



 **aidsfonds**



for Children Fund
POSITIVE ACTION



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Find, Test, Treat, 4000 children

0-9 years living with HIV (FTT 4000)

“A Community and Household Centered Case Management Approach”

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#StartStayAIDSFREE

To be **AIDS-free** by 2020, access to immediate ART is essential for HIV positive children to survive into adolescence.



Photo Credit: ECPAF

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About SAfAIDS

- Regional non profit organisation established 1994, based in Zimbabwe, with country offices in South Africa, Zambia and ESwatini and Malawi and Lesotho .
- Complements National and Regional programmes in HIV/TB prevention, uptake of testing and HIV treatment, HIV treatment literacy, reduction of gender-based violence (GBV), treatment as prevention, and linking HIV and sexual reproductive health and rights (SRHR).
- Recognised for its capacity to bring national lessons and experiences to regional advocacy and knowledge - sharing platforms.
- Uses **Advocacy, Communication and Social Mobilisation** (ACSM) strategies to influence changes in policy and social practices.
- Works to address gender equality and the rights of women, girls and key population groups, to access sexual reproductive health services and rights by confronting complex issues like culture, human rights and stigma.

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PROGRAMME AT A GLANCE

TITLE: Find, Test, Treat, the missing 4000 infant and children 0-9 years living with HIV (FTT 4000): *“A Community and Household Centred Case Management Approach”*

TIMELINE: July 2018 - December 2019 (19 months)

COVERAGE: Bulawayo, Marondera and Kwekwe

TARGETS & BENEFICIARIES:

Primary target: HIV exposed and infected Infants and children 0-9 years old, pregnant and lactating women **Secondary target:** Men, CBOs, health facilities and surrounding communities

Programme Goal:

IDENTIFY and **TEST** at least 4000 HIV infected infants and children aged 0-9 years, and **LINK** them to treatment and care in Zimbabwe, through a **community and household centred case management approach**, by 2019

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Strategic Objectives

Objective 1: Strengthen community systems to enhance early identification, testing and treatment of 4000 children living with HIV aged 0-9 years; pregnant and lactating women (PLW) before, during and post-delivery and link them into care to close the gaps in the PMTCT and paediatric HIV response, by 2020.

Objective 2: Strengthen clinic-community engagements/collaborations between multidisciplinary paediatric and children HIV Treatment Teams, CBOs and Communities to enhance the finding, diagnosis, linking into care and retention of children 0-9 years into paediatric HIV treatment, care and support within programme communities, by 2019 using the C3 model

Objective 3: Document best practices and share lessons learnt on working Community Approaches for sustainable case finding, testing and treatment of infants and children 0-9 years, by 2020

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Why the C3 Model

In order to achieve the FTT4 000 objectives, SAfAIDS addresses the following major bottlenecks, identified during MOHCC and broad National stakeholder consultations in 2018, and epidata generated in 2017:

- ❑ Weak community systems including tracking referral mechanisms,
- ❑ Limited coordination between the community and health facilities,
- ❑ Delayed early infant diagnosis (EID) of HIV Exposed Infants (HEI),
- ❑ Delayed service access by pregnant and lactating women because of socio-cultural barriers misconceptions, stigma and discrimination,
- ❑ Limited literacy on benefits of testing, hindering families from accessing timely PMTCT, ANC, PNC and paediatric HIV services

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Key Milestones: Objective 2

Inception

- National orientation with CBOs and clinic staff on the C3 Methodology: Participants completed the Be Connected online course and are all certified
- Conducted a baseline Assessment for the Clinic and Community Collaborations
- Purchased tools of trade for the Community Case Finders and Community Testers which included Cellphones, Uniforms and Badges, Bicycles and M&E tools
- Quarterly Sentinel site data collection and C3 Assessments

District Level Activities

- Hosted district sensitization meetings for local leadership & stakeholders:
- Conducted community mapping exercises to identify stakeholders in each intervention districts for the C3 Methodology
- Conducted Partnership Initiation Workshops for 25 people in each implementing district
- Organized and conducted Monthly meetings for C3 Methodology for each partner

IEC Material Production

- Developed and distributed the Service Directory
- Produced a C3 Methodology district service referral passport (1000 copies) to aid in referring clients

