



***Information and Action Toolkit***  
**REPSSI Partners Development Consultative  
Forum**  
**Tamsen Rochat**

**Child Youth Family and Social Development**

Social science that makes a difference

**15th April 2008 Johannesburg**



# Overview

- The 3 R's
  - Reasoning, Relationships and Reality
- Conceptual Frameworks
  - Filters, Information and Action
- Child Wellbeing Indicators
  - Organizing 'helping' with evidence
- The Information and Action Tool
  - What it looks like, how it works, why is it important
- Reflections
  - The power of the dataset

# Starting Thoughts

- If you don't change your direction you will end up where you are headed
  - Not everything that counts can be counted and not everything that can be counted counts.
- Practice Door
  - Policy Door
  - Research Door

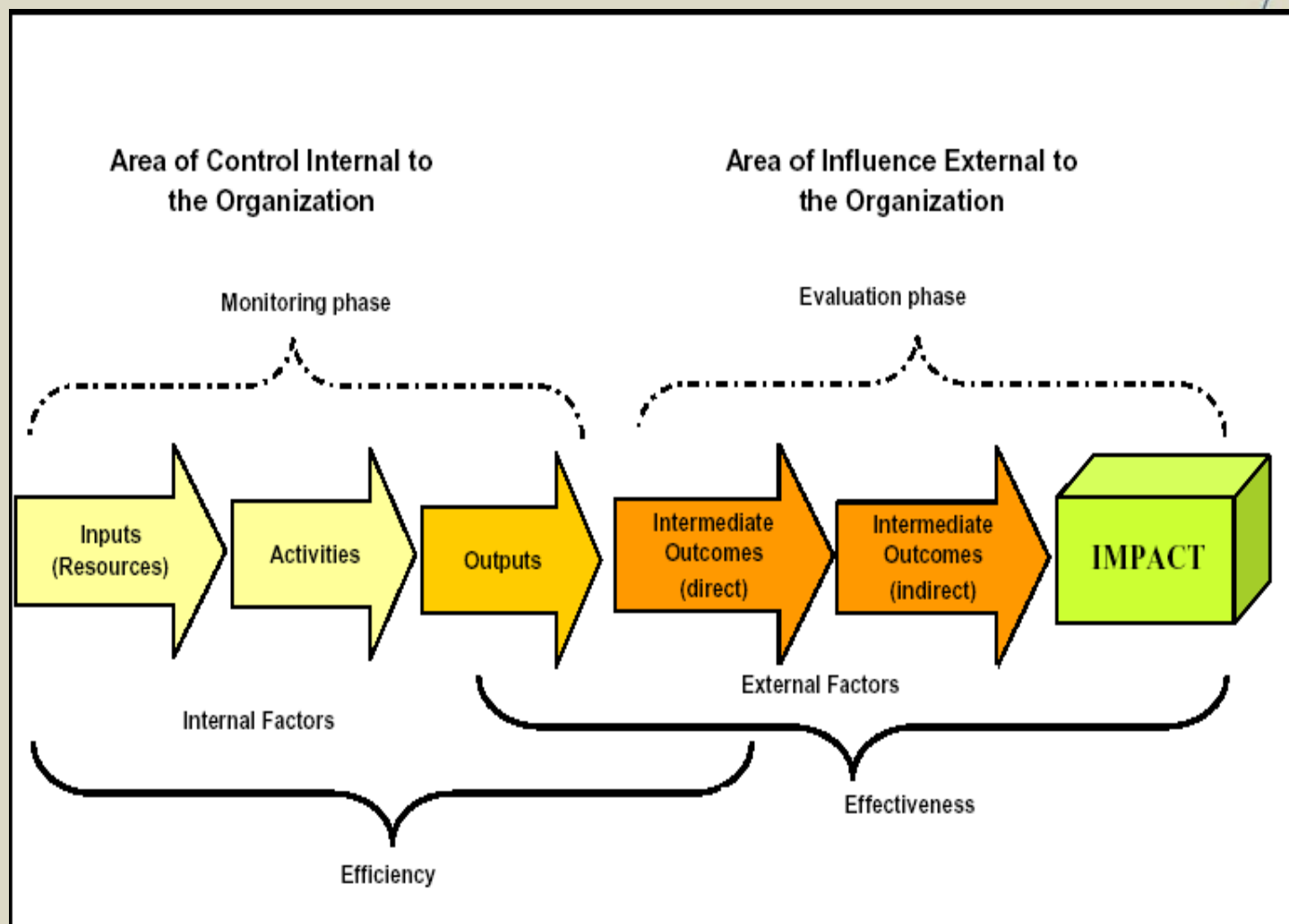
**CHILD IN CONTEXT**

## The 3 R's

Reasoning	Relationships	Reality
For Whom? What? Why?	With whom? Together with? To what end?	Responding? Practice? Checking?
Hypothesis Building Empirical Research	Monitoring Evaluation Impact	Reflection Research Policy Implementation



