

## Standard Sector Indicator Reference Sheet

### INDICATOR: Number of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner, disaggregated by status type

**STANDARD SECTOR**

**HEALTH SECTOR** 

**PROJECT AREA:** HIV/AIDS

**INDICATOR CODE:**

HE\_HIV\_201

**Type:** Outcome

**Unit of Measure:** Individual

**Disaggregation:**

HIV positive: On treatment;  
 HIV Positive: Not on treatment/TXt  
 unknown; HIV negative;  
 Test not required based on risk  
 assessment;  
 No HIV Status reported to IP;

**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

#### Precise definitions

**OVC:** This indicator is related to indicator HE\_HIV\_185: *Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV.* An OVC should only be counted in this indicator if also included in HE\_HIV\_185 and under the age of 18. This is, in effect, a subset of HE\_HIV\_185.

The Peace Corps and PEPFAR define children orphaned or made vulnerable by HIV (OVC) as children **under 18** who are *most affected*<sup>1</sup> 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

**Reported to implementing partner:** 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 treatment for those who are HIV positive.

<sup>1</sup> The definition of “affected” children includes, but is not limited to, children infected 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 people living with HIV 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.

That said, Peace Corps does not encourage Volunteers to seek out the status of all OVC they are working with. Rather, Volunteers are encouraged to link OVC with appropriate organizations or testing services. This would include working with other IPs to support risk assessments or testing services. If a PCVs already knows the status of an OVC, then they can report it. For example, if the PCV is implementing an ALHIV support group, you should report HIV Positive and the appropriate sub-category to reflect the OVCs ART status.

**Note: The HIV status of individuals is very sensitive information and PCVs should take all precaution to protect this information.**

#### **HIV-status type disaggregate definitions:**

- **“Reported HIV positive to IP”** includes beneficiaries <age 18 who report to the IP or PCV that they are HIV positive based on an HIV test conducted during or prior to the reporting period (regardless of where the test occurred). All beneficiaries <age 18 who report to the IP/PCV that they are HIV positive based on an HIV test conducted during or prior to the reporting period (regardless of where the test occurred) should be reported as either:
  - **“Currently receiving ART”** or
  - **“Not currently receiving ART or ART Status Unknown.”**

This also includes beneficiaries <age 18 who report that they are HIV positive based on an HIV test conducted during previous project reporting periods. OVC entered in either category as “Reported HIV positive—currently receiving ART” or “Reported HIV positive— not currently receiving ART or ART Status Unknown” in the previous reporting period should be followed in the current reporting period and their current ART treatment status noted.

- **“Reported HIV negative to IP”** includes beneficiaries <age 18 who report that they are HIV negative to the IP or PCV based on an HIV test conducted during the reporting period (regardless of where the test occurred). For a child who reports multiple tests within the current period, use most recent test. For beneficiaries entered as “Reported HIV negative to IP” in a previous reporting period—if the IP believes the child’s risk has not changed in the last six months, they should continue to report the child as negative during the current reporting period.

However, if the PCV believes that the child has recently been exposed to risk of HIV infection (e.g., sexual violence) or if an adolescent has become sexually active, then the PCV should refer the youth to an IP to complete an HIV risk assessment

- **“Test not required based on risk assessment”** includes beneficiaries (OVC\_SERV<age 18) who based on a risk assessment made by the implementing partner do not require a test during the reporting period (formerly known as test not indicated). (Consensus Conference Technical Report on the Role of OVC Programs Supported by PEPFAR in Extending Access to HTS includes further information on determining whether a test is required). The risk assessment should not be done by a PCV, but by a trained case manager that the PCV is working with or counterpart.
- **“No HIV status reported to the IP”** (HIV status unknown) includes all beneficiaries <age 18 who do not fit in the above categories and who report to the IP or PCV that they do not know their HIV status or for whom HIV status is missing. Potential scenarios for reporting a child in this category include:
  - **Not yet assessed:** Child enrolled in program, but not yet assessed for HIV risk.

