

An Evolving Approach:

Ensuring that the Most Vulnerable Youth Are Linked to HIV Testing Services



Jenny Mwanza, MPH
MEASURE Evaluation, Palladium

May 31, 2019



Outline

- Introduction
- Evolving OVC_HIVSTAT
- Common pitfalls
- Noteworthy success
- Perspectives



Introduction

Introduction

Why collect HIV status data?

- Provide outreach to caregivers to identify children's HIV status
- Encourage family disclosure
- Link HIV-positive beneficiaries to care and treatment services
- Provide ongoing community-based adherence support, as needed

Introduction

Why use an HIV risk assessment?

- The rationale for applying an HIV risk assessment is to ensure efficient use of scarce HIV testing resources.
- An HIV risk assessment should always occur prior to HIV testing to determine if a test is required.
- Not all orphans and vulnerable children (OVC) need regular HIV testing.



OVC_HIVSTAT

OVC_HIVSTAT

Data entry screen

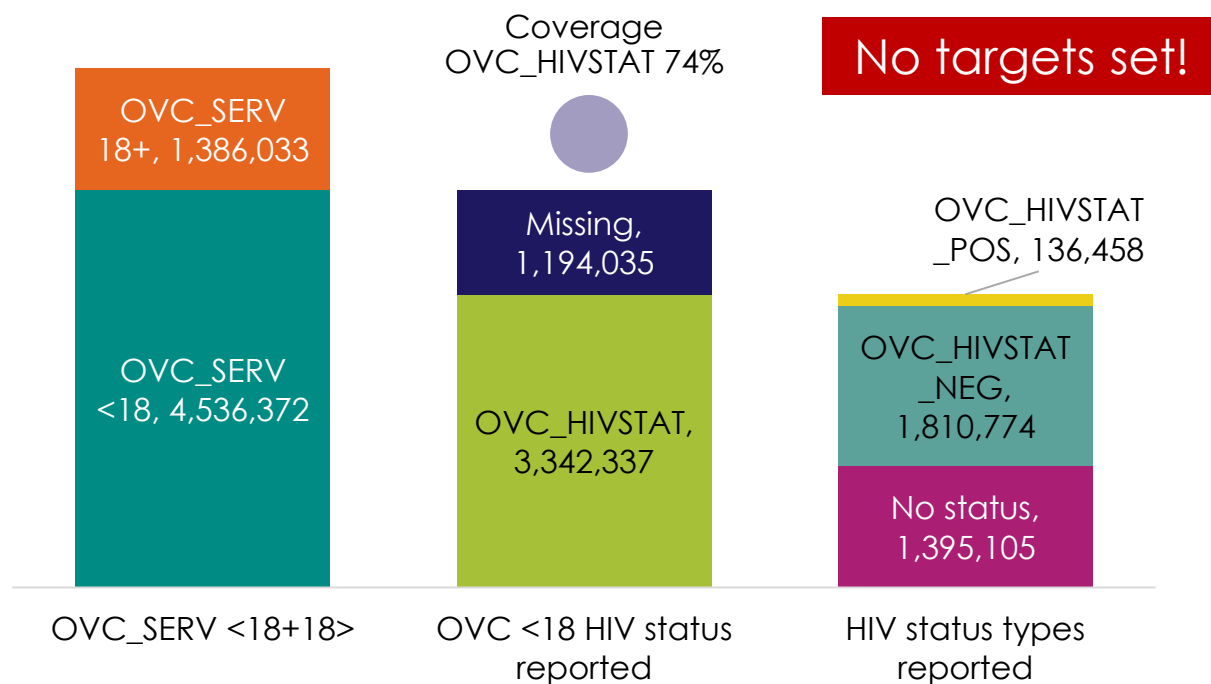
DSD: OVC_HIVSTAT		- Collapse
Auto-Calculate	Number of OVC with HIV status reported to implementing partner (including status not reported). Numerator will auto-calculate from Status Type Disaggregate.	
Numerator	<input type="text" value="Subtotal"/>	
Required	Disaggregated by Status Type	
Reported HIV positive to IP	<input type="text" value="Subtotal"/>	
Of those positive: Currently receiving ART	<input type="text"/>	
Of those positive: Not Currently receiving ART or ART Status Unknown	<input type="text"/>	
Reported HIV Negative to IP	<input type="text"/>	
Test not required based on risk assessment	<input type="text"/>	
No HIV status reported to the IP (HIV Status Unknown)	<input type="text"/>	

OVC_HIVSTAT

FY2017 Q2

When data on HIV status first began to be collected, performance was measured in terms of coverage.

“Were all households being asked about the HIV status of children?”

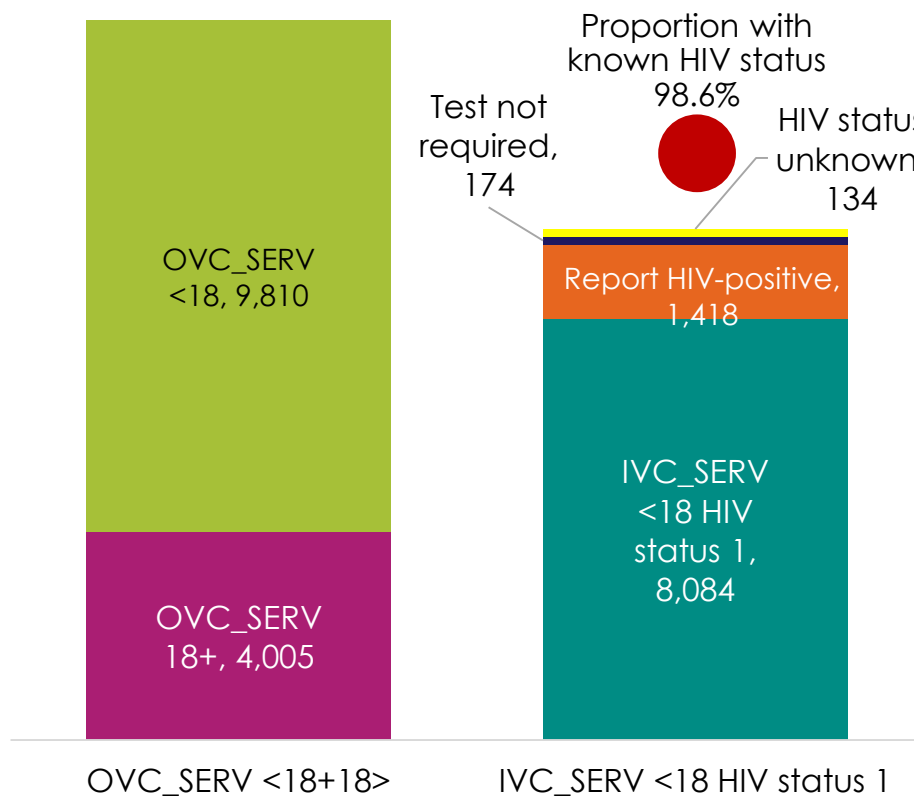


- This indicator was intended to measure the capacity of community workers to discuss HIV status of children with guardians.
- No performance targets were set.
- Initially, many countries had a policy of testing all OVC and HIV risk assessments were not formally conducted/documentated before referral for HIV testing.