# Conceptual Frameworks



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# Demystification of Research

- Theoretical frameworks - Research as a way of knowing, theory as a way of thinking
- Methodology – How do we do this, research is a way of doing, evidence is everywhere
- Sampling – who's evidence, experience, ideas and why
- Identifying the “big bad wolf” the flight or fight syndrome

# Framing our Actions

- **How we look at children in need**  
How we see and think about children will determine how we go about helping them.
- **Detours in our efforts to help children**  
Orphans, Children indirectly affected, Children in households fostering, Children with chronically ill parents, Children living with AIDS
- **Identifiable Risk Groups**  
Orphans versus vulnerable children versus all children  
In reality all children in Africa face many complex challenges to survival, health and well being

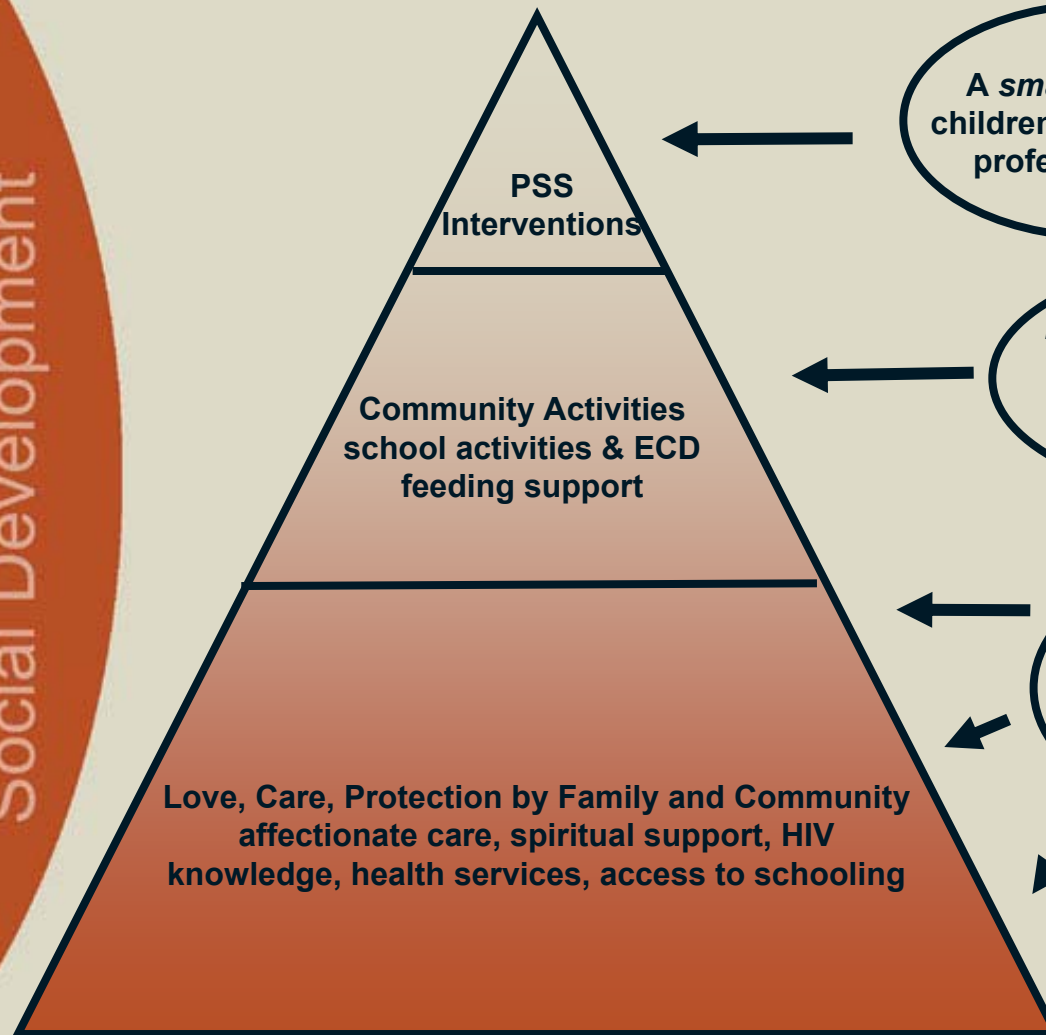
# Appropriate Responses

- **Everyday lives and systems of care**  
Best systems of care are embedded in collective community and program responses which support and strengthen family and community care
- **Improving Integration**  
Stand alone material or psychosocial versus the value of integrated programs and the mainstreaming of psychosocial well being and support programs
- **Balancing health, protection, psychosocial and other needs**  
Ensuring that emphasis on one does not crowd out other needs. Remaining cost effective.



