Clarification Regarding Usage of the Child Status Index (CSI)

The Child Status Index

The *Child Status Index*[1] (CSI)—an information collection tool—is widely used among programs for children who are orphaned or made vulnerable by HIV/AIDS. The last several years of CSI implementation have enabled MEASURE Evaluation and others to learn about how the CSI fits into the overall package of monitoring and evaluation (M&E) tools and when (and in which circumstances) the tool is best used. This document briefly describes the tool, its purposes, and the lessons learned about best usages.

Child Status Index Description

The CSI was developed during the early years of The United States President's Plan for AIDS Relief (PEPFAR) when few other M&E tools existed for programs working with vulnerable children. The CSI was designed as a simple, cost-effective, comprehensive tool to be used by low-literate (and often volunteer) community caregivers to capture a child's status and well-being across twelve factors. These factors fell under the six domains of PEPFAR vulnerable children programming at that time. The CSI is a *high-inference* tool that requires an observer to make inferences or "conclusions" regarding each factor based on observations from home visits and interviews with guardians, children, and community members and rate each factor on a four-point scale.[2] The factor ratings made on the CSI are based on local standards; in other words, each community group or program will determine what "1", "2", "3" or "4" is in their community. Importantly, while the ratings refer to

child needs, they do not imply a specific intervention; for many factors, supporting the household may be the best strategy for addressing the varied needs of the child. CSI ratings provide a method for trained community workers (1) to assess critical areas of child well-being that may be susceptible to intervention and (2) to incorporate this knowledge into planning and service delivery.

The Child Status Index within the Vulnerable Children M&E Framework

Programs for orphans and vulnerable children gather information on several levels—individual child, household, program, population—in order to meet the information needs of a diverse group of stakeholders. Key information needs may include:

- identification of vulnerable children and households requiring assistance in a target locality (**targeting**);
- planning resource provision that addresses the individualized needs of vulnerable children and their households (**case management**);
- documenting the extent to which the program is being implemented according to an established plan, schedule, and standard of quality (**monitoring**)
- documenting if and to what extent the program components have had an impact on children and households (**evaluation**); and
- determining important characteristics and needs of children and families who have been registered by a local program (**program planning**).

It was anticipated that the CSI, with some adaptation, might meet a broad range of information needs from the local to the national level. Five years after the CSI was introduced, it has (1) been implemented in over 16 low- and middle-income countries, (2) been translated

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[1] O'Donnell K., Nyangara F., Murphy R., & Nyberg B. (2009). *Child Status Index: A Tool for Assessing the Well-Being of Orphans and Vulnerable Children—MANUAL* [MS-08-31a]. Chapel Hill, NC: MEASURE Evaluation. Available at http://www.cpc.unc.edu/measure/publications/ms-08-31a.

[2] The current revised scale is 4 = good; 3 = fair; 2 = bad; 1 = very bad.

into multiple languages, and (3) become the focus of several studies. The CSI has been implemented by a wide range of programs as a tool for different purposes, from case management to program evaluation. This has led to a better understanding of how the CSI fits into the M&E framework for programs working with vulnerable children and how the tool can provide improved guidance on CSI usage. The core functions of the CSI are listed below and are followed by a brief description of the M&E tasks and information needs for which the CSI is recommended.

Core Functions of the Child Status Index

1. CSI use serves as a **rapport-building function** in that it encourages volunteers and service providers to ask introductory, open-ended questions of a caregiver and child. The approach offers the home visitor a consistent way of thinking about a child which facilitates careful consideration of the child's individual needs as decisions are made about services.

2. The CSI orients volunteers and service providers to the **holistic needs of vulnerable children** by helping those who provide resources and services in limited domains (e.g., psychosocial support) recognize needs in other previously unaddressed areas that contribute to a child's overall well-being. Repeat observations allow volunteers and service providers to consider the multiple influences on observed changes (e.g., benefits of service, change in family income, natural disaster). The assessment may also encourage referrals to other agencies and community-based organizations (where necessary) to address needs outside the range of services in one organization, thereby providing a system of care.

3. The CSI 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. The approach lends itself to identifying an appropriate course of action or intervention for a child and household, i.e., an individualized care plan.

