

# OVC\_HIVSTAT FAQ

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The purpose of this FAQ is to provide clarification on the MER 2.0 OVC\_HIVSTAT indicators to improve data quality of FY17Q4 reported results. If you still have questions after reviewing this, please contact Christine Fu, [chfu@usaid.gov](mailto:chfu@usaid.gov) or your SI Advisor.

## **Q1. Do partners need to report results for OVC\_HIVSTAT in FY17 at Q2 and Q4?**

A1. Yes, all partners receiving HKID funds should report on OVC\_HIVSTAT this fiscal year in Q4. Although no targets were set for FY17 and FY18, partners are expected to report results on this indicator.

## **Q2. The HIV risk assessment is not included in the 2012 OVC Guidance document. Is it mandatory to conduct a HIV risk assessment?**

A2. Yes, it is required that implementing partners conduct a HIV risk assessment of OVC<18 who are reported by the caregiver as No Status or when the implementing partner believes that the child who is reported to be HIV negative may have experienced sexual violence and/or other behavioral risks during the reporting period. The MER 2.0 Indicator Reference Guide v2.2 (Oct. 2017) clearly states that the HIV risk assessment should be integrated into case management and on-going case monitoring (pg. 81).

## **Q3. In the latest MER Indicator Reference Guide, OVC\_HIVSTAT is not included as an indicator for DREAMS? Should it have been?**

A3. OVC\_HIVSTAT applies to OVC<18 beneficiaries only - If you have a beneficiary that is both DREAMS and OVC, then you should report on the OVC under age 18 years. If a beneficiary is DREAMS-only, then they should not be reported under OVC\_HIVSTAT results.

## **Q4. Is there a global risk assessment screening tool which you recommend? If we use different tools across agencies and countries, we could be potentially assessing risk differently, resulting in less or more OVC referred for testing.**

A4. There is a prototype HIV risk assessment tool for countries to use. Please refer to the HIV risk assessment prototype tool developed by the OVC and PACT TWGs in the appendix. Given that HIV prevalence differs widely across certain countries, we have not required that the same tool be used globally. Missions should utilize any existing nationally-designated tools or modify the prototype tool accordingly.

## **Q5. Who should be reported in DATIM under OVC\_HIVSTAT total numerator?**

- a. Only children who are registered in the OVC program and are <18 years should be reported.
- b. The OVC\_HIVSTAT total numerator in DATIM should ideally be EQUAL to OVC\_SERV results for children <18 years.
  - i. OVC\_HIVSTAT total numerator cannot be greater than OVC\_SERV <18 years because only children who are registered beneficiaries <18 years are included in OVC\_HIVSTAT total numerator.
  - ii. In some cases OVC\_HIVSTAT total numerator may be less than OVC\_SERV<18 years because of missing data as shown in example Chart A below. It is important to note that Peace Corps is not reporting on OVC\_HIVSTAT, which will account for a portion of the missing data.
  - iii. Caregivers may choose not to disclose their child's status. Disclosing status is not a requirement nor is it a prerequisite for receipt of services. If the partner asks about the child's status but the caregiver refuses to disclose, this should be reported as "No Status" and then under the disaggregate "Other Reasons".

- c. Please see Chart A below. In Chart A, 87% of caregivers have reported to the IP the HIV status of their child(ren) (shown in blue) and 13% are missing (shown in red). When OVC\_HIVSTAT total numerator does not equal OVC\_SERV results for children <18 years this indicates missing data. They may not be equal because case workers were not able to locate all of the caregivers during the reporting period or because of data entry errors, for example. Where there is not 100% coverage of OVC\_HIVSTAT total numerator compared to OVC\_SERV <18 this indicates a data issue for follow up.

