Optional Custom Indicators for USAID OVC Programs: Standard Operating Procedures

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

ACHIEVE
ADOLESCENTS AND CHILDREN HIV INCIDENCE REDUCTION EMPOWERMENT & VIRUS ELIMINATION

Optional Custom Indicators for USAID OVC Programs: Standard Operating Procedures

February 2021

The Adolescents and Children, HIV Incidence Reduction, Empowerment, and Virus Elimination (ACHIEVE) project, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) and led by Pact, aims to achieve and maintain HIV/AIDS epidemic control for the most at-risk and hard to reach pregnant and breastfeeding women, infants, children, and adolescents in PEPFAR-supported countries. ACHIEVE will use evidence-based strategies to mitigate the impact of HIV/AIDS and prevent HIV infection among priority at-risk sub-populations. As a global mechanism, ACHIEVE will serve as a primary source of technical support to USAID Office of HIV/AIDS as it implements the PEPFAR strategy and Journey to Self-Reliance; set the standard for quality programming for ACHIEVE populations; and promote best practices to stakeholders at the global, regional, and country levels. At country level, ACHIEVE will collaborate with local USAID Missions to identify and engage with highly capable local partners to lead ACHIEVE implementation, including technical assistance and service delivery support, ensuring that strategies are optimized for the local context, and that local leadership is built in from the beginning and sustained.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief under the terms of Award No. 7200AA19CA00006. The contents are the responsibility of Pact and do not necessarily reflect the views of USAID or the United States Government.

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Acknowledgments

The indicators and indicator reference sheets in this document were drafted by USAID and the PEPFAR-funded ACHIEVE project. It is a supplement to the Optional Custom Indicators for USAID Orphans and Vulnerable Children's Programs: Performance Indicator Reference Sheets, which were developed by USAID and ACHIEVE.

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ABOUT ACHIEVE

Adolescents and Children, HIV Incidence-reduction, Empowerment, and Virus Elimination—ACHIEVE—is USAID's flagship initiative to address the needs of children, young people, and breastfeeding women affected by HIV. This includes supporting local organizations in serving these populations and ultimately building their capability to receive direct U.S. government funding for programs at scale. The project leverages the full strength of its consortia and related private- and public-sector stakeholders to help countries attain and sustain HIV epidemic control. Led by Pact, core consortia partners are Jhpiego, Palladium, No Means No Worldwide, and WI-HER (Women Influencing Health, Education, and Rule of Law).

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Abbreviations

ACHIEVE	Adolescents and Children, HIV Incidence-reduction, Empowerment, and Virus Elimination project
APR	annual performance reporting
ART	antiretroviral therapy
CLHIV	children living with HIV
CM	case management
FSW	female sex workers
HEI	HIV-exposed infants
HQ	headquarters
IP	implementing partner
MER	monitoring, evaluation, and reporting
MOU	memorandum of understanding
OGAC	Office of the U.S. Global AIDS Coordinator and Health Diplomacy
OHA	USAID Office of HIV/AIDS
OU	operating unit
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
SAPR	semi-annual performance reporting
SI	strategic information
SOP	standard operating procedures
USAID	United States Agency for International Development

Introduction

Short overview of programs for orphans and vulnerable children

The United States President's Emergency Plan for AIDS Relief (PEPFAR) is mandated to care for children orphaned or made vulnerable by HIV. Mitigating the impact that HIV has on children and their families is integral to a comprehensive HIV response. The goal of programs serving orphans and vulnerable children (OVC) is to build stability and resilience in children and families who are exposed to, living with, at risk of, or otherwise affected by HIV/AIDS. This is achieved through rigorous case management and provision of health and socioeconomic interventions.[1] Central to OVC programs is monitoring the HIV status of program beneficiaries. OVC programs support HIV-positive beneficiaries to access antiretroviral therapy (ART) and monitor progress toward ART adherence and viral load suppression. For program beneficiaries who are HIV-negative, the aim is to prevent new HIV infections. OVC programs assess and refer high-risk beneficiaries for HIV testing and counseling services—not as a one-time intervention, but as and when the circumstances of a beneficiary's life change and increase the risk of acquiring HIV.