4. The CSI helps programs focus on whether an individual child or children in a community are achieving **desired outcomes** (e.g., child is attending and succeeding in school) rather than only monitoring inputs (e.g., provision of educational supplies). Importantly, observed increases or decreases in CSI scores requires the further assessment of the influences that led to change such as program quality, changes in the child or family situation, and/or change in the environment in which the child lives.

5. CSI assessments provide trained community volunteers or caregivers with a tool to help identify **urgent situations**—for example, a score of "1" in any factor requires immediate attention. As is true for any intervention context, if an urgent situation is identified, the situation cannot ethically be ignored by the organization gathering these data. Examples of urgent circumstances include when a child is very sick and not receiving medical care, is being abused or neglected by a caregiver, is being exploited in a variety of ways (child labor), is being excluded from school, or when a child is in danger of serious harm to him/herself or others. Of note, the CSI is only one source of information and should be used in conjunction with other information to determine the appropriate urgent response. The needed response is determined by local guidelines for responding to urgent cases, i.e., a local standard of care. Such guidelines should be included in the training of CSI users so that each user knows how to respond when confronted with an urgent situation.

Using the Child Status Index in Programs that Work with Vulnerable Children
Below are descriptions of the M&E framework components that the CSI supports and an explanation of uses for which the CSI is not appropriate. It is important to keep in mind that the M&E community is still learning about and studying the CSI and other tools in an M&E context. These statements concerning usage reflect current views and recommendations.

1. **Targeting (NOT RECOMMENDED FOR USE).** The process of targeting involves identifying the vulnerable children and households in a specific locality that would benefit most from program assistance. Because the tool is locally referenced (e.g., child well-being is compared to other children in their location), the CSI would only be used for targeting locally. However, the CSI is of limited support in targeting because (1) evidence from

community volunteers or caregivers indicates that it is difficult to get accurate CSI scores the first time the CSI is used (see explanation below);[3] (2) programs may find it easier to have general criteria for inclusion in a program rather than undertaking a needs assessment for each child; (3) the level of engagement required by the CSI may lead to expectations of action or service enrollment that may not be forthcoming; and (4) it is not appropriate to make targeting decisions using aggregate scores across CSI factors (see explanation below).

2. **Case Management (PRIMARY USE).** In general, the CSI may be most useful as a case management tool for serving highly 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. Furthermore, with repeated administration, the tool allows volunteers and programs to follow up on the status of children and ensure services are being effectively delivered to the child and household. The CSI factors are child-centered, but the best strategy for addressing areas of a child's need may be by supporting the family to support the children.

3. **Monitoring (APPROPRIATE USE).** Similar to its value for case management, the CSI—as a component of the M&E framework—can offer important information for program monitoring. The CSI "Child Status Record" sheet provides simple monitoring information regarding who is being served, the kinds of services provided, and individual contact history and change over time.

4. **Evaluation (NOT RECOMMENDED FOR USE).** Since the CSI requires users to identify children's needs and status *relative* to their local community, it cannot be used as an indicator or comparator for national or multi-country standards. Specifically, the CSI should not be used among a sample of children as an evaluation tool. Broad evaluation of the impact of a regional or national program on child well-being requires several considerations and, likely, multiple approaches. USAID/MEASURE Evaluation is currently developing a standard program evaluation tool for

programs that work with vulnerable children that will include a sample protocol and accompanying household and child instruments for use. This toolkit will be available at the end of 2012.

5. **Program planning (APPROPRIATE USE).** Programs may make use of local CSI data for program planning by aggregating CSI ratings by individual factor in their local service provision area. This information may help a program decide that one or two factors represent the overall greatest needs in its catchment area. Knowing, for example, that many children are able to go to primary school, but few have access to health care will inform an organization about where to focus funds and support.

Other Considerations for Child Status Index Usage

- **Cautions about using aggregate scores across factors.** The use of aggregated CSI scores across all factors as a global measure for ranking or rating program participants or programs is strongly discouraged. Aggregated scores across factors do not reflect the variation underlying those total scores. 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. Comparison of aggregate CSI scores across diverse settings is equally not valid given that the reference for CSI ratings is local norms.

