

Child Status Index

A Tool for Assessing the Well-Being of Orphans
and Vulnerable Children — **FIELD USERS' GUIDE**



SUPPORT
ORPHANS AND VULNERABLE
CHILDREN

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and Vulnerable Children — FIELD USERS' GUIDE

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About the Field Users' Guide

This Field Users' Guide is part of the Child Status Index (CSI) toolkit consisting of a CSI Manual, CSI Rating and Record Forms, a pictorial CSI, a CSI Made Easy booklet and this quick-reference guide for field users of the tool. It is specifically written to serve as a quick reference for the frontline staff including volunteers and other field workers who have been trained on and are using the CSI tool to gather information about the well-being of children in their care. The Guide presents a brief overview of the domains and factors assessed by the CSI and provides step-by-step instructions on how to use the CSI and the Record Form to gather information on the child's well-being status.

For more information regarding the Child Status Index, the process by which the tool was developed and field tested, the research underpinning the selection of domains and factors, and suggestions for translation and adaptation, please refer to the *Child Status Index Manual* (O'Donnell, Nyangara, Murphy, & Nyberg, 2008).

Introduction

Scenario – Why is the CSI Important?

By 2010, the HIV/AIDS epidemic will have orphaned 15.7 million children in sub-Saharan Africa (UNAIDS, 2005). Millions more are vulnerable because their parents are ill, or they live in communities and households that have absorbed orphans which have depleted their resources or they are stigmatized by having HIV/AIDS in their family.

In response, the U.S. government and other donor organizations partnered with local communities, grassroots organizations and governments of affected countries to implement programs that reduce the impact of HIV/AIDS on children and improve their well-being hopefully enabling them to have a more hopeful future.

Organizations that develop programs for orphaned and vulnerable children (OVC) need a more holistic way to assess the impact of their programs on children at the individual level. A holistic, easy-to-use Child Status Index (CSI) systematically monitors how these programs make a difference in children's lives and improves field-level practices and services.

Description – What Does the CSI Do?

The Child Status Index (CSI) provides an easy-to-use tool to assess children's current needs, monitor improvements in specific dimensions of child well-being and identifies areas of concern that can be served by program interventions. The index gathers information in the following areas:

- *Food/nutrition.* Does the child have sufficient and nutritious food at all times to grow well and to have an active and healthy life?
- *Shelter and care.* Does the child have shelter that is adequate, dry and safe? Is there at least one adult who provides consistent love and support?
- *Protection.* Is the child safe from abuse, neglect or exploitation? Is there adequate legal protection for the child?
- *Health care.* Is the child healthy? Does he/she have access to preventive and treatment health services?
- *Psychosocial.* Is the child happy and have hope for a good life? Does the child enjoy good relationships with other children and adults?
- *Education.* Is the child performing well at home, school, job training, or work and developing age appropriate knowledge and skills? Is the child receiving the education or training he/she needs to develop knowledge and skills?

This simple, low-cost assessment tool will help stakeholders to monitor systematically and continuously the changes in a child's life in order to promote shared learning, outcome reporting, inform program decisions and ultimately improve the quality of services for children.

Initially, the CSI was developed for programs that support children affected by HIV/AIDS, but it is applicable to other organizations that provide programs for disadvantaged or at-risk children. The CSI has the potential for identifying and addressing the needs of children as well as to monitor their changes over time.

Audience – Who Would Use This Tool?

The Child Status Index was designed primarily for use by community workers and other field personnel working directly with children and their families, but it can also be useful to guide program decisions and community and national policies.

Those who might use the Child Status Index to assess an individual child include leaders of local program management committees, leaders of guardian committees, service providers for NGOs and caregivers and guardians.

Those who might use the Child Status Index to assess a program includes program monitoring and evaluation (M&E) staff, community health workers (CHWs) as well as other service providers.

The Child Status Index can also be adapted for research, evaluation and other population-based surveys.

Timing – When Would You Use the CSI?

How often the Child Status Index is used depends on how the information will be used, the capacity of the organization or community conducting the assessment and what other monitoring and evaluation procedures are being used. For example, the Child Status Index can be used:

- To assess needs at the start of an OVC initiative, to select children for programs and/or to design individual care plans for them
- To collect and compare baseline and end-of-project data for an OVC program
- To regularly and periodically monitor the needs, services provided and progress of child well-being—such as every six, 12 or 24 months
- To collect periodic (perhaps annual or biannual) data for program evaluation research or to assess the collective needs and well-being of children in a community, region or country.

Domains and Factors of the Child Status Index

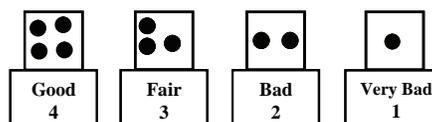
The six broad domains of the Child Status Index parallel the basic needs of a child for age-appropriate development. These domains are also followed by PEPFAR/OVC guidelines: Food and Nutrition, Shelter and Care, Protection, Health, Psychosocial, and Education and Skills Training. For each domain, there are two factors that have been identified and endorsed as areas of concern for the CSI.

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.



Food security is defined as the ability of the household or institution to get enough food for the child to eat at all times whenever hungry. This food should be obtained through socially acceptable ways, without resorting to emergency food supplies, scavenging, begging, stealing, or other coping strategies..

Gathering Information to Rate This Factor

To rate a child on food security, the community worker/rater can ask both the child and the guardian about their food supply, how they get food, what the child ate during the past week and whether the child ever complains of going to bed hungry.

The rater also might observe the granary (where harvested foods from the farm, such as maize, are stored). If the granary is empty, the field worker can begin a conversation about the year's harvest and whether the crop is sufficient to sustain the family all year.

Depending on time of day, the field worker observes the cooking area and cooking pots for signs of food preparation. For example, if it is the lunch hour and children have come home from work or school, the field worker can see whether food is prepared or being prepared. If the pots look empty or forgotten, it may be a sign that lack of food is a problem. The family may be skipping meals as a coping strategy.

When food seems available in the household, the field worker inquires about whether food availability is seasonal and what the meals include. For example, does a typical meal consist of maize with greens, or does it have any sources of protein, such as meat, beans or eggs?

