

Child Status Index Training Manual



Cover photograph by Zahra Reynolds, MEASURE Evaluation, of a mother and children in Liberia.

Child Status Index Training Manual

A guide for trainers and care workers in the effective use of the Child Status Index, a tool for assessing, monitoring and responding to the well-being of children orphaned or otherwise made vulnerable as a result of HIV/AIDS



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About this Document

Welcome to the first edition of the Child Status Index Training Manual.

The Child Status Index (CSI) provides a framework for identifying the needs of children, creating individualized goal-directed service plans for use in monitoring the well-being of children and households, and program-level monitoring and planning at the local level. It is intended for use by community-based care workers who work on behalf of children orphaned or made vulnerable by HIV/AIDS.* As of 2014, the CSI has been used in 17 countries in sub-Saharan Africa, Asia, and Latin America. It has been translated for use in a variety of geographical, linguistic, and cultural contexts.

MEASURE Evaluation has conducted two studies of CSI use leading to improvements in CSI guidance, processes, and support materials. Among many things we learned was the need for more thorough and systematic training of care workers. This insight led to the development of this *Child Status Index Training Manual*.

This manual outlines a systematic and consistent approach that will lead to maximum effectiveness and consistency in using the tool and acting on its findings. This manual provides guidance for community care workers and other wardens of OVC who intend to use the Child Status Index tool.

In this *Child Status Index Training Manual*, you will find:

- An overview of the Child Status Index, its purpose, development and application
- An overview of the recommended approach for training care workers in the use of this tool
- Instructions for workshop facilitators on how to offer the most effective and engaging training workshops
- Supplemental materials, such as class handouts, frequently asked questions, and a workshop evaluation form

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* We recognize the importance of families in supporting children but currently do not have a tool that assesses household well-being. We hope to develop such a tool in the future.

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Abbreviations and Acronyms

ACE	Action in the Community Environment
AFR/SD	Bureau for Africa Office of Sustainable Development
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organization
CHW	Community Health Workers
CSI	Child Status Index
DCOF	Displaced Children and Orphans Fund
EGAT	Bureau for Economic Growth, Agriculture and Trade
FBO	Faith-based Organization
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
NGO	Nongovernmental Organization
OHA	Office of HIV/AIDS
OGAC	Office of Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
POFO	Positive Outcomes for Orphans Research Program
UNAIDS	United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government

Introduction to the Child Status Index Training Manual

Guidelines for program managers, workshop organizers and facilitators to ensure successful training in the use of the CSI tool and the information it generates

What is the Child Status Index?

To provide appropriate care, service providers need to be able to assess the well-being of children systematically. The Child Status Index is focused specifically on the child and should be used in combination with other tools that assess overall household stability. Before 2005, there were limited measures of well-being specific to children to guide care workers responding to individual child needs. Given this gap, the President's Emergency Plan for AIDS Relief (PEPFAR) – through the Office of the Global AIDS Coordinator (OGAC) and USAID Office of HIV/AIDS (OHA) – requested a tool to assess the well-being of children who have been orphaned or made vulnerable by HIV/AIDS.

Development of the Child Status Index (CSI) (O'Donnell K, Nyangara F, Murphy R, Nyberg B, 2008), which is intended for use by governments, programs or projects providing support to these children and their families, began in 2005. The CSI provides a framework for assessing child well-being and creating outcome-directed service plans for individual children and the households in which they live.

As of 2014, the CSI has been used in 17 countries in sub-Saharan Africa, Asia and Latin America. It has been translated for use in different geographical, linguistic, and cultural contexts. MEASURE Evaluation conducted two assessments of CSI use to improve and enhance the tool's implementation processes, support materials, and effectiveness in the field (Cannon & Snyder, 2012; Cannon & Snyder, 2013). Consequently, a second edition of the CSI manual (originally published in 2008) was released in 2013 (O'Donnell K, Nyangara F, Murphy R, Cannon M, Nyberg B, 2013) to reflect findings from these two studies and other lessons learned after five years of CSI implementation. Other refinements to that manual have been ongoing. This document, the *Child Status Index Training Manual*, provides further guidance on appropriate use of the CSI.

Why is CSI Training Important?

Although the CSI is user-friendly and easy to learn – even by those with very little literacy – it does require systematic training and periodic quality assurance to ensure consistency from child to child and from one rater to another. The primary goal of CSI training is to make sure care workers using the CSI agree about the meaning of each factor, how it is rated, and how to respond to scores, given the local context and availability of service providers.

Purpose of the CSI Training Manual

The purpose of this manual is to improve and standardize training for those who use the CSI. Toward that end, this document is designed to:

1. Give facilitators information on how to prepare and conduct effective CSI training.
2. Provide guidelines for understanding the most appropriate uses of the CSI.
3. Serve as a reference for workshop participants as needed.

Before conducting a training, CSI facilitators/trainers should attend at least one training and must read and understand the entire CSI tool kit – the *Child Status Index Manual—Second Edition*, this training manual, the survey tool itself, the pictorial version of the tool, and other support materials. Having this background ensures that trainers fully understand the context behind its development, which is critical to training others on the appropriate uses of the tool, how to assign CSI scores, and use the scores to make decisions.

Target Audience

This *Training Manual* has been written for two key audiences:

- Facilitators who will train care workers to use the CSI
- Training participants, for use as a reference when using the CSI tool in the field

Potential facilitators could include monitoring and evaluation (M&E) staff, consultants, or other program staff tasked with building the capacities of local non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), and front-line staff such as care workers providing services to vulnerable children.

What Is in This Training Manual?

The *Child Status Index Training Manual* includes information about the CSI, guidelines for facilitators, and the training content which includes modules, handouts, activities, and appendices. Specifically, the manual is structured as follows:

Introduction to the *Child Status Index Training Manual* describes the purpose and importance of the CSI, an overview of the training approach, and an overview of this *Training Manual*.

Part I. Information for CSI Facilitators outlines the steps involved in planning and preparing for a CSI training workshop, which should be done at least two months before the start of training activities. It describes the attributes of a good workshop facilitator, and how to apply adult learning principles to conduct effective CSI training in the classroom and in the field.

Part II. Facilitator’s Guide for Leading a CSI Workshop is the heart of this *Training Manual*, organized into six sequential modules. Each module provides learning objectives, instructions, and content for the actual training, including facilitator notes, key concepts, and handouts and activities.

- *Module 1* includes welcome, introductions and an overview of the workshop.
- *Module 2* describes the purpose, development, and recommended uses of the CSI tool.
- *Module 3* provides deeper detail on the 12 outcome areas assessed by the CSI.
- *Module 4* describes important processes for administering the CSI.
- *Module 5* prepares participants for using the CSI in the field.
- *Module 6* provides guidelines for interpreting and using CSI information.

Part III. Workshop Handouts and Facilitator’s Materials includes handouts that will be used in various module units throughout the training. Other reference materials are available on the MEASURE Evaluation website: <http://www.cpc.unc.edu/measure/tools/child-health/child-status-index>, such as the *Child Status Index Manual—Second Edition*.

Appendices include a training evaluation form that the facilitator will distribute to participants at the end of the session, frequently asked questions with respect to the CSI tool and three additional handouts that comprise the core components of the CSI tool.

Part I. Before the Workshop: Information for CSI Workshop Facilitators

Guidelines for preparing for, planning and conducting a successful CSI training workshop

1.1 CSI Training Workshops – Duration and Content

Ideally, the CSI training course is a four-day participatory workshop that includes classroom sessions with didactic (teaching) content, practice activities, and group discussion, followed by field practice and comparisons of completed field work to show that individuals are similarly scoring the same children (inter-rater reliability). It is important that care workers using the tool agree on what defines a 1, 2, 3 or 4² in the local context and how to respond appropriately to scores.

This section provides a summary view of a CSI training curriculum, which is divided into three parts: didactic content and practice and mentoring.

The CSI Training Approach – Didactic Content

In classroom teaching sessions, workshop facilitators will cover the following topics:

Background and rationale for CSI development

- The need for a tool to assess child well-being and provide information to care workers and programs that help make care-based decisions
- The six domains and 12 factors in the CSI, as well as why some factors were not chosen

The CSI method

- The aims of the CSI approach: child-centered, easy to learn and administer, participant-friendly, reliable among users, applicable to a range of ages and settings, reflects local norms and expectations, and able to capture change over time as services are provided
- Guides care workers in scoring child well-being based on information gathered through observations and interviews with caregivers and children
- Informal and friendly encounters with children, caregivers, and others
- Emphasis on open-ended questions allowing for probing

How CSI factors are rated and the CSI Record Form is completed

Participants will learn how to:

- Consider information collected from observations and interviews to determine a child's well-being score for each factor

² The CSI has six domains with 12 factors that can be measured on a scale of 1 to 4 and potentially be changed by program interventions. A 1 typically is a low score meaning an urgent response is required, and a 4 is a high score meaning the child is in good condition.

- Develop a local consensus in rating standards, and what constitutes an acceptable difference in scores, given that there is always some variability when using judgment to determine a child's status
- Complete the CSI Record Form

How the results of CSI assessments are used

Participants will understand:

- The power of the CSI scores for understanding the needs of vulnerable children in a community, the status of individual children, and using the CSI over time to respond and monitor situations (case management)
- How to respond to needs identified in a CSI assessment, including what to do when a child's situation is urgent and available resources are insufficient, as well as how to draw on caregiver, household, and community resources to address needs identified. While the response may be at the individual child level, it may also require intervention at the caregiver or household level

The CSI Training Approach – Practice and Mentoring Activities

Workshop facilitators will augment the lessons by leading several types of participatory activities. Specifically, they will:

Facilitate small group discussions about the purpose of assessing child status, local programs and context, the standards of the 12 outcome areas, and what to look for when visiting a household, including existing caregiver and household resources to help address issues identified.

Practice using the CSI in the field. For the first field practice, workshop participants go in pairs to households that have already agreed to participate in the training. The families must understand that the team is practicing and that no real services or resources will be forthcoming. During this field practice:

- Two participants engage in a practice CSI assessment in the household using interviews and observations, with one actively conducting the interview and the other listening and observing so he/she is also prepared to provide a rating.
- At the end of the visit, each participant rates the child/household without conferring with the other.
- Workshop participants return to a central meeting place in the field and discuss with facilitators each factor, how the rating was reached, and what was learned. Differences between raters should be embraced, because discussions of those differences help everyone better understand the meaning of the factors and ratings.
- After the initial discussions, teams will go to a second household and repeat the CSI administration. The same process will continue for two to three households, until the participants are rating similarly. Perfect agreement is not expected; a reasonable goal is around 80 percent concurrence. The important aspect of quality assurance activities is the discussion about the factor and the meanings of each judgment and rating.

1.2 Planning and Preparing for a CSI Training Workshop

Preparing for CSI training is important to ensure a high-quality workshop and achieve training objectives. This section describes the brainstorming and planning process for organizing a CSI workshop, including how to plan and run a participatory workshop and the types of training materials and activities needed.

Why CSI Workshop Preparations Are Important

Good pre-workshop preparation is important because it helps facilitators:

- Develop greater subject-matter expertise if the subject is new to them.
- Lead trainings more systematically and with confidence.
- Meet the workshop's learning objectives.

Step 1. Get to Know Workshop Participant Profiles.

Workshops may include up to 30 participants, but facilitators may need to be flexible based on budgetary considerations. Once participants have been chosen, invited, and their attendance is confirmed, review the profile and composition of participants and their experiences so you can tailor the workshop experience to the audience. Consider literacy and skill levels, age range, rural/urban differences, and languages of the workshop participants to help determine content and reflection exercises.

Typical job titles of workshop participants may include: trainer, M&E officer, caregiver, volunteer, home visitor, community health worker, community leader, member of the community Most Vulnerable Children Identification Committee (MVCC), etc.

Typical organizational affiliations may include: Most Vulnerable Children (MVC) Committee, non-governmental organization, community- or faith-based organization (CBO/FBO), government entity, international organization, donor organizations, consulting firm, researcher, etc.

Typical job functions of workshop participants may include: direct delivery of services such as food or medicine to vulnerable households, volunteering in Kids' Clubs, home-based care service provider, identification of or advocacy for vulnerable children, community mobilization, funding for child well-being programs, etc.

The common ground of workshop participants is generally their affiliations/involvement with the care and support of orphans and vulnerable children and their families.

Step 2. Prepare the training content.

Review this *Training Manual* and select relevant activities and exercises that will engage the participants, convey and reinforce the key points, enhance learning, and build skills. You can add other sessions not included in this *Training Manual* as needed.

The Six Modules of a CSI Workshop

Module 1: Welcome, introductions and an overview of what trainees can expect from the workshop.

Module 2: Introducing the CSI tool – its appropriate uses, format, dimensions and rating scale

Module 3: A closer look at the 12 key outcome areas assessed by the CSI

Module 4: Administering the CSI

Module 5: Field practice using the CSI and comparing ratings (practicum)

Module 6: Guidelines for interpreting and using CSI assessment information for decision making

Prepare local adaptations. Together with the workshop facilitator and other stakeholders, obtain consensus on:

- How CSI Record Forms will be published, distributed, reported, used, and archived
- What conditions constitute a 1, 2, 3, or 4 on any factor
- What should be done if there is a low score of 1 or 2
- What action is appropriate and by whom (e.g., the care worker, program, caregiver) and what referral resources are available to respond to the need identified by the CSI

Step 3. Plan logistics for the classroom portion of the workshop.

Location. Select a location for the workshop that can accommodate the expected number of trainees for both classroom sessions and small group work. Ideally, the location will be accessible to all participants, by walking or use of public transportation.

Agenda. Adapt the workshop agenda to suit your group's needs. A sample agenda is provided in the next section.

Materials. Prepare the materials and equipment needed for the location. (See the box, "CSI Training Workshop Materials to Prepare," for ideas.)

Refreshments. Make arrangements for workshop participants' care and comfort, such as tea and lunch breaks. Organize food for lunch, beverages, and light snacks or treats, if the budget allows.

Confirmation. Before the workshop, review all logistics, agenda items, workshop materials and schedules with the workshop facilitator and any other important team members.

CSI Training Workshop Materials

The following is a list of workshop materials to prepare before the training:

- **Flipcharts** (or plain papers); colored pens (or markers)
- Basic **office supplies**, such as pens, notebooks, tape and glue
- **Computer and projector** (*optional*)
- Participant **registration form** (name, affiliation, job title, contact information)
- **Name tags** (name, affiliation, and work station)
- **Handouts** for each workshop participant:
 - One copy of the workshop agenda
 - Five copies per participant of the CSI Record Form
 - Copies of case studies and exercises listed in each module
 - A list of the referral resources and what to do for each domain when the score is a 1 or 2 (if available)
 - Workshop evaluation forms – one per participant

Step 4. Make advance arrangements for the workshop field practice.

Following a locally acceptable protocol, contact local administrators and inform them about the training and the field visit.

Select households with vulnerable children to be visited. Ask the appropriate volunteer or community leader to pre-select an appropriate number of households before the workshop. (Each pair of trainees should visit one household.) Make sure that the pre-selected households include children and program beneficiaries, and that they are near the training venue to enable visits.

Give advance notice of the visits. Ask the volunteers or community leaders to inform the caregivers in the selected households about the expected visit, and ask for their consent to be visited. Also let the families know that the visitors would like to meet and talk to children as well as adults.

Organize transportation to the field in advance and plan for adequate time to complete the household visits – typically 3 ½ to 4 hours, including travel time.

1.3 Sample Agenda

A typical agenda for a CSI workshop is presented below. However, the agenda can be adapted based on local conditions, available resources (such as budget), etc. A more detailed sample agenda can be found in Part III, Handout 1.2.

Time	Activity	Notes
DAY 1:		
8:00–8:30	Participant Registration	
8:30–12:30	Module 1 – Welcome, Introductions and Workshop Overview	Includes 30 minute break
12:30 – 13:30	Lunch	
13:30 – 17:00	Module 2 – Introducing the Child Status Index How the CSI tool fits into child programming at the global, national, program, and client level. (Presentation and group work)	Includes 30 minute break
17:00 –17:15	Day 1: Evaluation	
17:15--18:00	Facilitator debriefing	

Time	Activity	Notes
DAY 2:		
8:30–9:00	Recap of the previous day	
9:00–12:30	Module 3 – Understanding the 12 CSI Outcome Areas	Includes 30 minute break
12:30 – 13:30	Lunch	
13:30 – 15:30	Module 3 – Understanding the 12 CSI Outcome Areas, continued	
15:30 – 16:00	<i>Break</i>	
16:00 – 17:15	Module 4 – Administering the CSI, Units 4.1, and 4.2	
17:15 –17:30	Day 2: Evaluation	
17:30 – 18:30	Facilitator Debriefing	

Time	Activity	Notes
DAY 3:		
8:00–9:00	Module 4 – Administering the CSI, Unit 4.3	
9:00 – 10:00	Module 5 – Practice Using the CSI in the Field, Unit 5.1	
10:00 – 16:30	Field Work	
16:30 – 16:45	Day 3: Evaluation	
16:45 – 17:45	Facilitator Debriefing	

Time	Activity	Notes
DAY 4:		
8:30–10:30	Module 5 – Practice Using the CSI in the Field, Unit 5.2	
10:30 – 11:00	Break	
11:00 –12:30	Module 6 – Interpreting and Using CSI Assessment Information	
12:30 – 13:00	Wrap up/final evaluation	
13:00 – 14:00	Lunch	
14:00 – 14:30	End	

1.4 Guidelines for CSI Workshop Facilitators

The role of a workshop facilitator is not only to teach the material to others but also to create an environment that is safe and free of judgment, encourages questions and interactions with other workshop participants, and challenges their current ways of thinking. The training should also be relevant to workshop participants' existing knowledge and work experience, so they can clearly understand the relevance for their work. With this in mind, workshop facilitators should:

- **Strive to be innovative, flexible, and culturally sensitive** to make the training more practical and relevant. For example, use locally known examples, local names for case studies, and local materials such as drawings and photos for illustrations and exercises.
- **Create an environment that promotes shared learning** and participant involvement. For example, use a variety of learning methods in your training, such as interactive activities, role-play, small- and large-group exercises, and reflective conversations on practical experiences. Avoid a school classroom atmosphere or setup. Instead, strive for a natural/familiar seating arrangement. Plan and allow time for energizers and games to maximize participant learning.
- **Make sure that the training systematically follows and covers the six steps** of the recommended workshop format – the six modules outlined in this *Training Manual*. The modules build on each other and have been designed to help participants learn about the CSI from start to finish.

Part II. Facilitator's Guide for Leading a CSI Workshop

Guidelines for how to deliver the CSI modules

This section of the *CSI Training Manual* presents the contents of a typical CSI workshop, organized into modules by subject area.

