Using the Indicator Matrix for Monitoring and Evaluating Programs Serving Orphans and Vulnerable Children: **Guidance**

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MEASURE Evaluation

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CONTENTS

TABLES

ABBREVIATIONS

ART	antiretroviral therapy
CSO	civil society organization
ESI	Essential Survey Indicators
HEI	HIV-exposed infant
IP	implementing partner
M&E	monitoring and evaluation
MER	monitoring, evaluation, and reporting
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
PIRS	Performance Indicator Reference Sheet
PMTCT	prevention of mother-to-child transmission
SI	strategic information
SIMS	Site Improvement Through Monitoring Systems
SOP	standard operating procedure
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government

DEFINITION OF TERMS

The terms used in this guide are defined as follows:

- A beneficiary is a person—a caregiver or orphan and vulnerable child (OVC)—who is a member of a household enrolled in an OVC project.
- Caseworker refers to a paid or unpaid OVC project worker who visits beneficiaries and provides referrals and/or services to the household.
- Case manager refers to a person working in a civil society organization or a government structure who is responsible for managing the data flow and providing technical support to and oversight of caseworkers.
- Caregiver refers to a parent or guardian responsible for a child.
- Program refers to all OVC programming in a specific country.
- Project refers to an individual OVC mechanism led by an implementing partner in a specific country that is part of a larger OVC program.
- Household refers to the family beneficiary unit, which consists of caregivers and children in a specific OVC project.

INTRODUCTION

The United States President's Emergency Plan for AIDS Relief (PEPAR) aims to mitigate the multidimensional and acute impact of HIV and AIDS on children through the provision of holistic, community-based care and support services. PEPFAR's approach to orphans and vulnerable children (OVC) programming focuses on socioeconomic and health promotion, and access to interventions that reduce vulnerability, contribute to primary prevention of HIV, and support access to and retention in treatment. The OVC programs provide family-centered, comprehensive care through case management and routine monitoring, in partnership with civil society partners (including nongovernmental organizations, faith-based organizations, and community-based organizations), the communities they serve, and their national, district, and local government counterparts. Strengthening the systems that support vulnerable children and families ensures that children living with HIV receive the support they need, and that children who are affected do not acquire the virus. OVC programming is one of the ways that PEPFAR is addressing the structural drivers of the HIV epidemic, which, if ignored, could reduce the effectiveness of other PEPFAR initiatives. OVC programs also prevent and respond to abuse, neglect, exploitation, and the separation of families, and otherwise promote the health and safety of children affected by HIV and other adversities. As such, they contribute to the global 95-95-95 targets that aim to diagnose 95 percent of those with HIV, provide 95 percent of those infected with antiretroviral therapy (ART), and achieve 95 percent viral suppression of those on treatment (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2014).

At a global level, PEPFAR requires OVC programs to measure the volume of beneficiaries (OVC_SERV) and of self-reports of HIV testing status (OVC_HIVSTAT) using its Monitoring, Evaluation and Reporting (MER) indicators, as described in the MER 2.0 (version 2.3) guidance (PEPFAR, 2018). Other project-level indicators can help determine, in a timely fashion, whether projects are executing all necessary functions along the causal pathway to achieve project goals and improve children's lives. For example, measuring the progress toward the achievement of active beneficiary targets is important but does not provide enough information to determine whether the interventions were delivered as intended, and therefore, whether they are sufficient to improve the well-being and developmental outcomes of the most vulnerable children and households.

Focusing on improving the ability of OVC programs to measure their impact, PEPFAR assembled a team of experts from its partner agencies and MEASURE Evaluation to design an indicator matrix that maps the current required PEPFAR OVC indicators and complements them with additional recommended foundational, process, output, and outcome indicators and the newly established PEPFAR Global OVC Graduation Benchmarks.[1]

[1] The Global OVC Benchmarks "have been established to ensure that PEPFAR programs have aligned objectives for progressing children and their caregivers to a minimum level of stability. Children and caregivers in a household move from active to graduated status together when each has met the minimum benchmarks (reflecting the family-centered nature of OVC programming)" (PEPFAR, 2018, p. 49).

The team's work resulted in "Monitoring and Evaluating Programs Serving Orphans and Vulnerable Children: An Indicator Matrix"—available at https://www.measureevaluation.org/resources/publications/tl-19-36. It has the following aims:

- Guide OVC program stakeholders to measure what matters and to consider repurposing or selecting new or custom indicators that better inform project performance.
- Provide sample indicators that can be used to measure how OVC projects are contributing to the global 95-95-95 targets and prevention and mitigation goals.
- Demonstrate relationships among PEPFAR's reporting requirements.

OVERVIEW OF THE GUIDE

Purpose of the Guide

The purpose of this document is to describe the indicator matrix and guide PEPFAR country teams and implementing partners (IPs) to select custom indicators for performance monitoring. The document can also support the development or revision of current monitoring and evaluation (M&E) plans.

