

# Providing tools to reliably measure the well being of vulnerable children



## MEASURE Evaluation Fact sheet Child Status Index: OVC monitoring

At MEASURE Evaluation, we know that improved analysis and use of data lead to better health program decision making and, ultimately, improved health outcomes. This fact sheet introduces one of the innovative toolsets created for monitoring & evaluating public health interventions.

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**Overview:** The Child Status Index allows community health workers to monitor the physical, emotional, and situational well being of orphans and vulnerable children.

Children who have lost parents or who are losing parents to HIV face a host of challenges to their long-term health. In addition to having an increased risk of illness or injury, orphaned and vulnerable children (OVC) often receive inadequate food or shelter, may live with caregivers that ignore, exploit, or abuse them, and have to cope with the trauma of seeing their parents get sick and die.

Early methods for monitoring and evaluation (M&E) of OVC aid efforts had two serious flaws. First, M&E of orphaned and vulnerable children tended to focus on aspects of their lives that were directly related to HIV/AIDS at the expense of other equally important variables that affect overall child wellbeing. Second, previous M&E efforts have focused on services provided, not on how aid affected children's overall

health, providing effective monitoring but ineffective evaluation.

A new tool developed by MEASURE Evaluation aims to overcome these two flaws.

The Child Status Index (CSI) measures six broad areas of a child's well-being: food and nutrition; shelter and care; protecting health; psychosocial; protection; and education and skills. This measurement can be performed by people living in the same communities as the affected children, who are in the best position to monitor the health of those children on a regular basis.

Additionally, people using the CSI will be able to routinely and systematically monitor child outcomes to estimate the impact of aid efforts. The end result will provide policy-makers with better assessments of orphans and vulnerable children as

well as how resources should be spent to best meet those children's needs.

**Breadth of Scope:** Effectively monitoring and evaluating OVC programs is a complex task. Programs providing aid to orphans and vulnerable children may focus a one or two important variables, such as an increased risk of disease or injury; reduced access to health, food, education, love and affection, or safety; or an increased likelihood of trauma from rejection, discrimination, fear, and loneliness. Alternatively, programs may attempt to provide a broad range of support. In either case, being able to measure how children's lives are ultimately affected is essential.

The CSI provides a summary or "snapshot" of the well-being status for individual children and the services they receive. Community workers collect information about orphans and vulnerable children by directly observing the children and their living quarters, and by interviewing children's guardians, neighbors, teachers, and children themselves. Community workers then use that information to estimate children's health in 10 outcome areas relevant across cultures and stages of development: food security, shelter, care, abuse, physical wellness, access to health care services, emotional health, behavior, educational performance, and access to education. Scores range from 0 (no risk) to 3 (situation is very bad and may be urgent). Workers pool scores together to provide assessments of children's well being in six domains that can be analyzed and tracked over time. The assessment also allows children in particular need to be triaged for rapid interventions.

**Ease of Use:** Health workers who live in the same neighborhoods and villages as orphans and vulnerable children are in many ways an ideal resource to monitor those children. Local workers may already be familiar to many families, can easily and inexpensively visit children where they live, and can monitor children on a continuous basis. Consequently, the CSI tool was designed to meet community-worker needs. The CSI tool is simple, reliable, and user-friendly, and it can be used by people who have not had specific M&E training. Community workers can enter a house, and in less than a half hour, obtain a complete assessment for a child.

**Community Input:** Experienced OVC community workers were involved in every step of the CSI design; this was essential to producing a culturally appropriate tool. Focus groups involving community workers, guardians, and other service providers from Kenya and Tanzania contributed to the domains for CSI assessment, and community workers from both these countries field-tested the CSI tool for reliability and usefulness. Community workers also rely substantially on their own powers of observation and judgment when assessing a child. Despite this subjective nature of CSI assessment, results from field-testing indicate the CSI tool is both effective and reliable.