Module 1, **Welcome, Introductions and Workshop Overview**, provides instructions for welcoming participants and explaining the background context for workshop. The objective of this module is to set the stage for a productive learning environment and help workshop participants understand why the CSI is important.

Module 2, **Introducing the Child Status Index**, outlines a step-by-step process for introducing and discussing the CSI – how and why the CSI was created, its best uses, and contents. The objective of this module is to improve buy-in for using the CSI and the resulting information to improve decision making at the program and child levels.

Module 3, **Understanding the 12 CSI Outcome Areas**, looks more closely at the six domains and 12 factors of the CSI tool. The goal of this module is for workshop participants to have a thorough knowledge of what the CSI measures, how to rate each child and how to gather information in an informal manner.

Module 4, **Administering the CSI**, provides guidelines to ensure the confidentiality of individual children and households and how to complete the CSI form.

Module 5, **Practice Using the CSI in the Field**, tells facilitators how to plan for and lead practice field visits applying the CSI in selected households. The objective of this module is for participants to gain practical experience using the tool and to compare and discuss ratings to build consistency among raters.

Module 6, **Interpreting and Using CSI Assessment Information**, presents guidelines on how to link CSI findings to care/support decisions for individual children and households..

Each training module is organized as follows:

- **Objective** – The learning objectives for that module. *These will be presented in this training manual in blue shaded boxes.*
- **Units** – Learning units that capture the key content to be addressed for that module.
- **Instructions** – Directions on how to run the session, including tips for to how to involve and motivate workshop participants and make the unit successful and exciting.
- **Suggested flip charts, handouts or slides** – Key points that should be highlighted, perhaps presented on a flip chart or projected on screen from a laptop computer, or discussed with participants at the end of a session to reinforce the main ideas of the unit. *These will be presented in this training manual in orange shaded boxes.*
- **Activities** – Individual or group exercises, discussions, role-playing, field work and other activities to reinforce the training.

Module 1 Welcome, Introductions and Workshop Overview

Time: 3.5 hours

Materials: Flip chart and markers, Unit 1 Handouts (see Part III)

Objectives:

After completing this module, trainees will understand:

- The objectives of the CSI training workshop
- The context for which the CSI was developed – the need to provide effective support to orphans and other children made vulnerable by HIV/AIDS
- The role of high-quality information for use in making decisions at the level of individual children, households and communities

Facilitator note: This module sets the stage for a productive learning environment and describes the context the CSI tool was developed to address. For training to be successful and sustainable, participants must be fully engaged with the material and find it relevant to their work. They should understand how the CSI can help them do their work – in understanding child and household needs and how to respond based on CSI scores. This module is important to every CSI training workshop, whether or not participants have prior experience with the tool.

Unit 1.1 Welcome and Introductions

Time: 45 minutes

Materials: Flip chart (optional)

Objective: To get to know each other, establish common ground, and present the scope and context of the workshop

Instructions for Facilitators – Lecture and Class Discussion

Step 1. Greet and welcome trainees to the CSI Training Workshop.

- Make the greetings natural and culturally appropriate to make trainees feel welcome and valued. If possible, do not read greetings.
- Introduce yourself and any other trainers who will be working with you. Give your name, organization, job title and a brief story on how you became a CSI facilitator.

Step 2. Briefly describe the purpose of the workshop.

- Briefly review the purpose of the workshop and why the participants were invited to attend this training. You can use this short description or adapt as you think appropriate: “Before the CSI was developed, monitoring and evaluation tools primarily assessed output measures – such as number of children visited or services received – rather than the status and well-being of the children. The CSI was developed to provide a simple and reliable way to help care workers assess and track the well-being of children in a holistic manner and help provided targeted services to children and/or household based on actual needs. The process of conducting the CSI also allows an opportunity to identify caregiver, household, and community strengths to help meet the identified needs of the children and household.”

- Remind participants that you respect and encourage everyone's participation. Emphasize your view that all workshop participants bring unique skills, perspectives, and experiences from their field work that should be shared with others to help facilitate group learning.
- Explain that this is a time for learning, so it is important to ask any questions they may have in order to feel confident in what they learn and help others learn as well.
- Ask participants if they have any questions or need clarification.

Class Flip Chart, Handout or Slide

After completing this CSI Training Workshop, you will be able to:

- Describe the Child Status Index and why it was created.
- Describe appropriate uses of the CSI.
- Indicate the six domains and 12 factors for assessing child well-being using the CSI.
- Score the CSI in a real-world setting.
- Use information generated by a CSI assessment to help make care-based decisions.

Step 3. Have trainees introduce themselves.

- Ask participants to introduce themselves by giving their names, the organization for which they work (if applicable), job title, and their expectations from the training. Help participants focus on their role/work as it relates to providing care and support to vulnerable children so they see their common starting points and how it relates to the purpose of the workshop. Also be sure to ask them about their level of familiarity with the CSI, which will help you tailor the workshop.

Here's an example of the kind of self-introduction you would like to solicit from participants (fictitious names)

*"My name is Jane Maji; I am a volunteer with Ngongo OVC program. My work involves identifying vulnerable children and conducting home visits with them to provide support for those in difficult circumstances."
(Malala village)*

- Make a note of participants' job functions. You can use this information later as examples to align your discussions with their common background, for example, providing services and support to vulnerable children.

Tip: To make this step interesting you can use an icebreaker – such as pairing participants and asking them to introduce their partners.

If the participants already know each other, you can skip this part of introductions. Just thank them for coming and welcome them to the workshop. You may still want to do an icebreaker exercise so everyone feels comfortable in the training setting.

Step 4. Thank everyone and reiterate their value.

Thank everyone for the introductions and stress the importance of their roles in their communities and organizations in supporting and improving the well-being of vulnerable children and their families.

Unit 1.2 Overview of the Workshop

Time: 30 minutes

Materials: Unit 1.2 Handout: “Detailed Agenda”

Objective: To present the format, schedule, and objectives of the CSI Training Workshop

Instructions for Facilitators – Lecture and Class Discussion

Present and explain the key objectives of the CSI training workshop.

Explain that the CSI training will be a four-day workshop (or the length of time that you have designated) that will cover six key modules.

Go through the agenda and briefly explain what participants can expect each day.

Invite participants to ask questions about the agenda or schedule.

Unit 1.3 Understanding Programs for Orphaned and Vulnerable Children

Time: 40 minutes

Materials: Flip chart

Objective: To ensure that participants understand the purpose of programs that mitigate the impact of HIV/AIDS by supporting vulnerable children and families

Facilitator note: The ultimate goal of providing services to vulnerable children may be articulated in different ways, but the responses for the exercise in this unit should be closely tied to *mitigating child vulnerabilities and improving child outcomes through supporting parents, caregivers, and families*. A representative definition is provided in the box at the end of this unit, “About Programs for Orphans and Vulnerable Children.” PEPFAR’s 2012 *Guidance for Orphans and Vulnerable Children Programming* (PEPFAR, 2012) provides guidance on appropriate, evidence-based, and cost-effective activities that will maximize improvement in the well-being of vulnerable children.

Instructions for Facilitators – Brainstorming Activity

Step 1. Set the stage for the activity.

- Explain the aim of the unit and distribute or post the instructions for the brainstorming activity from the box below – or read the directions out loud. Otherwise, write or discuss key questions orally.
- Tell participants they will start with a brainstorming activity about the purpose of the programs on which they work and other programs that serve vulnerable children.
- Explain that this activity relies on their practical and field perspectives, and as such, there are no right or wrong answers or points of view.
- Remind participants to focus on how and why they support vulnerable children and their families.

- Have participants work in pairs with the person sitting beside them to answer the five questions listed in the box, “Brainstorming Activity: The Purpose of Programs for Vulnerable Children and Their Families.” They should spend about three minutes on each question, with a total of 15 minutes for the activity. Help them get started by writing key words on a flip chart or chalk board, or writing them down to remind yourself. It can be helpful to use a separate flip chart to list all the responses given.
- One person from each pair will present their answers. As pairs report, they will only report new or additional ideas not already presented. Use a flip chart to record the responses.

Class Flip Chart, Handout or Slide

Brainstorming Activity: The Purpose of Programs for Vulnerable Children and Their Families

Work with the person sitting next to you to answer the five sets of questions below. Take about three minutes to answer each question. Have one person from each team present the answers, if they differ from ones already provided.

1. Describe how services to orphans and vulnerable children are delivered in your country/organization and list the key players.
2. Why are these programs implemented? Why do these organizations or programs exist?
3. How do you know which children and families to provide services to and which services to provide?
4. What is the organization's role in helping children and families? Is it possible to help children improve without helping their parents/primary caregivers?
5. Once you engage with a child/household, how do you monitor progress with that individual or household over time?

Step 2. Have participants describe programs related to the CSI's mission.

- Ask for volunteers from the group to briefly describe a program that benefits children and families made vulnerable by HIV/AIDS – the key players and how services are delivered. If trainees find this challenging, ask them to think about the program they work on and what they are trying to do to improve the lives of vulnerable children and their families.
- Ask participants to explain the goal of the program on which they work and how it relates to the goal of programs supporting vulnerable children and their families. Encourage participants to discuss with each other and raise issues or questions they may have about the goals of the programs they work on. Encourage them to focus on what their program does and why, as opposed to what they think *should* be done.
- Ask participants how they work with parents/caregivers to improve children's lives. Encourage participants to discuss children they have worked with and whether or not parents/caregivers were involved – how did this or didn't this make a difference?

Class Flip Chart, Handout or Slide

About Programs for Orphans and Vulnerable Children

Program interventions vary and are implemented at different levels such as:

- National, regional, district, and community levels – through policy, advocacy, and system strengthening
- Household, caregivers and/or children – through counseling, providing referrals, and engaging families in economic strengthening activities

Volunteers and other front-line staff, such as care workers, play a critical role in helping bolster the family and community response to the needs of vulnerable children.

The ultimate goal/mission of all program practices and interventions is to improve the well-being of vulnerable children and supporting their families and communities to meet their basic needs and to care for and support them.

Unit 1.4 Local Perspectives on Child Well-being

Time: 45 minutes

Materials: Flip chart

Objective: To build on existing local knowledge and establish a common and local understanding of children's problems or vulnerabilities and desired child well-being outcomes as observed/experienced in communities

Facilitator note: There are many different dimensions of child vulnerabilities and well-being. The most important task during this unit is to gain a local perspective that is common and well understood among participants that serves as a reference point for the rest of the workshop. The dimensions of child vulnerabilities or child well-being do not need to be exact or rigid, but they should be child-focused – problems children or families have that can be changed and improved with program support.

Instructions for Facilitators – Brainstorming Activity

Step 1. Define the target population.

- Start by defining what is meant by *orphans and vulnerable children* to make sure participants all have the same definition. Explain that the children are often referred to as OVC or “most vulnerable children” (MVC).

The definition may vary by the laws in the country in which they work, but the terms usually refer to a child aged 0-18 years whose parent or both parents are dead, or who has been made vulnerable because of several reasons as defined by the community including: being affected or infected by HIV/AIDS, hunger, extreme poverty, or living with caregivers with limited abilities to support and care for them (such as aged or chronically ill family members, violence and/or substance abuse in the household, or a household headed by a child).

Step 2. Brainstorm about problems these children face in their communities.

As a group, have participants discuss the questions in the box, “Brainstorming Activity: The Local Context for Child Well-being.” On a large piece of paper or flip chart, write down participants’ thoughts about the issues they see as particularly pressing for this population. Try to group their responses into the six categories defined in the box, “Typical Response Categories – Community Perspectives of Child Well-being.”

Class Flip Chart, Handout or Slide

Brainstorming Activity: The Local Context for Child Well-being

What are the major needs for children affected by and/or infected with HIV/AIDS in your community where you work?

What is the role of parents and others in the household in meeting these needs?

In your opinion, what does child well-being mean in your community? What is the community’s role in helping children and their families? When do you know a child and their family are doing better?

Based on your experiences, what changes have you observed in child outcomes (positive changes or well-being improvements) among the OVC you serve? Please list.

Class Flip Chart, Handout or Slide

Typical Response Categories – Community Perspectives of Child Well-being

The problems that a child may experience due to the impact of HIV/AIDS, poverty, hunger, and other difficult situations typically fall into the following categories:

1. Lacks food to eat, eats low-quality food and may not be growing well
2. Lives on the street or without adequate housing, and may lack parental/adult care and guidance
3. Abused, maltreated, exploited, and denied basic rights because they have no protection from an adult, government or community
4. Feels marginalized, stigmatized and discriminated against, causing feelings of frustration, depression, anxiousness, and hopelessness, which may lead to other emotional or behavioral problems
5. Frequently ill and lacks access to health services
6. Unable to enroll and attend school/training, or if attending school, might be underperforming due to problems at home

Step 3. Brainstorm about desired outcomes for these children.

- Ask the group: “What changes – what desired child outcomes – have you observed or expect to occur in a child’s life with the work you and your organization do, to address the problems you have mentioned?” The list should be similar to CSI domains and factors.

- Explain that outcomes are usually benefits or changes in a child and a child's family's knowledge, attitudes, values, skills, behavior, condition or status.
- Explain that the expected changes should be positive. However, participants may also give some of the negative changes they have observed in children's lives while working with them.
- After they note the changes (outcomes), ask participants to describe the progression of these changes or scale of improvement, and write these on flipcharts. You can add to the discussion by posting these flip charts on the wall and sharing the information in the box, "Desired or Observable Outcomes from Providing Support for CSI Domains."
- Facilitate an open discussion in which participants react to the material from the flip charts.

Class Flip Chart, Handout or Slide

Desired or Observable Outcomes from Providing Support for CSI Domains

Education: Child is enrolled in, attends, and is performing well in school

Psychosocial: Child is self-confident, hopeful about the future, and without major behavioral problems, family has others in the community they can depend on for emotional and other support

Livelihood: Enough household income to support child with basic needs

Food/Nutrition: Child has enough to eat regularly and is growing well

Health: Child is healthy and has access to health services as needed (treatment or prevention)

Legal: Child's rights are protected in all areas and child has access to legal services as needed

Life skills: Child has training in life skills to be able to protect him/herself

Interventions in one area of vulnerability may lead to multiple outcomes or a series of outcomes, where one contributes to another and then another. For example, enrolling a child in school and working with teachers to improve his/her performance may lead to better psychosocial and life skills outcomes, such as improved self-esteem, confidence and protective behaviors.

- If time allows, ask participants to share their experiences of how their services have helped or benefited specific children known to them – have made a difference in their lives. You might start discussion by offering the following real-life example from Rwanda:

"I knew a child in high school. Her mother was alive and HIV+. Her father had recently died, and he had been a mason. Her mother did not work outside the home, and she had no income. However, the child was able to go to a day school through the intervention of my organization."

I referred the mother to an ART clinic, where she is receiving ARVs and is doing better. She recently received a course on income generation and has received a grant to do business.”

This is a clear case where the participant’s work benefited the child by helping the mother get better. Once the mother’s situation improved she had the resources to help her child.

Unit 1.5 The Importance of Assessing Child Outcomes

Time: 30 minutes

Materials: Flip chart (optional), Unit 1.5 Handout: “The Importance of Measuring Child Well-being”

Objective: To understand why it is important to assess, respond to, and monitor child well-being

Facilitator note: Remember that **the CSI has not yet been introduced to the participants**, so you can show them later how they have come up with a list of factors that are similar to those in the CSI tool. **Do not introduce the CSI before explaining the background** behind its development and the context in which it will be implemented – and giving participants the chance to independently arrive at child well-being factors that mirror those on the CSI.

Instructions for Facilitators – Lecture and Class Discussion

- From the brainstorming activities conducted earlier, repeat comments that indicate that participants observe and collect information about the situation of the children they visit. This information gathering might be informal, written in a notebook, or recorded on a special form, but it is generally done – and certainly recommended – to maintain some record of individual children’s status.
- This is a good time in the training to note that collectively, the group has identified a set of indicators that are associated with good or bad outcomes for a child or household – and that this information can be valuable in providing care and support that address the negative outcomes in a child or household.

Instructions for Facilitators – Case Study

- Distribute the handout **with the case study for this unit, “The Importance of Assessing Child Well-being”** to participants and have them read it.
- Lead an interactive discussion based on the following questions:
 - Does this case study describe a situation you have encountered? Why? Why not?
 - In your organization, is there a systematic process for how to know which services to provide to individual children/households? If so, what is that process? If not, describe how it is done.
- Following the discussion, share the information below on a flipchart or slide to summarize key points.

Class Flip Chart, Handout or Slide

Advantages of Assessing and Monitoring Child Well-being

Information about child status on key indicators of well-being:

- Allows for tailored interventions for individual children and households that address identified needs
- Provides an opportunity to see if the child's well-being has improved after care-based decisions have been made
- Provides feedback and direction to the volunteers, supervisors, village administration, and staff, helping obtain consensus on how to respond to critical cases

Module 2. Introducing the Child Status Index

Time: 3 hours 10 minutes

Materials: Flip chart, *Child Status Index Manual—Second Edition* (can be accessed at: <http://www.cpc.unc.edu/measure/publications/ms-08-31a>), Handouts: Appendix 3, CSI Domains, Appendix 4, Child Status Index Record Form and Appendix 5, CSI Domains, Pictorial Version³

Objectives:

- To describe the purpose of the CSI, why it was developed, and its format and components
- To identify the six CSI domains and 12 factors of child well-being at a summary level
- To indicate appropriate uses of the CSI

Facilitator note: As discussed in Module 1, OVC programs need to assess and monitor the well-being of children. The Child Status Index (CSI) was developed to meet that need due to the absence of other tools.

Care workers play a critical role in organizational success. These are likely to be the people who interact with children and families on a regular basis. The CSI is best used by such care workers because it is designed to provide them with information about the children they serve and to help them make appropriate decisions based on CSI scores.

This module explains how the CSI can help formalize information gathering efforts to produce more consistent and complete information from which to make child and household level care decisions.

Unit 2.1 The Role of the Child Status Index in Helping Children

Time: 45 minutes

Materials: Flip chart (optional)

Objectives:

- To explain the purpose and usefulness of the CSI in the context of child well-being and program decisions
- To explain the thorough, community-based approach used in developing the CSI and processes to validate the measures and assess its use

³ The pictorial version of the CSI domain coding sheet uses pictures to help illiterate and semi-literate care workers understand the domains delineated in the CSI tool and their scoring system.

Instructions for Facilitators – Lecture and Class Discussion

Open by explaining that this session will introduce the CSI and that participants will learn how it fits into their work. You can use this short description or adapt as you think appropriate: “The CSI is a child-focused assessment strategy that addresses the areas that guardians, children, and other experts endorse as most indicative of the child’s relative well-being and vulnerability. Unlike many assessments, the CSI yields information that is child- and household-specific and can be used to develop tailored care plans for individual children and families. The factors also enable a care worker to identify urgent or emergency needs for a child or family.”