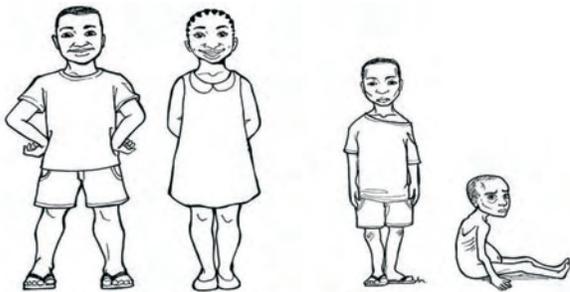
Sample Questions

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

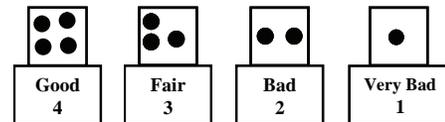
Observations

When possible, observe food storage facilities such as the granary, observe the cooking area and cooking pots for signs of any recent food preparation activities and observe the types of foods available (e.g., kitchen, garden, fruit trees, banana plantation, livestock, etc.).

Child Status Index Factor 1B: Nutrition and Growth



Goal: Child is growing well compared to others of his/her age in the community.



Gathering Information to Rate This Factor

In many evaluation efforts, the nutritional status of the child refers to classifications from direct anthropometric measures (e.g., weight-for-age; height-for-age) compared to reference populations.

However, for the CSI, growth is intentionally assessed in a subjective way. The community worker observes the child and/or discusses with the guardian or parent how the child's growth (weight and height relative to age) is seen by the guardian compared to children of the same age and gender group in the local community.

The rating should also include the field worker's concerns from observing the child for signs of malnutrition, stunting and wasting. Compared to statistical measures, this inferential assessment may have more immediate meaning to the field worker, guardian, or program.

Sample Questions

- How is the child growing?
- Does he/she seem to be growing like other children that age?
- Are you worried about this child's growth? Weight? Height?

Observations

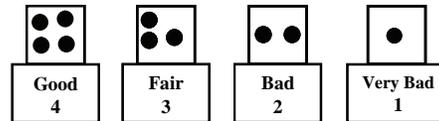
Observe the child’s growth as apparent by his/her weight and height, relative to others his or her age in the community. If possible observe the child’s energy level if playing or working.

Domain 2 — Shelter and Care

Child Status Index Factor 2A: Shelter



Goal: Child has a stable shelter that is adequate, dry, and safe.



“Shelter” describes the physical place or structure of the home or institution where the child lives and the extent to which the structure provides security, comfort and protection from weather. Stability is defined in terms of the past six months.

Gathering Information to Rate This Factor

The field worker observes where and how the child lives and (when there are concerns) asks the child how he/she lives and where he or she sleeps. The field worker may observe aspects of how the child lives that also influence the understanding of the child’s experience in other factors, such as whether he/she is being stigmatized or receiving poor care.

The rating of adequacy of shelter includes two concepts:

- The adequacy of the shelter itself for all household or institutional members; and
- The adequacy and stability of the living arrangement specifically for the child being assessed.

In some cases, orphaned children may not have a permanent home; they might be staying in different households at different times. Sometimes a child does not have a place (room, bed, or space) to sleep within the household or institution and goes elsewhere for the night.

Sample Questions

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

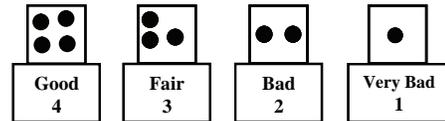
Observations

Observe the type and condition of the dwelling. Is the way the child lives similar to others in the household? Ask the child to show you where he/she sleeps.

Child Status Index Factor 2B: Care



Goal: Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.



The child's care is seen as good when there is an adult (parent or guardian) who provides the child with a stable, nurturing and emotionally secure environment. The relationship between the child and the caregiver should provide physical and psychological security for the child. This factor captures how committed the caregiver is to the child and to his/her relationship with the child.

Gathering Information to Rate This Factor

The worker explores the role of the adult(s) in the child's life, whether there is a primary care provider for the child, how the adult parent or guardian sees the child, the extent to which the adult knows the child and empathizes with the child, and the manner in which the child relates to the parent(s)/guardian(s).

Rating this factor requires that the field worker observe as well as ask about the relationship. The field worker might ask the child, "Who takes care of you?" or, "Who loves you?"

The field worker can ask about the guardian's availability. The adult's presence may be limited by illness or extensive work hours; and as a result, a caregiver may know little about what is going on in the child's life.

Note that the child may receive loving care from someone who for some reason is not able to commit to long-term care for the child. This would be the case for a very ill parent or guardian or when the child is receiving temporary care from a family member or neighbor. Another aspect of care is the frequency with which the child's primary caregiver has changed.

Sample Questions

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

Observations

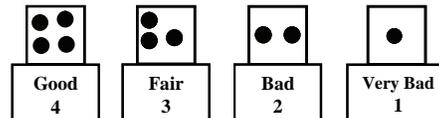
When possible, observe caregiver interactions. Does the adult seem to know the child well? Does this adult or someone else feel responsible for this child? Is this child on his/her own, without adult care?

Domain 3 — Protection

Child Status Index Factor 3A: Abuse and Exploitation



Goal: Child is safe from any abuse, neglect, or exploitation.



Maltreatment is defined as a child's exposure to any of the different types of abuse and exploitation including: physical, emotional or sexual abuse, neglect, stigma, discrimination or exploitation.

Child abuse and/or maltreatment could include:

- Lack of proper care
- Being provided less food than others in the household
- Young children being put to work
- Children being forced into inappropriate work
- Being physically beaten by household members
- Being beaten by others and not protected by adults in the household
- Being sexually abused

The definitions of child abuse may vary according to culture. For this reason, raters should first understand what constitutes “child abuse” or “maltreatment” within the local and cultural context, especially with regard to physical discipline and what manner of children working is seen as unacceptable child labor.

