



CHILD SUPPORT INDEX & CARE PLAN TRAINING FOR PARTNERS AND VOLUNTEERS

-FACILITATOR'S MANUAL-



Revised 2012

YEKOKEB BERHAN/Pact PROJECT FOR
HIGHLY VULNERABLE CHILDREN

TRAINING OVERVIEW

Day One		
Module 1	Introduction and Overview	08:30 AM – 11:00 AM
Module 2	Roles and Responsibilities of a Yekokeb Berhan Volunteer	11:00 AM – 12:00 PM
Module 3	What Makes A Child Eligible For Support Under Yekokeb Berhan?	01:00 PM – 02:00 PM
Module 4	Preparing for a CSI Assessment	02:50 PM – 04:40 PM
Day Two		
Module 5	How to Talk with Children	08:30 AM – 11:00 AM
Module 6	Understanding the Different Service Areas and How to Measure them	11:00 AM – 03:30 PM
Module 7	Case Study Practice	03:30 PM – 04:40 PM
Day Three		
Module 8	The Field Visit	08:30 AM – 01:45 PM
Module 9	A Good Assessment Leads to Good Care Planning	01:45 PM – 03:30 PM
Module 10	Setting Forth/ Conclusion	03:45 PM – 04:45 PM

NOTE TO IMPLEMENTING PARTNERS:

Trained, skilled volunteers who participated in 3 full days of CSI training last year can skip DAY ONE and start with DAY TWO. But they must understand before they start the training that the revised CSI tool has some changed indicators and scoring, and that both the Assessment and Care Plan are now combined into the CSI form.

Note that Hand Out C has been revised and now includes all of the Service/Action codes that should be used when there is a two-dot, one-dot or emergency score. Every participant requires his or her own copy of Hand Out C plus the revised CSI itself (Hand Out E).

There are additional revisions that come at the request of Implementing Partners. It will take staff and volunteers some time to become familiar with the changes, so everyone's full attention is required.

Supplies needed:

- One flip chart with stand and markers
 - Tape, in order to stick flip chart papers on the wall.
 - 6 strips of cloth or scarves of about one meter in length + two cotton balls
 - One copy of all hand-outs in the local language – see the Appendix for samples:
1. Enrolment Process flow-chart
 2. Yekokeb Berhan Household Eligibility and Follow Up Recommendations
 3. The Scoring Guide and Service/Action Code
 4. The Child Support Index and Care Plan (1 copy of first page & 3 of second page)
- A pen or pencil for every participant plus some extra writing paper
 - Certificate of Participation (optional by the Partner Organization; not attached to this document)
 - Copies of a Yekokeb Berhan workshop evaluation form; not attached to this document.

A field visit (to practice the CSI) should be planned for the morning of Day 3 of the training.

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The first version of this manual was developed in 2011. After a year's experience and extensive input from Implementing Partners, Yekokeb Berhan staff and Molly Cannon of MEASURE Evaluation, both the CSI tool and this manual were revised in 2012. Everything we do at Yekokeb Berhan is a team effort, and this manual is no exception.

Selected Abbreviations:

CBO Community Based Organization (in most situations, the IP or Implementing Partner)
CC Community Committee – sometimes known as a CCC or Community Care Coalition – that is made up of Government representatives, Idir members, religious organizations, Health Clinic, etc.
CSI Child Support Index

DAY 1

Module 1: INTRODUCTION AND OVERVIEW

Objectives of Module 1:

- 1) To meet your fellow-participants
- 2) To understand the goal of this training
- 3) To become more sensitive to children who often get left out
- 4) To get an overview of the Child Support Index

When? MORNING 8:30 AM – 11:00 AM

Time Needed: 2 hours (plus tea break)

Materials needed: a homemade ball from newspaper; 6 strips of cloth about one meter in length + at least two cotton balls

1.1 - INTRODUCTION (50 minutes)

Facilitator Notes (20 minutes):

Begin with short welcoming introduction by the host-organization (Implementing Partner), government representative or civic leader.

Establish training rules (for example, no interrupting others, one discussion, all cell-phones on “off” or silent, etc.

Activity: Introductions (30 minutes)

Ask the participants to pair in twos – preferably with someone they don’t know, or don’t know very well. In turn, each should say her or his name and shares one reason why she or he wants to work with highly vulnerable children and one expectation of what she or he hopes to achieve. After a few minutes, ask each member of the pair to introduce the other to the whole group.

1.2 - GOAL OF THE TRAINING (5 minutes)

Facilitator Notes (5 minutes):

The Yekokeb Berhan Program applies a child-focused approach to providing care and support to Highly Vulnerable Children in Ethiopia. We recognize families are the main providers of this care, so our goal is to acknowledge, re-enforce and strengthen the positive benefits of this family care wherever possible. Where additional training and support is needed, Yekokeb Berhan can help.

The goal of this training is to help Implementing Partners (also known as Community Based Organizations or CBOs) and volunteers learn how to use the tools that are necessary to determine what help is needed, and which children should be served. This will provide them with the information needed to develop action plans that improve children's care and development. The volunteers' role and responsibilities will also be explained.

1.3 – MAKING SURE ALL CHILDREN ARE INCLUDED (35 minutes)

Facilitator Notes (5 minutes)

Not all children and not all families are the same. All children who are Highly Vulnerable deserve extra care, but in many programs there are some groups of children who get left out. Who might these children be?

In Yekokeb Berhan, we want to include ALL THOSE CHILDREN, and we want to take special care to include children who have a major disability, who are older (teenagers) or very young, who are girls, who are orphaned, who are HIV+, and who live with an HIV+ adult. We also want children to have a voice in the decisions that affect them, so we will make sure to talk with children directly, hear their concerns, and (as best possible) respond to the needs they identify.

Activity: Issues of inclusion (30 minutes)

Materials: 6 strips of cloth or scarves of about one meter in length + two cotton balls

Facilitator asks for at nine volunteers willing to participate in having themselves tied, blindfolded or ears blocked. At no time should anyone be forced to play one of these roles unwillingly. When volunteers have been identified, choose among the following:

1. Wrap a cloth around one person's head so that it covers his/her eyes completely – but not too tight.
2. Place two cotton balls in each ear of one person (so he or she can't hear so well)
3. Wrap a cloth (or two) around the knees of one person so that his/her knees are close together – but not too tight.
4. Wrap a cloth (or two) around the torso and one arm of one person so that they cannot move their arm away from their body – but not tight.
5. Wrap a cloth around both ankles of one person so that he/she cannot move his/her legs independently of one another – but not too tight
6. Tell one person that she is a servant girl at a neighbor's house, age 12, who is not able to attend school or spend time with other children
7. Tell another person that he (or she) is HIV+ and frequently gets sick
8. Tell another person that he (or she) comes from a VERY poor family and has not eaten since the day before.

Choose another volunteer to be leader of an after-school club and ask all the other participants to be part of a meeting to plan an activity for the future. Allow 15 minutes for the activity

Afterwards, Get the group together as a whole; remove the cotton balls and cloth bindings. Lead a discussion about the experience. Make sure each person who had a restriction (couldn't see, hear, move regularly, or communicate in a regular manner) describes how it felt in that situation to have these restrictions. Make sure all others discuss how it felt to interact with them or have them in their group.

Try to raise the following questions:

- Did people try to do things for the people who were experiencing a situation with some limitation?
- Did they ignore the people struggling to participate equally?
- How did each person who had a limitation feel with that restriction?
- How did the other participants feel?
- How did the leader try to handle the situation – did she or he try to find a way to include everyone or not?
- Did the group work together to find a way so that everyone feel welcome?
- What can be done in real-life situations to recognize and include as many children as possible in a way that makes them feel good, equal to other children?

1.4 KEY TOOLS OF THE PROGRAM (20 minutes)

Facilitator Notes (20 minutes)

Yekokeb Berhan's Care Support System consists of several activities and tools that help volunteers and Implementing Partners select beneficiaries, identify their needs, plan and implement support services, and monitor the effects of these services by tracking child and household well-being. Our main focus in this training is the Child Support Index (CSI), which consists of 20 questions or indicators – 7 that the volunteer asks of the caregiver and relate to the entire household, and 13 that the volunteer asks of each individual child in the family. There is also a Follow-up Care Action Plan that we shall discuss later, and some registration and M & E forms that the local Implementing Partner or CBO has to fill out. We will start with the Child Support Index. This is a new CSI that is different in many ways from the one that many partners used in previous years. (Hand out copies of the CSI in the local language.)

Briefly take the participants through the CSI: Show them the first page with the Caregiver questions and the second page with the questions for each child. Explain how the questions are grouped together, two or three questions per area-of-service such as "Shelter and Care" and "Food and Nutrition." Also explain how these areas-of-service and the questions that are asked follow DIRECTLY from the Government of Ethiopia's "Standard Service Delivery Guidelines for Orphans and Vulnerable Children's Care and Support Programs."

1.5 - Summary and Conclusion: Module 1 (10 minutes)

Activity: “Magic Ball” (10 minutes)

Reflect on the main points covered in this module.

One participant suggests an idea from this module that is related to his/her work as volunteer.

He/she tosses a ball to another participant who shares one idea and tosses the ball to someone else until all the main ideas have been covered.

TEA BREAK (20-30 MINUTES)

Module 2: ROLES AND RESPONSIBILITIES OF YEKOKEB BERHAN VOLUNTEER

Objective of Module 2:

To improve volunteers’ understanding of their rights, roles and responsibilities

When? Day 1: 11:00 AM – 12:00 NOON

Time Needed: 1 hour

Materials needed: flip chart and stand, markers, a homemade ball from newspaper

2.1 – What does it mean to be a volunteer? (10 minutes)

Facilitator Notes (10 minutes)

What does it mean to volunteer? (Ask this question and then make sure that the following points are raised. The flip chart may be used to highlight key points.)

In the Yekokeb Berhan program, being a volunteer means using your time and skills every week without a salary, in order to help families in your community where there are highly vulnerable children who need help. Volunteers play a very important role. Being selected to be a volunteer is a big honor and responsibility. To be a volunteer, you must be trained and supervised, and fulfill the ongoing expectations of the Program. Volunteers are lasting community resources whose skills and knowledge will be very valued by all.

What motivates a volunteer? (Ask this question and then make sure that the following points are raised. The flip chart may be used to highlight key points.)

Motivations include:

- Compassion, a desire to help children (very important for all!)
- Religious duty – helping others is an expression of faith
- Wanting to learn skills to share with others
- Wanting to gain experience that might lead to a job in the future

2.2 - Volunteer Rights and Responsibilities (30 minutes)

Activity: small groups (30 minutes)

Break the participants into two or four groups. Ask half the groups to describe what they think are the rights of a volunteer and half to list the responsibilities. Following their report-backs, see where there is agreement and compile a list that also reflects the major points below.

Facilitator Notes: Make sure the following points are mentioned

VOLUNTEER EXPECTATIONS:

Volunteers will be trained and be assigned 4-6 households (20-25 children) each. They are generally expected to visit these households every week - more often if someone is very ill or needs additional support; occasionally less often. In addition, volunteers are expected to follow Yekokeb Berhan rules and regulations and remain in this position for at least two years.

VOLUNTEER RIGHTS:

- Being a volunteer should be your choice – you should not be forced into this role.
- As a volunteer, you have the right to be oriented and trained
- You should always be treated fairly and with respect.
- You have the right to participate in decision-making, related to the program
- It is a big honor to become a Yekokeb Berhan volunteer. Other community members will look up to you for the knowledge you have acquired.
- You also have the right to have your concerns heard and be taken seriously by the staff of your local Implementing Partner or CBO and to receive emotional support and supervision.

