



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

# Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.4): Orphans and Vulnerable Children (OVC)

Presenter:

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# Section 1: Overview of the technical area and related indicators

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# OVC Programming Priorities

- Provide **comprehensive, family-based** care including case management to select **high risk subgroups** (e.g. children living with HIV, teen moms, exposed infants, children of FSW, children experiencing violence) including:
  - Finding “well” children by **promoting index testing** of children from positive mothers, conducting HIV risk assessments, and ensuring all OVC enrolled in case management **know their HIV status** and are **linked to treatment** as needed
  - Providing **proactive referrals** between clinic and community, and providing **socio-economic** and **home-based support** to high risk subgroups (i.e. to parents/guardians living with HIV so that they stay virally suppressed)
  - Monitoring child and family outcomes toward **graduation** against established **benchmarks**
- Prevent **sexual violence and HIV** through time-bound, evidenced-based interventions for **9-14 year olds** in community settings (schools, faith networks, sports clubs, etc.)
- **Collaborate** with DREAMS for AGYW 10-17 in select SNUs



# Multiple Sub-Populations: Different Range of Needs, Intensity, and Program Approaches

Children living with HIV, exposed and LTFU; children of FSWs, child survivors of sexual assault; teen moms, etc.

**Intensive** –  
Children in crisis

**Comprehensive** –  
Selectively targeted to  
children with multiple  
elevated risk factors

**Preventive** – Targeted to at-risk  
adolescents (9-14 years) living in high  
prevalence and impoverished areas

Adolescents  
aged 9-14

# Program Approaches

Family-based, case management approach with graduation benchmarks

**Intensive** –  
Children in crisis

**Comprehensive** -  
Selectively targeted to  
children with multiple  
elevated risk factors

Time limited, group interventions in community settings

**Preventive** – Targeted to at-risk adolescents (9-14 years) living in high prevalence and impoverished areas



# Overview of OVC Indicators

Program Area Group	Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
Prevention	<b>OVC_SERV</b>	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV	Semi-Annually	Community & Facility
Testing	<b>OVC_HIVSTAT</b>	Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner	Semi-Annually	Community & Facility



# Section 2: OVC\_SERV Indicator changes in MER 2.4



# OVC\_SERV: What's Changed?

Change	Programmatic Rationale for Change
<p>Added OVC recipient category of children aged 9-14 receiving only an approved primary prevention of HIV &amp; sexual violence intervention who are not otherwise enrolled in the OVC comprehensive program. This subcategory of recipients under OVC_SERV will use different reporting requirements as outlined in the reference sheet and the following slides.</p>	<p>To account for children receiving primary prevention interventions under the 9-14 year old priority area within OVC and other program areas.</p>
<p>Clarifying language added regarding counting active DREAMS beneficiaries who are not otherwise actively enrolled in the comprehensive OVC program under OVC_SERV.</p>	<p>To respond to questions from MER 2.3 changes. To clarify that active DREAMS beneficiaries age 18+ who are not otherwise enrolled in an OVC program should NOT be counted under OVC_SERV.</p>
<p>Clarifying language added that exited, transferred, and graduation disaggregates should be reported cumulatively at Q4.</p>	<p>To respond to questions around annual reporting of OVC_SERV.</p>
<p>Expanded definition of “child” OVC beneficiary to include children aged 18 to 20 still completing secondary education or an approved economic intervention intended to secure the livelihood of an OVC aging out of the program.</p>	<p>To reflect the reality that OVC programs may be supporting select beneficiaries that are over 18 in order to ensure that they are stable and can complete school before graduating from the program.</p>
<p>Clarifying language added regarding the definition and number of caregivers per household.</p>	<p>To help ensure that PEPFAR OVC programs are focusing efforts on vulnerable children under 18. Given the vulnerability status of households that PEPFAR services, there is likely to be one primary caregiver per household.</p>





# Section 3: OVC\_SERV review of numerator, denominator, and disaggregations

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**Indicator Definition:** Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV

**Numerator:** Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV (Active + Graduated)

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**Denominator:** NONE

## Required Disaggregations:

- Program Participation Status by Age/Sex:
  - Active: <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M, 18+ F/M
  - Graduated: <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M, 18+ F/M
- Transfer/Exit (transferred out to a PEPFAR-supported partner, transferred out to a non-PEPFAR supported partner, exited without graduation)