Gathering Information to Rate This Factor

Child maltreatment can be a difficult and sensitive area for a community-based worker to assess, for two reasons:

- **Ambiguity of the definition.** Although there is universal agreement about child sexual abuse, there can be local and cultural differences in defining “abuse” or “neglect.” What level of physical discipline is acceptable and what is abuse? What level of work is seen as a child’s normal contribution to the household and what is unacceptable child labor?
- **The need for multiple visits.** Abuse or neglect may not be evident in a single visit. A more accurate assessment may come with time and familiarity with the household or institution, plus the opportunity to hear about possible maltreatment from neighbors and others in the community.

Field workers are encouraged to establish their own ways of exploring for possible child maltreatment. Community-based teams can share their methods with one another for rating this important but difficult domain.

Because of the complexity of establishing or verifying exploitation, this domain should reflect the field worker’s level of concern about exploitation. The field worker is not expected to establish the veracity of actual exploitation, just rating his/her judgment or inference.

Sample Questions

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

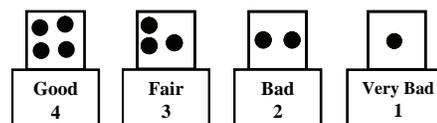
Observations

When possible, observe the child and the situation. Does the child have scars or other signs of physical abuse? Is anyone in the child’s world concerned about sexual abuse or other exploitation? Does the child seem to feel safe with the guardian? Does he/she seem to be afraid?

Child Status Index Factor 3B: Legal Protection



Goal: Child has access to legal protection services as needed.



Legal protection is defined as having adequate legislative and judicial protection from harm related to identity, inheritance or other threat of this sort. Legal protection can include birth registration or certificate, documents showing child is protected from land grabbing, support for inheritance rights, or protection from community-determined circumstances that are known to cause child vulnerability.

Gathering Information to Rate This Factor

The field worker can inquire about the child's legal needs in a number of ways, including asking about whether the child has a birth certificate or if the birth was legally registered (depending on local custom in this regard).

Some guardians may not know the answer to this question. Some will know if the child has any other necessary documents that protect them from being exploited or losing any inheritance. The field worker will discover whether the child has access to government supported services; and if not, why not. The lack of access to services may indicate the lack of legal status.

In many cases, the important information about the child's legal status is whether there is an adult who represents the child legally and promotes needed legal protections. This may become apparent to the field worker in a number of ways. When a child or guardian reports that upon the parent's death, the child lost access to previous housing and property, the lack of legal protection is obvious.

Sample Questions

- Does this child have birth registration or certificate? Does the family have a will?
- Has he/she been refused any services because of legal status?
- Do you know of any legal problems for this child, such as land grabbing?
- Does this child have an adult who stands up for the child legally?
- Who has the legal responsibility for taking care of this child?
- Does the adult who cares for the child have legal authority to act for the child's best interests?

Observations

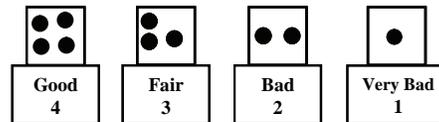
When possible, observe or ask about the child’s fear of losing his/her family properties. Does the caregiver or volunteer have any concerns or hesitations when asked about the child’s legal protection services?

Domain 4 — Health

Child Status Index Factor 4A: Wellness



Goal: Child is physically healthy.



Wellness is defined as good overall physical condition and freedom from illness at any given time.

Gathering Information to Rate This Factor

Wellness is rated from discussions with guardians and other caregivers about the child’s illness over the past month and how often the child has been too ill to go to school or to perform work at home.

Due to the potential for discrimination, the field worker should never ask directly about the child’s HIV status, although a caregiver may volunteer the information.

Often the guardian provides information about the nature of the child’s illnesses: diarrhea diseases, malaria, and other diseases such as tuberculosis. Asking about the child’s health also gives the community worker the opportunity to rate the child’s access and use of health care services (see Factor 4B).

The field worker can observe the child’s physical state, if the child is present at the home visit or interview— and evaluate whether this child looks healthy and not acutely ill. Information about health is also gathered when queries about school attendance, activity level or performance are made. A good conversation about health may begin by asking the caregiver if he/she worries about the child being sick or “falls ill too much.”

Sample Questions

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

Observations

When possible, observe the child. Does this child look well? How often is he/she ill? Does the caregiver or others worry about him/her being sick? Does the child look energetic?

Child Status Index Factor 4B: Health Care Services



The illustration shows two scenes. On the left, a doctor in a white coat is examining a young child. On the right, a woman is kneeling and praying for a child who is lying in bed, looking unwell. A speech bubble above her says "God - I can only pray!".

Goal: Child can access health care services, including medical treatment when ill and preventive care.

			
Good 4	Fair 3	Bad 2	Very Bad 1

Adequate health care is defined as a child’s access to basic health care services that is age-appropriate, including immunizations (for children under five), bed nets, health education (e.g., HIV prevention for youth), and other preventive measures—and appropriate medical care when sick.

Gathering Information to Rate This Factor

Queries about access to health care can follow naturally from the information about the child’s general health during the initial greetings when the field worker asks “How are the children doing?” In addition, the community worker asks the guardian about preventive care, such as immunizations for children under five years, as well as use of treatment for any child when ill.

If the child has been sick or was sick recently, the rater should explore if the child had access to a health professional or to needed medication and treatment. For purposes of service planning, the field worker may want to inquire about barriers to service availability, to determine if services were genuinely absent or were inaccessible for some reason, such as distance to a health provider or lack of funds for petrol to get to the health provider.

The field worker will occasionally talk with a guardian who does not know whether the child under five years has had immunizations. A child that young is unlikely to be able to report on preventive care received. The field worker can ask whether there are plans for health care/education for this child who has recently come into care. The field worker can also use information about the child's access to medical services when ill as an index for this factor.

Sample Questions

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

Observations

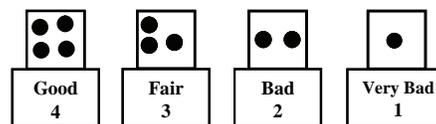
When possible, observe the child's immunization card, availability of bed net and basic hygiene. Given what you observe, how likely is the child to receive the health care services needed?

Domain 5 — Psychosocial

Child Status Index Factor 5A: Emotional Health



Goal: Child is happy and content with a generally positive mood and hopeful outlook.



