

# Optional Custom Indicators for USAID OVC Programs: Performance Indicator Reference Sheets



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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.

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**ACHIEVE**  
ADOLESCENTS AND CHILDREN  
HIV INCIDENCE REDUCTION  
EMPOWERMENT & VIRUS ELIMINATION

# Acknowledgments

The indicators and indicator reference sheets in this document were drafted by USAID and the PEPFAR-funded ACHIEVE project. This document is supplemented by the Optional Custom Indicators for USAID Orphans and Vulnerable Children Programs: Standard Operating Procedures, which were developed by USAID and ACHIEVE to guide the process of reporting, reviewing, and using the OVC custom indicators.

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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
AGYW	adolescent girls and young women
APR	annual performance report
ART	antiretroviral therapy
CLHIV	children living with HIV
CM	case management
COP 20	Country Operational Plan 2020
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
GBV	gender-based violence
HEI	HIV-exposed infant
IP	implementing partner
MER	monitoring, evaluation, and reporting
N/A	not applicable
OHA	Office of HIV/AIDS
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
SAPR	semiannual performance report
SVAC	sexual violence against children
USAID	United States Agency for International Development

## Introduction

Orphans and vulnerable children (OVC) programs ensure that families affected by HIV/AIDS have access to support systems, such as health, schooling, safety, and stability. Comprehensive case management (CM) work is designed to:

- Provide comprehensive, family-based care, including CM.
- Focus comprehensive support on select high risk subgroups, including children and adolescents living with HIV (C/ALHIV), teen moms, HIV-exposed infants (HEI), children of female sex workers, and children experiencing violence, especially sexual violence.

The OVC comprehensive program approach is based on the provision of a family-based CM model where families, once identified, are assessed for their needs, and are enrolled, as appropriate. Once enrolled, each family member has a case plan developed by a trained community case worker or volunteer. The case plan lays out the needs and the appropriate responses to the needs that the case worker will offer to beneficiaries, and to facilitate connections and linkages.

Over time, it has become clear that the support and facilitation of the achievement of positive HIV health outcomes is an area in which OVC programs can make substantial contributions. Their potential contributions include assuring that OVC enrolled in CM know their HIV status and, through direct service delivery and proactive referrals, providing socioeconomic and home-based support to CLHIV and (their parents/guardians living with HIV) so that they stay virally suppressed. Support also includes:

- monitoring adherence to antiretroviral therapy (ART)
- monitoring outcomes, such as viral load suppression

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan 2020 (COP 20) states that OVC programs play an important role in these areas. "In COP20, OVC programs must evolve and focus on the key challenges for children in the epidemic, specifically:

1. The pediatric treatment gap
2. The high rate of sexual violence against adolescent girls
3. The risk to children posed by poor adult treatment retention and viral suppression rates."<sup>1</sup>

OVC indicators have become more inclusive of distinct, yet integrated, programs, such as the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program, and the 9-14 HIV and Sexual Violence Prevention Program.

The set of OVC custom indicators in this document are provided to OVC programs to support the routine collection and reporting of evidence to document the hard work and resources that they are putting into their efforts. Reporting on these indicators is optional. There are five separate, required OVC custom indicators that are part of the USAID PEPFAR Central Custom Indicators Reference Guide, a cross-technical indicator reporting and collection process that is governed by a central USAID body. These indicators are excluded from this compendium.

The indicator reference sheets in this document are complemented by two additional documents: (1) "Optional Custom Indicators for USAID Orphans and Vulnerable Children Programs: Data Reporting Template": This Microsoft Excel-based data collection tool that can be used by implementing partners to report their results to USAID on the optional OVC custom indicators. Implementing

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<sup>1</sup> PEPFAR. 2020. FY 2020 COP guidance for all PEPFAR countries. Retrieved from <https://www.state.gov/2020-country-operating-plan-guidance/>.

partners can also view the results of their data via the visualizations in this file, which can be used to monitor program performance

(2) “Optional Custom Indicators for USAID Orphans and Vulnerable Children Programs: Standard Operating Procedures,” a guidance document describing the process, roles, and responsibilities for entering, submitting, reviewing, and using data from the optional custom indicators.