# Interventions: Who needs what?

Child, Youth, Family and  
Social Development



A *small* number of children require urgent professional help

*Many* children could benefit from non-specific support activities

The *majority* of children do well without external assistance but their family and community care systems need support

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Focusing the compass

# Mental Illness ↔ Mental Health

- Children living with HIV/AIDS
- Orphans
- Children living with sick caregivers
- Children taken into family fostering
- Children in households that foster in children
- All children in communities affected by HIV/AIDS
- All children & **families** in extremely poor communities

Individual  
Therapeutic  
Emergency



Family  
Community  
Developmental

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# Child Wellbeing Indicators

An alternative to doing what we “think” “feel” or  
“believe” will help...



Is to find ways to “know” what help is needed...



To do this need and wellbeing measurement must  
be...



Child Centered



Bottom up



Action orientated

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**HSRC**  
Human Sciences  
Research Council

# The Development Partnership

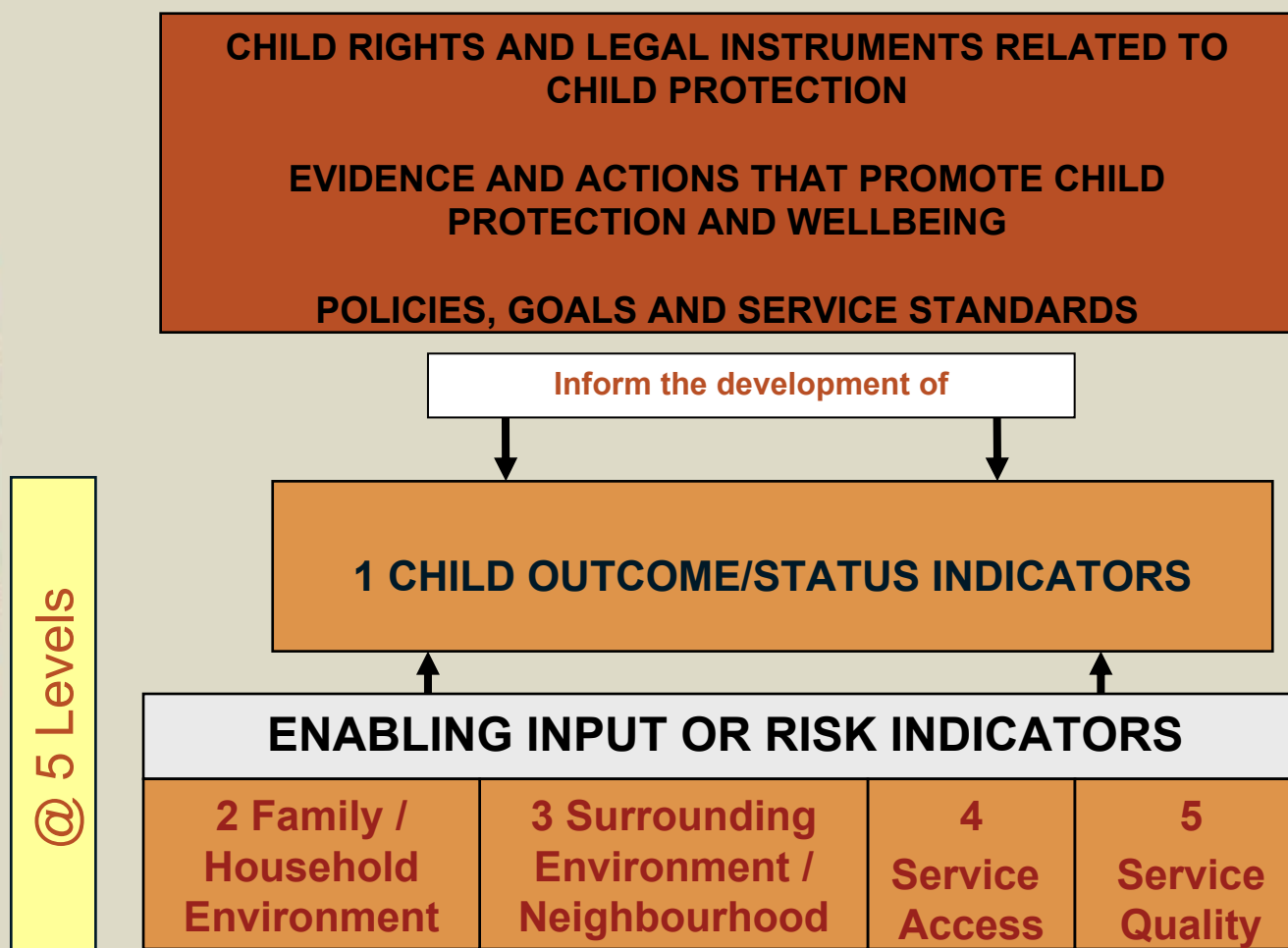
- **HSRC and REPSSI** undertook a process aimed at developing a monitoring and evaluation tool for community-based organizations which was:

<b>CLEAR</b>	Simple and reliable
<b>RELEVANT</b>	Useful to those who collect and use information
<b>ECONOMIC</b>	Not cost too much and be affordable at scale
<b>ADEQUATE</b>	To the job and information needs
<b>MONITORABLE</b>	Based on valid and reliable measures