Structure of the Guide

This guide is organized in two sections:

1. **Description of the Matrix** presents the purpose and structure of the OVC indicator matrix. This section describes the matrix's overall purpose—what it does and does not do— and how it is organized.
2. **Selecting and Adapting Indicators from the Matrix** describes the process that PEPFAR country teams and IPs can follow to select indicators from the matrix, adapt them to the local context, and use them for performance monitoring.

The OVC indicator matrix is provided here: https://www.measureevaluation.org/resources/publications/tl-19-36. Appendix A illustrates how the illustrative eligible services for active OVC beneficiaries are linked to the OVC indicator matrix.

DESCRIPTION OF THE MATRIX

Purpose of the Matrix

The OVC indicator matrix is a guide for PEPFAR country teams and IPs to select indicators that will allow them to understand whether (1) a project is implementing quality programming; (2) preconditions needed to achieve outcomes are in place; and (3) intended short-term and long-term project outcomes are being met. It is not intended to be prescriptive; rather, it serves as a menu of indicators that can be adapted based on a country's (and in some cases, a project's) specific interventions, context, and requirements.

The matrix has the following aims:

- Guide OVC project stakeholders to measure what matters and to consider repurposing or selecting new or custom indicators that will better inform project performance.
- Provide sample indicators that help measure how OVC projects are contributing to the global 95-95-95 targets prevention and mitigation goals.
- Demonstrate relationships among PEPFAR's reporting requirements.

The matrix does NOT aim to:

- Increase the M&E burden of OVC projects. It should be used as a tool to better determine which indicators are most useful and important for project monitoring and reporting.
- Standardize M&E of OVC projects globally. It should be tailored to current OVC M&E data collection tools, systems, and processes.
- Be used as a new MER reporting tool.

Description of the OVC Indicator Matrix

The matrix consists of nine subtables. The first two focus on OVC enrollment and case management, respectively, and the remaining seven focus on specific OVC program objectives. The program objectives are grouped in four domains (healthy, stable, safe, and schooled) that define OVC program goals. They are aligned with the 95-95-95 targets and the prevention and mitigation goals.

Indicator Matrix Subtables

Improve OVC identification and enrollment: OVC projects should use a standardized approach to identify and enroll vulnerable children and households affected by HIV.

Improve case management: Every enrolled household should have a case management plan that documents the needs of the household, the type and frequency of actions and services required, when actions or services were completed, and the achievement of benchmarks.

Domain 1: Healthy

Key Objective 1.1: Increase diagnosis of HIV infection: OVC projects should assess every OVC and caregiver for HIV risk, and refer beneficiaries at a high risk for HIV for testing. HIV-exposed infants

(HEIs) should be referred to testing according to prevention of mother-to-child transmission (PMTCT) guidelines. Ultimately, OVC projects should support all children and their caregivers at high risk for HIV to know their HIV status, and all HEIs should have access to a definitive HIV diagnosis.

Key Objective 1.2: Increase HIV treatment adherence, retention, and viral suppression: OVC projects should ensure that all HIV-infected OVCs and caregivers receive referrals to treatment; are followed up to ensure that they are adhering to their medication and are supported to be retained in treatment; and have access to the necessary counselling and education to continue their treatment and ultimately achieve viral suppression. Counselling and education should be provided to families or households to ensure that HIV-infected children and adolescents appropriately disclose their HIV status and that HIV-infected adolescents are supported to transition to adult care and treatment projects.

Key Objective 1.3: Reduce risk of HIV infection: OVC projects should ensure that adolescents have the knowledge and skills to stay healthy, and can access appropriate prevention and protection services. Projects should equip caregivers to support the unique health needs of adolescents. HIV-infected pregnant girls and young women should be supported to access PMTCT programs. Ultimately, OVC projects should help prevent adolescents from engaging in risky sexual behavior, protect them from sexual violence, and prevent seroconversion among HEIs.

Key Objective 1.4: Improve development for children under five years, especially HIV-infected and exposed infants: Projects should enable HIV-positive caregivers and caregivers of HIV-infected children to prevent, identify the signs and symptoms of, and respond to child malnutrition, common childhood illnesses, and delayed development among children under five years of age. Ultimately, OVC projects should support young children to become or remain healthy, well-nourished, and achieve age-appropriate developmental milestones.

The OVC Indicator Matrix and *95-95-95 HIV Fast Track Goals* (UNAIDS, 2014)

The UNAIDS global 95-95-95 targets and prevention goals for ending the HIV epidemic by 2030 have been woven into the OVC indicator matrix. Specifically:

- **Key Objective 1.1: Increase diagnosis of HIV infection** corresponds to the first "95," which aims for 95 percent of all people to know their HIV status by 2030.
- **Key Objective 1.2: Increase HIV treatment adherence, retention, and viral suppression** corresponds to the second and third "95s," which aim for 95 percent who know their status to be on treatment, and 95 percent of those on treatment to be virally suppressed.