## 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_REFERER	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



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<b>OVC_SERV_SUBPOP</b>	
<b>Description:</b>	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
<b>Numerator:</b>	Number of beneficiaries <18 years (active or graduated) who are served by the OVC comprehensive program, disaggregated by priority sub-population
<b>Denominator:</b>	Number of beneficiaries <18 years (active or graduated) who are served by the OVC comprehensive program
<b>Reporting level:</b>	OU
<b>Reporting frequency:</b>	Semi-annual
<b>How to use:</b>	<p>This indicator counts all beneficiaries under 18 years old served by the OVC comprehensive program and disaggregates by “priority sub-population” as defined by PEPFAR. This includes those who are “active” and “graduated.”</p> <p>Priority sub-populations are generally defined as the following (or as otherwise defined by the in-country PEPFAR team):</p> <ul style="list-style-type: none"> <li>● Children/adolescents living with HIV</li> <li>● HIV-exposed infants (HEI)</li> <li>● Children of an HIV-positive caregiver</li> <li>● Children of female sex workers</li> <li>● Sexual violence against children (SVAC)/gender-based violence (GBV) survivors</li> <li>● Adolescent mothers</li> <li>● Other priority sub-population groups, as defined by country programs/Operating Units</li> <li>● Non-priority groups (none of the above categories apply)</li> </ul> <p>This indicator captures beneficiaries’ demographic data per the PEPFAR priority sub-population groups. <b>It is possible that, over time, beneficiaries will experience or disclose to the program circumstances that change which priority sub-population(s) under which they would be counted. All relevant sub-population categories should be collected for each beneficiary.</b> For example if, at enrollment, a child is known to be HIV positive, but six months after enrollment, is a victim of sexual violence, the beneficiary would first be counted only under “CLHIV,” and then later be counted under both “CLHIV” and “SVAC.” Programs should monitor any changes in circumstances and/or disclosure of circumstances, and track them on a semiannual basis.</p>

	<p>This indicator is used to monitor and evaluate enrollment of and service delivery to priority sub-populations. Programs can use this indicator to understand program effectiveness in reaching sub-populations.</p>	
<b>How to collect:</b>	<p>Sub-population data should be collected through program enrollment forms/tools, registers, beneficiary case files, and/or other program monitoring tools. Note that implementing partners should also consider collecting data about these priority sub-populations during baseline evaluations, midline evaluations, and/or vulnerability assessments.</p> <p><b>These key sub-populations are not mutually exclusive.</b> In other words, a child can meet the definition for multiple sub-population categories. For example, a child may be HIV positive and also a GBV survivor. <b>As such, because beneficiaries may be counted in multiple categories, these sub-population categories may <u>not</u> be summed together because it would likely be &gt;100%.</b> The only exceptions to this rule are the “Other sub-population groups” and “Non-priority groups”, whereas a beneficiary should only be counted under one of these two categories if they do not fall into one of the designated priority subpopulations.</p> <p>All beneficiaries enrolled in the OVC comprehensive program should be counted under this indicator. During enrollment, or otherwise part of the CM process, programs should indicate which sub-population categories apply to the beneficiary. Changes to sub-population demographic information should be collected and calculated in the semiannual performance report (SAPR) and annual performance report (APR). More than one category can be selected, if applicable.</p>	
<b>How to review for data quality:</b>	<p>Through routine data quality audits or assessments conducted by the program or externally.</p>	
<b>How to calculate annual totals:</b>	<p>This indicator calculates all sub-population categories that are relevant to each beneficiary that is active or graduated from an OVC comprehensive program at the time of reporting.</p>	
<b>Disaggregations:</b>	<b>Numerator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Sub-population types	<ul style="list-style-type: none"> <li>● Children/adolescents living with HIV</li> <li>● HIV-exposed infants (HEI)</li> <li>● Children of an HIV-positive caregiver</li> <li>● Children of female sex workers</li> <li>● Sexual violence against children (SVAC)/ gender-based violence (GBV) victims</li> <li>● Adolescent mothers</li> <li>● Other sub-population groups (none of the above categories apply)</li> <li>● Non-priority groups (none of the above categories apply)</li> </ul>
	<b>Denominator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A

