

OVC_SERV FAQ

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

Q1. When does the OVC_SERV definition change take effect?

A1. As of MER 2.0 v2.2 (released Oct. 2, 2017), **active** beneficiaries include only those who received at least one service in the last three months. The definitions for beneficiaries, who graduated, transferred or exited without graduation, have not changed and should continue to be reported per the MER 2.0 v2.2. Indicator Reference Guide. Results reported for FY17Q4 will have to apply the MER 2.0 v2.2 definition for active beneficiaries reported under OVC_SERV.

Q1.1. Can IPs report as “active” those who received a service between April to September this APR as a result of the short notice?

A1.1. No, the indicator definition change applies to FY17Q4 results. Partners will need to recollect results data per the updated definition of having received at least one service in the last 3 months (July-September) to be counted as “active”. We understand that partners may require additional time given the need for recollection, verification and data cleaning. If you think you need additional time, please speak with your OVC focal point at the Mission as soon as possible.

Q2. Why did the indicator definition for “active” beneficiaries change?

A2. The indicator has been updated to ensure that OVC and their families receive timely assistance from implementing partners given their increased vulnerability and risk to HIV and other adverse outcomes.

Q3. What types of services qualify as OVC services?

A3. Services identified in the 2012 PEPFAR Guidance for OVC Programming and subsequent COP Technical Considerations qualify as OVC services with notable exceptions discussed in the subsequent questions below. Services do not include programmatic processes associated with service delivery. Further information about qualifying services will be provided in updates to this FAQ.

Q3.1. Do case management activities such as “enrollment”, “assessment”, “the development of case plans,” and “monitoring” or “home visits” count as services received?

A3.1. No, they do not count as services. Enrollment, assessment, the development of case plans, and the monitoring case plans (including home visits, group-based case monitoring and case conferencing) are programmatic processes and do not qualify as services. PEPFAR acknowledges that there are costs associated with enrollment, assessment, case plan development and monitoring case plans, including case management, which is an essential OVC activity. Case management, including enrollment, assessment, case plan development and case plan monitoring should be considered approaches or vehicles for delivering services – rather than services themselves. Therefore, children who have been enrolled, assessed, and have case plans but have not yet received a service in the last three months should not be reported in the current reporting period. Similarly, children who were only monitored in the last three months but did not receive a service should not be reported in the current reporting period either.

During the enrollment, assessment, and case planning phases – and prior to the initiation of formal services (e.g. services outlined in a family case plan), case managers may identify clients in need of immediate and urgent assistance. For example, during an assessment, a case manager may discover that an OVC is severely ill or malnourished – or living in unsafe circumstances or situations in which they are exposed to violence or abuse. In these situations, emergency services should be delivered immediately. Case managers may also identify clients in need of immediate or urgent assistance during case plan monitoring activities (e.g. home visits). If OVC or caregivers received at least one emergency service during enrollment, assessment, case planning or monitoring visits in the last three months, they can be reported as active in the current reporting period.

Q4. Does a beneficiary have to receive a service directly to be counted as OVC_SERV? If a parent or caregiver receives a service, can we count the children in their care under OVC_SERV?

A4. It depends on the service. Generally, only the client who directly receives the service may be counted as OVC_SERV. However, if the intention of caregivers receiving services from an OVC program is to directly improve the well-being of their children and those children have been assessed, included in a family case plan and are working toward achievement of specific case plan achievement/graduation benchmarks, then the children under their care can also be counted as “active” under OVC_SERV. Services that are intended to improve the well-being of those children may include household economic strengthening services, parent education and support services, or other similar services. For example, if a caregiver and his or her children have been enrolled, assessed, and have developed a family case plan which includes the caregiver’s children, then the caregiver and all of the children under his or her care may be counted as “active” under OVC_SERV as long as the caregiver regularly participates quarter to quarter in a savings and loan association organized by the OVC program or other similar activity.

Q5. In which quarters should OVC receive services in order to be counted as “active” under OVC_SERV?

Q5.1. Does the new definition of active beneficiary no longer require that a beneficiary have received a service in every previous quarter of the current year or only a service in the last 3 months? Similarly, if an OVC receives a service in Q3 but does not receive a service in Q4 and does not graduate or transfer in Q4 how should this OVC be reported?

A5.1. Beneficiaries should consistently receive services in all quarters, without disruption, beginning from the time at which services were initiated (e.g. from the time at which a beneficiary received their first service). If an OVC is enrolled in Q1, receives services in Q2, does not receive services in Q3, but receives services in Q4, this OVC should be reported as “exited without graduation” rather than an “active” in Q4 – even though services were received in Q4 because services were disrupted and not continuous. If the OVC receives services in Q1 and Q2 of the following fiscal year, the OVC can once again be reported as “active” in Q2. Any time an OVC does not receive services in a quarter, and does not graduate or transfer, the OVC should be reported as “exited without graduation” at the end of the reporting period because we want to avoid lapses in service delivery.