VOLUNTEER RESPONSIBILITIES:

- Your responsibilities include assessing the needs of each family and each child via the CSI and helping to determine what additional support that child or family is eligible to receive, if any.
- You are a counsellor, advocate and coach to the families you visit. This means you should always try to help the parents and caregivers be the best possible parents (or caregivers) they can be. It also means that you will always help make sure that all the children in these families access the community services they need, such as attending school, getting a birth certificate or registration, and going to the health clinic for vaccinations or when they are ill.
- You are also a teacher to the families you visit. After you receive training – for example, in good household nutrition or parenting skills – it will be your responsibility to share the knowledge and skills you learned with the caregivers and the children in the homes you visit.
- Finally, you provide a critical linkage or connection between the children and families you serve and the local leaders, government representatives, NGOs and health- or social welfare extension workers who provide access to needed services. Often, it is only with your help that these services can be made available.

2.2 - Volunteer Pledge (10 minutes)

Before you are officially inducted as a Yekokeb Berhan Volunteer, you must agree to a Volunteer Pledge that describes your responsibilities. The Pledge says, in brief, that you agree to follow the rules of this Program, provide quality services to the families you serve, protect children at all times, and maintain a good character – in other words, you will serve as a role model that others should follow.

Facilitator note: Ask if there are any objections to this pledge. Discuss any concerns that may be raised. Then ask all volunteers to stand. Read the pledge below, phrase by phrase, and ask volunteers to repeat after you.

YEKOKEB BERHAN VOLUNTEER PLEDGE

As a Yekokeb Berhan Volunteer, I pledge to fulfil my duties honestly and fairly, with good-will and great care. I commit myself to work with caregivers and their children to help them improve the quality of their lives. I will visit each household that is assigned to me on a weekly basis; I will provide them with training and direct support where possible; make informed referrals and follow them up for the families' benefit. I also promise to complete all my paperwork thoroughly and on time.

To fulfil my duties as a Yekokeb Berhan Volunteer, I will set the necessary time every week and my commitment is for at least two years. In addition, I also pledge to attend supervisory sessions and Volunteer Group meetings regularly. I see this work as a great honor and I do it willingly and according to my own choice for the love of children, of my neighbors, and my community.

As a Yekokeb Berhan volunteer, I know I have the right to be trained, to be treated fairly and with respect, to have my concerns heard and considered by Yekokeb Berhan representatives, and to receive on-going support in my work. In turn, I know that I am expected to conduct myself appropriately at all times, in keeping with local culture, the duties I have been assigned, and general standards of good work.

2.3 - Summary and Conclusion: Module 2 (10 minutes)

Activity: “Magic Ball” (10 minutes)

Reflect on the main points covered in this module.

One participant suggests an idea from this module that is related to his/her work as volunteer.

He/she tosses a ball to another participant who shares one idea and tosses the ball to someone else until all the main ideas have been covered.

Lunch (12:00 PM to 01:00 PM)

Module 3: WHAT MAKES A CHILD ELIGIBLE FOR SUPPORT IN YEKOKEB BERHAN?

Objectives of Module 3:

- 1) To understand the criteria for identifying children to be screened
- 2) To understand how eligibility for Yekokeb Berhan is determined
- 3) To plan how Yekokeb Berhan can help a highly vulnerable child or family that has many needs.

When? Afternoon of Day 1: 1:00 PM – 2:30 PM + tea-time

Time Needed: 1 1/2 hours

Materials needed: flip chart and stand, markers, several copies of Handout A and Handout B, plus a homemade ball from newspaper

3.1 - Defining “Highly Vulnerable Children” and why we use that term (40 minutes)

Facilitator Notes: (20 minutes)

Children, whose basic needs are not met in the home by their families and who may be isolated, stigmatized, or discriminated against by communities are called Highly Vulnerable Children – they are considered at-risk for not growing up into strong and healthy adults who can contribute to their communities. This does not mean they won't succeed for sure in becoming strong and healthy grown-ups – many vulnerable children DO succeed in the end – but it is much harder for them and they face more barriers than other children whose basic needs ARE being met

Can you think of categories of children whom you would consider to be vulnerable?

(Solicit answers from the participants – e.g. orphans, children with disabilities, homeless children, children whose parents are HIV+ and/or chronically ill, a child with HIV, a malnourished, destitute or desperately poor child, etc.)

In Yekokeb Berhan we prefer the term, Highly Vulnerable Children and not “Orphans and Vulnerable Children” or “OVC,” because children have told us that they do not like to always be reminded that they are orphans and so they don't want to be called that.

Activity: Sharing/discussion on “Who is vulnerable?” (10 minutes)

Pair participants and ask them about the following case examples – one by one. (Read each one aloud and give them one-to-two minutes to discuss each case and then ask for a few volunteers to offer their answers. Then read the next one.) Some of these cases are deliberately “borderline” in order for people to think in-depth about what role Yekokeb Berhan should play, if any.

1. Kidest is 14 years old. Her parents are still alive but very poor. Last month, Kidest dropped out of school to work as a servant in another house in the village. Should Kidest be considered vulnerable and if so, what kind of help does she need?
2. Abdul is 16 years old and deaf. He attends a special school for the deaf in Addis Ababa and returns to his family four hours away on long weekends and over school holidays. He is a happy boy who appears healthy and well-fed. Should Abdul be considered vulnerable and if so, what kind of help does he need?
3. At 3 years old, Mussa is HIV+ and lives with his HIV+ mother and grandmother. He is often sick but has access to good treatment. He attends a local community-based Early Childhood Development Center. Should Mussa be considered vulnerable and if so, what kind of help does he need?
4. Ramli is 8 years old. Both of her parents have died, but she is healthy and lives with her aunt and uncle who are very loving to the girl and make sure that all her needs are met. Should Ramli be considered vulnerable and if so, what kind of help does she need?

Facilitator Notes /wrap-up: (5 minutes)

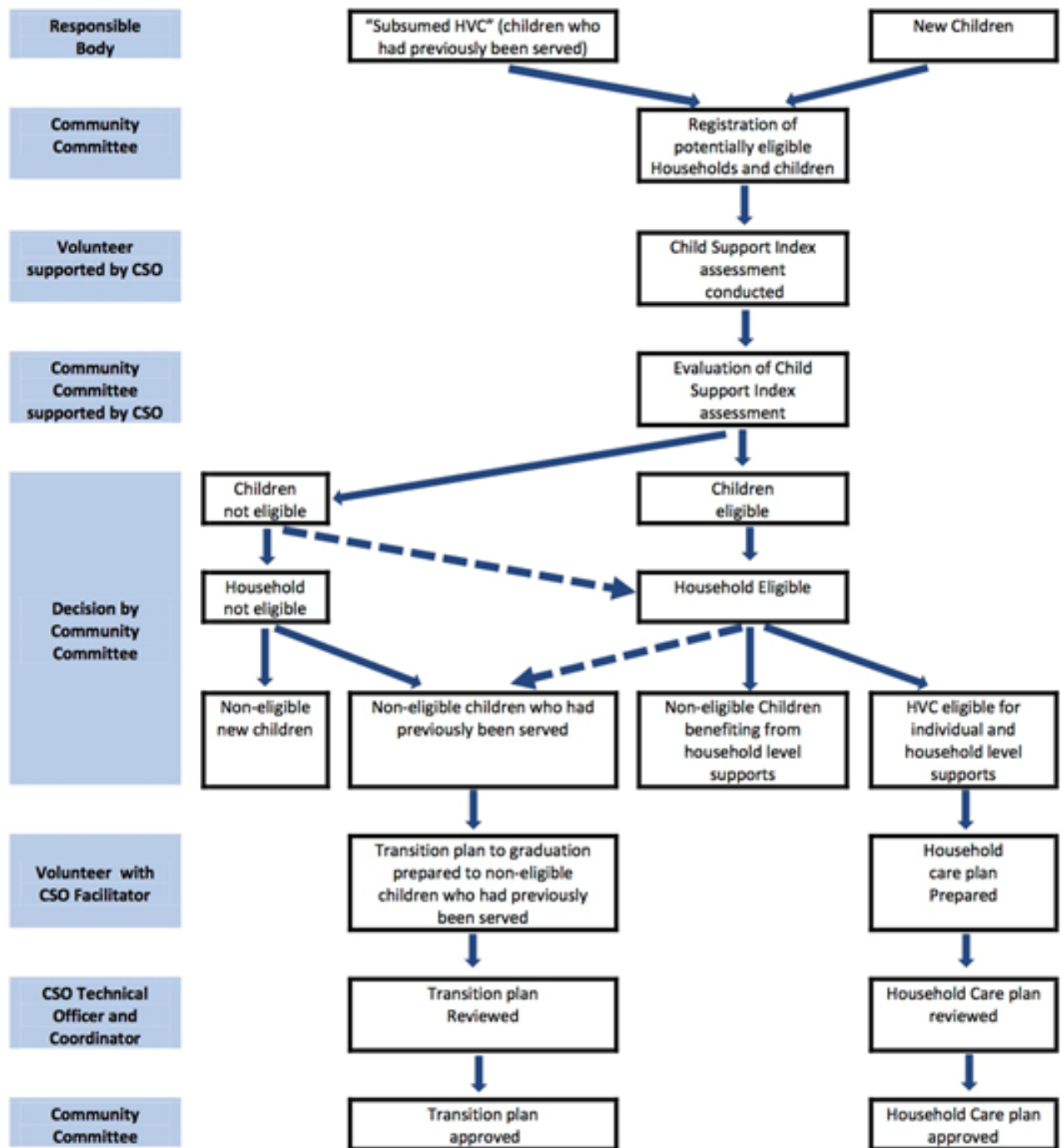
From the perspective of the Yekokeb Berhan program, the child will be considered vulnerable if she or he has several unmet needs – as measured by the answers on the Child Support Index. To receive support, the child must also be under the age of 18.

3.2 - Eligibility for Yekokeb Berhan (35 minutes)

Facilitator Notes:

The Yekokeb Berhan Program serves Highly Vulnerable Children and their families. But how is it determined if a particular child is eligible for support and will be enrolled? The answer is that this takes several steps. This is outlined highlighted on the Enrolment Flow-Chart and is described below (Handout A).

HVC IDENTIFICATION AND ENROLMENT PROCESS



Note: The dotted arrows in the chart are to depict that some children who are not as such eligible based on their CSI result could be member of in an eligible household and hence indirectly benefiting household level supports and conversely, there could be some previously supported HVC in a given eligible household who are no more eligible and should be graduating.

DESCRIPTION (Refer to Handouts A and B):

1. First, the local Community Committee will identify all children who have received assistance from another USAID program. This should be done via referral from previous programs or the local Kebele. The Community Committee should check that each identified child is under 18 years of age and meets one or more of the following vulnerability criteria :

- Child is an orphan (1 or both parents died)
- Child is HIV+ and/or the primary caregiver is HIV+
- Primary caregiver is chronically ill (meaning, she or he is often or always bedridden), or elderly or disabled
- Child is known (or appears to be) abused, neglected or exploited
- Child lives outside any family care (e.g. street child)
- Child is exposed to different forms of abuse, violence and/or exploitation
- Child is in conflict with the law
- Child has an obvious disability that is not receiving care and support
- Child lives in a child- or youth-headed household
- Child is malnourished (moderate to severe)
- Child is unaccompanied due to displacement
- Child is stigmatized or marginalized for other reasons

2. Once the above identification and screening process is completed, the Community Committee may authorize some core services (e.g. volunteer home visits, support with school enrolment and attendance, health referrals, etc.). Based on information that is already known, the first two pages of the form, Yekokeb Berhan Household Eligibility and Follow Up Recommendations (see Handout B), should also be filled out. This may be done by a member of the Community Committee, the volunteer, or a staff member from the Implementing Partner.