- **Refuse HIV assessment:** Caregiver has been approached, but did not agree to let the IP conduct a risk assessment on the child in the reporting period.
- **At risk for HIV:** Child has been assessed and is at risk for HIV, but caregiver has not yet taken child to be tested (including if they have refused testing referral or if they have accepted the referral but not yet completed the test).
- **HIV referral completed:** OVC has completed HIV test, but result is not available OR caregiver doesn't report results to IP in the reporting period.
- **Refuse report:** Caregiver has been approached by IP but have not yet agreed to disclose whether the child has been tested and his/her current HIV status in the reporting period
- **Missing:** No available data, including because an IP or PCV did not attempt to find out about a child's status.

As stated above, it is not the role of the PCV to ask HIV status, but to work with the organization or case manager who is supporting the child. **It is assumed that most of the Peace Corps reported data will fall under this final disaggregate.**

See also:

PEPFAR Monitoring, Evaluation and Reporting (MER 2.4) Indicator Reference Guide:

<https://www.state.gov/pepfar-fiscal-year-2020-monitoring-evaluation-and-reporting-guidance/>

PEPFAR OVC Guidance, 2012: <https://www.pepfar.gov/documents/organization/195702.pdf>

## Other Considerations

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, and to facilitate access and retention in ART treatment for those living with HIV. When the implementing partner knows the children's HIV status, the program can contribute to ensuring that OVC are linked to appropriate care services, treatment services, and all essential elements of quality case management. OVC programs can also play an important role in family-centered disclosure for those living with HIV.

- This indicator is *not* intended to be an indicator of HIV tests performed or receipt of testing results, as these are measured elsewhere, and test results are frequently unavailable to community organizations due to health facility concerns about patient confidentiality.
- This indicator is *not* intended to imply that all OVC beneficiaries require an HIV test. OVC with known positive or negative status do not need to be tested. Only OVC with no HIV status or children reported to be negative and recently experiencing sexual violence and/or other risk factors in the reporting period should be assessed for HIV risk. Older children who the IP thinks may be sexually active should be assessed every reporting period.
- 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 IPs are regularly providing outreach to caregivers to identify children's HIV status, encourage family disclosure and linkage to care and treatment as needed.

## 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.

**IMPORTANT NOTE:** HIV status, especially of youth, is sensitive information. It is included in the tracking sheet for ease of reporting, but PCVs need to take extreme caution if status is actually recorded on this sheet. It should only be accessible by the PCV and counterpart, if they already know the status. If this is stored electronically, it should be password protected. If it is used in paper copy, it should be kept within a nondescript folder that hides the information and stored in a locked file cabinet.

## Reporting

**To be reported on this indicator, individuals must meet the following criteria:**

- Be an orphan or vulnerable child (OVC) under 18 years of age.
- Be provided ongoing services through an OVC program supported by the Peace Corps Volunteer and their counterpart at least once every three months.
- Be provided services aligned with at least one<sup>2</sup> of the services included in Annex 1.

**Note:** Individual 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 FY. 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.

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<sup>2</sup> 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)