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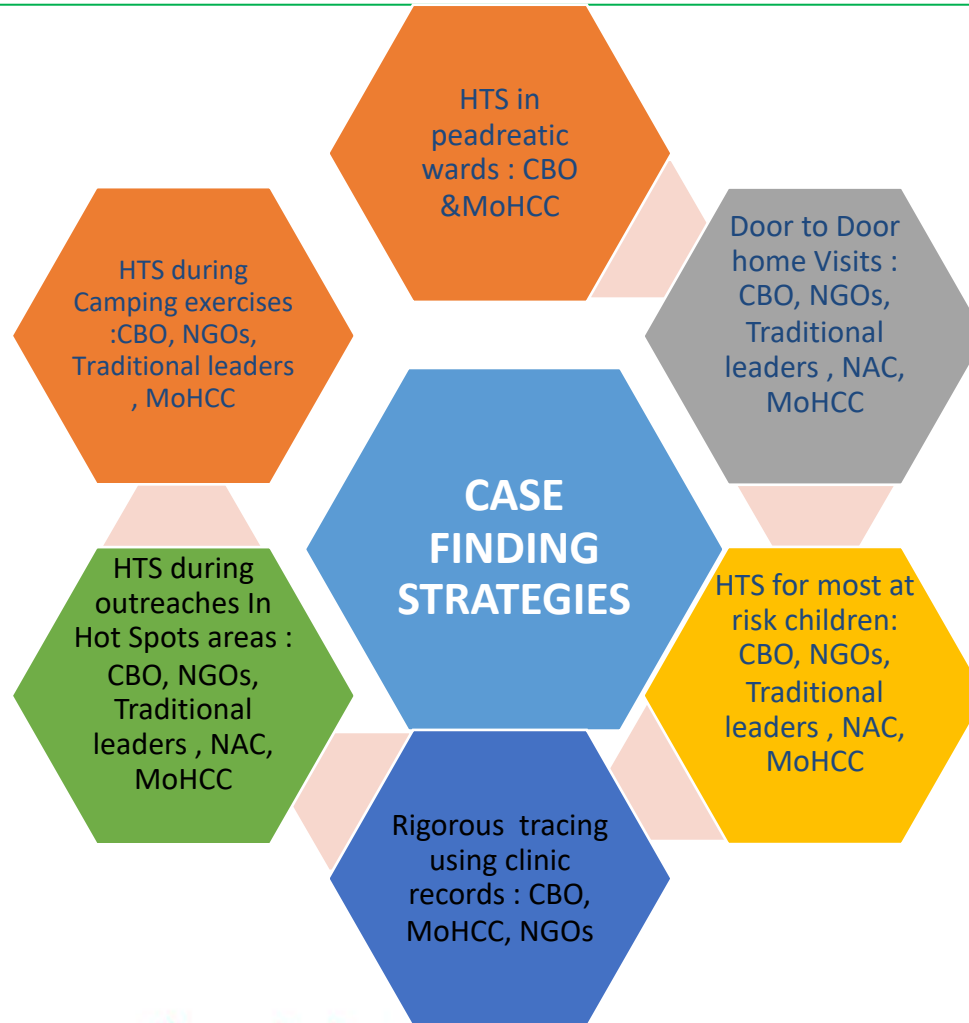


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Key Milestones: Objective 2: Collaborations in implementing Case Findings Strategies



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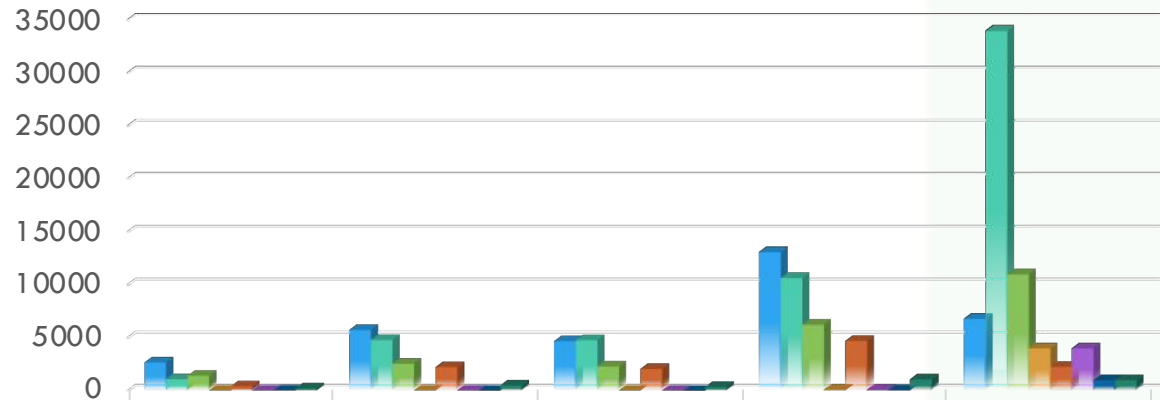