OVC_HIVSTAT

FY2019 Q2

OVC_HIVSTAT



With PEPFAR's release of the Monitoring, Evaluating and Reporting (MER) 2.0 Indicator Reference Guide V2.3, (September 2018), emphasis shifted from inquiring about HIV status to following up with all children for whom HIV status is unknown.

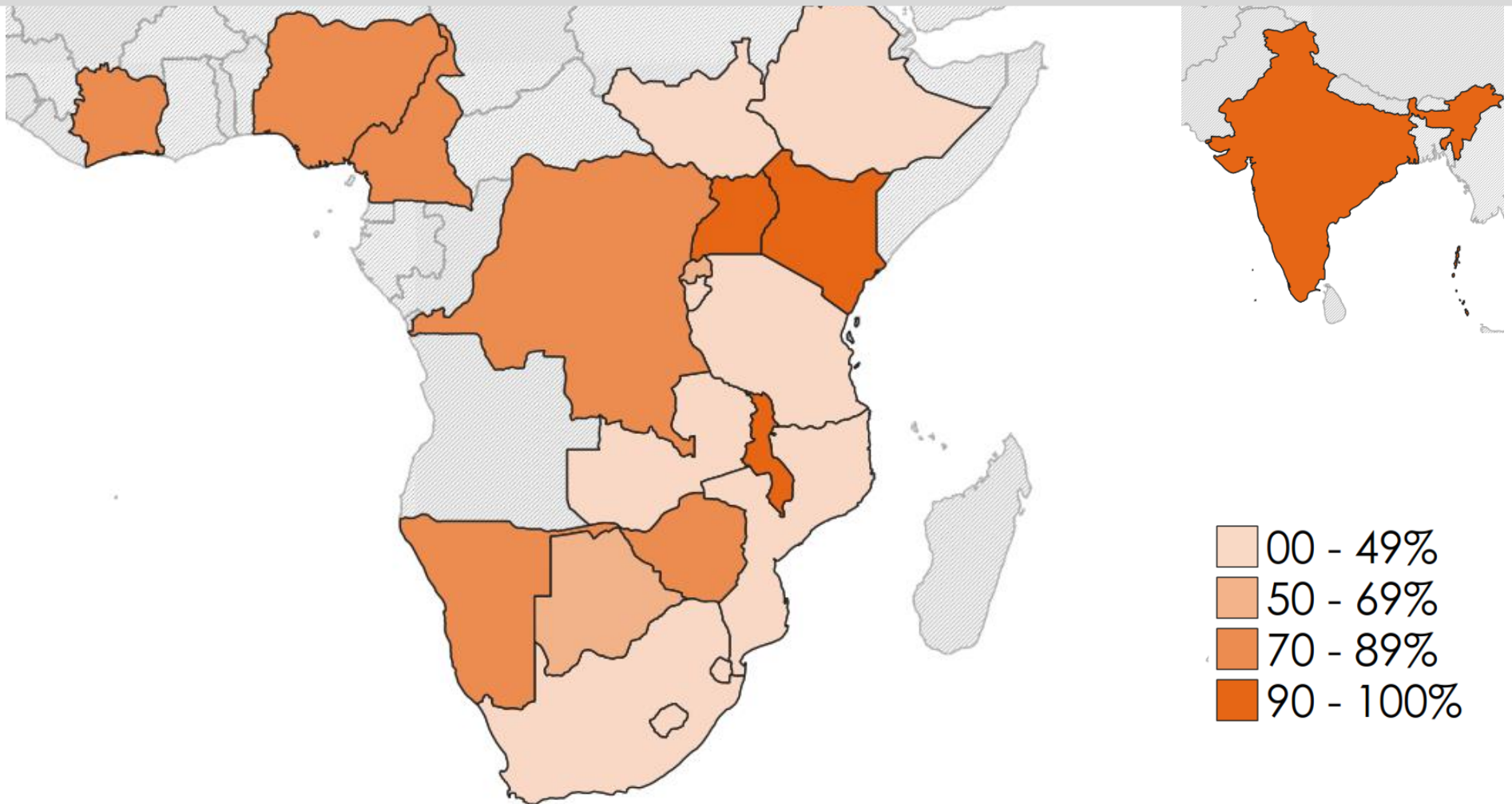
Performance is now measured in terms of a proxy for known HIV status.

“Are all children without known HIV status being risk-assessed and referred to HIV testing services?”

This indicator eliminates the artificial difference between HIV status missing and a report of HIV status unknown; both children require similar follow-up.

