

Brief manual for measuring child wellbeing

March 2015, version 2.0 - Red een Kind

This is the second version of the Child Status Index (CSI) manual of Red een Kind. This manual needs to be used when doing research on the wellbeing of children in the intervention area of a partner organisation of Red een Kind.

Domain 1 — Food and Nutrition

Child Status Index Factor 1A: Food Security



Goal: Child has sufficient food to eat at all times of the year.

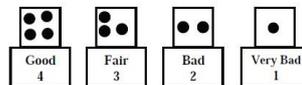


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Introduction

In many cultures, the question ‘how are your children doing?’ is one of the first sentences after the initial greeting. The question about the wellbeing of children is integral part of any relationship between people in cultures where this question is indeed part of normal greetings.

If the name of your organization is Help a Child (Red een Kind, ReK), then one should be able to give an answer to this question that goes somewhat further than the customary response ‘fine’. Red een Kind is using several thematic monitoring frameworks, but felt the need to develop ways of monitoring that would provide insight in the wellbeing of children in an integrated or holistic manner. Several options were brainstormed and this manual describes one of these options piloted in the 2nd half of 2012, and rolled out as a baseline study for all ReKs partners in 2013 and 2014. In the end of 2014 the methodology was evaluated with three partners of ReK and the M&E staff of ReK.

This brief manual provides guidelines for measuring the Child Status Index. Lessons learned from 2012-2014 have been taken along in this manual. The CSI measures the opinions of children on their wellbeing and of the opinions of teachers on the same children’s wellbeing. In the 2012 version of the CSI parents were asked for their opinion, however we trust that a teachers opinion is more critical and will give other insights than parents.

It is recommended to read the Field Users’ Guide (MEASURE Evaluation Project, July 2009) of the Child Status Index, since it offers much more background and practical suggestions. This ReK manual is leading in conducting the CSI, since we have adopted some slight adaptations to the methodology in the Field Users’ Guide (<http://www.cpc.unc.edu/measure/publications/ms-08-31b>)

When to use this

Red een Kind is requiring partner originations to conduct the CSI three times during a project cycle; at baseline, mid-term and end-term. These guidelines are written to conduct the CSI whenever requested or initiated by a partner.

When other (outcome) studies are conducted the CSI can be combined. The CSI is done at school level, so especially education scorecards on quality and participation can be relevant combinations.

Sampling

Sample of children

A random sample of at least **80 children** should be taken. It is allowed to first take a sample of villages, then within the sampled villages a sample of schools, then within the schools a sample of not more than 20 children per school, so that logistical costs are minimized¹. But it is important to select the villages, schools and children at random.

¹ In the case that a partner only supports one school, all 80 children can be randomly sampled from that school. With more supported schools, the more schools within the sample the better.

Sample of children within schools

- Only children between 8 and 18 years old should be included in the survey. If a school does not have children in this age category, the school should be replaced by another school.
- Try to select only one child per household in your survey, avoiding that sibling will be part of the survey as well.

Met opmerkingen [GdJ1]: 4-7 years dan?

• **Note:** For each selected child, interview **both the child and the teacher**. You can first interview all randomly selected children in the class, and then ask the teacher its opinion for each of those children separately. So each child is assessed twice, by the child and by its teacher, and entered twice as well.

Domains and Categories

This manual refers to domains, as the four domains of child wellbeing defined in the ReK Theory of Change (ToR), being; physical domain, cognitive/skills domain, socio-emotional domain and the spiritual domain. These domains can also be referred to as respectively; Healthy & Strong, Educated for Life, Socially & emotionally developed and Hope & Dignity. The eleven categories of the CSI are all linked to one of the domains (see table below).

Core of the ToC of Red een Kind



Domain	Also referred to as	Category
Physical	Healthy & strong	Food Security
Physical	Healthy & strong	Nutrition
Physical	Healthy & strong	Health Care services
Physical	Healthy & strong	Wellness
Cognitive	Educated for life	Performance
Cognitive	Educated for life	Education and Work
Social/ emotional	Socially & emotionally developed	Shelter
Social/ emotional	Socially & emotionally developed	Care
Social/ emotional	Socially & emotionally developed	Abuse and exploitation
Social/ emotional	Socially & emotionally developed	Emotional health
Social/ emotional	Socially & emotionally developed	Social behaviour
Spiritual	Hope & Dignity	No category ²

² In discussion on the spiritual domain partners and ReK opt to include a category for the spiritual domain. During the pilot of 2012 in Malawi this was tested but was very hard to come up with a good category and questions. For a third version of this manual it's on the list for inclusion.

Table 1: Domains & Categories

The Interview

Start the interview by making the respondent feel at ease, explain the reasons for the interview and ask permission to go ahead.

Note: *The most important aspect about the interview is to be sincerely interested in the child, and not just to tick some boxes.*

For each of the eleven categories, some questions can be asked. Based on these questions, the interviewer should decide which response to mark. The interviewer should decide which questions to ask to get the required information.