Q5.2. If OVC exits in Q3 how should they be reported under OVC_SERV?

A5.2. OVC_SERV is reported semi-annually so results should reflect the past 6 months of the project. If OVC exit in Q3, then they should be reported as exited in Q4 (when results are reported) according to the pathway by which they exited the program (e.g., graduated, transferred or exited without graduation). For example, if Sarah is an OVC who was transferred to another non-PEPFAR source of support in Q3, then she should be reported in Q4 as “transferred”.

Q5.3. If beneficiaries were actively served and graduated in Q3 and then did not receive services in Q4 because they had graduated, how should they be reported? Will there be implications for our OVC_SERV unit expenditure?

A5.3. All OVC served during the course of the six month reporting period should be accounted for in Q4. If a beneficiary was active and then graduated in Q3, they should be reported as graduated in Q4. This would not affect the Unit Expenditure because OVC_SERV total numerator is used to calculate the UE and not only active beneficiaries. To calculate the annual OVC_SERV total numerator, we would take the number of active beneficiaries at Q4 and add the Q2 and Q4 results for graduated, transferred and exited without graduation. Please see excerpt below from the MER 2.0 Indicator Reference Guide (pg. 37).

In sum, the annual results for OVC_SERV age 0-17 =

Total beneficiaries served in FY = Active in Q4 + All exited in Q4 + All exited in Q2

(All exited in Q4 = Graduated in Q4 + Transferred in Q4 + Otherwise exited in Q4)

(All exited in Q2 = Graduated in Q2 + Transferred in Q2 + Otherwise exited in Q2)

Q6. Can we count DREAMS beneficiaries who are young women (18-24 years) who received e.g. economic strengthening or social asset services under DREAMS, as caregivers of OVC under OVC_SERV?

A.6. The DREAMS guidance has not changed so please keep to the original guidance. If the Mission had set OVC targets for 18-24 inclusive of DREAMS young women, then these DREAM beneficiaries should be counted under OVC_SERV total numerator and by age/sex.

Q7. How do we calculate the annual total number of OVC served in FY17?

A.7. Please see excerpt below from the MER 2.0 Indicator Reference Guide (pg. 37) and the example in the table below.

In sum, the annual results for OVC_SERV age 0-17 =

Total beneficiaries served in FY = Active in Q4 + All exited in Q4 + All exited in Q2

(All exited in Q4 = Graduated in Q4 + Transferred in Q4 + Otherwise exited in Q4)

(All exited in Q2 = Graduated in Q2 + Transferred in Q2 + Otherwise exited in Q2)

Q2 Graduated	Q2 Transferred	Q2 Exited without Graduation	Q4 Graduated	Q4 Transferred	Q4 Exited without Graduation	Q4 Active	FY17 Total Graduated	FY17 Total Transferred	FY17 Total Exited without Graduation	APR Total OVC_SERV
1000	200	30	2000	200	15	10000	3000	400	45	13445

OVC_SERV Data Quality Checks

I. How were targets set for OVC_SERV total numerator and age/sex disaggregates?

- a. For FY17, OUs entered a total numerator target and separately entered targets for OVC_SERV age/sex disaggregates for <18 and 18+. This could mean that the targets do not align for the total numerator and for the coarse age/sex targets. Note that no targets were set in FY17 for OVC_SERV for the finer age bands.

COP 16/FY17 Target: OVC_SERV

DSD: OVC_SERV	
Required	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
	Numerator <input type="text"/>
Required	Disaggregated by Age and Sex
	<18 18+
	Female <input type="text"/> <input type="text"/>
	Male <input type="text"/> <input type="text"/>
	Sub-total <input type="text" value="0"/>

Image of data entry screen for OVC_SERV in DATIM

2. Do the targets align with how results are reported for FY17?

- a. No, for FY17, the OVC_SERV total numerator is autosummed from the OVC_SERV program status disaggregates. However, the total numerator target was set as a stand alone target not based on program status. Note that results are reported for finer age/sex disaggregates for OVC_SERV but targets were only set for <18 and 18+.

