

Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.6):
Orphans and Vulnerable
Children (OVC)

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Section 1:

Overview of the technical area and related indicators





PEPFAR's OVC Mandate



OVC Earmark

10% of annual bilateral funding



OVC Definition

Children orphaned by, affected by, or made vulnerable to HIV/AIDS



Program Purpose

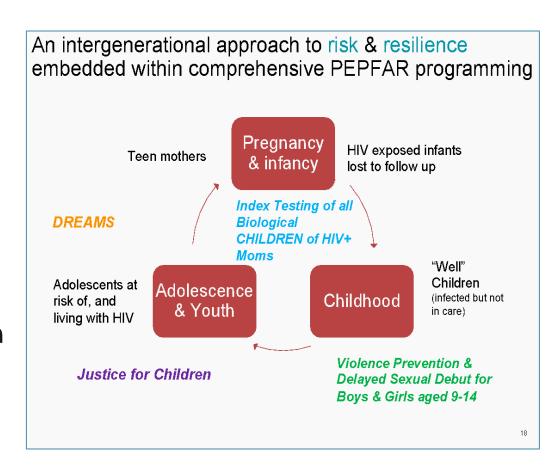
- Mitigate the impact of HIV on children and adolescents
- Prevent HIV & AIDS-related morbidity and mortality



OVC Program Vision

COP21 Priorities

- Supporting continuity of treatment for children & adolescents
- Helping to find children living with HIV who have not yet been diagnosed
 - Facilitating index testing of biological children of mothers living with HIV
- Providing primary prevention of HIV & sexual violence interventions for children aged 9-14 years
- Collaborating with DREAMS for AGYW 10-17 in DREAMS SNUs





Three Different but Complementary Models

OVC Comprehensive

- Family-based
- Children aged 0-17 with known risk factor (i.e., HIV+, SVAC)
- Case management
 & multiple
 supportive
 interventions
- Graduation benchmarks

OVC Preventive

- Group-based
- Boys & girls aged 9-14 in highest burden SNUs
- Single evidencebased intervention

DREAMS

- AGYW-focused
- AGYW aged 10-17 at elevated risk of HIV in DREAMS SNUs
- Layered interventions for AGYW, her parents, and her community (DREAMS core package)

Individuals may programmatically be in multiple models based on their unique needs. For OVC_SERV categories are mutually exclusive.



Overview of OVC Indicators

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



Section 2:

OVC_SERV
Indicator changes in MER 2.6





OVC_SERV: What's Changed?

Change	Programmatic Rationale for Change
Added considerations and examples to clarify how to report on individuals participating in multiple OVC_SERV program models	To alleviate confusion on when, where, and how to report individuals under new OVC_SERV disaggregates introduced in MER 2.5.
Added examples and language to clarify that the OVC_SERV DREAMS disaggregate should include all active DREAMS participants ages 10-17 that complete an eligible OVC service in the reporting period regardless of partner.	To clarify where DREAMS participants should be reported under OVC_SERV



Section 3: OVC_SERV review of numerator, denominator, and disaggregations



OVC_SERV

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

Numerator:

Number of participants served by PEPFAR OVC programs for children and families affected by HIV

Denominator: NONE

Required Disaggregations:

- OVC Comprehensive (by age/sex):
 Active/Graduated, Child/Caregiver
- DREAMS (by age/sex)
- OVC Preventive (by age/sex)
- OVC Exited or Transferred

Numerator

Mutually exclusive categories



OVC Comprehensive Disaggregate

Required Disaggregates:

- OVC Comprehensive
 - Active
 - **OVC** by: <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M, 18-20 F/M
 - Caregiver by: 18+ F/M
 - Graduated
 - **OVC** by: <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M, 18-20 F/M
 - Caregiver by: 18+ F/M

OVC Comprehensive

- Family-based
- Children aged 0-17 with known risk factor (i.e., HIV+, SVAC)
- Case management
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- Graduation benchmarks

"Active" means....