Step 1. Explain the value and importance of front-line staff for collecting information.

- Remind participants that in the previous section (Module 1), everyone agreed that the goal of their program(s) is to make a difference in children’s lives, which they measure through improved child and family well-being.
- Tell participants that:
 - Front-line staff and volunteers play a critical role in conducting home visits, collecting information about vulnerable children, and working with households to build on their strengths and to know how to get help when they need it. The CSI was designed primarily for use by care workers and other field personnel working directly with children and their families.
 - The CSI was developed to be a simple but reliable tool that can be routinely used by care workers to assess and monitor child well-being.

Step 2. Describe how the CSI was developed

- Present and explain how the CSI was developed using the flip chart, handout or slide below, “The CSI Development Process.” Explain that:
 - The CSI was developed through a bottom-up, participatory process that started with the community members and beneficiaries – working with groups of caregivers, children, and volunteers by asking them what they observe and experience.
 - The CSI was designed to be simple, reliable, intuitive, and child focused, and to provide outcome indicators that are measurable and changeable by program interventions, capture key dimensions of child well-being, monitor both positive and negative outcomes, and be adaptable across ages and cultures.

Class Flip Chart, Handout or Slide

The CSI Development Process

The CSI was developed through a participatory process with potential users including NGOs, community leaders, volunteers, children, caregivers and other international experts. Specifically:

- Local staff and community members participated in concept, design, and content development and field-testing of the tool.
- The CSI format was guided by consultations with experts and consideration of existing OVC frameworks, guidelines (including PEPFAR guidance), and existing research on child development in poor countries.
- The domains and factors included in the CSI, as well as the relevance of the ratings on each factor, were derived from discussions with care workers, guardians and other service providers in the field.
- The CSI was successfully field-tested for inter-rater reliability and construct validity in East Africa and has been refined and updated based on findings from formal usage assessment studies.

Step 3. Describe the core functions of the CSI.

- Present and explain the CSI's core functions depicted in the box below, "Core Functions of the Child Status Index." Explain that:
 - The CSI domains and factors were identified by field practitioners as key areas of child well-being, just as the group did in the earlier brainstorming sessions.
 - The CSI approach builds on the existing systems, local knowledge and local understandings of child well-being, as well as supervisory and monitoring tools and routines, such as home visits.
 - The CSI also builds on the constant need for information to make informed decisions about children's well-being.
 - Information on child well-being can help service providers improve the type and quality of services given to children.
- Ask participants if they have any questions or comments.

Class Flip Chart, Handout or Slide

Core Functions of the Child Status Index

Builds rapport by encouraging care workers to ask introductory, open-ended questions of a caregiver and child.

Orients care workers to the holistic needs of vulnerable children and their families, helping those who provide resources and services in limited domains (e.g., psychosocial support) recognize needs in other previously unaddressed areas that contribute to the child's overall well-being.

Promotes an individualized approach for programs working with vulnerable children. As a result, the services and resources provided are more likely to address the specific needs of one or more children living in a household instead of providing all program recipients with the same services.

Focuses on outcomes by helping programs assess whether an individual child or children in a community are achieving desired goals (e.g., child is attending and succeeding in school) rather than only monitoring inputs (e.g., provision of educational supplies).

Identifies urgent situations. Used in conjunction with other sources of information, can identify cases where immediate intervention is necessary

Supports a view over time – Provides a consistent measure to track child well-being as over time.

Supports localization – Can be adapted to local language, customs, guidelines, and standards of care to ensure appropriate use and care plans

Unit 2.2 Recommended Uses of the Child Status Index

Time: 30 minutes

Materials: Flip chart

Objective: To explain how CSI is most useful and for what purposes it is not recommended

Facilitator note: Programs for orphans and vulnerable children gather information on several levels – individual child, household, program, population – to meet the information needs of a diverse group of stakeholders. Key information needs may include targeting, case management, monitoring, evaluation, and program planning. The CSI is a useful tool, but it is not a tool that can be used to serve all purposes. This unit helps understand where the CSI best fits in the programmatic setting.

This is a summary-level discussion. CSI information, interpretation and use will be discussed in detail in Module 6.

Instructions for Facilitators – Lecture

Step 1. Facilitate a quick group discussion about the CSI.

Ask participants if they had previously heard of the CSI, and if so, what it was used for. Jot down the responses on a flip chart and read through them. This list can naturally lead into a discussion of the best uses of the CSI and the ways it might not be used.

Step 2. Explain where the CSI is most useful (see box below).

Class Flip Chart, Handout or Slide

How is the CSI Tool Meant to Be Used?

- **One of the best uses of the CSI is for case management** of serving vulnerable children and families. The CSI provides a consistent and individualized method for assessing a child's status and well-being to guide decision making about services for the child and household, both now and over time.
- **The CSI can be used for monitoring**, because it allows care workers to see how an individual child's score has changed over time and if the child's condition is improving, staying the same, or worsening.
- **The CSI can be used for local program planning by aggregating CSI ratings on individual factors.** For example, in Jinja District, 60 percent of the children had a CSI score of 2 in education. Consequently the program decided to focus on enhancing their educational program component in the next year.

You can also use the following testimonials of care workers who have used the CSI in their work with OVC:

“Our decisions stem from the CSI form...it's from the CSI form that we make our decisions... if we come across a child that has been scored as 1, we refer that case to the office so that they help that child immediately.”

“At the first assessment, a child obtained a score of 2 at the sub domains of shelter. At the second assessment, owing to the sensitization and the minor repairs we did, the score rose to 3 in the same domain. This improvement was also possible through the collaboration with his parents.”

“Another use of the collected information [CSI] is to know where there are enough problems to allow the NGO to make decisions. The collected information enables us to act and defend these children whenever we meet partners.”

Step 3. Explain how not to use the CSI (see box below).

Class Flip Chart, Handout or Slide

Inappropriate Uses of the CSI Tool

- **The CSI is not recommended for use in targeting**, or identifying children and households to include in programs, because the level of engagement required by the CSI would not be feasible for large populations and could lead to expectations of action.

Also, from experience, we know that the first time the CSI is administered, it does not always yield accurate scores. Care workers describe that after they get to know a family and situation better, they are more likely to have accurate scores.

- **The CSI is not recommended for evaluation purposes** because it identifies children's needs and status relative to their local community and is not designed to have ratings aggregated across factors or geographic areas.

A rating in one region of a country (such as an urban area) may not have the same rating in another region (such as a rural area), so it is not appropriate to aggregate the scores. Similarly, program or intervention evaluation is best collected from a sample of households by objective trained data collectors. Other tools are available for program evaluation such as MEASURE Evaluation's program evaluation tool kit which can be found at: <http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>.

- **The CSI is not recommended to determine an overall well-being score for an individual child** because aggregating the scores for an individual child may not detect variation in scores for each domain. For example, a child may be rated as "3" (good) in all 12 factors, equaling a total score of 36, which requires no immediate action. Another child may also have a total score of 36, but have a "1" (urgent) and "2" (bad) in two factors—requiring attention in these two areas—but 3's and 4's in the other areas. Also, the CSI scale is not equal-interval, but ordinal, and distinctions between scores are lost when aggregated together.

Unit 2.3 Introducing the Child Status Index

Time: 60 minutes

Materials: Flip chart, Handouts: Appendix 3, CSI Domains, Appendix 4, Child Status Index Record Form and Appendix 5, CSI Domains, Pictorial Version

Objective: To present the Child Status Index Record Form and an overview of the domains and factors it measures

Instructions for Facilitators – Lecture and Class Discussion

- Distribute copies of the CSI Domains, CSI Record Form, and the pictorial version of the CSI.
- Explain to the participants that:

- The CSI is an easy-to-use tool to assess the current needs and well-being of a child as well as to monitor changes and improvements in child's well-being.
 - The CSI has six domains with 12 factors that can be measured on a scale of 1 to 4, and that ratings can change over time. A 1 is a low score typically meaning an urgent response is required, and a 4 is a high score meaning the child is in good condition.
 - The six domains of the CSI are: Food and Nutrition; Shelter and Care; Protection; Health; Psychosocial; and Education and Skills Training. Economic stability is not currently included in the CSI (it is assessed through other tools), though economic strengthening interventions may often be applied to address low CSI scores such as lack of access to food or school fees.
 - Each CSI factor has a child-centered goal, and the tool provides examples of how to assess and rate a child on each domain.
- Present the six domains and 12 factors listed below in the class flip chart, handout, or slide and then show them the list they compiled from the group work during Module 1.
 - Explain the differences among the handouts:
 - *CSI Domains* – a handout that provides more explanation/detail about the scores for each domain and sub-domain. This can serve as a guide for scoring when in the field.
 - *Child Status Index Record Form* – the form used to actually score each of the domains and sub-domains for an individual child.
 - *CSI Domains, Pictorial Version* – can be used by semi-literate or illiterate volunteers, as pictures instead of written explanations are used to convey rating score criteria.
 - Give trainees access to the website with resources for further reading for a more thorough understanding of the CSI, particularly the *Child Status Index Manual—Second Edition*: <http://www.cpc.unc.edu/measure/publications/ms-08-31a>.

Class Flip Chart, Handout or Slide

PEPFAR OVC Service Domain	<i>Child Status Index</i> factor
Food and Nutrition	1A. Food Security 1B. Nutrition & Growth
Shelter and Care	2A. Shelter 2B. Care
Protection	3A. Abuse and Exploitation 3B. Legal Protection
Health	4A. Wellness 4B. Health Care Services
Psychosocial	5A. Emotional Health 5B. Social Behavior
Education and Skills	6A. Performance 6B. School and Work

Unit 2.4 The CSI Rating Scale

Time: 25 minutes

Materials: *Child Status Index Manual—Second Edition*, Handouts: Appendix 3, CSI Domains, Appendix 4, Child Status Index Record Form, Appendix 5, CSI Domains, Pictorial Version and flip chart (optional)

Objective: To learn how to assess and rate perceptions of child well-being on a scale of 1 to 4

Instructions for Facilitators – Lecture and Classroom Discussion

- Explain the learning objectives of this module and unit. Each CSI outcome area reflects the desired outcome or ultimate goal that all service providers are striving toward. Explain that vulnerable children being assessed are at different levels on the scale toward achieving the goals described in the previous module (Unit 1.4).
- Ask participants to give an example of what the best- and worst-case scenarios look like in terms of child well-being for a few of the domains.
- Ask literate participants to look at the indicators/scale under each domain and explain what each category represents (from good/4 to very bad/1). If participants are not literate, look at pictorial version of the CSI domains and discuss.
- Explain that each of the 12 factors is rated from 1-4. The higher the score, the better the child's well-being in that outcome area. Based on local standards, the ratings have these meanings:

4 = Good	The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.
3 = Fair	The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or care worker. Additional resources might be helpful, if available.
2 = Bad	There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.
1 = Very bad	The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.
- Make sure participants understand that there is no zero score. Children in urgent situations should be scored "1."

Special Instructions for Workshop Participants Who Are Not Literate

When working with low-literacy groups:

- Use the pictorial version of the CSI for classroom discussion.
- Consider using oranges or other round fruits or objects to explain the rating scale. If the child has no problem in a factor, the rating would be four oranges (best). Children in urgent situations would be scored with one orange.

Note that the pictorial CSI supports this visualization of the rating scale by showing circles for the depictions of 1-4.

- If you have not already, show the pictorial version of the CSI and explain that the two images in each domain show the highest and lowest scores, signifying no problem versus the worst situation. A situation that is between those extremes would be ranked with a score of 3 or 2. Tell participants that the only difference between a “2” and “1” is that “1” requires immediate action while “2” means that the child is in need but can wait a little longer.
- Note that in assigning a rating for a factor, the care worker should use information from multiple respondents and observations during the home visit.
- Ask participants if they have any questions, comments, or suggestions regarding the CSI rating scale and what it reflects in each category.
- Tell participants that they will soon practice using the CSI to rate children.

Class Flip Chart, Handout or Slide

The Child Status Index Rating Scale	
4 = Good	The child's status or situation is good. There are no concerns and no apparent risk for the child in this factor.
3 = Fair	The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or care worker. Additional resources might be helpful, if available.
2 = Bad	There is concern that the child's status or situation on this factor is observably not good. Additional resources or services are needed.
1 = Very bad	The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

Unit 2.5 Guidelines for Collecting CSI Information

Time: 30 minutes

Materials: *Child Status Index Manual—Second Edition*, flip chart (optional)

Objective: To learn the strategies used to collect information about children for rating their well-being

Instructions for Facilitators— Lecture and Class Discussion

Discuss the basic principles of CSI information gathering.

- Explain the objective of this learning unit.
- Assuming they are not already using the CSI, ask participants how they normally find out how a child is doing when they conduct home visits or visit their neighbors. What is their natural approach for information gathering?
- Ask participants to name other sources from whom they can learn how well the child is doing, such as neighbors, teachers, or volunteers.

- Ask participants what type of approach they would like if someone came to their home to gather CSI information. It is generally best to employ an informal manner, without reading a questionnaire. Care workers will develop this skill by practicing during the CSI training workshop practicum (field work) session (Module 5).
- Explain the basic concepts and guidelines of in-home information gathering:
 - **Establish rapport.** The care worker who is rating the child should create a friendly environment that encourages the caregiver and child to talk freely about their well-being. (Tell participants that more details on the home visit process will be discussed later.)
 - **Be positive.** Although children and their families may be going through a difficult time it is important to realize that all children and families have resources and strengths. The care worker's job is to help the child and family build on these strengths and to find help and support when they need it.
 - **Be respectful of child and family privacy.** Reassure the child and family that their information is confidential. If respondents don't want to answer a question, don't persist.
 - **Focus on the child.** The CSI is designed to collect information about the child, primarily from the caregiver, the child and direct observations. Teachers and other informants also can provide information, especially on issues where the care worker feels unsure about the information received from the caregiver or child.
 - **Use multiple sources of information.** Assessing child well-being in all 12 outcome areas requires *multiple* sources of information, including: direct observation, conversations with caregivers and the child, and sometimes conversations with others such as community leaders or teachers, when necessary. Information from these multiple sources is then used to rate the child on the 12 CSI factors of child well-being using the rating system of 1 to 4.
 - **Care workers should use their best judgment in assessing the child.** They should use local criteria or perceptions of child well-being levels to assess each situation, and compare children of the same age in the community.
 - **Do not rely on interviews with very young children.** The appropriate age for a child to be interviewed is eight years old or older. For children younger than eight, care workers should only rely on the informal interview with the primary caregiver and information they gather through observation.
 - **Be thorough but not redundant.** Care workers should not ask questions that have already been answered in the course of informal greetings and general inquiries. For example, an inquiry into the general well-being of the child will usually answer questions about illness and school attendance. Other factors, such as legal protection, will not come up as easily. To be thorough in gathering information on all 12 factors, the care worker will have to ask appropriate, open-ended questions on those factors.
- Tell participants that at the end of their home visit, they should make sure that they have enough information to rate the child in all 12 factors. If they are not comfortable assigning a rating due to insufficient information, they can leave that factor rating blank with a note or comment explaining why they could not gather the information they needed.

Class Flip Chart, Handout or Slide

Basic Strategies for Gathering CSI Information About Child Well-being

Primary Information Sources

- Informal interviews with caregivers
- Informal interviews with children
- Direct observations of the care worker

Secondary Information Sources:

- Neighbors, teachers and community leaders, as appropriate

Module 3 Understanding the 12 CSI Outcome Areas

Time: 3 hours 45 minutes

Materials (used in all Module 3 units): *Child Status Index Manual—Second Edition*, Handouts: Appendix 3, CSI Domains, Appendix 4, Child Status Index Record Form, Appendix 5, CSI Domains, Pictorial Version, Module 3 Handout: “Domain Scenarios” and flip chart (optional)

Review Objectives and Group Activity – 45 minutes

Objective: To gain a deeper understanding of the CSI’s 12 outcome areas

After completing this module, participants will be able to:

- Explain the goal of each of the CSI’s 12 outcome areas
- Understand what is being observed and rated for each of the 12 CSI factors
- Know which questions to ask and observations to make to rate each factor
- Understand the desired outcomes for each of the 12 factors of child well-being
- Understand that all domains are not equal. Some domains present more immediate dangers to children than others.

Facilitator note: The 12 CSI factors reflect a universal goal for all children to grow, be active, hopeful, and successful in life. Accomplishments in any of these domains move a child toward that goal. This module explains these factors and how to assess and monitor them.

Instructions for Facilitators – General Structure for Modules 3.1-3.6

Modules 3.1-3.6 comprise the six CSI domains that are used to assess child well-being. For each module, first list the domain and ask the following questions. Generate responses on the flipchart. Use one flipchart sheet per domain area.

- What is the goal or desired outcome for this domain?
- What does this outcome mean for their local context?
- What could we expect if we added support for either factor in this domain?
- Are all the outcomes equal? Are some more serious than others? For example does not having a birth certificate present the same danger to a child as being safe from harm? Both are important but one requires immediate attention while the other does not.

You can also post an overview of the six domain areas and key questions to consider for each as a reference for participants as they proceed through each module (see box, “The CSI Assesses Six Key Domains and 12 Key Outcome Areas”).

After completing this activity, keep the flipchart sheets up for reference as you define the domains and how they are rated using the CSI, and provide a broad overview of how to collect information to determine a child’s status with respect to that the two factors in each domain.

Class Flip Chart, Handout or Slide

The CSI Assesses Six Key Domains and 12 Key Outcome Areas

1. *Food/nutrition*: Does the child have sufficient and nutritious food at all times to grow well and to have an active and healthy life?
2. *Shelter and care*: Does the child have shelter that is adequate, dry and safe? Is there at least one adult who provides consistent love and support?
3. *Protection*: Is the child safe from abuse, neglect or exploitation? Is there adequate legal protection for the child?
4. *Health care*: Is the child healthy? Does he/she have access to preventive and treatment health services?
5. *Psychosocial*: Is the child happy and does he/she have hope for a good life? Does the child enjoy good relationships with other children and adults?
6. *Education*: Is the child performing well at home, school, job training or work and developing age-appropriate knowledge and skills? Is the child receiving the education or training he/she needs to develop knowledge and skills?