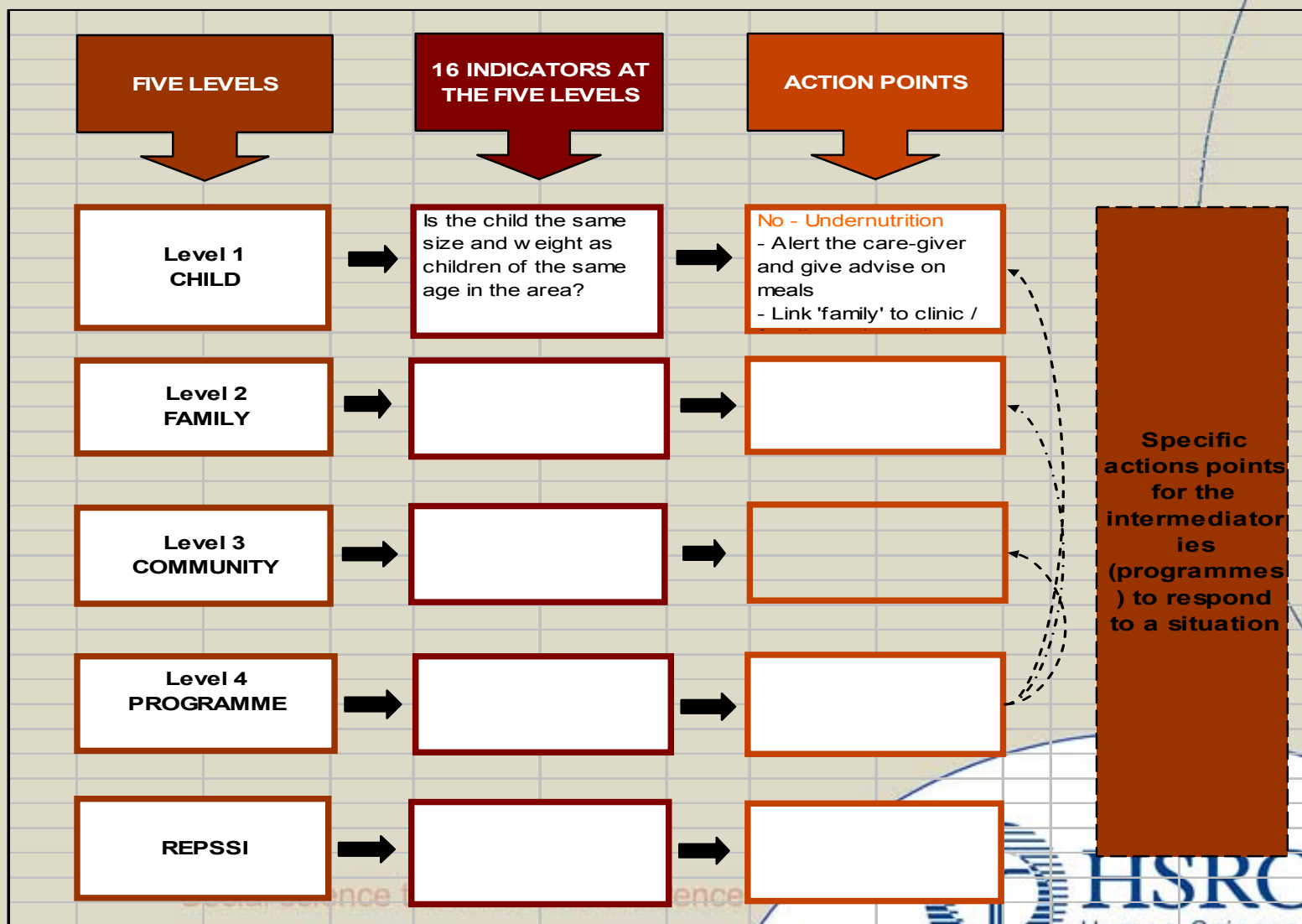
# Framework for Indicators



Dawes, 2005

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# Levels – Indicators - Actions



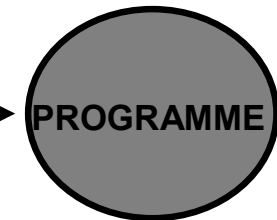
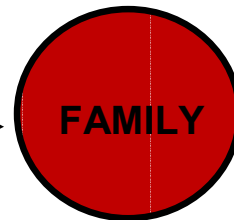
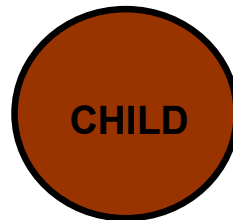
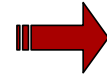
# Framework for Action

Child, Youth, Family and  
Social Development

## If a child is doing well:

Remark on the child's behaviour  
Tell the caregiver why the behaviour is important  
Tell them that it is their care that makes a difference to the child  
Encourage them to keep providing loving care  
Ask them if they need any information or help  
Assure them that they can call on you if they do