Gathering Information to Rate This Factor

During field testing of the CSI, the child's emotional well-being emerged as an area that parents and guardians are willing to talk about, especially when they are frustrated about not understanding what is going on with the child or what to do to help a child who is sad, inactive, and/or grieving.

The field worker can ask open-ended questions about the child's happiness and hope for the future, using the local language for concepts such as depression or grief. If a caregiver is not intimately involved with the child (see Factor 2B), the field worker must depend on personal observations of the child's emotional state or what the child says about his or her life. It may be informative to talk to teachers or other service providers about the child's emotional well-being.

Sample Questions

Ask the caregiver or other involved adult:

- Is this child happy or sad most of the time?
- How can you tell if he/she is happy or unhappy?
- What makes the child sad or worried?
- Do you worry about this child's sadness or grief?
- Have you ever thought the child did not want to live anymore?
- Do you worry he/she might hurt himself/herself?
- Does he/she talk about the parent(s) who died? (If applicable.)
- How is this child doing living here? (when applicable)

Or, ask the child:

- Tell me about your goals in life.
- Do you think you will have a good life?

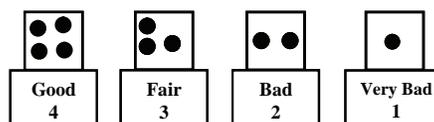
Observations

When possible, observe the child's demeanor. Is the child withdrawn, does he/she look fearful, sad or teary? Observe the child's emotional state or what the child says about his or her life. Does the caregiver seem concerned or seem to not know how the child is doing in terms of social and emotional well-being? (This can relate to Factor 2B, Care.) Does the child seem to have energy? Is the child involved in activities? (This can relate to Factor 5B, Social Behavior.)

Child Status Index Factor 5B: Social Behavior



Goal: Child is cooperative and enjoys participating in activities with adults and other children.



Gathering Information to Rate This Factor

From a parent or guardian's point of view, an important aspect of the child is whether he/she is "good," often related to relationships with adults (obedience or disobedience) and children (getting along with others or fighting with others), as well as how they participate in family and community life.

A field worker may ask the parent or guardian to describe the child in general, asking them to do so in any way they like. At this point, behavior problems that suggest that the child is "bad" will often be introduced.

Sample Questions

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

Observations

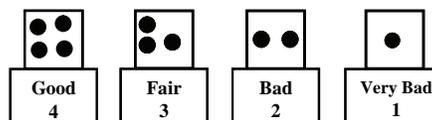
When possible, observe the child's social behavior with other children and adults. What does his/her attitude seem to be toward the guardian or other children? Is the child involved in any activities with others? How does he/she interact with them and with you?

Domain 6 — Education and Skills Training

Child Status Index Factor 6A: Performance



Goal: Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.



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 preschooler is progressing well in reaching developmental milestones in motor development, language, and play, according to expectations of the parent or caregiver.

Gathering Information to Rate This Factor

Field workers ask questions about the child’s performance relevant to the child’s age and developmental expectations. This factor, reflecting development and learning, is often discussed with other topics. It is something that guardians discuss with little questioning needed.

Sample Questions

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

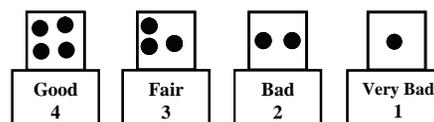
Observations

If the child is an adolescent, ask the child about skills training and learning skills that are useful to him/her. If in school, observe the response if asked about class performance ranking. If the child is five years old or younger, observe the child’s developmental progress and compare it to what you expect for children that age (i.e., talking, walking).

Child Status Index Factor 6B: Education and Work



Goal: Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.



Gathering Information to Rate This Factor

The field worker can ask the guardian or the child about school enrollment and attendance, including how school fees are paid and how or if school uniforms are purchased. For infants or preschoolers, the field worker should ask whether the child is receiving stimulation by way of playing and interacting with household members. In the case of an older, out-of-school child, the field worker can ask if the youth has an income-generating job/task where he/she works regularly (may include maintaining a garden).

For children who are enrolled in school or have regular work, ask about attendance. For children who are not engaged in any age-appropriate activities (school or learning activities) as expected, the field worker should explore the barriers. Information here may also provide answers about other factors. For example, a child might not be at school because there was no adult to guide them or because he/she was hungry.

Sample Questions

- Is the child in (or has he/she completed) primary school?
- Where does he/she go to school?
- Tell me about the child's school or training.
- Who pays school fees and buys uniforms and school materials?
- (If enrolled) does this child attend school regularly?
- How often must the child stay out of school to help out at home?
- How often must the child miss school for any other reason?
- Does he/she go to work regularly?
- Ask the child about his or her play, school, or skills-training activities.

Observations

If possible, observe the child's school uniform or supplies and their usage. For infants or preschooler observe if he/she is involved in any play or learning activity with any family member(s).

How to Use and Score the Child Status Index

The Field Process for Conducting Interviews and Rating

Use this tool to assess and monitor children who are receiving services from external sources, such as communities, neighbors, churches, nongovernmental organizations (NGOs), faith-based organizations (FBOs) and other organizations— and/or with children who are being recruited into such programs. From an ethical perspective, frequent progress monitoring of children who are not receiving or not expected to receive any support or services from an organization in any way could create false hope and disappointment.

How long will this take?

The total time required to collect the data and rate the child should be about 20 to 30 minutes, based on field-testing in East Africa. However, once a guardian starts talking, it can be difficult to keep the interview short.

Extended conversations can help you get to know the child and family even better and, consequently, to provide better services for them. Nonetheless, for purposes of efficiency and consistency from one interview to another, try to keep the Child Status Index discussion to 30 minutes or less.

Step 1. Prepare for the Child Assessment Visit Using the CSI

1.1 Learn About the Child Status Index and CSI Record Sheet

Be sure you understand the goal and content of each domain by memory, so you are prepared to ask the right questions and elicit the information necessary to rate the child on the CSI Record sheet. If you don't have to refer to written script, the visit can be more informal and agreeable. It is very helpful to conduct several practice interviews and scoring, whether in a workshop or in self-training.