# OVC\_SERV Beneficiary Categories: Active

COMPREHENSIVE & INTENSIVE

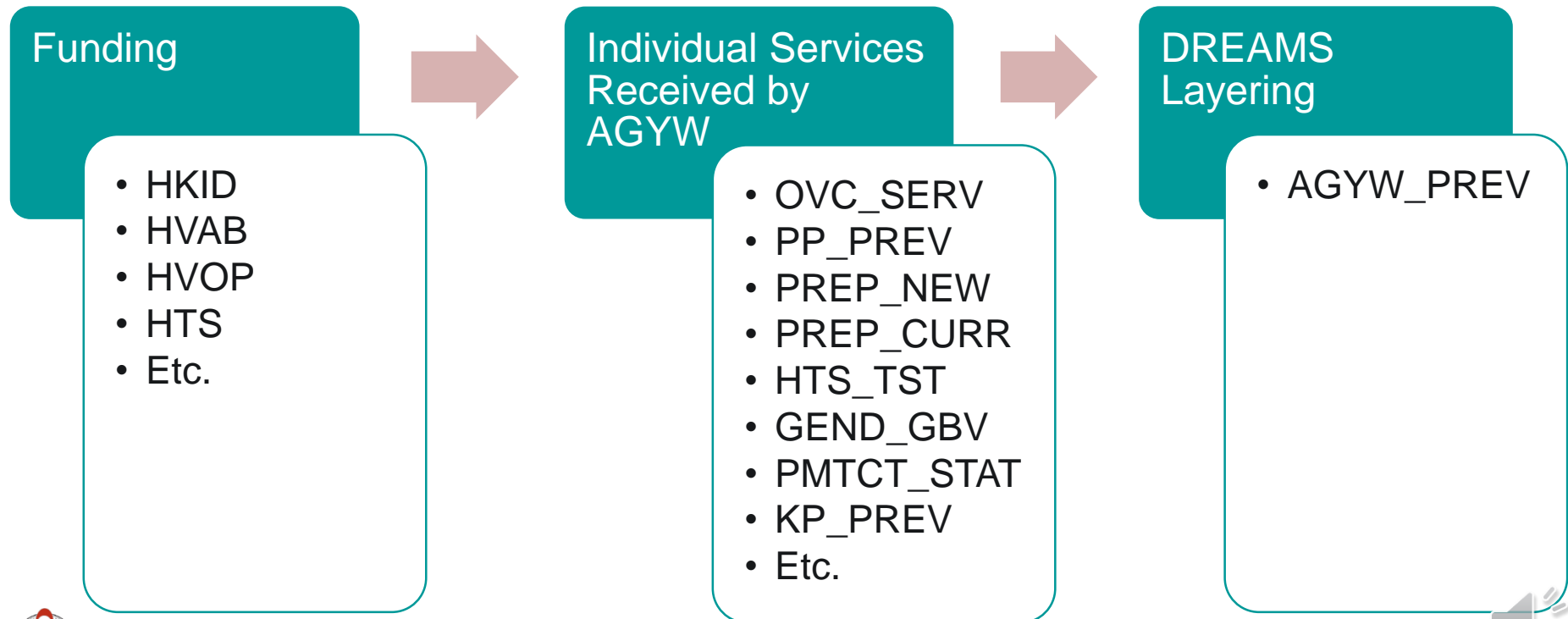
PREVENTIVE

Category	WHO	WHAT	WHEN
<b>Active children</b>	<ul style="list-style-type: none"> <li>Children (ages 0-17)</li> <li>Youth 18-20 who are still in secondary school or an approved economic intervention</li> </ul>	<ul style="list-style-type: none"> <li>Have received one or more eligible program services</li> <li>Have a current case plan (updated within last year)</li> <li>Are monitored at least quarterly</li> <li>Are monitored against the graduation benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>In each of the past two quarters</li> <li>Or in past quarter if beneficiary was newly enrolled</li> </ul>
<b>Active caregivers</b>	<ul style="list-style-type: none"> <li>Up to two caregivers per household</li> <li>Fulfill role of parent/guardian</li> </ul>	<ul style="list-style-type: none"> <li>Have received one or more eligible program services</li> <li>Are monitored against the graduation benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>Same as above</li> </ul>
<b>Active DREAMS only AGYW 10-17</b>	<ul style="list-style-type: none"> <li>DREAMS participant who is not also actively enrolled in an OVC program</li> </ul>	<ul style="list-style-type: none"> <li>Have received one or more DREAMS services that is also an eligible OVC_SERV service</li> <li>Do not need an OVC case plan or to be monitored using the graduation benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>Count as “active” in reporting period when completed eligible service(s)</li> </ul>
<b>Active children 9-14 receiving <u>only</u> a primary prevention of HIV &amp; sexual violence intervention</b>	<ul style="list-style-type: none"> <li>Child 9-14 not also actively enrolled in a comprehensive OVC program</li> </ul>	<ul style="list-style-type: none"> <li>Have completed an approved primary prevention intervention during the reporting period.</li> <li>Have not been individually assessed, doesn't have a case plan, and is not monitored using the graduation benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>Count as “active” in reporting period when completed primary prevention intervention</li> </ul>



# OVC Relationship with AGYW\_PREV

- AGYW\_PREV tracks **layering** of DREAMS services/interventions **across budget codes and indicators**
- **Complementary** to other MER indicators that track receipt of individual services



# DREAMS and OVC reporting overlap among 10-17 year old females *by program enrollment*

Program enrollment	OVC services	DREAMS services	Count under OVC_SERV	Count under AGYW_PREV
OVC*	Must meet OVC program requirements	N/A	✓	
OVC* and DREAMS	Must meet OVC program requirements	Must meet DREAMS program requirements; Layered interventions	✓	✓
DREAMS only	Qualifying eligible individual DREAMS service that is also an OVC service, e.g. education subsidy	Must meet DREAMS program requirements; Layered interventions	✓ Count as “active” in reporting period when they complete eligible service(s)	✓
DREAMS only	N/A	Must meet DREAMS program requirements; Layered interventions		✓

\* OVC program enrollment refers to enrollment in the comprehensive OVC program



# Primary Prevention for 9-14 Year Olds in OVC & DREAMS Programs

## What Counts?

- Approved Interventions: Families Matter Program, Sinovuyo Teen, Coaching Boys into Men, IMPower, Stepping Stones
  - All other curricula must be approved by S/GAC and relevant agency HQ, and must include the three S/GAC evidence-informed modules.