**Chart A: 87% of Caregivers have disclosed their child’s HIV status to the IP**

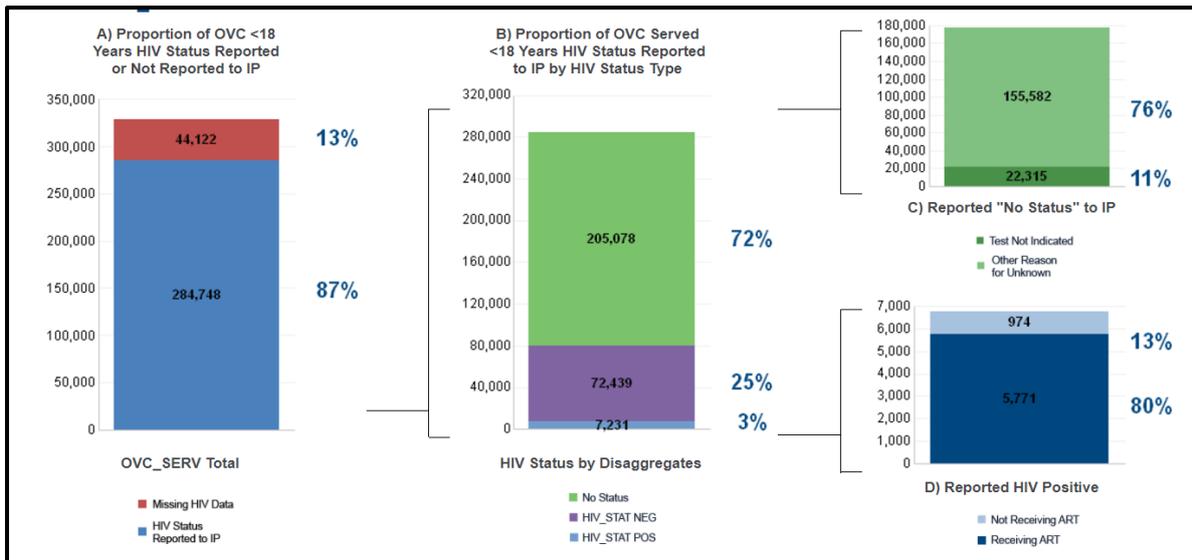


Image taken from Panorama, filtered to South Africa

**Q6. What does “OVC Disclosed Known HIV Status Undisclosed to IP” in DATIM mean?!**

- This is the HIV status disaggregate – “No Status” circled in red in the data entry screen shot below. It is also the green bar (205,078) in Chart B. It means that the status of an OVC is unknown for a number of reasons including that a caregiver has not shared with an IP the status of their child, a test was not indicated based on a risk assessment, or a number of other possibilities where attempts to determine status are underway. In Chart B, 205,078 of caregivers had not disclosed their child’s HIV status to the IP in the reporting period.
- It is important to remind partners that caregiver report of HIV status is voluntary and receipt of services is not contingent on status disclosure.

<sup>1</sup> Please note that a request has been submitted for this data entry screen in DATIM to match the language in the MER guidance “No status.”

OVC_HIVSTAT	
<b>Auto-Calculate</b>	Number of OVC with HIV status reported to implementing partner (including status not reported), disaggregated by status type. Numerator will auto-calculate from Status Type Disaggregate
	Numerator <input type="text"/>
<b>Required</b>	<b>Disaggregated by Status Type</b>
	Reported HIV Positive to IP (includes tested in the reporting period and known positive) <input type="text"/>
	Of those Positive: Currently receiving ART <input type="text"/>
	Of those Positive: Not currently receiving ART <input type="text"/>
	Reported HIV Negative to IP <input type="text"/>
	No HIV status reported to the implementing partner <input type="text"/>
	Of those not reported: Test not indicated <input type="text"/>
	Of those not reported: Other reasons <input type="text"/>