65% of OVC with known HIV

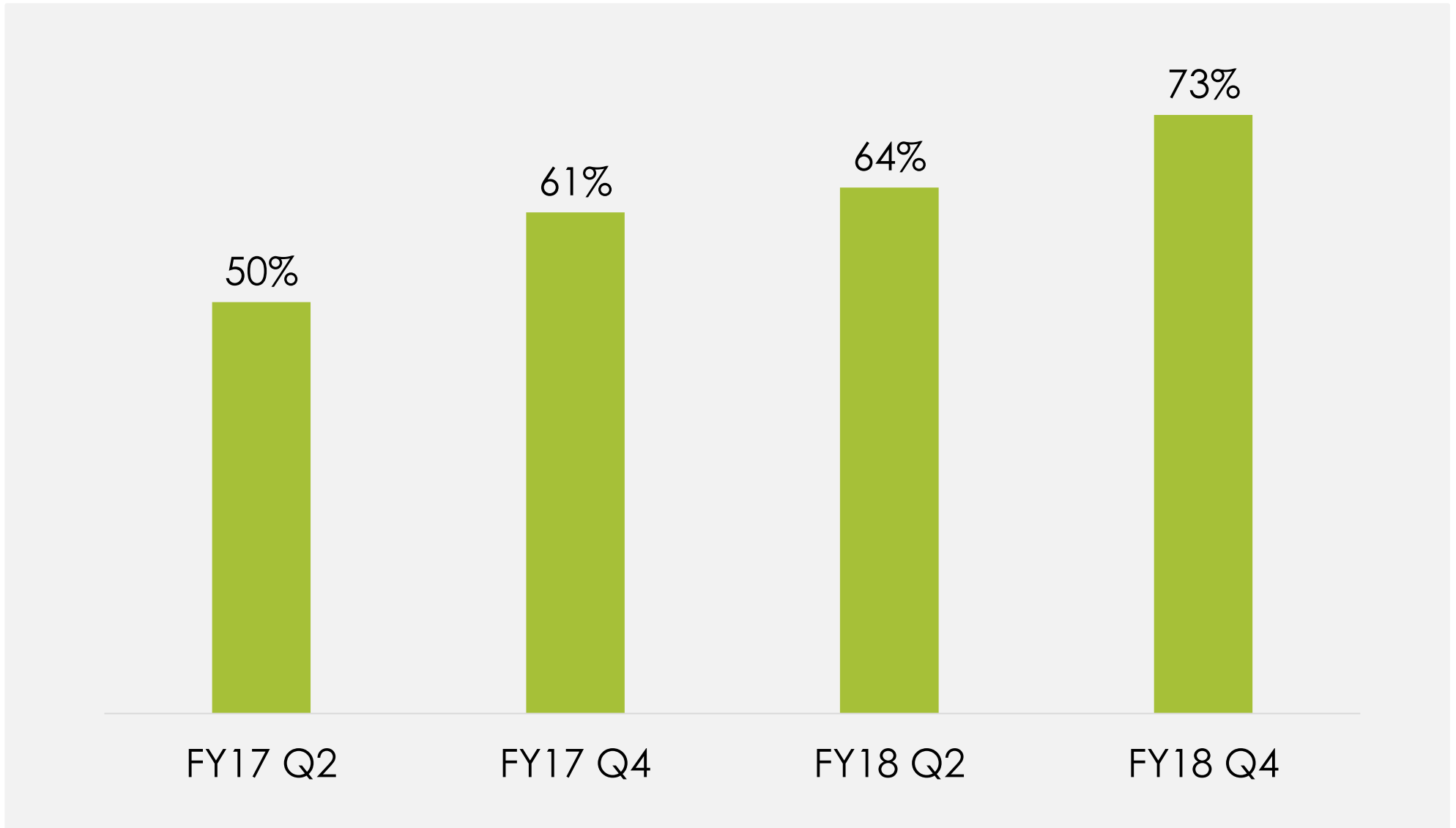
Status or TNR in FY2018, Q2



Source: Cleaned USAID MER data for FY 2018, Q2

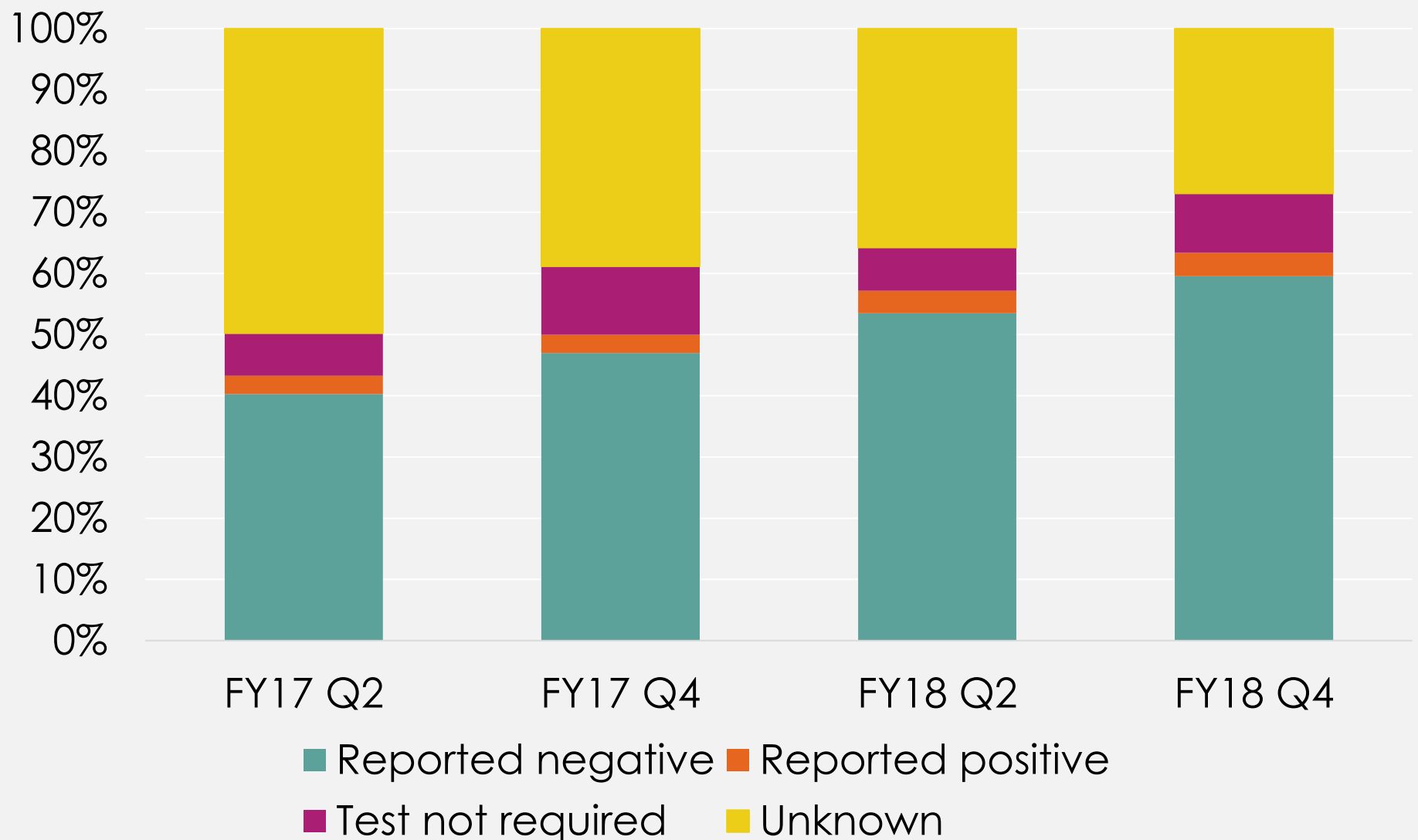
HIV known status (proxy)

Global results from FY17 & FY 18



HIV known status (proxy)