# Reporting approved primary prevention interventions for 9-14 year olds

Beneficiary	Indicator	Requirements
<b>Child (9-14) enrolled in comprehensive OVC program</b>	OVC_SERV	<ul style="list-style-type: none"> <li>• Approved primary prevention intervention counts as eligible service in the quarter when intervention is completed</li> <li>• Child must meet OVC_SERV requirements (quarterly services, case management, graduation benchmarks)</li> </ul>
<b>Active DREAMS beneficiary (9-14)</b>	AGYW_PREV & OVC_SERV	<ul style="list-style-type: none"> <li>• Approved primary prevention intervention counts towards AGYW's layering status once completed; also report in Violence Prevention disag</li> <li>• Can also count completion of the primary prevention intervention under OVC_SERV (requirements depend on OVC enrollment status)</li> <li>• <b>If serving 9 year olds in DREAMS, note the number in the AGYW_PREV narrative.</b> 9 year olds are not included in the AGYW_PREV numerator.</li> </ul>
<b>Child (9-14) receiving primary prevention intervention, but NOT enrolled in DREAMS or comprehensive OVC program</b>	OVC_SERV	<ul style="list-style-type: none"> <li>• Report as "active" in period when they complete approved intervention</li> <li>• Report as current age at time of intervention completion (5-9, 10-14)</li> <li>• Child is not required to have case plan or to be monitored using OVC graduation benchmarks</li> <li>• <b>Note in narrative how many children 5-9 and 10-14 are receiving only primary prevention interventions (i.e. are not formally enrolled in the OVC program)</b></li> </ul>



# OVC\_SERV Beneficiary Categories: Graduated

Beneficiary category	WHO	WHAT	WHEN
<b>Graduated</b>	<ul style="list-style-type: none"> <li>Children (ages 0 - 17)</li> <li>Youth 18-20 who are still in secondary school</li> <li>Caregivers of beneficiary children</li> </ul>	<ul style="list-style-type: none"> <li>Entire household has achieved all relevant graduation benchmarks (may vary by age and HIV status of beneficiaries)</li> <li>Graduation of the household as a unit reflects the family-centered nature of OVC programming</li> </ul>	<ul style="list-style-type: none"> <li>Graduated beneficiaries should be reported for previous 2 quarters at Q2 and for entire FY at Q4</li> </ul>



## Healthy

Known HIV status (or test not required)  
 Adherent/Virally suppressed  
 Knowledgeable about HIV prevention  
 Not malnourished

## Stable



Financially  
 stable

## Safe

No violence reported in  
 past 6 mos.  
 Not in a child-headed  
 household



## Schooled



Children in school



# How will OVC\_SERV be calculated?

- MER follows WHO person-centered monitoring, so OVC\_SERV follows individual beneficiary status
- At Q4 each individual should only be counted once

Active beneficiary

Graduated



OVC\_SERV  
total

In DATIM at Q2 and Q4 report children and caregivers by age/sex who meet “active” definition according to their beneficiary category

At Q2 in DATIM: Report children/caregivers by age/sex that graduated in the past **two** quarters

At Q4 in DATIM: Report children/caregivers by age/sex that graduated in the past **four** quarters



# OVC\_SERV: Transfer/exit disaggregates

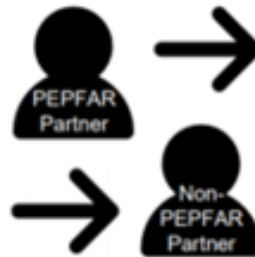
- Partners will continue to report in DATIM on transfers/exits to ensure work that may not have spanned to the end of the fiscal year is counted and understood
- These numbers are **not included** in OVC\_SERV total

Transferred to a PEPFAR-supported partner



At Q2 in DATIM: Report children/caregivers that transferred out to a PEPFAR-supported partner in the past **two** quarters  
At Q4 in DATIM: Report children/caregivers that transferred out to a PEPFAR-supported partner in the past **four** quarters

Transferred to a non-PEPFAR supported partner



At Q2 in DATIM: Report children/caregivers that transferred out to a non-PEPFAR supported partner in the past **two** quarters  
At Q4 in DATIM: Report children/caregivers that transferred out to a non-PEPFAR supported partner in the past **four** quarters

