INDICATOR: Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV

STANDARD SECTOR INDICATOR CODE: HE_HIV_185

Type: Output  Unit of Measure: Individual

STANDARD SECTOR INDICATOR CODE: HE_HIV_185

PROJECT AREA: HIV/AIDS

Disaggregation: Active by Age: <1, 1–4, 5–9, 10–14 Males, 10–14 Female, 15–17 Male, 15–17 Female, 18+ Males, 18+ Females
Graduated by Age: <1, 1–4, 5–9, 10–14 Males, 10–14 Female, 15–17 Male, 15–17 Female, 18+ Males, 18+ Females

Status: PEPFAR-supported partner; Transferred out to a non-PEPFAR supported partner; Exited without graduation

Related Objective: Increase access to gender-equitable care, support, and treatment for people living with or affected by HIV/AIDS, including orphans and vulnerable children (OVC) and their families (Objective 2)

Precise definitions

Beneficiaries: In this indicator, OVC, family members, or caregivers can be included if they have received a service:

- **OVC**: children under 18 who are most affected\(^1\) by HIV, including:
  - Children orphaned due to HIV/AIDS (having lost one or both parents)
  - Children directly affected by the disease, which includes children:
    - living with HIV
    - living in a household where there is a person living with HIV or that has taken in an orphan
    - exposed to HIV (in vitro, during delivery, or during breastfeeding)
  - Children vulnerable to HIV or its socioeconomic effects in high-HIV prevalence areas (e.g., adolescent girls and young women at risk)
  - Other vulnerable populations as defined by each country and/or PEPFAR interagency teams
- **Caregivers of OVC**: Caregivers include parent(s), guardian(s), or foster parent(s) (formal or informal) who have primary responsibility in the home for caring for a child affected by HIV/AIDS.

Served by PEPFAR OVC programs: Only children and their caregivers who actually received one or more services in each of the preceding two quarters should be counted in this indicator. OVC who have registered for the program (i.e., have been enrolled and assessed) but have not yet received any services should not be counted in the results. A beneficiary enrolled for the first time during the reporting period must receive at least one service during the previous two quarters.

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\(^1\) The definition of “affected” children includes, but is not limited to, children living with HIV. The Peace Corps and PEPFAR recognize that individuals, families, and communities are affected by HIV in ways that may hinder the medical outcomes of PLHIV as well as the emotional and physical development of OVC. Please consult your PC/post staff for country-specific guidance or prioritized populations defined in the PEPFAR Country Operation Plan.
quarter. The purpose of this indicator is to assure that beneficiaries are being reached promptly and regularly with needed support.

**Participation status:** The goal of OVC programs is to build stability and resilience in OVC and their families. By tracking and reporting on the participant status of individuals receiving OVC services (See Annex 1 for an illustrative list of services), this indicator can be used to measure how successful the OVC program is in building resilience. PCVs should report age and sex disaggregation of all individuals they served during a time period.

**Active OVC_SERV beneficiaries** include several, potentially overlapping, categories of recipients with the following requirements:

1. Child beneficiary ("OVC") aged 0–17 (note: children aged 18 to 20 still completing their secondary education may be included per the PEPFAR [OVC 2012 Guidance](https)):
   - Has a case plan developed (or updated) in the last 12 months
   - Continues to be monitored at least quarterly, but as often as is necessary according to the child’s safety, schooling, stability, and health status. Monitoring includes establishing contact in person, or virtually where needed, to ensure that the case plan is progressing, and documentation of this contact is recorded in the case plan.
   - Has received directly from the project, was facilitated to obtain, or has a completed a referral for **at least one intervention in each of the preceding two quarters** (see Annex 1, Figure 1 for illustrative eligible interventions for children ages 0–17).

2. Assessment, enrollment, case plan development, and case plan monitoring are considered administrative processes rather than services but remain critical to ensuring provision of needs-based services in a timely manner.

2. Caregiver beneficiary (primarily aged 18+) of an OVC (child/adolescent aged 0–17 or 18–20 still enrolled in secondary education) who has met the following criteria:
   - Has received directly from the project, was facilitated to obtain, or has a completed a referral for **at least one caregiver intervention in each of the preceding two quarters** (see Annex 1, Figure 2 for illustrative examples).
   - In addition, select services, including parenting, household economic strengthening, and food security interventions (specified in Figure 1 in italics), qualify both the caregiver and OVC to be counted as active.

3. DREAMS participant aged 10–17
   - A DREAMS participant who is not otherwise actively enrolled in an OVC program must receive a DREAMS service/intervention that is also included in the list of OVC_SERV illustrative services (Annex 1, Figure 1). However, they are not required to have a case plan.