OVC programs are designed to make substantial contributions to positive health outcomes: HIV prevention, testing, treatment, adherence, and viral load suppression. Comprehensive program support (provided through case management) prioritizes these high-risk groups: children living with HIV (CLHIV), teenage mothers, HIV-exposed infants (HEI), children of female sex workers (FSW), and child victims of violence (especially victims of sexual violence). In the PEPFAR Country Operational Plans for 2020, OVC programs are encouraged to evolve and focus on the main challenges that the epidemic creates for children: closing the pediatric treatment gap, addressing the high rates of sexual violence against adolescent girls and young women, and supporting children through the risks posed by poor adult treatment retention and poor viral suppression rates.

Overview of OVC custom indicators

For years, OVC programs have been reporting routinely on two PEPFAR indicators: OVC_SERV and OVC_HIVSTAT. These indicators have evolved alongside many shifts in programming priorities. However, USAID believes additional data are needed to monitor a program's performance and contribution to such desired outcomes as identification of HIV-positive individuals and improving viral load suppression. Thirteen new OVC custom indicators respond to this need. Of these, five indicators are required and eight are optional for data reporting by USAID-funded programs. The eight optional indicators are the subject of this SOP. The five required indicators are covered in a separate, cross-technical SOP developed by a central USAID governing body.

Requirements, frequency, and reporting level

In Table 1.0 below, these 8 OVC custom indicators are grouped in the following categories: OVC_SERV disaggregates (two indicators), OVC_HIVSTAT disaggregates (two indicators), and HIV testing performance (four indicators) These optional indicators are to be reported at the OU level by each implementing partner (IP). This means that each IP reports on these indicators for their entire program and that additional geographic disaggregates (e.g., at the community level) are not expected. All indicators will be reported alongside the normal semi-annual performance reporting (SAPR) and annual performance reporting (APR) periods.

[1] MER 2.5 OVC_SERV and OVC Custom Indicators' Reference Sheets

How the custom indicators will be used

OVC programs are designed to contribute to HIV prevention and the HIV treatment cascade. These custom indicators aim to cover the additional range of prevention, treatment, care, and support that OVC programs are already providing that were not explicitly covered through OVC_SERV and OVC_HIVSTAT. In other words, these new indicators aim to promote OVC programs' contribution to HIV outcomes, through the use of data reported on these indicators to monitor and improve the performance of OVC programs.

These indicators were developed to be useful at multiple levels: for OVC IPs, Missions/operating units (OUs), and USAID in Washington DC. To support their use at these levels, the data template available to IPs will feed into a dashboard, where users can view visualizations to support decision making.

The SOP's purpose and audience

This document guides OVC programs funded by the United States Agency for International Development (USAID) to operationalize the optional OVC custom indicators. This document accompanies the program indicator reference sheets: a document that provides details for each indicator on definitions, use, data collection, and data quality assurance.

The SOP's guidance applies only to the optional OVC indicators, addressing how data can be reported, submitted, managed, and used for decision making. It speaks to its audiences in the following ways:

- IPs can use this document to ensure that the right data are submitted to USAID and to monitor their own program performance with these indicators.
- Missions/OUs can use this document to provide guidance to OVC IPs on reporting and provide feedback to OVC IPs on their programs' performance.
- USAID can use this document to provide guidance to Missions/OUs on reporting, to provide targeted technical assistance to Missions/OUs, and to demonstrate to stakeholders how OVC programs are contributing to HIV outcomes.

This document provides details on the data entry, submission, review, feedback, and use process. A quick reference guide on the main steps is outlined in Annex 1.

