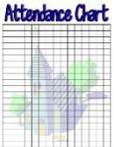


HE-185-PEPFAR (PEPFAR: OVC_SERV)	Indicator Title: OVC Served Statement: Number of individuals served by OVC programs for children and families affected by HIV/AIDS.
Health Sector	HIV Epidemic Response: Community Care of Orphans & Vulnerable Children
Type: Output	Unit of Measure: Individuals who are OVC or Caregivers of OVC Disaggregation: Sex: Male, Female; Age (years): <1, 1-4, 5-9, 10-14, 15-17, 18-24, 25+; Participation Status: Aged out, Left program
<p>Rationale: Peace Corps’ orphans and vulnerable children (OVC) programs contribute to the achievement of an AIDS-free generation by promoting stable and resilient HIV-affected children and their families through community- and household-level services designed to reduce their adversity. OVC programs responding to the social (including economic) and emotional consequences of the disease on children, their families, and communities that support them. This indicator monitors the number of OVCs and caregivers receiving services supported by Volunteers and measures how successful programs are in building resiliency in OVCs by tracking their participation status overtime.</p> <p>To report on this indicator, an activity¹ under an OVC program must meet the following criteria:</p> <ul style="list-style-type: none"> ☑ Participants must be orphans or vulnerable children (OVC) or caregivers of OVCs ☑ Use evidence-based interventions or services for OVCs and their caregivers ☑ Provide ongoing services to the OVCs or their caregivers at least once every 3 months ☑ Participation and services provided must be documented ☑ Services must be provided in an individual or small-group setting by the Volunteer, their counterpart with the Volunteer as co-facilitator, or an organization that is receiving capacity building support from the Volunteer ☑ Provide services aligned with <u>at least one</u>² of the following OVC programming areas: <ul style="list-style-type: none"> ○ Education, including early childhood development (ECD) and out-of-school programs ○ Psychosocial Care and Support, including parenting & caregiver programs ○ Household Economic Strengthening, including financial literacy, savings, budgeting ○ Health and Nutrition, including assessments and access to services ○ Capacity Building of OVC Organizations ○ Child Protection, including GBV prevention ○ Legal Protection, specifically providing referrals for birth certificate registration <p>How to Collect and Report Data</p> <ul style="list-style-type: none"> • How to collect data? Volunteers should use data collection tools, such as a chart to track services provided to participants, to record the following information to assist with reporting: <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">  <p>Attendance Chart</p> </div> <div> <p>WHO: Participants’ name³, age and sex Names of collaborating organizations/partners</p> <p>WHAT: Title of the activity and services provided</p> <p>WHEN: Dates that services were delivered</p> <p>WHERE: Location where the activity is conducted</p> <p>WHY: A brief description of the activity and services provided</p> </div> </div>	

¹ 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.

² 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.

³ Check with PC/Post staff and counterpart for appropriateness of collecting participant names with activities.

- **How often to collect?** Volunteers should track the number of individuals who participated in each session¹ of the activity.
- **How to report in VRF?** Volunteers should report the total number of unique participants in the VRF each reporting period, disaggregated by Age and Sex (see Figure 1).⁴ For OVC programs, Volunteers also need to indicate how many participants are no longer active in the ongoing activit(ies), and report the number of participants by age and sex for each service area (see p.4). See programmatic guidance below for definitions.

Figure 1: VRF Data Entry Screen

Males Under 1	0
Males 1-4	0
Males 5-9	0
Males 10-14	0
Males 15-17	0
Males 18-24	0
Males 25+	0
Females Under 1	0
Females 1-4	0
Females 5-9	0
Females 10-14	0
Females 15-17	0
Females 18-24	0
Females 25+	0

Participation Status:

Number who aged out: _____

Number who left program: _____

Total: # _____

Service Area: Did your activity cover Education Support?