**“Graduation”** is defined as when a child or caregiver enrolled in a PEPFAR OVC program is deemed to have become more stable and is no longer in need of project-provided services. For caregivers and children 17 or under (or aged 18-20 and completing secondary education for OVC program beneficiaries), to be counted as an individual graduated in DATIM, all child and all caregiver beneficiaries in a household must meet all applicable (age and HIV-status specific) graduation benchmarks established by PEPFAR for improving stability in the household. For the purposes of graduation, a household is defined as all children in the household under 18 and a child’s caregiver(s) (not to exceed two people). PEPFAR guidance for graduation from an OVC project includes the following eight benchmarks (see Appendix 2 for additional details and definitions).

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2 Regular participation should be defined based on the specific intervention and the level of participation required to derive the full intended benefit. Because some interventions can take more than a year to complete, the intervention does not have to be fully completed in the quarter to be counted.
In general, Peace Corps will have a low number of OVC graduating based on the nature of its programming. It is expected that posts will report the majority of beneficiaries as “active” or “transferred out to a PEPFAR-supported partner” when PCVs complete their service.

Exited or Transferred Disaggregate Definitions:
- “Transferred out to a non-PEPFAR-supported partner” is defined as when a child or caregiver beneficiary has transitioned to programs that are not PEPFAR funded. These could include country-led services or other donor-funded programs.
- “Transferred out to a PEPFAR-supported partner” is defined as when a child or caregiver beneficiary has transitioned from the support of one PEPFAR partner to another PEPFAR partner.
- “Exited without graduation” is defined as when a child or caregiver has not received program services in each of the past two preceding quarters or is lost-to-follow up, relocated, died, or the child has aged-out of the program without meeting graduation benchmarks from PEPFAR OVC program.


Other considerations

**Intervention delivery methods:**
- **Child-focused, family-centered interventions** should focus on building the resilience of all members of a household, especially children and their caregivers. Volunteers should work with counterparts to assess and then address the needs of families by either providing services or referrals to the appropriate service in order to build capacity at the household level.
- **Working with caregivers:** While programs must continue to improve child outcomes, the primary strategy for achieving childhood and adolescent outcomes is by strengthening parents and caregivers so they can provide for their children’s basic needs.
- **Group size:** The session must be provided by the Volunteer or their counterpart, with Volunteer as co-facilitator, in a small group setting. Small-group-level activities are those delivered in settings of 25 or less. (e.g., workplace programs, men’s support groups, etc.)
- **Minimum services provided:** There is not a specific package of services for OVCs and caregivers. Volunteers should work with their counterparts to prioritize interventions focused on the most critical needs for the household. Caregivers and OVC should be provided at least one service within each three-month time period. Services should ideally be provided on an ongoing basis throughout the year. Consult your project framework and PC/post staff on which services have already been identified or align with PEPFAR Country Operation Plan priorities. Refer to the PEPFAR OVC Guidance (2012) or the most recent PEPFAR Technical Considerations for more information on the types of services.
- **Orphanages, residential-care institutions, or facilities:** The Peace Corps approach to OVC programming seeks to build individual resilience, strengthen families, and build capacity to keep orphaned, infected, and/or affected children within the family structure. Volunteers should work to implement interventions that promote family involvement in the provision of care, treatment, and support for the needs of all children within the household.

**Data collection**

**Tool:** OVC Tracking Sheet. The post or PCV can modify the Excel template as needed.

**Frequency of data collection and tracking:** Data should be tracked on an ongoing basis as PCVs implement activities. Data should be aggregated and reported based on the post-determined reporting frequency.
Reporting

To report on this indicator, an activity\(^3\) under an OVC program must meet the following criteria:

- Participants are orphans or vulnerable children (OVC), family member of OVC, or caregivers of OVC based on a country’s PEPFAR interagency definition.
- Uses evidence-based interventions or services for OVC and their caregivers (see PEPFAR Guidance on OVC for further information: https://www.pepfar.gov/documents/organization/195702.pdf).
- Provides ongoing services to OVC or their caregivers at least once every three months.
- Participation and services provided are documented by the Volunteer or their counterpart.
- Services are provided in an individual or small group setting of 25 or less by the Volunteer, their counterpart with the Volunteer as co-facilitator, or an organization that is receiving capacity-building support from the Volunteer.
- Provides services aligned with at least one\(^4\) of the services included in Annex 1.

**Note:** Individuals may only be counted once as part of this indicator in a given fiscal year (October–September). They may be counted again in a new fiscal year. If the same individual is eligible for measurement for another indicator, he/she may be counted for that indicator according to the guidelines in that indicator’s reference sheet.