Optional Indicator Summary Table

Indicators		Disaggregates	Frequency of reporting	Used to monitor
OVC_SERV_SUBPOP	Percentage of beneficiaries <18 years (active or graduated) who are served by an OVC comprehensive program who are a member of a priority sub-population	Sub-population type	Semi-annual	CM provision to PEPFAR's priority sub-populations
OVC_DREAMS_OVERLAP	Percentage of OVC program beneficiaries 10–17 years old (active or graduated) who are served by an OVC comprehensive program who are also served by a DREAMS program	Age and sex = 10–14 F, 15–17 F	Semi-annual	OVC in CM who are also served by DREAMS
OVC_HIVSTAT_18+	Percentage of OVC_SERV beneficiaries 18 years old and above (active or graduated) who are served by an OVC comprehensive program with an HIV status reported to the implementing partner	HIV status type, sex, and age	Semi-annual	HIV status of >18 year old beneficiaries
OVC_HIVSTAT_UNKNOWN	Number of <18 years old beneficiaries (active or graduated) served by an OVC comprehensive program whose HIV status is unknown to the implementing partner, by reason for unknown status	Reason for unknown status	Semi-annual	Reasons why HIV status is unknown among beneficiaries <18 years
OVC_TST_ASSESS	Number of children and adolescents <18 years (active or graduated) served by an OVC comprehensive program whose HIV status was ever unknown and who were assessed for HIV risk during the reporting period. This includes reported HIV-negative children and adolescents whose risk profile may have changed and, therefore, an HIV risk assessment was needed	None	Semi-annual	Provision of HIV risk assessments to OVC in CM
OVC_TST_RISK	Number of children and adolescents <18 years (active or graduated) served by an OVC comprehensive program who were assessed for HIV risk and determined to need an HIV test		Semi-annual	Identification of at-risk OVC through CM, based on risk assessment
OVC_TST_REFER	Number of children and adolescents <18 years (active or graduated) served by an OVC comprehensive program who initiated a referral for HIV testing and counseling services		Semi-annual	Referrals of at-risk OVC for HIV testing through CM
OVC_TST_REPORT	Number of children and adolescents <18 years (active or graduated) served by an OVC comprehensive program who reported an HIV test result to the implementing partner after being referred for HIV testing and counseling		Semi-annual	Testing and disclosure of HIV status of at-risk OVC through CM

Guidance

The sections in this document aim to guide USAID/HQ, USAID Missions/OUs, and OVC IPs to operationalize (that is, to collect, report, submit, manage, and use data on) 8 optional OVC custom indicators. These indicators supplement the standard monitoring, evaluation, and reporting (MER) indicators and the additional USAID-required custom indicators. MER indicators are detailed in PEPFAR MER guidance. USAID Required custom indicators are defined in the USAID PEPFAR Central Custom Indicators Reference Guide. All optional custom indicators are further defined in the Custom Indicators for USAID Orphans and Vulnerable Children Programs: Performance Indicator Reference Sheets document.

OVC custom indicators

The OVC custom indicators are designed to measure and improve OVC programs' contribution to HIV outcomes that are not currently captured through OVC_SERV and OVC_HIVSTAT. In many cases, the custom indicators capture services that OVC programs are already providing, but have not previously reported to USAID. These custom indicators were selected based on PEPFAR priorities and defined with input from a small group of USAID OVC program staff. The first two quarters of FY21 (October 2020–March 2021) are scheduled to be a pilot period for programs to operationalize the indicators and provide additional feedback to USAID.

Of the 13 custom indicators, five are required, and eight are optional. These eight optional custom indicators are in addition to the two MER indicators (OVC_SERV and OVC_HIVSTAT which are both required per the MER guidance) and the five required OVC custom indicators (which are covered in a separate, cross-technical document with separate reporting processes). The custom indicators are as follows and described above in Table 1.0[2]:

Optional indicators

- OVC_SERV_SUBPOP
- OVC_DREAMS_OVERLAP
- OVC_HIVSTAT_18+
- OVC_HIVSTAT_UNKNOWN
- OVC_TST_ASSESS
- OVC_TST_RISK
- OVC_TST_REFER
- OVC_TST_REPORT

Required indicators (not covered in this document)

- OVC_OFFER
- OVC_ENROLL
- OVC_VL_ELIGIBLE
- OVC_VLR
- OVC_VLS

[2] More details about each indicator are included in the Custom Indicators for USAID OVC Programs: Performance Indicator Reference Sheets.

