

Standard Sector Indicator Reference Sheet

INDICATOR: Number of caregivers who agree that harsh physical punishment is not an appropriate means of discipline or control in the home

STANDARD SECTOR

HEALTH SECTOR 

PROJECT AREA: HIV/AIDS

INDICATOR CODE:

HE_HIV_213

Type: Outcome

Unit of Measure: Individual

Disaggregation: <1, 1–4, 5–9, 10–14 Males, 10–14 Females, 15–17 Males, 15–17 Females, 18+ Males, 18+ Females

Related Objectives: 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): 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.

This indicator could be used for other program areas, but is included in the Logical Project Framework as an indicator under the Orphan and Vulnerable Children program.

OVC: children under 18 who are *most affected*¹ 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 that 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 and young women at risk)
- Other vulnerable populations as defined by your country and or PEPFAR interagency teams

Harsh physical punishment: Causing pain or discomfort in order to bring about desired behavior. This could include physical punishment such as flogging, slapping, spanking, kicking, pinching, etc. It may also include withholding food, sleep, or other comforts and necessary basic needs or requiring standing or sitting for unreasonable amounts of time.²

¹ The definition of “affected” children includes, but is not limited to, children living 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 PLHIV as well as the emotional and physical development of OVC. Please consult PC/post staff for country-specific guidance or prioritized populations defined in the PEPFAR Country Operation Plan.

² Coordinating Comprehensive Care for Children (4Children). 2018. *Better Parenting Nigeria Facilitator Manual*.

Appropriate means of discipline: Parenting that is supportive, proactive, responsive, and involved promotes children’s positive adjustment, whereas parenting that is neglectful, abusive, rejecting, and controlling can result in poor outcomes. Parenting that is warm and supportive beginning early in the child’s life, even prenatally, leads to strong and secure relationships between parent and child, and can protect children from negative outcomes as a result of adverse experiences.

Optimal parenting includes a connected relationship and interactions to ensure that children are cared for physically (providing nutritious food, health care, adequate sleep and safe environment), cognitively (offering opportunities to learn, explore, and use language), socially (responding to children with consistent, loving care, teaching children right and wrong, and enabling children to develop independence safely) and emotionally (supporting the child’s sense of self-worth).³

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 VRT.

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.

³ Coordinating Comprehensive Care for Children (4Children). 2018. Better Parenting Nigeria Facilitator Manual.