Unit 3.1: Domain 1 – Food and Nutrition

Time: 45 minutes (approximately 15 minutes per factor; 15 minutes for domain scenarios)

Instructions for Facilitators – Lecture and Group Discussion

Step 1. Define CSI Factor 1A: Food Security

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 1A: Food Security.
- Explain the goal of CSI Factor 1A, that it reflects the ability of the household or institution to obtain enough food – and its availability to the child. Stress that this factor should not just assess whether the household has food, but whether the child has access to food whenever hungry, at all times of the year, as expected in the community to sustain a healthy life.
- Explain that food security involves having safe foods and the ability of the child to obtain food in socially acceptable ways, for instance, without resorting to emergency food supplies, scavenging, begging, stealing, or other coping strategies.

On the CSI rating scale, “very bad” or “1” means no assured source of food for the child (child begs for food, receives food in-kind, etc.).

- Ask participants if they have any questions or comments at this point.

Step 2. Explain how to gather information for CSI Factor 1A: Food Security

- Provide **broad guidelines** for this factor. Explain that to rate a child on food security, the rater should ask the caregiver about the household food supply and how they get food. Also, the rater should ask the child whether he/she has eaten today and whether he/she has gone to bed hungry even once in the past week.

- Provide some **sample questions** to rate this factor, such as:
 - What does the family/child eat?
 - How does this household/institution get the food?
 - Tell me about times when there is no food.
 - Does this child complain of hunger?
 - How can you tell this child is hungry?
 - (Ask child) What did you have to eat yesterday?
- Explain **observations** the care worker may make to help rate this factor. When possible, care workers should observe food storage facilities and cooking areas for types of food available and signs of recent food preparation – as well as potential food sources in the garden or backyard farm.
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Step 3. Define CSI Factor 1B: Nutrition and Growth

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 1B: Nutrition and Growth.
- Explain the goal of CSI Factor 1B – that nutritious food builds the child’s body to make the child stronger and healthier. This factor assesses the age-appropriate physical growth of the child according to what the community considers normal.
- Explain to participants that low or inadequate food intake – either because child is sick, because there is not enough food in the house, or because the foods eaten have insufficient nutrients – can lead to poor growth. (Note: A household may be food insecure but the child’s growth may still appear normal, especially if it is a recent change of situation.)
- Explain that the rating should include the raters’ concerns from observing the child for signs of malnutrition. These include children who look too thin for their height and age (underweight), appear weak (lack of energy), have red hair, are jaundiced, have distended stomachs, have scabies, scurvy, flaking skin, etc.

Step 4. Explain how to gather information for CSI Factor 1B: Nutrition and Growth

- Provide **broad guidelines** for this factor. Explain that the care worker should observe the child and/or discuss with the caregiver whether they have concerns regarding the child’s growth or development (weight and height relative to age) compared to children of the same age in the community.
- Provide some **sample questions** to rate this factor, such as:
 - How is the child growing?
 - Does he/she seem to be growing like other children that age?
 - Are you worried about this child’s growth? His weight? Her height?

- Describe **observations** that the care worker can make to help rate this factor, such as the child's weight and height relative to others his or her age in the community. The care worker should look at the child for obvious signs of malnutrition symptoms and politely try to find out more about the situation. Particularly serious conditions include wasting (child is too thin and inactive for age, relative to other children of the same age in the community); and stunting (child is too short for age, relative to members of the family). These signs should be noted even though these concerns may be difficult to monitor and change within the short project timeframe.
- Explain what qualifies as a very bad situation on the scale, i.e. kwashiorkor or any other malnourished child with symptoms listed earlier.
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Instructions for Practice Questions for Domain 1. Food and Nutrition

- Distribute a copy of the handout for Module 3, “Domain Scenarios,” with the different scenarios.
- After each vignette is read, ask participants to record the CSI score for each sub-domain. Ask up to five different participants to tell their scores for each answer.
- Identify differences and agreements among participants' ratings. Try to get the group to come to consensus on a given rating. Address regional differences, if applicable, to emphasize the relative nature of the CSI tool.

Unit 3.2: Domain 2 – Shelter and Care

Time: 45 minutes (approximately 15 minutes per factor; 15 minutes for domain scenarios)

Instructions for Facilitators – Lecture and Group Discussion

Step 1. Define CSI Factor 2A: Shelter

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 2A: Shelter
- Explain the goal of CSI Factor 2A – that the child has a stable shelter that is adequate, dry, and safe, where “shelter” is defined as a structure, a sleeping area, and the living area inside.
- Explain that “shelter” includes a physical place or structure of the home in which the child lives permanently and sleeps. This factor should reflect the extent to which the structure provides security, comfort, protection from weather and support to the child as part of the family.
- Ask participants if they have any questions or comments at this point.

Step 2. Explain how to gather information for CSI Factor 2A: Shelter

- Provide **broad guidelines** for this factor. Explain that although the structure may be adequate, the child's living or sleeping situation may be worse as compared to others in the household. For instance, some children are discriminated against, and may sleep on the floor when others sleep on a bed, may have no blanket, or be mistreated in another way compared to other biological children in the household.
- Provide some **sample questions** to rate this factor, such as:
 - Where does the child live?
 - Where does he/she sleep?
 - Is this house or institution adequate or in need of repairs? What kind of repairs?
 - Has the child had to move frequently?
 - (Ask child) Where do you sleep?
- Explain **observations** that the care worker may make to rate this factor, such as the type and condition of the dwelling – its ability to offer protection from rain, theft, intruders, etc. Observe the way the child lives and whether it is similar to others in the household. Where concerns and inequalities exist, what are the implications for other dimensions of the child's well-being, such as being stigmatized or receiving poor care?
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Step 3. Define CSI Factor 2B: Care

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 2B: Care.
- Explain the goal of CSI Factor 2B – that the child has at least one adult (aged 18 or over) who provides consistent care, attention, and support.
- Explain that adequate care means receipt of consistent love from an adult (parent or guardian) who is involved in the child's life and provides him/her with a safe, stable, and nurturing environment. "Care" also involves the child having a sense of physical and psychological comfort and security provided by the adults(s) in her/his life.
- Ask participants if they have any questions or comments at this point.

Step 4. Explain how to gather information for CSI Factor 2B: Care

- Provide **broad guidelines** for this factor. For example, care workers should explore whether there is an adult caregiver for the child and the role of adult caregiver(s) in the child's life.
- This factor should also reflect how the adult (parent or guardian) feels about the child, the extent to which the adult knows the child and empathizes with the child, and the manner in which the child relates to the caregiver. Does the child have at least one adult to turn to when sad, excited, hurt, in trouble, or when needing to get advice, share thoughts, or ask questions?
- Provide some **sample questions** to rate this factor, such as:
 - Who is the most important adult in this child's life?
 - Who takes care of this child?
 - How long has he/she been the most important adult in the child's life?

- Does this person plan to care for the child as long as needed?
- When something exciting or fun happens, whom does the child tell?
- Who does the child go to when hungry?
- Who does he/she go to if sad, or talk to about worries?
- Who does he/she go to if hurt?
- What does the adult do for the child if he/she is sick or hurt?
- (Ask child) Who takes care of you?
- (Ask child) Who loves you?
- Explain **observations** to rate this factor. When possible, care workers should observe caregiver-child interactions. Does the adult seem to know the child well? Does this adult or someone else feel responsible for this child? Is this child on his/her own, without adult care?
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Instructions for Practice Questions for Domain 2. Shelter and Care

- Distribute a copy of the handout with the different scenarios.
- After each vignette is read, ask participants to record the CSI score for that sub-domain. Ask up to five different participants to tell their scores for each answer.
- Identify differences and agreements among participants' ratings. Try to get the group to come to consensus on a given rating. Address regional differences, if applicable, to emphasize the relative nature of the CSI tool.

Unit 3.3: Domain 3 – Child Protection

Time: 45 minutes (approximately 15 minutes per factor; 15 minutes for domain scenarios)

Instructions for Facilitators – Lecture and Group Discussion

Step 1. Define CSI Factor 3A: Abuse and Exploitation

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 3A: Abuse and Exploitation.
- Explain the goal of CSI Factor 3A, that the child is safe from any abuse, neglect, or exploitation. Abuse and exploitation can be defined as a child's exposure to any type of maltreatment, including physical and psychological maltreatment.
- Provide some examples of what constitutes abuse or exploitation, such as cases where the child is:
 - Beaten or caned even for committing small mistakes
 - Not protected by an adult
 - Facing emotional abuse or neglect
 - Discriminated against by some or all household members
 - Given less food than other children in the household
 - Sexually abused

- Forced into inappropriate tasks or employment, such as a young child being put to work as a maid or compelled to care for siblings instead of going to school
- Ask participants if they have any questions or comments at this point.

Step 2. Explain how to gather information for CSI Factor 3A: Abuse and Exploitation

- Provide **broad guidelines** for this factor. Explain that, because of the complexity of establishing or verifying exploitation, this domain should reflect the care worker's level of concern and should be documented.
- Ask participants to discuss and reach consensus about what constitutes "child abuse" or "maltreatment" within their local and cultural context. This is especially important with regard to physical discipline and children's involvement in household chores or work, since standards do vary by culture.
- List all agreed-upon forms of abuse and maltreatment on a flip chart. Then ask participants to discuss and agree on how these forms of abuse and maltreatment can be assessed. List all agreed-upon indications and observations on a flip chart.
- Emphasize that ratings in this domain are meant to reflect the nature and severity of the abuse and maltreatment, based on available knowledge. Sometimes care workers may only be able to note their concern but not to actually determine abuse.
- Note that it may take multiple visits to detect child abuse or child neglect. A more accurate assessment may come with time and familiarity with the household or institution, plus the opportunity to hear about possible maltreatment from neighbors and others in the community.
- Provide some **sample questions** to rate this factor, such as:
 - Do you have any worries about this child's safety?
 - Has the child been hurt and, if so, how?
 - Do you think the child feels safe and secure?
 - Does this child help out in the household? In what ways does the child help?
 - Does the child work for anyone outside the household? In what ways?
 - Does anyone else who knows the child worry that he/she is being hurt by someone else?
 - Do you or anyone else worry that the child may be sexually abused, raped, or touched by adults or older children?
- Explain **observations** to rate this factor. For example, when possible, care workers should observe caregiver interactions with the child. Give examples of possible indications of maltreatment, such as unexplained burns, bites, bruises, broken bones, scars, or black eyes, or a child who shrinks at the approach of the caregiver. Is there any other evidence that raises suspicion that someone may be hurting or abusing this child physically, sexual, or emotionally?
- Other indications include the adult describing a child in negative terms such as "troublemaker," "devil," "prostitute," or "stupid," or in some other very negative way. Also, neglected children may steal food or clothes or appear dirtier than other children in the family. Does the child (under 6 years old) seem very scared or neglected – dirty, with bad clothes, unwashed hair, etc.? (Note that neglect would be rated under the "Care" domain.)

- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Step 3. Define CSI Factor 3B: Legal Protection

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 3B: Legal Protection
- Explain the goal of CSI Factor 3B, that the child is protected legally and has access to legal protection services as needed.
- Explain that legal protection in this context refers to having adequate legislative and judicial protection from harm related to identity and inheritance rights, and/or has access to legal support if/when it is needed, such as in the case of abuse.
- Legal protection can include having a birth certificate, the death certificate of a parent, and other documents showing that child is protected from land grabbing, or which supports their inheritance rights (or other legal rights in your local context).
- Provide concrete examples of legal protection where you can, and ask participants to share examples they have experienced with the families and children they serve.
 - Emphasize that the child should be rated based on his/her need for and access to legal protection within the local context.
 - Ask participants if they have any questions or comments at this point.

Step 4. Explain how to gather information for CSI Factor 3B: Legal Protection

- Provide **broad guidelines** for this factor. Explain that the types of legal protection may vary by country and thus participants should agree on common protection needs for the local context. Provide some time for brainstorming and sharing thoughts on the subject.
- Explain that the care worker can inquire about the child's legal needs in a number of ways, including asking the caregiver whether the child has a birth certificate, or if the birth was legally registered (depending on local practice in this regard). The rater can ask the child and/or guardian whether the child's land or other family property has ever been contested, and whether they received legal support.
- Provide some **sample interview questions** to rate this factor, such as:
 - Does this child have birth registration or a certificate? Does the family have a will?
 - Has he/she been refused any services because of legal status? What services?
 - Do you know of any legal problems for this child, such as land grabbing?
 - Does this child have an adult who stands up for the child legally?
 - Who has the legal responsibility for taking care of this child?
 - Does the adult who cares for the child have legal authority to act in the child's best interests?
- Explain **observations** to rate this factor. When possible, care workers should see the child's birth certificate or identity card. Does the caregiver or volunteer have any concerns about the child's legal protection services? Also, observe or ask about the child's fear of losing his/her family properties.
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Instructions for Practice Questions for Domain 3. Child Protection

- Distribute a copy of the handout with the different scenarios.
- After each vignette is read, ask participants to record the CSI score for that sub-domain.
- Ask up to five different participants to tell their scores for each answer. Identify differences and agreements among participants' ratings. Try to get the group to come to consensus on a given rating. Address regional differences, if applicable, to emphasize the relative nature of the CSI tool.

Unit 3.4: Domain 4 – Health

Time: 45 minutes (approximately 15 minutes per factor; 15 minutes for domain scenarios)

Instructions for Facilitators – Lecture and Group Discussion

Step 1. Define CSI Factor 4A: Wellness

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 4A: Wellness.
- Explain the goal of CSI Factor 4A, that the child is in good physical condition and free from illness at a given time or over a period (in the past month).
- Explain that a child's sickness affects his/her ability to participate actively in age-appropriate activities, compromising well-being in other domains.
- Ask participants if they have any questions or comments at this point.

Step 2. Explain how to gather information for CSI Factor 4A: Wellness

- Provide **broad guidelines** for this factor. Explain that wellness is rated from discussions with caregivers about the child's illness over the past month and how often the child has been too ill to go to school or to perform work at home. The child can be asked similar questions.
- Provide some **sample questions** to rate this factor, such as:
 - Tell me about this child's health.
 - Tell me about the times the child misses school.
 - Tell me about the last sickness (or sicknesses) the child had.
 - Does he/she get malaria often?
 - Does he/she miss school or work because of illness?
- Explain **observations** to rate this factor. When possible, the care worker should observe the child. Does this child look well? How often is he/she ill? Does the caregiver or others worry about him/her being sick? Does the child look energetic? Do you notice a skin rash or wound or other ailment? Does this ailment seem to bother the child?
- Note that an unwell child may also be malnourished, which may already have been rated under Domain 1, Food and Nutrition. In this case, the child's health should also be rated with concern and a note provided about the malnutrition and any other health concerns.

- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Step 3. Define CSI Factor 4B: Health Care Services

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 4B: Health Care Services.
- Explain the goal of CSI Factor 4B, that the child can access health care services, including preventive care and medical treatment when ill.
- Explain to participants that:
 - Adequate medical treatment involves two issues: (1) the child gets timely medical attention from a health professional; and (2) the child gets the necessary medication to treat the illness.
 - Adequate preventive health care means that a child has access to basic health care services that are age-appropriate, including immunizations (for children under five), bed nets, health education (e.g., HIV prevention for youth), and other preventive measures as appropriate.
 - Care workers are not expected to give reasons for limited health care services. The reasons may be complex, such as distance to health centers, a lack of transportation, and lack of money to purchase medicine.
- Ask participants if they have any questions or comments.

Step 4. Explain how to gather information for CSI Factor 4B: Health Care Services

- Provide **broad guidelines** for this factor. Explain that queries about access to health care can follow naturally from the information about the child's general health during the initial greetings when the care worker asks: "How is the child doing?" or "How are the children doing?"
- In addition, the care worker may ask the guardian about preventive care, such as immunizations for children under five years, as well as access to treatment for any child who has been ill.
- If the child has been sick or was sick recently, the care worker should explore if the child had access to a health professional or to needed medication and treatment. (Note that a child can see a doctor but have no money to buy medicine, which still makes care inadequate.)
- Emphasize that the rating should reflect reports from both the child and guardian.
- Provide some **sample questions** to rate this factor, such as:
 - What happens when this child falls ill?
 - Does he/she see a nurse, doctor or any health professional?
 - How does the child get to a doctor or a nurse when he/she needs one?
 - When he/she needs medicine, how do you get it? Do you pay for the medicine?
 - Tell me about any health services the child needed but did not receive.
 - What makes it hard to get what the child needs to be healthy?
 - Has the child had vaccinations to prevent illness?
 - (For adolescents) Has anyone talked to the child about risks for HIV and how to protect against these risks?

- Explain **observations** to rate this factor. When possible, care workers should observe the child's immunization card, basic hygiene, and availability of a bed net. How likely is the child to receive the health care services needed?
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Instructions for Practice Questions for Domain 4. Health

- Distribute a copy of the handout with the different scenarios.
- After each vignette is read, ask participants to record the CSI score for that sub-domain.
- Ask up to five different participants to tell their scores for each answer.
- Identify differences and agreements among participants' ratings. Try to get the group to come to consensus on a given rating. Address regional differences, if applicable, to emphasize the relative nature of the CSI tool.

Unit 3.5: Domain 5 – Psychosocial Well-being

Time: 45 minutes (approximately 15 minutes per factor; 15 minutes for domain scenarios)

Instructions for Facilitators – Lecture and Group Discussion

Step 1. Define CSI Factor 5A: Emotional Health

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 5A: Emotional Health.
- Explain the goal of CSI Factor 5A, that the child is happy and content with a generally positive mood and hopeful outlook.
- Explain that many emotional health problems among children, especially those affected by HIV/AIDS, are indicated by internalized symptoms such as depression, withdrawal, poor self-esteem, anxiety, and possible suicidal thoughts.
- Explain that indicators of these mental states may include constant worrying, fears, and other signs of distress, such as frequently crying, or not crying at all, not sleeping, seeming unhappy or discontent, or not interacting with others.
- Explain that the care worker should rate the child's emotional well-being according to either his/her concerns or the guardian's concerns that the child seems troubled or unhappy most of the time.
- Ask participants if they have any questions or comments.

Step 2. Explain how to gather information for CSI Factor 5A: Emotional Health

- Provide **broad guidelines** for this factor. Explain that during field-testing of the CSI, the child's emotional well-being emerged as an area that parents and guardians were willing to talk about, especially when frustrated about not understanding what is going on with the child or what to do to help a child who is sad, inactive, and/or grieving.