# OVC\_DREAMS\_OVERLAP

<b>Description:</b>	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
<b>Numerator:</b>	Number of OVC beneficiaries 10–17 years old served by an OVC comprehensive program who also are served by DREAMS
<b>Denominator:</b>	Number of OVC program beneficiaries 10–17 years old (OVC_SERV 10–17 years old, “active” or “graduated”)
<b>Geographic reporting level:</b>	OU
<b>Reporting frequency:</b>	Semi-annual
<b>How to use:</b>	<p>This indicator is a subset of OVC_SERV from the Monitoring, Evaluation, and Reporting FY20 Indicator Reference Guide (MER 2.5 guidance). This indicator counts all beneficiaries 10–17 years old who are “active” in or “graduated” from an OVC comprehensive program, who are also served by a DREAMS program from the same implementing partner during the reporting period. In other words, this indicator counts OVC_SERV &lt;18 years old who are being served by the OVC comprehensive program and also a DREAMS intervention from the same implementing partner. Beneficiaries served by a DREAMS intervention could have initiated or completed any primary or secondary DREAMS intervention during the reporting period.</p> <p>This indicator is used to track the percentage of OVC program beneficiaries served by a comprehensive program who are also active in DREAMS during the reporting period. It can be used to compare trends over time, and to understand beneficiaries served by both programs (in OVC and DREAMS) across geographic locations or partners, etc. The identification of programs, sites, and/or geographic locations with relatively higher double enrollment rates can be useful for understanding targeting and outreach, and designing special studies on the effectiveness and impact of OVC comprehensive and/or DREAMS programs. Conversely, programs, sites, and/or geographic locations with relatively lower double enrollment rates can be useful for providing targeted technical assistance to increase enrollment. This type of data can also be useful for understanding situational contexts and beneficiary needs.</p>
<b>How to collect:</b>	Implementing partners who are providing both comprehensive CM support and DREAMS interventions should track this information through unique beneficiary identification systems.
<b>How to review for data quality:</b>	Through routine data quality audits or assessments conducted by the program or externally. The denominator should be greater than or equal to the numerator.
<b>How to calculate annual totals:</b>	This indicator is a subset of OVC_SERV and, therefore, follows the same annual calculation as OVC_SERV (see MER 2.5 guidance).

<b>Disaggregations:</b>	<b>Numerator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Age and sex	• 10–14 F, 15–17 F
	<b>Denominator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A

<b>OVC_HIVSTAT_18+</b>	
<b>Description:</b>	Percentage of OVC_SERV beneficiaries 18 years old and above (active or graduated) who are served by an OVC comprehensive program with HIV status reported to the implementing partner
<b>Numerator:</b>	Number of children (>18 years old) and caregivers (active or graduated) who are served by an OVC comprehensive program with HIV status reported, disaggregated by HIV status
<b>Denominator:</b>	Number of beneficiaries 18 years old and above (active or graduated) served by the OVC comprehensive program (OVC_SERV >18 years old)
<b>Geographic reporting level:</b>	OU
<b>Reporting frequency:</b>	Semi-annual
<b>How to use:</b>	<p>It is imperative for PEPFAR implementing partners to monitor HIV status among OVC beneficiaries and their caregivers, to assess their risk of HIV infection, and to facilitate access and retention in ART for those who are HIV positive.</p> <p>OVC_HIVSTAT is a required MER 2.5 indicator. The goal of monitoring OVC_HIVSTAT is to increase the proportion of beneficiaries reported as active or graduated under OVC_SERV under age 18 with a known HIV status or for whom an HIV test is not required based on a risk assessment. OVC_HIVSTAT_18+ captures the same information as OVC_HIVSTAT per the MER 2.5 guidance, but for beneficiaries in the 18+ years old categories, who are included in OVC_SERV but excluded from OVC_HIVSTAT totals per the MER 2.5 guidance.</p> <ul style="list-style-type: none"> <li>• This indicator is NOT intended to be an indicator of HIV tests performed or the receipt of test results because these are measured elsewhere in MER 2.5, and confirmed test results are frequently unavailable to community organizations because of patient confidentiality.</li> <li>• This indicator is NOT intended to imply that all OVC beneficiaries require an HIV test. OVC and their caregivers with known positive or negative status do not need to be tested. OVC and caregivers with unknown HIV status should be assessed for risk, and if determined to be at risk, should be referred or otherwise supported to access HIV</li> </ul>