Global results from FY17 & FY 18



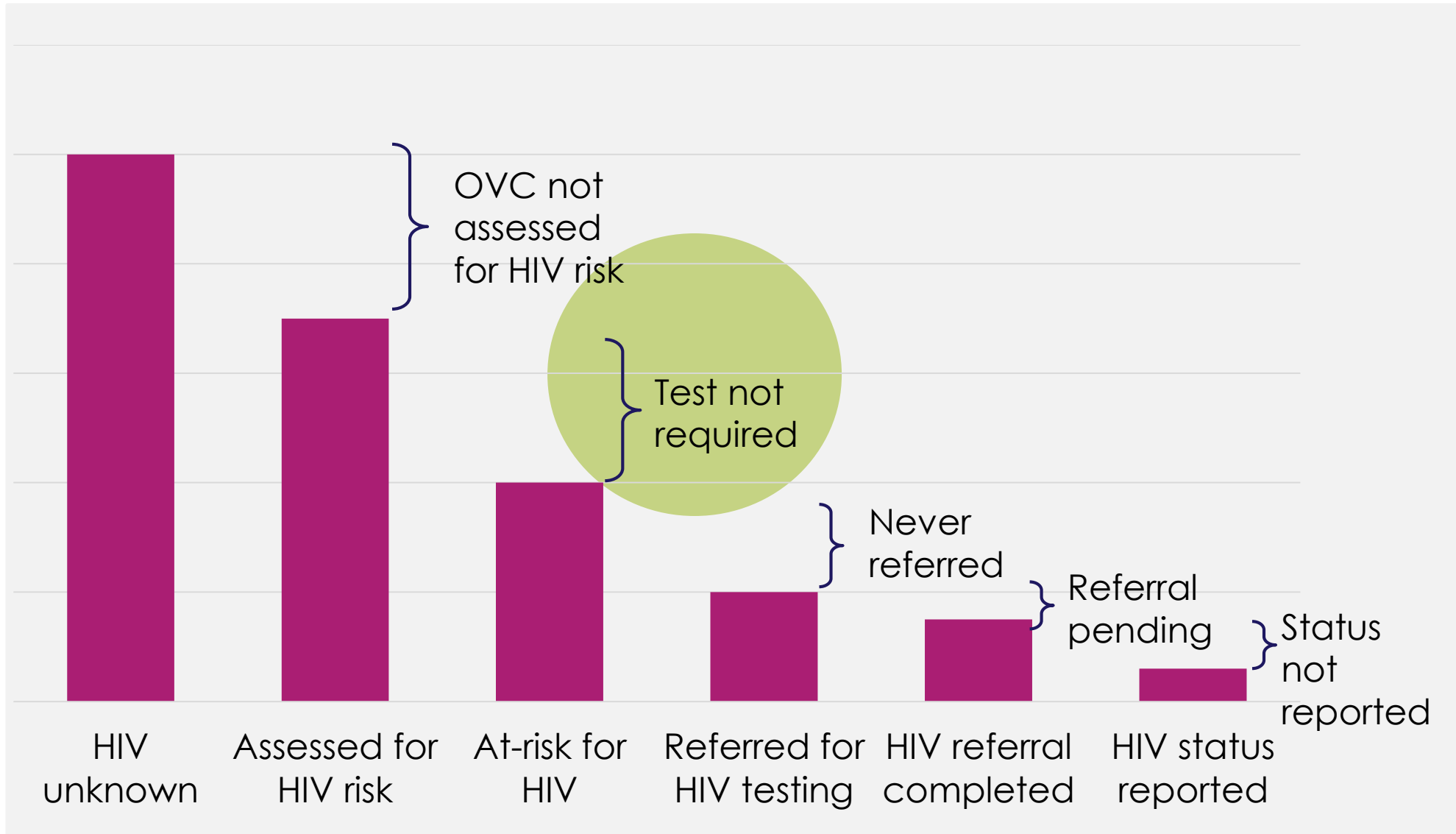
35% with unknown HIV status

What are the explanations?

1. OVC enrolled but HIV risk not yet assessed
2. OVC has been approached, but did not agree to answer the risk assessment questions
3. OVC has been assessed and is at risk for HIV, but has not yet accepted referral for HIV testing
4. OVC has accepted HIV testing referral, but has not yet completed the test
5. OVC has completed the HIV test, although test result is not available
6. OVC has been approached by caseworker but has not yet agreed to share test result
7. No data available: missing!

Risk assessment continuum

Where are children lost?

