

## Brief manual for measuring child wellbeing with the Child Status Index (CSI)

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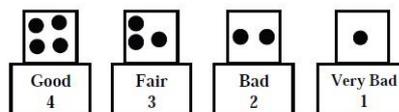
This is the third version of the Child Status Index (CSI) manual of Help a Child. This manual needs to be used when doing research on the wellbeing of children in the intervention area of a partner organisation of Help a Child.

### 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 2<sup>nd</sup> 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.

The original CSI tool is developed by USAID. There is a CSI Field Users’ Guide (MEASURE Evaluation Project, July 2009) ReK likes to refer to, this gives you more background information and more detailed information on the methodology. <http://www.cpc.unc.edu/measure/publications/ms-08-31b>) However do notice that this manual is leading in what to do and what not, since Red een Kind slightly adapted USAID’s methodology to make it applicable for its programmes’ M&E. If anything is unclear for you, you can contact the M&E officer of Red een Kind; [geert.dejonge@redeekind.nl](mailto:geert.dejonge@redeekind.nl).

## When to use this tool

Red een Kind is requiring partner originations to conduct the CSI three times during a project cycle; at baseline, mid-term and end-term. The frequency is advised not more often than biennial (once in the two years), since the change in child wellbeing takes some time and is a long-term outcome or impact level of the Theory of Change of most projects.

When other (outcome) studies are conducted the CSI can be combined. The CSI is done at group level, so especially other participatory group techniques can be combined, for example the empowerment scorecard.

## 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 <sup>1</sup>

**Table 1: Domains & Categories**

### Facilitation of the tool in groups

To conduct the Child Status Index with groups like SHGs, Children groups, youth groups or CLAs the semi-structured questionnaire can be used. In the group discussion the facilitator can use some of these questions to help the group determining what the score should be. So you DO NOT need to use all questions, just see them as helpful tools in having a good group discussion on each topic.

### Scoring

Scoring is from 1-4. 4 means very good, 1 means very bad. For every topic the meaning of the scores is explained in the questionnaire that you can use, at the final pages of this document

<sup>1</sup> 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.

## Participatory technique

If you have the time and want to use a real participatory technique, you can give every group member 4 stones. After introducing the topic for rating you invite the members each to put 1, 2, 3 or 4 stones in the middle. After that you can ask people why they gave these stones, in this way you can have positive and more negative remarks that help people determine their end score. Group members are free to add or remove stones during the discussion.

## Sampling

At least 8-10 groups with a total at least 80-100 members should be included in the sample. It is good to try to have various types of groups included in your sample. For example having a few Self-Help Groups (SHGs), some Cluster Level Associations (CLAs) or Community Based Organisations (CBOs), Youth groups or Children groups. These various groups can be used for triangulation of sources, enabling you to judge whether different types of groups come up with the same or different scores.

## The questionnaire for the 11 topics of the CSI

In the following pages per topic of the CSI a short list of questions is presented that can help facilitate the group discussion. Also the score from 1-4 is presented with the deeper meaning behind these scores.

### Topic #1 - Food Security

*Key Issue: Quantity of food and frequency of meals*

1. How many meals do most children eat per day?
2. Do children often complain of hunger?
3. What are the main challenges families face in providing enough food for their children?
4. Tell me about times when there is no or less food. Does this depend on the harvest season?

1 – very bad	2 – bad	3 – fair	4 – good
Children rarely have food and go to bed hungry most nights	Children frequently have less food to eat than they need and complain of hunger	Children have enough to eat some of the time, depending on the season or food supply	Children are consistently well fed and eat regularly

### Topic #2 - Nutrition and Growth

*Key Issue: Healthy growth as a result of a balanced diet*

1. Do children get enough diversity in the food – including protective foods (fruits, vegetables), body building foods (fish, meat, beans, eggs, milk), and energy giving foods (potatoes, rice, green bananas, maize, sorghum)?
2. What are the most common nutritional concerns/deficits for children in the community?
3. How many children are under weight for age (stunted), according to growth monitoring?
4. What are the most common growth concerns for children in the community?

1 – very bad	2 – bad	3 – fair	4 – good
Children are commonly severely malnourished and stunted	Children frequently are below weight or height than expected and have lower energy	Children are growing well in size but less active than expected	Children are growing well, with good height, weight, and energy

### Topic #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).

*Key Issue: Freedom from illness*

1. What type of illnesses are commonly seen in children this community?
2. How often do children generally fall sick?
3. How serious are the illnesses children commonly get? Do they often require medical care or miss school?

1 – very bad	2 – bad	3 – fair	4 – good
Children are sick most of the time – with mild or severe illnesses	Children are often sick with mild or server illnesses	Children are sometimes sick but mostly with mild illnesses (no fever)	Children are generally healthy, active and free from illness (including diarrhea or cold/cough)

### Topic #4 - Healthcare Services

*Key Issue: Access to preventative and curative health treatment by professional doctors or nurses*

1. What happens when children fall ill? How are they treated?
2. When children need medicine, how do people get it?
3. Tell me about health services the children need but do not receive. What are the barriers?
4. Do most children receive vaccinations to prevent illness?
5. Has anyone talked to children about risks for HIV/AIDS and how to protect against these risks?

1 – very bad	2 – bad	3 – fair	4 – good
Children rarely receive healthcare services from professionals	Children only sometimes receive the health services that they need	Children receive treatment when they are ill but some services are missing (preventative or curative)	Children generally receive all necessary healthcare treatments and preventative services that they need

### Topic #5 – Education

*Key Issue: Regular attendance at school*

1. Are most children enrolled in school – at pre-primary, primary or secondary levels?
2. Do children attend school regularly?
3. What are the main barriers to accessing education? (i.e. distance, fees)
4. How often do children miss school? What are the common reasons for poor attendance?
5. At what level do children often drop out of school?

