Graduation Benchmarks Indicator Reference Sheets

for Orphans and Vulnerable Children Programs

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MEASURE Evaluation

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MEASURE Evaluation
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, North Carolina 27516
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

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Benchmark 1 (1.1.1): Known HIV status (or test not required)	
Definition	All children, adolescents, and caregivers in the household (HH) have known HIV status or a test is not required based on risk assessment
Objective	Increase diagnosis of HIV infection
Domain	Healthy
Purpose	This benchmark is an outcome indicator that provides information on the degree to which caseworkers have carried out an HIV risk assessment to determine which children, adolescents, youth, and primary caregivers require an HIV test and whether such testing services have been accessed. HIV risk assessment and testing (when required) is a critical step in programs for orphans and vulnerable children (OVC), linking children, adolescents, youth, and their caregivers to HIV treatment services, especially in regions with generalized HIV epidemics. This indicator aligns with the first of the Joint United Nation's Programme on HIV/AIDS (UNAIDS's) 95-95-95 targets, which specifies that 95 percent of all people living with HIV should be diagnosed by 2020.
Criteria for meeting benchmark	The HH meets the benchmark if: • All children, adolescents, and youth (ages 0–17 and ages 18–20 and still in secondary school), have known HIV status or have been assessed as "test not required based on risk" according to an HIV risk assessment *and* • All primary caregivers[1] (ages 18+) have a known HIV status or have been assessed as "test not required based on risk" according to an HIV risk assessment
Data source	Casefile, HIV risk assessment tool, and follow-up/case monitoring reports
Data collection frequency	An initial HIV risk assessment should be conducted for all children, adolescents, and youth, and repeated any time the caseworker has reason to suspect that the child, adolescent, or youth's HIV risk has changed (e.g., if the caseworker suspects sexual abuse or that the child, adolescent, or youth has become sexually active). An HIV risk assessment should be conducted for primary caregivers when the HH is assessed for graduation.

[1] The category "all primary caregivers" includes all caregivers defined as OVC service beneficiaries. Primary caregivers are adults who are actively fulfilling the role of parent or guardian, with a maximum of two primary caregivers per beneficiary child ages 0–17.

Benchmark 1 (1.1.1): Known HIV status (or test not required) (continued)	
Measures	• Primary caregivers report HIV test results for children in their care. Adolescents or youth may report their own HIV status based on program or country guidelines. • Caregivers self-report HIV test results for themselves. • Caregivers self-report HIV test results for HIV-exposed infants (HEIs) at 18 months of age or at least one week after cessation of breastfeeding, whichever comes later. • For children, adolescents, youth, or primary caregivers without an HIV status reported, the caseworker completes an HIV risk assessment to determine whether they should be classified as "HIV test not required based on risk" (in which case Benchmark 1 is met) or "HIV status unknown" (in which case Benchmark 1 is not met).
Additional notes and reference(s)	Note that the HIV risk assessment may yield an outcome of "HIV test not required based on risk assessment." It is not required that every child receive an HIV test.

Benchmark 2 (1.2.1): Virally suppressed		
Definition	(a) All HIV+ children, adolescents, youth, and primary caregivers in the household with a viral load result documented in the casefile have been virally suppressed (<1,000 copies/mL) for the last 12 months.[2]	*Or if viral load testing results are not documented in the casefile:* (b) All HIV+ children, adolescents, youth, and primary caregivers in the household have adhered to antiretroviral therapy (ART) for at least the last 12 months.[3]
Objective	Increase HIV treatment adherence, retention and viral suppression	
Domain	Healthy	
Purpose	This benchmark is an outcome indicator that provides information on the degree to which children, adolescents, youth and primary caregivers living with HIV have successfully accessed ART, are adherent to treatment, and are virally suppressed. It is essential that all children and their primary caregivers who have tested positive for HIV be on treatment, which means they need to have consistent access to ART and remain on treatment. In this way, their viral load may be suppressed. To address some of the challenges associated with adhering to ART, people living positively need to be on consistent and uninterrupted treatment for at least 12 months before being considered for graduation from the OVC program.[4] This target aligns with the second and third of UNAIDS' 95-95-95 targets, which specify that 95 percent of HIV-diagnosed people be on ART, and 95 percent of people on ART be fully virally suppressed by 2020.	
Criteria for meeting benchmark	The HH meets the benchmark if: • All children, adolescents, and youth living with HIV (ages 0–17 and ages 18–20 if still in secondary school) are virally suppressed *or* have adhered to ART for 12 months *and* • All primary caregivers living with HIV (ages 18+) are virally suppressed *or* have adhered to ART for 12 months	
Data source	Casefile	

