STANDARD SECTOR INDICATOR CODE: HE-185-PEPFAR **PEPFAR CODE**: C1.1.D	**Children and Families Served by OVC Programs:** Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS.	

HEALTH SECTOR	**Sector Schematic Alignment**
	• **Project Area:** HIV Mitigation
	  • **Project Activity Area/Training Package:** Community Care of OVC
	  • **Project Activity Area/Training Package:** HIV Care, Support, and Treatment	

Type: Output	**Unit of Measure**: Eligible Adults and Children **Target Population:** OVC, Caregiver, PLHIV	**Disaggregation**: **Sex:** Male, Female **Age:** <1 years, 1-4 years, 5-9 years, 10-14 years, 15-17 years, 18+

To be counted for this indicator the following criteria must be met:

- 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 PEFPAR 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.
- The services 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 service during the last 3 months.

Qualifying Services are outlined in the 2012 PEPFAR OVC Guidance and the most recent PEFPAR 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.

Rationale: PEPFAR is mandated to care for children orphaned or made vulnerable by HIV. Mitigating the impact that HIV is having on children and the families that support them is integral to a comprehensive HIV response. It is important to note that the definition of "affected" children includes but is not limited to children infected with HIV. PEPFAR recognizes that individuals, families, and communities are being affected by HIV in ways that may hinder the medical outcomes of HIV-positive persons as well as the emotional and physical development of children orphaned or made vulnerable by HIV. A variety of services are supported through PEPFAR to mitigate these effects in order to improve health and wellbeing outcomes of adults and children including the developmental growth of children and the quality of life of adults and children living with and affected by HIV.

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 attend at least one (1) hour of training on or 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 in attendance at a training for or 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 individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years and the total number of female individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 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:
1. PLHIV Served
2. OVC Served