3. The child's primary caregiver should be informed that a volunteer will contact him or her directly. Assuming the caregiver is willing, the volunteer should set an appointment to conduct the CSI. This should be at a time when the caregiver and all (or most) of the children will be present.

4. At the agreed-upon time, volunteer will conduct the CSI assessment with the caregiver and with each of the identified children in order to gain an in-depth understanding of children's needs. If not all children are present or if more information is needed, then a follow-up visit may be necessary to complete the CSI.

5. The volunteer will complete the CSI form (page 1 for the parent/guardian and page 2 for each child). Note that some volunteers may require the assistance of the local Implementing Partner or CBO for this. Once the CSI is completed, it should be submitted to the implementing partner who takes it to the Community Committee. (It is expected that, especially where there are a lot of children to be considered, many CSIs will be submitted at once.)

6. Based on the CSI, the Community Committee will determine a child's eligibility for Yekokeb Berhan's care and support. The options are: a) not eligible; b) eligible for on-going support; c) eligible on a time-limited basis only (should transition to "graduation" from the program). Note that as soon as one child in the family is determined to be eligible, the family as a whole will benefit from services.

7. In (b) and (c), where at least one child is eligible for support in the household, the volunteer should work with staff from the local Implementing Partner to identify a follow-up Care Plan with recommendations for additional support, either on an on-going basis (i.e. for at least one year) or as part of a transition plan towards graduation. The Care Plan has been incorporated into the CSI form (that is, it is no longer a separate document) and should be submitted to the CC for approval along with the CSI scores. When the Care Plan has financial implications that the Implementing Partner must bear, however, then the Implementing Partner must be the decision-maker.

Eligibility Criteria:

Our recommendation is that a child needs at least 4 ONE-DOT answers or 8 TWO-DOT answers (or a combination) in order to be eligible for ongoing support.

If a child (under 18) has been receiving services and no longer qualifies for ongoing support, then that child may be transitioned towards graduation from the program.

Additionally the following exceptions are granted:

- The child is HIV+ and is not receiving comprehensive care via other sources;
- The child is extremely ill and needs immediate medical attention*
- The child is known to be (or appears to be) abused or exploited*
- The child is moderately or severely malnourished*

In these cases, the child is automatically eligible to receive support.

*These exceptions are determined by an emergency score-- -- on the CSI

The CSI and Follow-up Care Plan are good for one year; then a reassessment and additional plan is needed. Graduation from the program may occur mid-year – for example, when a child reaches age 18. It may also occur when it is found that a child has been receiving services and – as a result -- is no longer in need. In the latter case, a transition plan towards graduation should be designed and implemented. Note that in these situations, some family-based support may still continue, e.g. if there are younger siblings in the household who are eligible.

During the start-up phase of the program, priority is given to children who have previously been served by another USAID program for orphans and vulnerable children (these are called “subsumed” children). Then, other eligible children from these same households should be enrolled. Thirdly, children from the community can be considered and the same process is followed.

3.3 – How Yekokeb Berhan can make a difference (15 minutes)

Facilitator Notes (15 minutes):

Ask if any of the participants can describe a child who was assisted in a program that is similar to Yekokeb Berhan. How did the child's life change? If no one has a good example, you can read aloud the case study below:

Sample case study for how Yekokeb Berhan can work:

Saba, age 16, has lost both parents and dropped out of school to care for her two younger siblings Natnael (age 10) and Rahel (age 4). The children live with their grandmother but she is quite old and frail. An uncle pledged to help but he provides very little assistance. When the volunteer first visited, the children complained of periodic hunger and their old mud-house leaked in the rain. None of them went to school. Saba explained that felt most worried about her youngest sister Rahel, who is often ill.

The volunteer administered the CSI and determined that the household was eligible for assistance. They volunteer suggested several Actions as part of her follow-up Care Plan, all of which were completed.

Now, one year later, Saba's life has changed. She joined a Vocational course on Basic Business Skills and Entrepreneurship. In addition to the vocational skills she is learning, she enjoys spending time with her peers every week. The CBO provided some construction materials to help repair the house. Trained volunteers taught Saba and her grandmother about setting up a backyard vegetable garden. To assist, the family also received some old grain-sacks and seedlings. The middle child enrolled in school and the youngest child was referred to the clinic for medical tests. The volunteer went with Saba and Rahel to make sure that she would get the treatment she needs. Twice a week, Rahel has also started attending a local Early Childhood Development Center. Most recently, the CBO arranged for a "Kinship meeting" which the Aunt attended, where he publicly renewed his promise to assist Saba and her siblings. When the volunteer followed up, she learned that the Aunt has stopped by to visit a few times and brought some food and clothing with her.

Summary and Conclusion: Module 3 (10 minutes)

Activity: "Magic Ball" (10 minutes)

Reflect on the main points covered in this module.

One participant suggests an idea from this module that is related to his/her work as volunteer.

He/she tosses a ball to another participant who shares one idea and tosses the ball to someone else until all the main ideas have been covered.

TEA BREAK (20 MINUTES)

Module 4: PREPARING FOR A CSI ASSESSMENT

Objectives of Module 4:

- 1) To learn the recommended ways to conduct a CSI interview
- 2) To learn useful tips for when you interview children

When? Day 1: 2:50 PM – 4:30 PM

Time Needed: 1 hour and 40 minutes

Materials needed: flip chart and stand, markers, a homemade ball from newspaper

4.1 – Before you conduct a CSI Assessment (20 minutes)

Facilitator Notes: (5 minutes)

Explain the following:

1. Before conducting the CSI assessment, you should inform the primary caregiver or the parent why you want to visit the household (to conduct an assessment with all household members) and arrange for a mutually convenient time when all members of the household are expected to be present.
2. Before arriving at the home, make sure you have all your forms: One copy of Page 1 for the Parent/Caregiver you will be interviewing and one copy of Page 2 for each of the children in the household. (It is a good idea to take some extra copies and at least two pencils or pens with you in case you need them.)
3. Fill in the Background Information on each household member before you arrive, as much as possible, using information from the Community Committee or Implementing Partner. (Low-literate volunteers may need some assistance with this.) Additional information can be added after the interview.
4. Note that each Primary Caregiver and each child will have an ID (identification) number which should be recorded on the forms, in addition to their names.

Activity: Introduction to the CSI form (15 minutes)

Review the background information on the sample CSI forms that were distributed. Go over each question and ask if there are any questions. Review the following carefully. The important message is, you should not probe or make the person uncomfortable if they are not able to, or not willing to, freely answer these questions:

Go through the shaded area on top of the Caregiver's form, first. Explain that there is only one form per household for the Caregiver (Indicators 1-7), but there is be a separate for each child in the program (Indicators 8-20).

HOUSEHOLD FORM:

Explain that the caregiver is the primary parent or the person who is taking that role for the child. Highlight the following points:

- If this is the first CSI in the household, put a check-mark after the words First Assessment. If a CSI was done last year, check Re-Assessment.
- Do not make anyone in the household uncomfortable by asking about someone's HIV status or if the person is receiving treatment. If this information is not known, simply write a check-mark after DON'T KNOW or NOT TESTED__ .
- On the last line of the shaded area, be sure to write the total number of children living in the household, even if all of them are not beneficiaries of Yekokeb Berhan.
- If anyone living in the house has an obvious disability, write YES and include that person's name.

CHILD'S FORM

Now carefully review the shaded area for the child's form until everyone is clear about the information that must be provided.

4.2 – Tips during the interview (30 minutes)

Facilitator Notes (15 minutes):

- Meeting and Greeting: Start with the adult, following local custom. Proper greetings are very important. Briefly ask how things are, how she or he is doing. The information you get can be helpful for the CSI assessment.
- Introduce yourself and the organization with which you are affiliated. Explain the purpose of your assessment, but do not promise that children will be enrolled and will receive any services at this time. Do not create expectations! Ask for permission to conduct the assessment with both the primary caregiver and children of the family.
- Help the family feel comfortable while you ask your questions: It is important that we do not anger the people in the family by our questions. If you are not sure how an indicator should be answered, try to get a bit more information – but if you feel resistance then make the best decision you can, based on what you have learned. (If there is a lot of resistance or discomfort by family members, this may be noted on the Comment section.)
- Earn trust by showing your sincere interest in the family and child/children: Give positive feedback (acknowledgement and affirmation) whenever you can and do not judge or provide negative feedback if children are receiving poor care. Caregivers need your support and encouragement

- Try to speak with each child privately (for children age 6+) if both the caregiver and the child is willing. But do not go far away or do anything that would create concern or suspicions around child safety or protection.
- Observe the environment. Using your eyes and ears, you can learn a lot -- sometimes even more than what you are told in answer to a question. Use this time to assess the condition of the house, whether it looks safe or unsanitary, who is at home (e.g. who is sick, if children are not at school), how much food is available, etc. These observations can help you complete the CSI assessment.
- Do not ask each question one after another in a rigid format, but rather try to keep the conversation flowing naturally. This will become easier as you become more familiar with the CSI form and the information it requires you to get.
- Remember to measure the nutritional status of each child, using the MUAC system (Mid-Upper-Arm-Circumference) where available and appropriate. (You will be taught how to do this tomorrow)

Activity: Role Play 15 minutes)


Ask several volunteers to role-play the initial few minutes they expect to spend approaching the household members they want to interview, and starting the conversation. Focus on introductions only (on how they make the family members feel comfortable) -- not actually on the CSI. After a few minutes, ask other participants to react and offer suggestions. Try to do this twice or even three times, as time permits.

4.3 – After the interview (30 minutes)

Activity: Review the form (35 minutes)

Review the CSI form with the participants, for what they should fill out after the interview as soon as possible. Explain that the CSI should be filled out for an initial assessment, and then approximately every year thereafter.

Go through this carefully, and allow for questions.

1. After leaving the household, finish filling out the CSI scores as quickly as possible so you do not forget any of the details. Remember that you need to score Page One (all questions) for the household, but you need a separate Page Two for each child. Every question needs to be scored by placing a mark next to the dots: :: _ :: _ .. _ . _ Four Dots is the highest score and it means that the child/ household is basically doing okay in response to this question and One Dot means that the child/household is doing very poorly and needs help. (There are also a few indicators with a symbol that looks like this and three indicators with a  symbol, indicating that emergency action is required. All of this will be explained in more detail tomorrow.)

2. Unlike the first year when the CSI was conducted, there is no longer a separate Follow-Up Care Plan. Now, this information is included on the CSI itself, under each indicator. It should be filled out for all enrolled children.

- See where it says, >Care-action planned? After that, the volunteer should put a mark next to the which means YES, or next to the , which means NO.
- If the answer is YES (), a service-code (called here Action Code) should be written-in, depending on that type of action is recommended. Note that Action Codes are required for all scores and those with one-dot or two-dots. (This will be described in greater depth later in the training).

3. Be sure to fill out the Comments section, as needed (for example, to record major changes in the household in the past year or highlight an emergency situation). You can also write down other impressions you have of the individual or family, including their most important needs or any concerns you may have.

Remember that low-literate volunteers may need the assistance of CBO staff members, a family member, or another volunteer to fill out this form. Everyone should please help!

4.4 - Summary and Conclusion: Module 4 (10 minutes)

Activity: “Magic Ball” (10 minutes)

Reflect on the main points covered in this module.

One participant suggests an idea from this module that is related to his/her work as volunteer.

He/she tosses a ball to another participant who shares one idea and tosses the ball to someone else until all the main ideas have been covered.