- Explain that the care worker can ask open-ended questions about the child’s disposition and hope for the future, using the local language for concepts such as depression or grief.
- Provide some **sample questions** to rate this factor, such as:
 - Questions for the caregiver or other involved adult:
 - How often is the child happy? How often is he/she sad?
 - How can you tell if he/she is happy or unhappy?
 - Does the child seem happy playing with other children?
 - What makes the child sad or worried?
 - Do you worry about this child’s sadness or grief?
 - Have you ever thought the child did not want to live anymore?
 - Do you worry he/she might hurt himself/herself or want to die?
 - Does he/she talk about the parent(s) who died?
 - Do you worry about this child’s sadness or grief?
 - Does this child cry more than you would expect from most children?
 - Questions for the child:
 - Do you have a good life?
 - Tell me about your goals in life.
 - Do you think you will be a happy adult?
 - Do you think you will have a good life?
- Explain **observations** to rate this factor. When possible, care workers should observe the child’s demeanor. Is the child withdrawn, fearful, sad or teary? Observe the child’s emotional state or what the child says about his or her life. Does the caregiver seem concerned or seem to not know how the child is doing in terms of social and emotional well-being? (This can relate to Factor 2B, Care). Does the child seem to have energy? Is the child involved in activities? (This can relate to Factor 5B, Social Behavior).
- As facilitator, think through locally appropriate ways of gathering information about the child’s emotional well-being. If you do not know the local customs, it is important that this be discussed during this and other units within this module.
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Step 3. Define CSI Factor 5B: Social Behavior

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 5B: Social Behavior.
- Explain the goal of CSI Factor 5B, that the child is cooperative and enjoys participating in activities with adults and other children.
- Explain some broad principles of social behavior, such as the following:
 - Social behavior refers to the child’s conduct in general, as well as how he/she relates to other children and adults.
 - Some signs of positive social behavior among adolescents include having a close friend, being kind and helpful to others, and being respectful of those in authority.
 - Some signs of negative social behavior, or “bad behavior,” include disobedience, fighting, stealing, and bullying.

- Among infants and younger children, negative social behavior includes being a difficult child to play with, or being resistant to smiling, babbling or interacting with adults.
- Sudden changes in behavior, particularly increased negative behavior, may be due to abuse or having a parent become sick or die.
- Ask participants if they have any questions or comments.

Step 4. Explain how to gather information for CSI Factor 5B: Social Behavior

- Provide **broad guidelines** for this factor. Explain to participants that they can solicit a parent's or guardian's point of view to gauge whether the child is "good," which often relates to relationships with adults (obedience or disobedience) and children (getting along with others or fighting with others), as well as how they participate in family and community life.
- Explain that the care worker may ask the parent or guardian to describe the child in general, asking them to do so in any way they like. At this point, behavioral problems that suggest that the child is "bad" will often be introduced.
- Provide some **sample questions** to rate this factor, such as:
 - How would you describe the child's behavior toward others?
 - What is his/her behavior toward adults? How does he/she behave with you?
 - Does this child need to be punished often?
 - How would you describe his/her friendships with other children?
 - Does he/she enjoy playing/being with other children?
 - Does he/she fight with other children?
 - What do you do if he/she is unruly or disobedient?
 - Do you worry the child will get in trouble at school?
 - What do you worry about for this child in the future?
 - Ask the child, "Tell me about your closest friends and what you enjoy doing with them."
- Explain **observations** to rate this factor. When possible, care workers should observe the child's social behavior with other children and adults. What does his/her attitude seem to be toward the guardian or other children? Is the child involved in any activities with others? How does he/she interact with them, and with you?
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Instructions for Practice Questions for Domain 5. Psychosocial Well-being

- Distribute a copy of the handout with the different scenarios.
- After each vignette is read, ask participants to record the CSI score for that sub-domain.
- Ask up to five different participants to tell their scores for each answer.
- Identify differences and agreements among participants' ratings. Try to get the group to come to consensus on a given rating. Address regional differences, if applicable, to emphasize the relative nature of the CSI tool.

Unit 3.6: Domain 6 – Education and Skills Training

Time: 45 minutes (approximately 15 minutes per factor; 15 minutes for domain scenarios)

Instructions for Facilitators – Lecture and Group Discussion

Step 1. Define CSI Factor 6A: Performance

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 6A: Performance.
- Explain the goal of CSI Factor 6A, that the child is progressing well in acquiring knowledge and life skills at home and school, or has access to job training or an age-appropriate productive activity. Parents, teachers, and guardians often view the child's overall well-being through their "performance" or success in various life activities.
- Explain that "performance" is not limited to learning in school, but also addresses the child's performance in any age-appropriate tasks, including daily activities in family life, household chores, and age-appropriate work in the family's income-generating activities, such as gardening and care of animals.
- Explain that for younger children this factor also reflects the extent to which an infant or preschooler is progressing well in reaching developmental milestones in motor development, language, and play, according to expectations of the parent or caregiver.
- If the child is not in school, explain to participants that care workers should ask the child about skills training and learning skills that are useful to him/her.
- Ask participants if they have any questions or comments at this point.

Step 2. Explain how to gather information for CSI Factor 6A: Performance

- Provide **broad guidelines** for this factor. Explain that:
 - Care workers should ask questions relevant to the child's age and developmental expectations. For example, if the child is an adolescent, ask the child about skills training and learning skills that are useful to him/her. If a child is disabled, the assessment should focus on his/her abilities to achieve what is expected.
 - This factor should reflect progress in development and learning and is often discussed with other topics, so care workers should not feel a need to ask questions specific to this topic if it has already come up in other conversations. Instead, they can probe the guardian about a topic they may already be discussing.
- Provide some **sample questions** to rate this factor, such as:
 - (For an infant and younger child) Is this child developing as you would expect?
 - Is your baby doing well – growing and learning as you would expect?
 - Is this child quick to learn, slow to learn new things, or average?
 - (For a younger child) Is this child learning new things, as you would expect of others his/her age?
 - Do you have any worries about the child's performance or learning?
 - Is the child quick to understand and learn?
 - Is the young person doing well with work?
 - Do teachers report that the child is doing well in school?

- Does he/she do a good job with chores at home, such as work in the garden?
- Tell me about something the child does very well.
- Is the child advancing to the next grade as expected?
- Have you worried that this child does not learn as well as other children?
- Do you think this child is very quick to learn, even a better learner than others?
- Explain **observations** to rate this factor.
 - If the child is an adolescent, the care worker can ask the child about skills training and learning skills that are useful to him/her.
 - If the child is in school, observe the child's response if asked about class performance ranking compared to their performance last term, based on the school report card. Progress should be measured not by the child's ranking in class but on how they are performing based on their ability.
 - If the child is five years old or younger, the care worker can observe the child's developmental progress – such as walking, talking and reading – and compare it to what would be expected for children that age.
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Step 3. Define CSI Factor 6B: Education and Work

- Refer to the Pictorial Guide and Child Status Record Form and point out CSI Factor 6B: Education and Work
- Explain the goal of CSI Factor 6B, that the child is enrolled in and attends school or a skills training program, learning mentorship activities, or is engaged in age-appropriate play, learning activity, or job as appropriate for the child.
- Explain that the rating should be based on what would be age-appropriate for the child:
 - For infants or toddlers, this factor should reflect whether the child is receiving developmental stimulation by playing and interacting with household members.
 - For children who are enrolled in school or have regular work, the rating would reflect their attendance and support, such as who pays for school fees and uniforms.
 - For out-of-school youth, this factor should reflect whether the young person is engaged in an age-appropriate activity, such as working regularly at an income-generating job or task, such as maintaining a garden, or participating in other livelihood activities.
- Provide examples relevant to the local context.
- Ask participants if they have any questions or comments at this point.

Step 4. Explain how to gather information for CSI Factor 6B: Education and Work

- Provide **broad guidelines** for this factor. Reiterate that the rating should be based on what would be age-appropriate for the child and appropriate for the local culture and context.

- For children who are not engaged in common, age-appropriate learning or work activities, the care worker should explore the barriers and report them. Note that the information for this factor may also provide answers about other factors. For example, a child might not be at school because he/she was hungry or does not have adequate adult supervision.
- Provide some **sample questions** to rate this factor, such as:
 - Questions regarding infants and preschool children:
 - Does this infant have good opportunities to play and learn?
 - Do people in the family play and talk with the baby?
 - Is or should the child be in an early development center?
 - Questions regarding school-age children and older:
 - Is the child in (or has the child completed) primary school?
 - Where does he/she go to school?
 - Tell me about the child's school or training.
 - Who pays school fees and buys uniforms and school materials?
 - (If enrolled) Does this child attend school regularly?
 - How often must the child stay out of school to help out at home?
 - How often must the child miss school for any other reason?
 - Does he/she go to work regularly?
 - Ask the child about his or her play, school, or skills-training activities.
 - Is the youth getting the preparation needed to work at a job as an adult?
- Explain **observations** to rate this factor. If possible, the care worker should observe the child's body language as he/she responds. Is the child enthusiastic? For infants or preschoolers, observe if the child is involved in any play or learning activity with any family member(s).
- Note that a full set of information-gathering guidelines for this factor is provided in the *Child Status Index Manual—Second Edition*.

Instructions for Practice Questions for Domain 6. Education and Skills Training

- Distribute a copy of the handout with the different scenarios.
- After each vignette is read, ask participants to record the CSI score for that sub-domain.
- Ask up to five different participants to tell their scores for each answer.
- Identify differences and agreements among participants' ratings. Try to get the group to come to consensus on a given rating. Address regional differences, if applicable, to emphasize the relative nature of the CSI tool.

Module 4 Administering the CSI

Time: Approximately 2.5 hours

Materials: *Child Status Index Manual—Second Edition*, Handout: Appendix 4, CSI Record Form, Unit 4 Handouts (see Part III), flip chart (optional)

Objective: To review the necessary factors related to administering the CSI in a household.

After completing this module, participants will be able to:

- List the ethical guidelines for conducting CSI assessments.
- Complete a CSI Record Form.

Facilitator note: Before you can lead this unit, you will need to have a strong understanding of the local customs and laws in the country in which the workshop participants will be operating. Once you are confident in your knowledge of the local context, introduce Module 4 with the following overview, or something similar:

“Now we have discussed the CSI domains and sub-domains and how to identify a rating. When you travel to a household to administer the CSI, there are several factors to consider. This module outlines the important aspects to administering the CSI.”

Unit 4.1 Ethical Considerations for Conducting a CSI Assessment

Time: 30 minutes

Materials: Flip chart (optional), Unit 4.1 Handout: “Ethical Overview” and Unit 4.1a Handout: “Guidelines for Obtaining Consent/Assent”

Objective: To understand the ethical guidelines for conducting CSI assessments in order to protect children and gather quality information

Instructions for Facilitators – Lecture and Class Discussion

Step 1. Convey the importance of ethical considerations.

- Explain the objective of this learning unit.
- Tell trainees that gathering information from vulnerable children and their caregivers is justified, given that there is no other way to understand how they can benefit from program interventions or how programs can be improved to better support them. At the same time, collecting this information presents ethical challenges that must be addressed to ensure child protection. There are three issues:
 - Protecting and supporting children if they disclose difficult and potentially traumatizing issues.
 - Safeguarding information to ensure the child’s safety and security.

- Raising false hopes, particularly if the care worker's program does not provide services or referrals for all the domain areas.

Step 2. Conduct a short brainstorming session about ethical concerns.

- Ask participants to take 10 minutes to brainstorm their thoughts on the ethical concerns/issues in conducting CSI assessments.
- Ask them why they think these issues are of particular concern and how they think they can address them. Have them share their answers among the larger group.

Step 3. Present ethical guidelines that must be observed.

- Distribute the following handouts for this learning unit, found in the back of this *Training Manual*:
 - Unit 4.1 Handout – Ethical Overview
 - 4.1a – Guidelines for Obtaining Consent/Assent
- Explain to participants why these guidelines are important and how they each relate to the CSI assessment. Remind them that the purpose is to ensure children are protected during the process of talking about difficult and potentially traumatizing topics, as well as to secure the information provided or observed about the child's safety and security.
- Together, prepare a localized home visit protocol for participants to follow when conducting CSI assessments, with steps or a script for greeting, explaining the purpose of the visit and length of stay, explaining who you wish to talk to, and getting consent and assent to continue the assessment.

Step 4. Emphasize the importance of confidentiality.

- Tell participants that they should always be mindful of confidentiality with each client they visit and report on. They should not share what they learn with others outside of the family they are working with. In particular, they should be careful not to share incriminating information that a child shared with them about the caregiver in the home, as this could put the child in a difficult situation. For example, if the child reveals that the caregiver does not treat him/her well and the care worker repeats this to the caregiver, the caregiver may retaliate against the child. Instead, the care worker should try to find a different way of letting the caregiver know that he/she is aware of mistreatment of the child.
- **Exceptions to confidentiality.** Tell participants that there are exceptions to confidentiality. For example, if a child is abused, maltreated or involved in illegal activities, the care worker should follow a given protocol to immediately report this to appropriate authorities according to the laws in the country or region (this will be discussed further in Module 6).
- Ask participants if they have any questions or comments.

Unit 4.2 Completing the CSI Record Form

Time: 45 minutes

Materials: *Child Status Index Manual—Second Edition*, Handout: Appendix 4, CSI Record Form and flip chart (optional)

Objective: To understand how to fill out all parts of the CSI Record Form to capture demographics, CSI ratings, important events in the child's life, and support and services provided

Instructions for Facilitators – Lecture and Class Discussion

Step 1. Explain the purpose and importance of the CSI Record Form

- Explain the objective of this learning unit.
- Ask participants to refer to the CSI Record Form. In addition to the background information (demographics about the child), the form contains three parts:
 - Part I. CSI Scores
 - Part II. Important Events
 - Part III. Types of Support/Services Provided

Class Flip Chart, Handout or Slide

A CSI Record Form serves several purposes:

- Provides a score on child's well-being for each of the domains
- Helps determine what course of action to take for a given child
- Tracks child's well-being over time
- Helps avoid duplication of services.

- Tell participants why the information on the CSI Record Form about the child, caregiver and services received is needed (see box). An assessment and documentation of services using this CSI Record Form should always be planned as part of a home visit and conducted as often as the program or care worker deems necessary.
- Ideally, the care worker should keep a copy of the scores in his/her notebook if required to submit the CSI to a field supervisor. It may be a good idea for supervisors to review forms to check for accuracy and most importantly, to identify any urgent situations that require an immediate response.

Step 2. Explain how to enter background information.

- Explain to participants that the CSI Record Form requires the collection of background information about the child.
- If the child is already enrolled in the program, this information can be obtained from intake records or other program databases.

- If the child is not enrolled in the program, this information can be obtained from the child and caregiver when visiting the household.
- Explain that it is helpful to enter as much background information as possible in the CSI Record Form *before* visiting the household for the assessment visit, because this:
 - Makes it easier for care workers to locate the child.
 - Puts the CSI scores in the context of other factors related to the child and household.
 - Enables the care worker to focus on the assessment rather than filling out the form.
- Briefly describe the fields of this section of the CSI Record Form:
 - Child's name: Full name of child whose well-being is being assessed.
 - Age in years: If the child's date of birth is not known, estimate the date or year by asking other children of approximately the same age in the community, with the help of the caregiver or by using another estimation method.
 - Gender: F/M – Circle one.
 - Child ID: The ID number given by program, if applicable. If not applicable, enter "n/a."
 - Location: The names for the location/sub-location will vary by country – for example, district, ward, division or village. Adapt the CSI Record Form as appropriate.
 - Caregiver's name and relationship to the child.

CSI Record Form: Background Information

Child's Name _____		Age in years _____
Gender F/M _____	Child ID _____	
Location: District _____ Ward/Division _____ Village/Neighborhood _____		
Caregiver's Name _____	Relationship to Child _____	

- Ask participants if they have any questions.

Step 3. Explain how to fill out Part I of the CSI Record Form

Facilitator note: Participants must be thoroughly familiar with the CSI factors before filling out Part I of this form. Make sure participants know both the desired outcome (goal) and content of each CSI domain and factor – as well as the CSI rating scale – extremely well, so they can ask the right questions to elicit the necessary information to complete the CSI Record Form once they have finished the assessment.

- Immediately after the care worker's household visit, he/she would rate the child on all 12 factors of the CSI based on initial informal discussion and observations. (Note that some programs have their own forms for recording services and would not use Part III of the CSI Record Form.)
- Explain to participants that Part I of the CSI Record Form includes places to rate each factor, indicate the sources of information that contributed to that rating, the date of the assessment, the evaluator's identification number or name, and any actions taken on the day of assessment for each factor, such as providing referrals or responding immediately to an urgent situation.

- Explain the key principles for completing the CSI Record Form, such as the following:
 - This information should only be entered after interviews and observations. Writing down scores during the visit may cause the child or caregiver unease.
 - Care workers should score each factor on the four-point scale ranging from very bad (1) to good (4). The higher the score, the better the well-being of the child in that outcome area.
 - Care workers should make a concerted effort to assign a score for each factor for every child, based on the definitions discussed in this workshop and detailed in the *Child Status Index Manual—Second Edition*. If there is a situation where a care worker is unable to assign a score, it is better to indicate “n/a” rather than guessing at a rating.
 - At the bottom of this section of the CSI Record Form, care workers circle all sources of information that contributed to the rating and write down any others not listed.
 - When rating multiple children in one household or institution, care workers should pause between children and, with the permission of the caregiver, rate each child after conversing with them.
 - It is important to score the child promptly after the assessment. It is easy to forget information after interviewing one child, especially when assessing another child immediately after, or engaging in any activity other than thinking about the target child.

CSI Record Form, Part I (Scoring)

I. CSI SCORES:	Date:	Evaluator's Name or ID:
Domains	Scores (Circle One) Good Fair Bad Very Bad	Action taken today:
• FOOD & NUTRITION		
1A. Food Security	4 3 2 1	
1B. Nutrition & Growth	4 3 2 1	
• SHELTER & CARE		
2A. Shelter	4 3 2 1	
2B. Care	4 3 2 1	
• PROTECTION		
3A. Abuse & Exploitation	4 3 2 1	
3B. Legal Protection	4 3 2 1	
• HEALTH		
4A. Wellness	4 3 2 1	
4B. Health Care Services	4 3 2 1	
• PSYCHOSOCIAL		
5A. Emotional Health	4 3 2 1	
5B. Social Behavior	4 3 2 1	
• EDUCATION AND SKILLS TRAINING		
6A. Performance	4 3 2 1	
6B. Education/Work	4 3 2 1	
Source(s) of information: (Circle all that apply.)	Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Care worker, Others (Specify) : _____	

Step 4. Emphasize the importance of correct scoring.

Emphasize that correctly scoring a child with the CSI is very important, because decisions affecting children will be based on the information they collect and report. For example, if a care worker reports that all children are doing badly – rated as a 2 or 1 on the CSI scale – service providers will have to plan to support a large population of vulnerable children, leaving fewer resources for children or households that are in dire need. Ask care workers to provide a rationale for every score they give.

Step 5. Explain how to fill out Part II of the CSI Record Form: Important Events

- Explain to participants that Part II of the *CSI Record Form* includes a section for describing any important events that have happened in the child's life since the last CSI assessment. For children who have not previously been assessed, this section will record important events for the previous 6-12 months.