1.2 Gather Child and Family Background Information

It may be helpful to refer to other information and records about the child and family, such as on an intake form, if it is available, prior to the visit. Important information may include but is not limited to: previous CSI results (to note improvements or continued needs), the frequency of changes of primary caregivers, whether the child has any disabilities or other special needs.

1.3 Prepare CSI Record Sheet

Background information is entered on the top of the CSI Record sheet. It is helpful to complete as much of this information as possible before entering the home for the assessment visit.

Child's Name: _____	Age in Years: _____
Gender F/M: _____	Child ID: _____
Location: District _____	Ward/Division: _____
Village/Neighborhood: _____	
Caregiver's Name: _____	Relationship to Child: _____

Step 2. Conduct the Child Assessment Visit

The Child Status Index assessment is usually part of a home visit conducted by community members and front-line program staff. The community worker has a brief and informal discussion (usually about 30 minutes) with the child, the child's caregiver or other adults as needed to gather general information about the child. You may also want to discuss the child's well-being with neighbors or teachers.

The goal is to acquire information that relates to the 12 structured Child Status Index factors to be rated, but the visitor should conduct the interviews in a natural and spontaneous way.

2.1 Make Introductions and Get Consent to Conduct the Assessment

Many Child Status Index assessments are completed at home visits that start with friendly and spontaneous greetings as expected in each culture.

- **Introduce yourself** to the guardian, other adult or child. The discussion about the child should be informal—and allow the interviewee to respond spontaneously and show your interest in the child.
- **Remind the child or guardian about the program** that serves this child or other children in the community/country and the reason for asking about the child in this manner. You may explain that the reason for the visit is to know how the children are doing, especially this child, what has been happening in the child's life (good or bad) since the last visit, and whether there are any changes in his/her life. Explain that getting this information about the child is done so they can all determine how to best respond to the needs of the child.
- **Get the informant's consent** to provide this information before proceeding with the discussion. Oral consent is sufficient when you are collecting data to evaluate services, and not as part of a research project. If the Child Status Index is used for research, follow the country's human subjects review board guidelines for getting informed consent.

2.2 Talk with the Parent, Caregiver, Guardian or Other Informant

Engage the parent, guardian or other informant(s) in a brief, informal discussion that addresses the 12 factors of the Child Status Index without the structure of a formal survey or questionnaire. The assessment will take about 20 to 30 minutes.

Start the conversation with general, open-ended questions about the child and his/her life, to encourage the person to talk. For example, you might begin by saying, “Let’s talk about this child. How is he/she doing?” The respondent is then invited to talk about the child in whatever way he or she prefers.

After this general discussion, follow up with further questions as needed to gather information on CSI factors not yet discussed or observed. In most cases, guardians spontaneously describe the child in terms that provide useful information for many of the CSI factors.

If the informant provides credible responses for all the domains and factors—consistent with your observations and impressions—you can then rate the child in each outcome area.

Tips for the Assessment Visit

- Keep the interview and observations informal and friendly. Guardians and children are generally happy to talk about these aspects of the child’s life.
- Show the caregiver why knowing “How the child is doing” is important for them and other children in the community.
- Earn trust by showing your sincere interest in the family and child.
- Use general, open-ended queries, such as, “How are the children?” Where possible, avoid questions that can be answered with “yes” or “no.”
- Develop own style of gathering information about the child to rate the 12 factors. If information for any factor remains unclear, ask more specific questions.
- Review each factor before leaving the home. It is so easy to forget.

2.3 Talk with the Child or Other Informants

If any responses seem inaccurate or incomplete, gather more information from other informants, as possible. For example, you can talk with a teacher about the child’s performance, attendance and/or social behaviors; with neighbors about suspected abuse or neglect, or with the child about shelter and care issues.

- Get verbal consent from the caregiver to speak to the child and verbal assent from the child to talk with you.
- If the child is old enough (and the child and guardian are willing), interview the child independently, in private.
- Instead of direct questions, it can be more helpful to ask the child to show you around the living environment and to talk about his/her life in general.
- Do not ask children questions that might frighten them or put them in conflict with the caregiver.
- Be prepared to respond in an appropriate and supportive manner to children who become sad or cry when talking about a parent who is sick or has died.

2.4 Observe the Child and/or Informant and/or the Living Environment

In addition to the informal discussion, observe the child’s physical and psychosocial environment. Your observations of body language, speech patterns and eye contact can help verify information about the child, the informant and the relationship between the child and others in the household. For example:

- Concerns about child abuse and maltreatment may arise from seeing bruises on a child’s body or from other people in the community who express worry that the child is neglected or otherwise maltreated.
- You may observe a child whose eyes are downcast, speech is overly quiet, and emotional expression appears sad and tearful (suggesting grief and sadness)—and be concerned even though the guardian reports that the child seems “happy.”
- You may observe that an otherwise physically sound dwelling lacks food, cooking utensils or beddings for the child.

These types of observations will provide a clearer and more detailed picture of the child than would either discussion or observation alone. Do everything you can to verify information revealed in conversation without being overly intrusive. The respondent should not feel challenged or criticized, but rather feel your support and interest.



When possible, observe the cooking area and cooking pots for signs of any recent food preparation activities.

Using the Child Status Index with Children in Group Homes or Institutions

For children living in a group home or institution, three items on the Child Status Index can probably be scored similarly for all the children in the group setting: Food Security, Shelter and Health Services. Be aware of possible individual treatment.

To score the remaining nine factors, however, you must hold separate discussions about each child. If the designated caregiver in a group home or institution does not know the individual child well, identify others who do. You may ask: “Which adult or older child spends the most time with this child?” “Who does this child go to when s/he needs something?”

With permission from the administrator of the home or institution, this would be a good opportunity to discuss these factors directly with the child.

Step 3. Complete the Child Status Record Form

3.1 Complete Part I of the CSI Record Form: Rating on All CSI Factors

Immediately after the informal discussion and observations—but ideally, after walking away from the household—rate the child on all 12 factors of the Child Status Index.