Please enter the values for these age and sex groups for this service area

Males 10-14	<input type="text"/>
Males 15-17	<input type="text"/>
Males 18-24	<input type="text"/>
Males 25+	<input type="text"/>
Females 10-14	<input type="text"/>
Females 15-17	<input type="text"/>
Females 18-24	<input type="text"/>
Females 25+	<input type="text"/>

Programmatic Guidance for OVC Programs

OVC. The Peace Corps and PEPFAR defines children orphaned or made vulnerable by HIV (OVC) as children less than 18 who are *most affected* 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 (HIV+),
 - living in a household where there is an HIV+ person or has taken in an orphan,
 - exposed to HIV (in vitro, during delivery, or during breastfeeding)
- Children vulnerable to HIV or its socio-economic effects in high HIV prevalence areas (e.g., adolescent girls at risk)

Note: The definition of “affected” children includes, but is not limited to, children *infected* with HIV. The Peace Corps and PEPFAR recognizes that individuals, families, and communities are affected by HIV in ways that may hinder the medical outcomes of HIV+ persons as well as the emotional and physical development of OVCs. Please consult your PC/Post staff for country-specific guidance or prioritized populations defined in the PEPFAR Country Operation Plan.

Caregivers of OVCs. 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.

Participation Status. The goal of OVC programs is to build stability and resiliency in OVCs and their families. By tracking and reporting on the participant status of individuals receiving OVC services, this indicator can be used to measure how successful the OVC program is in building resiliency.

- **Active** – Individuals who have received at least one service during the last 3 months and who will continue to receive services at least once every three months.
- **Aged out** (graduated/completed) – Children who have turned 18, are no longer enrolled in secondary school, and have worked with a social worker or community health professional to develop a transition plan.
- **Left program** (transferred)– Individuals who did not receive at least one service in the last 3 months and are not expected to return to receive services in the next three months (i.e., the individual has left and will not continue to participate in the activity).

Eligibility. OVCs and their caregivers are eligible to be counted by this indicator. A young person who turns 18 while receiving OVC services should not automatically be excluded from activities.

⁴ Individuals receiving more than one type of OVC-related service should be counted only once a reporting period.

Volunteers and their counterparts should work with local social workers to plan for appropriate transition strategies and continue to support OVCs during their transition to adulthood.

Intervention Delivery Methods:

Child-focused, family-centered interventions that focus on building the resiliency of all members of a household, especially children and their caregivers, should take precedence over simply handing out materials or food to children identified as “OVC.” 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 small group settings (less than 25 people, e.g., workplace programs, men’s support groups, etc. Group size may vary by context, please consult your PC/Post staff to determine what the best group size is for your site.

Minimum Services Provided. There is no “minimum package of services.” Volunteers should work with their counterparts to prioritize interventions focused on the most critical care needs. Consult your project framework and with 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 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 programing seeks to build individual resiliency, strengthen families and build capacity to keep orphaned, infected and/or affected children with in the family structure. Volunteers should work to implement interventions that promote family involvement in the provision of care, treatment, and support needs of all children within the household.

DREAMS Requirements and Other OVC Indicators: PC/Posts within PEPFAR’s DREAMS countries⁵ need to report on age and sex disaggregation by service type within DREAMS’ prioritized communities (i.e., DREAMS SNU). Volunteers from these posts should consult their project framework or PC/Post staff on which types of services need to be tracked and reported under separate indicators.

Overlap with PLHIV Care & Support Indicators: Orphans and vulnerable children (OVC) services are intended to increase stability and resiliency in children and families-exposed, living with or affected by HIV/AIDS through appropriate referrals to case management and linkages to or provision of health and socio-economic interventions. OVC and caregiver activities can, therefore, be provided to HIV-positive and -negative children as well as their families. If HIV-positive individuals participate in activities that meet 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.

⁵ Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, and Zambia.