It is important to record this information, because changes in scores from previous assessments may be related to an unanticipated event in a household. For example, a child may be more depressed if his/her parent died.

- Ask if there are any comments or questions for this section.

CSI Record Form, Part II: Important Events

II. IMPORTANT EVENTS: <i>(Check any events that have happened since the last CSI assessment or the last 6-12 months.)</i>	<input type="checkbox"/> Child left program <input type="checkbox"/> Child pregnant <input type="checkbox"/> Child died <input type="checkbox"/> Parent ill <input type="checkbox"/> Parent/guardian died (specify) _____	<input type="checkbox"/> Family member died <input type="checkbox"/> Change in caregiver <input type="checkbox"/> Change in living location <input type="checkbox"/> Community violence <input type="checkbox"/> Other (specify) _____	Comment(s) if necessary:

Step 6. Explain how to fill out Part III of the CSI Record Form: Types of Support/Services Provided

- Explain to participants that on Part III of the CSI Record Form they should indicate the type of services the child or household is receiving – including advice given or household resources leveraged to solve a problem – who is providing these services, and any comments or suggestions about issues that require further attention. Note that some programs may have other forms to capture services provided, and those forms may be used instead of Part III of the CSI Record Form.
- Briefly explain each of the service areas.
- Ask if there are any questions or comments on this section.

CSI Record Form, Part III: Types of Support/Services Provided

III. TYPES OF SUPPORT/SERVICES PROVIDED <i>(at present):</i>	What was provided?	Who provided services? <i>(e.g., NGO, neighbor, teacher, church, or other)</i>
a. Food and nutrition support (such as food rations, supplemental foods)		
b. Shelter and other material support (such as house repair, clothes, bedding)		
c. Care (caregiver received training or support, child placed with family)		
d. Protection from abuse (education on abuse provided to child or caregiver)		
e. Legal support (birth certificate, legal services, succession plans prepared)		
f. Health care services (such as vaccinations, medicine, ARV, fees waived, HIV/AIDS education, referrals)		
g. Psychosocial support (clubs, group support, individual counseling)		
h. Educational support (fees waived; provision of uniforms, school supplies, tutorials, other)		
i. Livelihood support (vocational training, microfinance opportunities for family, etc)		
j. Other:		
Suggestions for other resources or services needed.		

Unit 4.3 CSI Practice Exercises

Time: 60 minutes

Materials: CSI Record Forms (1 per person), Unit 4.3a Handout: “Practice Exercise A: Flora’s Case Study,” Unit 4.3b Handout: “Practice Exercise B. Role Play: The Story of Wanjiku,” and flip chart

Objective: To practice using newly acquired skills to better understand and internalize how to administer the CSI

Instructions for Facilitators – Practice Exercises

- Explain the objective of this module.
- Choose one or two of the practice exercises below, depending on level of experience and understanding of participants.
 - Practice Exercise A: Flora’s Case Study
 - Practice Exercise B: Guided role-playing exercise

Instructions for Practice Exercise A: Flora’s Case Study

- Distribute a copy of Flora’s case study and ask participants to read it. If workshop participants have low literacy, read the story aloud.
- In pairs, have participants complete the ratings on the CSI Record Form for Flora.
- Collect their ratings and post them on a flip chart.
- Have the participants divide into groups to discuss the scores.
- Facilitate a group discussion on the following questions:
 - Did everyone agree on all the scores? Why or why not?
 - Were there domains you felt you could not assess?
 - What questions could you have asked to be able to assess those domains?
 - Given the CSI scores, how well do you think Flora is doing?

Instructions for Practice Exercise B: Role Playing Exercise

Facilitator note: In this interactive practice exercise, workshop participants will rate a child based on information they hear in a scripted role-playing exercise, where participants play the roles of the child, caregiver(s), and care worker.

- Explain the role playing exercise and ask for five or six volunteer actors to play the various roles – stepfather, mother, Wanjiku, caregiver, and two brothers. You may need to adapt the number of actors depending on the number of participants in the workshop.
- Give the actors (but not the rest of the participants) a copy of the Wanjiku Case Study, which briefly describes their role. If there are concerns about the literacy level of some of the participants, read the story aloud among the actors (but not with the whole group yet).
- Give the actors five minutes to practice their roles.
- Have the actors act out the scene, while the other participants observe them and rate the status of the child according to the CSI Record Form.

- As a group, review and discuss the scores given for Wanjiku in each outcome area.
 - Identify differences and agreements among participants' ratings.
 - Discuss why there were or were not differences in scoring.
 - Ask participants if some areas were difficult to rate and why.
- Comment on the effectiveness of the person acting as care worker – how he/she approached the home, asked questions, and general manner – commenting on both strengths and opportunities for improvement. Address regional differences, if applicable, to emphasize the relative nature of the CSI tool.

Module 5 Practice Using the CSI in the Field

Time: 5 hours (varies depending on travel time)

Materials: *Child Status Index Manual—Second Edition*, Handout: Appendix 4, CSI Record Form, Unit 5.2 Handout, flip chart

Objective: To gain real-world experience in using the CSI tool with households and children pre-selected to participate in the training

After completing this module, participants will be able to:

- Apply classroom CSI knowledge and practice to real-world experience
- Fine-tune information-gathering and scoring skills
- Achieve consistency (inter-rater reliability) with other workshop participants in rating the same child on each outcome indicator

Facilitator note: From experience implementing the CSI, we know that the more practice care workers have, the more comfortable they feel using the tool and assigning scores for the different factors. Thus, a critical component of CSI training involves giving care workers practical experience applying the CSI with children and their caregivers in the context in which it will be used. This practice enables participants to reflect on the knowledge gained during the in-class theory sessions and apply it to real-life practices. It also gives participants opportunities to see how the tool works and if there are any factors that they find difficult to rate, and time to seek further clarifications from the facilitator.

Field practice gives participants a chance to use the CSI under the supervision of an experienced training facilitator, to ensure that the information gathering strategies and ratings are well understood before they start implementing the tool on their own. Another important goal of the field practice is the attainment of inter-rater reliability – in other words, assurance that trainees who visit a household and participate in a CSI assessment provide similar scores.

As mentioned earlier in this training manual, facilitators should work with the implementing partners or community based organizations (CBOs) to pre-select a few households with vulnerable children and obtain consent to do the CSI practice before the training starts.

Unit 5.1 Introduce the Field Practice Component of the Workshop

Time: 1 hour 10 minutes

Materials: CSI Record Forms (two for each participant), flip chart (optional)

Objective: To give travel instructions and prepare the trainees for the field practice in using the CSI to assess child well-being; to provide guidelines on how to approach households during a typical CSI assessment in-home visit

Instructions for Facilitators – Overall Guidelines for the Field Visit Process

- **Explain the objective of this learning unit.** Explain to participants that this is their opportunity to practice using the tool in a real-life setting and to help clarify any CSI-related operational questions they may have.

- **Explain that pre-arrangements have been made.** Tell trainees that several households with vulnerable children have been identified and agreed to be part of the training. Arrangements have been made for participants to visit and practice their CSI skills.
- **Emphasize that this module is mandatory.** Explain to participants that this part of the training is very important and ask them to take it seriously and to record their field experiences (positive or negative) as much as possible. Make it clear to participants that this is a mandatory activity for anyone who plans to use the CSI in the field or to train others on how to use it. Explain that field practice sessions in several countries have proven to be extremely beneficial – supporting new learning and raising new issues for discussion.
- **Summarize the field practice process.** Tell them that they will be going out in pairs, with each person independently rating the same child based on what they each observe and hear during the same interview.
- **Tell trainees that the training is not finished until after they come back from the field for debriefing.** They should not share their ratings with each other until they get back to the workshop, where they will compare their scores to gauge inter-rater reliability and share their experiences with the group.
- **Give instructions for the field visit,** as follows:
 - Organize participants in pairs (two interviewers per household). Each pair should visit their first household (out of two total) together and score each child independently.
 - Give participants information on where to conduct the CSI assessments, transportation options, and other logistics. If possible participants should visit households known to them.
 - Clarify role and responsibilities beforehand – who is observing and who is asking the questions.
 - Give each interviewer a copy of the CSI Record Form for each child that they will be assessing and ensure they have a copy of the sample consent form to be used.
 - The two raters should rate the child independently. Pairs should not review, discuss, or show their scores/rating to each other on any child, until they return to the meeting place in the community.
- After one hour, teams will meet at an agreed upon location in the community to discuss their scores. Discuss with each pair how the assessment went, and ways to improve scoring. After consensus on the ratings is achieved for each pair, the pair will then travel to the next household and conduct another CSI assessment. If needed a third assessment can be conducted to ensure inter-rater reliability. After each assessment, it is important for the pair to discuss their ratings with you and work toward consensus.

Instructions for Facilitators – Protocols to Follow During the Home Visit

- **Explain the objective of this learning unit** to ensure that information-gathering instructions are observed and the privacy of household members is respected. Emphasize again that observing the information-gathering guidelines ensures the quality and usefulness of information for its intended purposes.

- **Outline the protocol for the in-home visit**, as follows:
 - Introduce yourself and the organization/project you are affiliated with, and then explain the purpose of your visit (as you normally would do) and introduce your companion.
 - Ask the caregiver if it is okay to talk to him/her for about 30 minutes about the child's well-being. Ask the caregiver if you can also talk to the child while you are there. Get oral consent/assent and ensure them of confidentiality.
 - If one of the participants is well known to the family, that person should take the lead.
 - Start the interview with general questions about how the family is doing, the food situation in the household (if appropriate), and other general family issues as appropriate.
 - Next, focus on the child you are there to assess and ask general questions about his/her well-being. You may also need to talk about other vulnerable children in the household. This is something to decide when you are there.
 - Before leaving the home, make sure you have gotten all the information you need to rate the child in all 12 outcome areas.
- Remind participants to be courteous. For example, upon leaving the household, say good-bye and tell the family that they enjoyed talking to them and knowing how the child is doing. Thank household members for their time and/or say that you look forward to seeing them again. Do not appear to be rushing or tell them you are in a hurry. Before the participants leave for the field, ask them if they have any questions or concerns on the instructions.
- Remind participants to be positive. It is important for care workers to not focus strictly on the problems the child or household may be having. Each child and family has their own unique strengths and resources. It is the care workers job to help children and families build on these.
- In the follow-up meeting back at the workshop, participants will find out how their peer scored the same child. They will discuss their experiences, challenges, lessons learned, and compare and discuss their ratings and potential uses of the information generated during the visit.

Class Flip Chart, Handout or Slide

Tips for the CSI Assessment Visit

- Keep the interviews and observations informal and friendly. Guardians and children are generally happy to talk about these aspects of the child's life.
- Discuss with the guardian why knowing how the child is doing is important for them and other children in the community.
- Earn trust by showing your sincere interest in the family and child.
- Use general, open-ended queries, such as, "How are the children?" Where possible, avoid questions that can be answered with "yes" or "no."
- Feel free to develop your own style of gathering information about the child to rate the 12 factors.
- As the conversation appears to be ending, review the 12 factors for yourself. If information for any factor remains unclear, ask more specific questions or make more observations.
- Rate each factor before leaving the home or immediately thereafter. It is easy to forget one or more factors.

Unit 5.2 Follow-up on the Field Practice

Time: 2 hours

Materials: Unit 5.2 Handout, "Comparing CSI Scores," flip chart

Objective: To review the information collected and share experiences from field practice

Instructions for Facilitators – Field Visit Follow-up

- Welcome the participants back from the field and explain that for the next hour, they will be sharing and discussing their home visit experiences, starting with how the visit went and how rating the child went.
- Ask participants to sit next to their field partner and use Handout 5.2 to compare their ratings for each outcome area and child. This is a test of inter-rater reliability – a very important aspect of ensuring that CSI information is accurate, consistent and useful.
- Encourage them to each share their general experiences with the group on issues, positive or negative, that came up during the field practice. For example, did anyone refuse to participate? Do not reveal specific names of individuals or households, just talk about the process in general.
- Explain to participants that they are each going to compare their ratings with those of their partner based on what they observed and heard from the same interview.
- Ask participants to report back to the group, especially on any factors that were particularly difficult to score.

Module 6 Interpreting and Using CSI Assessment Information

Time: 90 minutes

Materials: CSI Record Forms from the field activity, flip chart, list of protocols or referrals developed before the workshop (if available), Module 6 Handouts (see Part III)

After completing this module, participants will:

- Know local protocols for how to report and respond to urgent situations identified when using the CSI in the field.
- Use CSI information to check on the status of children over time and realign program efforts as needed if the necessary changes are not occurring.
- Understand the strengths and limitations of CSI information – along with best practices and cautions for using this information.

Facilitator note: The primary use of the CSI is as a case management tool – to provide useful information to track child well-being regarding the 12 outcome areas and determine action as a result of the assessments. If CSI scores are only recorded and reported, but not used to make decisions for individual children, households, or communities, then it is not serving its purpose and is a missed opportunity to help vulnerable children in communities.

This module gives training participants guidance on how to use findings generated from the CSI to make care-based decisions.

Unit 6.1 Interpreting and Responding to Individual-level CSI Information

Time: 60 minutes

Materials: CSI Record Forms from the field activity, flip chart, list of protocols or referrals developed before the workshop (if available), Unit 6.1a Handout: “Protocol for Addressing Urgent Situations,” Unit 6.1b Handout, “Detecting and Responding to Suspected Abuse” and Unit 6.1c Handout, “Practice Responding to CSI Scores.”

Objective: Based on field practice, identify standards for how to respond to low CSI scores.

Instructions for Facilitators – Lecture and Class Discussion

Step 1. Discuss appropriate uses of CSI information at an individual level.

- **Ask participants to brainstorm** on how they think they can use the CSI scores they collected from the field. Explain that you will be discussing various examples – some hypothetical and some from real life – to demonstrate how CSI scores can be properly used for case management to support better decisions about a child or household.
- **Emphasize the primary use of the CSI** as being for individual child monitoring or case management. In general, it is appropriate to use CSI scores to assess and monitor well-being at an individual level for children enrolled in a program. CSI scores may be interpreted in other ways, but the primary value of the CSI is in case management. [Refer to Unit 2.2 to remind participants how the CSI information should not be used.]

- **Care workers should be prepared to know how to respond** if they witness any child protection or other urgent issues like a malnourished or sick child. Facilitate a discussion on specific protocols for the participants' region for ensuring child protection. For example, what are the standards for what to do in cases of suspected sexual or physical abuse? Distribute copies of handouts 6.1a – Addressing Urgent Situations and 6.1b – Detecting and Responding to Suspected Abuse. Discuss each of the handouts in detail and ask about existing referral sources and existing protocols for each of the CSI domains.
- **Distribute the list of referral resources** (if they exist) available to address needs identified by the CSI. This list, reflecting locally appropriate responses, resources and standards of care, may have been developed before the workshop or created as an activity during the workshop.

Ideally, a list of referrals or protocols for how to respond will have been developed *prior to* the training, but if not, it can develop out of this discussion. A note-taker should be prepared to write down the courses of action for each of CSI factor. The program will be responsible for finalizing this local standard of care after the training.

- **Discuss the field visit findings.** Get at least five or six pairs to discuss the findings from their field practice exercise(s). For any low score, there should be a related action. Where scores of 1 or 2 were given, ask the participants to describe the situation without revealing the identity of the child or household. The table below can be used to track scores during the field visit.
- **Ask them what course of action they would take.** Encourage care workers to guide caregivers on identifying existing household resources (e.g., talent, networks, financial resources) to address issues identified. If referrals are recommended, to whom would the referral be made? How would they follow up on the referral? The appropriate response might be a direct service, such as transfer to a hospital in case of rape, or a police report in the case of extreme physical or sexual abuse. In most cases, the response will include reporting to the program officer or village administration or following other locally agreed-upon standards. The CSI Record Form lists “Action Taken Today” in a column. Based on the findings from the field visit, discuss what actions might be taken for each of the domains.

Domain	Child 1	Child 2
Food security		
Nutrition and growth		
Shelter		
Care		
Abuse and exploitation		
Legal protection		
Wellness		
Health services		
Emotional health		

Domain	Child 1	Child 2
Behavioral health		
Performance		
Education and work		

Step 2. Conduct classroom discussion of Nigeria practice assessment results.

- If time permits, distribute a copy of 6.1c – Practice Responding to CSI Scores, or write the table below on a flipchart or board. A table with fewer children represented is fine.

Field Practice Results in Nigeria – CSI Assessment of 10 Children

Child	1	2	3	4	5	6	7	8	9	10
Food security	3	4	3	3	2	3	3	4	2	2
Nutrition and growth	3	3	4	3	3	3	3	2	3	3
Shelter	3	2	2	2	2	3	4	3	1	2
Care	4	3	3	3	3	3	3	4	3	3
Abuse and exploitation	4	3	4	3	4	1	3	4	2	2
Legal protection	4	4	3	4	3	1	2	2	2	2
Wellness	3	4	3	3	3	1	3	3	3	3
Health services	3	2	3	4	3	2	2	3	2	2
Emotional health	4	2	2	3	3	2	3	3	1	1
Behavioral health	4	3	2	4	4	2	2	4	2	2
Performance	4	2	3	2	2	2	3	1	2	3
Education and work	4	1	2	4	4	1	1	4	3	3

- Ask participants to share their reactions to the scores in the various areas, and probe them for next steps based on these scores. Ask what they would do if the child in their care had these scores based on their local standards. Ask how they might involve families in being part of the response.
- Make sure the interpretations outlined below for children numbers 6, 9, and 10 are addressed in the discussion (see box for example).

Class Flip Chart, Handout or Slide

Hypothetical Debrief and Discussion of CSI Rankings

Child #6 scored a 2 or 1 in legal protection, health, psychosocial health, and education areas – areas of concern that need to be addressed. However, the rater had to refer the child immediately for two urgent services (legal and health services). This particular child had just been recruited to the program and had not received any services yet, and some of these scores may improve after she receives program support.

Children #9 and #10 were also new recruits to the program. They are lined up to receive services soon. Some background given by the rater was that Child #9 slapped a sibling in front of them. The stepfather told the volunteers that unless he is beaten he doesn't do homework, and that he is rarely focused in his work. The stepfather also said that food and housing have been their major problems. These cases were reported to the program staff for follow-up.

- Although creating a response protocol is beyond the scope of this training, ask participants to consider:
 - What challenges they might face in referring clients to services, for example if available services are weak, overbooked, or nonexistent
 - What they would do if they found a child in an emergency food shortage situation if their program did not deliver food support
 - What they would do if they found a child in an emergency situation with respect to abuse and exploitation
- Support participants to think through culturally relevant and feasible solutions and to share personal experiences of referrals.