Not all questions are equally suitable to be asked directly to the child. The questions that follow below each categories are meant only to indicate which issues are relevant to address, when it comes to ‘food security’, ‘wellness’, ‘health care services’, etc.

Note: *For good results, it is essential to have a (short) conversation with the child on the topic of the question!*

Apart from these questions, observations can be used to get more information (e.g. seeing the village/ house, the physical appearance of the child, etc.)

Under the questions for each category, you find very brief descriptions for what is regarded as good, fair, bad or very bad. Use good judgment to determine the answer category based on the discussion you had with the respondent.

The 11 Categories and their questions

1) Food Security

1. What does the family/child eat?
2. How does this household/institution get the food?
3. Tell me about times when there is no food.
4. Does this child complain of hunger?

Food Security	
good	child is well fed, eats regularly
fair	enough to eat some of the time, depending on season or food supply
bad	Child frequently has less food to eat than needed, complains of hunger.
very bad	Child rarely has food to eat and goes to bed hungry most nights

2) Nutrition and Growth

1. How is the child growing?
2. Does he/she seem to be growing like other children that age?
3. Are you worried about this child’s growth? Weight? Height?

Nutrition	
good	child is well grown, good height, weight and energy
fair	growing well but less active compared to others
bad	lower weight, shorter or less energetic
very bad	wasted, stunted or malnourished

3) Wellness

Wellness is defined as: ‘good overall physical condition and freedom from illness at any given time’ (source: Field Users’ Guide, 2009, p. 10).

1. Tell me about this child’s health.
2. Tell me about the last sickness (or sicknesses) the child had.
3. Does he/she get malaria often?
4. Does he/she miss school or work because of illness?

Wellness	
good	healthy, active, no fever, diarrhea or other illness in past month
fair	past month ill/less active for 1-3 days
bad	ill more than 3 days in past month
very bad	ill most of the time

4) Health care Services

1. What happens when this child falls ill?
2. Does he/she see a nurse, doctor or any health professional?
3. How does the child get to a doctor or a nurse when he/she needs one?
4. When he/she needs medicine, how do you get it?
5. Tell me about health services the child needs or needed but did not receive.
6. Are the things that make it hard to get what the child needs to be healthy?
7. Has the child had vaccinations to prevent illness?
8. (For adolescents) Has anyone talked to the child about risks for HIV/AIDS and how to protect against these risks?

Health care services	
good	received all necessary health care treatment and preventive services
fair	treatment when ill, but some services missing (e.g. Immunization)
bad	only sometimes health services
very bad	rarely or never health services

5) Education

Note: Here, the questions really depend on the age of the child

1. Is the child in (or has he/she completed) primary school?
2. Where does he/she go to school?
3. Tell me about the child’s school or training.

4. Who pays school fees and buys uniforms and school materials?
5. (If enrolled) does this child attend school regularly?
6. How often must the child stay out of school to help out at home?
7. How often must the child miss school for any other reason?
8. Does he/she go to work regularly?
9. Ask the child about his or her play, school, or skills-training activities.

Performance	
good	learning well, developing skills, progressing as expected
fair	learning well, skills moderately well, concerns about progress
bad	learning poorly, gaining skills more slowly than peers
very bad	serious problems with learning and performing in life or developmental skills

6) Performance

The definition of ‘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 bearing activities, such as gardening and care of animals.

This factor also reflects the extent to which a young infant or pre-schooler is progressing well in reaching developmental milestones in motor development, language, and play, according to expectations of the parent or caregiver (source: Field Users’ Guide, p. 15, July, 2009).

1. Is this child developing as you would expect (younger child)?
2. Is this child learning new things, as you would expect of others his/her age (younger child)?
3. Do you have any worries about the child’s performance or learning?
4. Is the child quick to understand and learn?
5. Is the young person doing well with work?
6. Do teachers report that the child is doing well in school?
7. Does he/she do a good job with chores at home, such as work in the garden?
8. Tell me about something the child does very well.
9. Is the child advancing to the next grade as expected?
10. Have you worried that this child does not learn as well as other children?
11. Do you think this child is very quick to learn, even a better learner than others?

Education and Work	
good	enrolled, attending regularly. Preschoolers play with caregiver.
fair	enrolled, irregular attendance. Younger child played with but not daily
bad	enrolled but rarely attends. Preschooler rarely played with.
very bad	not enrolled, preschooler not played with.

7) Shelter

1. Where does the child live?
2. Where does he/she sleep?
3. Is this house or institution adequate or in need of repairs? What kind of repairs?