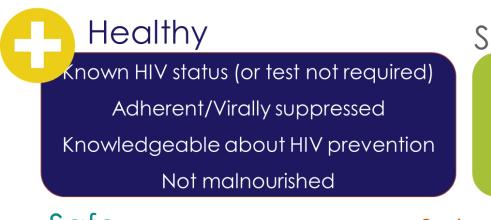
- OVC/Caregiver have received 1+ eligible program services in each quarter
- OVC have a current case plan (updated within last year)
- OVC are monitored at least quarterly
- OVC/Caregiver are monitored against the graduation benchmarks



OVC Comprehensive: Graduation Benchmarks

Graduation = When all child and caregiver members of a household meet all age and HIV-status applicable graduation benchmarks

- Monitored using 8 graduation benchmarks across 4 domains
- Household = all children <18 enrolled in OVC project & caregivers (up to 2 fulfilling parent/guardian role)





Safe

No violence reported in past 6 mos.

Not in a child-headed household

Schooled



Children in school



How will OVC_SERV Comprehensive be calculated?

- MER follows WHO person-centered monitoring, so OVC_SERV follows individual participant status
- At Q4 each individual should only be counted once

Active participant

Graduated









OVC_SERV Comprehensive total

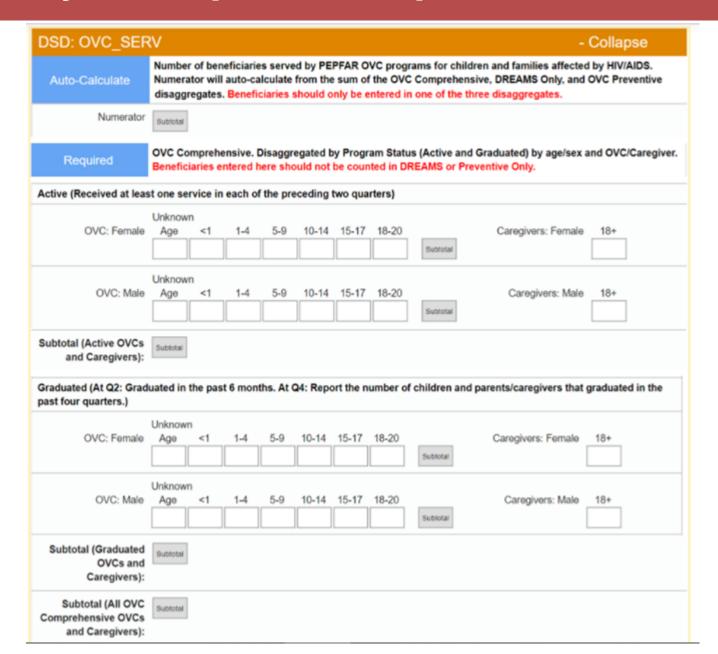
In DATIM at Q2 and Q4 report children and caregivers by age/sex who meet "active" definition according to their participant category

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



Data Entry Example – Comprehensive





DREAMS & OVC Preventive Disaggregates

Required Disaggregates:

- DREAMS
 - Age/Sex: 10-14 F, 15-17 F
- OVC Preventive
 - Age/Sex: 5-9 F/M, 10-14 F/M

DREAMS

- AGYW-focused
- AGYW aged 10-17 at elevated risk of HIV in DREAMS SNUs
- Layered interventions for AGYW, her parents, and her community (DREAMS core package)

OVC Preventive

- Group-based
- Boys & girls aged 9-14 in highest burden SNUs
- Single evidencebased intervention



Data Entry Example – DREAMS & Preventive

Required	DREAMS. Disaggregated by Age. Beneficiaries entered here should not be counted in OVC Comprehensive or Preventive Only.
	Unknown Age 5-9 10-14 15-17
Femal	e
Subtotal (DREAMS):	Subtotal
Required	OVC Preventive . Disaggregated by Age/Sex. Beneficiaries entered here should not be counted in OVC Comprehensive or DREAMS.
	Unknown Age 5-9 10-14
Female	Subtotal
Male	Subtotal