DOMAINS	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: <sup>3, 4</sup>
<b>Healthy</b>	<ul style="list-style-type: none"> <li>• Health insurance coverage or health access card</li> <li>• Insecticide-treated mosquito net (ITN)</li> <li>• Age-appropriate HIV treatment literacy (for CLHIV)</li> <li>• Age-appropriate HIV disclosure support</li> <li>• HIV adherence support</li> <li>• HIV-related testing (EID, TB, CD4 VL)</li> <li>• HIV (or related opportunistic infection) treatment</li> <li>• STI treatment</li> <li>• Emergency or routine healthcare</li> <li>• Structured PLHA support group</li> </ul> <p><b>Infants and young children</b></p> <ul style="list-style-type: none"> <li>• Early infant diagnosis (EID)</li> <li>• Supplementary or therapeutic foods based on moderate or severe acute malnutrition status (per assessment, e.g., MUAC)</li> <li>• Immunization appropriate to age-based national protocol</li> <li>• One-on-one or small group instruction in early child development via a structured intervention by a trained provider</li> <li>• Regularly tracked developmental milestones in HIV affected, HIV-exposed uninfected (HEU), and infected infants and young children</li> <li>• Completed referrals for developmental support for HEU and HIV-infected children</li> </ul> <p><b>Adolescents</b></p> <ul style="list-style-type: none"> <li>• Referral for FP/SRH counseling (including PrEP and condoms as age-appropriate)</li> <li>• VMMC</li> <li>• Substance abuse support provided by a trained provider</li> </ul>
<b>Safe</b>	<ul style="list-style-type: none"> <li>• Safety plan</li> <li>• Structured family group conferencing to prevent occurrence/reoccurrence of violence, abuse, exploitation, or neglect</li> <li>• Structured psychosocial support related to family conflict mitigation and family relationships</li> <li>• Trauma-informed counseling from a trained provider</li> <li>• Post-violence care from health facility, mobile unit, or one-stop center</li> <li>• Session with child protection officer, police, or other local child protection authority</li> <li>• Project-filed report of suspected abuse to child protection office, police, or other local authority</li> <li>• Emergency shelter/care facility/ kinship care placement and monitoring</li> </ul>

<sup>3</sup> Activities in italics can be counted toward both the child and caregiver.

<sup>4</sup> 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.

	<ul style="list-style-type: none"> <li>• Legal assistance related to maltreatment, gender-based violence (GBV), trafficking, and exploitation</li> </ul> <p><b>Infants and young children</b></p> <ul style="list-style-type: none"> <li>• <i>Caregiver participated in a structured, HIV-sensitive, evidence-based early childhood intervention with a trained provider</i></li> </ul> <p><b>Adolescents</b></p> <ul style="list-style-type: none"> <li>• Structured safe-spaces intervention</li> <li>• Evidenced-based intervention on preventing HIV and violence, and in reducing and avoiding sexual risk</li> <li>• <i>Caregiver participated in an evidence-based parenting intervention to prevent and reduce violence and/or sexual risk of their children</i></li> </ul>
<b>Schooled<sup>5</sup></b>	<ul style="list-style-type: none"> <li>• Received regular assistance or support with homework (e.g., homework club participation)</li> <li>• Received school uniform, books, or other materials</li> <li>• Received bursary, tuition, school fees, or fee exemption</li> <li>• Received assistance for re-enrollment (for drop-outs or teen mothers)</li> </ul>
<b>Stable</b>	<ul style="list-style-type: none"> <li>• Legal and other administrative fees related to guardianship, civil registration, or inheritance</li> <li>• Succession plan</li> <li>• <i>Cash transfer or another social grant</i></li> <li>• <i>Short-term emergency cash support</i></li> <li>• <i>Evidenced-based food security intervention</i></li> <li>• <i>Caregiver or adolescent regularly participated in a <u>market-linked</u> economic-strengthening activity, such as:</i> <ul style="list-style-type: none"> <li>○ <i>financial literacy training</i></li> <li>○ <i>business skills training</i></li> <li>○ <i>entrepreneurship training and support</i></li> <li>○ <i>agribusiness training</i></li> <li>○ <i>women's economic empowerment</i></li> <li>○ <i>savings groups</i></li> <li>○ <i>linkages to formal financial institutions (banks, credit unions, MFIS, etc.)</i></li> <li>○ <i>numeracy training</i></li> <li>○ <i>soft skills training (job readiness, borrower training, career planning, etc.)</i></li> <li>○ <i>small business support (business planning, market linkages, etc.)</i></li> </ul> </li> </ul>

<sup>5</sup> OVC support to complete secondary education may include beneficiaries ages 18 to 20.