- **Training and reliability.** Quality assurance in the use of the CSI depends on knowing that those who use the CSI are rating children and households in a similar manner—that there is shared understanding about what a "1", "2", "3" or "4" means on a specific factor. Inter-rater reliability is not difficult to achieve but requires specific procedures at the program level. First, when a CSI Training of Trainers (ToT) is offered, the program must ensure that participants have the support necessary to implement an adequate training to community volunteers or others administering the CSI. Conducting a ToT alone may not be sufficient for the new cadre of trainers to successfully implement training. Continued mentoring of lead trainers should be built into budgets and plans. Next, all subsequent

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[3] Cannon, M., & Snyder, E. (2012). *The Child Status Index Usage Assessment*. Chapel Hill, NC: MEASURE Evaluation. Available at: http://www.cpc.unc.edu/measure/publications/SR-12-68.

trainings should ensure a training approach that combines instruction and discussion of the CSI and its purpose, domains, and factors, along with guided practice that involves dyadic independent ratings of the same child and family with subsequent comparison and expert consultation. Quality assurance may be achieved through periodic checks by having two volunteers visit the same household and rate the CSI independently for comparison and discussion. *Scores obtained from untrained staff or volunteers should **not** be accepted to guide any child or program decisions, since no consensus has been reached about the meaning of the ratings.* USAID and MEASURE Evaluation are modifying the CSI Manual to include the guidance contained in this document. MEASURE Evaluation is also planning to finalize a CSI training to be available late 2012.

- **Frequency of CSI administration.** There is no rule regarding how often the CSI should be applied; the frequency of use should be programmatically relevant. If the CSI is being used as a case management tool, then quarterly to semi-annual application may be appropriate. If the CSI is being used to assess a child's progress over time on specific factors, then a semi-annual or annual application may be sufficient. In all cases, factors rated as "urgent" or "urgent" should have close follow-up and not be postponed until the next proscribed program follow-up assessment.

- **Retention of CSI scores <u>by CSI users</u>.** CSI scores should be retained by community volunteers or others using the CSI to enable individualized long-term care management and planning. When scores are reviewed or analyzed by others, for example supervisors or M&E staff, feedback should be provided to the volunteers for their use. Case workers should be trained to regularly review a child's CSI scores to better understand how a child's needs may be changing over time.

- **First Set of CSI Scores.** A study conducted in 2012 found that some community volunteers view the first set of CSI scores obtained for a child as less reliable than future sets, especially in specific factors such as Abuse and Exploitation (Factor 5a). Initially, children and family members may present in an unrealistically positive light out of concern for being judged negatively by the volunteer or service worker. Others may present in an overly negative light, exaggerating need in an effort to obtain higher levels of service. As CSI users and case workers get to know a child and family better and spend more time in the household, they are more likely to score the child more accurately, especially as respondents develop more trust with the interviewer. It is also important for the interviewer/volunteer to talk to multiple informants when possible and to use good observation skills to contribute to his/her high inference ratings. For example, the supply of grain stored in the household provides important information in addition to the caregiver's view of food security.

- **Multiple approaches.** CSI results provide a snapshot in time of the overall well-being of a child. Although the CSI was designed to assess and monitor multiple dimensions of child well-being, it is not an exhaustive measure of all outcome indicators of child well-being. In general, multiple measures using different approaches will provide a more complete view of child and family, (e.g., child self-report, subjective questionnaires, global demographic indicators) and local service providers, volunteers, and community leaders are in the best position to help interpret, use, and communicate CSI child assessment results.

- **Translation and adaptation of the CSI**. As described more fully in the CSI Manual, the CSI can be adapted for local usage. In particular, the meaning or anchors for ratings under each factor may be described differently by geographic and cultural location. There may be circumstances in which an additional factor may be useful; an example might be trauma symptoms in an area of recent disaster. There may be a geographical or cultural area in which one existing factor has no relevance or in which the differentiation of good to very bad is meaningless; for example, Legal Protection may not be validly rated if there is no legal protection for children and households there. MEASURE Evaluation recommends applying caution in reducing CSI factors to reflect only those areas in which a program provides direct services. To do so, the program may lose important information about where other critical services are needed for the target population.