Community Worker  
with Information  
and Action Tool



Networks, community  
resources, other  
organizations in the area



## If a child is not doing well:

Be sensitive and kind  
Remark on the child's development  
Sympathise with the difficulties they face  
Tell the caregiver why the child's behaviour is important  
Tell them that their care can make a difference to the child  
Help them to solve practical problems  
Link them with groups/organizations that can help them  
Encourage them and make a time to come back



Families support children  
Communities support families  
Programs support communities

# Information and Action Tool pg 1



REPSSI

## INFORMATION & ACTION TOOL #2

FOR SUPPORTING CHILDREN, FAMILIES AND COMMUNITIES.



HSRC

### INFORMATION

Indicate your response to each question by placing an "X" in the relevant block.

ORGANIZATION			COUNTRY			DATE	DD / MM / YYYY		
TOWN/SITE			COMMUNITY WORKER						
ACTIVITY	NUTRITION	ECD	SCHOOL	PAED. ARV	HBC	COMM. DEV.	YOUTH EMP	EMERGENCY	NONE
REASON FOR CONTACT WITH CHILD	REFERRAL		OUTREACH		REFERRED BY <small>(give the name of the organization or programme)</small>				
HOUSEHOLD ADDRESS						TOWNSHIP/SITE			

### CHILD DETAILS

IF THIS CHILD HAS ANY OF THESE DOCUMENTS, PLEASE MARK WITH AN "X".

NAME			SURNAME			BIRTH CERTIFICATE			IMMUNIZATION CERTIFICATE			
AGE		BOY	GRL	DATE OF BIRTH	DD / MM / YYYY		YES	NO	DONT KNOW	YES	NO	DONT KNOW

### FORMAL EDUCATION

AGE & EDUCATION CATEGORY	INFANT 0 - 2 YRS	PRE-SCHOOL 3 - 5 YRS	PRIMARY SCHOOL 6 - 12 YRS	SECONDARY SCHOOL 13+ YRS	NOT IN SCHOOL
IF NOT IN SCHOOL, GIVE REASON?				GRADE PASSED	

### HOUSEHOLD INFORMATION

NUMBER OF PEOPLE IN THE HOUSEHOLD?	MALE	FEMALE	NUMBER OF CHILDREN IN THE HOUSEHOLD UNDER THE AGE OF 5?	MALE	FEMALE	NUMBER OF PEOPLE IN THE HOUSEHOLD OVER THE AGE OF 55?	MALE	FEMALE



# Information and Action Tool pg 2

HOW MANY OF THE CHILD'S BROTHERS AND SISTERS ARE NOT LIVING IN THIS HOUSEHOLD?

WHO IS THE CHILD'S PRIMARY CAREGIVER?

MOTHER	FATHER	AUNT	GRANDMOTHER	OLDER BROTHER OR SISTER	OTHER:
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IS THE CHILD'S

MOTHER	DECEASED
FATHER	DECEASED

OR

ALIVE
ALIVE

IF ALIVE, WHERE DO THEY LIVE?

IN HOUSEHOLD
IN HOUSEHOLD

KNOWN TO LIVE ELSEWHERE
KNOWN TO LIVE ELSEWHERE

DON'T KNOW
DON'T KNOW

IF A PARENT IS DECEASED, IF THE DEATH CERTIFICATE AVAILABLE, PLEASE MARK APPROPRIATE BOX WITH AN "X"

MOTHER	OR	FATHER
--------	----	--------

## HEALTH STATUS OF THE HOUSEHOLD MEMBERS

HAS ANY MEMBER OF THE HOUSEHOLD BEEN CHRONICALLY ILL IN THE LAST 3 MONTHS?

PARENT	GRANDPARENT	OTHER PRIMARY CARE GIVER	BROTHER OR SISTER	OTHER	NONE/ NOBODY
PARENT	GRANDPARENT	OTHER PRIMARY CARE GIVER	BROTHER OR SISTER	OTHER	NONE/ NOBODY

IS ANY MEMBER OF THE HOUSEHOLD DISABLED?

HAS ANY MEMBER OF THIS HOUSEHOLD DIED DURING THE LAST TWO YEARS?

YES	NO	HOW MANY MEMBERS OF THIS HOUSEHOLD HAVE DIED IN THE LAST TWO YEARS ?	<input type="text"/>
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IF YES, WHAT WAS THE RELATIONSHIP TO THIS CHILD?

PARENT	GRANDPARENT	OTHER PRIMARY CARE GIVER	BROTHER OR SISTER	OTHER
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## INCOME AND EMPLOYMENT

IS AT LEAST ONE ADULT

IS THIS CHILD

EMPLOYED	RECEIVING REMITTANCE	RECEIVING PENSION/GRANT	DOING OTHER LIVELIHOOD ACTIVITIES? (FOR CASH OR KIND) LIST THESE ACTIVITIES
YES NO	YES NO	YES NO	
YES NO	YES NO	YES NO	

IF THIS CHILD IS EMPLOYED OR DOING OTHER LIVELIHOOD ACTIVITIES, HOW MANY HOURS PER DAY ARE SPENT EARNING THIS INCOME?