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Objective 2: Collaborations in Case management

Problems being addressed:	Other Civil Society organizations Collaborating with the programme:	Government departments in the collaborations	Joint planning and execution of the following
<ul style="list-style-type: none"> • Case Finding in hard to reach communities • Sample transportation • Commodity stock-outs • Stationery shortages i.e Referral slips • Lack of balanced diet Nutrition • Expertise in Managing Sustainability projects • Lack of accommodation for testers • Lack of Transport to reach hard to reach areas 	<ul style="list-style-type: none"> • EGPAF, • AFRICAID • PSI • PSZ • ITECH • AHF • OPHID 	<ul style="list-style-type: none"> • MoHCC: Clinics, Hospitals, Community Health department, • Government Departments : • Parastatals i.e (NAC) • Government departments: Social Services • AGRITEX • Department of Parks of Wildlife • Traditional leaders: Chiefs • Political leaders : • Counselors • Governance structures: DA's Office • Victim Friendly Unit: Judiciary services 	<ul style="list-style-type: none"> • HTS camping • HTS Campaigns/Outreaches • Case management: Art Commencement, Adherence counseling, STI treatment and management, nutritional support, treatment adverse effects management • Client tracing and management • Case follow ups • Sustainability projects • Social services provision i.e Birth certificates • Sample transportation and results communication

FTT4000 INDICATOR PROGRESS JAN-AUGUST



	Q1 (January-March)	Q2 (April-June)	Q3 (July & September)	Cumulative Reach	Annual Target
■ Number of household visits new and repeats	2668	5744	4683	13095	6800
■ # of children screened using VAT	1087	4790	4772	10649	34000
■ # of children tested at home	1407	2548	2283	6238	11000
■ # of children who tested positive	38	40	28	106	4000
■ # children referred for EID	413	2229	2058	4700	2250
■ # children initiated on ART	38	40	28	106	4000
■ # of mother baby pairs lost to follow up identified	54	12	4	70	1000
■ # of children referred for other services (malnutrition, TB, Birth certificates, immunization)	222	500	352	1074	1000

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KEY CHANGES AS A RESULT OF THE CLINIC COMMUNITY COLLABORATIONS: SENTINEL SITE MONITORING

Pre-Sentinel Site Monitoring

Pregnant women were travelling long distances for ANC services leading to women ending up delivering at home

Members of the apostolic sects were not visiting the health facilities

There was lack of support from the village heads and chiefs in terms of collaborating with the health facilities to motivate PLW to seek ANC and PNC services

There was no synergy between the traditional leaders and the clinic, this has led to home births especially for those who believe in ATR since the traditional leaders were not encouraging PLW women to seek ANC and PNC services

Post –Sentinel Site Monitoring

Waiting mother`s shelters were established at Nyoni Clinic and these provides accommodation for pregnant mothers who are about to deliver so that they deliver at the clinic. This is working to reduce home births

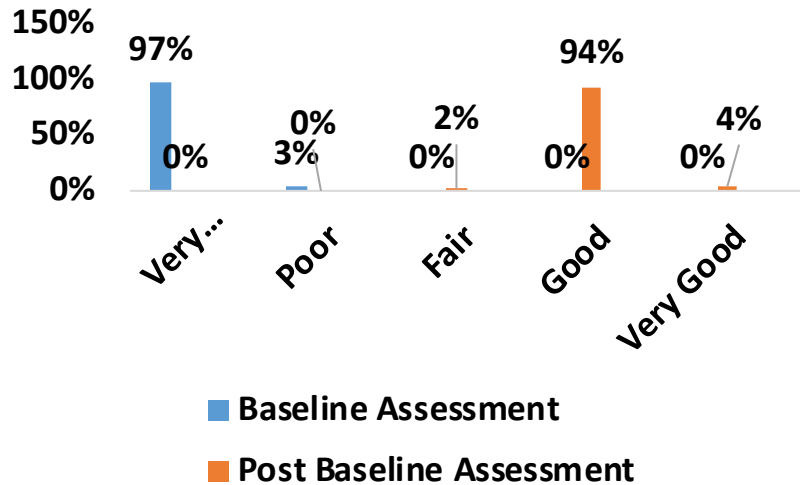
The intervention site IGAVA clinic is witnessing an increase in the number of pregnant women from the apostolic sect who are visiting the health facilities

Some Village Heads are now encouraging PLW in their communities to seek services and discouraging home. The village heads attended FGD and some of them participate at the C3 monthly meetings and they are now aware of the FTT4000 programme.