Custom indicators selected as "required" reflect data for which USAID anticipates greater need. Although "optional" indicators are PEPFAR priorities, they are only encouraged at this time.

Including OVC_SERV and OVC_HIVSTAT data in your optional reporting template

In addition to the normal DATIM uploads of OVC_SERV and OVC_HIVSTAT, IPs can submit select aggregated OVC_SERV data and OVC_HIVSTAT data into the optional custom indicator Data Reporting Template. The purpose of entering this data is to enable the automated visuals which use elements of OVC_SERV or OVC_HIVSTAT for analysis. The following aggregated information from OVC_SERV and OVC_HIVSTAT should be reported in the Data Reporting Template to best analyze the custom indicators:

- OVC_SERV comprehensive active and graduated[3] totals for the reporting period, by <1 F/M, 1–4 F/M, 5–9 F/M, 10–14 F/M, 15–17 F/M, and 18+ F/M
- OVC_HIVSTAT totals for the reporting period, by:
    - HIV-positive, by (a) on ART and (b) not currently on ART or ART status unknown
    - HIV-negative
    - Test not required based on risk assessment
    - HIV status unknown

Indicator disaggregates

Not all indicators have the same disaggregates. Some indicators have disaggregates both for the numerator and denominator; others for the numerator only or none at all. Here is a summary of the common disaggregates:

- **Age and sex**. The most common disaggregates are age and sex, which follow the age and sex disaggregates of OVC_SERV (<1 F/M, 1–4 F/M, 5–9 F/M, 10–14 F/M, 15–17 F/M, 18 F/M). A few indicators have additional age disaggregates: 18–20 OVC and 18+ caregivers. In this instance, 18- to 20-year-old youth served by an OVC program are counted as OVC if they are still in secondary school or in an eligible economic strengthening intervention. Otherwise, beneficiaries over 18 years of age are counted under OVC_SERV only if they are caregivers of OVC.
- **Sub-population type.** PEPFAR has defined the following as sub-populations who should be prioritized to participate in OVC programs (measured through OVC_SERV_SUBPOP): CLHIV, HEI, children of HIV-positive caregivers, children of FSW, survivors of sexual violence or gender-based violence, and adolescent mothers. In addition, country-specific sub-populations may be defined at the OU level. In this case, Missions and programs should replace or supplement "other sub-population groups" with the country-specific groups. Beneficiaries outside of any of the standard or Mission-defined sub-population groups should be classified as "non-priority group."
- **Reason for unknown status.** If programs report on OVC_HIVSTAT_UNKNOWN, the following disaggregates should be used: not assessed for HIV risk, assessed, at-risk but not referred, referred but test not yet completed, tested but results not reported, or missing information:
    - Not assessed for HIV risk: The program has not yet requested the HIV status or not yet assessed for HIV risk or the caregiver refused to consent for the child to be assessed for HIV risk.
    - Assessed, at risk but not referred: The program has not yet made the referral or the caregiver refused the referral.
    - Referred, but test not yet completed: The caregiver has not yet completed the testing referral or has not reported completion of the testing referral.

[3] Exclude SAPR and APR data related to those who transferred or exited without graduation.

- Tested, but results not reported: The program has not yet received results of the HIV test or the caregiver refused to disclose the child's status after testing.
- Missing information: The IP does not have recorded or reliable data.

Level of reporting

The optional OVC custom indicators are reported at the level of the OU by each OVC IP. This means that each IP submits program data that are aggregated in accord with the definition and disaggregates of each indicator. Data with more refined details, such as geographic area (e.g., community-level disaggregation), are not required. The Data Reporting Template (see below) is not designed for submissions at additional levels of detail.