Image is from the data entry screen for OVC\_HIVSTAT in DATIM

**Chart B: 72% of OVC\_SERV<18 were reported as No Status**

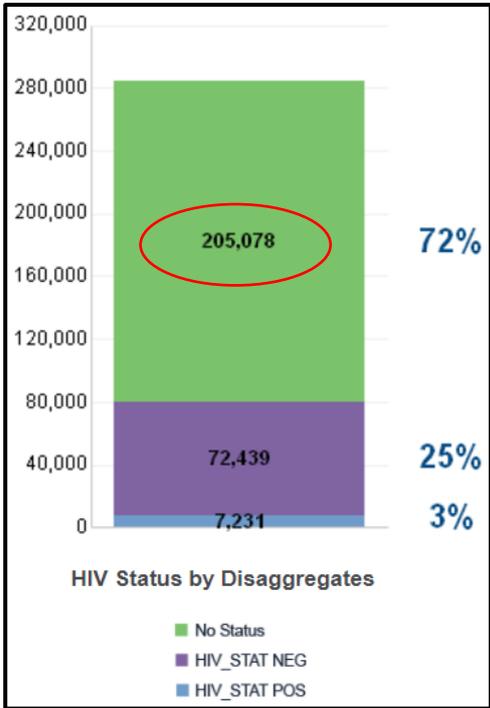


Image taken from Panorama, filtered to South Africa

**Q7. What does “OVC Disclosed Known HIV Status Test Not Indicated” in DATIM mean?**

This is one of two disaggregates under “No Status”. If an IP does not know the status of a child and the IP believes that the child may be at risk of HIV infection, the IP should conduct a risk assessment using the prototype algorithm tool (see Figure 1 below). If the risk assessment determines that the child IS NOT at risk of HIV infection, then this should be reported under “Test Not Indicated” or test not needed since there was no to low risk. Please see the field circled in red in the data entry screenshot and Chart B: 22,315 children were found to not be at risk based on the assessment so are reported under “Test Not Indicated”.

OVC_HIVSTAT	
<b>Auto-Calculate</b>	Number of OVC with HIV status reported to implementing partner (including status not reported), disaggregated by status type. Numerator will auto-calculate from Status Type Disaggregate
	Numerator <input type="text"/>
<b>Required</b>	<b>Disaggregated by Status Type</b>
	Reported HIV Positive to IP (includes tested in the reporting period and known positive) <input type="text"/>
	<b>Of those Positive:</b> Currently receiving ART <input type="text"/>
	<b>Of those Positive:</b> Not currently receiving ART <input type="text"/>
	Reported HIV Negative to IP <input type="text"/>
	No HIV status reported to the implementing partner <input type="text"/>
	<b>Of those not reported:</b> Test not indicated <input type="text"/>
	<b>Of those not reported:</b> Other reasons <input type="text"/>