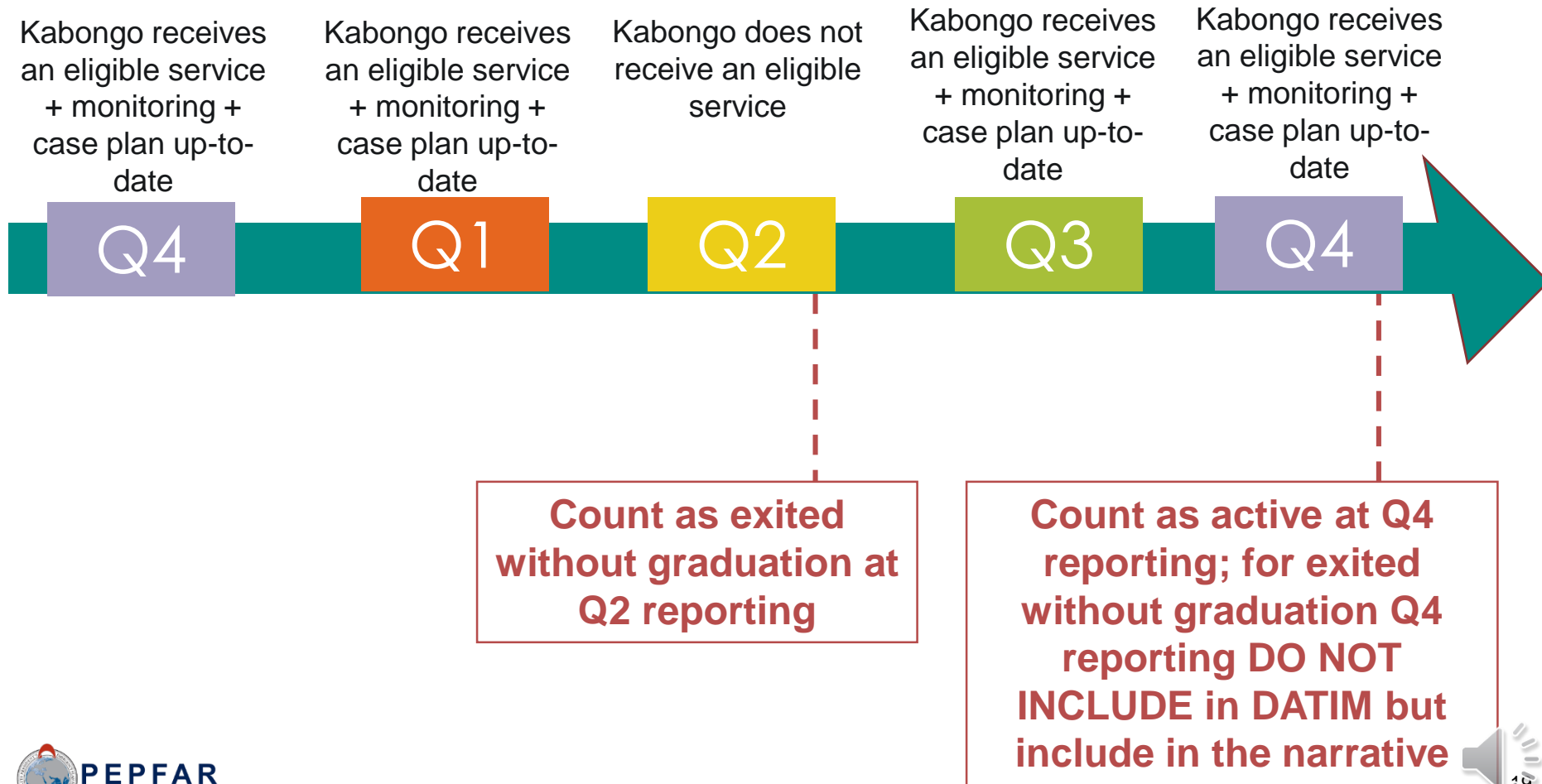
Exited without graduation



At Q2 in DATIM: Report children/caregivers that exited without graduation in the past **two** quarters  
At Q4 in DATIM: Report children/caregivers that exited without graduation in the past **four** quarters **who did not return to active status**

# Timeline scenario: changing status

Kabongo, age 16, has been enrolled and receiving OVC services for two years at the beginning of the fiscal year.



# What is an eligible OVC service?

A service that the beneficiary:

- has **received directly** from the project
- was **facilitated** to obtain (provided transport or accompanied)
- or has a **completed referral** for

MER 2.4 includes a list of **illustrative eligible interventions** by domain (healthy, safe, schooled, stable) by beneficiary population

- For services that are not captured in the list, local USG funding agency approval must be received in order to count these services toward active OVC status



# Reporting scenario for eligible OVC services

Brenda lives with her grandmother, who is her primary caregiver. They are both enrolled in an OVC program. How should they be counted, using the list of eligible services, if they receive the following?

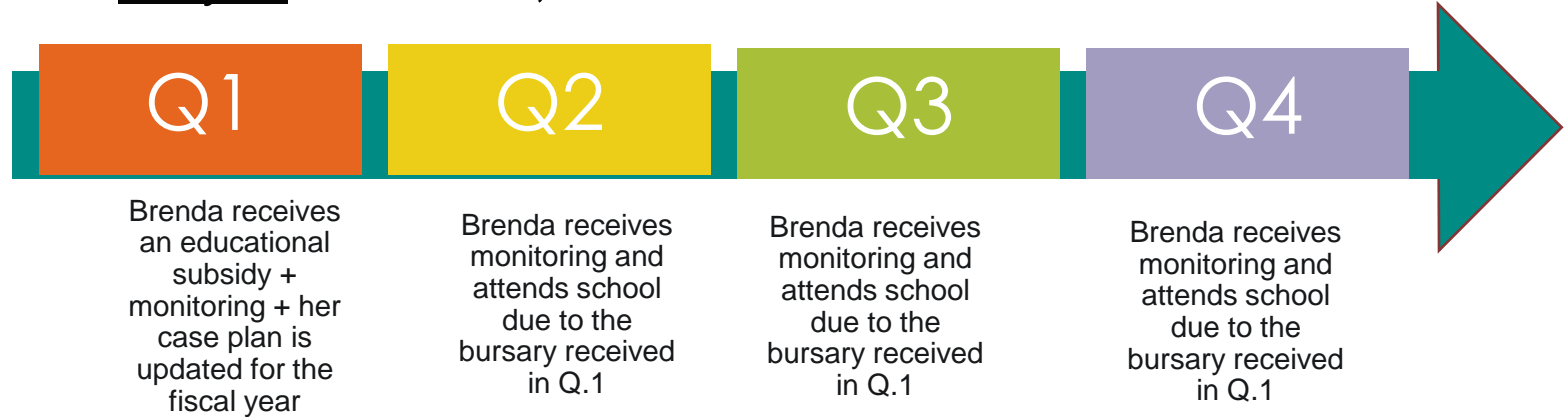
- Brenda receives an education subsidy at the beginning of Q1 to cover her full year of school.
- Her grandmother receives HIV adherence and disclosure support at least quarterly.