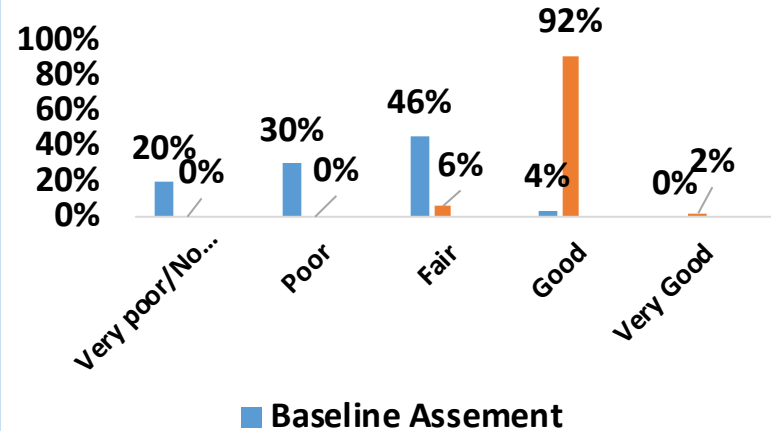
Some traditional leaders who participated in the FGDs representing ZINATHA indicated that they now work with the clinics through encouraging their clients to also visit the health facilities for services

Clinic-CBO Collaboration (C3) Assessment Kwekwe: Overall Quality of the relationship

**Overall Quality of the Relationship
between the Clinic and the CBO:
Clinic Perspective**



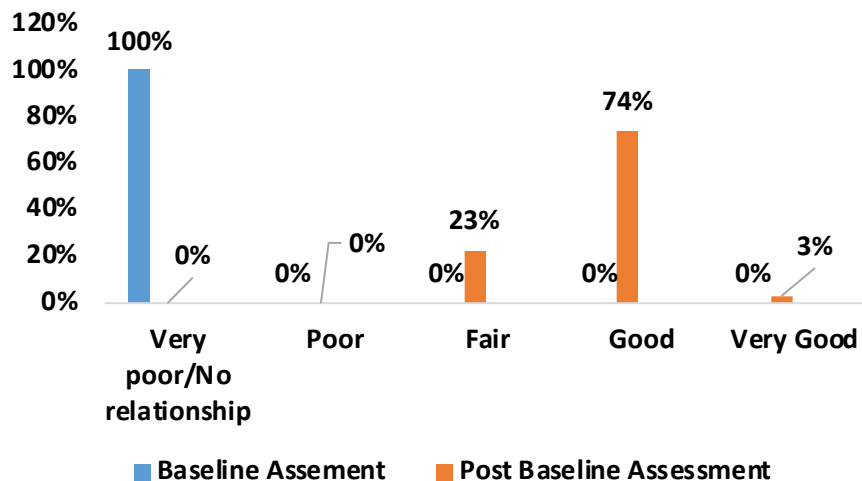
**Overall Quality of the relationship
between the CBO and the Clinic:
CBO Perspective**



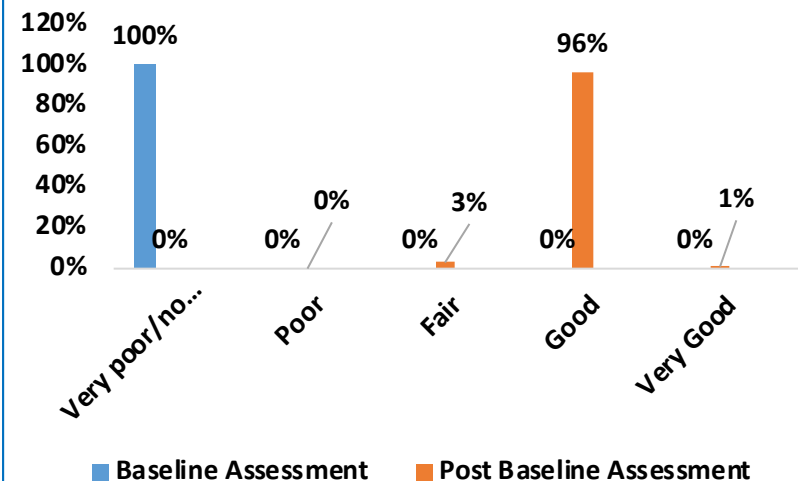
During the C3 baseline assessment 97% of the clinics indicated that the overall quality of the relationship between the clinics and the CBO was very poor which means that there was no significant relationship. However, the post baseline assessment has proved that the relationship between the clinics and JHWO is now formally established as indicated by 94% of the clinics who noted that the relationship is now good and 4% who noted that the relationship is now very good. This improvement was attributed to the engagements between the clinics and the CBOs through the C3 monthly meetings and establishment of Memorandum of Understanding (MoUs). The majority of the CBOs during the C3 baseline study indicated that the relationship between themselves and the clinics was fair and these constitute 46%, the reason is that the CBOs referred their clients to the clinics for clinic based health services support but their interaction was not physical (they only interacted through the referral slips they provided to their clients. However after the introduction of the C3 component of the FTT4000 programme the overall quality of the relationship between the CBOs and clinics has improved as indicated by CBOs who noted that the relationship is good (92%) and very good (2%). CBOs who indicated that the relationship is fair constitute 6%.