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

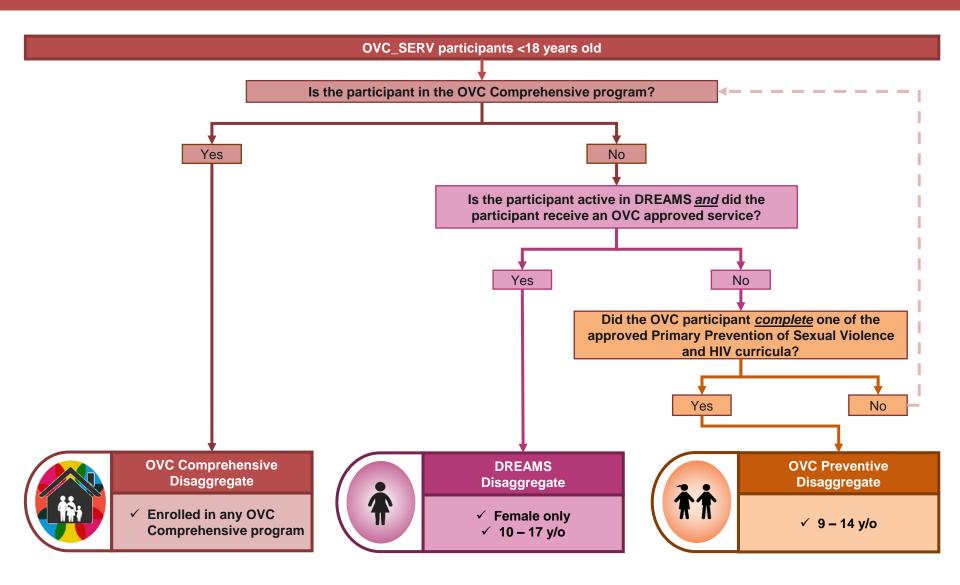
Program enrollment	OVC services	DREAMS services	Count under OVC_SERV	Count under AGYW_PREV
OVC Comprehensive	Must meet OVC Comprehensive program requirements	N/A	Count under "OVC Comprehensive" disag	
OVC Comprehensive and DREAMS	Must meet OVC Comprehensive program requirements	Must meet DREAMS program requirements; Layered interventions	Count under "OVC Comprehensive" disag	✓
DREAMS w/ eligible OVC service	Qualifying eligible individual DREAMS service that is also an OVC service, e.g. education subsidy	Must meet DREAMS program requirements; Layered interventions	Count under "DREAMS" disag	√
DREAMS non-eligible OVC service	N/A	Must meet DREAMS program requirements; Layered interventions		√