Make a concerted effort to assign a score for each factor, for every child. The CSI tool uses a numerical scale from 4 to 1, to rate each factor on four levels of well-being. The higher the score, the better the well-being of the child:

- | | |
|---------------------|---|
| 4 = Good | No concerns and no apparent risk for this factor |
| 3 = Fair | Generally acceptable. Little concerns from caregiver or field worker. |
| 2 = Bad | Concern, additional services or resources are needed. |
| 1 = Very bad | Serious risk on this factor; urgent attention may be needed. |

I. CSI SCORES:	Date:	Evaluator's Name or ID:
Domains	Scores (Circle One)	Action taken today:
1 – FOOD AND NUTRITION		
1A. Food Security	4 3 2 1	
1B. Nutrition and Growth	4 3 2 1	
2 – SHELTER AND CARE		
2A. Shelter	4 3 2 1	
2B. Care	4 3 2 1	
3 – PROTECTION		
3A. Abuse and Exploitation	4 3 2 1	
3B. Legal Protection	4 3 2 1	
4 – HEALTH		
4A. Wellness	4 3 2 1	
4B. Health Care Services	4 3 2 1	
5 – PSYCHOSOCIAL		
5A. Emotional Health	4 3 2 1	
5B. Social Behavior	4 3 2 1	
6 – EDUCATION AND SKILLS TRAINING		
6A. Performance	4 3 2 1	
6B. Education and Work	4 3 2 1	
Source(s) of information: (Circle all that apply.)	Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker, Other (Specify) : _____ _____	

Circle all sources of information about the child at the bottom of the rating form. Alternative CSI Record Forms allow you to rate sequential interviews to compare the child's status over time (see Appendix C.)

If you are rating multiple children in one household or institution, pause between children and (with the permission of the guardian), rate each child after the interview.

It is important to score the child promptly; it is easy to forget information after interviewing for another child, walking to another household, or engaging in any activity other than thinking about the target child.

3.2 Complete Part II of the CSI Record Form: Important Events

The CSI Record Form includes a section for describing any important events that have happened in the child’s life since the last CSI rating (or during the past year for children who have not previously been rated).

II. IMPORTANT EVENTS: <i>(Check any events that have happened since the last CSI assessment or six months.)</i>	<input type="checkbox"/> Child left program <input type="checkbox"/> Child pregnant <input type="checkbox"/> Child died <input type="checkbox"/> Parent ill <input type="checkbox"/> Parent/guardian died (specify who) _____	<input type="checkbox"/> Family member died <input type="checkbox"/> Change in caregiver/adoption <input type="checkbox"/> Change in living location <input type="checkbox"/> Community trauma (violence, famine, flood, etc.) <input type="checkbox"/> Other (Specify) _____	Comment(s) if necessary:
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3.3 Complete Part III of the CSI Record Form: Types of Support/Services Provided

Record all services and resources being received by the child, household or institution at the time of the assessment. This requires a direct interview with the primary adult in the child’s life, usually a parent or guardian.

III. TYPES OF SUPPORT/SERVICES PROVIDED <i>(at present):</i>	What was provided?	Who provided services? <i>(e.g., NGO, neighbor, teacher, church, or other)</i>
A. Food and nutrition support (such as food rations, supplemental foods)		
B. Shelter and other material support (such as house repair, clothes, bedding)		
C. Care (caregiver received training or support, child placed with family)		
D. Protection from abuse (education on abuse provided to child or caregiver)		
E. Legal support (birth certificate, legal services, succession plans prepared)		
F. Health care services (such as vaccinations, medicine, ARV, fees waived, HIV/AIDS education)		
G. Psychosocial support (clubs, group support, individual counseling)		
H. Educational support (fees waived; provision of uniforms, school supplies, tutorials, other)		
I. Livelihood support (vocational training, microfinance opportunities for family, etc.)		
J. Other: _____		
Suggestions for other resources or services needed:		

Step 4. Plan Follow-Up and Referrals

When someone uses the CSI to assess the well-being of a child and/or household, they will, no doubt, identify areas of need in a child’s life. Whether the CSI is conducted for evaluation purposes or to plan for a child’s individual services, it is important to respond to what is learned about the child’s needs, particularly urgent ones. The response should be based on the level of need and the available resources. Preparation of home visitors in using the CSI should include identifying locally appropriate and available responses for each domain/factor at each level of need.

The home visitor can use the CSI rating system (4-1) to determine the type of response needed for each level of need identified during the home visit. The following table can be used as a guide for approaches to follow up.

Rating	Guidelines for scoring	Guidelines for follow up
4	Good. There are no concerns and no apparent risks for this factor.	No follow up needed. General knowledge about resources can be shared, if appropriate.
3	Fair. The situation is generally acceptable. There are some concerns in this area on the part of the caregiver or visitor. Things could be a bit better.	This is an area that the visitor will want to be aware of in future visits to make sure the situation has not gotten worse. This is not seen as an urgent matter, but if the community worker has information that might help the child or family, it should be provided to them.
2	Bad. The situation is a problem for the child or family.	When a factor is rated as “bad”, it is recommended that the worker consider what the child and family needs are and if there are available resources or services to help. The worker can make the referral directly or discuss with the agency or the village leader to get help for the family, if possible.
1	Very Bad. The situation is very bad and creates an emergency for the child and/or family.	When the community worker using the CSI discovers an emergency for the family, the worker must respond accordingly. It is not ethical to do nothing, even if the CSI is used only for evaluation and not specifically for services planning. Home visitors should address the situation or refer the family/child to the appropriate resources. When there are bad circumstances and the worker does not know what the best response is, then the worker should make a plan with the agency director or village or community leader, as appropriate.

The step(s) taken should be documented on the CSI record sheet.