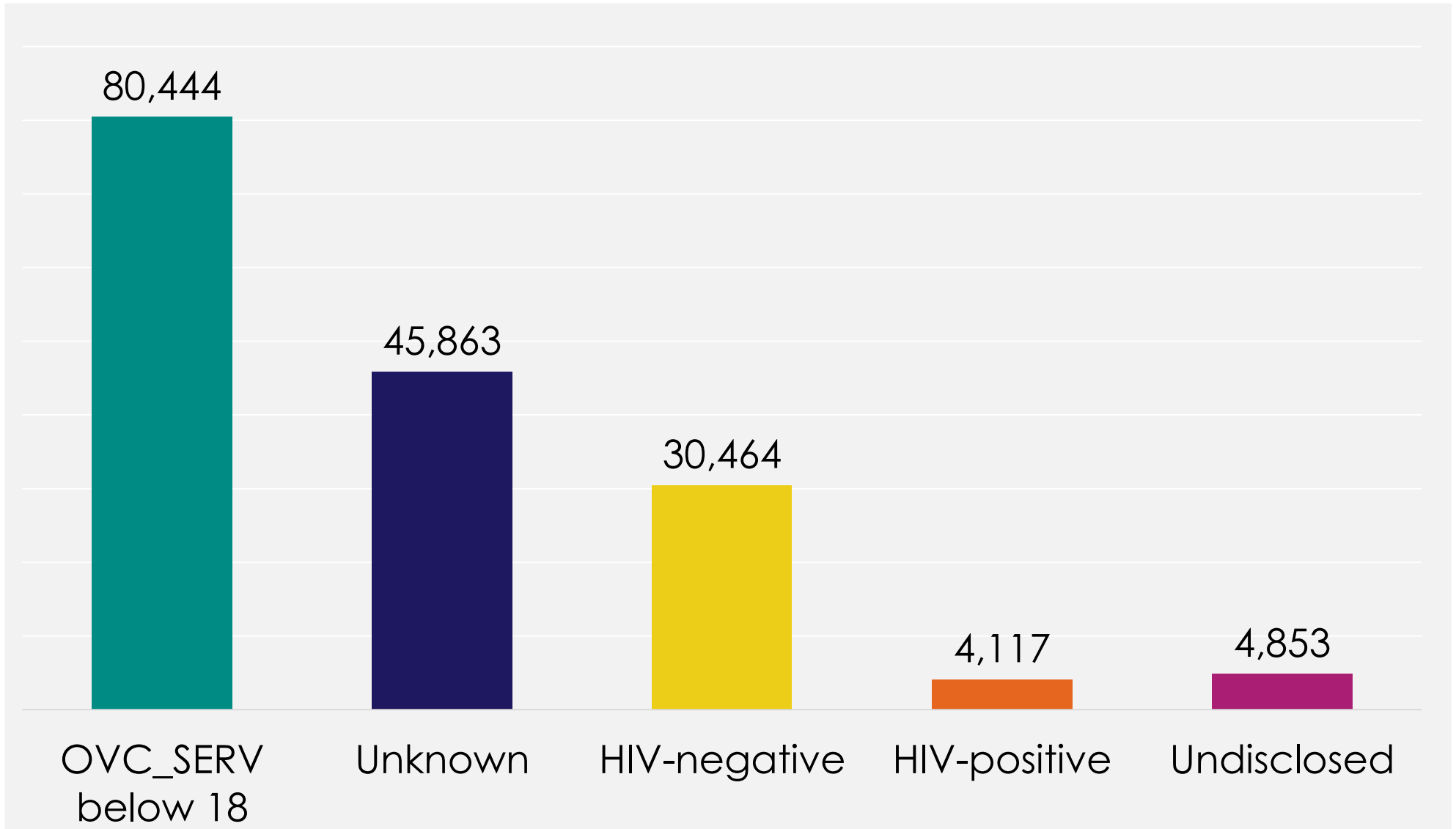




Common pitfalls

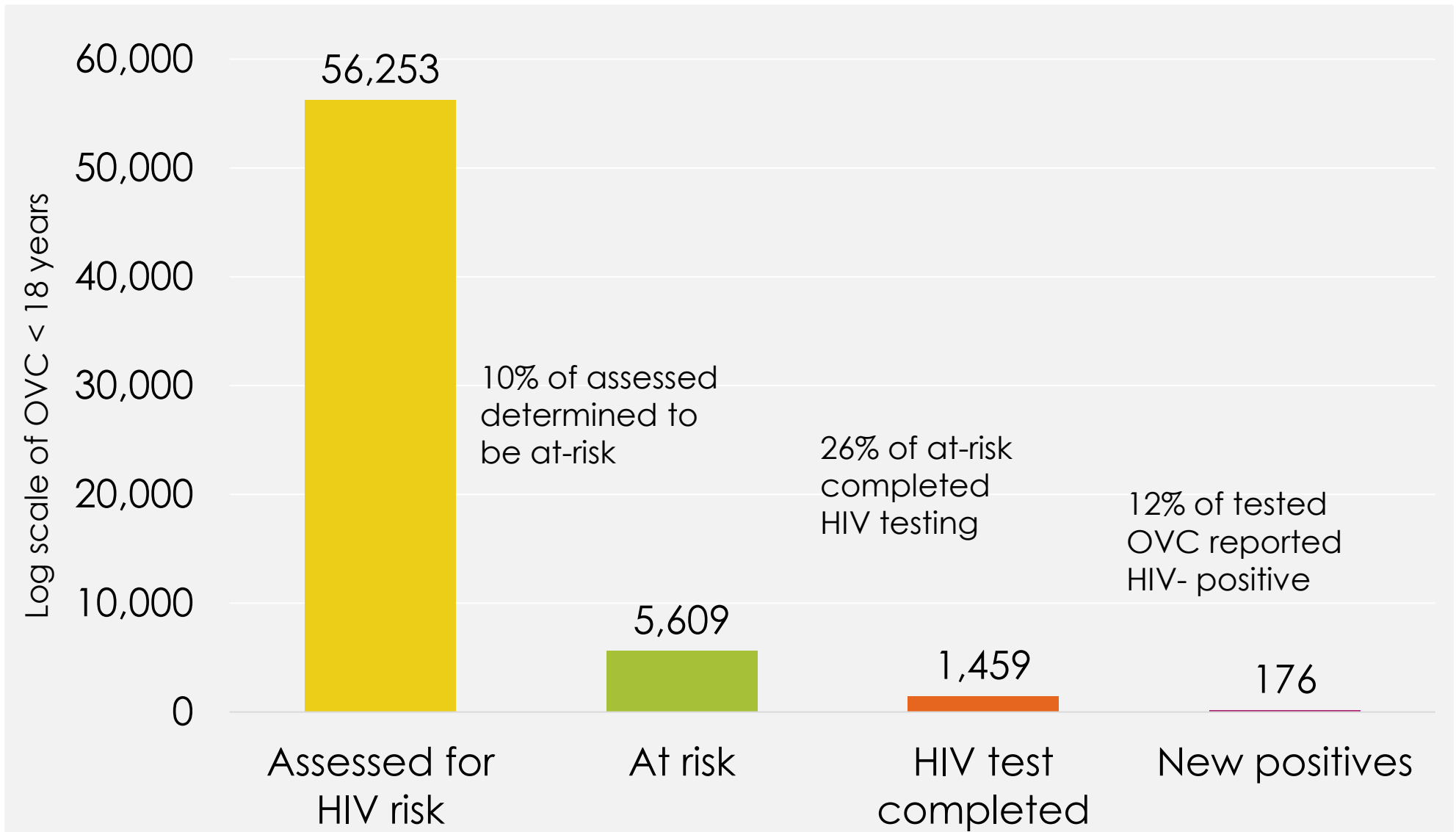
Common pitfalls

OVC_HIVTAT disaggregates (?)