Beneficiary received directly from project, was facilitated to obtain (e.g. transport subsidy, accompaniment), or has a completed referral, for at least one of the following services in each of the preceding two quarters:	All children	Infants and young children	Adolescents	Caregivers	Caregiver and child <sup>1</sup>
<b>HEALTHY</b>					
Family health insurance coverage or health access card					✓
Age-appropriate counseling and HIV disclosure support <sup>2</sup>	✓			✓	
HIV adherence support	✓			✓	
<b>SCHOOLED</b>					
Received bursary, tuition, school fees or fee exemption	✓				

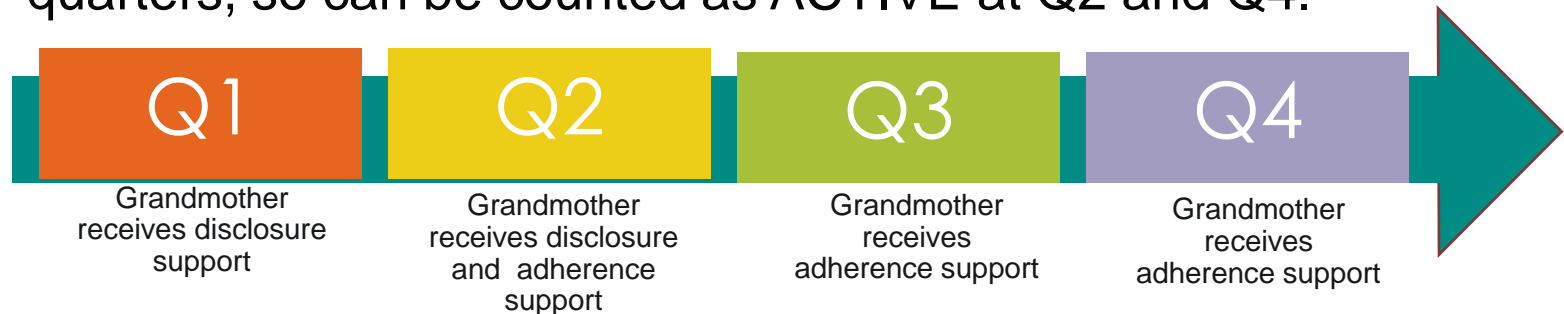
# Reporting scenario for eligible OVC services



Brenda receives an education subsidy at the beginning of Q1 to cover her full year of school, so can be counted as ACTIVE at Q2 and Q4.

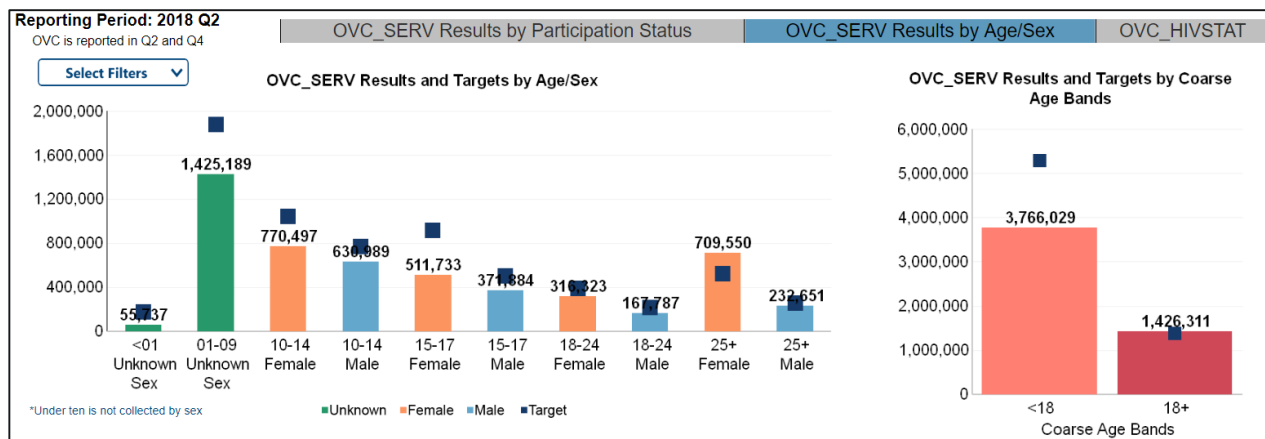
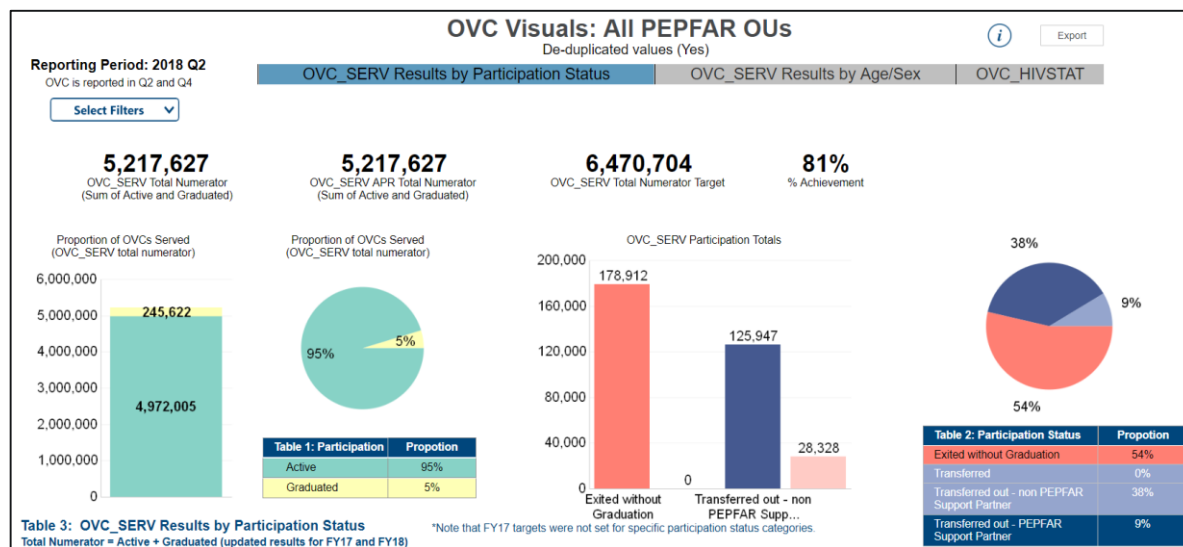