[2] Beneficiaries whose earliest viral load test result was <12 months ago are ineligible to meet this benchmark.

[3] Beneficiaries who initiated ART <12 months ago and those with a break in adherence during the 12-month period are ineligible to meet this benchmark.

[4] Language in this paragraph is taken from *Standard Operating Procedures for Case Management* (USAID, PEPFAR, and 4Children, 2018).

<table>
<tr><th colspan="3">Benchmark 2 (1.2.1): Virally suppressed (continued)</th></tr>
<tr><td>Data collection frequency</td><td colspan="2">An ART assessment should be carried out for beneficiaries at each home visit.</td></tr>
<tr><td rowspan="2">Measures</td><td colspan="2">Primary caregivers report ART adherence for themselves and children in their care. Adolescents and youth may report their own ART adherence based on program or country guidelines.

Option (a) or (b) is used based on whether viral load testing results have been documented in the casefile:</td></tr>
<tr><td>(a) If recent viral load testing results are documented in the beneficiary's casefile, the caseworker should use the casefile to assess whether the beneficiary has been virally suppressed (<1,000 copies/mL) for the past 12 months.</td><td>(b) If recent viral load testing results are not documented in the beneficiary's casefile, the caseworker should use the casefile to assess whether the beneficiary has done the following in the past 12 months:
Regularly attended ART appointments and picked up ART pills on schedule and
Taken ART pills as prescribed
The casefile must show that the beneficiary was meeting these criteria at every monthly or quarterly visit in the past 12 months.</td></tr>
<tr><td>Additional notes and reference(s)</td><td colspan="2"></td></tr>
</table>

Benchmark 3 (1.3.1): Knowledgeable about HIV prevention	
Definition	All adolescents 10-17 years of age in the household have key knowledge about preventing HIV infection.
Objective	Reduce risk of HIV infection
Domain	Healthy
Purpose	This indicator measures the degree to which adolescents understand how they might be exposed to HIV and how to reduce their risk. Adolescents, particularly girls, are recognized as being highly vulnerable to HIV infection due to early sexual debut, sexual abuse and violence, and transactional sex. Limited knowledge of and access to information on sexual and reproductive health and HIV increase vulnerability. Adolescents need key knowledge on how to prevent HIV infection through strategies such as delayed sexual debut, having one uninfected partner, and consistent use of condoms.
Criterion for meeting benchmark	The HH meets the benchmark if all adolescents (ages 10–17) have correctly answered all questions about HIV knowledge in the OVC Graduation Benchmarks Assessment Tool.
Data source	OVC Graduation Benchmarks Assessment Tool
Data collection frequency	When the HH is assessed for graduation