Frequency of reporting

All OVC custom indicators follow the standard timeline for SAPR and APR.

Why is reporting not being done on a quarterly, monthly, or more frequent basis?
Many of the custom indicators focus on OVC beneficiaries who are "active and graduated." The definition of "active" under OVC_SERV makes reports on these indicators that are more frequent than semi-annual problematic. "Active" beneficiaries, according to the MER definition, have received at least one service **in both** of the two quarters prior to reporting. For example, a beneficiary must receive an eligible service in Q1 and receive an eligible service again in Q2 to be classified as "active" at the end of Q2 (SAPR). A beneficiary who receives a service in Q1 but not in Q2 is classified as "exited" until more consistent services that align with the definition of "active" are provided. For this reason, quarterly or more frequent reporting on OVC_SERV and on other indicators that capture "active" beneficiaries is both difficult for programs to capture and complicated for Missions to interpret, and it is *not* recommended.

Data Reporting Template

All IPs can utilize the Data Reporting Template to collect and analyze their data. The template is Microsoft Excel-based and will be available by email from each Mission/OU strategic information (SI) team and/or OVC point of contact.

Each IP will enter each value in the template manually. To support use of the data, the template has dashboards with formatted tabular and visual views of the aggregated data.

The Data Reporting Template is organized as follows:

1. Instructions
2. Indicator Definitions
3. Data Entry
4. Table Summaries

Visualizations (automated dashboards) are organized as follows:

5A. OVC_SERV Disaggregates
5B. OVC_HIVSTAT_UNKNOWN
5C. OVC_HIVSTAT_18+
5D. HIV Testing Performance

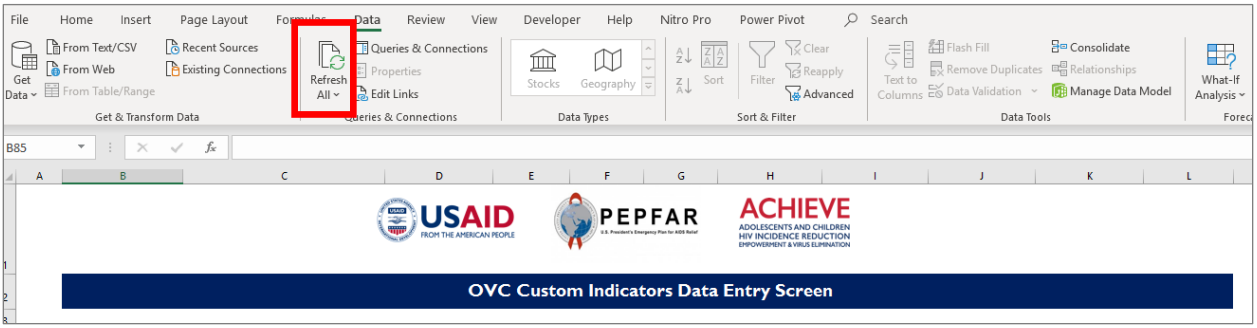
IP data entry
For each reporting period, IPs must use a new data reporting template. **Do not use a version of the template that has data entered it from a previous reporting period.** That will reduce the risk

of carrying forward to a new file errors or corruptions in an old file. In addition, updates may have been made to the file since the previous reporting period.

All IPs should include the following information as part of the data entry submission: OU, Funding Agency, Mechanism Name, Mechanism ID, IP Name, Reporting Period (e.g., Q4), and Fiscal Year.

IPs should enter the results of the OVC custom indicators manually in their respective data entry tables on the Excel sheet titled "3. Data Entry." Instructions to enter the indicator results are given in the "1. Instructions" sheet of the template.

Data visualizations
After data are entered in the data entry sheet, the "4. Table Summaries" and Data Visualizations (sheets 5A–5D) can be updated by selecting the "Refresh All" option on the Excel data ribbon at the top of the screen. (See the screenshot below).