1 – very bad	2 – bad	3 – fair	4 – good
Many children are not even enrolled in school, especially at pre-primary level, and attendance is poor	Many children are enrolled in school but many rarely attend, others are not even enrolled	Most children are enrolled in school, but not at every level, and attendance can be irregular	Most children are enrolled in school, even at the pre-primary level, and attend regularly

### Topic #6 - Performance

The definition of ‘performance’ is not limited to learning in school, but also addresses a 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. (source: Field Users’ Guide, 2009, p. 15).

*Key Issue: Capability to learn and apply skills in school and family life outside of school*

1. Are children learning new skills, as you would expect for their age?
2. Do teachers report that most children do well in school?
3. Are there areas where children do not perform well – at school or at home?
4. What are some reasons why children might not learn skills as quickly as you expect?

1 – very bad	2 – bad	3 – fair	4 – good
Many children have serious problems with learning and demonstrating life or developmental skills	Children are learning poorly and are slow to gain and apply skills	Children are learning well but may struggle to apply skills or be slow to progress	Children are learning well, developing skills, and progressing as expected

### Topic #7 – Shelter

*Key Issue: Safety, cleanliness, and security of housing*

1. What type of materials are most houses made out of in this community? (walls, floor, roof)
2. What safety or health hazards do children face because of the quality of their housing?
3. Are there many children who are homeless?

1 – very bad	2 – bad	3 – fair	4 – good
Many children lack a stable, adequate, and safe place to live	Children live in homes that are over-crowded and need major	Children live in homes that need some repairs or improvements to meet	Children live in homes that are adequate in size, dry, healthy and safe

	improvements to meet quality standards	quality standards but is decently safe and healthy	
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### Topic #8 – Care

*Key issue: Love and attachment received through caring interactions with adults*

1. Are there many semi-orphans and orphans in this community?
2. Who to children express their feelings to – whether positive or negative?
3. How often do you see parents or caregivers talking to and playing with their children?
4. When children are crying or hurt, how do adults usually respond? (Are they comforted when this happens by loved ones OR ignored and told to keep quiet?)
5. Do children generally feel free and happy with their teachers and parents/caregivers? Or are they often fearful?

1 – very bad	2 – bad	3 – fair	4 – good
Many children have to care for themselves because there are no adults in their household who are responsible	Many children lack consistent adult caregivers and do not receive love, attention, and support	Children have adult caregivers who are present but may spend little time with them and are concerned mostly with physical issues (i.e. food, health)	Children have adult caregivers who are involved in their lives and actively protect and show love to them

### Topic #9 - Abuse and Exploitation

*Key issue: Cases of physical, emotional, and sexual abuse, neglect, or child labor*

1. Are there many cases of physical child abuse in this community? Sexual abuse?
2. Do children and parents know about child rights? And respect them?
3. What are the biggest threats to child safety and protection?
4. How much household work are children responsible for?
5. Do children often miss out on schooling or other child-activities due to responsibility to work?

1 – very bad	2 – bad	3 – fair	4 – good
There are a high number of cases where children are abused physically, sexually, or forced to work	Many children are ignored, ill-treated, or asked to do work that is inappropriate for their age	Children are not supervised very closely so there is the possibility they are not treated well	Children are protected from abuse, supervised, and not asked to do heavy or inappropriate work

### Topic #10 - Emotional Health

*Key issue: Experience a normal range of emotions but are generally hopeful and positive*

1. Are children happy or sad most of the time?
2. How can you tell if children are happy or unhappy?
3. What makes children sad, worried, or fearful?
4. Do children (especially adolescents) have positive dreams for their future?

1 – very bad	2 – bad	3 – fair	4 – good
Many children are hopeless, sad, and prefer to be alone	Children often appear sad, upset, fearful and withdrawn	Children appear happy in some situations but may be isolated and act shy in public	Children are generally happy and hopeful about the future

### Topic #11 - Social Behaviour

*Key issue: Respectful attitude towards others and ability to cooperate with peers*

1. How do children behave towards adults?
2. Do children need to be punished often? For what types of behaviors?
3. Do children have time to play and interact with other children their age?
4. Do children fight a lot with each other?
5. What worries do you have about children’s behavior in the community?

1 – very bad	2 – bad	3 – fair	4 – good
Many children display anti-social or risky behavior such as lying, stealing, hurting others, etc.	Many children are disobedient with adults and get into frequent fights with peers	Children have some problems getting along with peers or adults	Children play well with peers and participate easily in group activities

## Analysis

Analysis of results is very important to make sure reflection and learning can be done as a result of data collection. For the Child Status Index for groups a data entry table is available. After opening the table, you can read in this section how to use it.

Type all data in the Excel reporting sheet under the tab ‘data entry’. Each interview should compose of 11 rows, 1 row per aspect. This means that each group will appear 11 times. See example below

Response by (type group)	Domain	Category	Score
SHG	Physical	Food security	1
SHG	Physical	Nutrition	2.4
SHG	Physical	Health Care services	3
SHG	Physical	Wellness	1.5
SHG	Cognitive	Performance	2.3
SHG	Cognitive	Education and Work	4
SHG	Social	Shelter	3
SHG	Social	Care	1
SHG	Social	Abuse and Exploitation	2.2
SHG	Social	Emotional Health	3.6
SHG	Social	Social behaviour	2

The responses for each category should be entered in numerical form, where good = 4, fair = 3, bad = 2 and very bad = 1. Entering a score with one digit is also possible, so for example 2.3 or 3.1

## 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 types of groups. 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.