Domain 2: Stable

Key Objective 2.1: Increase caregiver's ability to meet important family needs: Based on household assessments, OVC projects should ensure that primary caregivers receive and complete appropriate economic strengthening interventions, when needed. Ultimately, OVC projects should

ensure that caregivers have the economic resources to meet the basic needs of their children, such as nutritional, educational, and medical needs, and routine and unexpected household expenses.

Domain 3: Safe

Key Objective 3.1: Reduce risk of physical, emotional, and psychological injury due to exposure to violence: Children affected and/or infected by HIV and AIDS are often exposed to abuse, exploitation, and violence, which can lead to negative health and mental outcomes, such as injection drug use and infection with sexually transmitted infections, including HIV. HIV also puts increased stress on families, households, and communities that try to protect and/or support the vulnerable children. It is therefore important that OVC projects are vigilant in identifying households and other settings and situations (e.g., community, school, relationships) where violence against children can occur. OVC projects should refer adolescents and families that experience violence to appropriate services and follow up with them to ensure that the services have been received. They should also enable children and their caregivers to prevent and respond to violence, especially sexual violence in the case of adolescent females.

Domain 4: Schooled

Key Objective 4.1: Increased school attendance and progression: OVC projects should support children to access appropriate educational services, depending on their age, ability, and interests. Ultimately, OVC projects should ensure that school age children are enrolled in school, regularly attend, and progress to the next appropriate grade level.

Components of the OVC Indicator Matrix Subtables

The subtables have four categories of indicators: foundational, process, output, and outcome. Together, the categories reflect a pathway of indicators that a project should include to monitor the achievement of the purpose or objective in the respective subtable. Some indicators are based on PEPFAR's MER OVC indicators Version 2.3 (PEPFAR, 2018). Other indicators are derived from a specific question in the Site Improvement Through Monitoring Systems (SIMS) assessment tool (PEPFAR, 2018) or are taken from the OVC Essential Survey Indicators (ESI) (MEASURE Evaluation, 2014). Except for the PEPFAR MER OVC indicators, none of these indicators will be reported in DATIM.[2]

A description of the four indicator categories follows. The subtable for Key Objective 1.1 is used to provide specific examples for each description (Table 1).

Foundational Indicators

Foundational indicators are used to track whether a project has the necessary minimum standard operating procedures (SOPs) and operational and technical processes in place to deliver quality services to OVC beneficiaries. For example, as shown in Table 1, the foundational indicator, "Percentage of civil society organizations (CSOs) with a standard process to assess children and adolescents with unknown HIV status using an HIV risk assessment tool (ex. the HIV risk algorithm prototype) and to facilitate linkage to HIV

[2] Data for Accountability Transparency and Impact (DATIM) is the online portal that PEPFAR uses to collect and manage MER indicator data and other information.

testing services," measures whether CSOs have SOPs for HIV risk assessments and referrals for HIV testing if a test is required. Foundational indicators are not likely to be measured on a routine basis, but should be assessed periodically to make sure that the project complies with best practices and standards.

Process Indicators

Process indicators monitor the ability of an OVC project to implement the interventions according to plan and in line with program standards This often means checking for documented evidence of implemented interventions through review of household beneficiary case files.

For example, a key intervention to increase the diagnosis of HIV infection is to facilitate caregivers to access early infant diagnosis for HEIs. The process indicator, "Percentage of randomly sampled active case files at the CSO level with up-to-date documentation of child's HIV status and caregiver HIV status as reported by caregiver of child," enables the IP to determine whether caregivers are accessing services for HEI diagnosis and reporting this information to them. If the assessment reveals that caregivers are not reporting HEI testing to the IP, this may imply that case workers are not following SOPs and are not informing caregivers about where and how to access HEI diagnostic services, or that caseworkers are not recording the information in the appropriate data collection forms, or that caregivers are failing to share the information with the caseworker. Depending on the underlying cause, the IP can decide to revise its SOPs, retrain caseworkers, and develop additional messages to encourage caregivers to share the HEI results.

Output Indicators

Outputs are the tangible, immediate, and intended products or consequences of an activity in PEPFAR's control (USAID, 2018). The OVC indicator matrix generally seeks to assess higher-level output indicators by monitoring the *quality* and *completion* of project activities. The frequency of data collection depends on the nature of the output indicator, although most are collected continuously. These data are likely to be collected by those closest to the point of service, for example, by the caseworker providing or referring the beneficiary for specific services, such as HIV testing services.

An example of an output indicator included in Table 1 is "Percentage of OVC (<18 years) with HIV status reported to implementing partner, including unknown HIV status and no test required." This PEPFAR MER indicator (OVC_HIVSTAT) enables an OVC program manager to track progress in achieving the benchmark, "all children, adolescents, and caregivers in the household know their HIV status or a test is not required based on risk assessment" (PEPFAR, 2018).