	<p>testing services. An HIV risk assessment should always occur before HIV testing to determine whether a test is required.</p> <ul style="list-style-type: none"> <li>• Status disclosure to the implementing partner is NOT a prerequisite for enrollment or continuation in an OVC program. OVC programs serve persons of positive, negative, and unknown HIV status appropriate to their needs and vulnerability to HIV. This indicator ensures that implementing partners are regularly providing outreach to caregivers to identify their children’s HIV status, encouraging family disclosure, and linkages to testing, care, and treatment services, as needed.</li> <li>• This indicator captures whether implementing partners are tracking the self-reported HIV status and enrollment in ART of HIV-positive OVC 18 years old and older (youth 18–20 years old) and caregivers 18+ years. Testing results for OVC and caregivers who are referred for testing should be reported under HTS_TST based on the service delivery point at which they are tested.</li> <li>• This indicator also captures whether implementing partners are tracking whether the OVC (youth 18–20 years old) and caregivers 18+ years that they serve who report being HIV positive are successfully linked to and retained in treatment. ART status should be recorded at the time of enrollment and updated at regular intervals, at least once each quarter.</li> <li>• Because this is not a testing indicator, HIV positivity yield should NOT be calculated based on this indicator. Yield calculations should only be made by testing partners.</li> <li>• A helpful way to assess OVC_HIVSTAT_18+ performance is to create a “known status proxy” category of known status/risk (by combining those reported positive, negative, and those who have been risk assessed and found to not require a test), and compare them with OVC_SERV 18+. This analysis encourages programs to actively follow up on all instances of “HIV status unknown” by targeting instances of missing data, nondisclosure, and issues with reporting timing. This updated way of reviewing the data provides insight on OVC and caregivers with known status, and identifies where additional follow-up is needed for those with unknown status.</li> </ul>
<p><b>How to collect:</b></p>	<p>Data sources for this indicator include HIV test results that are self-reported, results of HIV risk assessments conducted by implementing partners, registers, referral forms, client records, or other confidential CM and program monitoring tools that track those in treatment and care.</p> <p>Implementation of the HIV risk assessment should be integrated in CM and ongoing case monitoring, and should not be conducted separately, if possible. Beneficiaries reported as “test not required based on risk assessment” with no changes in their risk situation for the past six months do not need to be reassessed. If the implementing partner believes that the individual’s risk situation has changed in the last six months, the beneficiary should be reassessed by the implementing partner to determine whether testing is indicated. The partner should work out a timeline based on its experience of how long referral completion and status disclosure usually takes, and factor that in its CM processes.</p> <p>See OVC_HIVSTAT in the MER 2.5 guidance for example scenarios of how this indicator should be calculated.</p>

<b>How to review for data quality:</b>	<p>OVC_HIVSTAT_18+ numerator = 18+ HIV positive + 18+ HIV negative + 18+ HIV status unknown + 18+ HIV test not required based on risk assessment.</p> <p>OVC_HIVSTAT_18+ numerator = OVC_SERV 18+ (active or graduated).</p> <p>OVC_HIVSTAT_18+ disaggregates = OVC_SERV 18+ (active or graduated).</p> <p>Any missing data should be documented under “HIV status unknown” or “reported HIV positive – not currently receiving ART or ART status unknown.”</p>	
<b>How to calculate annual totals:</b>	This indicator is a subset of OVC_SERV 18+ and, therefore, is calculated based on the calculations described in the MER 2.5 guidance.	
<b>Disaggregations:</b>	<b>Numerator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Status type	<p>Follow the same disaggregates for OVC_HIVSTAT &lt;18 (see MER 2.5 guidance for more details on each disaggregate):</p> <ul style="list-style-type: none"> <li>● Reported HIV positive to the implementing partner; 18–20 F/M youth, 18+ F/M caregivers <ul style="list-style-type: none"> <li>○ Currently on ART</li> <li>○ Not currently on ART or ART status unknown</li> </ul> </li> <li>● Reported HIV negative to the implementing partner; 18–20 F/M youth, 18+ F/M caregivers</li> <li>● Test not required based on risk assessment; 18–20 F/M youth, 18+ F/M caregivers</li> <li>● No HIV status reported to the implementing partner (HIV status unknown); 18–20 F/M youth, 18+ F/M caregivers</li> </ul>
	<b>Denominator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
N/A	N/A	

<b>OVC_HIVSTAT_UNKNOWN</b>	
<b>Description:</b>	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 HIV status
<b>Numerator:</b>	Number of <18 year old beneficiaries (active or graduated) served by the OVC comprehensive program whose HIV status is unknown to the implementing partner, by reasons for unknown HIV status (OVC_HIVSTAT disaggregated by reason for unknown status)
<b>Denominator:</b>	N/A
<b>Geographic reporting level:</b>	OU