3. How are the different Program Status Disaggregates defined?

- b. **Active:** Is an individual, a child, or parent/caregiver who is scheduled to receive a PEPFAR OVC program services at least once every three months or has received a PEPFAR OVC program services in the last three months. New beneficiaries who only registered in the last quarter will be counted as active, even if they have not yet received services.
 - i. Ideally, most children would be in this category or graduated (see next bullet for description).
- c. **Graduated:** This happens when children and parent/caregivers enrolled in PEPFAR OVC programs are deemed stable and no longer in urgent need of externally supported services. This can also happen by aging out, this includes children who have reached the age of 18 and who have a transition plan for successful exiting from the PEPFAR OVC Program. This does not apply to children > 18 years old enrolled in secondary education. This also does not include parents/caregivers.
- d. **Transferred:** This happens when children and families have transitioned to other forms of support programs other than PEPFAR funded OVC programs. These could include country led programs or other donor funded programs.
- e. **Exited without graduation:** This includes children who are lost-to-follow up, aged-out without a graduation plan from PEPFAR OVC program, re-located, or died.

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

- f. Check that OVC_SERV total numerator (autocalculated based on participation status disaggregates) equals OVC_SERV results by age/sex disaggregates
 - i. **OVC_SERV total numerator** = OVC_SERV <1 + 1-9 + 10-14F + 10-14M + 15-17F + 15-17M + 18-24F + 18-24 M + 25+F + 25+M
 - ii. **OVC_SERV total numerator** = OVC_SERV<18 + OVC_SERV 18+
 - iii. **OVC_SERV<18** = OVC_SERV <1 + 1-9 + 10-14F + 10-14M + 15-17F + 15-17M
 - iv. **OVC_SERV 18+** = OVC_SERV 18-24F + 18-24 M + 25+F + 25+M

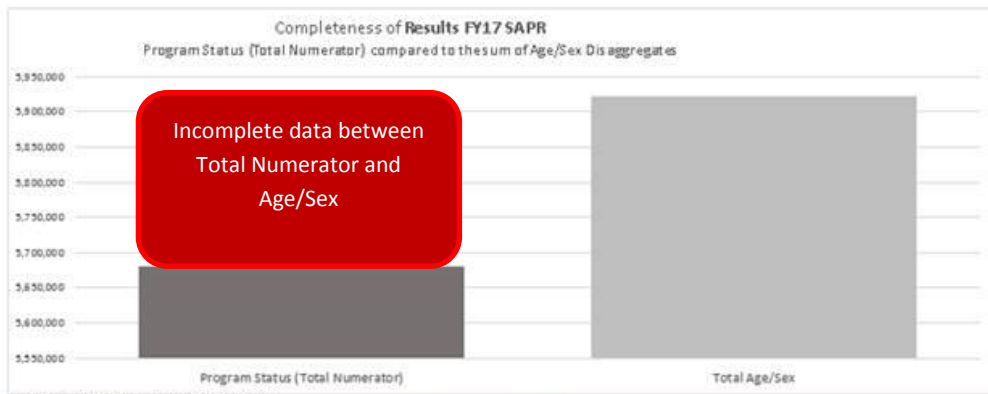


Table 1: Completeness of Results

OVC_SERV	Program Status (Total Num)	Total Age/Sex	Difference (Num-Age)	%Difference
Results FY17 SAPR	5,679,404	5,922,405	-243,001	-4%

Image from 2017_ICPI_Aug_01_FY17_Q2_OVC Dashboard filtered for global results

OVC_SERV example questions to guide DATIM technical narratives:

1. What is the total achievement of OVC_SERV for <18 years and total numerator? Please explain partners with highest/lowest performance.
2. Please explain results by participation status disaggregate:
 - a. What criteria do beneficiaries need to achieve in order to graduate? Is that standard across partners in your OU?
 - b. 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)?
 - c. How many beneficiaries were transitioned? To whom (e.g. other NGOs, government support, etc.). Where were beneficiaries transferred? Please provide disaggregates for beneficiaries transferred to specific sources of support.
 - d. Of those who are reported to be active, what percentage is newly enrolled? Any re-enrollments of those LTFU? If yes, how many? Are any partners especially good at finding and re-enrolling those LTFU?

Questions about other MER 2.0 Indicators

Q1. Are OVC Programs expected to report on HRH indicators?

A1. For HRH_PRE, if a partner is operating in an above-site delivery area then yes, they would report on this indicator along with the appropriate disaggregates (e.g., clinical, clinical support, management, social service, lay, other).

For HRH_STAFF, please report on this indicator if the Mission has explicitly requested that you report. Missions have only selected one partner per site to report on this in order to avoid duplication.

For HRH_CURR, OVC partners should also report on this indicator along with the appropriate disaggregates (e.g., clinical, clinical support, management, social service, lay, other) because this indicator measures: Number of health worker full-time equivalents who are working on any HIV-related activities i.e., prevention, treatment and other HIV support and are receiving any type of support from PEPFAR at facility sites, community sites, and at the above-service delivery area level.