INDICATOR: Number of caregivers who report having improved communication with their children

STANDARD SECTOR INDICATOR CODE: HE_HIV_219

Type: Outcome  Unit of Measure: Individual  PROJECT AREA: HIV/AIDS

Related Objective: Increase the knowledge and skills of people living with or affected by HIV/AIDS, including OVC and their families, to improve their well-being and resilience (Objective 2.1)

Precise definitions

Caregivers (of OVC): Caregivers include parents, guardians, or foster parents (formal or informal) who have primary responsibility in the home for caring for a child affected by HIV/AIDS.

Note: This indicator could be used for other program areas, but is included in the Logical Project Framework as an indicator under the OVC program.

Report improved: This is a self-reported indicator based on a caregiver’s answer to the questions in the OVC Outcomes Survey tool. These questions should be used as a pre-test, post-test, and as a three- to six-month follow-up to assess behavior change. The results of the survey in the three- to six-month follow-up should be used to calculate this indicator in the VRF.

Communication:¹ a two-way process in which there is an exchange and progression of thoughts, feelings, or ideas between two people. There are two types of communication: verbal and nonverbal. Parents should think about the following aspects when communicating with their child:

- **Observing**: Pay attention to body language. If possible, sit at the same level as the child. *What might children be communicating with their behavior? (Remember that behavior is a way of communicating.*)
- **Speaking**: Speaking includes both the words we say and the tone in which we say them. Do not raise your voice or yell. Praise and encourage the child often. Keep your requests simple, and don’t use complicated sentences. Ask open-ended questions to check understanding.
- **Questioning**: Ask for clarification if you don’t understand something—never assume you understand fully what the other person is trying to communicate.
- **Analyzing**: Be honest, but remain sensitive to the other person. Do not judge, but seek to listen and understand.

• Evaluating: Think about what you’ve heard before you say something in response. Make your own points in a gentle voice, and ask if the child has any questions. Check to clarify. Summarize the discussion at the end, and highlight any decisions that were made, for example, if there are any next steps to follow.

**Data collection**

**Tool:** OVC Outcomes Survey

The OVC Outcomes Survey is intended to be given to either the caregiver/parent or OVC who participated in a long-term OVC-focused intervention facilitated by a PCV and their counterpart. The survey will include both questions specific to the child and specific to the caregiver. The individual should have attended at least 75 percent of the defined sessions to be included in the survey. Data for the outcome indicators should be collected three times over the course of the activity: 1) at the start of the activity, or a pre-test; 2) at the end of the formal activity/sessions, or a post-test; and 3) three to six months after the completion of the activity to measure whether the behavior/knowledge was sustained. If the timing of a PCV’s close of service (COS) or other factors will not allow for this, a survey could be conducted earlier if need be. The indicator value from Step 3 (the three- to six-month follow-up) will be recorded in the VRF.

See the OVC Outcomes Survey tool for further instructions.

**Reporting**

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

- The individuals participated in at least 75 percent of the training sessions and/or intervention related to OVC, including a session on positive parenting.
- The information was provided by a PCV or their partner in an individual or small group setting of 25 or less.
- Attendance at each session was documented by the Volunteer or their counterpart.