Tools

The Child Status Index

CHILD STATUS INDEX (CSI)

		1 — FOOD AND NUTRITION		2 — SHELTER AND CARE		3 — PROTECTION	
DOMAIN	1A. Food Security	1B. Nutrition and Growth	2A. Shelter	2B. Care	3A. Abuse and Exploitation	3B. Legal Protection	
GOAL	Child has sufficient food to eat at all times of the year.	Child is growing well compared to others of his/her age in the community.	Child has stable shelter that is adequate, dry, and safe.	Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.	Child is safe from any abuse, neglect, or exploitation.	Child has access to legal protection services as needed.	
Good = 4	Child is well fed, eats regularly.	Child is well grown with good height, weight, and energy level for his/her age.	Child lives in a place that is adequate, dry, and safe.	Child has a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed.	
Fair = 3	Child has enough to eat some of the time, depending on season or food supply.	Child seems to be growing well but is less active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult who provides care but who is limited by illness, age, or seems indifferent to this child.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.	Child has no access to legal protection services, but no protection is needed at this time.	
Bad = 2	Child frequently has less food to eat than needed, complains of hunger.	Child has lower weight, looks shorter and/or is less energetic compared to others of same age in community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect him/her from weather.	Child has no consistent adult in his/her life that provides love, attention, and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child has no access to any legal protection services and may be at risk of exploitation.	
Very Bad = 1	Child rarely has food to eat and goes to bed hungry most nights.	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in child-headed household.	Child is abused, sexually or physically, and/or is being subjected to child labor or otherwise exploited.	Child has no access to any legal protection services and is being legally exploited.	
DOMAIN	4 — HEALTH		5 — PSYCHOSOCIAL		6 — EDUCATION AND SKILLS TRAINING		
	4A. Wellness	4B. Health Care Services	5A. Emotional Health	5B. Social Behavior	6A. Performance	6B. Education and Work	
GOAL	Child is physically healthy.	Child can access health care services, including medical treatment when ill and preventive care.	Child is happy and content with a generally positive mood and hopeful outlook.	Child is cooperative and enjoys participating in activities with adults and other children.	Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.	Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.	
Good = 4	In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful, and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child has appropriate job.	
Fair = 3	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment when ill, but some health care services (e.g. immunizations) are not received.	Child is mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.	
Bad = 2	In past month, child was often (more than 3 days) too ill for school, work, or play.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently or often be inactive.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	Child enrolled in school or has a job but he/she rarely attends. Infant or preschool child is rarely played with.	
Very Bad = 1	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Child has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior.	Child has serious problems with learning and performing in life or developmental skills.	Child is not enrolled, not attending training, or not involved in age-appropriate productive activity or job. Infant or preschooler is not played with.	

Public Domain: Developed by the support from the U.S. President's Emergency Fund for AIDS Relief through USAID to Measure Evaluation & Duke University.

O'Donnell K., Nyangara E., Murphy R., & Nyberg B., 2008

The Child Status Index Record Form

Child Status Record

Child's Name: _____ **Age in years:** _____ **Gender:** F/M _____ **Child ID:** _____
Location: District _____ **Ward/Division:** _____ **Village/Neighborhood:** _____
Caregiver's Name: _____ **Relationship to Child:** _____

I. CSI SCORES:	Date:	Evaluator's Name or ID:
Domains	Scores (Circle One)	Action taken today:
1 — FOOD AND NUTRITION		
1A. Food Security	4 3 2 1	
1B. Nutrition and Growth	4 3 2 1	
2 — SHELTER AND CARE		
2A. Shelter	4 3 2 1	
2B. Care	4 3 2 1	
3 — CHILD PROTECTION		
3A. Abuse and Exploitation	4 3 2 1	
3B. Legal Protection	4 3 2 1	
4 — HEALTH		
4A. Wellness	4 3 2 1	
4B. Health Care Services	4 3 2 1	
5 — PSYCHOSOCIAL		
5A. Emotional Health	4 3 2 1	
5B. Social Behavior	4 3 2 1	
6 — EDUCATION AND SKILLS TRAINING		
6A. Performance	4 3 2 1	
6B. Education and Work	4 3 2 1	
Source(s) of Information: (Circle all that apply)	Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker, Other (Specify) : _____	
II. IMPORTANT EVENTS:	Child left program _____ Child pregnant _____ Child died _____ Parent ill _____ Parent/guardian died _____ (specify who) _____	Family member died _____ Change in caregiver/adoption _____ Change in living location _____ Community trauma (violence, famine, flood, etc.) _____ Other (Specify) _____
III. TYPES OF SUPPORT/SERVICES PROVIDED (at present):	What was provided?	Who provided services? (e.g., NGO, neighbor, teacher, church, or other)
A. Food and nutrition support (such as food rations, supplemental foods)		
B. Shelter and other material support (such as house repair, clothes, bedding)		
C. Care (caregiver received training or support, child placed with family)		
D. Protection from abuse (education on abuse provided to child or caregiver)		
E. Legal support (birth certificate, legal services, succession plans prepared)		
F. Health care services (such as vaccinations, medicine, ARV, fees waived, HIV/AIDS education)		
G. Psychosocial support (clubs, group support, individual counseling)		
H. Educational support (fees waived, provision of uniforms, school supplies, tutorials, other)		
I. Livelihood support (vocational training, micro-finance opportunities for family, etc.)		
J. Other:		
Suggestions for other resources or services needed:		

Sample Interview Questions

General Discussion with the Parent, Guardian, or Other Informant

- How are you and your family?
- How are the children?
- Tell me more about this child (use the name of child receiving services).
- How is (tell me about) this child's life?
- What is it like to take care of this child?

If you are talking with the child:

- Tell me about your life.
- Tell me about your typical day.
- Tell me about your future goals and plans.

Food and Nutrition: Factors 1A-1B (Food Security, Nutrition and Growth)

- What does the family/child eat?
- How does the household/institution get the food?
- Tell me about times when there is no food.
- Does this child complain of hunger?
- How is the child growing?
- Does he/she seem to be growing like other children that age?
- Are you worried about this child's growth? Weight? Height?

Observations: Food preparations, food availability, food storage, and the child's growth relative to children of the same age in the community.

Shelter and Care: Factors 2A-2B (Shelter, Care)

- Where does the child live? Sleep?
- Is this house adequate or need repairs? What kind of repairs?

Observations: What is the type and condition of the dwelling? Is the way the child lives similar to others in the household? Ask the child to show you where he/she sleeps.

- Who is the most important adult in this child's life?
- Who takes care of this child?
- For how long has he/she been the most important adult to this child?
- Does this person plan to care for the child as long as needed?
- When something exciting or fun happens, who does the child tell?
- Who does the child go to when hungry?
- Who does he/she go to if sad? — or talk to about worries?
- Who does he/she go to if is hurt?

Observations: Does the adult seem to know the child well? Does this adult or someone else, feel responsible for this child? Is this child on his/her own, without adult care?