<input type="text"/>	HRS PER DAY
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# Information and Action Tool pg 3

	CHILD			FAMILY			COMMUNITY		
NUTRITION & GROWTH	CHILD UNDER 5: SMALLER THAN AVERAGE?	Y	N	CHILD UNDER 5: FEED/SUPERVISE AT LEAST TWO MEALS A DAY?	Y	N	FEEDING SCHEME IN COMMUNITY?	Y	N
	CHILD OVER 5: LOOKS VERY THIN?	Y	N	CHILD OVER 5: AT LEAST ONE MEAL A DAY?	Y	N	FEEDING SCHEME AT SCHOOL?	Y	N
	ACTION PLAN:								
SELF RELIANCE	CHILD UNDER 5: PERSON CHECKS CHILD EATS/ASSISTS WITH MEALS	Y	N	CAN HOUSEHOLD SUPPLY RESOURCES FOR CHILDREN'S BASIC NEEDS?	Y	N	HELP HOUSEHOLD SECURE BASIC NEEDS?	Y	N
	CHILD OVER 5: SEES TO OWN FOOD?	Y	N						
	ACTION PLAN:								
HEALTH	CHILD UNDER 5: NOT COMPLETELY IMMUNISED?	Y	N	NEAREST HEALTH FACILITY ACCESSIBLE BY FAMILY?	Y	N	OUTREACH/ HOME BASED CARE/ COMMUNITY HEALTH SERVICE?	Y	N
	CHILD OVER 5: OBVIOUS HEALTH PROBLEM?	Y	N	LOOKS HEALTHY/PROSPEROUS?					
	ACTION PLAN:								
EDUCATION	CHILD UNDER 5: SLOW DEVELOPMENT?	Y	N	CHILD UNDER 5: SOMEONE SHOWS INTEREST/PROVIDES STIMULATION?	Y	N	FACILITIES FOR AFTER SCHOOL CLASSES/ASSISTANCE PROGRAMME FOR FEES OR DISABLED STUDENTS SPECIAL NEEDS?	Y	N
	CHILD OVER 5: ATTEND SCHOOL REGULARLY?	Y	N	CHILD OVER 5: SOMEONE SHOWS INTEREST IN CHILD'S ACTIVITIES/SCHOOLWORK/HOBBIES?	Y	N			
	ACTION PLAN:								
CAREGIVER	CHILD IDENTIFY PERSON AS CAREGIVER?	Y	N	ONE ADULT IN HOUSEHOLD IDENTIFIES SELF AS RESPONSIBLE FOR CHILD'S CARE?	Y	N	CAREGIVER ASSOCIATED TO COMMUNITY GROUP?	Y	N
	ACTION PLAN:								
AFFECTIONATE CARE	AFFECTIONATE TOWARDS IDENTIFIED CAREGIVER?	Y	N	CAREGIVER AFFECTIONATE TO CHILD?	Y	N	CAREGIVER ASSISTANCE PROGRAMMES?	Y	N
	ACTION PLAN:								
EMOTIONAL SUPPORT	ANY ADULT/CHILD TO RELY ON IN DISTRESS?	Y	N	ANYONE SUPPORT/COMFORT CHILD IN DISTRESS?	Y	N	SUPPORTS FOR CHILDREN IN DISTRESS?	Y	N
	ACTION PLAN:								