4.5 - Review of Day One (10 minutes)

Ask participants to reflect on the day, and make recommendations for the rest of the training. If there are concerns or questions that need to be addressed, put them on a “Parking Lot” for additional attention over the next two days of training.

DAY 2

Module 5: HOW TO TALK WITH CHILDREN

Objectives of Module 5:

- 1) To review yesterday's main learning points
- 2) To learn about the differences between talking with adults and with children
- 3) To understand that the way you talk with a child depends on that child's age
- 4) To realize that, just by talking with a child, you have the opportunity to provide encouragement and support.

When? MORNING 8:30 AM – 11:00 AM

Time Needed: 2 hours and ten minutes (plus tea-break)

Materials needed: a homemade ball from newspaper

5.1. – Review from yesterday (15 minutes)

Facilitator Notes: (15 minutes)

Ask everyone in the room to mention one thing they learned yesterday, that they think is important to remember. Then ask if there are any new questions that need to get added to the Parking Lot, for discussion later today.

5.2. – Things to keep in Mind when Talking with Children (45 minutes)

Facilitator Notes: (15 minutes)

Remind participants that, as part of conducting a CSI assessment, we want learn about each child's situation directly from the child, as much as we can. (For young children, e.g. under age 6, this is probably not possible. Also, where a child is shy or fearful, or when it does not seem culturally appropriate, do not force the child. In these situations, you should address many of the questions to caregiver/parent or an older sibling.)

Where it is possible to speak directly with a child, try to step outside the house or walk a few steps away so that your conversation with each child can be a little bit private. (Be sure: do not make the child uncomfortable and never touch the child inappropriately or take the child into a hidden area where someone might suspect you of doing something wrong.)

Explain to the participants that there are three main differences between talking with adults and talking with children:

- 1) With children you must always be aware of their developmental stage – physically and emotionally – which is always changing. How you speak with a child and respond should differ, depending on the child's age or developmental stage. Use simple questions and don't ask questions that you think the child can't answer or will make the child feel uncomfortable.
- 2) With adults you can focus on just one person, but with children you must always keep the family and community context in mind, and possibly involve the parents/guardians, the extended family, and the child's school-teacher, etc.
- 3) There are cultural sensitivities and trust-related issues to keep in mind, as well – for example, being sure to inform the adult caregiver first that you want to speak directly with a child; ensuring that if an adult talks with a child of the opposite sex that adult is not completely out-of-view by others, etc.

The most important part of talking with a child is listening.

Activity: Brainstorming on Active Listening (20 minutes)

More important than the questions we ask, is how we listen and what we observe. How does one show that we are really, REALLY listening to someone? Find out what the participants have to say. Be sure the following points are raised.

- Establish a good rapport (communication-relationship) with the child: Be friendly (use the child's name) and smile. Possibly begin with simple game or by asking the child about her or his interests.
- Ask open-ended questions: Rather than asking questions that can be answered with a "yes" or a "no", ask open-ended questions, e.g. how did that make you feel? What did you do (or want to do) next? Open-ended questions require detail in the answers.
- Find out what silence means: The volunteer may ask, "You are being very quiet and I can't tell what's going on. What are you feeling?"
- Help the other person focus: The volunteer may say, "You're talking very fast and I can't quite understand what you are getting at. Is something going on that is upsetting you?"
- Reflect-back the ideas or the emotions of the other person: The volunteer listens for the emotions and core ideas that the other person is expressing, and then shares them back. In this way, you act like a mirror, reflecting (repeating back) those main ideas and feelings to the other person. You can explain that you want to really understand what the child is saying, so you want to clarify things. Be willing to discuss the same issues several times, until the child is satisfied you understand correctly.
- Listen with your eyes: Be sure to observe the child (his or her appearance, actions, tone of voice, etc.) as these are often good clues as to what the child is really thinking or feeling. Often you can observe issues (how dirty or clean the child is, stages of malnutrition, etc.), even if nothing is said. If the child does not want to discuss a topic with you, make a mental note of this and move on to another topic. If you are concerned about the issue that the child is avoiding, raise this with your supervisor.

Facilitator Notes: (10 minutes)

Use the opportunity to provide encouragement and support – but be cautious.

Whenever you talk with a child – or with the parent or caregiver -- the volunteer should provide as much positive re-enforcement, support and encouragement as possible. Be sure to acknowledge the person's hard work and what she or he is doing right. For example, you can say that the house is neatly kept, or that the child looks clean. You can comment that you see someone is trying very hard; that it is good that the child is going to school every day, and so on. This encouragement shows that you are paying attention and that you care, and that you are affirming the child's (or the adult's) efforts. This is always appreciated and helps to build a strong relationship.

Do not make any promises as you may not be able to keep them. If a promise is broken – even if there is a good reason for that – it will create a big disappointment!

Do not use your own resources/money to solve the problem. If you become aware of a very serious problem, report it immediately after your visit to your supervisor or to someone else in charge in the Kebele and/or at the Implementing Partner. Be sure to follow-up, so this problem doesn't somehow get "forgotten."

5.3 – Keeping in Mind the Child's Age (60 minutes)

Facilitator Notes (10 minutes)

When aiming to talk one-on-one with a child, often a big challenge is, "How to start?"

With all children, start by getting to know the child a little bit and then introduce yourself and explain why you are visiting with the family. Make sure that the child understands that he or she does not have to answer any question that he or she feels uncomfortable about. Explain, too, that the child's caregiver/parent is aware and gave permission for you to talk with the child. Then, slowly, you can try to weave your questions into the conversation.

Be aware of how you should talk differently, depending on how old the child is.

Activity: Small groups (50 minutes)

How would it be different talking with a young child, say below age 10, compared to talking to an older child (age 15+)? How would you even start? Divide the group into three smaller groups and give each one a different age-group to consider (10 minutes): a) below age 10; b) age 11-14; and c) age 15+.

As the groups report back, see possible answers below for suggestions to bring out in the discussion.

Possible answers:

For children age 10 and under (suggestions):

- Ask permission of the caregiver to talk with the child
- Physically get down to their level
- Use the child's name
- Greet the child in a gentle and friendly manner
- Show them objects like a stone or flower that looks interesting
- Find a simple game to play together (rolling a ball, clapping hands)
- Ask one question at a time and listen carefully

For children ages 11-14 (suggestions):

- Ask permission of the caregiver to talk with the child
- Physically get down to their level
- Use the child's name
- Find out what activities or sport they like to play
- Find out their other interests, for example, what they like best at school
- Children this age like to show adults what they can do. You may ask if they can do mildly challenging tasks like balancing on one foot, touching their nose and hopping at the same time, etc.

For children and youth, 15+ (suggestions):

- Comment positively on their appearance
- Use the child's name
- Find out what interests they have & activities they participate in.
- Ask about their goals for the future.

After the feedback session, you may ask each group to go back and offer a short role-play about how they would start a conversation with a child in their age group, i.e. under age 6, 7-14, or 15-17. The role-plays should just be 2 minutes long, to build the relationship before starting with any questions included in the CSI.

5.4 - Summary and Conclusion: Module 5 (10 minutes)

Activity: "Magic Ball" (10 minutes)

Reflect on the main points covered in this module.

One participant suggests an idea from this module that is related to his/her work as volunteer.

He/she tosses a ball to another participant who shares one idea and tosses the ball to someone else until all the main ideas have been covered.

Module 6: UNDERSTANDING THE DIFFERENT SERVICE AREAS AND HOW TO MEASURE THEM.

Objectives of Module 6:

- 1) To learn how to measure malnutrition through use of MUAC (Mid-Upper Arm Circumference) measurements
- 2) To understand how the different service-areas fit together
- 3) To learn how to interpret the answers you may receive to the different CSI indicators

When? MORNING 11:00 AM – 12:00 PM; afternoon 01:00 PM – 03:30 PM

Time Needed: 2 hours and 40 minutes (plus lunch and tea-break)

Materials needed: Several copies of the Yekokeb Berhan “Surround the Child” poster (see below), the CSI Scoring Guide and Service/Action Codes (Handout C), and the CSI and Care Plan (Handout D), plus a homemade ball from newspaper

6.1 – How to Measure Malnutrition (20 minutes)

To the Facilitator: Some participants may recall that during the first year that CSIs were conducted as part of Yekokeb Berhan, it was expected that volunteers would employ the Mid-Upper-Arm-Circumference method (MUAC) to determine the rate of malnutrition among young children. This method is still used at the local Health Center or Clinic, but is no longer practical for Yekokeb Berhan.

Explain:

To screen visually for malnutrition through observation, you should check FIVE things.

(1) Look for severe wasting (meaning, the child is very thin; looks like “skin and bones.”). In particular, look for wasting around the muscles of the shoulder girdle, arms, buttocks, and legs, or see if the outlines of the child’s ribs are clearly visible. Serious wasting is a medical emergency and the child needs supplemental nutrition immediately.

(2) Check for edema (meaning, swelling) of both feet. The swelling is due to fluids building up in the child’s tissues. To make sure the swelling is due to fluids, use your thumb to press gently for a few seconds on the upper top side of each foot. If a dent remains when you remove your thumb, the child has edema.

(3) Look for signs of Kwashiorkor, meaning thin, sparse, and pale hair that falls out easily; dry scaly skin especially on the arms and legs; and a puffy or “moon” face. In addition, children with severe malnutrition sometimes have distended, swollen bellies.

(4) Check for severe anemia (lack of iron) by looking for palmar pallor (paleness or absence of color on the palms of the hands or soles of the feet). Compare the color of the child's palm with the color of palms of children who don't have anemia. If the color is very pale (so light that it almost looks white), the child has severe anemia.

(5) Check for eye signs of severe Vitamin A deficiency. The symptoms include difficulty seeing in dim light (or at night or in dark spaces, or dry eyes or foamy white spots near the eyeball, This last set of symptoms is a medical emergency and Vitamin A must be administered immediately at the Health Clinic or feeding center.

If any of these signs are severe, or if there is a combination of signs and symptoms, then the child should start receiving supplemental nutrition immediately and/or be taken to an emergency feeding station for emergency care. This would be an emergency situation (). With proper care, malnutrition can be reversed: see photos below.

—
Be sure to leave time for questions (10 minutes)



6.2 - Introduction to the Seven Service areas + Coordination of Care (40 minutes)

Facilitator Notes:

Look at the Yekokeb Berhan SURROUND THE CHILD illustration (below). You can think of this as a “circle of support.” Highlight the fact that all children need all areas of support in order to grow up strong and healthy. This can be strengthened in three main ways:

- a) Through the effective coordination of care with Government, community resources and other organizations. This process is also called Systems Strengthening, and it also is shown as the frame or circle that surrounds rest of the services.
- b) Through Economic Strengthening of the household - that is, increasing the family’s income or assets through savings clubs, business skills, income-generating activities, job-readiness and employment, or other sources of support.
- c) By providing skills and knowledge in one or more of the other six service areas that are described. Activities in each of these areas will take place as part of Yekokeb Berhan. Some of these activities are directed to the household – for example, by training the parent or caregiver in a new skill – and some of these involve the children directly.

Each one of these seven service areas – (point to each and say them aloud) plus the Coordination of Care -- are included in the CSI assessment. Looking at the CSI itself, you can see that each service area has two or three indicators that tell us a desired outcome – that is, what it is that we want all children in Ethiopia to have -- or to experience.

Explain that in the CSI assessment, we measure how close our children come to those “desired outcomes.” Where a child falls short –meaning that the child’s own experience is much worse than the “desired outcome” -- then we put together a Care Plan to help that child.

For the remaining time before Lunch:

Ask participants to look at their CSI hand out and read aloud each indicator (#1-7 for the household/ caregiver and #8-20 for each child). Explain that the indicators state what we would like to see for each child. After each indicator is read, ask different participants to explain what the indicators mean in his or her own words.