Common pitfalls

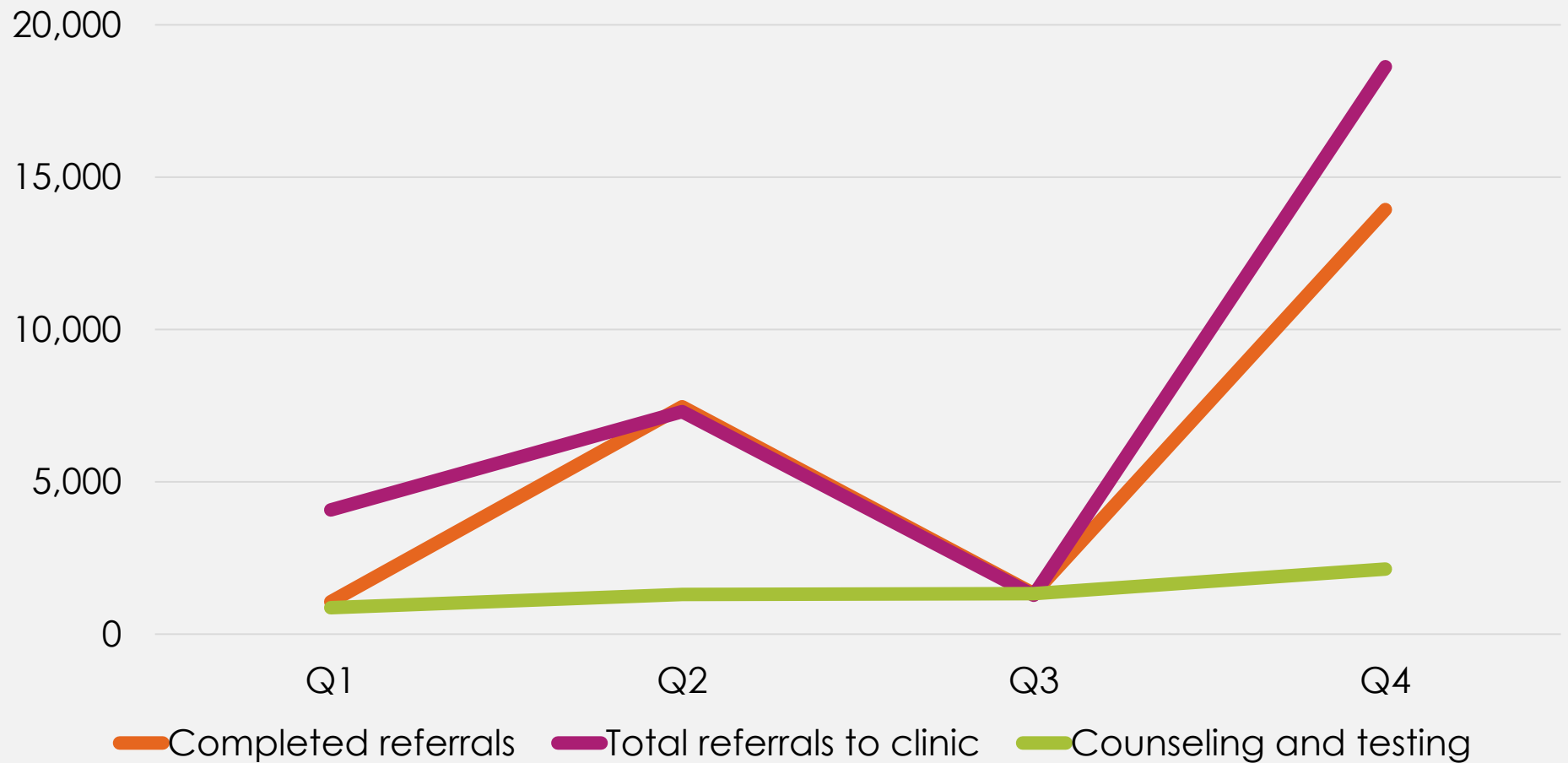
HIV risk assessment continuum



Common pitfalls

Use of absolute numbers

Clinical linking

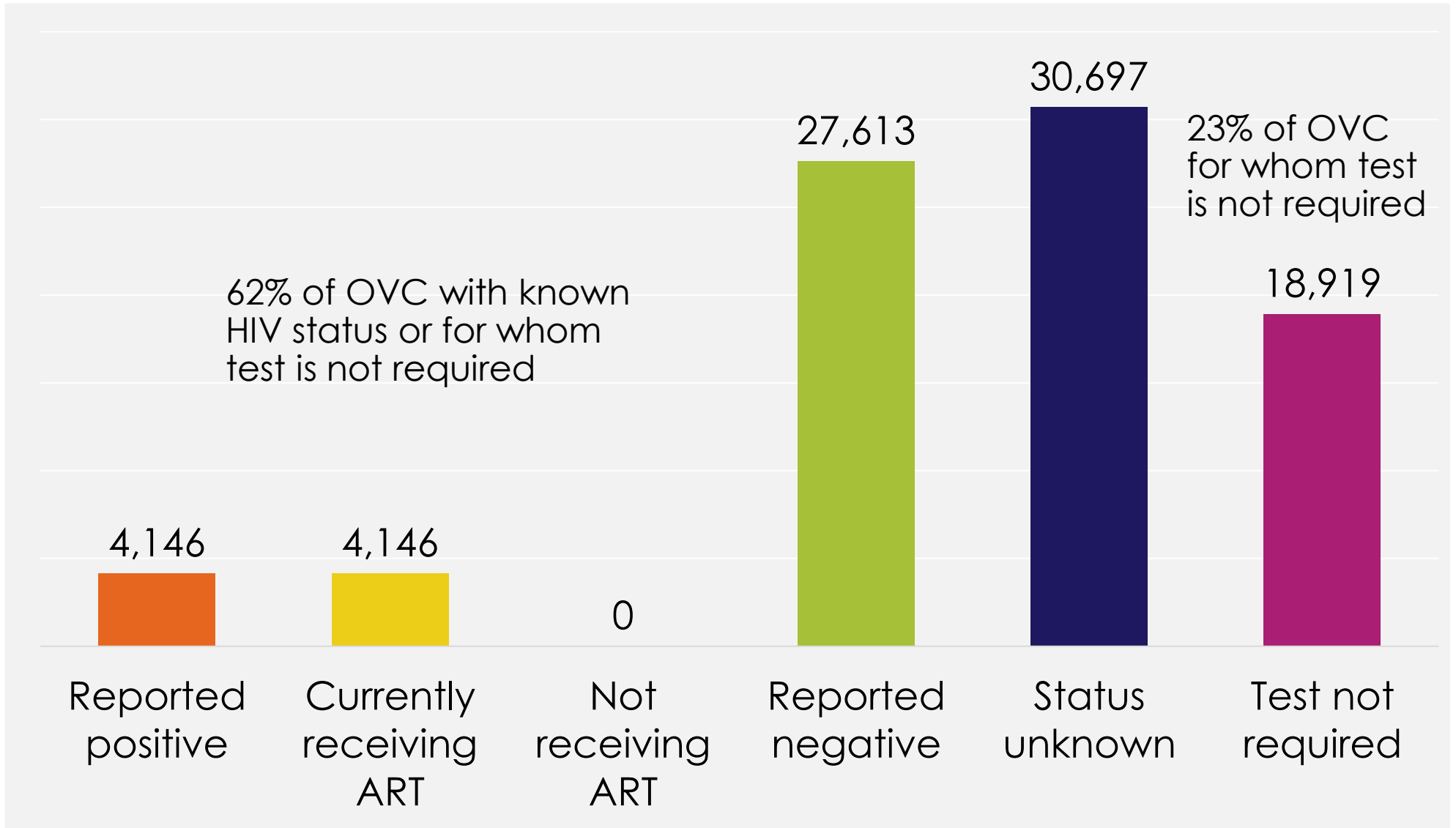




Noteworthy progress

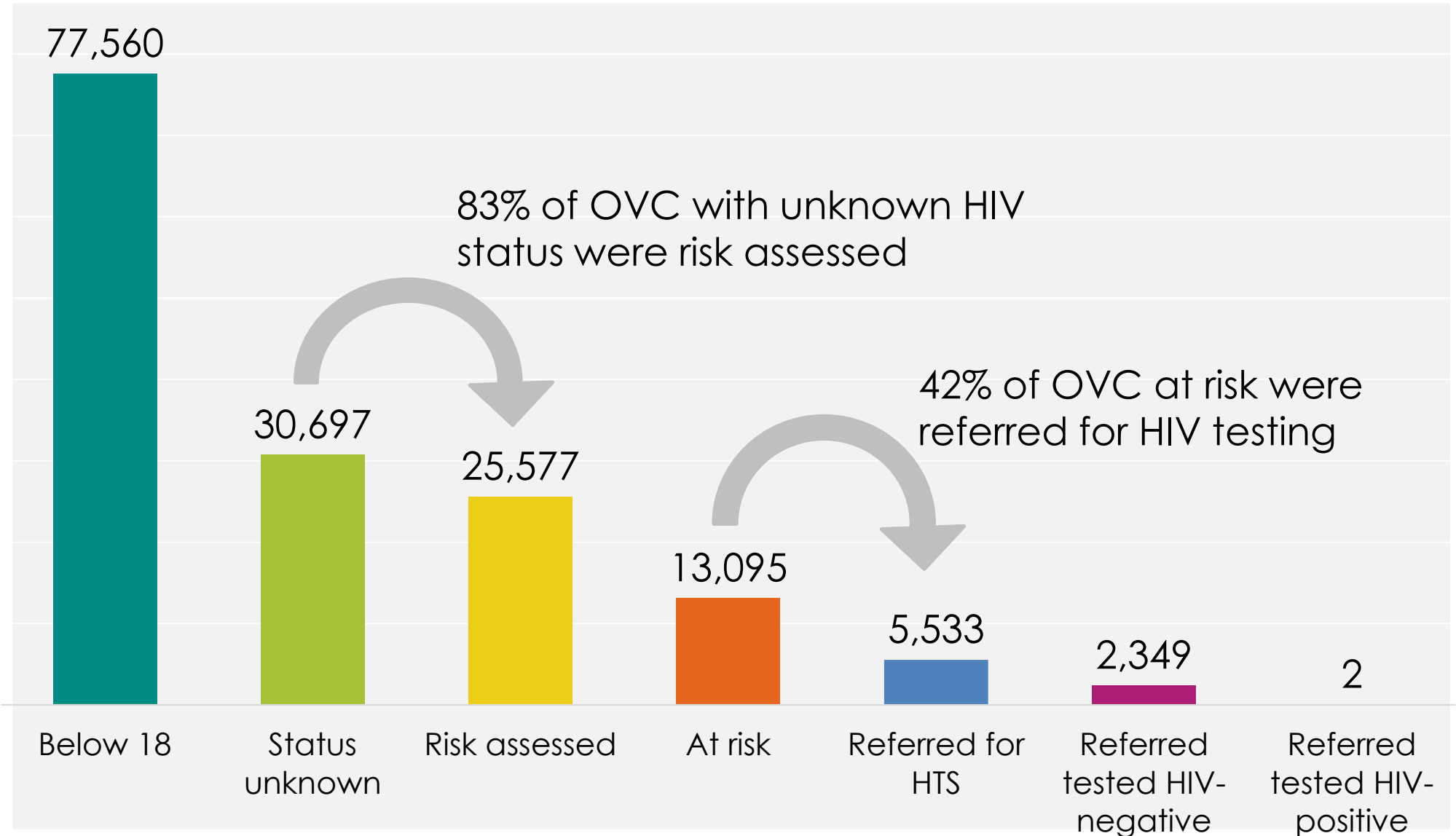
Noteworthy progress

OVC_HIVSTAT disaggregates



Noteworthy progress

HIV risk assessment continuum

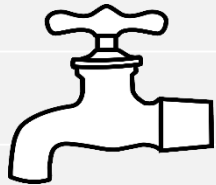


Noteworthy progress

HIV risk assessment continuum

Summary of results from the COP17 HIV risk assessments

41,512



76% Referral completion

Project maximizing electronic referral tracking: caregivers unwilling to get an HIV test for their children receiving disclosure counseling

Linkage rate is 100% leveraging on case management and test and treat rollout in the districts

