

Standard Sector Indicator Reference Sheet

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

STANDARD SECTOR

HEALTH SECTOR 

PROJECT AREA: HIV/AIDS

INDICATOR CODE:

HE_HIV_220

Type: Outcome

Unit of Measure: Individual

Disaggregation: Male by Age:

<1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+

Female by Age: <1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+

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.

Attachment: Good care of children under 5 includes developing a caring, nurturing, trusting, and loving relationship—a process called **bonding**—and the relationship that forms is called **attachment**. Bonding starts before the baby is born. Early bonding and a healthy attachment help the brain to develop and provide a foundation for healthy relationships as the child grows.¹ Children form secure attachments through positive interactions dependent on the responsiveness of the parents.

Support and responsiveness are expressed through social and emotional relationships, the building of trust and attachment, and behavioral interactions such as hugging, holding, and loving physical contact that builds confidence and empathy. Responsive parenting includes prompt response to a child's behavior that is appropriate to the child's needs and developmental phase.²

¹ Coordinating Comprehensive Care for Children (4Children). 2018. Better Parenting Nigeria Facilitator Manual.

² Standards for ECD Parenting Programmes in Low and Middle Income Countries, UNICEF 2017

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.