Outcome Indicators

Outcomes are the conditions of people, systems, or institutions that are expected to be affected by PEPFAR interventions (USAID, 2018). In the OVC indicator matrix, outcomes occur at the household or individual beneficiary level. These indicators are measured less frequently than the output indicators, and they typically involve the use of nonroutine data sources, such as surveys. They should ideally be measured through an external evaluation.

The outcome indicators fall into two subcategories: graduation benchmarks and other outcome indicators, including the OVC ESI.[3] Graduation benchmarks are the minimum criteria used to determine whether a household can exit an OVC project. They can be found in Appendix E of the MER Guide (version 2.3).[4] These benchmarks can be used to guide case planning, which helps case managers and beneficiaries identify which activities should be included in their case plan to facilitate the achievement of benchmarks.

Objective 1.1 in Table 1 has one graduation benchmark: "All children, adolescents, and caregivers in household have a known HIV status or test not required based on risk assessment." According to this benchmark, all caregivers, children, and adolescents in the household should know their HIV status and share the information with the IP. Beneficiaries with unknown HIV status should be assessed for risk, and if determined to be at risk, should be referred to HIV testing. Beneficiaries who are determined not to be at risk can be reported as "test not required based on risk assessment," but they should be reassessed when the case manager believes that the beneficiary's risk situation has changed. The benchmark is similar to the outcome indicator, "percentage of children whose primary caregiver knows the child's HIV status." However, the data source for the benchmark is the case plan, whereas for the outcome indicator, the data source is usually a survey of randomly sampled children.

[3] The outcome indicators are still under development and the ESI are currently under review.
[4] https://ovcsupport.org/wp-content/uploads/2018/10/MER-Indicator-Reference-Guide-Version-2.3-FY19.pdf

Table 1. OVC indicator matrix subtable for Key Objective 1.1: Increase diagnosis of HIV infection

DOMAIN 1: HEALTHY			
KEY OBJECTIVE 1.1: INCREASE DIAGNOSIS OF HIV INFECTION			
Foundational	**Process**	**Outputs**	**Outcomes**
Percentage of CSOs with a standard process to assess children with unknown HIV status using an HIV risk assessment tool (e.g., HIV risk algorithm prototype) and to facilitate linkage to HIV testing services [modified SIMS CEE # S_06_07: Q1]	Percentage of randomly sampled active case files at the CSO level: • With up-to-date documentation of child's HIV status and caregiver's HIV status as reported by caregiver or child [SIMS CEE S_06_07: Q2] • That indicate unknown HIV status and include documentation that the CSO conducted the HIV risk assessment (e.g., algorithm prototype assessment) of child and caregiver and facilitated HIV testing [modified SIMS CEE # S_06_07: Q3] • With evidence of a record of testing for HIV-exposed Infants (HEIs), in line with national HEI protocols, disaggregated by age (tested <2mo, tested between 2mo and 18mo)	• Percentage of OVC (<18 years) with HIV status reported to implementing partner, including unknown HIV status and no test required **[OVC_HIVSTAT]** • Percentage of caregivers with HIV status reported to implementing partner, including unknown HIV status and no test required • Of those determined to be at risk based on the assessment: o Percentage of those referred for testing and counseling, disaggregated by HEI, OVC, caregiver o Percentage of those who got tested and obtained result, disaggregated by HEI, OVC, caregiver o Percentage of those who got tested and obtained result and who tested positive, disaggregated by HEI, OVC and caregiver	Graduation benchmark: • All children, adolescents, and caregivers in household have known HIV status or test not required based on risk assessment Outcome indicator: • Percentage of children whose primary caregiver knows the child's HIV status [**ESI: OVC_HIVST]**

SELECTING AND ADAPTING INDICATORS FROM THE MATRIX

The OVC indicator matrix is a global tool that offers an expanded set of performance indicators that are relevant to the contexts in which OVC programs are implemented. As such, PEPFAR country teams and IPs can use the matrix to review and strengthen performance monitoring of existing OVC projects, and to select performance monitoring indicators for new projects. Steps for selecting indicators and monitoring their use in OVC projects are described in this section. Table 2 lists the recommended 11 steps.

Table 2. Prioritization and operationalization process steps

Step #	Prioritization and operationalization process steps
1	Organize a working group
2	Hold an initial meeting and determine leadership
3	Compile relevant materials
4	Review relevant materials and note priority questions of interest
5	Hold a prioritization meeting
6	Develop Performance Indicator Reference Sheets
7	Operationalize the indicators
8	Ensure data quality
9	Analyze and use the data
10	Integrate the indicators in new OVC mechanism solicitations
11	Review the merit of the indicators

The Prioritization Process

Step 1. Organize a Working Group

The formation of a small working group to guide the indicator selection and adaptation process is recommended. The group should consist of United States Government (USG) staff and IPs. The USG staff can include the relevant USG OVC focal points, one or more USG M&E or Strategic Information (SI) advisors, a PEPFAR coordinator, and one or two technical specialists with expertise in key areas, such as HIV prevention, care, and treatment. On the IP side, appropriate staff to participate in the indicator selection are the project director, the project's M&E specialist(s), and technical staff.