OVC_SERV Numerator Participant Categories

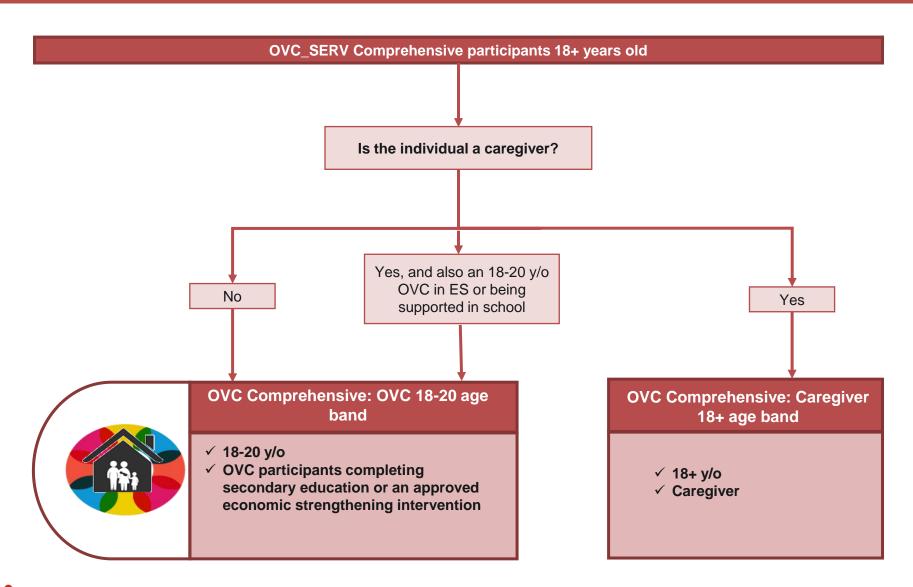
Program Model	Who	What	When Reported
	 Active Children Children (ages 0-17) Youth 18-20 completing secondary school or an approved economic intervention 	 Have received 1+ eligible program services Have a current case plan (updated within last year) Are monitored at least quarterly Are monitored against the graduation benchmarks 	At Q2 & Q4: Meets definition in each of the past two quarters, or in past quarter if individual was newly enrolled
OVC Comprehensive	 Active Caregivers Ages 18+ Fulfill role of parent/guardian ≤ 2 per household 	 Have received 1+ eligible program services Are monitored against the graduation benchmarks 	
	Graduated Children &CaregiversSee respective definitions above	All children and caregivers in a household have met all applicable graduation benchmarks	 At Q2: graduated in past 2 quarters At Q4: graduated in past 4 quarters
DREAMS	 Active DREAMS participant ages 10-17 NOT enrolled in OVC Comprehensive Program 	 Have received 1+ DREAMS services that are also an eligible OVC_SERV service Do not need an OVC case plan or to be monitored using the graduation benchmarks 	 At Q2: received eligible service in past 2 quarters At Q4: received eligible service in past 4 quarters
OVC Preventive	 Children ages 9-14 NOT enrolled in OVC Comprehensive Program or in DREAMS 	 Have completed an approved primary prevention of HIV & sexual violence intervention Do not need an OVC case plan or to be monitored using the graduation benchmarks 	 At Q2: completed intervention in past 2 quarters At Q4: completed intervention in past 4 quarters

Counting <18 Participants in OVC_SERV





Counting 18+ Participants in OVC_SERV





What is an eligible OVC service?

A service that the participant:

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

MER 2.6 includes a list of illustrative eligible interventions by domain (healthy, safe, schooled, stable) by participant 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



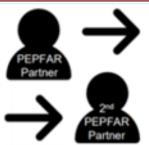


Transfer/Exit Disaggregates

- 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 PEPFARsupported partner

Transferred to a non-PEPFAR supported partner **Exited without** graduation





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



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



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

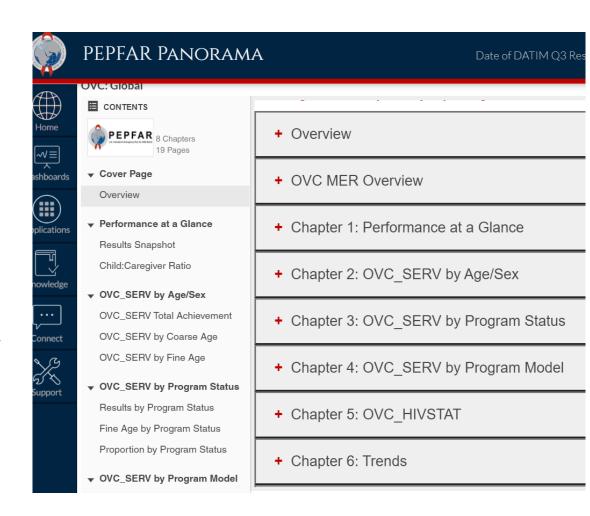
At Q2 in DATIM: Report



OVC Panorama Dossier

- OVC Dossier introduced in November 2019
- Chapters include global comparison and OU deep dives for
 - OVC_SERV
 - OVC_HIVSTAT
 - Performance trends
- Comments/Feedback to continue improving this resource welcome