Image is from the data entry screen for OVC\_HIVSTAT in DATIM

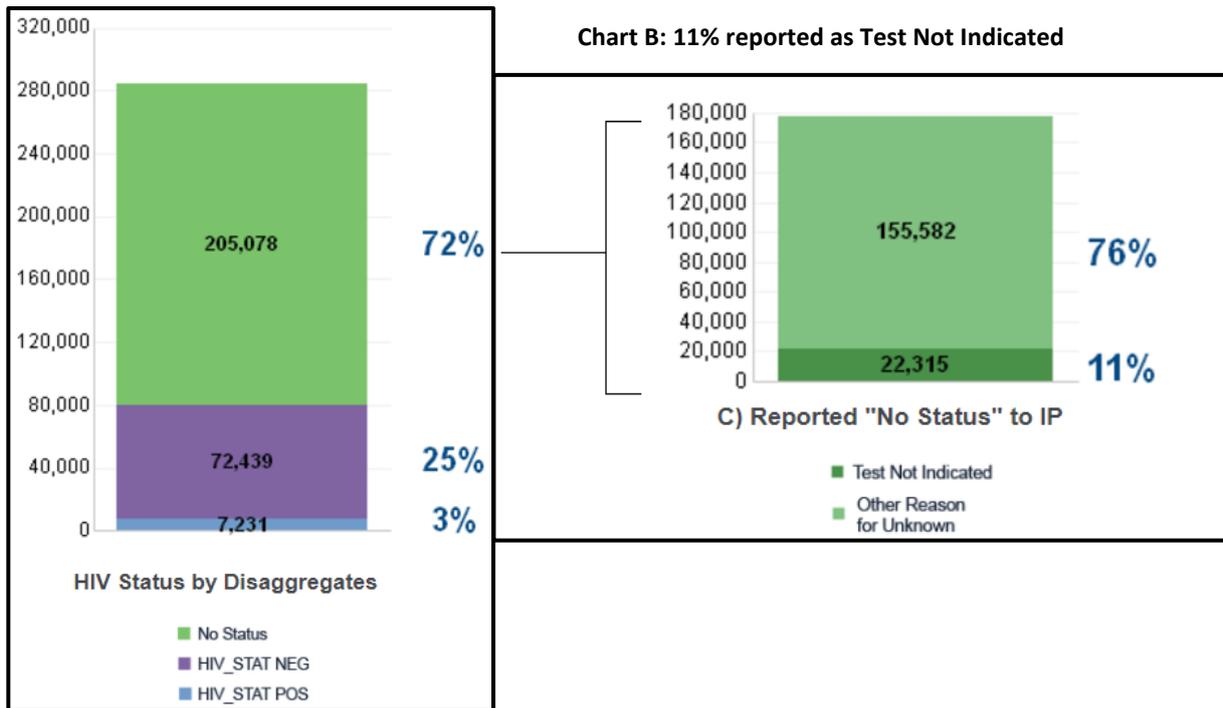


Image taken from Panorama, filtered to South Africa

#### Q8. What does “OVC Disclosed Known HIV Status Other Reasons” in DATIM mean?

- a. This is the second of two disaggregates under “No Status”. An IP would report under “Other Reasons” under the following scenarios:
  - i. Caregiver refuses to disclose whether the child has been tested and his/her current HIV status in the reporting period
  - ii. Caregiver refuses to let the IP conduct a risk assessment on the child in the reporting period.
  - iii. IP conducts a risk assessment of the child and determines the child is at risk and should be tested for HIV. The caregiver refuses to test the child and will not discuss anything further with the IP in the reporting period.
  - iv. IP conducts a risk assessment of the child and determines the child is at risk and should be tested for HIV. The caregiver takes the child to get tested but the caregiver will not disclose the results to the IP in the reporting period.
  - v. The IP is still in the process of convincing the caregiver to get the child assessed, tested and/or disclosure of status. Since this is a new indicator and takes time, IPs may not be positioned to report on this in Q2. This would be captured under – Undisclosed to IP - Other Reasons.

#### Q9. How often should the risk assessment tool be conducted to determine if an OVC should have an HIV test?

- a. For children ages 2-11 whose caregivers report them to be HIV negative and tested a while ago, and the CHW knows that their parents are not HIV+ and the children have not experienced any sexual/physical violence, they should not require an assessment every six months. If the caregiver reported “No Status” and the child was determined to be Test Not Indicated, and if nothing in their situation changed between reporting periods, then the child does not need to be re-assessed. This is based on the judgement of the CHW. If the child is determined as Test Indicated or Other Reasons then they should receive appropriate follow-up.
- b. For older children who the CHW knows/thinks are sexually active, we recommend the child be assessed every reporting period.
- c. Implementation of the risk assessment should be integrated into case management and on-going case monitoring and should not be conducted separately, if possible. This will vary by partner and project. Partners should have already been checking on HIV status and treatment so it would be following up to conduct risk assessments for children who are HIV negative but have not had a test recently who the caseworkers believes to be at risk and children who report “No Status”. The partners should work out a timeline based on their experience of how long referral completion and status disclosure usually takes and factor that into their case management processes.
- d. Attached document on the role of OVC programs in extending access to HIV testing services



#### Q10. What data quality checks should I do before submitting in DATIM?

- a. OVC\_HIVSTAT total numerator should ideally be equal to OVC\_SERV < 18 years. It cannot be larger than OVC\_SERV<18.
- b. OVC\_HIVSTAT total denominator = OVC\_SERV <1 + 1-9 + 10-14F + 10-14M + 15-17F + 15-17M
- c. OVC\_HIVSTAT Undisclosed to IP (No Status): the disaggregates of Test Not Indicated and Other Reasons should sum up to equal the result reported as No Status. Note that this is not autosummed and therefore there may be completeness issues.

