

<p>STANDARD SECTOR INDICATOR CODE: HE-186-PEPFAR PEPFAR CODE: OVC_ACC</p>	<p>OVC HIV Access: Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: HIV Mitigation <ul style="list-style-type: none"> • Project Activity Area/Training Package: Community Care of OVC • Project Activity Area/Training Package: HIV Care, Support, and Treatment 	
<p>Type: Output</p>	<p>Unit of Measure: Eligible Adults and Children</p>	<p>Disaggregation:</p> <p>Sex: Male, Female</p> <p>Age: Under 1 year, 1-4 years, 5-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years</p>
<p>To be counted for this indicator the following criteria must be met:</p> <ul style="list-style-type: none"> • Beneficiaries (OVC and their caregivers) must be part of an HKID (PEPFAR funding that is specifically for OVC) funded program. <ul style="list-style-type: none"> ○ Examples of HKID funded programs include: Posts should insert examples of local HKID funded programs. • Beneficiaries must be scheduled to receive support from an HKID funded program at least once every three months. • As a result of the work of the PCV and the PCV’s counterparts, the OVC or caregiver must have received access to clinical services, which include, but are not limited to, testing, PMTCT services, care and/or treatment. If the person received access to services more than once in the quarter, please count the individual once. • The individual must be an active beneficiary of a program providing services for children and families affected by HIV/AIDS. Types of services are outlined in the 2012 PEPFAR OVC Guidance and the most recent PEPFAR Technical Considerations for HKID funded programs. In general, those services include psychological, spiritual, preventive, food support, nutritional counseling, shelter, protection, access to health care, education, economic strengthening. • This indicator is a subset of HE-185-PEPFAR (“OVC_SERV”) and is generated by counting the number of active beneficiaries (see definition of an ‘active beneficiary’ below) who were enabled to access a clinical HIV service through accompaniment, providing transport, bringing such services to the participants, or another system or process facilitating access to clinical HIV services. Clinical HIV services include, but are not limited to, testing, care and/or treatment services. If the same individual was provided access to any clinical HIV service more than once in the last reporting period, the person receiving the service only counts once. Confirmation that the service to which the person was referred was actually received is not necessary to be included in this indicator unless demanded so by a country’s own requirement. • This access to service must have been provided as a result of the PCV’s efforts or by the PCV and/or their partners. 		

- Research shows ideal group size is less than 25 individuals, although in some instances group size can be significantly larger.
- Receipt of service must be documented by the Volunteer or their partner.

NOTE: Reporting on this indicator is not simply the sum of the individuals served by all partners. The total reported should be of unique individuals (i.e. an individual should only be counted once in the aggregated total). An individual is likely to receive several Care services provided by different partners or multiple services by the same partner. The total should reflect the number of unique individuals receiving services and not the number of services provided. Individuals who receive services from more than one partner or provider should be de-duplicated at the program summary reporting level. For example: individuals may receive psychological services from a support group and nutritional support from a community garden group. However, such individuals should only be reported once for the Umbrella Care indicator. That same individual may also be reported under Prevention and/or Treatment service indicators.

Definitions:

Active Beneficiary: Children or caregivers who have received at least one qualifying, HKID funded service during the last 3 months.

Qualifying Services are outlined in the [2012 PEPFAR OVC Guidance](#) and the most recent PEPFAR Technical Considerations section for HKID funded programs. In general, these services include psychological, spiritual, food support, shelter, protection, access to health care, education, economic strengthening.

Orphans and Vulnerable Children: Children < 18 affected by AIDS, often referred to as orphans and vulnerable children (OVC) are children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects.

Caregiver of an OVC: A parent, guardian, foster parent (formal or informal) who has primary responsibility in the home for caring for a child affected by HIV/ AIDS.

Note about potential overlap between HE-185 (OVC_SERV) and HE-184 (CARE_COMM): Since CARE_COMM *Number of HIV-infected adults and children receiving care and support services outside of the health facility* measures care and support services delivered to HIV positive individuals in community settings, there may be overlap between the HIV positive adults and children individuals counted under CARE_COMM and OVC_SERV. If HIV positive individuals meet criteria to be counted under both indicators, please include them under both.

Rationale:

PEPFAR OVC programs serve children who may already be infected by HIV or are at high risk of becoming HIV infected, either through mother-to-child transmission or sexual transmission. It is important for OVC programs to link potentially HIV-exposed infants and/or their caregivers to PMTCT programs and to connect children of all ages, particularly adolescents, to HIV testing and counseling. Furthermore, it is critical for OVC programs to connect HIV-infected children with treatment, counseling and support services.

This indicator will enable PEPFAR headquarters to:

1. Gain a basic, but essential, understanding of the support OVC programs provide to their beneficiaries to enable them to access HIV-related services.
2. Provide important information to stakeholders about the OVC contribution to the clinical goals of the PEPFAR continuum of response.
3. Triangulate data with other OVC output indicators to track levels of OVC services provided across all PEPFAR countries over time.

At the country level, this indicator will enable PEPFAR country teams, governments, implementing partners, and other in-country counterparts to:

1. Assess the extent to which OVC support services link to clinical HIV services.
2. Identify programmatic gaps by analyzing the number and ages of people receiving support to access clinical services
3. Estimate the reach of services in particular geographic areas.
4. Advocate for greater resources and technical assistance to enable OVC programs to contribute to the continuum of response.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a tracking sheet that collects the names, sex and age of participants who were trained in or directly received at least one (1) Care service (psychological, spiritual, preventive, food support, shelter, protection, access to health care, education, economic strengthening) will capture the needed data. A tracking sheet may include:
 - a. The name/title of the intervention/project
 - b. The start and end date
 - c. Location where the intervention is conducted
 - d. A brief description of the activities of the intervention
 - e. Beneficiaries - see disaggregation
 - f. Names of organization/partners collaborated with in implementing the intervention
 - g. Source and amount of funding, if funds are used
2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on frequency of measurement).
3. **Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.
4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) or provide a direct service on at least one (1) minimum care service (psychological, spiritual, preventive, food support, shelter, protection, access to health care, education, economic strengthening) he/she will keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.
5. **Definition of change:** Outputs do not measure any changes. However, a minimum expectation for any care service to be counted for this indicator is that a PLHIV, caregiver of an OVC, or an OVC must directly receive at least one (1) service in the area of psychological, spiritual, preventive, food support, shelter, protection, access to health care, or education, economic strengthening to be counted for this indicator.

- 6. Reporting:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).” This indicator is intended to capture programs targeting PLHIV, caregiver of an OVC, or an OVC. The number can be generated by counting the number of PLHIV, caregivers of OVC, or OVCs receiving a service in the areas of psychological, spiritual, preventive, food support, shelter, protection, access to health care, education, economic strengthening training or service.
- 7. Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by Sex and Age. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by Sex and Age. When reporting in the VRF, a volunteer should disaggregate the total number of male and female individuals by: under 1 year, 1-4 years, 5-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years .

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator:
HE-185-PEPFAR (OVC_SERV)