<u>icpi@state.gov;</u> Panorama zendesk;





Using OVC_SERV Data

OVC_SERV data and visuals should be used to:

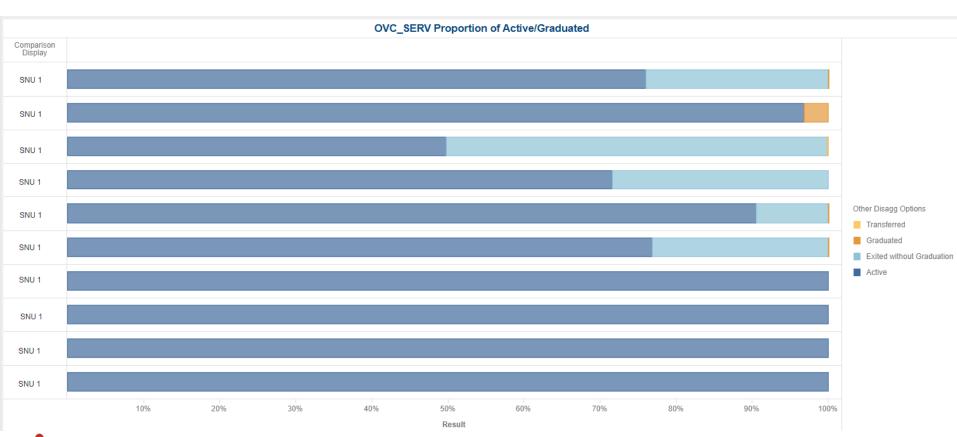
- Assess progress against targets
- Assess regular receipt of eligible services based on needs of OVC comprehensive participants
- Determine if there are many comprehensive OVC exiting without graduation, and if so why and how to improve program continuity of services
- Assess the distribution of participants by age/sex and program type (comprehensive, preventive, & DREAMS) 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 participants with a focus on C/ALHIV



Using OVC_SERV Data

Which SNUs have a higher proportion of OVCs who exited without graduation?

What are the reasons for exiting without graduation and how can the OVC program be improved in these SNUs to meet the needs of the participants?





Section 4:

OVC_HIVSTAT
indicator changes in
MER 2.6



OVC_HIVSTAT: What's Changed?

Change	Programmatic Rationale for Change
Added pediatric age/sex disaggregates for the first time	To allow for more precise monitoring of OVC Comprehensive program results and program coverage of C/ALHIV.
Added language to encourage clinical confirmation of OVC's HIV and/or ART status wherever possible.	To encourage confirmation of clinical information after self-report.



Section 5: OVC_HIVSTAT review of numerator, denominator, and disaggregations





OVC_HIVSTAT

Indicator Definition: Percentage of orphans and vulnerable children (<18 years old) enrolled in the OVC comprehensive program with HIV status reported to implementing partner

Numerator:

Number of orphans and vulnerable children (<18 years old) enrolled in the OVC comprehensive program with HIV status reported, disaggregated by HIV status.

Denominator:

Number of orphans and vulnerable children reported under the OVC_SERV comprehensive program disaggregate (<18 years old, total numerator including active and graduated).

Required Disaggregations:

Un assified

- Reported HIV positive to implementing partner
 - Currently receiving ART, by: Unknown age F/M, <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M
 - Not currently receiving ART or ART status unknown, by: Unknown age F/M, <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M
- Reported HIV negative to implementing partner, by: Unknown age F/M, <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M
- Test not required based on risk assessment, by: Unknown age F/M, <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M
- No HIV status reported to the implementing partner (HIV status unknown), by: Unknown age F/M, <1 F/M, 1-4
 F/M, 5-9 F/M, 10-14 F/M, 15-17 F/M
 PEPFAR

Disaggregates: Reported HIV Positive

	Reported HIV+, Currently on ART	Reported HIV+, Not currently on ART or ART status unknown
WHO	HIV+ OVC partic	ipants <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	

^{*}Guardian or OVC answer "yes" to: "Do you have enough ART pills to take until the date of your next appointment?"