Quality of the relationship in finding the missing children

Overall quality of the relationship the CBOs and the Clinics in Finding Testing and Treatment of missing children living with HIV: CBO Perspective



Overall Quality of the Relationship between the Clinic and the CBO in terms of finding, testing and treatment of missing children: Clinic Perspective



During the C3 Baseline, study there was no established relationship between the CBOs and the clinics in terms of finding the missing children living with HIV. However, during the post baseline assessment there are significant changes in terms of the relationship between the CBOs and the clinics in terms of finding the missing children. The CBOs indicated that they are now aware of their roles within the FTT4000 programme, which includes provision of HIV Testing services to children within the community through door-to-door visits, finding cases of children who are exposed to HIV and referring HIV positive children to the clinics for ART initiation. CBOs who indicated that their relationship with the clinic is good constitute 74% and those who noted that the relationship was very good constitute 3%. Clinics within Kwekwe District indicated that they did not have a relationship with the CBOs in terms of finding the missing children however their engagement with the CBOs through the C3 monthly meetings and also the establishment of MoUs, their relationship is now good as indicated by 96% of the clinics.

Partner Sustainability plans: SRHBC Layers Project



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Mukoko Android Application



- Mukoko is a mobile app developed to collect data by community testers.
- The application uses mobile technology for collecting data and its purpose is for monitoring and evaluating data for the FTT4000 programme.
- SAfAIDS piloted the use of the Mukoko mobile application from April to July and drew some lessons in terms of fully utilizing the application in the Zimbabwean context
- The application is now live and is being used by the 15 Community Testers
- The mobile application enables CTs to collect real time data through the use of a questionnaire
- It uses a unique geo-ping function which locates the exact geographical location of where there is high positivity rate
- The application also enables the Community Tester to add important client information which can aid in the client management

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Challenges

- Drug stock outs: ARVs
- The Community Testers continue facing challenges in covering their catchment areas adequately because of the long distances in between the homesteads
- Contextual challenges for example Economic meltdown which caused prices to skyrocket. The Monetary Policy statement which was announced towards the end of the second quarter disturbed programme implementation as partners faced challenges to access funds to implement the programme activities because of the banning of the USD as a trading currency meaning the RTGS dollars is now the main currency
- Programme implementation was affected by political situation that was unfavourable for programme implementation particularly during the first two weeks of January when they was major stay away (Shut-Down of major operations in Zimbabwe)
- Harm befalling the CCFs as they carry out their work for example a CCF was bitten by a dog in Bulawayo
- Shortage of MoHCC referral books for Community Case Finders and Community Testers
- Out of pocket expenses on the side of clients who have to pay for some medicines, transport fares and User fees

Lessons Learnt

- Involve the MoHCC in The development of the programme , implementation and evaluation of the programmes so that they own the programme and support it throughout
- Allocate enough time for inception activities which include trainings and procurement of materials for example 8 months to a year and Consider re-producing national M&E tools like the Referral booklets during the inception phase to avoid stock outs
- Have a selection criteria that ensures that the right implementing partners are engaged to run the programme for example the SAfAIDS partner selection form
- Monitor the economic and political environment using robust tools like the SAfAIDS Risk Registers which forecasts and helps in managing risks
- Technological innovations helps in monitor programme progress but needs to be introduced and implemented in the inception phase of the programme
- Develop programme sustainability projects from the onset of the programme so as to address emerging challenges in the programme which include nutrition and user fees
- Have a clear volunteer policy that helps to manage the Community volunteers, the policy should motivate them and incentivise them to remain in the programme
- Have a mechanism to collect data to measure programme effectiveness like sentinel site data collection exercises