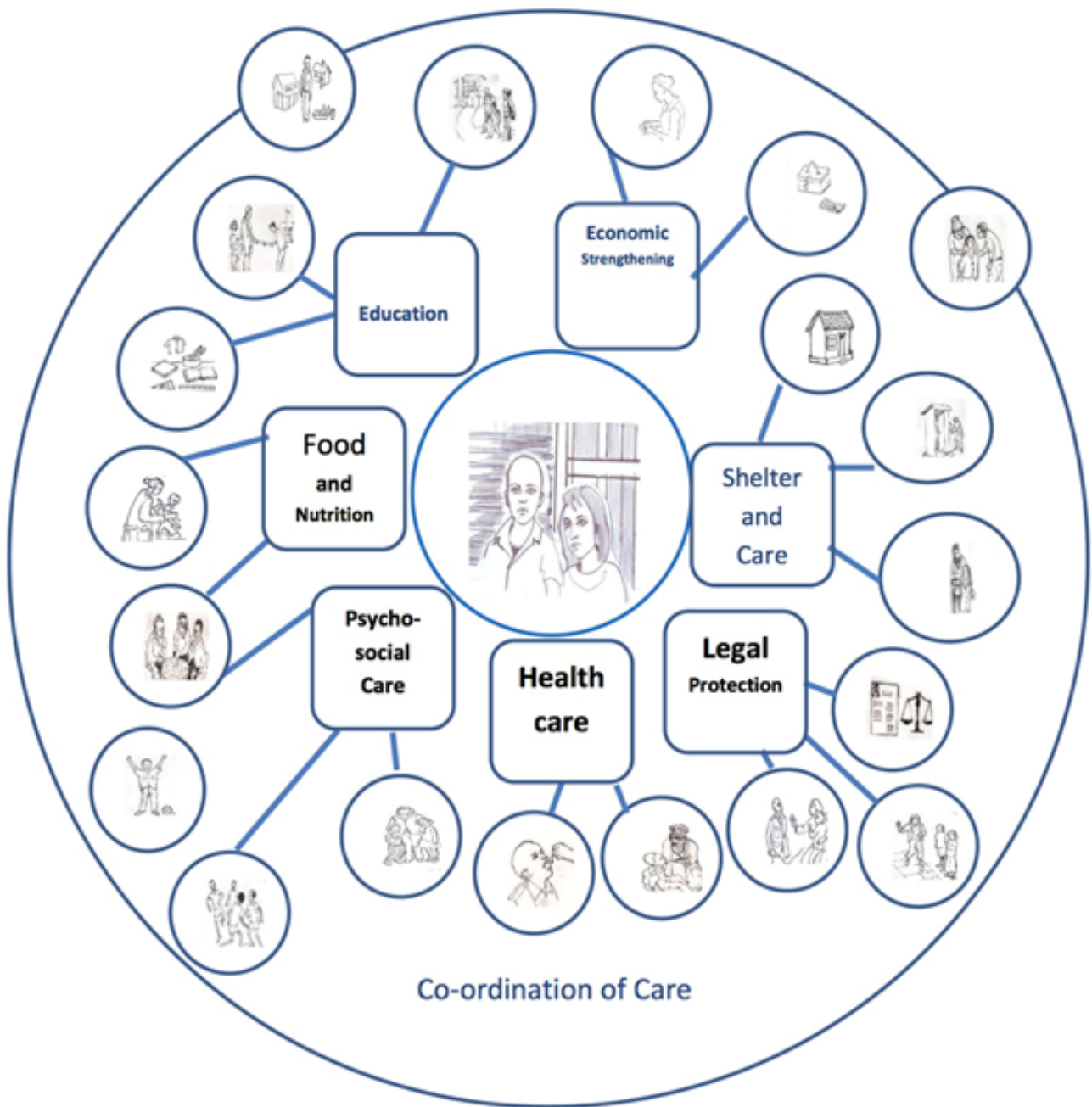
Remind participants that these indicators correspond to the Government of Ethiopia’s “Standard Service Delivery Guidelines for Orphans and Vulnerable Children’s Care and Support Programs.”

Explain that after lunch, we will go through each indicator in greater depth, one by one..

Lunch (12:00 PM to 01:00 PM)

Surround the Child

Government of Ethiopia Standardized Areas-of-Service
for all Children




6.3 –Reviewing the CSI Indicators (2 hours)

The CSI format:

Facilitator Notes (15 minutes).

Make sure each participant has a sample CSI form and a CSI guide. Take the first question under Shelter and Care and ask participants to look at all the different parts:

- The indicator itself (for example, “Shelter is clean & dry.”)
- The picture, which is meant to help volunteers with low literacy skills.
- The scoring underneath the picture (four dots to represent the best/highest score, down to one dot for the worst/lowest response to this indicator).
- Note that for some indicators, there is a “☒” that means Not Applicable or a “⚠” that means Danger and requires that an Emergency action or referral be taken.
- Underneath the scoring, there is space for a Care Planning, which should be done if the score is Two dots, One dot or an ⚠ Emergency. If a follow-up action is recommended (that is, if the answer is ✓ to the question >Care-action planned?), then the volunteer must also write the Action Code (also known as the Service Code) that describes exactly what action is recommended.

1. Shelter is clean & dry.

☺ ☹ ☹ ☹ ☹
> Care action planned? ✓ ___ ✗ ___ Action code: _____

Point out that all twenty indicators are basically formatted in the same way (small differences only).

Understanding and scoring EACH indicator:

Facilitator Notes and discussion (1 hour and 45 minutes)

In addition to looking at the sample CSI form, ask the participants to look at the CSI Scoring Guide “Hand-out C,” which is reproduced below.


Go through each indicator, one by one, and review what is meant by the different scores, Four dots, Three dots, Two dots, One dot or (for three questions) ☒ = Not applicable). Remind the participants that all volunteers will be able to keep this hand-out for reference whenever they want.

Each indicator should be read aloud from the form and then participants should look at the Scoring Guide and Codes (“Hand-out C”) for the interpretation of each score and for list of different Actions that can be taken to help a child who scores low on an indicator (that is, who is very needy). The Scoring Guide not only shows the volunteer what each score means, but it also:

- Prompts the volunteer on what to observe in the home
- Helps the volunteer decide what questions to ask

As you review each indicator, ask the participants to describe in their own words what they would look for and/or what questions they might ask to determine a score for each indicator. Remind them that some things they can just observe – they don’t have to ask. They may also learn things from the school or from other people in the community, or else they can ask several indirect questions (especially if the subject is sensitive).

It is also a good to ask the volunteers how they would describe each one of the indicators in their context – in other words, what the outcome “looks like” in day-to-day life? For example, with the first indicator, the facilitator might ask, ‘What does a clean and dry shelter looks like?’

Finally, remind volunteers what to do if they find a child requiring an immediate, emergency intervention -  – for example, if child appears to be abused or exploited, is severely ill and not receiving treatment, or is moderately or severely malnourished. These situations always require an immediate referral – making sure that the caregiver takes the child right away for help or that the volunteer goes to the CBO or the Kebele for help to do the same.

6.4 Summary and Conclusion: Module 6 (10 minutes)

Activity: “Magic Ball” (10 minutes)

Reflect on the main points covered in this module.

One participant suggests an idea from this module that is related to his/her work as volunteer.

He/she tosses a ball to another participant who shares one idea and tosses the ball to someone else until all the main ideas have been covered.

TEA BREAK (20 MINUTES)

Module 7: CASE STUDY PRACTICE

Objectives of Module 7:

To re-enforce the participants' understanding of the CSI indicators and scoring, using a case study

When? 3:30 PM – 4:50 PM

Time Needed: 1 hour and 20 minutes

Materials needed: Flip Chart and markers; 1 copy of Page 1 and 2 copies of Page 2 of the CSI form for each participant, plus the CSI Scoring Guide (hand-outs) and a homemade ball from newspaper.

7. 1 Case study practice

Note to the Facilitator: Gennet's Story should be read aloud and afterwards all the participants should fill out a CSI form (with Action Codes) for both Gennet and her brother Getachew. In a low literate group, this may be done in pairs. Forms should not be handed in, but on a Flip Chart participants may fill out their scores when they have finished the form. If there are big differences in scores, this should be discussed. Use Hand out C as a reference (every participant should have a copy).

Activity: Gennet's Story, case study (30 minutes)

Read aloud Gennet's Story two times:

"My name is Gennett and I am 13 years old. My father died a few months ago and my mother is all alone taking care of me and my younger brother Getachew. My father's brothers are not talking to us because they say that my father had AIDS and that my mother infected him. They even told my mother to leave our nice little house but the Idir leader stopped them. I don't know what kind of disease AIDS is but it must be something bad the other children tease Getachew and me about it all of the time. I tell them that we are not sick and they should be nice to us, but they just run away. We have very little food; we are often hungry. My mother cries a lot and she is often sick. I stopped going to school because I have to work, but only the job I found is to help a neighbor with housework and this pays very little. There is a teacher at the school who is helping Getachew keep up with his studies, but he says he cannot support both of us. At the Kebele office they said they would try to help and once we got some donated clothes, but that's all they had. I don't know what will happen to us but I pray to God a lot."

7.2 Summary and Conclusion

Activity: “Magic Ball” (10 minutes)

Reflect on the main points covered in this module.

One participant suggests an idea from this module that is related to his/her work as visitor.

He/she tosses a ball to another participant who shares one idea and tosses the ball to someone else until all the main ideas have been covered

7.3 - Review of Day Two (10 minutes)

Ask participants to reflect on the day, and make recommendations for the rest of the training. If there are concerns or questions that need to be addressed, put them on a “Parking Lot” for additional attention over the final day of training.

DAY 3

Module 8: The Field Visit

Objectives of Module 8:

- 1) To review yesterday's main learning points,
- 2) To clarify questions or concerns on the use of the CSI form, including the service codes
- 3) To prepare for the field visit, where participants can practice what they have learned.
- 4) To undertake a field visit/ practice session of the CSI.
- 5) To review the field visit and identify lessons learned.

When? 8:30 AM – 2:00 PM

Time Needed: 5 hours and 30 minutes (including Tea and Lunch)

Materials needed: Flip Chart and markers; 1 copy of Page 1 and 2 copies of Page 2 of the CSI form for each participant, plus the CSI Scoring Guide and Codes (hand-outs C) and a homemade ball from newspaper.

8.1. – Review and follow-up from yesterday (30 minutes)

REVIEW: Facilitator Notes: (10 minutes)

Ask everyone in the room to mention one thing they learned yesterday, that they think is important to remember. Then ask if there are any new questions that need to get added to the Parking Lot, for discussion later today.

8.2. – Preparing for the Field Visit (20 minutes)

Facilitator Notes: (20 minutes)

The field visit provides participants with the opportunity to: (1) try out what they have learned; (2) practice the implementation of good communication skills with adults and children, and (3) learn first-hand about how to organise and implement a home-visit. All participants should have the opportunity to complete a CSI assessment of one or more children in one household.

Two or three participants will be assigned to the same household for the visit. Everyone should bring is or her own copy of Hand Out C plus copies of the CSI form itself – at least one Caregiver page (Indicators 1-7) and 2-3 copies of the child-page (Indicators 8-20).

In the home, the volunteers can take turns asking questions – for example, one person may interview the caregiver or parent and the other(s) speak with the children. After leaving the home, all participants should fill out their own CSI form with Action Codes, which they may compare afterwards.

Note: In addition to the participants in each household, the family's regular volunteer or a member of the local CBO may be present. For this trial experience, it is not necessary to interview ALL the children— stay cognizant of the time.