OVC_HIVSTAT
"Reported HIV
Positive" is
auto-calculated
from ART
treatment status
disaggregates
entered by IP



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

	Reported HIV Negative	Test Not Required Based on Risk Assessment
WHO	OVC participa	nts <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 participants <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



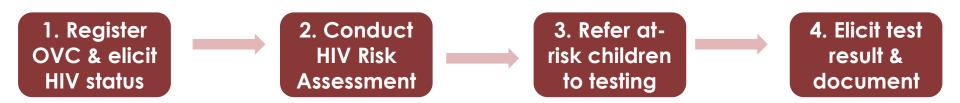
HIV Risk Assessment

1. Register
OVC & elicit
HIV status



- 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 <u>must</u> be referred for HIV testing.
 - OVC programs <u>must</u> 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, but they are encouraged to do so.
 - Disclosure of HIV status to IP is encouraged, but not required.
- OVC_HIVSTAT does <u>not</u> provide "positivity" or "yield" because results are self-reported.



OVC_HIVSTAT performance metric: Known status proxy

Reported HIV positive +

Reported HIV negative +

HIV test not required based on risk assessment

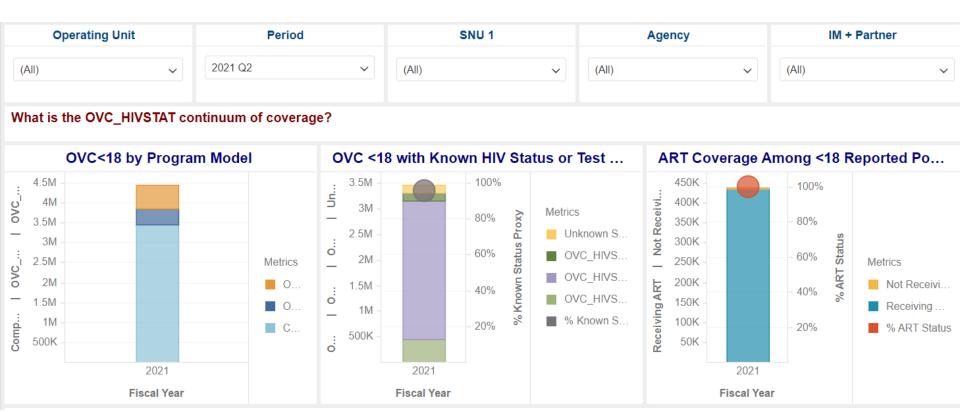


Number of orphans and vulnerable children reported under the OVC_SERV (<18 years old) Comprehensive disaggregate

- Captures OVC <18 in the comprehensive program 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%.