Step 2. Hold an Initial Meeting and Determine Leadership

Once established, the working group should hold an initial meeting to launch the indicator adaptation process and determine who will lead the indicator selection process. This person can be identified based on his/her knowledge of OVC programming, ability to work with and convene internal and external stakeholders, and OVC M&E expertise. Once identified, this person will be responsible for organizing the adaptation process calendar (in consultation with the working group), ensuring that the adaptation process moves forward, and

engaging appropriate stakeholders. He/she can also serve as the point person for all questions about the process.

During the initial meeting, the working group should determine how the indictors selected will be used and whether all indicators should be reported to the USG. For example, some indicators may be reported by the IPs to their respective USG partner to provide information beyond what is collected for the required MER OVC indicators. Other indicators can be used by the IPs for internal monitoring and quality control purposes.

Step 3. Compile Relevant Materials

The working group leader should coordinate with other group members to compile relevant background documents, such as this guide, the national OVC M&E plan (where appropriate), IP workplans, Monitoring, Evaluation, and Learning plans, IP or national case management tools, and other relevant documents. The working group can also prepare and review past performance data from OVC programming. These documents should be shared with the working group, which will be responsible for reviewing the documentation before the next working group meeting.

Step 4. Review Relevant Materials and Note Priority Questions of Interest

All working group members should review the relevant background documents in preparation for the next meeting. When reviewing the documents, it is suggested that members prepare priority questions of interest that they have about OVC programming that are not answered by current performance monitoring indicators and which would strengthen programming and program oversight. It is also recommended that working group members review the OVC indicator matrix and become familiar with the domains and the indicators in the domains. If there are indicators of interest, they can flag them in their notes before the next meeting.

Step 5. Hold a Prioritization Meeting

A two-day meeting with working group members is recommended to select the indicators from the OVC indicator matrix. For each relevant Key Objective, the selection of one or two indicators each from the foundational, process, output, and outcome indicators is recommended.[5] A sample agenda for the prioritization meeting is provided in Table 3, along with some explanatory notes.

[5] The outcome indicators that are PEPFAR graduation benchmarks are required. Countries or projects can select additional benchmarks based on their specific information needs or context, or additional outcome indicators can be collected externally through surveys.

Table 3. Sample prioritization workshop agenda

Topic	Description/ Key Talking Points	Time	Facilitator
DAY 1			
Opening & introductions	Workshop opening review meeting objectives and agenda Objectives for Day 1: • Discuss the purpose of OVC indicator matrix • Prioritize indicators for Key Objectives 1-5 in the matrix	30 minutes	Working Group Leader
Review of the OVC indicator matrix and the purpose of the prioritization process	The OVC indicator matrix is a guide for PEPFAR country teams and implementing partners to select indicators that will allow them to better understand whether (1) a project is implementing quality programming; (2) preconditions needed to achieve outcomes are in place; and (3) intended short-term and long-term project outcomes are being met. It is not intended to be prescriptive; rather, it serves as a menu of indicators that can be adapted based on a country's (and in some cases, a project's) specific interventions, context, and requirements. These indicators also do not necessarily need to be reported to the USG team but may instead be used by IPs for internal monitoring. The purpose of this workshop is to determine what additional indicators could be collected by all OVC projects in-country so we can better track critical inputs, processes, outputs, and outcomes that are currently not being tracked and how they will be used.	60 minutes	Working Group Leader
Indicator selection for subtables 1 to 4	In this session, participants will be organized in small groups to select priority indicators for subtables 1 to 4. The activity will be conducted in four steps, as follows: **Step 1: Review the Indicators (30-40 minutes)** Hold a brief discussion about the indicators listed in subtables 1 to 4 to ensure that participants understand the indicators, their purpose, and how they will be measured.	180 minutes	Working Group Leader

Topic	Description/ Key Talking Points	Time	Facilitator
	Step 2: Group Selection of Indicators (30-45 minutes) Organize participants in four groups and assign each one to the first four subtables: Group 1: Improve OVC identification and enrollment Group 2: Improve OVC case management Group 3: Increase diagnosis of HIV infection Group 4: Increase HIV treatment adherence, retention, and viral suppression Each group should select at least one indicator from the following categories: • Foundational indicators • Process indicators • Output indicators • Outcome indicators Suggest that the group discuss the following questions to help them select the indicators: 1. Do you already collect the data required for this indicator? 2. Is this indicator relevant to the work that you do for orphans and vulnerable children and their families? 3. Do you have the resources to collect data for this indicator? 4. Do you have the capacity to collect data for this indicator? 5. Do you/would you use results and analysis from this indicator to make planning, performance management, or service delivery decisions? For each outcome indicator (other than the required graduation benchmarks), the group should discuss the following question: Is this something that the		