Benchmark 3 (1.3.1): Knowledgeable about HIV prevention (continued)	
Measures	Adolescents ages 10–17 are asked to do the following: • Describe at least two HIV infection risks in their local community *and* • Provide at least one example of how they can help protect themselves against HIV risk The caseworker asks each adolescent in the HH the following questions and checks the box next to each item that the adolescent mentions (unprompted): 3.1. Can you tell me about how a young person your age living in your community might become infected with HIV? ☐ Early sex (starting sex young) ☐ Sex without a condom ☐ Sex with an older partner ☐ Being sexually abused or raped ☐ Sex with multiple partners ☐ Sex for money or gifts (transactional sex, having a "sugar daddy") ☐ Sex with a partner who has multiple partners 3.2. Can you tell me how a young person your age living in your community might help protect himself or herself from becoming infected with HIV? ☐ Having one sexual partner ☐ Delaying sex or abstinence ☐ Having a sexual partner who is HIV negative ☐ Using a condom during sex ☐ Having a sexual partner who does not have other sexual partners ☐ Not having sex for money or gifts, or transactional sex
Additional notes and references	This section involves open-ended questions that will require the caseworker to make a judgment regarding whether the benchmark has been met. The criterion is that the adolescent demonstrates an understanding of HIV risk and prevention, not that he or she gives an answer that matches the questionnaire word for word.

Benchmark 4 (1.4.1): Not undernourished	
Definition	No children <5 years in the household are undernourished
Objective	Improve development for children <5 years of age
Domain	Healthy
Purpose	This indicator measures the degree to which young children (<5 years of age) in the HH are not undernourished. Adequate nutrition helps to build children's immune systems and decreases the risk of illness. Good nutrition is particularly important for the health of children living with HIV and children taking regular medications, such as ART.[5]
Criteria for meeting benchmark[6]	The HH meets the benchmark if all children under the age of 5 are not undernourished according to the following criteria: • A child ages 6-59 months has a mid-arm circumference (MUAC) measuring greater than 12.5 cm *and* shows no sign of bipedal edema A child under the age of 6 months does not look undernourished according to the caseworker's visual examination and judgment
Data source	Graduation Benchmarks Assessment Tool
Data collection frequency	When the HH is assessed for graduation
Measures	For a child ages 6-59 months, a trained caseworker or health worker assesses MUAC and bipedal edema (i.e., pressure applied on top of both feet for three seconds leaves a pit or indentation). For a child under the age of 6 months (for whom the MUAC and bipedal edema are not valid measures of undernourishment), a caseworker or health worker visually examines the child and determines whether the child looks undernourished.
Additional notes and references	MUAC is recommended by the World Health Organization (WHO) as a method of assessment for severe, acute malnutrition among children 6–59 months of age. MUAC measures the circumference of the left upper arm in millimeters (mm). It is taken at a point midway between the tip of the shoulder and the elbow. MUAC is a proxy measure of nutrient reserves in muscle and fat, and is independent of height. There is no internationally agreed threshold for undernourishment among children under 5 years of age; however, for reporting purposes, children whose MUAC is <12.5 cm should be counted as undernourished.[7]

[5] Language in this paragraph is taken from *Standard Operating Procedures for Case Management* (USAID, PEPFAR, and 4Children, 2018).

[6] This definition of the criteria for meeting the benchmark is based on *Standard Operating Procedures for Case Management* (USAID, PEPFAR, and 4Children, 2018).

[7] Comment taken from *Essential Survey Indicators Reference Sheets* (PEPFAR, 2018).