Unit 6.2 Summary Guidelines for Interpreting and Using CSI Scores

Time: 30 minutes

Materials: Flip chart (optional)

Objective: To share guidelines for analyzing and presenting CSI assessment information to avoid misinterpretation and misuse of that information

Instructions for Facilitators – Lecture and Class Discussion

- Explain the objectives of this learning unit. Training would not be complete without thinking about how information generated from the CSI can be used – we should not collect information from individuals unless we have a plan to use it to benefit individuals, households, or communities.
- While the primary use of the CSI scores is to assess the well-being of an individual child and to determine an appropriate course of action for a child or household based on scores, it is also possible to use aggregated CSI scores at the local level.

Step 1. Present the CSI Information Use Guidelines

- After presenting the guidelines, ask participants:
 - If they know of other guidelines or policies that have not been mentioned
 - Whether they have any questions or suggestions based on their field experiences
- Caution against inappropriate uses of the CSI (see box).
- Despite the cautions, it is possible to use aggregated CSI scores at the local level to determine if patterns are occurring in each outcome area and if so, whether a community level response is warranted.
- Tell participants to refer back to the Field Practice Results in Nigeria – CSI Assessment of 10 Children – and determine if there are any patterns related to the CSI scores in each outcome area. For example, the shelter outcome area has 5 “2’s” and 1 “1”; health services has 5 “2’s”; and legal protection has 4 “2’s” and 1 “1”.

- Ask participants what they might do when they uncover such patterns. Facilitate a discussion to determine community level approaches to address some of the low scores for select outcome areas.
- Explain that the CSI relies on individual's perceptions based on conversations, interviews, and/or observations – and therefore relies heavily on adequate training of care workers to ensure scoring is done similarly. Local service providers and community leaders are in the best position to help interpret, use, and communicate CSI results.

Class Flip Chart, Handout or Slide

Cautions For Using CSI Scores

- Do not aggregate CSI scores across outcome areas.
- Do not aggregate CSI scores to a national level even within one domain. CSI scores can be helpful for making local program decisions, but because scores are relative and reflect the local context, they should not be summed or compared across geographic regions and contexts.
- Do not add up the CSI scores of an individual child and create “cut off” points for services/enrollment. Doing this may result in leaving out a child with an urgent area in one domain.
- Do not use CSI to rank or rate the performance of support programs, volunteers, partners or countries.
- Do consider CSI scores to be just one measure among several appropriate measures of overall child well-being or program quality and effectiveness.

Only CSI assessment scores from trained individuals are valid.

Part III. Workshop Handouts and Facilitator's Materials

Additional materials to support the activities described in this Training Manual

In this section you will find the following handouts and facilitator's guidelines:

Unit 1.2 Handout – Detailed Agenda

Unit 1.5 Handout – The Importance of Measuring Child Well-being

Module 3 Handout – Domain Scenarios

Unit 4.1 Handout – Ethics Overview

Unit 4.1a Handout – Guidelines for Obtaining Consent/Assent

Unit 4.3a Handout – Practice Exercise A: Flora's Case Study

Unit 4.3b Handout – Role Play: The Story of Wanjiku

Unit 5.2 Handout – Comparing CSI Scores

6.1a Handout – Protocol for Addressing Urgent Situations

6.1b Handout – Protocol for Detecting and Responding to Suspected Abuse

6.1c Handout – Practice Responding to CSI Scores

Child Status Index Training Workshop Handout

For All Workshop Participants

Unit 1.2 Handout – Sample Detailed Agenda

Time	Activity	Responsible Party
DAY 1:		
8:00–8:30	Participant Registration	
8:30 – 8:45	Module 1 – Review Objectives	
8:45 – 9:30	Module 1 –Welcome and Introductions	
9:30 – 10:00	Module 1 – Overview of Workshop	
10:00 – 10:30	Break	
10:30 – 11:10	Module 1 – Understanding OVC Programs	
11:10 – 11:55	Module 1 – Local Perspectives on Child Well-Being	
11:55 – 12:30	Module 1 – The Importance of Assessing Child Level Outcomes	
12:30 – 13:30	Lunch	
13:30 – 14:15	Module 2 – The Role of the CSI in Helping Children	
14:15 – 14:45	Module 2 – Recommended Uses of the CSI	
14:45 – 15:00	Break	
15:00 – 16:00	Module 2 – Introducing the CSI	
16:00 – 16:25	Module 2 – The CSI Rating Scale	
16:25 – 17:00	Module 2 – Guidelines for Collecting CSI Information	
17:00 –17:15	Day 1: Evaluation	
17:15--18:00	Facilitators' debriefing	

Time	Activity	Responsible Party
DAY 2:		
8:30–9:00	Recap of the previous day	
9:00–9:45	Module 3 – Objectives and Group Activity	
9:45 – 10:30	Module 3 – Domain 1: Food and Nutrition	
10:30 – 11:00	Break	
11:00 – 11:45	Module 3 – Domain 2: Shelter and Care	
11:45 – 12:30	Module 3 – Domain 3: Child Protection	
12:30 – 13:30	Lunch	
13:30 – 14:15	Module 3 – Domain 4: Health	
14:15 – 15:00	Module 3 – Domain 5: Psychosocial Well-being	
15:00 – 15:15	Break	
15:15 –16:00	Module 3 – Domain 6: Education and Skills Training	
16:00 – 16:30	Module 4 – Ethical Considerations for Conducting a CSI Assessment	
16:30 – 17:15	Module 4 – Completing the CSI Record Form	
17:15 –17:30	Day 2: Evaluation	
17:30 – 18:30	Facilitator Debriefing	

Time	Activity	Responsible Party
DAY 3:		
8:00–9:00	Module 4 – CSI Practice Exercises	
9:00 – 10:00	Module 5 – Introduce the Field Practice Component	
10:00 – 16:30	Field Work	
16:30 – 16:45	Day 3: Evaluation	
16:45 – 17:45	Facilitator Debriefing	

Time	Activity	Responsible Party
DAY 4:		
8:30–10:30	Module 5 – Follow-up on Field Practice	
10:30 – 11:00	Break	
11:00 –12:00	Module 6 - Interpreting and Using CSI Assessment Information	
12:00 – 12:30	Module 6 – Summary Guidelines for Interpreting and Using CSI Scores	
12:30 – 13:00	Wrap up/final evaluation	
13:00 – 14:00	Lunch	
14:00 – 14:30	End	

Unit 1.5 Handout – The Importance of Measuring Child Well-being

Read the case study below and answer the following questions:

Does this case study describe a situation you have encountered? Why? Why not?

In your organization, is there a systematic process for how to know which services to provide to individual children/households? If so, what is that process? If not, describe how it is done.

The Importance of Assessing Child Well-being

A group of volunteers are working on a new project that aims at improving the well-being of OVC in the household. The list of children and household has already been identified and now volunteers are ready to start working with children. M&E forms are given to the volunteers to track the number of services the program provides. At the community level, however, the village administration wants to know how volunteers will decide which services to provide to children and households and how community volunteers will assess the children they serve over time.

Child Status Index Training Workshop Handout For All Workshop Participants

Module 3 Handout – Domain Scenarios

Throughout Module 3, we will work through practice scenarios and how to rate each factor within a domain. At the end of each domain, you will read the practice scenarios and then provide a rating from 1 to 4, based on the information provided. The facilitator will ask up to five individuals to share their rating for each scenario. Participants should be prepared to discuss why they gave the rating they did.

Practice Scenarios for Domain 1. Food and Nutrition

Kama is very thin but his stomach is big. He is short compared to the other children of same age in the neighborhood. He usually eats twice a day and his caregiver wishes she could do more for Kama. How would you score him on Nutrition and Growth?

Okali is a 14-year-old boy who lives in a small family and walks every day to attend a distant but good school in another village. He makes sure he eats well (eats yams or *getheri* and porridge) before leaving for school, and carries something small to eat while at school to sustain him until he gets home after school. For supper he mostly eats *ugali* with cultured milk, *sukuma*, and beans, or occasionally meat and potatoes. How would you score him on Food Security?

Fisseha is 7 years old and his family gets food supplies from the local church. When food supplies from the local church run out before he is due for his next food allocation, he begs for food from his neighbors. How would you score him on Food Security?

Seyi looks too thin for his height and his mother tells you that even though he eats well, she has concerns that he is not growing well compared to children his age in the community. His skin looks wrinkled and you also wonder why. How would you score him in Nutrition & Growth?

Practice Scenarios for Domain 2. Shelter and Care

Panda lives with his uncle who has a big house with five bedrooms and a kitchen. At night Panda and his younger brother sleep in an old hut in the back yard which leaks when it rains. How would you score him on Shelter?

Kami is 3 years old and lives in a two-room grass-thatched house that looks to be sturdy. She has a mattress and blanket on her bed. Her caregivers cook in one part of the room where she sleeps but this is usual for children her age in this community. How would you score her on Shelter?

Kola is 2 years old and lives with his mother, a young woman who uses a cane to walk because she has little use of one leg. She holds her happy smiling son while she chats with you. How would you score Kola on Care?

Practice Scenarios for Domain 3. Child Protection

Gweni is a 10-year-old girl who lives with her aunt, uncle and cousins. When you talk to her aunt, she describes Gweni as a good student who has chores just like the other children do, and is especially good at taking care of their youngest child who is 2. While Gweni is not an outgoing child, she is happy and approaches her aunt easily to ask permission to go out and play. How would you score her on Abuse and Exploitation?

Mika is 12 and her caregiver describes her as lazy and stupid because she never does her chores fast enough. She never gets to play with other children because she is always busy. How would you score her on Abuse and Exploitation?

Tosha is a 10-year-old boy. He has a birth certificate. The family has not needed any legal services but if he needs to, he knows that he can report to the Chief. How would you score him on Legal Protection?

Babu is a 16-year-old boy who lives alone in a room he rents. He has no birth certificate. He doesn't know his father, but his mother lives in town. How would you score him on Legal Protection?

Practice Scenarios for Domain 4. Health

Dada is 15 years old and she appears to be growing well and is generally healthy. She has not needed any health care services in the past month, but if she needs some at another time, her family tells you that they can access the government health center in their town. When you spoke to her, she expressed a lack of knowledge of HIV or reproductive health services. How would you score her on Wellness? On Health Care Services?

Gigi has recently been sick for a couple of days. He ran a fever and could not keep his food down. He was unable to go to school or play with peers. His parents got some medicine which brought down his fever in a day or two, but a week later he is still not eating well and is a little weak. It seemed to you that he might need further medical attention. How would you score him on Wellness? On Health Care Services?

Osi is 9 months old. Grandma watches over her when her parents are away for work. Osi fell ill with diarrhea and there was no one home to take her to the clinic in the neighboring town. You ask about what immunizations she has received and find out that to date she has only received one dose of polio from a campaign that came through their town. How would you score Osi on Wellness? On Health Care Services?

Practice Scenarios for Domain 5. Psychosocial Well-being

Motee is a 12-year-old boy. He is very quiet and a little withdrawn especially since his mom died. When you ask his father about his behavior he tells you that it has been hard to get him to do his chores and homework, and the teacher said that he has recently gotten into a couple of fights at school. When you ask Motee what he enjoys most, he starts to cry and says nothing to you. How would you score Motee on Social Behavior? How would you score Motee on Emotional Health?

Joke is an 8-year-old boy. His mother says that from time to time he will get in trouble, but overall he is a good, happy boy who works hard at his studies and around the house. Joke tells you he has two good friends that he plays soccer with. Tests at school make him unhappy. How would you score Joke on Social Behavior? How would you score Joke on Emotional Health?

Practice Scenarios for Domain 6. Education and Skills Training

Jiji is 8 years old and in the third grade. He has been ranking at the top of his class and was generally considered a good student by his teachers until recently when he started to miss school to stay home and look after his siblings while his mother works. He has not been able to concentrate at school and has not been able to keep up with his homework for weeks. His mother has also noticed that Joseph does not seem to complete his homework, and she can't help him because she is not literate. Upon being asked if he enjoys going to school, Jiji looks away and does not answer. How would you score Jiji on Education and Work? On Performance?

Bogo is 13 years old and in eighth grade. She is interested in math and science and performs well in those subjects. Her grades are generally good, and her teacher comments that Bogo is progressing well. A few times this year, Bogo had to stay home because of lack of school fees. Her parents are proud of Bogo and they think that she is a good role model for her younger siblings. How would you score her on Education and Work? On Performance?

Child Status Index Training Workshop Handout

For All Workshop Participants

Unit 4.1 Handout – Ethics Overview

Maintaining confidentiality of CSI scores is one of the most important features of informed consent and assent (oral/verbal) for all CSI assessment participants.

In order to respect the right of both children and caregivers as well as to obtain valid information, the confidentiality of their responses must be guaranteed and assured.

The following strategies can be used to assure confidentiality for the CSI assessments and protect the child from being stigmatized by association with HIV/AIDS:

- Do not make identifying information for the child(ren) or family available to anyone except program staff and care workers (raters) who will use the information to determine how to respond.
- Remind the child and caregivers that they can refuse to answer any question or stop the CSI assessment at any time with no consequences to the services they receive.
- Aggregating scores for each sub-domain at the village level can be shared at the local level to help with planning and resource allocation.

Exceptions to confidentiality occur in very specific circumstances in which the interviewer and/or supervisor suspects that the child is:

- Being maltreated, exploited or neglected
- At risk of harm, or at risk of harming someone else

These exceptions are explicitly stated, orally and in written form, in the informed consent to which the children also agree (assent).

Care workers or others using the CSI should be trained to be sensitive to child distress and to query the child gently and in a respectful and culturally acceptable manner.

The care workers should be trained to ask/look into all aspects of child maltreatment, lack of safety, and discrimination (e.g., where the child sleeps or how the child is fed relative to others in the household).

Care workers are trained, likely as part of their regular training, to take child risk very seriously and to seek supervision or respond immediately when risk is urgent.

In all cases of emergencies regarding child well-being, action will be taken by the designated program staff in a manner consistent with existing reporting procedures and child protection guidelines in the country.

Child Status Index Training Workshop Handout For All Workshop Participants

Unit 4.1a Handout – Guidelines for Obtaining Consent/Assent

After community leaders have been informed of a CSI practice assessment, programs and care workers can communicate with households and get consent to participate.

Sample consent for a CSI training assessment:

“Greetings! I am here today/calling you to find out if you would be available on [date] for a visit from two or three officials/staff/volunteers who are attending a training seminar to learn how we assess and monitor the progress of the children we support in our community.”

“As a volunteer who works in this community, I have been asked to select and inform a few households that I know and arrange for this important visit. Your household is one of those that I have selected but you can choose not to participate and it will not affect the services you receive or our relationship. Do you agree to take part in this activity?”

“Will [name of index child] be at home at that date and time? The visitors will also like to see you when they come. I am the one who will direct them here.”

“Thank you for agreeing to participate in this important activity”

Sample consent from a child’s parent or guardian to collect information for a CSI assessment:

“Greetings! How is the family? My name is [name, if interviewer is not known to the family], and I work with [project or NGO name].”

“I am here today for my monthly visits to see you and find out how you and [child’s name] are doing. As you know, we have to keep monitoring how [child’s name] is doing from time to time to make sure that we are all doing our best to help [child’s name] achieve his/her highest potential.”

“Whatever you tell me, I won’t share with anybody, even with [child’s name], except the program staff who will discuss with me the well-being and needs of this child.”

“The information might also be put together with those of other children – without showing their names – and used to plan how [project or NGO name] can serve them better. Today, I would like you to tell me about [child’s name], and how you feel about his well-being here at home.”

“Is [child’s name] around? I would like to say hello and talk to him/her as well, if that is okay with you. I will stay for about 30 minutes. Do you have that time so that we can talk?”

Child Status Index Training Workshop Handout For All Workshop Participants

Unit 4.3a Handout – Practice Exercise A: Flora’s Case Study

Instructions

1. Read Flora’s story.
2. Use the CSI tool to rate Flora for all domains and sub-domains

Practice Rating: Flora

The care worker traveled to Flora’s home and found her and her mother in the house. The care worker spoke first to the mother and then to Flora. At the same time, the care worker was observing the condition of the home and the child.

Mother: “My husband died recently and the situation is very difficult. I have no money to support the family and we are trying to find work in the village. At times I have to ask Flora and her brothers and sisters to go out and beg for money. There are days when we have to go without any food. I love my children so much and am so sad I am unable to care for them. Some days I think I just can’t go on.”

Flora: “My father died a few months ago and my mother is all alone taking care of me and my four younger siblings. My father’s brothers are not talking to us because they say that my father had AIDS and that my mother infected him. They even told my mother to leave the homestead but the chief stopped them. I don’t know what AIDS is but it must be something bad because the people in our village are also not talking to us, and the other children tease and bully my siblings and me all of the time.

I do not really understand why. We have very little food, we kids are always hungry, my mother cries all the time, and she is sick a lot. I stopped going to school because I must bring in the money and food for the family, but the job I found for babysitting a neighbor’s child and doing housework pays very little. I don’t know what will happen to all of us but we only leave it to God.”

Observations: Flora seems very thin, with her hair turning color. The mother seems distraught and desperate. Flora is sleeping where the rest of the children sleep, but from checking the food storage and cooking pots, it seems like not much is being prepared at home.

Child Status Index Training Workshop Activity Guide

Child Status Index Training Workshop Handout

For Role-Playing Actors Only

Unit 4.3b Handout – Practice Exercise B. Role Play: The Story of Wanjiku

Source: ChildFund Training, Kenya, 2010

Instructions:

1. Ask for five or six volunteer actors to play the various roles – stepfather, mother, Wanjiku, caregiver, and two brothers.
2. Give the actors (but not the rest of the participants) a copy of the Wanjiku Case Study, which briefly describes their role. If there are concerns about the literacy level of some of the participants, read the story aloud among the actors (but not with the whole group yet).
3. Have the actors act out the scene, while the other participants observe them and rate the status of the child according to the CSI Record Form.
4. As a group, review and discuss the scores given for Wanjiku in each outcome area

Practice Rating: Wanjiku

Wanjiku is a 14-year-old girl who lives with her mother, step-father, and two brothers – one older, one younger than her. She is really quiet and seems withdrawn.

When you ask to talk to her, the parents tell you that she can't talk to you for long because she needs to get busy with her chores.

While you talk to her mother, Wanjiku's step-father drops something on his foot and shouts out in pain. Wanjiku jumps, as if she were scared.

When you ask her parents if Wanjiku is a good girl, her mother tells you that she is disrespectful and lazy.

Given her mother's tone of voice, you decide not to ask about discipline, but chose to take a moment to talk with Wanjiku instead.