Topic	Description/ Key Talking Points	Time	Facilitator
	project has the capacity to change/impact during the timeframe in which beneficiaries are participating in the program? **Step 3: Presentation and Final Selection (45-60 minutes)** Each group presents the indicators they selected in Step 2 and explains the rationale for their selection. A discussion by all workshop participants is held after each presentation. It can be expected that some of the indicators presented by the group will be deleted or revised, or others will be added during these discussions. After each group has presented its indicators and received feedback from the other workshop participants, the group should update its list of prioritized indicators in accordance with the feedback received. On completion of this activity, one of the facilitators should prepare a slide containing all indicators selected, by objective. **Step 4 (optional): Indicator Definition (30-45 minutes)** If time permits, request the groups to prepare a short definition of the indicators selected in Step 3. This information will be valuable input for the Performance Indicator Reference Sheets that will be prepared after the workshop.		
Summary and closing	Recap the topics that were discussed that day, present the final list of indicators that were selected for Key Objectives 1-5 in the matrix and explain what will happen the next day.	30 minutes	Working Group Leader
DAY 2			
Opening	Review previous day and objectives and agenda for Day 2 Objectives for Day 2: • Prioritize indicators for Key Objectives 6 – 10 in the matrix • Determine concrete next steps	30 minutes	Working Group Leader
Indicator selection for subtables 5 to 8	Organize participants into four groups. The group composition can be the same as on Day 1 or new groups can be formed.	180 minutes	Working Group Leader

Topic	Description/ Key Talking Points	Time	Facilitator
	Each group will be assigned one subtable: Group 1: Improved development for children <5 years Group 2: Increase caregiver's ability to meet important family needs Group 3: Reduce risk of physical, emotional, and psychological injury due to exposure to violence Group 4: Increased school attendance and promotion Conduct Steps 1 to 4 as described under Day 1.		
Final review of selected indicators	Present the list of indicators selected for subtables 1 to 4 on Day 1 and subtables 5 to 8 on Day 2 and lead a group discussion: • Will the indicators selected provide us with valuable and actionable information about our OVC programs? • Are there any knowledge gaps that remain? Make any final adjustments to the list of indicators in accordance with the feedback from the group.	45 minutes	Working Group Leader or another member
Next steps for planning and closing	Discuss in plenary: What are the next steps for rollout and implementation of the new indicators? Who will be responsible for them? Steps should include: • Development of Performance Indicator Reference Sheets • Timeline for the operationalization of indicators in M&E plans • Plan for data quality audit of the new indicators • Plan for analysis of data from the new indicators • Plan for another meeting to review indicator findings and discuss their utility.	60 minutes	Working Group Leader

Operationalization of Indicators Following Prioritization

Step 6. Develop Performance Indicator Reference Sheets

A Performance Indicator Reference Sheet (PIRS) should be developed for each indicator by a designated member of the working group. The working group can assign this person during the workshop and a date by when the PIRS will be completed. The PIRS is typically a two-column table that gives the indicator definition, data collection plan, and other elements. Although there is no standard format required, following the same PIRS format used in the MER Guide is suggested (PEPFAR, 2018).

Step 7. Operationalize the Indicators

Once the PIRS have been developed and shared with the IPs, OVC projects should review their existing M&E plans, data collection instruments, and information management systems to identify what modifications need to be made. The IPs should take this opportunity to assess the merits and usefulness of the indicators that they are currently collecting and identify those that can be canceled or that can be replaced by the indicators selected during the prioritization meeting. Inasmuch as possible, the IPs should not be burdened with additional indicators.

It can be expected that IPs will require additional financial resources to make the necessary changes to their M&E systems. Forms used for collecting data will likely need to be revised or newly created; additional SOPs may need to be developed; project staff and caseworkers may need to be (re)trained; and the database used to manage indicator data may need to be modified. The working group leader and donor M&E leads, and anyone else deemed appropriate, will be responsible for ensuring that these steps are completed and that the IPs can report on the new indicators in the timeline laid out at the workshop.

Step 8. Ensure Data Quality

The final list of indicators will likely consist of (1) existing indicators already collected by the IPs and (2) indicators that have not been collected and reported by the IPs before. PEPFAR country teams should develop a system for auditing new performance indicators to ensure that the indicators are collecting the information intended and that the information is of high quality.

Step 9. Analyze and Use the Data

An analysis of performance monitoring data is usually performed by M&E specialists and/or PEPFAR staff who oversee the OVC projects. Most OVC projects report quarterly and the analyses can be undertaken at the same frequency. However, not all indicators will be reported quarterly. Some indicators may be reported every six or 12 months.