Brenda's grandmother receives HIV adherence support in all four quarters, so can be counted as ACTIVE at Q2 and Q4.



# OVC\_SERV Panorama Visuals and Data Resources

- Panorama dashboard visuals for OVC\_SERV results by 1) participation status and 2) results by age/sex
- ICPI OVC dashboard with OU and SNU comparisons



# Using OVC\_SERV Data

OVC\_SERV data and visuals should be used to:

- Assess **progress** against targets
- Ensure **regular receipt of eligible services** based on needs
- Determine if there are many OVC exiting without graduation, and if so why and how to **improve program retention**
- Assess the **distribution** of beneficiaries by age/sex and program status and ensure alignment with PEPFAR strategy
  - E.g. focus on adolescents, proportion of children vs. caregivers
- Identify any **open slots** in OVC programs for enrollment of new beneficiaries



# Section 4: OVC\_HIVSTAT indicator changes in MER 2.4



# OVC\_HIVSTAT: What's Changed?

Change	Programmatic Rationale for Change
Clarification made to “currently receiving ART” definition.	Ensure that “currently receiving ART” captures more than just initial linkage to care.
Minor language edits throughout the reference sheet.	

# Section 5: OVC\_HIVSTAT review of numerator, denominator, and disaggregations



# OVC\_HIVSTAT

**Indicator Definition:** Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner

**Numerator:** Number of orphans and vulnerable children (<18 years old) with **HIV status reported**, disaggregated by HIV status

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**Denominator:** Number of orphans and vulnerable children reported under **OVC\_SERV (<18 years old, total numerator** including active and graduated)

## Required Disaggregations:

- Reported HIV positive
  - Currently receiving ART
  - Not currently receiving ART or ART status unknown
- Reported HIV negative
- Test not required based on risk assessment
- No status reported to implementing partner (HIV status unknown)

# Disaggregates: Reported HIV Positive

	Reported HIV+, Currently on ART	Reported HIV+, Not currently on ART or ART status unknown
WHO	HIV+ OVC beneficiaries <18 years old	
WHAT	Guardian or OVC self-reports to the IP that child is currently on ART*	Guardian or OVC self-reports to the IP that they are not currently receiving ART or are unable to confirm ART status*
WHEN	HIV treatment status must be re-assessed at least once each reporting period	



OVC\_HIVSTAT “Reported HIV Positive” is **auto-calculated** from ART treatment status disaggregates entered by IP

*\*Guardian or OVC answer “yes” to: “Do you have enough ART pills to take until the date of your next appointment?”*



# Disaggregates: Reported HIV Negative & Test Not Required Based on Risk Assessment

	Reported HIV Negative	Test Not Required Based on Risk Assessment
WHO	OVC beneficiaries <18 years old	
WHAT	Guardian or OVC self-reports to the IP that child is HIV negative based on an HIV test (regardless where test occurred)	Based on an HIV risk assessment by IP, OVC does not require an HIV test during the reporting period
WHEN	Status valid unless the IP suspects the child's risk has changed, then (re)conduct HIV risk assessment	



# Disaggregates: No Status Reported to Implementing Partner (HIV Status Unknown)

	No Status Reported to Implementing Partner
WHO	OVC beneficiaries <18 years old
WHAT	Guardian or OVC does not know OVC HIV status or HIV status is missing
WHEN	During reporting period

## Potential Scenarios:

- Not yet assessed
- Refused HIV assessment
- Assessed as at risk, but not yet tested
- HIV referral completed, but have not completed test or result is not yet available
- Refused to report test result to IP
- Missing data, including if IP did not attempt to find out child's HIV status