4,523

3,426

8

8

OVC HIV risk assessed

At-risk OVC referred for testing

OVC tested for HIV

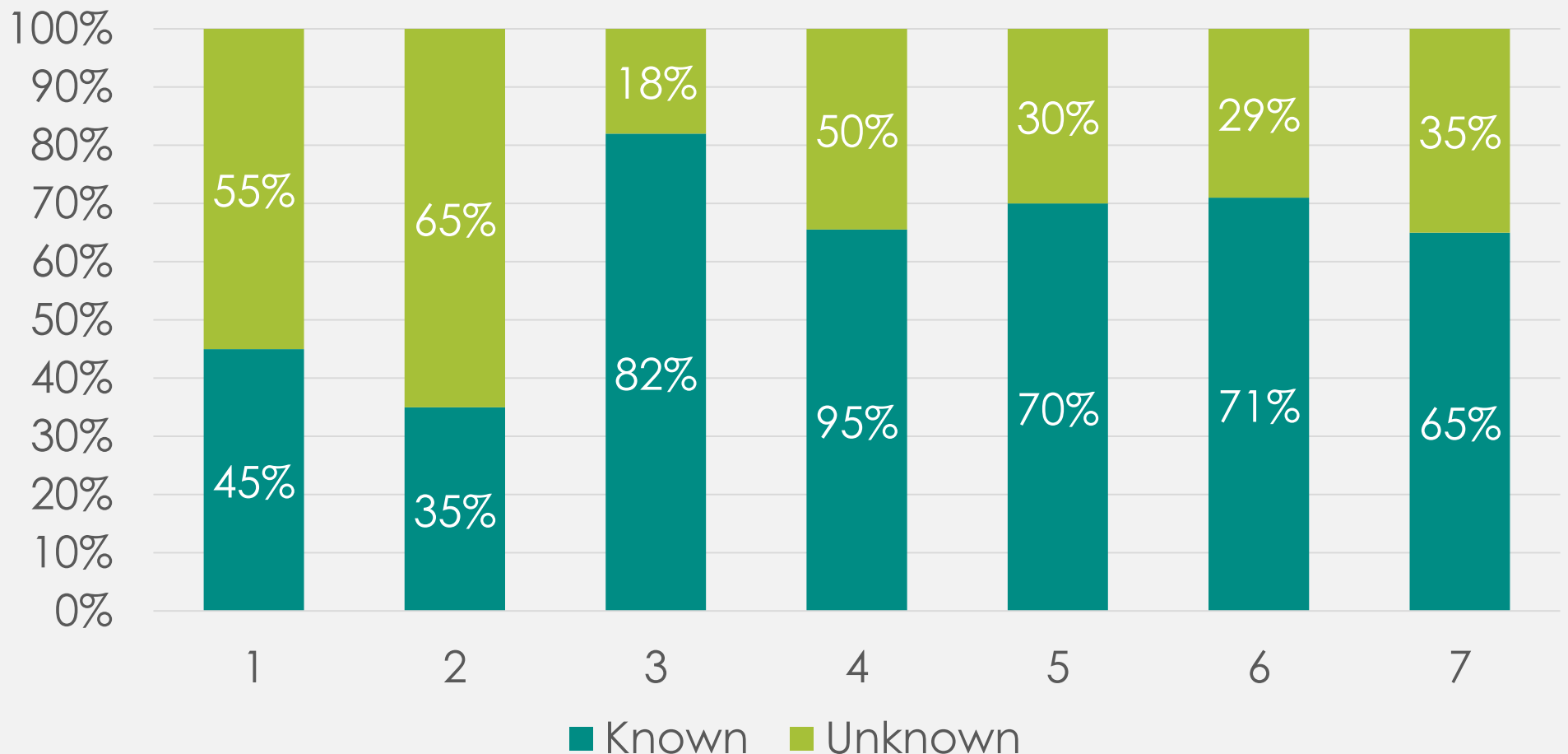
Test HIV-positive

Linked to ART

Noteworthy progress

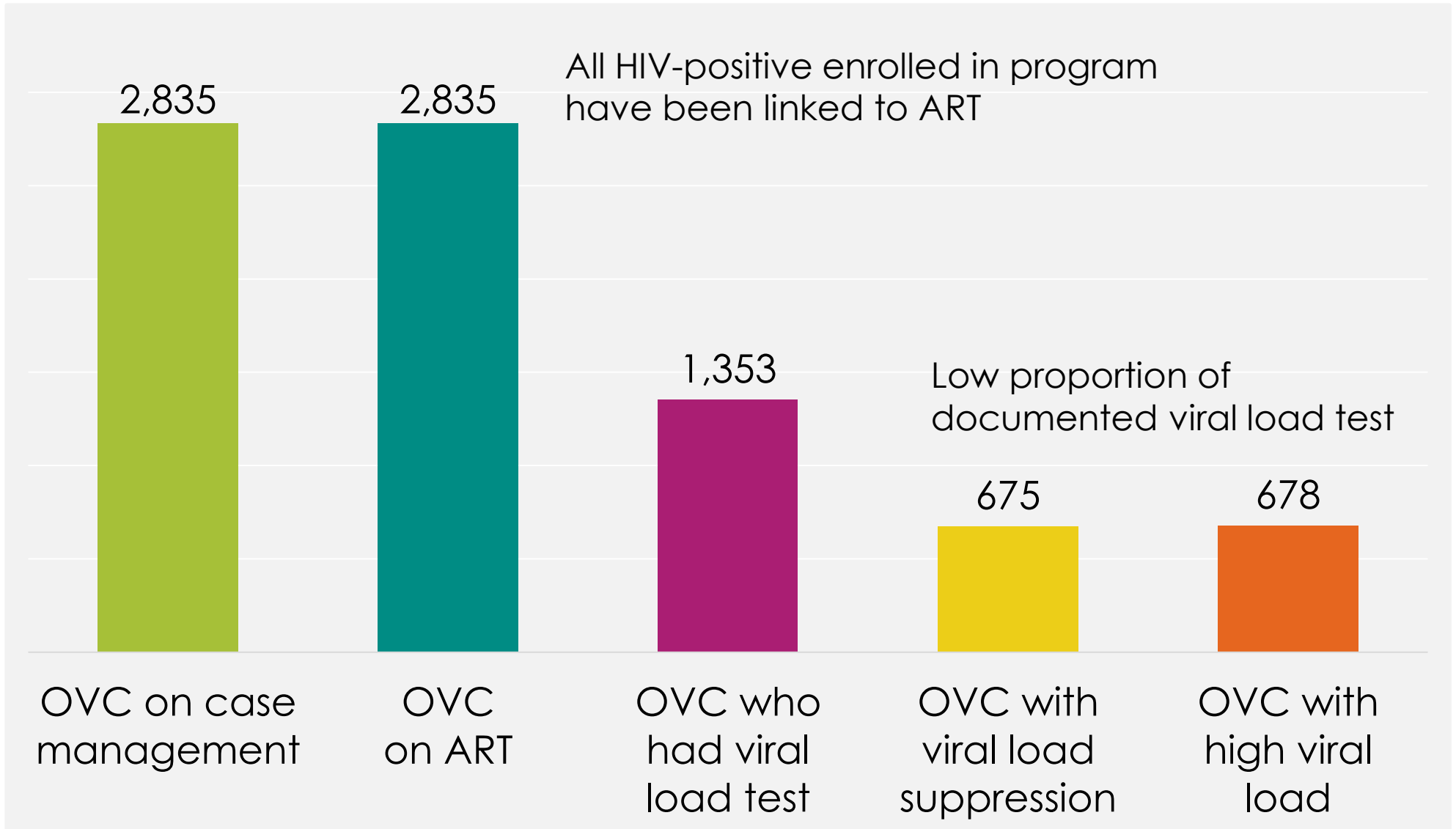
Performance report for regions

Proportion of children with known HIV status versus unknown, by region



Noteworthy progress

HIV care continuum



Perspectives

- Programmatic innovations to improve linkage of vulnerable children to HIV testing services occur in settings with strong data visualizations that encourage critical thinking.
- Performance improves when expectations are clear and calculations standardized.
- Regular, transparent feedback to those groups with agency to address challenges is essential.

This presentation was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government.

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