<b>Reporting frequency:</b>	Semi-annual
<b>How to use:</b>	<p>Given the elevated risk of HIV infection among children affected by and vulnerable to HIV, it is imperative for PEPFAR implementing partners to monitor HIV status among OVC beneficiaries, to assess their risk of HIV infection, and to facilitate access and retention in ART for those who are HIV positive.</p> <p>OVC_HIVSTAT is a required MER 2.5 indicator. The goal of monitoring OVC_HIVSTAT is to increase the proportion of beneficiaries reported as active or graduated under OVC_SERV under age 18 with a known HIV status or for whom an HIV test is not required based on a risk assessment. OVC_HIVSTAT_UNKNOWN captures the same information as OVC_HIVSTAT, but only for the beneficiaries with unknown status. In other words, this indicator is a further disaggregation of the OVC_HIVSTAT unknown disaggregate.</p> <p>The reasons for HIV status being unknown include the following:</p> <ul style="list-style-type: none"> <li>● <u>Not assessed for HIV risk</u> (either the program has not yet requested the HIV status, not yet assessed for HIV risk, or the caregiver refused to consent for the child to be assessed for HIV risk)</li> <li>● <u>Assessed, at risk but not referred</u> (referral not yet made or caregiver refused the referral)</li> <li>● <u>Referred, but test not yet completed</u> (caregiver has not yet completed the testing referral or not reported whether he or she has completed the testing referral)</li> <li>● <u>Tested, but results not reported</u> (have not yet received results of the HIV test or the caregiver refused to disclose status after testing)</li> <li>● <u>Missing information</u> (all other categories)</li> </ul> <p>Note that each possible scenario described in parentheses should be considered from a program monitoring perspective, but is not required for reporting. For example, an implementing partner may monitor both possible scenarios of “not assessed for HIV risk”: (1) the program has not yet assessed; and (2) the caregiver refused to consent for the child to be assessed. Although this may be useful at the program level, it is not required for reporting purposes.</p>
<b>How to collect:</b>	<p>Reasons for unknown HIV status data should be collected through program registers, beneficiary case files, HIV risk assessment tool, other CM records, and/or other monitoring tools.</p> <p>Implementation of HIV risk assessment should be integrated in CM and ongoing case monitoring, and should not be conducted separately, if possible. This will vary by implementing partner and project. The partner should work out a timeline based on its experience of how long referral completion and status disclosure usually take, and factor this in its CM processes.</p>
<b>How to review for data quality:</b>	All disaggregates should add up = OVC_HIVSTAT_UNKNOWN numerator; and should equal the difference between the MER 2.5 indicators:

	(OVC_SERV<18) minus ( $\leq 18+$ HIV positive + $\leq 18$ HIV negative + $\leq 18$ HIV test not required based on risk assessment).	
<b>How to calculate annual totals:</b>	This indicator is a subset of OVC_HIVSTAT and, therefore, is calculated based on the calculations described in the MER 2.5 guidance.	
<b>Disaggregations:</b>	<b>Numerator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Reason for unknown status	<ul style="list-style-type: none"> <li>● Not assessed</li> <li>● Assessed, at risk but not referred</li> <li>● Referred, but test not yet completed</li> <li>● Tested, but results not reported</li> <li>● Missing information</li> </ul>
	<b>Denominator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A

<h2>OVC_TST_ASSESS</h2>	
<b>Description:</b>	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.
<b>Numerator:</b>	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.
<b>Denominator:</b>	None
<b>Geographic reporting level:</b>	OU
<b>Reporting frequency:</b>	Semi-annual
<b>How to use:</b>	<p>Given the elevated risk of HIV infection among children affected by and vulnerable to HIV, it is imperative for PEPFAR implementing partners to monitor HIV status among OVC beneficiaries, to assess their risk of HIV infection, and to facilitate access, initiation, and retention in ART for those who are HIV positive.</p> <p>PEPFAR OVC programs should support caregivers of children to disclose to the program the HIV status of child/adolescent beneficiaries. When appropriate, (i.e., the child or adolescent has never been tested or his/her circumstances are such that a risk assessment is warranted), the program</p>