Benchmark 5 (2.1.1): Improved financial stability	
Definition	Caregivers are able to access money (without selling productive assets) to pay for school fees and medical costs for children 0-17
Objective	Increase caregivers' ability to meet important family needs
Domain	Stable
Purpose	This indicator is a measure of the HH's ability to meet expenses associated with children's needs, particularly the cost of education and medical care. Ability to access money for important family needs is a measure of an HH's financial stability and resilience. This factor is associated with the stability of children, caregivers, and other HH members. Specifically, financial stability reduces the risk of a child having to work outside of the home. Vulnerability in this area may be the source of (or part of a web of factors influencing) many other child or HH well-being issues measured in these benchmarks, particularly nutrition and education.[8] Financial vulnerability may also place children and other family members at risk of HIV, and negatively impact the health of people living with HIV, such as through poor nutrition.
Criterion for meeting benchmark	The HH meets the benchmark if a primary caregiver has confirmed that the HH has the ability to pay for education and medical care without selling productive assets (defined as household items or animals that the caregiver did not plan or want to sell) or using a PEPFAR cash transfer.
Data source	Graduation Benchmarks Assessment Tool
Data collection frequency	When the HH is assessed for graduation
Measures	One primary caregiver is asked to answer the following questions: 5.1. Were you or another caregiver in the household able to pay school fees for the last school year for all children and adolescents in your household under the age of 18? 5.2. Were you able to pay for these school fees without using a PEPFAR cash transfer, grant, or scholarship from [name of CBO or OVC project]? 5.3. Were you able to pay for these school fees without selling something used to generate income that you did not plan or want to sell, such as livestock, land of agriculture, tools, or equipment for a business? 5.4. Were you or another caregiver in the household able to pay all medical costs in the past 6 months for all children and adolescents in your household under the age of 18? Medical costs include medicine, clinic fees, and transport to medical appointments. 5.5. Were you able to pay for these medical costs without using a PEPFAR cash transfer or grant from [name of CBO or OVC project]? 5.6. Were you able to pay for these medical costs without selling something used to generate income that you did not plan or want to sell, such as livestock, land for agriculture, tools, or equipment for a business?

[8] This statement of purpose is derived from *Essential Survey Indicators Reference Sheets* (PEPFAR, 2018).

Benchmark 5 (2.1.1): Improved financial stability (continued)	
Additional notes and references	Measures are adapted from the *Standard Operating Procedures for Case Management* (USAID, PEPFAR, and 4Children, 2018).

Benchmark 6 (3.1.1): No violence	
Definition	No children, adolescents, and caregivers in the HH report experiences of violence (including physical violence, emotional violence, sexual violence, gender-based violence, and neglect) in the last 6 months.
Objective	Reduce risk of physical, emotional, and psychological injury because of exposure to violence
Domain	Safe
Purpose	This benchmark is an outcome indicator of the presence of violence in the HH. Children, adolescents, youth, and adults affected by HIV are at increased risk of violence, exploitation, neglect, and abuse. Conversely, violence increases the risk of exposure to HIV and other sexually transmitted diseases.[9]
Criterion for meeting benchmark	The HH meets the benchmark if a primary caregiver reports that no member has experienced violence (including physical violence, emotional violence, sexual violence, gender-based violence, and neglect) in the past 6 months.
Data source	Casefile and OVC Graduation Benchmarks Assessment Tool.
Data collection frequency	When the HH is assessed for graduation

[9] Statement of purpose derived from *Essential Survey Indicators Reference Sheets* (PEPFAR, 2018).

Benchmark 6 (3.1.1): No violence (continued)	
Measures	A female primary caregiver (one primary caregiver only) should be asked to report on her own experience of violence as well as violence experienced by children, adolescents, and youth in the household. If there is only a male primary caregiver in the household, and there are no female primary caregivers, the male primary caregiver should be asked Questions 6.1, 6.2, and 6.3, but not Question 6.4. If there is any record or evidence that a member of the HH has been referred to the police, child protection services, or another social services organization because of violence in the past 6 months, Benchmark 6 is not met. In this case, the caseworker does not ask the primary caregiver the questions in this section. 6.1. In the past 6 months, have you been punched, kicked, choked, or beaten by a spouse or partner, or any other adult? 6.2. In the past 6 months, are you aware of any child, adolescent, or youth in your household being punched, kicked, choked, or beaten by an adult? 6.3. In the past 6 months, are you aware of any child, adolescent, or youth in your household being touched in a sexual way or forced to have sex against his or her will? Touching in a sexual way could include fondling, pinching, grabbing, or touching a child, adolescent, or youth on or around his or her sexual body parts. 6.4. In the past 6 months, has anyone tried to make you have sex against your will? Please answer "yes" even if this person was a spouse or partner, and even if he tried but did not succeed in making you have sex.
Additional notes and references	The primary caregiver should be interviewed individually in a private location where no one else can overhear. Using a script provided in the section on Benchmark 6 of the OVC Graduation Benchmarks Assessment Tool, the caseworker should emphasize confidentiality and the primary caregiver's right to not answer any questions he or she does not want to answer. If the primary caregiver refuses to answer a question, this should be taken as evidence of possible violence or abuse, and Benchmark 6 is not met. If the caseworker sees any signs of violence or abuse in the HH, or suspects such violence or abuse may be happening, even if denied by the members of the HH, Benchmark 6 is not met. Questions are based on the Malawi Violence Against Children Survey (2013).