Notes to the facilitator: Use the following list to remind yourself of the steps that must be taken before the field visit occurs:

- Explain that arrangements have already been made with the local organization (CBO) and with families who are being visited. Participation in this visit is entirely voluntary on everyone's part in the community, and that all family members have given consent – including the children.
- Explain that the families have been told they are being visited for training-purposes only and that no changes will be made in their situation as a result of the visit. Their participation is very much appreciated.
- Explain the number of households to be visited, where they are located, and the time it should take for the assessment to take place
- Divide the participants into groups of two or three and allocate them the households they are to visit. If there are already assigned volunteers to these households, make sure that they are invited to join the visitors; the same is true for a member of the local Community Committee (CBO, Idir, Kebele or Child Care Coalition).
- Explain the logistics – transport, gathering point in the community before the visit and/or where to meet afterwards, and when.
- Remind participants to bring a pen or pencils. Low-literate volunteers who are not comfortable writing may ask for the assistance of others who are present.
- Provide all participants with the necessary forms (one copy each of a complete Child Support Matrix, plus extra copies of page 2 for each of the children). If there is contact with a staff person or volunteer before entering the household, tell the participants that they should try to fill out the top part of each page before entering the household.
- Remind the participants that every visitor is responsible for filling out his or her own Child Support Matrix with Action Codes for follow-up. This applies to page 1 of the CSI for the caregiver/parent and all copies of page 2, for each of the children seen in the household (within the time available). This should be done immediately AFTER the visit – preferably not in the presence of household members.
- Finally, explain that if they observe a situation that critically concerns them, they should put this in the Comments section and tell this to the volunteer or CBO representative.

TEA BREAK (Early Tea: 15 minutes).

Leave for the field visit immediately afterwards.

8.3 - The FIELD VISIT (3 or more hours including transport)

If time permits after the field visit, start the feedback session (below).

Lunch (one hour, after the field visit)

8.4 – Debriefing the Field Visit in small groups (as time permits the next session starts)

Activity: Small Group Discussion (30-60 minutes)

Participants who visited the same household should compare their Child Support Matrix assessments with each other and discuss the differences. Attention should be given to both the scoring (one-dot to four dots) and the Care-planning that is included underneath each indicator, especially the Action Codes.

Ask: Did everyone who visited the same household have the same scores? Did they recommend the same Actions as part of their care-planning? Why or why not?

Participants should be encouraged to discuss their difference and try to come to an agreement. Hand Out C may be used as a good reference during these discussions.

Explain that if inconsistencies remain, these should be highlighted for further discussion in the next session. As time permits, participants can also talk about: What did they like about conducting a CSI assessment? What was most difficult?

- What did they learn that was new?
- What can they recommend from their experience about how to ask questions better or get information indirectly and through observation?

(Note: If some households were visited by only one person, ask that person to join another group.)

Module 9: A Good Assessment leads to Good Care Planning

Objectives of Module 9:

- 1) To address inconsistencies or confusion on the CSI indicators and how to score them
- 2) To reaffirm the importance of the Service/Action codes: how and when to use them and which ones to choose
- 3) To clarify questions about the next steps

When? Afternoon of Day 3: 1:45 PM – 3:30 PM

Time Needed: 1 hour and 45 minutes (followed by Tea)


Materials needed: Flipchart, paper, markers and 1 copy of Hand Out C plus the CSI that was recently completed by each participant.

In Session 9.2 (group-work), each group needs a copy of the case-study and an extra set of CSI forms (one copy of page 1 and three copies of page 2)

9.1 – Feedback and follow-up discussion (one hour and 15 minutes)

Facilitator Notes:

Explain that the experience of trying out the CSI Assessment and Care Plan may have raised some additional questions or concerns. Thus, the goal of this session to make sure that, based on the field experience, all participants really understand:

- How to observe or ask appropriate questions to get information about the different indicators,
- How to correctly score the information received
- How to identify and include Service/Action codes when there is a score of two dots, one-dot
- How to handle an emergency .

Now, ask each small group from the last session to make a short presentation on their experience, and to focus especially on those indicators where there was a lack of clarity or inconsistency between the participants. Make sure that the presentations address both the scoring and the action-planning. Highlight these issues on a flip-chart for a discussion after everyone presents.

Then, using Hand Out C, go through each Indicator, #1 - #20, and review the score-chart with suggested questions. Spend time discussing those indicators where there still are questions or a lack of clarity. As much as possible, try to reach consensus that everyone understands each indicator in the same way and knows when – and how -- to include the appropriate Service/Action codes.

9.2 – Practicing with Follow-up Care Plan (60 minutes)

Facilitator Notes:

The goal of this session is to practice the way to make a Follow-up Care Plan. Use the following Case Study.

1. Divide the participants into 3-4 smaller groups and give each of them a copy of the following Case Study (below) plus one copy each of a blank CSI form (one copy of the first page and 3 copies of the second page). Everyone needs a copy of Handout C as a reference
2. Ask each group to fill out the correct Action-Codes on the CSI form, based on this case-study. Remind them that they must first determine which Indicators to focus on, where the score was very low (one dot or two dots, in order to prompt a follow-up Action). Then, based on the information listed on Handout C, what were the correct Action Codes that the volunteer used to improve Saba's life and that of her family?
3. Give each group 20 minutes to complete their forms and then compare the answers that the groups give. Discuss, so that everyone understands the process –when to use the Action Codes, and how to choose the correct one(s).

Saba and her family (case example from 3.3)

Saba, age 16, has lost both parents and dropped out of school to care for her two younger siblings Natnael (age 10) and Rahel (age 4). The children live with their grandmother but she is quite old and frail. An uncle pledged to help but he provides very little assistance. When the volunteer first visited, the children complained of periodic hunger and their old mud-house leaked in the rain. None of them went to school. Saba explained that she felt most worried about her youngest sister Rahel, who is often ill.

The volunteer administered the CSI and determined that the household was eligible for assistance. The volunteer suggested several Actions as part of her follow-up Care Plan, all of which were completed.

Now, one year later, Saba's life has changed. She joined a Vocational course on Basic Business Skills and Entrepreneurship. In addition to the vocational skills she is learning, she enjoys spending time with her peers every week. The CBO provided some construction materials to help repair the house. Trained volunteers taught Saba and her grandmother about setting up a backyard vegetable garden. To assist, the family also received some old grain-sacks and seedlings. The middle child enrolled in school and the youngest child was referred to the clinic for medical tests. The volunteer went with Saba and Rahel to make sure that she would get the treatment she needs. Twice a week, Rahel has also started attending a local Early Childhood Development Center. Most recently, the CBO arranged for a "Kinship meeting" which the Aunt attended, where he publicly renewed his promise to assist Saba and her siblings. When the volunteer followed up, she learned that the Aunt has stopped by to visit a few times and brought some food and clothing with her.

4. Now, pose the following question: Suppose the volunteer who visited Saba's home found that Rahel (age 4) was EXTREMELY ILL at that moment -- lying on a mat on the floor, very weak and quite listless (not moving very much). This is an emergency (). What should the volunteer do? (Remember that emergencies require immediate action and follow-up. IP staff should be informed -and should assist wherever possible - but pre-approval by the CC (etc) is not required.)

9.3 Summary and Conclusion

Activity: "Magic Ball" (10 minutes)

Reflect on the main points covered in this module.

One participant suggests an idea from this module that is related to his/her work as visitor.

He/she tosses a ball to another participant who shares one idea and tosses the ball to someone else until all the main ideas have been covered

TEA (15 MINUTES)

Module 10: Setting Forth/ Conclusion.

Objectives of Module 10:

- 1) To address unanswered questions that had come up during the training.
- 2) To ensure that participants understand Yekokeb Berhan's expectation of all volunteers.
- 3) To conduct a final evaluation of the training.

When? 3:45 PM – 4:45 PM

Time Needed: 1 hour

Materials needed: One copy of the Yekokeb Berhan workshop evaluation form for every participant. A Certificate of Appreciation (by the Implementing Partner) is optional.

10.1 - Review of Day Three (15 minutes)

Ask participants to reflect on the day, and address any remaining issues from the Parking Lot.

10.2 - Closing (15 minutes)

Offer an additional closing ceremony (with a Certificate of Participation - optional).

10.3 - Workshop Evaluation (30 minutes)

Facilitator Notes: As a final activity, ask all participants fill out a standard Pact evaluation form. In the event of many low-literate participants, there may be oral feedback, but this should be documented by the facilitator or someone else in the room.

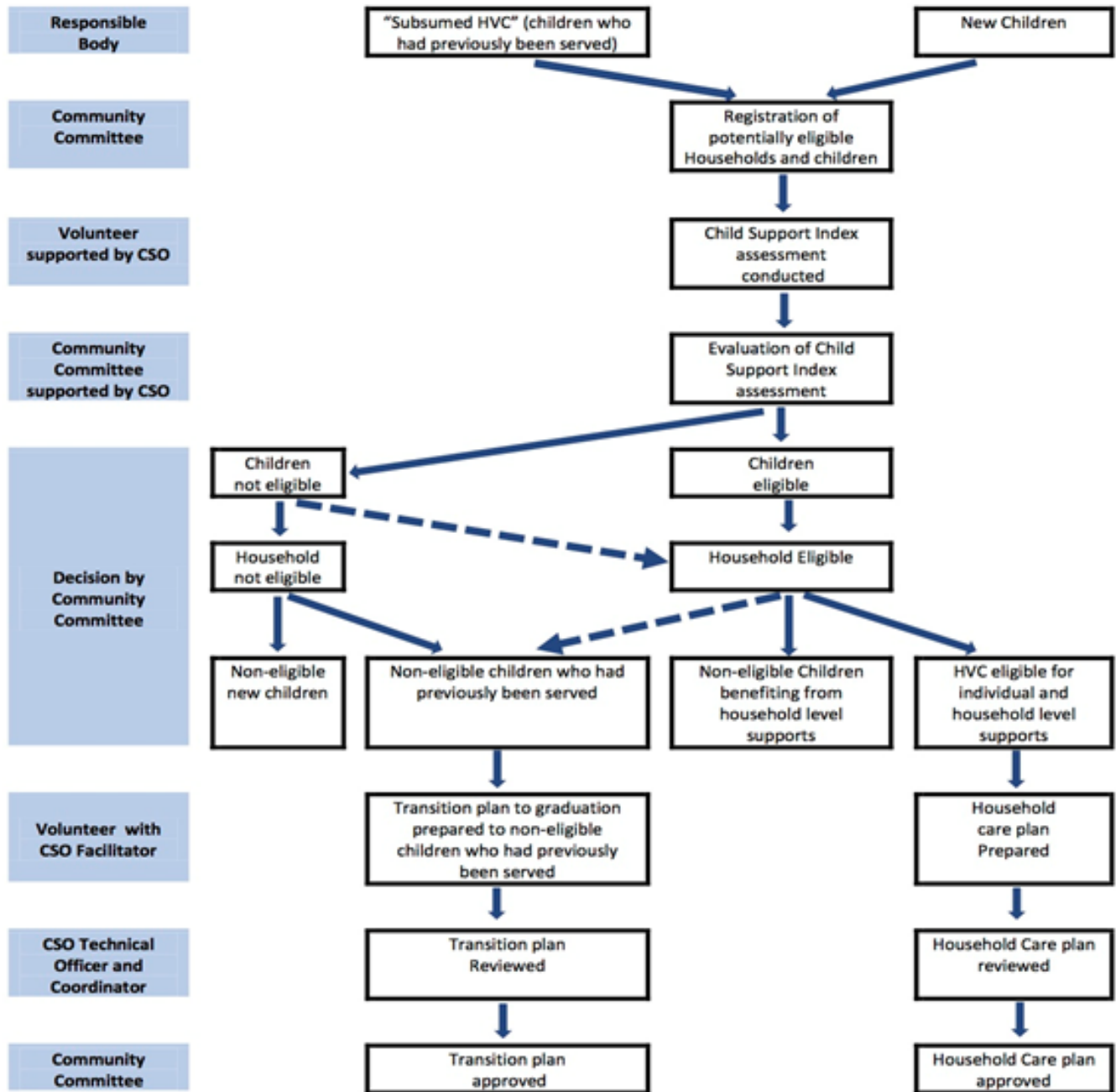
HANDOUTS:

One copy should be made for all participants. See next pages.