	<p>should conduct an assessment of HIV risk. This assessment will determine which beneficiaries the program should refer to HIV testing and which are deemed “test not required.”</p> <p>When the implementing partner determines that the beneficiary is at risk of HIV infection, the program should refer him/her for HIV testing and counseling services. After the implementing partner refers “at risk” beneficiaries for testing, the partner should follow up to make sure that the test was conducted and to support the caregiver to disclose the results of the test.</p> <p>This indicator counts the number of beneficiaries &lt;18 years old (active in and graduated from an OVC comprehensive program) whose most recent HIV risk assessment has been conducted during the reporting period, regardless of the results of the risk assessment. Counting the most recent assessment will eliminate the possibility of double counting a beneficiary. This does not include any HIV risk assessments administered during previous reporting periods.</p> <p>Only HIV risk assessments of active or graduated beneficiaries in an OVC comprehensive program are reported in OVC_TST_ASSESS. Administering an HIV risk assessment alone is not a qualifying service under OVC_SERV. Refer to MER 2.5 guidance to determine how to calculate OVC_SERV.</p> <p>The reporting periods are defined as follows for this indicator:  SAPR: count the most recent HIV risk assessment per beneficiary from Q1 and Q2  APR: count the most recent HIV risk assessment per beneficiary from Q1, Q2, Q3, and Q4</p>
<p><b>How to collect:</b></p>	<p>Data sources for this indicator include client records or other confidential CM and program monitoring tools that track HIV risk assessments and assessment results.</p> <p>Implementation of the HIV risk assessment should be integrated in CM and ongoing case monitoring, and should not be conducted separately, if possible. Children reported as “test not required based on risk assessment” with no known or perceived changes in their risk situation for the past six months do not need to be reassessed. If the implementing partner believes that the child’s HIV risk profile has changed in the last six months, then the child should be reassessed by the implementing partner to determine whether testing is required. The appropriate follow-up should be provided to the child based on his/her HIV assessment and HIV test results, where testing is required.</p>
<p><b>How to review for data quality:</b></p>	<p>Through routine data quality audits or assessments conducted by the program or externally.</p> <p>OVC_TST_ASSESS is less than or equal to (OVC_SERV &lt;18 years served by an OVC comprehensive program)</p>

<b>How to calculate annual totals:</b>	Annual totals include children and adolescents <18 years whose most recent HIV risk assessment was conducted during the previous four quarters (Q1, Q2, Q3, and Q4).	
<b>Disaggregations:</b>	<b>Numerator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A
	<b>Denominator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A

<h2>OVC_TST_RISK</h2>	
<b>Description:</b>	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
<b>Numerator:</b>	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
<b>Denominator:</b>	None
<b>Geographic reporting level:</b>	OU
<b>Reporting frequency:</b>	Semi-annual
<b>How to use:</b>	<p>Given the elevated risk of HIV infection among children affected by and vulnerable to HIV, it is imperative for PEPFAR implementing partners to monitor HIV status among OVC beneficiaries, to assess their risk of HIV infection, and to facilitate access, initiation, and retention in ART for those who are HIV positive.</p> <p>PEPFAR OVC programs should support caregivers of children to disclose to the program the HIV status of child/adolescent beneficiaries. When appropriate, (i.e., the child or adolescent has never been tested or his/her circumstances are such that a risk assessment is warranted), the program should conduct an assessment of HIV risk. This assessment will determine which beneficiaries the program should refer to HIV testing and which are deemed “test not required.”</p> <p>When the implementing partner determines that the beneficiary is at risk of HIV infection, the program should refer him/her for HIV testing and counseling services. After the implementing partner refers “at risk” beneficiaries for testing, the partner should follow up to make sure that the test was conducted and to support the caregiver to disclose the results of the test.</p>