- i. HIV Status Undisclosed to IP (No Status) = Test Not Indicated + Other Reasons
- d. OVC\_HIVSTAT HIV status positive: the disaggregates of Currently on ART and Not Currently on ART should sum up to equal the result reported as HIV positive. Note that this is not autosummed and therefore there may be completeness issues. See Chart C.
  - i. HIV Status Positive = Currently on ART + Not Currently on ART

**Chart C: 100% completeness between OVC\_HIVSTAT HIV+ and HIV+ Treatment Disaggregates**

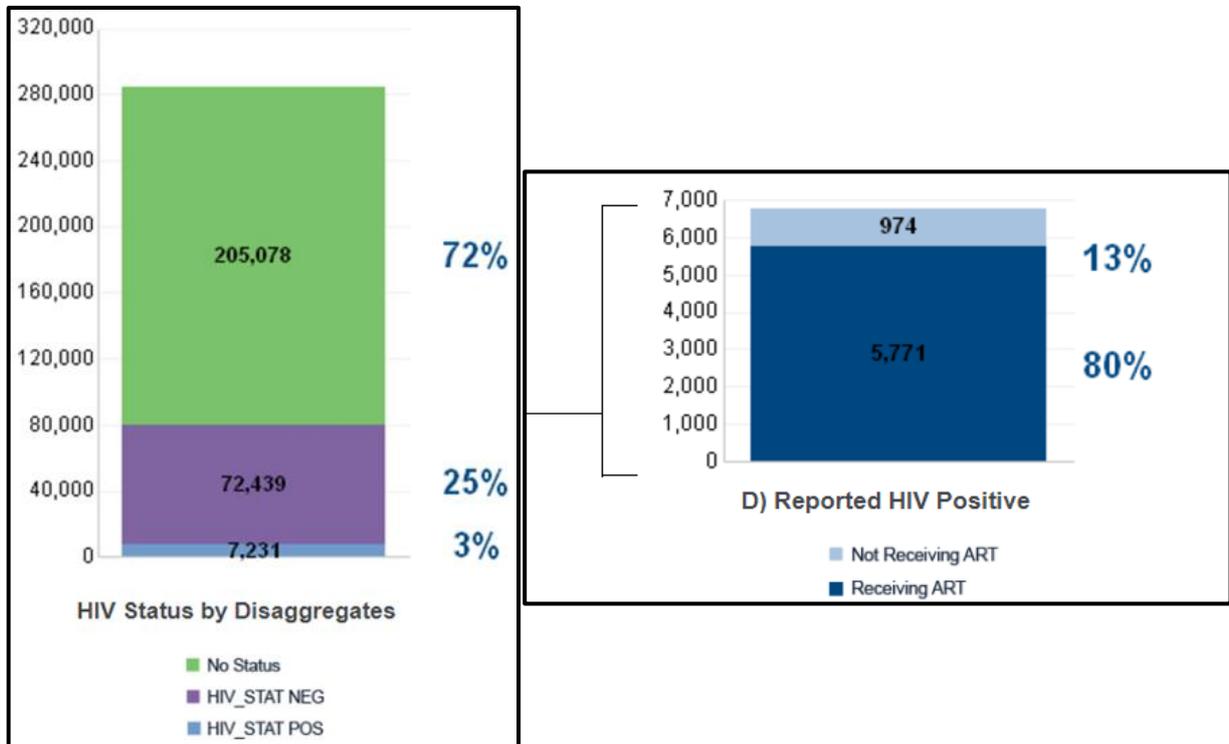


Image taken from Panorama, filtered to South Africa

## OVC\_HIVSTAT Reporting Scenario Examples

**Daniel reports to the community health worker (CHW) that he is negative, but his last test was two years ago. Is Daniel still reported as “Negative”, or as “No Status”, and needs to be risk assessed?**

Based on their knowledge of the child from case management records, if the CHW believes that the child has no risk of HIV infection (i.e. no one in the household is HIV+, they are not exposed to violence, child is not sexually active yet) then getting another test done is not necessary, and would report them as negative. This applies mainly to younger children under age 12 (depends on average age of sexual debut in the country). For adolescents, we recommend getting risk assessed if the test was not conducted in the reporting period.