You ask Wanjiku about her chores and find out that she needs to go out and gather firewood in the forest, fetch water, and help make dinner while her mother and step-father are seated talking.

When you ask her if her older brother will go with her, she says "No, he has to study."

When you ask about her studies, she tells you she will study at the end of the day if there is still enough light to see.

She tells you she wants to grow up to be a teacher, but often cannot get her assignments done.

Child Status Index Training Workshop Handout

For All Workshop Participants

Unit 5.2 Handout – Comparing CSI Scores

I. CSI SCORES:	Date:	Rater A Score	Rater B Score
Domains	Scores (Circle One) Good Fair Bad Very Bad		
• FOOD & NUTRITION			
1A. Food Security	4 3 2 1		
1B. Nutrition & Growth	4 3 2 1		
• SHELTER & CARE			
2A. Shelter	4 3 2 1		
2B. Care	4 3 2 1		
• PROTECTION			
3A. Abuse & Exploitation	4 3 2 1		
3B. Legal Protection	4 3 2 1		
• HEALTH			
4A. Wellness	4 3 2 1		
4B. Health Care Services	4 3 2 1		
• PSYCHOSOCIAL			
5A. Emotional Health	4 3 2 1		
5B. Social Behavior	4 3 2 1		
• EDUCATION AND SKILLS TRAINING			
6A. Performance	4 3 2 1		
6B. Education/Work	4 3 2 1		

Child Status Index Training Workshop Handout For All Workshop Participants

Unit 6.1a Handout – Protocol for Addressing Urgent Situations

When you suspect an urgent situation where the child is at risk (e.g., score of 1 for malnutrition, exposure to child protection issue such as rape or abuse):

First explore the problem with the adults caring for the child, if at all possible, and with the child as appropriate. Identify existing resources at the household level to help solve the problem.

Serve as a liaison between the child/family and the program to help the family understand the full range of resources available to help, where possible.

When possible, the local service organization can explore possibilities for helping the child or family in this immediate and urgent situation. In some areas, you may do this with a local organization and with a community advisory group.

An organizational local team may consider weekly or biweekly meetings during CSI assessment periods to discuss the needs of children and households encountered during the assessments. Program officers should have regular consultations with local government officials, such as social welfare officers, to find workable solutions to improve child well-being in the community.

Organizations can also consider other sources of help that focus first on that community (orphan planning group, ward leader, etc) as a source of support for the family.

For any type of response, a program may use a referral form. Below is a sample referral form that could be used, particularly in an urgent situation (i.e., a rating of 1 or 2).

A referral form such as the sample below should be filled out for all children suspected to be at risk of abuse, exploitation, illness or other imminent harm to themselves or others. Existing government forms may already exist.

This sample form includes spaces to enter the following information:

- **Referral form number:** A number for your organization's record-keeping purposes
- **Referral note:** A concise description of the location of the household
- **Date:** The date the referral was made, in the MM/DD/YYYY format
- **Name:** First and last name of the child being referred
- **Beneficiary information:** Group ID, household ID and child ID assigned by the program
- **Location information:** District, village and ward in which the child resides
- **Referral information:** Where and why the child is being referred
If abuse by a family member is suspected, do not write this on the form.
Enter a note for other locally appropriate services, such as counseling or spiritual care.

REFERRAL FORM NUMBER: _____

REFERRAL NOTE:

Instructions	<ul style="list-style-type: none">• Fill the form using a pen (not a pencil).• Use capital letters only.• Fill all sections as necessary.				
Date of Referral					
Name of Child					
Group ID		Household ID		Child ID	
District		Village		Ward	
Referred To:					
Reasons for referral					
Filled By _____ Date _____ For Program Officer					

Child Status Index Training Workshop Handout For All Workshop Participants

Unit 6.1b Handout – Detecting and Responding to Suspected Abuse

Reporting cases of suspected physical or sexual abuse must be done in accordance with national and local guidelines. It is important that every program have a protocol detailing what care workers should do when there are suspected cases of abuse.

Detecting Possible Abuse or Exploitation

Abuse or exploitation may be detected by explicit statement, observations or reactions. Issues of abuse and exploitation can be difficult and sensitive to assess. It is important to understand and be aware of what constitutes “child abuse or exploitation” within the local culture and environment, especially guidelines related to physical discipline and the line between customary chores and unacceptable child labor.

Explicit Statement of Abuse

During an interview, a child may confide that s/he is a victim of physical or sexual abuse or exploitation. Listen and allow the child to express his/her feelings. Reply that you are glad s/he told you about this, that you believe him/her, and that you are sorry this has happened.

Ask the child to describe what happened, when it happened, and who was involved.

Observations of Abuse

In other cases, children may not tell you directly that they are being abused, but they may display signs that suggest maltreatment and/or emotional, physical or sexual abuse.

For example, you might notice visible bruises, cuts or burns that seem suspicious, difficulty in walking, and/or inappropriate behavior, such as the child touching you or others in an inappropriate way.

Reactions to the Care Worker’s Questions

Some children may express anger, anxiety, or distress that may have been caused by you asking the questions. If so, stop the questions immediately and ask the child if he/she would like to stop or take a short break. If the child wishes to continue after a few minutes, you may continue. If the child wishes to stop, you must honor the child’s wishes.

Responding to Cases of Suspected Abuse or Exploitation

Each country or community may have different ways to respond to suspected cases of abuse. Care workers who are either told of abuse or suspect abuse should have a clear and consistent way of reporting such cases so appropriate action is taken. Below is a sample protocol from Malawi.

A Sample Protocol from Malawi

Suspected child maltreatment or exploitation is addressed by conferring with:

- The child's guardian – with consent of the child and when the guardian is not the suspected perpetrator
- Village leaders, as appropriate
- A local child protection worker

Procedures for addressing child risk will be confirmed by the community advisory board, if one exists.

The child protection infrastructure for the country should be followed and could involve a district child protection officer who reports to the Social Welfare official or directly to the Social Welfare official who will inform the child protection officer.

The district child protection officer will conduct an assessment and report back to the Social Welfare office.

Responses to cases of child maltreatment are addressed at the local level and at the district court level.

Child involvement by adults in illegal activities is considered child maltreatment and will be handled by the rating team in the same manner.

Emergency risks to child well-being are seen in behavior that is risky to self or others – such as apparent severe depression or inactivity. In these cases the interviewer is trained to identify the risk and to plan appropriate action to make a referral and protect the child and family.

Child Status Index Training Workshop Handout

For All Workshop Participants

Unit 6.1c Handout – Practice Responding to CSI Scores

1. Instructions – In pairs, review the CSI scores in the table below.
2. Determine which scores are the most concerning – be prepared to explain why the scores are a concern.
3. Based on local standards and national law, describe what actions you would take based on the situation.

CSI Assessment Results for 10 Children in Nigeria

Child	1	2	3	4	5	6	7	8	9	10
Food security	3	4	3	3	2	3	3	4	2	2
Nutrition and growth	3	3	4	3	3	3	3	2	3	3
Shelter	3	2	2	2	2	3	4	3	1	2
Care	4	3	3	3	3	3	3	4	3	3
Abuse and exploitation	4	3	4	3	4	1	3	4	2	2
Legal protection	4	4	3	4	3	1	2	2	2	2
Wellness	3	4	3	3	3	1	3	3	3	3
Health services	3	2	3	4	3	2	2	3	2	2
Emotional health	4	2	2	3	3	2	3	3	1	1
Behavioral health	4	3	2	4	4	2	2	4	2	2
Performance	4	2	3	2	2	2	3	1	2	3
Education and work	4	1	2	4	4	1	1	4	3	3

Appendix 1 Training Evaluation Form

Daily Evaluation of the CSI Training

Day One	
What went well in today's training?	
What did not go well?	
Suggest any improvements.	

Day Two	
What went well in today's training?	
What did not go well?	
Suggest any improvements.	

Day Three	
What went well in today's training?	
What did not go well?	
Suggest any improvements.	

Day Four	
What went well in today's training?	
What did not go well?	
Suggest any improvements.	

Day Five	
What went well in today's training?	
What did not go well?	
Suggest any improvements.	

Overall Evaluation of the CSI Training

	Fails to meet expectations	Meets expectations	Exceeds expectations	Suggestions for Improvements
Quality of the Workshop Format, Presentation and Agenda				
The workshop was well organized.				
The training is comprehensive.				
This workshop uses appropriate learning techniques.				
Facilitators showed a clear understanding of the CSI.				
The workshop had enough assigned time.				
Satisfaction with each of the Training Modules				
Module 1 – Introduction and overview				
Module 2 – Introducing the Child Status Index				
Module 3 – The 12 CSI outcome areas				
Module 4 – Rating and information collection				
Module 5 – Field practice				
Module 6 – Interpreting and using CSI information				
Comments				

Appendix 2 Frequently Asked Questions

When a child performs well in only one aspect, does it affect other areas of their lives?

Yes. The domains are interdependent. For example, when a child scores better on educational outcomes, he/she is likely to score better on psychosocial well-being.

That is why it is important to assess and monitor a child in all areas at the same time. Even if your program provides only one service or intervention, your area could affect other areas, and you could spot unmet needs or conversely, areas where program resources are not producing value and could be better directed elsewhere.

How can a child's performance with only vocational education be measured without formal education?

A child of school age should be enrolled and attending school or vocational training. While a few may be in vocational training without adequate formal education, for various reasons, the assessment should focus on what is the best intervention/service for their current situation. If vocational education is best, then the child would be rated “4” on that outcome area if he/she is enrolled and attending regularly. Performance should also be measured according to how well the child is performing in acquiring skills or knowledge in the vocational training.

What constitutes child labor?

Being expected to do household chores should not be mistaken for child labor. Also, some children may voluntarily want to do difficult jobs just to prove themselves. However, when a vulnerable child is forced to do work beyond his/her ability or asked to work at home or go to the market instead of being in school, that may constitute child labor.

How do we use CSI in general to draw a conclusion?

CSI assessment information can lead to insights about a particular child or a local group of children for discrete outcome areas. CSI assessment information should never be added up across outcome areas to get a single aggregate number. The domains and factors are not parallel to enable a cumulative score to be valid or meaningful. For example, psychosocial scores should not be given the same weight as those of children not enrolled in school. The conclusions should indicate in *which outcome areas* the child has unmet needs or where status on an outcome area has improved for a child or group of local children.

The CSI rating seems subjective to me. Is this true?

The CSI has been tested and validated for inter-rater reliability. With proper understanding of the purpose of the CSI, proper training on the CSI – along with informed adaptation of the CSI training and practices to local culture and context – the CSI is reliable and consistent in assessing child well-being.

Appendix 3 Child Status Index Domains

CHILD STATUS INDEX (CSI)						
DOMAIN	1—FOOD AND NUTRITION		2—SHELTER AND CARE		3—PROTECTION	
	1A. Food Security	1B. Nutrition and Growth	2A. Shelter	2B. Care	3A. Abuse and Exploitation	3B. Legal Protection
GOAL	<i>Child has sufficient food to eat at all times of the year.</i>	<i>Child is growing well compared to others of his/her age in the community.</i>	<i>Child has stable shelter that is adequate, dry, and safe.</i>	<i>Child has at least one adult (age 18 or over) who provides consistent care, attention, and</i>	<i>Child is safe from any abuse, neglect, or exploitation.</i>	<i>Child has access to legal protection services as needed</i>
Good = 4	Child is well fed, eats regularly.	Child is well grown with good height, weight, and energy level for his/her age.	Child lives in a place that is adequate, dry, and safe.	Child has a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed
Fair = 3	Child has enough to eat some of the time, depending on season or	Child seems to be growing well but is less active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult who provides care but who is limited by illness, age, or seems indifferent to this child.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise	Child has no access to legal protection services, but no protection is needed at this time.
Bad = 2	Child frequently has less food to eat than needed complains of	Child has lower weight, looks shorter and/or is less energetic compared to others of same age in community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect	Child has no consistent adult in his/ her life that provides love, attention, and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household	Child has no access to any legal protection services and may be at risk of exploitation.
Very Bad = 1	Child rarely has food to eat and goes to bed hungry most	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in child-headed household.	Child is abused sexually or physically, and/or is being subjected to child labor or otherwise exploited.	Child has no access to any legal protection services and is being legally exploited.
DOMAIN	4—HEALTH		5—PSYCHOSOCIAL		6—EDUCATION AND SKILL TRAINING	
	4A. Wellness	4B. Health Care Services	5A. Emotional Health	5B. Social Behavior	6A. Performance	6B. Education and Work
GOAL	<i>Child is physically healthy.</i>	<i>Child can access health care services, including medical treatment when ill and preventive care.</i>	<i>Child is happy and content with a generally positive mood and hopeful outlook</i>	<i>Child is cooperative and enjoys participating in activities with adults and other children.</i>	<i>Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.</i>	<i>Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.</i>

Good = 4	In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful, and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child appropriate job.
Fair = 3	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment when ill, but some health care services (e.g. immunizations) are not received.	Child is mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.
Bad = 2	In past month, child was often (more than 3 days) too ill for school, work, or play.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy or sad. Infant may cry frequently or often be inactive.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	Child enrolled in school or has a job but he/she rarely attends. Infant or preschool child is rarely played with.
Very Bad = 1	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior.	Child has serious problems with learning and performing in life or developmental skills.	Child is not enrolled, not attending training, or not involved in age-appropriate productive activity or job. Infant or preschooler is not played with.
<i>Developed by the support from the U.S. President's Emergency Fund for AIDS Relief through USAID to Measure Evaluation & Duke University.</i>						

Appendix 4 Child Status Index Record Form

Child's Name: _____ **Age in years:** _____ **Gender:** F/M _____ **Child ID:** _____

Location: District _____ Ward/Division: _____ Village/Neighborhood: _____

Caregiver's Name: _____ **Relationship to Child:** _____

I. CSIS SCORES:	Date:	Evaluator's Name or ID:
Domains	Scores (Circle One)	Action taken today:
1 — FOOD AND NUTRITION		
1A. Food Security	4 3 2 1	
1B. Nutrition and Growth	4 3 2 1	
2 — SHELTER AND CARE		
2A. Shelter	4 3 2 1	
2B. Care	4 3 2 1	
3 — CHILD PROTECTION		
3A. Abuse and Exploitation	4 3 2 1	
3B. Legal Protection	4 3 2 1	
4 — HEALTH		
4A. Wellness	4 3 2 1	
4B. Health Care Services	4 3 2 1	
5 — PSYCHOSOCIAL		
5A. Emotional Health	4 3 2 1	
5B. Social Behavior	4 3 2 1	
6 — EDUCATION AND SKILLS TRAINING		
6A. Performance	4 3 2 1	
6B. Education and Work	4 3 2 1	
Source(s) of information: (Circle all that apply)	Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker, Other (Specify) : _____	

II. IMPORTANT EVENTS <i>(Check any events that have happened since the last CSI assessment if applicable.)</i>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Child left program <input type="checkbox"/> Child pregnant <input type="checkbox"/> Child died <input type="checkbox"/> Parent ill <input type="checkbox"/> Parent/guardian died (specify who) _____ </div> <div> <input type="checkbox"/> Family member died <input type="checkbox"/> Change in caregiver/adoption <input type="checkbox"/> Change in living location <input type="checkbox"/> Community trauma (violence, famine, flood, etc.) <input type="checkbox"/> Other (Specify) _____ </div> </div>	Comment(s) if necessary:
III. TYPES OF SUPPORT/SERVICES PROVIDED (at present):	What was provided?	Who provided services? (e.g., NGO, neighbor, teacher, church, or other)
A. Food and nutrition support (such as food rations, supplemental foods)		
B. Shelter and other material support (such as house repair, clothes, bedding)		
C. Care (caregiver received training or support, child placed with family)		
D. Protection from abuse (education on abuse provided to child or caregiver)		
E. Legal support (birth certificate, legal services, succession plans prepared)		
F. Health care services (such as vaccinations, medicine, ARV, fees waived, HIV/AIDS education)		
G. Psychosocial support (clubs, group support, individual counseling)		
H. Educational support (fees waived; provision of uniforms, school supplies, tutorials, other)		
I. Livelihood support (vocational training, micro-finance opportunities for family, etc.)		
J. Other:		
Suggestions for other resources or services needed:		

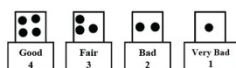
Appendix 5 Child Status Index Domains, Pictorial Version

Pictorial Version of the Child Status Index

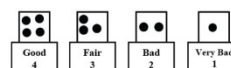
Illustrated by Loide Marwanga

Domain 1. Food and Nutrition

Factor 1A: Food Security

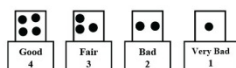


Factor 1B: Nutrition and Growth

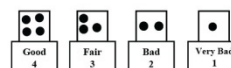


Domain 2. Shelter and Care

Factor 2A: Shelter

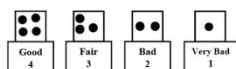


2B: Care

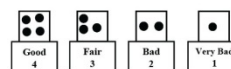


Domain 3. Protection

Factor 3A: Abuse and Exploitation

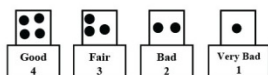


Factor 3B: Legal Protection

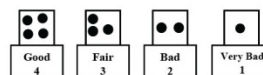


Domain 4. Health

Factor 4A: Wellness

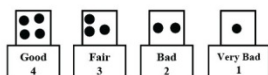


Factor 4B: Health Care Service

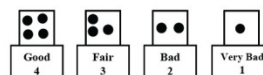


Domain 5. Psychosocial

Factor 5A: Emotional Health

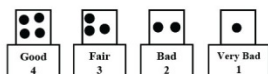
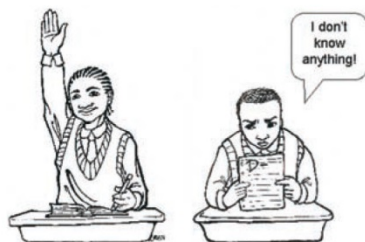


Factor 5B: Social Behavior

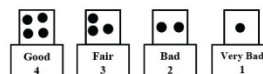


Domain 6. Education and Skills Training

Factor 6A: Performance



Factor 6B: Education and Work



About MEASURE Evaluation

MEASURE Evaluation strengthens the capacity of host-country programs to collect and use population and health data. We are a key component of the United States Agency for International Development (USAID) program, Monitoring and Evaluation to Assess and Use Results (MEASURE) framework, and promote a continuous cycle of data demand, collection, analysis and use to improve population health conditions.

MEASURE Evaluation fosters demand for effective program monitoring and evaluation. We seek to empower our partners as they improve family planning, maternal and child health and nutrition, and prevent HIV/AIDS, STDs and other infectious diseases worldwide.

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