Benchmark 7 (3.1.2): Not in a child-headed household	
Definition	All children and adolescents in the household are under the care of a stable adult caregiver
Objective	Reduce risk of physical, emotional, and psychological injury owing to exposure to violence
Domain	Safe
Purpose	This benchmark is an outcome indicator of whether children are placed at risk through the lack of a stable adult caregiver. Child-headed HHs face many stressors, including economic and emotional distress, social isolation, risk of dropping out of school, and possible sexual exploitation.[10] All of these factors can place children at increased risk of HIV and negatively impact the health of children living with HIV.
Criterion for meeting benchmark	The HH meets the benchmark if all children and adolescents in the HH are under the care of a stable adult caregiver. A stable adult caregiver is defined as an adult who has cared for the child or adolescent and lived in the same household as the child or adolescent for at least the past 12 months.
Data source	Casefile and Graduation Benchmarks Assessment Tool
Data collection frequency	When the HH is assessed for graduation
Measures	The caseworker answers the following question using the casefile and his or her knowledge of the HH: 7.1. During the past 12 months, have all children and adolescents in the household been under the care of a stable adult caregiver?
Additional notes and references	If the caseworker has any evidence that the HH has been child-headed during the past 12 months, Benchmark 7 is not met.

[10] This text is adapted from *Standard Operating Procedures for Case Management* (USAID, PEPFAR, and 4Children, 2018).

Benchmark 8 (4.1.1): Children in school	
Definition	All school-age children and adolescents in the household regularly attended school *and* progressed during the last year
Objective	Increase school attendance and promotion
Domain	Schooled
Purpose	This benchmark is a measure of school attendance and educational progress, which are highly correlated. Studies in many countries have linked higher education levels with increased HIV awareness and knowledge, higher rates of contraceptive use, and greater communication regarding HIV prevention among partners. School attendance indicates that children and adolescents have the opportunity to engage in formal learning; are not required to join the workforce or quit school to care for younger siblings or family members; and have the opportunity to develop age-appropriate, gender-sensitive life skills and receive sex education interventions.[11]
Criteria for meeting benchmark[12]	The HH meets the benchmark if all children and adolescents ages 6–17[13] regularly attend school *and* progressed to the next level or grade from the past school year to the current school year.
Data source	Casefile, school records, and Graduation Benchmarks Assessment Tool
Data collection frequency	When the HH is assessed for graduation
Measures	The following questions should be asked of the primary caregiver, as defined by the project (one caregiver only). The caseworker should review available school records if possible. 8.1. Are all children and adolescents in the household ages 6–17 enrolled in school? 8.2. Have all children and adolescents in the household ages 6–17 attended school regularly over the past year (at least 4 days a week on average)? 8.3. Did all children and adolescents in the household ages 6–17 progress to the next level or grade, from last school year to this school year? (In other words, no child or adolescent had to repeat a level or grade this year.)

[11] The statement of purpose is derived in part from *Essential Survey Indicators Reference Sheets* (PEPFAR, 2018).

[12] This definition of the criteria for meeting the benchmark is based *on Standard Operating Procedures for Case Management* (USAID, PEPFAR, and 4Children, 2018).

[13] Note that while adolescents aged 18-20 who are still in secondary school may be counted as beneficiaries, adolescents aged 18-20 are not required to be in school and are not assessed under Benchmark 8.