# HIV Risk Assessment

1. Register  
OVC & elicit  
HIV status

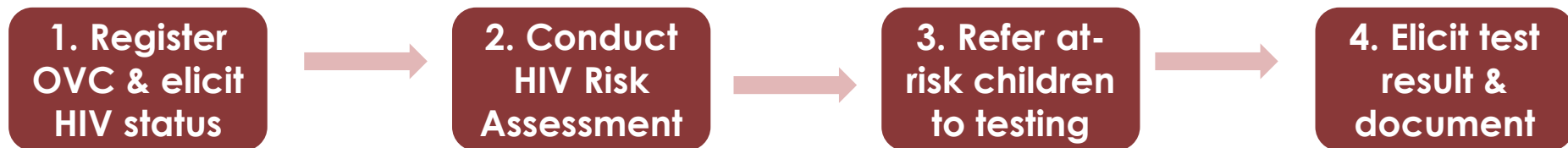


2. Conduct  
HIV Risk  
Assessment

- HIV risk assessments **ensure children who need treatment are found**, and that there is **targeted use of HIV testing resources**. HIV risk assessments should:
  - **Always** occur prior to HIV testing to determine if a test is required.
  - Be conducted among OVC at intake, and then as often as needed, depending on child's age & circumstances.
  - Be conducted at the OVC's home or other place with visual and auditory privacy.
  - Use a standardized data collection tool to guide assessment.

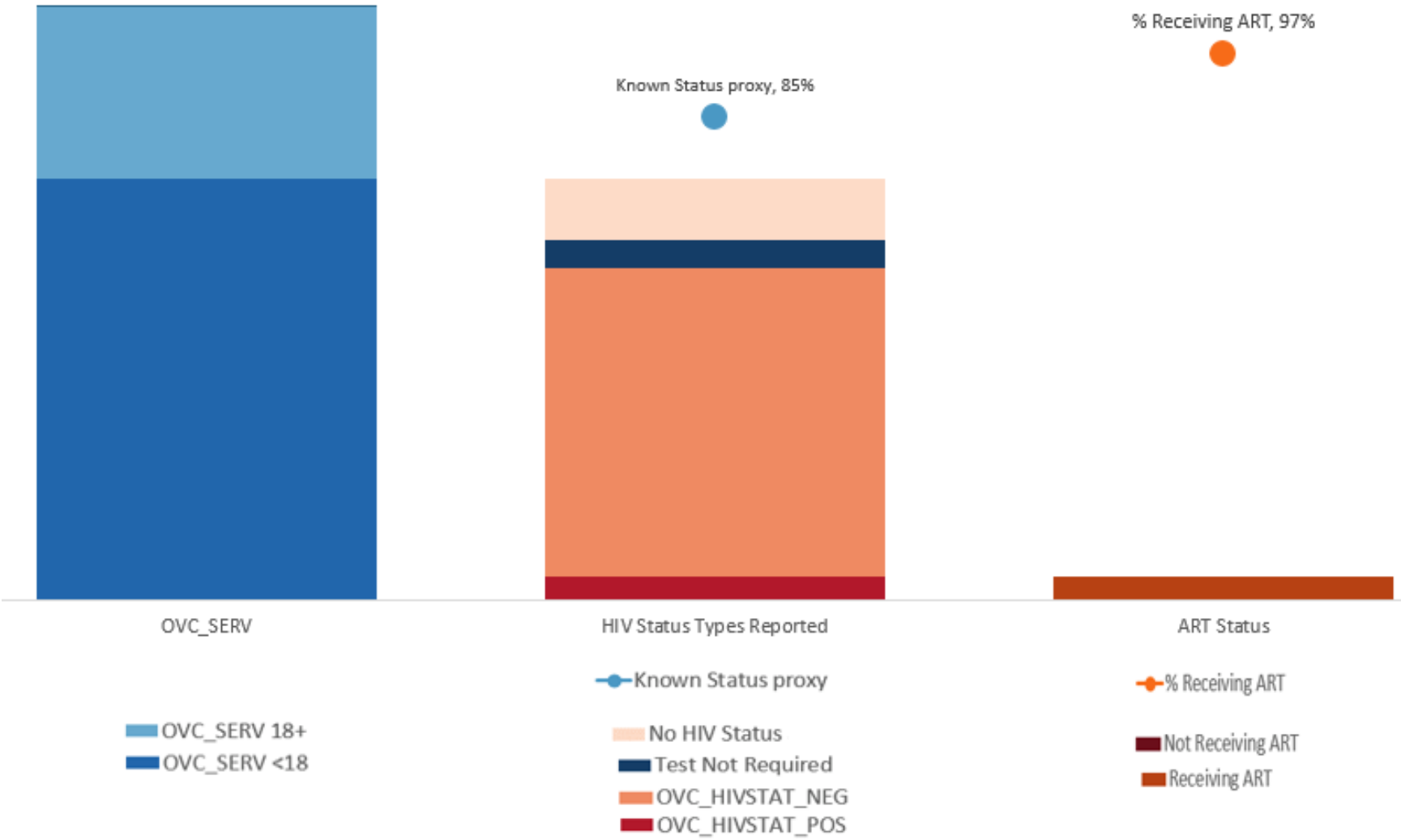


# OVC, HIV Risk Assessment, and Testing



- If OVC is determined to be at risk, they **must** be referred for HIV testing.
  - OVC programs **must** support the completion of the HIV referral, provide support for family-centered disclosure, and document self-reported test results.
  - OVC IPs are not required to verify self-reports with clinical results.
  - **Disclosure of HIV status to IP is encouraged, but not required.**
- OVC\_HIVSTAT does **not** provide “positivity” or “yield” because results are self-reported.