Step 10. Integrate the Indicators in New OVC Mechanism Solicitations

The selected indicators can be incorporated in the results frameworks as illustrative and/or required indicators in requests for proposals and notices of funding opportunities for future OVC projects.

Step 11. Review the Merit of the Indicators

PEPFAR country teams and IPs should develop a process to periodically review the indicators, whether new or current, to determine their utility. Convening another working group meeting is recommended after a year of data collection. Questions of interest can include:

- Have the indicators provided a good understanding of the performance of OVC projects (either positive or negative performance)?
- Have the indicators been useful in identifying successes or challenges that could be or have been shared with PEPFAR more broadly?
- Which indicators, if any, did not provide useful data and should be discontinued?
- What knowledge gaps remain that could be met by an additional performance indicator?
- Have the indicators been challenging to collect? Is the amount of effort to collect them worth the information they provide? Which indicators have been the most challenging?
- Do the indicators align with the priority interventions and objectives outlined in the Country Operational Plan guidance for OVC programs?

A typical OVC project collects a considerable amount of data to monitor implementation of its workplan and to track the achievement of targets. Nevertheless, projects often struggle to answer such questions as "Are we delivering quality services to our beneficiaries?" and "Are our households on the path to achieving graduation benchmarks?" The OVC indicator matrix is a tool designed to assist OVC projects to answer these and other questions. It is not meant to increase the reporting burden, rather to provide OVC projects with a framework that they can use to improve their existing compendium of indicators.

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APPENDIX A. ALIGNING ILLUSTRATIVE ELIGIBLE SERVICES FOR ACTIVE OVC BENEFICIARIES WITH THE OVC INDICATOR MATRIX

Domain 1: Health	
Eligible Services by Key Objective	**Outcomes**
KEY OBJECTIVE 1.1: INCREASE DIAGNOSIS OF HIV INFECTION • Eligible service #5: Age-appropriate counseling and HIV disclosure support • Eligible service #7: Completed referral for or was facilitated to obtain HIV-related testing and Early Infant Diagnostic (EID) services • Eligible service #13: Completed referral for or was facilitated to obtain EID services	Graduation Benchmark: • All children, adolescents, and caregivers in the household have known HIV status or test not required based on risk assessment Outcome Indicator: • Percentage of children whose primary caregiver knows the child's HIV status [**ESI: OVC_HIVST]**
KEY OBJECTIVE 1.2. INCREASE HIV TREATMENT ADHERENCE, RETENTION, AND VIRAL SUPPRESSION • Eligible service #4: Age-appropriate HIV treatment literacy (for children living with HIV) • Eligible service #6: HIV adherences support • Eligible service #7: Completed referral for or was facilitated to obtain HIV-related testing (tuberculosis, CD4 viral load) • Eligible service #8: Completed referral for or was facilitated to obtain HIV (or related opportunistic infection) treatment and care • Eligible service #9: Completed a referral for or was facilitated to obtain sexually transmitted infection treatment • Eligible service #12: Structured people living with HIV support group	Graduation Benchmark: • All HIV-positive caregivers, children, and adolescents with a viral load result documented in the medical record and/or LIS in the past 12 months are virally suppressed If viral load testing or viral load test results are unavailable: • All HIV-positive caregivers, children, and adolescents are known to be on treatment 12 months after initiation of antiretroviral therapy (ART) Outcome Indicator: • Percentage of HIV-positive caregivers, children, and adolescents known to be on treatment, disaggregated by number of months since initiation of ART
KEY OBJECTIVE 1.3: REDUCE RISK OF HIV INFECTION • Eligible service #18: Completed referral for or was facilitated to obtain age-appropriate HIV prevention support, including pre-exposure prophylaxis, condoms, and/or voluntary medical male circumcision • Eligible service #19: Completed referral for or was facilitated to obtain age-appropriate women's health counseling and/or products, including condoms • Eligible service #21: Completed a referral for or was facilitated to obtain perinatal care, including PMTCT	Graduation Benchmark: • All adolescents ages 10 to 17 in the household have key knowledge about preventing HIV infection Outcome Indicator: • Percentage of sexually active adolescents who are not engaging in risky sexual behavior