**In that same scenario, what if the CHW decides to administer the HIV Risk Assessment to Daniel and finds that an HIV test is not indicated, how should that be reported?**

This should be reported as “No Status—Test Not Indicated” because once the CHW decides to conduct a risk assessment, this means that the child’s status is in question and that should be captured as No Status.

**How should the following scenario be reported: Elizabeth reports to the CHW that she is negative and had an HIV test within the past 6 months, but the CHW knows that she was recently exposed to something that could put her at high risk (e.g. GBV, sexually active), what should the CHW do?**

Because the CHW thinks that Elizabeth may be at risk of HIV infection, the CHW would conduct the risk assessment and she is no longer reported as “Negative”. If found at risk (e.g., GBV exposure) then she should be referred for testing. If determined to be Test Not Indicated, Elizabeth would be captured as “No Status-Test Not Indicated”.

If she completes the testing within the reporting period and the caregiver is willing to disclose the result of the test, her response would be captured accordingly.

If she is risk assessed and referred for testing but her caregiver is not able/willing to complete the test or disclose the status within the reporting period it is captured as “No Status-Other Reasons”. Hopefully by the following reporting period, the caregiver will have completed the referral and disclosed the child's status so it can be captured as positive or negative. It is understandable that the whole process from risk assessment to referral completion and disclosure may not be completed within 6 months and there be movement from “No Status” to “HIV positive” or “negative” in future reporting periods.

**What do we do when a caregiver refuses to disclose their status and the status of their ward or refuses to complete an HIV test – even when the HIV risk screening tool indicates that their ward is at a high risk of HIV infection?**

A caregiver cannot be forced to disclose the results of an HIV test or to complete an HIV test and disclosure of HIV status and completion of an HIV test are not required for enrollment in an OVC program. If a caregiver refuses to disclose results or complete a test, OVC programs should determine the reasons for the refusal and address these reasons through a well-designed programmatic response. Until the client discloses test results, status under OVC\_HIVSTAT should be recorded as unknown.

**OVC\_HIVSTAT example questions to guide DATIM technical narratives:**

1. For OVC\_HIVSTAT, if less than 100% of caregivers have reported their child's status, please explain the percentage that have not reported to the IP their child's status and the plan to get closer to 100% coverage. Are there certain partners that are struggling and how the Mission is responding.
2. For children reported as not currently on ART, what are efforts being undertaken in response? Are there certain partners with low ART coverage, why?
3. Please explain the breakdown of those reported under No Status. What percentage were: 1) risk assessed and reported as test not indicated and 2) test indicated, 3) caregivers unwilling to disclose status; 4) incomplete referrals for testing; 5) Other reasons (please specify).
4. If available, please note the number of new pediatric HIV cases reported in the reporting period.
5. If data are available, please note in the narrative, the % of caregivers enrolled in the OVC program who know their HIV status, % who are HIV positive and the % of caregivers living with HIV currently receiving treatment. Please also note the number of new adult HIV cases identified during the reporting period.

Appendix: HIV Risk Prototype Algorithm

Date	ID of the Child AND ID of Parent/ Caregiver, or Household	Age	Sex	Current HIV status (Known Pos., Known Neg., Unknown)			Parental or Sibling HIV status		HIV Risk Screening Questions (Perinatal Exposure) ASK: Does the child have.../Has the child had...					Sexual Risk	Child Eligible for HIV test if at least one YES for screening items	Caregiver accepted to test the child for HIV (YES, NO, Not Eligible)	Test for HIV? (Yes, No)	HIV test result POS, NEG, Did not disclose
				KNOWN POS (If YES, indicate status and STOP screen, confirm care)	KNOWN NEG (If YES for AFTER BF ends, indicate status and STOP screen)	HIV STATUS NOT KNOWN: If child's HIV status is unknown PROCEED	IF YES, SKIP the screening items and OFFER HIV Test	IF NO, Document below and ASK screening questions	Hospital admission (EVER)?	One or both parents are DEAD	One or more siblings DEAD	Poor health in the last 3 months (Fever, diarrhea, cough, sudden weight loss, recurrent skin problems)?	An adult or child with HIV or TB in this Household?	Is the child below his/her expected school grade (when compared to his/her peers)?				