(Most important are Handouts C and D – one copy of page 1 and 3 copies of page 2)

- A. Enrolment Process flow-chart
- B. Yekokeb Berhan Household Eligibility and Follow Up Recommendations
- C. The Scoring Guide and Service/Action Codes
- D. The Child Support Index and Care Plan

HVC IDENTIFICATION AND ENROLMENT PROCESS



Note: The dotted arrows in the chart are to depict that some children who are not as such eligible based on their CSI result could be member of in an eligible household and hence indirectly benefiting household level supports and conversely, there could be some previously supported HVC in a given eligible household who are no more eligible and should be graduating.

HANDOUT B

YEKOKEB BERHAN HOUSEHOLD ELIGIBILITY FORM & FOLLOW-UP RECOMMENDATIONS



Implementing Partner: _____ Region _____
 Woreda _____ Kebele _____ House No. _____

CHILD & HOUSEHOLD IDENTIFICATION

Primary Caregiver in Household: Name: _____ ID _____

Children in the household

Child -ID	Name of Child	Sex	Date of Birth	Previously served under USAID program (Yes/ No)

HOUSEHOLD SCREENING (part A)

Check the circle if any child (under age 18) in the household meets the following eligibility criteria:

- Child is an orphan (1 or both parents died)
- Child is HIV+ and/or the primary caregiver is HIV+
- Primary caregiver is chronically ill (meaning, she or he is often or always bedridden), or elderly or disabled
- Child is known (or appears to be) abused, neglected or exploited
- Child lives outside any family care (e.g. street child)
- Child is exposed to different forms of abuse, violence and/or exploitation
- Child is in conflict with the law
- Child has an obvious disability that is not receiving care and support
- Child lives in a child- or youth-headed household
- Child is malnourished (moderate to severe)
- Child is unaccompanied due to displacement
- Child is stigmatized or marginalized for other reasons

If any of these criteria are checked, a CSI assessment should be completed.

Additional information if known: (If not known, mark DON'T KNOW. It is not necessary to ask)

Are any household members known to be HIV+? YES ___ NO ___ DON'T KNOW ___

If yes, list names: _____

Of these persons, who is receiving ARV treatment? _____


Are there children in the house with a visible disability (for example physical or developmental)

Name of child: _____ Age _____ Type of disability: _____

Name of child: _____ Age _____ Type of disability: _____

SUMMARY AND FOLLOW-UP ACTIONS (part B)

Score Summary from the CSI (# of low-scores out of 20 indicators plus actions.
Alternatively, attach a copy of the CSI)

Child's name	# of 1-dots	# of 2-dots	Any  ?	Recommended Actions list codes

Unless there are over-riding situations or the Community Committee decides otherwise, eligibility for ONGOING SUPPORT is confirmed if a child scores at least four ONE-DOTS or 8 TWO- DOTS or a combination. Children who received support in the past but are no longer eligible should be transitioned towards graduation.

Describe critical situations OR if there are children who should be transitioned towards graduation:

COMMUNITY COMMITTEE DECISION

The following children are eligible for Yekokeb Berhan support:

The recommended actions are approved: Yes ___ No ___ Comments?

Signature of CC representative and date: _____



CHILD SUPPORT INDEX – Scoring Guide and Codes

Shelter and Care

1. Shelter is clean and dry.



:: Shelter is clean and dry, even in the rainy season. This indicator is best observed by the volunteer, not asked directly as a question. Look that there are no holes in the roof, secure windows and door, etc.

:: Shelter is okay most of the time, but there are some problems.

.. Shelter is dirty and/or leaks badly and needs significant improvements

. This family has no shelter; they are living on the street or temporarily with others

2. Primary caregiver is 18 + & provides regular care, attention, support.



:: Primary caregiver is 18 + and provides regular care, attention, support. This indicator may be asked of children when the caregiver is not present; it may also be observed or described by neighbors,

:: Primary caregiver is 18+, but there are occasional gaps in regular care, attention or support.

.. Primary caregiver is 18+, but does not give regular care, attention or support due to illness or the caregiver is often absent

. There is no adult supervision; e.g. this is a child-headed household.

3. Household has access to safe drinking water.



:: Household always has access to safe drinking water. This indicator is best observed by the volunteer, not asked directly as a question.

:: There are some times when the household cannot access safe drinking water.

.. Access to safe drinking water is difficult much of the time.

. The household has absolutely NO access safe drinking water; this often results in sickness.

1. Service/Action Codes for Shelter and Care

101 Materials provided for Personal hygiene & House Cleaning [soap, Paraffin , sanitary pads, etc.]	107 Night clothes like blanket Bed-sheet, matures etc... / provided	114. HVC educated on Hygiene
102 Home Repair	108 child reunification with families or extended families facilitated from institution	115. Day care services provided
103 House rent coverage	109. Facilitated foster care	116. Linked with Kebele for Home/shelter
104 Street Child reunified	110. Facilitated temporary shelter	117. Clothes provided
105 Access facilitated to Safe / Potable water	111. Adult coaching during Home visit provided	118. Referral for shelter & care to other agencies
106 Provision of home utensils	113. Linked to Legal body for home inheritance	

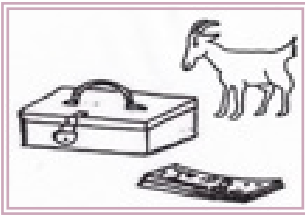


Economic Strengthening



- :: Household is able to meet minimum needs (expenses) for most of the year. The volunteer may ask about HOW the household meets their basic, minimum expenses.
- :: Basic minimum expenses can be met, but irregularly and not bigger expenses such as secondary school or repairs.
- .. Much of the time, the household has difficulty meeting their minimum expenses; for example, they are behind in rent, can't afford the expense of sending all their children to primary school, and/or owe money to other people.
- . The household ALWAYS has a BIG PROBLEM meeting their minimum expenses. They are destitute !!! -e.g. living on the street or at risk of being on their street, always begging for food, etc.

5. Family has regular income and/or income.



- :: Family has regular income and assets that contribute to income. The volunteer may observe or ask employment, small savings, and/or an Income Generating Activity
- :: There are some income gaps during the year and/or assets are very limited.
- .. Income is irregular and there no assets OR there are some assets but no income.
- . Family has NO assets and NO income. They live from day to day, not knowing where their next meals will come from.

2. Service/Action Codes for Economic Strengthening

201. BDS training provided	207. Training and Memberships in SAC (saving and credit) Facilitated.	213. Materials like minutes, financial register, saving box, etc... provided for saving groups
202. Financial management training provided	208. Startup capital /Seed money provided	214. Job/employment facilitated
203. Micro and small scale business management training provided	209. Revolving fund provided	215. Linkage with Microfinance created for revolving/startup capital financial support management, saving service and technical support
204. Vocational training	210. Mentoring and coaching support on IGA provided	216. referral created for any economic strengthening support to others
205. Training and Memberships in SHG Facilitated	211. Technical support provided on local market analysis	
206. Training and Memberships in CSSG Facilitated	212. Linkage for follow up and support with government micro and small scale office created	

Coordination of Care

6. Household has someone / somewhere to go in the community for referral and/or support.

- :: Household members have someone/somewhere in the community where they can go for help, for example referral and/or support. This may include a volunteer, friend, religious leader, teacher, extended family member, local organization, etc.



- :: Most of the time the household has someone, where they can go to for help, but this is not consistent; there are gaps.
- .. Household members do not usually have someone in the community where they can go to for help; occasionally they find support but this is a challenge most of the time.
- . There is no one to go to for help; this household is isolated, always functioning on its own.

7. Services provided to the children are well coordinated in response to the children's needs.



- :: Services are always well coordinated in response to the children's needs. Information on this indicator may come up in the conversation, when the volunteer learns that there has been a (recent) need for other services and support.
- :: Often, services are well-coordinated in response to the children's needs, but sometimes there are some gaps or problems.
- .. There are many challenges in the coordination of services for the children's needs, but occasionally there is (has been) a good response.
- . Services are NOT AT ALL well-coordinated and don't ever respond to the children's needs.

3. Service/Action Codes for Coordination of Care

801. Care-management support by IP volunteer.

802. Referral to others for care management ,

803. Work with local CC to improve the Coordination of Care in the community

Legal Protection

8. Child has access to legal support. (Examples: birth registration, protection from illegal practices)



- :: Child has a birth registration or certificate that can assist with legal protection. There have been no other legal concerns (for example, around property grabbing or early marriage) or, if there were, these have been solved in the child's interest.
- :: Legal protection is partial or in process. For example, the child may not have a birth registration or certificate (or it has been applied-for but has not yet been received). No other legal problems have been identified (or, if they were, they are in-process or have been solved in the child's interest).
- .. To date, no attempt was made to get a birth registration or certificate. In addition, there is some concern about vulnerability to property grabbing or other legal problems.
- . Child DOES NOT have ANY legal protection and has been a victim of property grabbing or other actions for which legal protection was needed.

9. Child appears safe from any abuse, neglect or exploitation.



- :: Child appears safe from any abuse, serious neglect or exploitation (includes child labor). Note: this indicator is mostly determined by looking for signs and symptoms of abuse. The volunteer may also ask the caregiver, "How do you handle discipline?"
- :: Most of the time child is safe from any abuse, serious neglect or exploitation, but there is some risk.
- .. Situation is not clear: volunteer needs to pay more attention to possible risks of abuse, neglect or exploitation



	<ul style="list-style-type: none"> . Volunteer hears or suspects that the child may be experiencing some abuse, serious neglect or exploitation, but this is not clear. (Follow-up in required, in conjunction with Yekokeb Berhan's child protection policy and procedures.)
	<ul style="list-style-type: none"> ⚠️ EMERGENCY: Child is clearly being abused, serious neglected or exploited. (This is an emergency!!! Follow-up immediately via Yekokeb Berhan's child protection policy.)

3. Service/Action Codes for Legal Protection

301 Facilitated for Birth Certificate	305. Facilitated protection and legal education by other agencies
302 Will writing/ Inheritance right ensured	306. Reporting & follow up of abuse/neglect/exploitation
303 Court expense coverage	307. Referral for Legal Support
304. Facilitated child rights and Legal education by concerned government bodies	

Health

10. Child is free from signs and symptoms of disease & is physically healthy for daily activities

	:: Child is free from signs and symptoms disease & is generally physically healthy for normal daily activities. Observe and ask about child's recent health.
	:: The child gets sick occasionally, but is usually physically healthy for normal daily activities
	.. Periodically the child is weak or ill and during these times she or he not healthy for normal daily activities
	. Child is often weak or ill and not healthy for normal daily activities
	⚠️ Child is seriously ill right now without adequate treatment. (This is an emergency!!! Follow-up with immediate medical care.)