	<p>This indicator tracks the number of beneficiaries &lt;18 years old (active or graduated) in an OVC comprehensive program who were determined to be “at risk” for HIV infection based on a risk assessment administered during the current reporting period. This indicator does not include any “at risk” findings from HIV risk assessments administered during previous reporting periods. All beneficiaries assessed for risk should be counted only once, regardless of whether they were assessed multiple times during a reporting period.</p> <p>If a beneficiary &lt; 18 years old is assessed for risk of HIV infection, but he or she is not counted as active or graduated in OVC_SERV, then the “at risk” finding of his/her most recent risk assessment cannot count toward this indicator. Only active and graduated beneficiaries found to be at risk can be reported in OVC_TST_RISK. Administering an HIV risk assessment alone is not a qualifying service under OVC_SERV.</p> <p>The reporting periods are defined as follows for this indicator:  SAPR: count the most recent HIV risk assessment per beneficiary from Q1 and Q2  APR: count the most recent HIV risk assessment per beneficiary from Q1, Q2, Q3, and Q4</p>												
<b>How to collect:</b>	<p>Data sources for this indicator include client records or other confidential CM and program monitoring tools that track HIV risk assessments and assessment results.</p> <p>Implementation of the HIV risk assessment should be integrated in CM and ongoing case monitoring, and should not be conducted separately, if possible. Children reported as “test not required based on risk assessment” with no changes in their risk situation for the past six months do not need to be reassessed. If the implementing partner believes that the child’s HIV risk profile has changed in the last six months, then the child should be reassessed by the implementing partner to determine whether testing is required. The appropriate follow-up should be provided to the child based on his/her HIV assessment and HIV test results, where testing is required.</p>												
<b>How to review for data quality:</b>	<p>Through routine data quality audits or assessments conducted by the program or externally.</p> <p>OVC_TST_RISK is less than or equal to OVC_TST_ASSESS</p>												
<b>How to calculate annual totals:</b>	<p>Annual totals include children and adolescents &lt;18 years who were ever found to be at risk based on an HIV risk assessment conducted in the previous four quarters (Q1, Q2, Q3, and Q4).</p>												
<b>Disaggregations:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0f2f7;"> <th colspan="2" style="text-align: center;">Numerator disaggregations</th> </tr> <tr style="background-color: #1a237e; color: white;"> <th style="text-align: center;">Disaggregate groups</th> <th style="text-align: center;">Disaggregates</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr style="background-color: #e0f2f7;"> <th colspan="2" style="text-align: center;">Denominator disaggregations</th> </tr> <tr style="background-color: #1a237e; color: white;"> <th style="text-align: center;">Disaggregate groups</th> <th style="text-align: center;">Disaggregates</th> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> </tbody> </table>	Numerator disaggregations		Disaggregate groups	Disaggregates	N/A	N/A	Denominator disaggregations		Disaggregate groups	Disaggregates	N/A	N/A
Numerator disaggregations													
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Denominator disaggregations													
Disaggregate groups	Disaggregates												
N/A	N/A												

# OVC\_TST\_REFER

<b>Description:</b>	Number of children and adolescents <18 years (active or graduated) served by an OVC comprehensive program that initiated a referral for HIV testing and counseling services
<b>Numerator:</b>	Number of children and adolescents <18 years (active or graduated) served by an OVC comprehensive program that initiated a referral for HIV testing and counseling services
<b>Denominator:</b>	None
<b>Geographic reporting level:</b>	OU
<b>Reporting frequency:</b>	Semi-annual
<b>How to use:</b>	<p>Given the elevated risk of HIV infection among children affected by and vulnerable to HIV, it is imperative for PEPFAR implementing partners to monitor HIV status among OVC beneficiaries, to assess their risk of HIV infection, and to facilitate access, initiation, and retention in ART for those who are HIV positive.</p> <p>PEPFAR OVC programs should support caregivers of children to disclose the HIV status of child/adolescent beneficiaries to the program. When appropriate, (i.e., the child or adolescent has never been tested or his/her circumstances are such that a risk assessment is warranted), the program should conduct an assessment of HIV risk. This assessment will determine which beneficiaries the program should refer to HIV testing and which are deemed “test not required.”</p> <p>When the implementing partner determines that the beneficiary is at risk of HIV infection, the program should refer him/her for HIV testing and counseling services. After the implementing partner refers “at risk” beneficiaries for testing, the partner should follow up to make sure that the test was conducted and to support the caregiver to disclose the results of the test.</p> <p>This indicator tracks the number of unique beneficiaries &lt; 18 years (active or graduated) served by an OVC comprehensive program who are referred for HIV testing and counseling during the reporting period, regardless of when the beneficiary was determined to be at risk. If the caregiver refuses the referral of the child or adolescent for any reason, the referral is not counted under this indicator because the referral could not be officially made. All beneficiaries referred for testing should be counted only once, regardless of the number of times they were referred during a reporting period.</p> <p>This indicator is not a direct subset of OVC_TST_RISK because it is possible that beneficiaries who are “at risk” from a previous reporting period could be referred during the current reporting period.</p>