Child-focused, Family-centered Services for OVC Programming

Adapted from the PEPFAR OVC Guidance (2012)

Education: Support efforts to reduce educational disparities and barriers to access among school-age children by:

- 1) Ensuring children have a safe school environment and complete their primary education
- 2) Promoting access to early childhood development (ECD) programs
- 3) Ensuring personnel create child-friendly and HIV/AIDS- and gender-sensitive classrooms
- 4) Strengthening community-school relationships, including partnering with out-of-school programs
- 5) Post-primary school programming that supports the transition from primary to secondary school

Parenting and Caregiver Psychosocial Care and Support: Prioritize psychosocial services that build on existing community resources and keeping children in stable and affectionate environments through:

- 1) Parents and family support programs : Positive parenting, Parent Child Communication
- 2) Peer, support and social group programs or clubs
- 3) Mentorship / Youth Empowerment programs
- 4) Community caregiver support programs

Household Economic Strengthening (HES): Reduce the economic vulnerability of families and empower them to provide for the essential needs of the children in their care through:

- 1) Money management interventions for savings, access to consumer credit, and fostering knowledge and behaviors for better family financial management
- 2) Integration of HES activities with complementary interventions, such as parenting skills
- 3) Low risk income generating activities (IGA) to diversify and stimulate growth in household income

Health and Nutrition: Improve access to health and nutritional services through:

- 1) Child-focused, family-centered approaches to health and nutrition through ECD or school programs
- 2) Effective integration of or referral to existing or planned child-focused, community- or home-based activities, including: Prevention of mother-to-child transmission of HIV (PMTCT), treatment, STOMP Out Malaria/President's Malaria Initiative (PMI), and child survival
- 3) Reducing access barriers to health services through HES
- 4) Establishing linkages or referral systems between community- and clinic-based health and nutrition programs

Capacity Building: Support the capacity-building and systems-strengthening of OVC organizations by:

- 1) Building strong organizational leadership and governance skills
- 2) Improving financing for social service programs or OVC organizations
- 3) Strengthening information management of social service programs
- 4) Supporting coordination and networking within social service programs or OVC organizations

Child Protection: Develop appropriate strategies for preventing and responding to child abuse, exploitation, violence, and family separation by:

- 1) Supporting communities to prevent and respond to child protection or gender-based violence (GBV) issues, including gender norming and gender equitable programming.

Legal Protection: Develop strategies to ensure basic legal rights, birth registration, and inheritance rights to improve access to essential services and opportunities through:

- 1) Raising awareness about birth registration and succession planning

Volunteer Highlights:

After attending an OVC seminar, a Volunteer recognized the need to support OVC in her community and wanted to do more. She had luckily been approached by the director of the children's center in her community. The director wanted her to provide health education to the children, who ranged from 6 months to 17 years old, and their families using the center's facilities. To determine the needs of the youth and their caregivers, she and the director conducted a short survey of all members who used the center over two weeks.

Following the survey, they prioritized the needs and began to provide different services to children and their families. They reached out to the local social worker to implement sessions with mothers of children of using the center on how to incorporate early stimulation activities with their children. The Volunteer also used the *OVC Adult Manual* to facilitate the positive-parenting sessions with the mothers. Over the course of her two years, the mothers formed a group and were able to establish a savings and loan group to help cover the needs of their families. Similarly, the Volunteer and mothers group worked with the local social welfare office to receive training and a grant to start a piggery to generate income and fill a gap in their community.

Together with the director, she organized several HIV screenings, so children and families could learn their status and be referred to appropriate services. They worked with the mothers group and the local PTA to promote PMTCT and other the testing events. The Volunteer collaborated with the health management team and clinic to provide the boxes of tests and other materials necessary to carry out the exams. They involved staff from the local pediatric unit to provide the testing, so children and mothers could receive appropriate counseling and be connected to necessary MNCH services.

In addition to working with the mothers group, the Volunteer started a youth group for the adolescents who were HIV positive. The youth received clinical support at the pediatric center and were able to have a safe space to discuss and process their emotions and challenges with regards to their diagnosis. The Volunteer worked with the local youth officer and the social worker to lead the sessions and ensure that the adolescents were referred to social services that would enable them to stay healthy and in school. She also offered academic tutoring and support to all the youth in the group, especially those who were facing challenges performing in school.