OVC_HIVSTAT Continuum



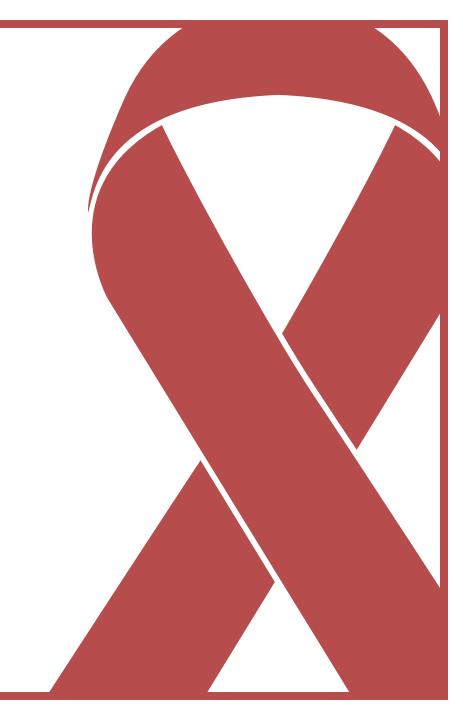


Using OVC_HIVSTAT Data

- What number of comprehensive OVC <18 have been reported positive, negative, or do not require a test based on a risk assessment? What proportion have a known status or do not need a test?
- What proportion of comprehensive OVC <18 reported positive are on treatment?
 - If <90% of OVC with HIV+ status reported to IP are on ARVs, what are the challenges to linking and continuing OVC on treatment? What program improvements would help to address these challenges?
- Are there certain OUs, IMs/IPs and/or SNUs with stronger or weaker performance?
- What is the breakdown of those reported under "HIV Status Unknown"?
 Are there common challenges in identifying the HIV Status of each participant? How can these challenges be addressed?
- Are proportions of OVC with unknown status decreasing?
- Is the proportion of reported positive OVC on ART increasing?
- What is the proxy percentage of TX_CURR in each age band enrolled in the OVC program?

Section 6:

Overview of guiding narrative questions





OVC_SERV: Guiding Narrative Questions

- 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. For OVC Comprehensive, please explain results by Program Participation Status:
 - For active participants, were there any interventions that were provided and approved by local USG funding agency that were not included in the illustrative examples (Appendix E)?
 - For graduation, were any of the benchmarks especially challenging to achieve or monitor? If so, which ones and why?
- 3. For OVC Comprehensive, please explain results by exited/transferred:
 - How many individuals 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 individuals were transferred? To whom (e.g., other NGOs, government support, etc.)
 were they transferred? Where were participants transferred? Please provide disaggregates for
 participants transferred to specific sources of support.
- 4. For the OVC Preventive disaggregate, which approved primary prevention of HIV and sexual violence intervention(s) were implemented during the reporting period? Were there any implementation challenges that affected results?
- 5. For the DREAMS disaggregate, what were the most common interventions that DREAMS participants received? Were there any implementation challenges that affected results?
- 6. Please explain the steps taken by partners working in the same district to ensure that individuals were counted in the correct program model disaggregate and were not counted more than once.



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 "OVC Comprehensive" disaggregate, 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 OU responding?
- 2. Please explain the breakdown of those reported under "HIV Status Unknown." What percentage of caregivers refused to disclose a child's HIVstatus? 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?
- 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)?
- 4. Where possible, self-reported HIV and ART status should be clinically confirmed. Please describe how OVC and clinical IPs are working together to responsibly share this information and jointly serving OVC participants. Include any challenges and what is being done to overcome these challenges.



Section 7:

Data quality considerations for reporting and analysis





OVC_SERV: Data Quality Checks

- Ensure no double counting of the same person by the same partner in the reporting period
 - Program models are mutually exclusive (i.e. OVC Comprehensive, DREAMS, OVC Preventive)
 - Within OVC Comprehensive, program participation status and transfer/exit categories are mutually exclusive
- 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 participants 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



Number of orphans and vulnerable children reported under the OVC_SERV (<18 years old) comprehensive disaggregate

- Every active and graduated participant included in OVC_SERV Comprehensive (<18 years old) must be reported under OVC_HIVSTAT in one of the four HIV status categories.
- OVC_HIVSTAT does <u>NOT</u> include:
 - Any OVC or caregiver 18+
 - Any OVC or caregiver reported as exited or transferred in OVC_SERV
 - Any OVC_SERV Preventive or DREAMS participants

Section 8:
Additional
Resources and
Acknowledgments





Additional Resources

- MER 2.6 Guidance (OVC_SERV, OVC_HIVSTAT, and related appendices)
- COP21 Guidance
- OVC Graduation Benchmark Resources:
 - Indicator Reference Sheets
 - Assessment Tool



Acknowledgments

 Thank you to PEFPAR OVC field staff, the OVC Taskforce and implementing partners, and the interagency OVC team





Thank you