**Overlap with PLHIV-care and -support indicators:** OVC services are intended to increase the stability and resilience in children and families exposed to, living with, or affected by HIV/AIDS through appropriate referrals to case management and linkages to or provision of health and socioeconomic interventions. OVC and caregiver activities can, therefore, be provided to HIV-positive and -negative children as well as their families. If PLHIV participate in activities that meet the criteria to be counted under both OVC- and PLHIV-care and -support indicators, please report them under both.

**Overlap with prevention and gender indicators:** If the OVC or their caregivers also participate in activities that meet the criteria to be counted under an HIV-prevention or gender indicator, please report them under both.

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\(^3\) An OVC program should be designed to provide at least one service to the same individuals’ overtime. These different service(s), or activities, can be from one or multiple OVC programmatic areas.

\(^4\) Volunteers do not have to implement the full array of comprehensive services listed, but can work with other partners and stakeholders to implement these services in the communities that they serve. Most of these services are a part of PEPFAR’s OVC Programming Portfolio, which is aligned with the PEPFAR’s DREAMS package of services and ACT Initiative.
### Annex 1: Illustrative Services for OVC Programs

#### Figure 1. Illustrative eligible interventions for active OVC beneficiaries (ages 0–17)

<table>
<thead>
<tr>
<th>DOMAINS</th>
<th>Received directly from project, was facilitated to obtain (e.g., transport subsidy, accompaniment), or has a completed referral, for at least one of the following interventions in each of the preceding two quarters:⁵, ⁶</th>
</tr>
</thead>
</table>
| Healthy         | • Health insurance coverage or health access card  
• Insecticide-treated mosquito net (ITN)  
• Age-appropriate HIV treatment literacy (for CLHIV)  
• Age-appropriate HIV disclosure support  
• HIV adherence support  
• HIV-related testing (EID, TB, CD4 VL)  
• HIV (or related opportunistic infection) treatment  
• STI treatment  
• Emergency or routine healthcare  
• Structured PLHA support group |
| Infants and young children | • Early infant diagnosis (EID)  
• Supplementary or therapeutic foods based on moderate or severe acute malnutrition status (per assessment, e.g., MUAC)  
• Immunization appropriate to age-based national protocol  
• One-on-one or small group instruction in early child development via a structured intervention by a trained provider  
• Regularly tracked developmental milestones in HIV affected, HIV-exposed uninfected (HEU), and infected infants and young children  
• Completed referrals for developmental support for HEU and HIV-infected children |
| Adolescents     | • Referral for FP/SRH counseling (including PrEP and condoms as age-appropriate)  
• VMMC  
• Substance abuse support provided by a trained provider |
| Safe            | • Safety plan  
• Structured family group conferencing to prevent occurrence/reoccurrence of violence, abuse, exploitation, or neglect  
• Structured psychosocial support related to family conflict mitigation and family relationships  
• Trauma-informed counseling from a trained provider  
• Post-violence care from health facility, mobile unit, or one-stop center  
• Session with child protection officer, police, or other local child protection authority  
• Project-filed report of suspected abuse to child protection office, police, or other local authority  
• Emergency shelter/care facility/kinship care placement and monitoring |

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⁵ Activities in italics can be counted toward both the child and caregiver.  
⁶ Regular participation should be defined based on the specific intervention and the level of participation required to derive the full intended benefit. Because some interventions can take more than a year to complete, the intervention does not have to be fully completed in the quarter to be counted.
<table>
<thead>
<tr>
<th>Category</th>
<th>Services</th>
</tr>
</thead>
</table>
| Infants and young children | - Legal assistance related to maltreatment, gender-based violence (GBV), trafficking, and exploitation  
                      |   - Caregiver participated in a structured, HIV-sensitive, evidence-based early childhood intervention with a trained provider |
| Adolescents    | - Structured safe-spaces intervention  
                      |   - Evidenced-based intervention on preventing HIV and violence, and in reducing and avoiding sexual risk  
                      |   - Caregiver participated in an evidence-based parenting intervention to prevent and reduce violence and/or sexual risk of their children |
| Schooled?      | - Received regular assistance or support with homework (e.g., homework club participation)  
                      |   - Received school uniform, books, or other materials  
                      |   - Received bursary, tuition, school fees, or fee exemption  
                      |   - Received assistance for re-enrollment (for drop-outs or teen mothers) |
| Stable         | - Legal and other administrative fees related to guardianship, civil registration, or inheritance  
                      |   - Succession plan  
                      |   - Cash transfer or another social grant  
                      |   - Short-term emergency cash support  
                      |   - Evidenced-based food security intervention  
                      |   - Caregiver or adolescent regularly participated in a market-linked economic-strengthening activity, such as:  
                      |     - financial literacy training  
                      |     - business skills training  
                      |     - entrepreneurship training and support  
                      |     - agribusiness training  
                      |     - women's economic empowerment  
                      |     - savings groups  
                      |     - linkages to formal financial institutions (banks, credit unions, MFIS, etc.)  
                      |     - numeracy training  
                      |     - soft skills training (job readiness, borrower training, career planning, etc.)  
                      |     - small business support (business planning, market linkages, etc.) |