Domain 1: Health	
Eligible Services by Key Objective	**Outcomes**
• Eligible service #34: Evidence-based intervention on preventing HIV and violence, and in reducing and avoiding sexual risk	
KEY OBJECTIVE 1.4 IMPROVED DEVELOPMENT FOR CHILDREN <5 YEARS • Eligible service #14: Supplementary or therapeutic foods based on moderate or severe acute malnutrition status (per assessment, e.g., mid-upper arm circumference) • Eligible service #15: Completed a referral for or was facilitated to obtain immunization appropriate to age-based national protocol • Eligible service #16: Regularly tracked development milestones in HIV-affected, HIV-exposed uninfected, and HIV-infected infants and young children • Eligible service #17: Completed referrals for development support for HIV-exposed uninfected and HIV-infected children • Eligible service #35: Caregiver participated in a structured, HIV-sensitive, evidence-based early childhood intervention with a trained provider	Graduation Benchmark: • No children <5 years old in the household are undernourished Outcome Indicators: • Percentage of children <5 years old who are undernourished **[ESI: OVC_NUT]** • Percentage of children too sick to participate in daily activities **[ESI: OVC_SICK]** • Percentage of children <5 years old who recently engaged in stimulating activities with any household member over age 15 **[ESI: OVC_STIM]**
CROSS-CUTTING ELIGIBLE SERVICES: • Eligible services #1: Individual health insurance coverage or health access card • Eligible service #2: Family health insurance coverage or health access card • Eligible service #3: Insecticide treated mosquito net • Eligible service #10: Completed a referral for or was facilitated to obtain routine healthcare • Eligible service #11: Completed a referral for or was facilitated to obtain emergency healthcare • Eligible service #20: Completed a referral for or was facilitated to obtain substance abuse support by a trained provider • Eligible service #22: Household hygiene counseling and Water, Sanitation and Hygiene (WASH) messaging	

Domain 2: Stable	
Eligible Services by Key Objective	**Outcomes**
KEY OBJECTIVE 2.1 INCREASE CAREGIVER'S ABILITY TO MEET IMPORTANT FAMILY NEEDS • Eligible service #43: Cash transfer or another social grant • Eligible service #44: Short-term emergency cash support • Eligible service #45: Evidence-based food security intervention	Graduation Benchmark: • Caregivers are able to access money (without selling productive assets) to pay for school fees and medical costs for children ages 0 to 17 Outcome Indicator:

Domain 2: Stable	
Eligible Services by Key Objective	**Outcomes**

• Eligible service #46: Caregiver or adolescent regularly participated in 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.)
	• Percentage of households able to access money to pay for unexpected household expenses **[ESI: OVC_MONEY]**

ELIGIBLE SERVICES NOT RELATED TO KEY OBJECTIVE 2.1: • Eligible service #41: Legal and other administrative fees related to guardianship, civil registration, or inheritance • Eligible service #42: Succession plan • Essential service #47: Safe shelter-related repair or construction	

Domain 3: Safe	
Eligible Services by Key Objective	**Outcomes**
KEY OBJECTIVE 3.1 REDUCE RISK OF PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL INJURY DUE TO EXPOSURE TO VIOLENCE • Eligible service #23: Safety plan • Eligible service #24: Structured family group conferencing to prevent occurrence/recurrence of child abuse, exploitation, or neglect • Eligible service #25: Structured psychosocial support related to family conflict mitigation and family relationships • Eligible service #26: Post-violence trauma-informed counseling from a trained provider • Eligible service #27: Completed referral for or was facilitated to obtain post-violence medical care • Eligible service #28: Session with a child protection officer, police, or other local child protection authority • Eligible service #29: Project-filled report of suspected abuse to a child protection office, police, or other local authority	Graduation 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) Outcome Indicator: • Percentage of caregivers who agree that harsh, physical punishment is an inappropriate means of discipline or control in the home or school **[ESI: OVC_CP]**

Domain 3: Safe	
Eligible Services by Key Objective	**Outcomes**
• Eligible service #30: Emergency shelter/care facility or kinship care placement and monitoring for children • Eligible service #31: Emergency shelter/care facility • Eligible service #32: Legal assistance related to maltreatment, gender-based violence, trafficking, exploitation • Eligible service #33: Structured safe spaces intervention • Eligible service #34: Evidence-based intervention on preventing HIV and violence, and in reducing and avoiding sexual risk • Eligible service #35: Caregiver participated in a structured, HIV-sensitive, evidence-based early childhood intervention with a trained provider • Eligible service #36: Caregiver participated in an evidence-based parenting intervention to prevent and reduce violence and/or sexual risk of their children	

Domain 4: Schooled	
Eligible Services by Key Objective	**Outcomes**
KEY OBJECTIVE 4.1 INCREASED SCHOOL ATTENDANCE AND PROMOTION • Eligible service #37: Received regular assistance/support with homework (e.g., homework club participation) • Eligible service #38: Received school uniform, books, or other materials • Eligible service #39: Received bursary, tuition, school fees, or fee exemption • Eligible service #40: Received assistance for reenrollment (i.e., for dropouts or teen mothers)	Graduation Benchmark: • All school-aged children and adolescents in the household regularly attend school and progressed during the past year Outcome Indicator: • Percentage of children regularly attending school **[ESI: OVC_SCHATT]** • Percentage of children who progressed in school during the past year **[ESI: OVC_PRGS]**

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