Shelter	
good	child lives in place that is adequate, dry, safe
fair	place needs some repairs but fairly OK
bad	place needs major repairs, or overcrowded
very bad	no stable, adequate, safe place to live

8) Care

1. Who is the most important adult in this child’s life?
2. Who takes care of this child?
3. How long has he/she been the most important adult in the child’s life?
4. Does this person plan to care for the child as long as needed?
5. When something exciting or fun happens, who does the child tell?
6. Who does the child go to when hungry?
7. Who does he/she go to if sad?—or talk to about worries?
8. Who does he/she go to if they are hurt?

Care	
good	adult caregives who is involved, protects and nurtures the child
fair	adult provides care, but is limited by illness, age or indifferent
bad	no consistent adult that provides love, attention, support
very bad	without the care of an adult, must fend for him or herself or lives in child-headed household.

9) Abuse and Exploitation

1. Do you have any worries about this child’s safety?
2. Does anyone hurt this child?
3. Do you think the child feels safe and secure?
4. How does this child help in the household?
5. Does the child work for anyone outside the household?
6. Does anyone else who knows the child think he/she is being hurt by someone else?
Or sexually abused?

Abuse and exploitation	
good	child is not abused, neglected, inappropriate work, etc.
fair	some suspicion of neglect, over-worked, not treated well
bad	neglected, inappropriate work for his/her age, or clearly not treated well
very bad	abused, sexually or physically, and/or subjected to child labor or otherwise exploited

10) Emotional Health

Note: The topics in Q. 1 tm. 8 can be asked/discussed with both child and teacher, whereas it would be nice to discuss Q. 9 + 10 with the child only

1. Is this child happy or sad most of the time?
2. How can you tell if he/she is happy or unhappy?
3. What makes the child sad or worried?
4. Do you worry about this child's sadness or grief?
5. Have you ever thought the child did not want to live anymore?
6. Do you worry he/she might hurt himself/herself?
7. Does he/she talk about the parent(s) who died? (If applicable.)
8. How is this child doing living here? (if not living with the parents)
9. Tell me about your goals in life.
10. Do you think you will have a good life?

Emotional health	
good	child seems happy, hopeful, content
fair	occasionally anxious, withdrawn. Crying, irritable or not sleeping well sometimes
bad	often withdrawn, irritable, anxious, unhappy, sad.
very bad	seems hopeless, sad, withdrawn, wishes could die, wants to be left alone. Baby refuses to eat, sleeps poorly, or cries a lot

11) Social Behaviour

1. How would you describe the child's behaviour towards others?
2. What is his/her behaviour toward adults? Obedient?
3. Does this child need to be punished often?
4. Does the child play with other children or have close friends?
5. If so, does he/she enjoy playing/being with other children?
6. Does he/she fight with other children?
7. What do you do if he/she is unruly?
8. Do you worry the child will get in trouble at school?
9. What do you worry about for this child in the future?

Social behaviour	
good	child plays with peers, participates in group and family activities
fair	minor problems in getting along with other argues, fights sometimes
bad	disobedient, does not interact well with peers, guardians, others.
very bad	behavioral problems, e.g. stealing, early sexual activity, and/or other risky or disruptive behavior

Analysis

Type all data in the Excel reporting sheet under 'data entry'. Each interview should be entered separately. This means that each child will appear twice: the responses of the child and those of the teacher.

The responses for each category should be entered in numerical form, where good = 4, fair = 3, bad = 2 and very bad = 1.

Once the data are entered, the two summary sheets in the Excel document can be used to summarize and analyse the data. The data must be refreshed by clicking the blue button. There is a summary sheet that shows the averages for each category, and a sheet that shows the numbers of responses good, fair, bad, very bad for each category.

On both sheets, the filters on top of the page can be used to show specific data per village, per age group, per gender or per who responded. This can be done by clicking on the drop down buttons as shown below.

village	(All)	▼
age group	(All)	▼
gender	(All)	▼
Response by	(All)	▼

(Option: If you are more familiar with pivot tables in Excel, you can also rearrange the fields to show differences more easily)

Making sense of it

After entering the data, prepare some of these analyses and have a reflection discussion with programme staff. The following questions can be discussed:

1. How many good, fair, bad, very bad responses did you get for the various categories? Look at each category (e.g. Food Security), but also look at the domains: physical, cognitive, social.
For which domains, which categories do you get most bad or very bad responses?
2. How did the scores look like at baseline and possibly other measurements? How is the progress over time for each domain and categories? Any significant changes?
3. Which of the categories is your programme directly or indirectly involved in?
4. What can be the reasons why some categories get very positive responses and other?
5. Should you change something in your programme based on these outcomes? E.g. put more or less focus on a certain issue?
6. Look at differences between age groups, between gender, between villages and between teacher/child responses. Where do you see differences?
7. What could be reasons for such differences?
8. Does this have any implication for (the focus of) your programme?

Reporting

Report the Excel file and a brief Word document with:

- Basic information: when the exercise was done, where and by whom
- Brief description how the sample was taken
- Brief comments on the process
- Brief conclusions from the reflection discussion.