COVID-19 and HIV: Adapting community-based HIV services during a pandemic

28 May 2020
Adapting community-based HIV services during a pandemic

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THE PROBLEM: COVID-19 threatens to reverse the gains made in HIV testing, treatment, care and support for children, adolescents and young people living with HIV.

OUR RESPONSE: ADAPTATION OF THE Community Adolescent Treatment Supporter (CATS) MODEL

- Home Visits
- Joint Home Visits
- Clinic-based Support
- Support Groups
- MHealth
  - Virtual Case Management
  - Conducted by Zvandiri Mentors
  - Virtual Case Management
  - e-Support Groups
  - Continued
INFORMATION SHARING

GOAL: CAYPLHIV have access to peer-led, evidence-based, developmentally appropriate information which:

- Supports them to make informed, safe decisions about their health and well-being
- Supports positive mental health

- Also targeting caregivers, health care workers and faith leaders
- Developed in variety of formats and languages (film, comic strip, fact sheets) and disability-sensitive
- Disseminated by WhatsApp / SMS, radio and TV
- Issues covered include COVID-19, HIV and ART, mental health
  - Coming up: Testing, SRHR, TB, SGBV, Child Protection and PMTCT.
VIRTUAL CASE MANAGEMENT

GOAL:
• CAYPLHIV continue to be engaged, monitored and supported with adherence, retention and positive mental health.
• Red flags are identified early and managed appropriately

CATS are assisted by Zvandiri Mentors to manage their individual caseloads through WhatsApp/SMS:

• Updates on when and how to collect ART from clinics
• ART and adherence monitoring and support, including enhanced adherence counselling
• Active screening for signs and symptoms of possible COVID-19
• Psychosocial support and mental health ‘check ins’
• Screening, identification of red flags and referral (e.g. lack of ART or other medication, ill health, psychological distress, SGBV, abuse, PMTCT)
COMMUNITY OUTREACH

GOAL:
- CAYPLHIV have continued access to ART and other essential services

- Cessation of home visits by CATS

- Remote, joint planning and response with health facilities and other community cadres for:
  - Tracking and tracing of CAYPLHIV not attending ART refill
  - EAC for CAYPLHIV with high viral load
  - Community ART delivery for those unable to access clinic
  - High risk cases – ill health, protection, mental health cases
  - Targeted community HIV self testing kit distribution
  - Support for caregivers

- Led by Zvandiri Mentors, with remote support from CATS
GOAL:

- Continued opportunities for CAYPLHIV to engage with peers, and to continue learning, sharing and supporting each other
- Reduce social isolation and promote positive mental health

- **Physical support groups have been adapted to run as virtual support groups**
  - Facilitated by the Zvandiri Mentor
  - Topics informed by group members and include COVID-19, HIV, ART and adherence, mental health to date
    - Coming up: SGBV, SRHR, Disclosure and PMTCT.
  - Support group sessions are held twice a month
  - Also adapted for caregivers
KEY LESSONS LEARNED

• Zvandiri - a multi-component, differentiated service delivery model is adaptable and relevant during an emergency

• Flexibility of donors for realignment of funds and re-programming enabled rapid response

• Continued engagement with MoHCC for leadership and coordination is critical

• Collaboration with health facilities and other partners is essential for a coordinated response

• Different community cadre engagement is key to reaching CAYPLHIV.

• Virtual services cannot reach all CAYPLHIV – those without phones, power, connectivity

• An electronic case management tool enables virtual case management, tracking, monitoring and evaluation

• We continue to learn!
Thank you Funding Partners