

Evaluating an HIV Risk Screening Tool among Orphans and Other Vulnerable Children in Tanzania

Identifying children and adolescents for HIV testing has largely been conducted at health facilities, where inpatient status or clinical symptom screening are often used as risk screening criteria. This approach does not systematically reach orphans and other vulnerable children (OVC) served through community-based programs, if they do not regularly access facility services. Equipping community cadres with an appropriate tool to screen OVC at the community level could address this gap.

Project SOAR is conducting research to validate an HIV risk screening tool for OVC and assess its feasibility and acceptability within community and facility settings. Integrating HIV risk screening into OVC programs could contribute to national and international “90–90–90” goals through improved identification of HIV-positive children/adolescents (i.e., testing yield) and linkage to treatment. Findings will also contribute to the international evidence base around HIV risk screening and upon which U. S. President’s Emergency Plan for AIDS Relief (PEPFAR) recommendations are made for reducing the rate of undiagnosed HIV infection among children and adolescents.

Research Partners: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF); National AIDS Control Program and Social Welfare/Community Unit; Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC); Pact Tanzania

Locations: Dodoma, Dar es Salaam, Njombe, Shinyanga and Tabora Regions, Tanzania

Study Duration: 2017–2019

For more information, contact **Gretchen Antelman**, EGPAF Tanzania, gantelman@pedaids.org or **Michelle Gill**, EGPAF US, mgill@pedaids.org.



JAMES PURSER

Integrating HIV risk screening into OVC programs could contribute to national and international “90–90–90” goals through improved identification of HIV-positive children/adolescents and linkage to treatment.

OUR RESEARCH

The purpose of this cross-sectional study is to estimate the accuracy of an HIV risk screening tool for children and adolescents. The expectation is that the tool would facilitate a focused testing strategy resulting in increased HIV-positive yield among those tested, while also excluding children and adolescents who are HIV negative from testing. The study population (age 2–19 years) includes OVC beneficiaries of the Kizazi Kipya (K2) project and children/adolescents recruited from selected health facilities.

The objectives of this study are to:

- Evaluate the performance of a four-item subset of the K2 HIV risk screening tool that matches a Zimbabwe evidence-based tool in predicting the HIV status of approximately 10,000 children and adolescents who are screened by a lay cadre. The four screening questions are:
 1. Has the child ever been admitted to the hospital before?
 2. Does the child have recurring skin problems?



Elizabeth Glaser
Pediatric AIDS
Foundation

Until no
child has
AIDS.



What is the *Kizazi Kipya* OVC project?

Pact's K2 project, or "New Generation" in English, is working to transform the lives of vulnerable Tanzanian children and young people, particularly those affected by HIV. Planned outcomes of this five-year initiative include better financial resources for parents and caregivers of OVC, as well as improved access to health and HIV services for children and adolescents, including those who are hard to reach. The K2 project's mandate is to enroll beneficiaries under 20 years of age whose households meet criteria such as:

- Headed by an elderly caregiver or child under 18 years;
- Headed by a caregiver who is chronically ill, a drug user, or a sex worker;
- Having one or more single or double orphans;
- Having one or more household members who are HIV positive; or
- Having one or more other health or social vulnerabilities (i.e., tuberculosis, severe malnourishment, history of abuse or apparent risk of abuse, living or working on the streets, working in mining, or a girl who is pregnant and has children of her own).

3. Are one or both parents of the child deceased?
4. Has the child had poor health in the last three months?

- Identify additional items in the K2 HIV risk screening tool that could be added to the four-question subset to improve the tool's performance.
- Assess the feasibility and acceptability of the HIV screening tool within the K2 program.

We will assess sociodemographic and behavioral variables about the child by administering a questionnaire. The study's primary outcome—HIV status—will be assessed through rapid HIV testing, using the national HIV testing algorithm, of all enrolled participants, regardless of screening outcome. Testing will be conducted in the home for community (K2) participants and in the facility for facility participants.

Caregivers older than 18 years will be asked to provide informed consent for children in their care. Assent will also be sought from children and adolescents

Gender considerations

Female youth have higher rates of HIV infection compared to male youth.⁴ Since this study aims to include all OVC beneficiaries in selected areas, girls will be properly represented in the dataset. Data will be disaggregated by sex and age groups, and several items on the larger screening tool relate more specifically to girls (e.g., history of pregnancy). During analysis, sex as a modifier will be explored to identify potential scale items that may be uniquely important for girls or boys.

⁴MoHCDGEC [Tanzania Mainland] et al. 2016. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015–16. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, Ministry of Health, National Bureau of Statistics, Office of the Chief Government Statistician, and ICF.

ages 10–17 years, in addition to caregiver consent. Adolescents ages 18 and 19 years will be asked to provide informed consent for themselves.

In addition, we will conduct qualitative semi-structured interviews with OVC caregiver and adolescent beneficiaries and focus group discussions with community case workers. These methods will help us understand their perceptions of the screening tool as well as of OVC HIV testing in the community/home versus in a health facility.

RESEARCH UTILIZATION

EGPAF will actively engage a variety of stakeholders in this study from protocol development to dissemination of results and utilization planning. This will contribute to both capacity strengthening as well as the research utilization strategy. At various stages in the process, this study will be added to the meeting agenda of existing technical working groups (TWGs) which address pediatric HIV care and treatment, vulnerable children, and HIV testing. EGPAF and/or Pact staff are already contributing members of relevant TWGs. Other members include stakeholders from the MoHCDGEC, United Nations agencies [e.g., World Health Organization, UNICEF], U. S. Government (PEPFAR, U. S. Agency for International Development, Centers for Disease Control and Prevention), implementing partners, and country-specific representatives.

Project SOAR is a six-year (September 2014–September 2020) cooperative agreement funded by the U. S. President's Emergency Plan for AIDS Relief and the U. S. Agency for International Development (Agreement No. AID-OAA-A-14-00060). The contents of this brief are the sole responsibility of Project SOAR and Population Council and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.

Population Council leads the Project SOAR consortium in collaboration with Avenir Health, Elizabeth Glaser Pediatric AIDS Foundation, the Johns Hopkins University, Palladium, and The University of North Carolina at Chapel Hill.

Project SOAR/Population Council
4301 Connecticut Avenue, NW, Suite 280
Washington, DC 20008
Tel: +1 202 237 9400
e-mail: ProjectSOAR@popcouncil.org
projsoar.org

©Population Council, May 2019