# Information and Action Tool pg 4

	CHILD			FAMILY			COMMUNITY		
FRIENDS	CHILD UNDER 5: PLAY WITH OTHER CHILDREN?	Y	N	FRIENDS/NEIGHBOURS VISIT?	Y	N	COMMUNITY OUTREACH FOR ISOLATED HOUSEHOLDS?	Y	N
	CHILD OVER 5: CHILD HAS ONE GOOD FRIEND?	Y	N						
	ACTION PLAN:								
PLAY	OPPORTUNITY TO PLAY? (TIME/TOYS/ RESOURCES)	Y	N	CHILD UNDER 5: SOMEONE PLAYS WITH CHILD?	Y	N	COMMUNITY RECREATIONAL FACILITIES AVAILABLE?	Y	N
				CHILD OVER 5: ENCOURAGED TO PLAY?					
	ACTION PLAN:								
STRENGTHS	CHILD OVER 3: ABLE TO IDENTIFY OWN STRENGTHS/TALENTS?	Y	N	SOMEONE IN HOUSEHOLD APPRECIATES CHILD'S STRENGTHS/TALENTS?	Y	N	ACTIVITIES THAT VALUE OWN BELIEFS/CULTURE/LANGUAGE?	Y	N
	ACTION PLAN:								
FUTURE ORIENTATION	CHILD OVER 3: EXPRESS FUTURE HOPES/DREAMS ?	Y	N	PLANS FOR CHILD'S CARE/EDUCATION AND FUTURE?	Y	N	FAMILY'S TENURE/FUTURE SECURE IN COMMUNITY?	Y	N
	ACTION PLAN:								
SPIRITUAL SUPPORT	CHILD OVER 3: SPIRITUAL BELIEFS/ PRACTICES HELP THEM?	Y	N	REGULAR HOUSEHOLD SPIRITUAL BELIEFS/PRACTICES?	Y	N	FAMILY/CHILD ATTEND COMM. FAITH SERVICES OR EVENTS?	Y	N
	ACTION PLAN:								
WORK	CHILD OVER 3: MORE WORK OR RESPONSIBILITY THAN AVERAGE?	Y	N	AT LEAST ONE HEALTHY STRONG ADULT AT HOME?	Y	N	ASSISTANCE WITH ARDUOUS LABOUR?	Y	N
	ACTION PLAN:								
HIV/AIDS KNOWLEDGE	CHILD OVER 5: KNOW AGE APPROPRIATE HIV/AIDS	Y	N	CAREGIVER/TEACHER OPENLY COMMUNICATES ABOUT HIV/AIDS?	Y	N	PREVENTION/TREATMENT/CARE SUPPORT SERVICES?	Y	N
	ACTION PLAN:								
DISCRIMINATION/ STIGMA	CHILD OVER 3: FEEL STIGMATISED/DISCRIMINATED?	Y	N	FAMILY STIGMATISED/DISCRIMINATED?	Y	N	MECHANISMS TO COMBAT STIGMATISATION?	Y	N
	ACTION PLAN:								
ABUSE	ANY INDICATION OF ABUSE?	Y	N	ANY INDICATION FROM FAMILY OF CHILD	Y	N	RECOURSE/PROTECTION FOR	Y	N
	ACTION PLAN:								

# Field Test

- HSRC Research Ethics
- REPPSI partner site (Sinosiso HBC-PSS)
- Training Program
  - One day training with two groups
  - First language translator
  - Quality assurance week
- Field work @ 5 sites (urban and rural)
  - Replaced organizational forms (1/12)
  - Validation interviews (15 families)
  - Weekly coordination meetings
- REPSSI participation throughout

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# Data Forms Collected

Site	Frequency	Percent	Valid Percent	Cumulative Percent
Etete	66	11.7	11.7	11.7
Groutville	210	37.2	37.2	48.9
Lamontville	131	23.2	23.2	72.2
Siyanda	59	10.5	10.5	82.6
Sundwini	98	17.4	17.4	100.0
Total	564	100.0	100.0	

IAT administered in respect of 564 children in 329 families = 40% of all families in organizations portfolio