**Potential Users:** Although the CSI tool is child-focused, it can be used to guide program decisions. Village leaders can use the CSI tool to

identify the most vulnerable children in their neighborhoods and give these children the support they need. Volunteers delivering food to households can use the CSI tool to track the well being of children in the households they visit. The CSI tool can also help caregivers and guardians comprehend improvements that have occurred under their care and advocate for their children's needs. At the program level, M&E staff and donors, community organizers, and other partners can use the CSI tool to track outcomes of children who are receiving support through their organizations and to show the differences their programs have made in children's lives.

Appendix I. Child Status Index

Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Age in years \_\_\_\_\_ Gender M/F \_\_\_\_\_ District \_\_\_\_\_ Ward/Location/Division \_\_\_\_\_ Village \_\_\_\_\_

Source(s) of information: \_\_Child \_\_Parent/Caregiver \_\_Other relative \_\_Family friend \_\_Teacher \_\_Community Worker \_\_Other (specify) \_\_\_\_\_ Child's birth registered \_\_Yes \_\_No

DOMAIN	CHILD STATUS INDEX (CSI) Describe Child during Past Month			HEALTH		
	1. Food Security	2. Shelter	3. Care	4. Abuse and Exploitation	5. Wellness	6. Health Care Services
GOAL	Child has sufficient food to eat to sustain an active and healthy life at all times of the year	Child has stable shelter/housing that is adequate, dry, and safe	Child has at least one adult who provides consistent love and support	Child is safe from any abuse, neglect, or exploitation	Child is healthy	Child has access to the health services they need - preventative & treatment healthcare (health education, immunizations, medicine)
Good	0 Well fed, eats regularly, no concerns.	0 Shelter and indoor dwellings are adequate, dry, and safe	0 No concerns. Child feels protected and loved by primary caregiver.	0 No concerns about child abuse, neglect, labor or sexual exploitation.	0 Healthy, doing well & rarely falls ill with fever or diarrhea.	0 Child has received almost all needed health services.
Fair	1 Eats regularly some of the time depending on season.	1 Shelter is adequate but indoor dwellings are inadequate.	1 Primary caregiver has limited ability to provide love and support.	1 Some concerns that child is neglected or not treated well.	1 Sick for 1-3 days in past month and not able to go to school or perform work.	1 Child receives some health services but not all needs are met.
Bad	2 Eats fewer times or less food than needed, complains of hunger (less than 2 meals/day).	2 Inadequate shelter, does not protect from weather, needs major repairs, overcrowded.	2 No consistent adult for love and support.	2 Specific concerns that child is neglected, abused, or forced to do work not appropriate for age.	2 Frequently falls ill in 1 or more days in a week; child is too sick to go to school or perform work.	2 Child inconsistently receives needed health services.
Very Bad	3 Almost never eats one full meal in a day. Goes to sleep hungry most nights.	3 No shelter or viable place to live.	3 Child tends for self lacks a loving and supportive adult.	3 Child is abused, exploited sexually or physically, subjected to extreme child labor, or other exploitation.	3 Child is chronically ill (is sick almost all of the time)	3 Child almost never receives any health services they need.
Give reason(s) if necessary						
Types of services or resources provided to the support of this child during the past 6 months (or _____ Months), organization providing services, resources needed, and action taken today						
Types of services						
Food & Nutrition support (food rations, planting seeds, etc)						
Access to education (school fees, uniforms, supplies, desks, etc)						
Access to health care (vaccination, medicine, doctor or hospital fee paid, etc)						
Psychosocial Support (clubs, group support, etc)						
Protection from abuse (education on abuse, reporting mechanisms, etc)						
Legal support (properly disputes, rape, etc)						
Care & protection (caregiver trained, child placed with family, etc)						
Shelter & other material support (house repair, clothes, bedding, etc)						
Livelihood support (work skills, micro-finance to family, etc)						
Other, (Specify) _____						
Other, (Specify) _____						

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An interactive version of this Toolkit is available for download on the MEASURE Evaluation Web site at <http://www.cpc.unc.edu/measure>

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