	<p>The reporting periods are defined as follows for this indicator:  SAPR: count the most recent HIV testing and counseling referral per beneficiary from Q1 and Q2  APR: count the most recent HIV testing and counseling referral per beneficiary from Q1, Q2, Q3, and Q4</p>	
<b>How to collect:</b>	Data sources for this indicator include client records or other confidential CM and program monitoring tools that track HIV testing and counseling referrals made.	
<b>How to review for data quality:</b>	<p>Through routine data quality audits or assessments conducted by the program or externally.</p> <p>OVC_TST_REFERER is less than or equal to (OVC_SERV &lt; 18 years served by an OVC comprehensive program)</p>	
<b>How to calculate annual totals:</b>	Annual totals include children and adolescents <18 years who initiated a referral to HIV testing and counseling in the previous four quarters (Q1, Q2, Q3, and Q4).	
<b>Disaggregations:</b>	<b>Numerator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A
	<b>Denominator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A

<h2>OVC_TST_REPORT</h2>	
<b>Description:</b>	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
<b>Numerator:</b>	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
<b>Denominator:</b>	None
<b>Geographic reporting level:</b>	OU
<b>Reporting frequency:</b>	Semi-annual
<b>How to use:</b>	Given the elevated risk of HIV infection among children affected by and vulnerable to HIV, it is imperative for PEPFAR implementing partners to monitor HIV status among OVC beneficiaries, to assess their risk of HIV

	<p>infection, and to facilitate access, initiation, and retention in ART for those who are HIV positive.</p> <p>PEPFAR OVC programs should support caregivers of children to disclose the HIV status of child/adolescent beneficiaries to the program. When appropriate, (i.e., the child or adolescent has never been tested or their circumstances are such that a risk assessment is warranted), the program should conduct an assessment of HIV risk. This assessment will determine which beneficiaries the program should refer to HIV testing and which are deemed “test not required.”</p> <p>When the implementing partner determines that the beneficiary is at risk of HIV infection, the program should refer him/her for HIV testing and counseling services. After the implementing partner refers “at risk” beneficiaries for testing, the partner should follow up to make sure that the test was conducted and to support the caregiver to disclose the results of the test.</p> <p>This indicator measures whether beneficiaries who are referred for testing are being tested and reporting the results of the test to the PEPFAR OVC implementing partner.</p> <p>This indicator tracks the number of beneficiaries &lt;18 years (active or graduated) served by an OVC comprehensive program who reported an HIV test result to the implementing partner during the reporting period, regardless of when the beneficiary was assessed for risk or referred for testing. This means that a beneficiary could have been referred for testing during a previous reporting period, but disclosed the test result to the implementing partner during the current reporting period. All beneficiaries should be counted only once, regardless of the number of times they were tested and self-reported during a reporting period.</p> <p>As a result, this indicator is not necessarily a subset of OVC_TST_REFER because it is possible that beneficiaries who were referred during a previous reporting period report their status during the current reporting period.</p> <p>The reporting periods are defined as follows for this indicator:  SAPR: count the most recent HIV test result reported to the implementing partner per beneficiary from Q1 and Q2  APR: count the most recent HIV test result reported to the implementing partner per beneficiary from Q1, Q2, Q3, and Q4</p>
<p><b>How to collect:</b></p>	<p>Data sources for this indicator include client records or other confidential CM and program monitoring tools that track HIV risk assessments and assessment results and referrals.</p> <p>Results of HIV tests are self-reported by the beneficiary to the PEPFAR OVC implementing partner. This self-reported information should be tracked by the program. The aim is for 100 percent of beneficiaries who are referred for testing, receive a test result, and self-report that result to the implementing</p>

	partner. Programs showing less than 100 percent should explore the reasons why testing is not occurring and/or the results are not being reported to the implementing partner.	
<b>How to review for data quality:</b>	<p>Through routine data quality audits or assessments conducted by the program or externally.</p> <p>OVC_TST_RESULT &lt; (OVC_SERV &lt; 18 years served by an OVC comprehensive program)</p> <p>OVC_TST_RESULT &lt;= (OVC_HIVSTAT disaggregates of Positive, Negative, or Test Not Required)</p>	
<b>How to calculate annual totals:</b>	Annual totals include children and adolescents <18 years who reported their HIV test result to the implementing partner in the previous four quarters (Q1, Q2, Q3, and Q4).	
<b>Disaggregations:</b>	<b>Numerator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A
	<b>Denominator disaggregations</b>	
	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	N/A	N/A



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