

Transcript 01

1 Q: So it sounds like the CSI being adapted in several ways. It sort of depends on what
2 the individual program might need, what the program is trying to accomplish and what
3 the staff there feels is appropriate. Is that right?

4 A: Yes. I think the CSI advanced our knowledge and understanding of child centered
5 social service delivery and what it meant to focus on improvement over time and begin to
6 quantify that in some way. It's use of a scale was brilliant in my opinion, that zero to
three, that was the greatest advancement. And it's breakdown according to the six
service areas. I think the limitations right from the get go, as I said, it did not take a
systems approach. It looked at child measures only, not at family improvement, family
measures, what the parent/caregiver learned about parenting, about economic
strengthening, about health and hygiene and all of that, which presumably then would get
carried over to family practice. It was only one child at a time so we always believed that
the whole is greater than the parts and there wasn't a sense of whole. So the lack of
household piece I think is one big detriment. It is extremely subjective despite its efforts
to be objective.

Q: Okay. So, anyway, I'm interested in you talking about being completely subjective,
which of course—

A: Well, not completely, but heavily. More subjective. I didn't say completely. I said
more subjective than people thought it was going to be.

Q: Okay. I've heard that a lot.

A: On the positive side, I don't believe we would have made the progress we did in the
standards if we didn't learn to think like the CSI made us think. I really think, I mean I
said that before, but I really think it fed the way we think about the standards.

Q: And that's really with the six domains in the service delivery areas that you were
explaining.

A: Yeah. Different countries have standards that cover different areas and don't
necessarily break down with 6+1. And the one in Ethiopia, for example, has a whole
extra domain on coordination, which is very systems oriented. But it really got us to
think. I think it would have been much more difficult for all of us to think in terms of
standards if we didn't have a clue of how they break down in terms of measurements,
right, because the whole idea is to get standards that are measurable. So it really fed that
process, which has been a significant advance. I mean also with some detriments and
downsides but a significant advance in the field. So I really don't want to denigrate the
CSI at all.

Q: Okay.

- child centered
- improvement over time
- scale
- 6 services
- Not take whole family into consideration
- subjective

- standards standardized to domains

- measurable standards

A: Now let me say the third deficit. I think that the biggest thing that worries me as I move into [a new position] is that to the extent that we expect caregivers, volunteers, to fill out the CSI as part of a case management process, we have to understand that a high percentage of them are low literate or illiterate. And even the way it was put together it's just still too complicated. And what I liked about the Project Hope adaptation is although they're even more subjective. They did smiley faces. A super smiley face, a smiley face, a sort of flat face and then a sad face. So you get the question, which comes to you in pictorial forms, so you're taught the question and presumably remember the question triggered by the picture, and let's say one of the questions has to be very specific eats two meals or more a day. You've got two little meals there and then it's super happy, happy, blah or unhappy. Or I go yeah, [makes noises] kind of thing. And I'm not sure—I mean I think that's even more subjective but at least it's accessible to low literate people.

• too complicated

Q: So do you think it's just—I want to go ahead and make sure. So the three challenges you really talked about are the family focused aspect, the subjectivity and then expecting the level of caregivers out there to use it.

A: Well, I just want to add one other problem to it. I think we have to understand it within cultural context. I mean I really don't know much about country XX. This may be true everywhere—family caregivers, parents always try to make their situation out to be as terrible as it possibly can be because they think that way they're going to get more support. There is a natural inclination, and I have heard that, to say it's terrible and we have nothing to eat and we're starving. And that may be true and it may not be true. But people who are poor, who see somebody coming in with a pencil and a paper who has access to services, is going to try to get as much as they can and wouldn't you do the same thing. So whenever there is the opportunity to say, "Oh, we're suffering". So you can just imagine that's going to muck up the CSI left, right and center, isn't it?

• diff cultural contexts/values

• subjective

Q: Yeah. Interesting.

A: So I think we have to understand it in terms of cultural morays and approaches to need and hunger and illness and suffering. I also think we have to understand it in terms of the different values that are placed on the different domains.

• diff cultural value context

Q: So what sort of improvements can be made to the CSI? How do you incorporate those sort of things into the CSI in a different way?

A: I'm struggling with that myself. I mean I think, as I said, it's a wonderful tool and it helps us understand the complexity of children's needs. It unpacks the issue of OVC care. And so I think it has tremendous value in sensitization and training at all levels. I think we have to continue to adapt it for limited usage. If it's going to be used other than a case management tool, because it's terribly time consuming also, I'd like to see it used on a sampling basis. I don't think we make enough use of sampling. So I think on a sampling level I think you can actually use it then for data collection, not to measure things over time, but to get some indication across a large number of children and a large number of programs. It can't easily be used for outcome. Like everything it's much

• time consuming

• used sampling

easier to use for inputs and maybe a few outputs, but certainly not outcome. I think it still does have some possibilities but it's got to be a whole lot simpler, a whole lot simpler, especially for volunteers. But it's very difficult to reduce.

• make simpler

Q: And I was wondering if you could comment—I know you've worked with many different countries and they're all doing different kinds of things. So do you have any sort of overarching thoughts about approaches to CSI training and different models that are used?

A: Well, it's a long training and people have to do it in the field and it has to be observed in the field. So I mean you have to actually watch. The few times that I've led CSI training or worked to develop curricula, which other people then led, it always had a fieldwork piece to it. So you had to sort of explain the domains and explain quality standards. It all was tied together. And then actually teach the tool and then go out and do the tool. So it's not you can't do it in less than a week.

• long
• has 2B observed

Q: Yeah.

A: Which is expensive and time consuming.

• expensive / time consuming

Q: Have you had any experience with step down trainings, so where there's a tier T and then it keeps sort of stepping down to different levels?

A: Yeah. It's called cascade training because it waters down.

• cascade training by non-trainers.

Q: Can you elaborate on that?

A: Well, it's inevitable. You train people who aren't trainers. The TOT person is supposed to be a good trainer because that's that person's job. But the next level aren't trainers. And they get about half of what you teach them and then they teach them and it's about half. So if this is not crystal clear self-explanatory, it's fraught from the beginning. But that's true of everything that we do. I mean you really, in so much of what we train, you really need to hope to get a few core principles across, and a few extra things, but not all the details, the cascade approach is very difficult.

Q: Yeah. And it's being used on such a large level in a lot of the countries. You just hear of thousands of people.

A: Because we can't think of any other way. We were asked to think of other ways in the project and you say maybe this one could be done by radio and maybe this one could be a self-teach manual. Yeah. But they don't read. So maybe this one could be some tapes. Yeah. But there's no electricity. There's almost no way around it. You tell me. I wonder about the reliability and the validity of the data that they're getting.

• reliability validity