Additional notes and references	The caseworker should verify this information with a primary caregiver if necessary and review available records if possible. The minimum and maximum ages at which children must be enrolled in school to meet Benchmark 8 may be modified according to country guidelines or national policy. For example, if national policy is that children are required to attend school only between the ages of 7 and 15, the age range specified in Questions 8.1, 8.2, and 8.3 may be changed to 7–15 years. The maximum age cannot be increased to more than 17 years. The caseworker should not ask about adolescents in the household aged 18-20 who are still in secondary school, even if they are program beneficiaries.

Appendix 1. Calculating Proportions

Certain programs may be interested in calculating the proportion of households that meet each benchmark, although this is not a required activity. Programs may use data from a special study which examines a sub-sample of all beneficiaries, or may calculate proportions as part of routine program management if available data allow for such calculations. The proportion of HHs meeting each benchmark may be calculated using the following numerators and denominators:

Benchmark	Numerator	Denominator
Benchmark 1 (1.1.1): Known HIV status (or test not required)	All HHs in which: • All children, adolescents, and youth (ages 0–17 and ages 18–20 if still in secondary school) have known HIV status unless they have been assessed as "test not required based on risk" according to the HIV risk assessment *and* • All primary caregivers[14] (ages 18+) have a known HIV status	All HHs that have been assessed for graduation
Benchmark 2 (1.2.1): Virally suppressed	All HHs in which: • All children, adolescents, and youth living with HIV (ages 0–17) are virally suppressed *or* have adhered to ART for 12 months *and* • All primary caregivers living with HIV (ages 18+) are virally suppressed *or* have adhered to ART for 12 months	All HHs that have been assessed for graduation and have at least one child or caregiver living with HIV
Benchmark 3 (1.3.1): Knowledgeable about HIV prevention	All HHs in which all adolescents (ages 10–17) have correctly answered all questions about HIV knowledge in the OVC Graduation Benchmarks Assessment Tool	All HHs that have been assessed for graduation and have at least one adolescent ages 10–17

[14] The category "all caregivers" includes all primary caregivers defined as OVC service beneficiaries, with a maximum of two caregivers per beneficiary child ages 0–17.

Appendix 1. Calculating Proportions (continued)

Benchmark 4 (1.4.1): Not undernourished	All HHs in which <u>all children under the age of 5</u> are not undernourished according to the following criteria: • Child ages 6-59 months has a mid-arm circumference (MUAC) measuring greater than 12.5 cm *and* Shows no signs of bipedal edema • Child <6 months does not show signs of undernourishment	All HHs that have been assessed for graduation and have at least one child under the age of 5
Benchmark 5 (2.1.1): Improved financial stability	All HHs in which the primary caregiver has confirmed that the HH has the ability to pay for education and medical care without selling productive assets or using a PEPFAR cash transfer	All HHs that have been assessed for graduation
Benchmark 6 (3.1.1): No violence	All HHs in which a primary caregiver reports that no member has experienced violence (including physical violence, emotional violence, sexual violence, gender-based violence, and neglect) in the past 6 months	All HHs that have been assessed for graduation
Benchmark 7 (3.1.2): Not in a child-headed household	All HHs in which all children and adolescents in the HH are under the care of a stable adult caregiver	All HHs that have been assessed for graduation
Benchmark 8 (4.1.1): Children in school	All HHs in which <u>all children and adolescents ages 6–17* years</u> regularly attend school *and* progressed during the last year	All HHs that have been assessed for graduation and have at least one child or adolescent ages 6–17* years

**Note:* The maximum age at which children must be enrolled in school to meet Benchmark 8 may be modified according to country guidelines or national policy. For example, if national policy is that children are required to attend school only to the age of 16, the maximum age specified in these questions may be changed to 15.

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University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, North Carolina 27516
Phone: +1 919-445-9350
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