

Overview of Child Status Index Studies

BACKGROUND

In 2009, MEASURE Evaluation published the *Child Status Index, A Tool for Assessing the Well-Being of Orphans and Vulnerable Children*,¹ a manual designed to capture vulnerable children's status across the six domains of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Based on anecdotal reports of widespread use, MEASURE Evaluation conducted the *Child Status Index Usage Assessment*² (phase 1) in 2011–2012 to understand how large programs were using the Child Status Index (CSI) to meet a range of information needs. Findings from that study were helpful in understanding the benefits and challenges of using the CSI at the implementing partner level, but did not obtain the perspective of community-based workers who use the CSI on a routine basis. In 2012, MEASURE Evaluation conducted a second study, *Decision Making Among Community-Based Volunteers Working in Vulnerable Children Programs*³ (phase 2), designed to complement the first study.

METHODS AND STUDY SAMPLE

Child Status Index Usage Assessment (phase 1): To ensure maximum spread across geographic regions/countries using the CSI, the study design included conducting in-depth telephone interviews (n=25) with program and/or M&E technical leads from large implementing partner programs serving vulnerable children in each of the 16 countries where CSI use was known. A total of 25 organizations in 13 countries participated, with 21 interviews taking place with program representatives in sub-Saharan Africa and four in the Latin America/Caribbean and Asia regions.

Decision Making Among Community-Based Volunteers Working in Vulnerable Children Programs (phase 2): This study involved focus group discussions (FGD) with community-based workers using the CSI (n=9 FGDs) and those not using the CSI (n=3 FGDs), as well as in-depth interviews with community representatives



Photograph by MEASURE Evaluation

(n=9). For regional variation, the study was conducted in Côte d'Ivoire, Kenya, Malawi, and Zambia. A purposive sample of programs and community-based organizations (CBOs) were selected reaching 12 sub-grantee CBOs in total. Seventy-nine community-based workers participated in the focus groups with 51 of the participants coming from organizations that use the CSI (65%) and the remaining 28 coming from organizations where the CSI is not used (35%).

FINDINGS

The phase 1 study demonstrated that the CSI is a widely popular tool and has been translated into at least 15 different languages. Program staff and community-based workers articulated the many strengths of the CSI in providing a comprehensive assessment tool for vulnerable children, and its use in aiding decision making for individual children.

The phase 1 study confirmed that, while useful, there was wide variability in how vulnerable children programs use the CSI, and that there were some applications of the tool that are not recommended for use. Interviewees expressed concern about community-



PEPFAR
U.S. President's Emergency Plan for AIDS Relief



This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement GHA-A-00-08-00003-00. Views expressed are not necessarily those of PEPFAR, USAID, or the United States government. FS-13-80 (4/24/13).

based volunteers' consistency in scoring the well-being of children. The study findings also established that there was wide variation in how organizations train community-based workers to use the CSI and provide supportive supervision and mentoring.

The phase 2 study revealed that when the CSI is used for its optimal purpose—a case management tool—it is a useful job aid for community-based workers. This was especially evident in cases where a child scores a 1, or a low score on the 1 through 4 scale used by the CSI, which triggers a response from the community-based worker. While the tool itself is helpful, what is often missing are standardized guidelines for how to respond to different scores across the varying domains.

CONCLUSION

The CSI has been adopted worldwide as a tool for program use, and in some countries is recommended as a national tool. The two studies document the value of the CSI, yet also suggest the need for clear guidance on the best uses of the CSI; guidelines for training and supportive supervision; and guidelines that accompany the CSI to support decision making for community-based workers (e.g., referrals, resource availability). The studies also demonstrate opportunities to strengthen referral networks and information sharing among community groups and volunteers.

For full study reports, please visit the following links:

- *The Child Status Index Usage Assessment* (phase 1) <http://www.cpc.unc.edu/measure/publications/SR-12-68>

- *Decision Making Among Community-Based Volunteers Working in Vulnerable Children Programs* (phase 2) <http://www.cpc.unc.edu/measure/publications/SR-13-78>

MATERIALS DEVELOPED

In light of the study findings, the following are being developed:

- *Clarification Regarding Usage of the Child Status Index (CSI)*,⁴ published in 2012 <http://www.cpc.unc.edu/measure/publications/fs-12-75>
- Revisions to *Child Status Index, A Tool for Assessing the Well-Being of Orphans and Vulnerable Children* were being completed in 2013.
- Publication of a CSI training tool kit was planned for 2013.

REFERENCES

1. O'Donnell K, Nyangara F, Murphy R, Nyberg B. *Child Status Index. A Tool for Assessing the Well-Being of Orphans and Vulnerable Children—Manual*. [MS-08-31a]. Chapel Hill, NC: MEASURE Evaluation; 2009.
2. Cannon M, Snyder E. *The Child Status Index Usage Assessment* [SR-12-68]. Chapel Hill, NC: MEASURE Evaluation; 2012.
3. Cannon M, Snyder E. *Decision Making Among Community-Based Volunteers Working in Vulnerable Children Programs: Child Status Index Usage Assessment Phase 2* [SR-13-78]. Chapel Hill, NC: MEASURE Evaluation; 2013.
4. MEASURE Evaluation. *Clarification Regarding Usage of the Child Status Index (CSI)* [FS-12-75]. Chapel Hill, NC: MEASURE Evaluation; 2012.