Some column widths in the sheet titled "4. Table Summaries" or labels in the visualizations may need to be readjusted to align properly with graphics. (For example, pie charts with very small percentages may not be readable, because of the small pie slice. Therefore, the label location, color, or font size can be changed.)

The required OVC custom indicators should be reported alongside the required indicators from other technical areas. This process is being coordinated by a central governing body within USAID and is not covered in this SOP.

Data submissions

The process for submitting the optional OVC custom indicators via the Data Reporting Template is as follows:

- For each SAPR and APR submission, in-country USAID SI team members will share the reporting calendar and guidance with the IPs, including any global mechanisms implementing OVC programs in the country. (See Box 1.) IPs should apply this calendar to the OVC custom indicators and to other MER reporting.
- IPs—including global mechanisms implementing OVC programs in the country[4]—can submit completed data by email to the SI team member and their OVC point of contact/AOR (or another designated Mission representative as described by the SI team).
- Mission SI teams and the OVC point of contact will review submissions from all OVC IPs for quality assurance. Once data are received from all OVC IPs and reviewed, the Mission SI or OVC point of contact have the option of emailing the data to the USAID OVC custom indicator contacts. If the Mission chooses to submit to USAID HQ, submission should occur within one week after the SAPR and APR due dates. A Mission with one OVC IP should send that IP's completed Data Reporting Template after reviewing it. Missions with multiple OVC IPs can submit reports to USAID HQ in one of two formats:
    - Format 1: After all IP submissions are ready and their data quality has been assured, send one email message attaching all separate OVC IP data reporting templates.
    - Format 2: After all IP submissions are ready and their data quality has been assured, Missions can compile one Data Reporting Template using the Data Compiler[5] that captures data from all OVC IPs in one file. This means the Mission will be able to review and use visualizations across all OVC IPs, giving a picture of the country program.

Data management

Custom indicator data exclude personal details, so sharing them with managers of OVC programs does not violate clients' confidentiality. Thus, data can be emailed, saved on office computers, and backed up following standard procedures.

DATIM linkages

The Data Reporting Template for the custom indicators is not interoperable with PEPFAR's Data for Accountability, Transparency and Impact (DATIM). Data on the custom indicators are a separate submission from the data submitted to DATIM, although some of the figures are the same. The duplication is because in the visualizations, some of the custom indicator data are compared against OVC_SERV and OVC_HIVSTAT or their disaggregates. Because the custom indicator Data Reporting Template is not interoperable with DATIM, IPs are asked to enter some basic data from DATIM in the custom indicator template. (See the OVC Custom Indicators section above.)

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[4] **Data submission by global OVC mechanisms (may also apply to IPs operating across countries):** Global OVC mechanisms can report into each country program under which they are operating. It is assumed that global mechanisms have in-country staff who will manage the country-level entry and submission of data. However, if this is not the case, the global mechanism IP must designate someone to manage reporting for each country. It is also assumed that global mechanisms may find it useful to compile data for each of their country programs. Doing so is the responsibility of a global mechanism, but in-country IP staff are allowed to copy HQ IP staff on their submission to the Mission/OU so that the HQ IP can also review, compile, and use the data.

[5] The Custom Indicators for USAID OVC Programs: Data Compiler is available for USAID Missions to input data received from each IP. IP data should not be shared with other IPs, but the Data Compiler will have visualizations that Missions can choose to share across IPs.

Data feedback and use

Data entry feeds into automated visualizations for each indicator. The visualizations will be available at the level for which the report is generated. For example, IPs will see visualizations of their own program simply by entering their data. Missions will see visualizations for each IP, and those that choose compilation Format 2, described above, will see visualizations for the entire country program. USAID will compile submissions across countries they receive data from in order to visualize performance at the OU level. Each level must retain the report that they compiled so they can access and use the visualizations. USAID and each Mission are instructed not to share IP submissions with other IPs.

