effective referral systems, and improved access to early infant diagnosis.
- Collaboration with other multidisciplinary paediatric and children HIV Treatment Teams is key to maximising resources towards a common goal.

## What's next for the Find, Test, Treat project?

Moving forward with the Find, Test, Treat project for SAfAIDS means integrating the lessons learned from the initial phases of the project. The community household-centred case-finding approach used in the project has already been adopted nationwide by the Ministry of Health and Child Care.

With support from technical partners, SAfAIDS would like to integrate HIV self-testing as a means of increasing testing rates by allowing individuals to test in the privacy of their own home. In addition, SAfAIDS would like to continue providing training for community case finders and community testers on new antiretroviral regimens.

Geographically, SAfAIDS would like to expand their work in Marondera district, particularly in hard-to-reach areas. In future, SAfAIDS would like to start building the capacity of community testers to conduct thorough post-test counselling to reduce risky behaviours and avoid seroconversion of pregnant women later in pregnancy or during breastfeeding.

## Who are SAfAIDS?

The Find, Test, Treat project was implemented by [SAfAIDS](#), a regional non-governmental organisation based in Zimbabwe with a long history of work to improve sexual and reproductive health services and enhance gender equality and social inclusion for all. SAfAIDS served as a technical partner providing support to Jointed Hands Welfare Organisation, Seke Rural Home-Based Care and Million Memory Project Zimbabwe – Zimbabwean community-based organisations that implemented the project activities.

### About Aidsfonds

[Aidsfonds](#) is a non-governmental organisation based in the Netherlands that is working to end AIDS by 2030. Aidsfonds works with community partners in regions most affected by HIV and AIDS, to accelerate and strengthen efforts to meet this goal, ending deaths from AIDS and ending new HIV infections. A critical component of this is to improve paediatric HIV and prevention of vertical transmission services. Aidsfonds together with community partners, co-created the [Kids to Care model](#) as a key strategy toward their goal to see the end of AIDS by 2030.