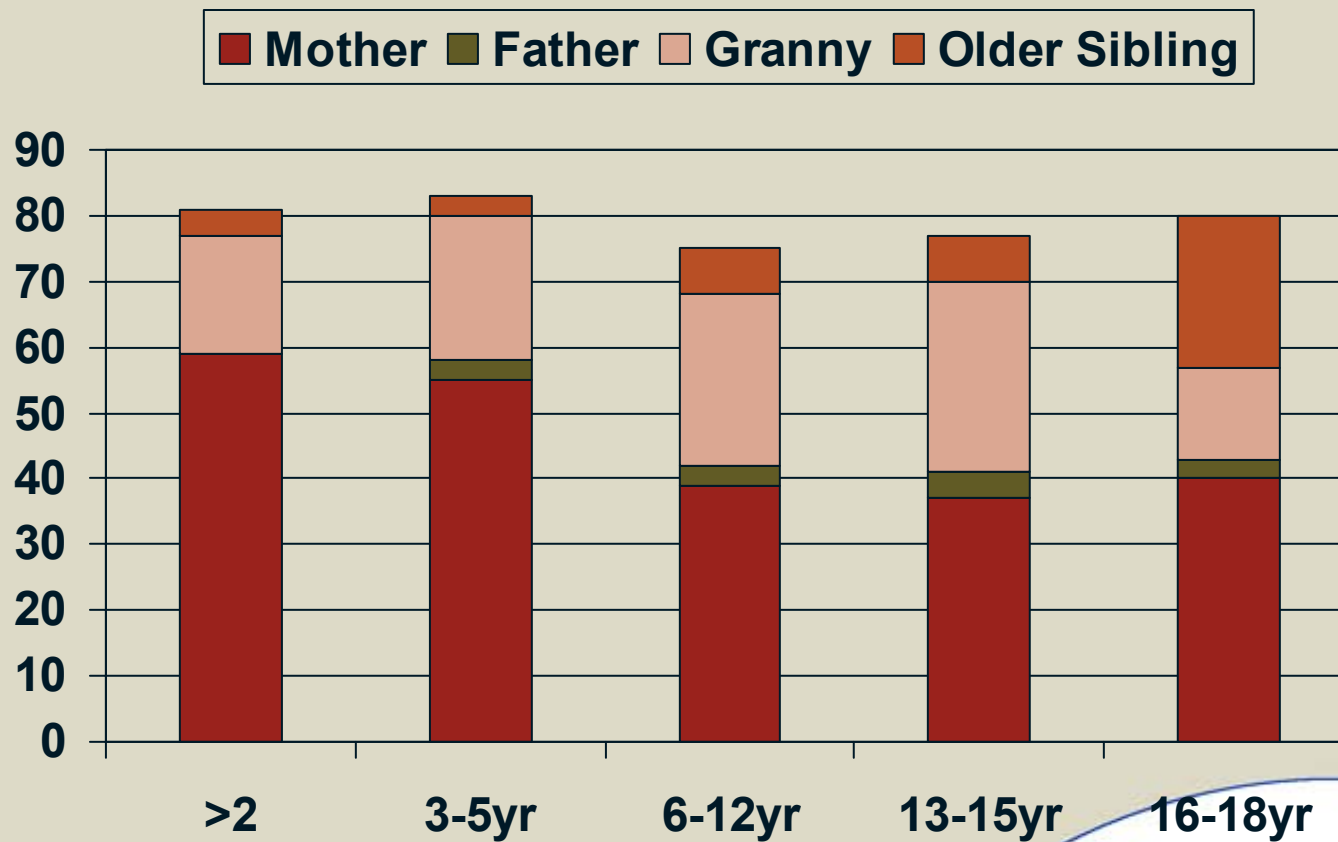
# General socio-demographics

Age group	<2 years	3-5	6-12	13-16	17-18
Male	13	34	99	69	14
Female	9	31	131	70	21
Total	22 (4%)	65 (13%)	230 (47%)	139 (28%)	35 (7%)
Removed 73 cases with <b>unknown age</b> (n=24) and <b>older than 18</b> (n=49)					491

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# Care giving



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# Indicators: Protective factors

Age	<2	3-5	6-12	13-16	17-18
Child ID Care Giver	86%	89%	96%	99%	94%
Care Giver ID self	91%	88%	93%	98%	86%
Adult distress	91%	92%	97%	99%	86%
Strengths	-	58%	79%	87%	91%
Hopes	-	51%	79%	92%	89%
Play	77%	88%	92%	98%	89%
Spiritual	-	71%	78%	87%	94%

# Indicators: Risk factors

Age	<2	3-5	6-12	13-16	17-18
Too much work	-	15%	28%	25%	28%
HIV knowledge	-	-	71%	87%	91%
HIV stigma	-	-	6%	8%	0%
Family ID abuse	9%	11%	11%	4%	3%

Community worker observed or child reported abuse in 7 additional cases <2%



# Indicators for ACTION

- **Children under five (site)**  
Risk factors for <5's = high risk + low resources  
Lack of access to health facilities (40%)  
Absence to Documentation (MC 38%)  
Community and NGO programming
- **Child Abuse (network)**  
Generally too high (10%) NGO to develop network  
REPPSI to develop support programming
- **Immunization (community)**  
Site specific finding requires community level intervention  
NGO and REPPSI can support activities

# Volunteer Experiences

- Usability

Volunteers liked the form, found it easy to use, structure was valuable, less writing

- Intervention alert

Felt it alerted them to issues they weren't previously aware of, and captured more information

- Dialogue

Identified strengths and weakness Feedback gave them confidence

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# Comments: Volunteers

“The question about HIV/AIDS that we ask the child showed me what they know about HIV. Before I thought they were too small to know, and I was shocked that they know a lot. And if you ask them they are not shy to tell you. This I think was a very good thing for me to find out”

“Some caregivers, you can see on their faces, they never thought about the child’s strong points. So you help them to see the positive things, and there is lots of smiling and talking when we ask about these. This is good”

“Using these forms makes it easier for me to see the relationship between the child and caregivers. Because when you start asking, you can see straight away, you can see what type of a relationship this is”

# Feedback loops across levels

- **Volunteer**  
Catchments profiles: ages/gender of children, closeness, types of problems, bring families together when appropriate
- **Supervisor**  
Management of caseloads, case planning and guidance, types of problems, actions needed
- **Organization**  
Evaluate reach, appropriateness of targeting, problems to be addressed, Gaps in community resources, training needs
- **REPSSI**  
Training and support, Program development

# The way forward

- Discussion and Feedback
- Development of follow up form
- Tracking over time
- Development of Action Intervention Plans which are culture and community sensitive
- Getting to scale (multi country testing)



# Researchers Reflections

- The Power of the Dataset
- Research tools and research tasks
- Platforms for epidemiological research
- Levels of talking and responsibility
- Approaches
  - Scientist (Research Partners)
  - Scientist – Practitioners (Collective)
  - Practitioner (Programme Partners)