It is recommended that IPs, Missions/OUs, and USAID HQ use dashboards as one source to monitor program performance, in addition to DATIM submissions and other routine program data. The questions below are not an exhaustive list to guide use of the custom indicators, but they are a good beginning:

Using OVC custom indicators for USAID/OHA

Types of questions PEPFAR/ OGAC can ask	about the following areas. . .	to use the data to…
In which of the following areas is the country performing well?	Prioritizing sub-populations, reducing unknown HIV status, referring at-risk children/youth for testing, beneficiary disclosure of HIV status	Identify possible global best practices and learning to assist other OVC programs globally, including potentially identifying special cross-country studies/documentation.
In which of the following areas is the country performing less well?		Determine areas for additional technical assistance to country programs, develop global guidance, host global learning events, etc.

Using OVC custom indicators for Mission/OUs at the country level

Types of questions PEPFAR/ OGAC can ask	about the following areas. . .	to use the data to…
In which of the following areas is the OVC IP performing well?	Prioritizing sub-populations, reducing unknown HIV status, referring at-risk children/youth for testing, beneficiary disclosure of HIV status	Identify possible best practices and learning to document and share across OVC IPs and for possible country-level replication and scale-up.
In which of the following areas is the OVC IP performing less well?		Determine areas for additional technical assistance to OVC IPs, develop or disseminate technical guidance, and facilitate in-country learning (e.g., webinars, peer-to-peer exchanges), etc.

Using OVC custom indicators for OVC IPs

Types of questions PEPFAR/ OGAC can ask	about the following areas. . .	to use the data to…
In which of the following areas is the program performing well?	Prioritizing sub-populations, reducing unknown HIV status, referring at-risk children/youth for testing, beneficiary disclosure of HIV status	Identify possible best practices and learning to document and potentially build additional evidence to contribute to country-level replication and scale-up. Explore additional questions, such as these: What is contributing to this success? How can it be replicated in the program?
In which of the following areas is the program performing less well?		Determine areas for additional technical assistance to sub-grantees/civil society organizations/case workers, etc., and determine areas that required additional monitoring. Explore additional questions, such as these: Why is performance not as good? Where is performance not as good? How can performance improve?

Support

Questions about this guidance and the operationalization of the custom indicators for USAID OVC programs can be submitted to the USAID contacts below.

USAID/OGAC OVC custom indicator contacts

- S. Joshua Volle, Senior OVC Evaluation Advisor, USAID: svolle@usaid.gov
- Madeline Schneider, Strategic Information, Evaluation and Informatics Division, USAID: mschneider@usaid.gov

Updates to this guidance and to the Performance Indicator Reference Sheets will be sent to USAID Missions for distribution to OVC IPs.

Annex 1. Quick Reference Guide: Steps for Reporting and Using OVC Custom Indicators

Missions/OUs start the optional reporting process by:

- Sending to all OVC IPs the SAPR or APR reporting calendar, any associated guidance/trainings, and the OVC custom indicator Data Reporting Template (a clean version that has never been used)

IPs enter data, review them, and can submit them to Missions/OUs by:

- Entering all required data
- Refreshing the data and visuals
- Reviewing the data entry sheet for completeness and accuracy
- Reviewing the visualizations to identify potential data entry errors
- Discussing the visuals with program management to identify best practices and areas to improve performance, providing feedback to OVC program staff
- Submitting Data Reporting Templates to Missions/OUs by email by the designated SAPR/APR deadline
    - IPs may choose to copy any HQ IP staff on these submissions

Missions/OUs review, compile, and use reports by taking the following steps:

- SI and OVC points of contact review each OVC IP report for completeness and accuracy. Any inaccuracies or errors should be corrected by the IP.
- SI and/or OVC points of contact compile all reports (using Format 1 or Format 2).
- OVC points of contact review the visualizations to identify best practices and areas to improve performance, providing this feedback to the OVC IP.
- SI or OVC points of contact can submit compiled report(s) to USAID HQ by email; if choosing to submit, do so within one week after the SAPR and APR due dates.

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