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7 OVC support to complete secondary education may include beneficiaries ages 18 to 20.
Figure 2. Illustrative eligible interventions for active caregiver beneficiaries

<table>
<thead>
<tr>
<th>DOMAINS</th>
<th>Caregiver received directly from project, was facilitated to obtain (e.g., transport subsidy, accompaniment), or has a completed referral for at least one of the following interventions in each of the preceding two quarters: 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>• Emergency health care&lt;br&gt;• Received adherence counseling and retention support, ART refill, checked medication adherence (e.g., pill count)&lt;br&gt;• Counseling related to HIV disclosure by a trained provider&lt;br&gt;• HIV-related testing, treatment, and care&lt;br&gt;• HIV-prevention support, including PrEP, condoms, and VMMC&lt;br&gt;• Structured PLHA support group&lt;br&gt;• <em>Family health card or insurance</em>&lt;br&gt;• STI treatment&lt;br&gt;• Perinatal care including PMTCT&lt;br&gt;• Substance abuse support by a trained provider&lt;br&gt;• FP/SRH counseling and/or products, including PrEP and condoms&lt;br&gt;• Household hygiene counseling and WASH messaging</td>
</tr>
<tr>
<td>Safe</td>
<td>• Post-violence trauma-informed counseling from a trained provider&lt;br&gt;• Post-violence medical care&lt;br&gt;• Emergency shelter/care facility&lt;br&gt;• Legal assistance related to maltreatment, GBV, exploitation&lt;br&gt;• <em>Evidenced-based parenting intervention</em></td>
</tr>
<tr>
<td>Stable</td>
<td>• Legal and other administrative fees related to guardianship, civil registration, or inheritance&lt;br&gt;• Safe shelter-related repair or construction&lt;br&gt;• Cash transfer or another social grant&lt;br&gt;• Short-term emergency cash support&lt;br&gt;• <em>Evidenced-based food security intervention</em>&lt;br&gt;• Caregiver regularly participated in a market-linked economic strengthening activity such as:&lt;br&gt;  •  financial literacy training&lt;br&gt;  •  business skills training&lt;br&gt;  •  entrepreneurship training and support&lt;br&gt;  •  agribusiness training&lt;br&gt;  •  women’s economic empowerment&lt;br&gt;  •  savings groups&lt;br&gt;  •  linkages to formal financial institutions (banks, credit unions, MFIs, etc.)&lt;br&gt;  •  numeracy training&lt;br&gt;  •  soft skills training (job readiness, borrower training, career planning, etc.)&lt;br&gt;  •  small business support (business planning, market linkages, etc.)</td>
</tr>
</tbody>
</table>

Note: While comprehensive, this list is not exhaustive. For services that are not captured in the list, local USG funding agency approval must be received in order to count these services towards active OVC status.

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8 Regular participation should be defined based on the specific intervention and the level of participation required to derive the full intended benefit. Because some interventions can take more than a year to complete, the intervention does not have to be fully completed in the quarter to be counted.
Annex 2: Graduation Benchmarks

**DOMAIN: HEALTHY**

4. 1.1.1. BENCHMARK: All children, adolescents, and caregivers in the household have known HIV status or test not required based on risk assessment

5. 1.2.1. (a) BENCHMARK: All HIV+ children, adolescents and caregivers in the household with a viral load result documented in the medical record and/or laboratory information systems (LIS) have been virally suppressed for the last 12 months.

   OR if viral load testing or viral load testing results are unavailable at clinic treating HIV+ beneficiaries, then:

   1.2.1. (b) BENCHMARK: All HIV+ children, adolescents, and caregivers in the household have adhered to treatment for 12 months after initiation of antiretroviral therapy

6. 1.3.1. BENCHMARK: All adolescents 10–17 years of age in the household have key knowledge about preventing HIV infection

7. 1.4.1. BENCHMARK: No children < 5 years in the household are undernourished

**DOMAIN: STABLE**

8. 2.1.1. BENCHMARK: Caregivers are able to access money (without selling productive assets) to pay for school fees and medical costs for children aged 0–17

**DOMAIN: SAFE**

9. 3.1.1. BENCHMARK: No children, adolescents, and caregivers in the household report experiences of violence (including physical violence, emotional violence, sexual violence, gender based violence, and neglect) in the last 6 months

10. 3.1.2. BENCHMARK: All children and adolescents in the household are under the care of a stable adult caregiver

**DOMAIN: SCHOOLED**

4.1.1. BENCHMARK: All school-age children and adolescents in the household regularly attend school and progressed in school during the last year