11. Child has access to health care services, incl. preventive & curative

	:: Child has regular access to health care services, incl. preventative & curative. For adolescents this includes reproductive health services. For adolescents, it is best to ask this question away from adults.
	:: Most of the time the child has access to health care services, incl. preventative & curative, but there are (or recently have been) gaps.
	.. Child does not often have access to health care services; preventative & curative treatment is not accessed most of the time.
	. Child NEVER access to health care services, incl. preventative & curative

12. Child has received age-appropriate immunizations (for under 6 years only).

	:: Child as all immunizations up to date. Volunteer may ask to see immunization record.
	:: Child is partially immunized
	. Child has had NO immunizations up to date. Note there is no opportunity to score two dots
	Not applicable – child is 6 years or over



4. Service/Action Codes for Health Care

401 Immunizations facilitated	405. Linkage with health centers for provision of Deworming medicines facilitated	409. Physical therapy for children with disabilities.
402 HIV & AIDS education provided (Prevention, care & treatment)	406. General Medical checkup support provided	410. Referral for other Medical Care
403 Non HIV & AIDS education (RH, HTP, FP, Malaria, etc...)	407. Referral for ART	
404 Medical Expense (like transport, drugs, examination costs) Covered	408. Training on health care to older HVC and guardians/parents provided	

Psycho-social Care

13. Child is sociable & enjoys playing with peers



- :: Child is generally sociable & enjoys playing with peers. This may be observed; volunteer may ask the child, "How do you like to spend your free time?"
- :: Mostly, the child is sociable & enjoys playing with peers but this is not consistent (the behavior is uneven).
- .. The child is frequently unsociable and does not usually enjoy playing with peers
- . Child is NEVER cooperative; he/she NEVER enjoys playing with peers.
- Not applicable – child is too young for this indicator

14. Child expresses hope about the future.



- :: Child is eager to share her/his hopes or dreams about the future. Volunteer should ask the child about his or her interests, hopes for the future, what she/he wants to be when grown up.
- :: There are some times when child shares hope about the future, but the child also expresses doubts (has no hope), or is sometimes moody or withdrawn).
- .. Child has a hard time expressing hope about the future; child is frequently moody or withdrawn
- . Child has no hopes or dreams for the future; child is always or almost always moody or withdrawn.
- Not applicable – child is too young for this indicator

15. Child is treated the same as other children in household; not stigmatized.



- :: Child is always treated the same as other children in household; not stigmatized. This is generally observed or revealed by child and other sources.
- :: Child is usually treated the same as other children in household; but is occasionally stigmatized.
- .. Child is frequently stigmatized; is not treated the same as other children in household in a significant way.
- . Child is never treated the same as other children in household; is always stigmatized.



5. Service/Action Codes for Psychosocial Supports

501. Counseling through volunteers provided	504. Facilitated for membership in Peer groups for life skills education	507. Guidance (including parenting skills) provided during home Visit
502. Life Skill training provided	505 Memory book preparation orientation/education provided/ materials for MB provided and written	508. Participated on recreational tours
503. Participated in Group Play/ recreation events like soccer, drama	506 Experience sharing arranged for HVC using role models	509 Referral for PSS

Food and Nutrition

16. Child has food on a regular and consistent basis.



- :: Child has food on a regular and consistent basis. The volunteer may ask what the child usually eats; what she/he ate yesterday, etc.
- .. Much of the time, the child has food, but there are periodic gaps – for example, during certain times of the year.
- .. Having food is a problem much of the time; there are frequent gaps when the child is hungry.
- . Having food is ALWAYS a problem; hunger is constant.

17. Child is not malnourished (does not show physical signs of inadequate food)



- :: Child is not malnourished; for example no malnutrition symptoms, The volunteers asks or observes this.
- .. Child shows some possible signs of malnourishment, .e.g. some stunted growth, but is still appears to be within the normal range
- .. Child definitely shows some signs of malnutrition, but can still participate in all normal children's activities.
- . Child shows multiple signs of malnutrition , and is often too weak to participate in all normal children's activities.
- ⚠ Child is severely malnourished ill right now and needs immediate treatment.
(This is an emergency!!! Follow-up with immediate medical care.)

6. Service/Action Codes for Food & Nutrition

601 Food Portion /Supplementary feeding provided on temporary bases	605. Referral for food support (e.g. food-by-prescription, therapeutic feeding)
602 Home/Kitchen garden training provided	606. food supported in School feeding
603 Micronutrient (Vitamine A, etc...) provided	607. Education on exclusive breast feeding provided
604 Education on food preparation/preservation provided	608. Food support or referral for pregnant and lactating women



Education

18. Young child receives early childhood stimulation at home or in a center; Older child is in secondary school, vocational education, or life-skills training.



:: Young child is stimulated by learning and being active with peers in the home or the community, including Early Childhood Development program or kindergarten. For the older child (post-primary school), this indicator refers to participation in secondary school, vocational training and/or life-skills training. Ask how the child spends his or her time.

.. There are some times when young child /older child is positive stimulated in school, community activities or home.

.. Child only occasionally attends school.

. Child does not attend any school or learning; is idle or isolated

Not applicable (child is too young for any schooling or is in primary school)

19. Child (7+) attends school is performing well, to graduate to next class. (Includes children with disabilities.)



:: Child (school age) normally attends school is performing well in accordance with the government standards for the child's grade, and is passing to graduate to next class. Information may come from the school; not only the child or caregiver. Includes children with disabilities, of school age.

.. Child (7+) is sometimes absent and/or is not performing very well, but there is still a good chance she/he will graduate to next class.

.. Child (7+) does not regularly attend school and/or is performing poorly. Graduating to the next class is at risk (strong chance it will not happen).

. Child (7+) DOES NOT attend school and/or is failing; will not graduate to next class.

Not applicable (child is too young or has completed grade 10)

20. Child has sufficient school materials, supplies & school clothes



:: Child normally has sufficient school materials, supplies & school clothes. The volunteer may ask to see the things the child takes to school

.. Often the child has sufficient school materials, supplies & school clothes, but there are gaps when some things are delayed or not available.

.. Child has very limited school materials, supplies and school clothes, or only for part of the year

. Child does not have ANY school materials, supplies & school clothes

Not applicable (child is too young for any schooling or has completed school).



7. Service/Action Codes for Educational Supports

701. School Fee covered in private schools	705. School development/ improvement fee covered	709. After School study & homework assistance provided
702. School uniform provided	706. School development/ improvement fee exemption	710. Bags, reference books provided
703. pens, pencils and exercise books provided	707. Educational visit facilitated	711. Awards provided for achievers
704. Tutorial support facilitated	708. Supported in Early Childhood Care	712. Referral for educational support(e.g. scholarship)

Service/Action Codes (Action Codes) are for two-dot, one-dot, and emergency situations only.

KEY TAKE-HOME MESSAGES
 Being honest in your CSI scoring is the best way to help families and children.
 True emergencies need immediate, follow-up actions

REMINDER:

Service/Action Codes are required for two-dot, one-dot, and emergency situations only 

Unlike the first year when the CSI was conducted, there is no longer a separate Follow-Up Care Plan. Now, this information is included on the CSI itself, under each indicator. It should be filled out for all enrolled children.

- Where it says, >Care-action planned? the volunteer should put a mark next to the , which means YES, or next to the , which means NO.
- If the answer is YES () , a service-code (or Action Code) should be written-in, depending on that type of action is recommended.

If you have any questions, contact your Implementing Partner.

YEKOKEB BERHAN CHILD SUPPORT INDEX & CARE PLAN



Partner organization _____ Region: _____ Woreda: _____ Kebele: _____

Today's date: Y ___ /m ___ /d _____ Primary Caregiver name _____ Gender: M ___ F ___ ID _____





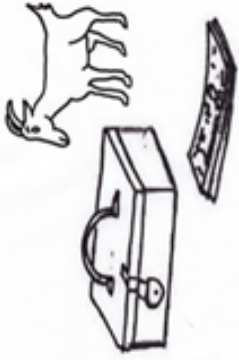


Age of caregiver _____ Volunteer name: _____ First assessment ✓? _____ Re-assessment ✓? _____ One form per HOUSEHOLD _____

* Caregiver is HIV+: NO ___ YES ___ (on treatment? yes ___ no ___) ? DON'T KNOW or NOT TESTED _____

* Child is HIV+: NO ___ YES ___ (on treatment? yes ___ no ___) name _____ / DON'T KNOW or NOT TESTED _____

of children in the household _____ Does anyone in the house have an obvious disability? NO ___ YES ___ Name: _____ (* do not directly ask these questions, but record if known)
















Shelter and Care (GoE: 2.2.1)		Economic Strengthening (GoE: 2.2.2)	
<p>1. Shelter is clean & dry.</p> 	<p>2. Primary caregiver is 18+ & provides regular care, attention, support.</p> 	<p>3. Household has access to safe drinking water.</p> 	<p>4. Household is able to meet minimum needs (expenses) for most of the year</p> 
<p>> Care action planned? ✓ ___ X ___</p> <p>Action code: _____</p>	<p>> Care-action planned? ✓ ___ X ___</p> <p>Action code: _____</p>	<p>> Care-action planned? ✓ ___ X ___</p> <p>Action code: _____</p>	<p>5. Family has regular income and/or assets.</p> 
<p>Comments (include major changes in household in the last year):</p>			
<p>6. Household has someone / somewhere to go in the community for referral and/or support.</p> 			
<p>7. Services provided to the children are well coordinated in response to the children's needs.</p> 			
<p>> Care action planned? ✓ ___ X ___</p> <p>Action code: _____</p>	<p>> Care-action planned? ✓ ___ X ___</p> <p>Action code: _____</p>	<p>> Care-action planned? ✓ ___ X ___</p> <p>Action code: _____</p>	<p>> Care-action planned? ✓ ___ X ___</p> <p>Action code: _____</p>

YEKOKEB BERHAN CHILD SUPPORT INDEX & CARE PLAN

Partner organization _____ Region: _____ Woreda: _____ Kebele: _____

Today's date: y ___ / m ___ / d ___ Child's name _____ Gender: M ___ F ___ Relationship to caregiver: _____ ID _____

Date of Birth y ___ / m ___ / d ___ Volunteer name: _____ First assessment ✓? _____ Re-assessment ✓? _____ One form for EACH CHILD

Legal Protection (GoE: 2.2.3)		Health Care (GoE: 2.2.4)		Food and Nutrition (GoE: 2.2.7)		Education (GoE: 2.2.6)						
<p>Child has access to legal support. (Examples: birth registration, protection from illegal practices)</p> 	<p>9. Child is safe from any abuse, neglect or exploitation.</p> 	<p>10. Child is free from visible disease & is physically healthy for daily activities.</p> 	<p>11. Child has access to health care services, incl. preventive & curative</p> 	<p>12. Child has received age-appropriate immunizations = for under age 6 only =</p> 	<p>13. Child is sociable and enjoys playing with peers.</p> 	<p>14. Child expresses hope about the future.</p> 	<p>15. Child is treated the same as other children in household; not stigmatized</p> 	<p>16. Child has food on a regular and consistent basis.</p> 	<p>17. Child is not malnourished (does not show physical signs of inadequate food)</p> 	<p>18. Young child receives early childhood stimulation at home or in a center. Older child is in secondary school, vocational education or life-skill training.</p> 	<p>19. Child (primary school age) attends school & is performing well to graduate to next class. (Includes children with disabilities.)</p> 	<p>20. Child has sufficient school materials, supplies, & school clothes.</p> 
<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>	<p>> Care action planned? ✓ ___ X ___ Action code: _____</p>
<p>Comments:</p>												
<p>⚠ = Danger / Emergency! Refer child immediately & follow-up.</p>												



YEKOKEB BERHAN PROGRAM FOR HIGHLY VULNERABLE CHILDREN