# OVC\_HIVSTAT Cascade



# OVC\_HIVSTAT performance metric: Known status proxy

Reported HIV positive +  
Reported HIV negative +  
HIV test not required based on risk assessment

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Number of orphans and vulnerable children  
reported under OVC\_SERV (<18 years old)

≥ 90%

- Captures OVC <18 who either have a known status or are deemed not to need a test through an HIV risk assessment.
- This metric should increase over time and be at least 90%.



# Using OVC\_HIVSTAT Data

## Analysis Questions:

- Is the known status proxy at least 90%? If not, what are the challenges in obtaining and/or reporting on OVC HIV status?
- If <90% of OVC with HIV+ status reported to IP are on ARVs, what are the challenges to linking and retaining OVC on treatment?
- Are there certain partners and/or SNUs with stronger or weaker performance?
- What is the breakdown of those reported under “HIV Status Unknown”?

# Section 6: Overview of guiding narrative questions

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# OVC\_SERV: Guiding Narrative Questions

1. Please explain reasons and context for highest/lowest performing partners' performance (i.e., results/target) for OVC\_SERV total numerator and OVC\_SERV <18, including any programmatic shifts or monitoring updates.
2. Please explain results by Program Participation Status:
  - For active beneficiaries, were there any interventions that were provided and approved by local USG funding agency that were not included in the illustrative examples?
  - **For active beneficiaries, how many individuals were active DREAMS beneficiaries aged 10-17 not otherwise enrolled in the OVC program? How many individuals were children aged 9-14 who completed an approved primary prevention intervention and who were not otherwise enrolled in the OVC program?**
  - For active beneficiaries aged 18+, how many individuals are OVC beneficiaries aged 18 to 20 still completing secondary education? How many are OVC beneficiaries aged 18 to 20 receiving an approved economic intervention intended to secure their livelihood as they age out of the program?
  - For graduation, were any of the benchmarks especially challenging to achieve or monitor? If so, which and why?
3. Please explain results by exited/transferred:
  - How many beneficiaries exited without graduation? Please explain the reasons for exiting without graduation and try to quantify with percentages if possible. Are there certain partners with higher rates of exiting without graduation? How are you managing this with the partner(s)?
  - How many beneficiaries were transferred? To whom (e.g., other NGOs, government support, etc.). Where were beneficiaries transferred? Please provide disaggregates for beneficiaries transferred to specific sources of support.

Reminder!

# OVC\_HIVSTAT Guiding Narrative Questions

1. If the sum of reported HIV negative + reported HIV positive + Test not required based on risk assessment is less than 90% of OVC\_SERV <18, please explain why such a high proportion are being reported in the category of “HIV Status Unknown” (i.e., the performance metric described in the “how to use” section). Are there certain partners that are struggling with reporting or understanding the disaggregates? How is the Mission responding?
2. Please explain the breakdown of those reported under “HIV Status Unknown.” What percentage of caregivers refused to disclose a child’s HIV status? What percentage represents those who have been referred for testing but do not yet have results? What percentage represents missing data where an implementing partner failed to document the child’s HIV status? What are other reasons (and corresponding percentages) (e.g. 9-14 year olds only receiving primary prevention of sexual violence interventions who were not risk assessed)?
3. For children reported as “Reported HIV Positive - not currently on ART or ART Status Unknown”, what efforts are being undertaken in response? Are there certain partners with low ART coverage, why? Is this an issue related to community case management? Or are partners having a hard time collecting timely confirmation of treatment status (i.e., missing)?



# Section 7: Data quality considerations for reporting and analysis

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# OVC\_SERV: Data Quality Checks

- Ensure no double counting of the same person by the same partner in the reporting period
  - Disaggregates are mutually exclusive, with graduated and active status highest priority
- Program Participation Status should not show high deviations from program targets
- Review IP and site results for deviations from one period to the next which may indicate rapid exit and entry of beneficiaries or high sudden graduation rate in one, versus another period

# OVC\_HIVSTAT: Data Quality Check

HIV positive +

HIV negative +

HIV status unknown +

HIV test not required based on risk assessment

**100%**

Number of active and graduate orphans and vulnerable children reported under OVC\_SERV (<18 years old)

- Every active and graduated beneficiary included in OVC\_SERV (<18 years old) must be reported under OVC\_HIVSTAT in one of the four HIV status categories.
- OVC\_HIVSTAT does NOT include:
  - Any OVC or caregiver 18+
  - Any OVC or caregiver reported as exited or transferred in OVC\_SERV



# Section 8: Additional Resources and Acknowledgments

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# Additional Resources

- MER 2.4 Guidance (OVC\_SERV, OVC\_HIVSTAT, and related appendices)
- [2012 PEPFAR Guidance for OVC Programming](#)
- OVC Graduation Benchmark Resources:
  - [Indicator Reference Sheets](#)
  - [Assessment Tool](#)
- AGYW\_PREV MER training video

# Acknowledgments

- Thank you to OVC focal points, the OVC taskforce and implementing partners, MEASURE Evaluation, and the interagency OVC team





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# Thank you