Protection: Factors 3A-3B (Abuse and Exploitation, Legal Protection)

- Do you have any worries about this child's safety?
- Does anyone hurt this child?
- Do you think the child feels safe and secure?
- How does this child help in the household?
- Does the child work for anyone outside the household?
- Does anyone else who knows the child think he/she is being hurt by someone else? Or sexually abused?
- Does this child have birth registration or certificate?
- Has he/she been refused any services because of legal status?
- Do you know of any legal problems for this child, such as land grabbing?
- Does this child have an adult who stands up for the child legally?
- Who has the legal responsibility for taking care of this child?
- Does the adult who cares for the child have legal authority to act for the child's best interests?

Observations: Does the child have scars or other signs of physical abuse? Is anyone in the child's world concerned about sexual abuse or other exploitation? Does the child seem to feel safe with the guardian? Does he/she seem to be afraid?

You may want to talk to the child and explore other issues related to legal protection, such as the distribution of land or other goods after parent death.

Health: Factors 4A-4B (Wellness, Health Care Services)

- Tell me about this child's health.
- Tell me about the last sickness (or sicknesses) the child had.
- Does he/she get malaria often?
- Does he/she miss school or work because of illness?
- What happens when this child falls ill?
- Does he/she see a nurse, doctor or any health professional?
- How does the child get to a doctor or a nurse when he/she needs one?
- When he/she needs medicine, how do you get it?
- Tell me about health services the child needs or needed but did not receive.
- Are there things that make it hard to get what the child needs to be healthy?
- Has the child had vaccinations to prevent illness?
- (For adolescents) Has anyone talked to the child about risks for HIV/AIDS and how to protect himself/herself?

Observations: Does this child look well? Has the child been ill on previous visits? Do the caregiver or others worry about him/her being sick? How likely is the child to receive needed health care services?

Psychosocial: Factor 5A (Emotional Health)

- Is this child happy or sad most of the time?
- How can you tell if he/she is happy or unhappy?
- What makes the child sad or worried?
- Do you worry about this child's sadness or grief?
- Have you ever thought the child did not want to live anymore?
- Do you worry he/she might hurt himself/herself?
- Does he/she talk about the parent(s) who died? (If applicable.)
- How is this child doing living here? (when applicable)

Or, ask the child:

- Tell me about your goals in life.
- Do you think you will have a good life?

Observations: What is the adult's attention to the child's emotional well-being? Does the caregiver seem concerned or appear to not know how the child is, emotionally? Does the child seem to have energy? Is the child involved in activities?

Psychosocial: Factor 5B (Social Behavior)

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

Observations: If the child is present, what does his/her attitude seem to be about the guardian or other children? How does he/she interact with you?

Education and Skills Training: Factor 6A (Performance)

- Is this baby developing as you would expect?
- Is this baby doing new things, as you would expect of others his/her age?
- Do you have any worries about the child's abilities or learning?
- Is the child quick to understand and learn?
- Is the young person doing well with work?
- Do teachers report that the child is doing well in school?
- Does he/she do a good job with chores at home, such as work in the garden?
- Tell me about something the child does very well.
- Is the child advancing to the next grade as expected?
- Have you worried that this child does not learn as well as other children?
- Do you think this child is very quick to learn, even a better learner than others?

Observations: If the child is very young (under five years of age), observe for yourself the developmental progress, as compared to what you expect for children that age. If the child is an adolescent, ask the child about skills training and learning skills that are useful to him/her.

Education and Skills Training: Factor 6B (Education and Work)

- Is the child in (or has he/she completed) primary school?
- Where does he/she go to school?
- Tell me about the child's school or training.
- Who pays school fees and buys uniforms and school materials?
- (If enrolled) does this child attend school regularly?
- How often must the child stay out of school to help out at home?
- How often must the child miss school for any other reason?
- Does he/she go to work regularly?
- Ask the child about his or her play, school or skills-training activities.

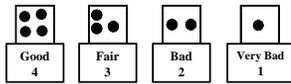
Observations: If possible, observe child's school uniform or supplies and their usage. For infants or preschoolers observe if he/she is involved in any play or learning activity with any family member(s).

Pictorial Version of the Child Status Index

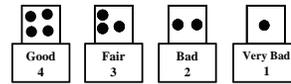
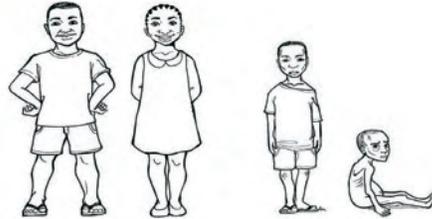
Illustrated by Loide Marwanga

Domain 1. Food and Nutrition

Factor 1A: Food Security

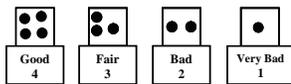


Factor 1B: Nutrition and Growth

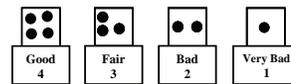


Domain 2. Shelter and Care

Factor 2A: Shelter

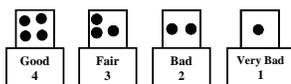


2B: Care

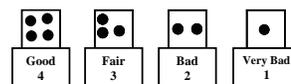


Domain 3. Protection

Factor 3A: Abuse and Exploitation

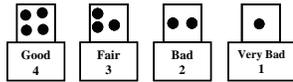


Factor 3B: Legal Protection

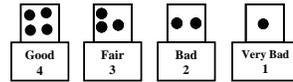


Domain 4. Health

Factor 4A: Wellness

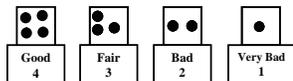


Factor 4B: Health Care Service

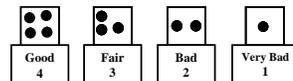


Domain 5. Psychosocial

Factor 5A: Emotional Health

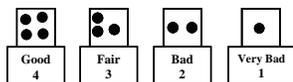


Factor 5B: Social Behavior

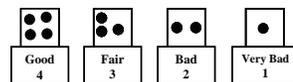


Domain 6. Education and Skills Training

Factor 6A: Performance



Factor 6B: Education and Work



MEASURE Evaluation

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