



## Measuring Adolescent Well-being: National Adolescent Assessment Cards (NAACs)

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### WHY A NATIONAL ADOLESCENT ASSESSMENT CARD?

Advocacy and action for adolescents have been hampered by the lack of a concrete results framework that can be used to describe the state of the world's adolescents and serve as a basis for goals and targets. Furthermore, there is a need for such a framework to incorporate interventions in a range of sectors that contribute to adolescents' development and well-being. At country level, no sets of indicators are available against which to measure progress. Equally, at the global level, no framework to review outcomes against targets exists. Notably, a large number of existing indicators that are available to measure adolescent well-being tend to be problem- or risk-oriented, limiting our ability to understand adolescents fully.

In order to fill this gap, UNICEF, in collaboration with key partners, is facilitating the development of an outcome-based framework that incorporates the key dimensions of an adolescent's life and a proposed set of globally comparable indicators that will provide a common platform to track the progress of adolescent development and well-being. These indicators will form the basis of a National Adolescent Assessment Card (NAAC) that will incorporate core policy and programme elements; build on, synthesize and strengthen existing adolescent initiatives; and support advocacy and action at global, regional and national levels.

#### **Selection criteria for indicators**

*The indicators included in the NAAC have been selected based on a number of criteria:*

- Simple and easy to collect
- Disaggregated by age, sex and other relevant characteristics
- Universally relevant
- Appropriate across settings
- Part of existing and routine data collection mechanisms
- Linked to other efforts at national level to collect and synthesize data, such as the SDGs
- Able to stimulate action at country-level.

### FIVE WELL-BEING DOMAINS

The indicators are organized into 5 well-being domains. These were conceived after a review of the literature and exploration of existing sectoral frameworks. The five domains reflect the ways in which national governments are usually organized and incorporate the core policy and programme elements that have been agreed upon in previous international consensus meetings.

- Adolescents attain their highest physical health and mental well-being;
- Adolescents feel safe and protected in their families, among their peers, in their schools and in their social/virtual environment;
- Adolescents are actively engaged in learning in formal or non-formal education systems;
- Adolescents are socially, culturally and civically active in their communities;
- Adolescents are prepared for sustainable and non-exploitative, productive work.

Uniquely, these domains interpret adolescent well-being using positive development or assets-based language, striving for a more balanced approach to measuring risks and opportunities for adolescents. The NAAC will include five core indicators in each of the five domains (5X5) that will be universally relevant, and a number of 'Plus' indicators that countries themselves will be able to select based on specific national priorities in the various domains, for example HIV-related mortality or Female Genital Mutilation/Cutting (FGM/C).

The selected indicators intend to support and stimulate an intersectoral and rights-based approach to policies and programmes and ideally should link with indicators that are collected before and after the second decade, in order to make connections across the life course. In addition to the limited list of outcome indicators that would be included in the NAAC, countries will be able to include indicators of particular importance to their specific situation. At the same time, it will be important to provide

guidance and strengthen national processes to support the collection of other more operational country-specific data that would need to be collected if the indicators are to influence national policies and programmes.

Piloting the NAAC will take place during 2016. The first step involves populating the card with existing data for pilot countries. Pilot countries – which include Brazil, Indonesia, Nepal and Zambia – will focus on four initial actions during the pilot: 1) Reviewing the indicators included in the 5x5 matrix and related materials; 2) Sharing this with an existing interagency/governmental group focusing on adolescents (where this doesn't exist, it's an opportunity to form such a group); 3) Working with that group to select 'Plus' indicators for the different domains; and 4) Clarifying what would be useful for interpreting the indicators and using them to strengthen policies and programmes regarding situation analysis/programme tools and technical assistance.

#### ANCHORING THE NAAC IN COUNTRY PROCESSES

Importantly, the NAAC is aligned to the SDGs, a critical step to ensure governments are invested in measuring and tracking adolescent well-being. If the NAAC is to stimulate action at national level as well as contribute to advocacy, it will need to be relevant to countries, and be able to respond flexibly based on national priorities. Increasingly the role of civil society organizations in championing transparent publication of the status of adolescents in their country needs to be encouraged. In some cases, these issues may be sensitive.

#### KEY EVENTS IN THE DEVELOPMENT OF THE NAAC

**January 2015-March 2015: Initial consultations with a wide variety of partners including WHO, Nike, UNFPA, Gates Foundation, etc**

**March 2015-September 2015: Preparatory phase**

**September 2015: First Partner consultation meeting, New York**

**October 2015 – January 2016: Populating score cards and initiation of discussions with pilot countries**

**February –April 2016: Additional data secured from World Bank and World Health Organization**

**May 2016 – June 2016:**

**Webinar with flagship countries, piloting**

**September 2016: Launch of NAAC**

An Expert Meeting on the General Comment on Adolescence (currently in the final stages of drafting) has raised the potential for the NAAC to provide an important accountability tool to monitor states' obligations and commitments under the Convention on the Rights of the Child (CRC). The feasibility of a light touch tool is being explored with key CRC committee members, with a view to providing a user-friendly assessment of countries that could serve to strengthen the Committee's concluding observations.

#### **Challenges in Measuring Adolescent Engagement and Participation**

*Outcome indicators for adolescent participation are currently not well developed, and more work is needed to capture the outcomes of participation, beyond process measures. Participation cuts across different domains and contexts. It has two dimensions: a social dimension (participation in school, sport etc) and a legal dimension (as defined by the CRC, the right to voice concerns).*

*The challenge is to determine which aspect the NAAC should focus on: general participation that captures the whole adolescent population, or participation which focuses on specific groups of vulnerable adolescents such as those with disabilities. Important aspects of participation include: the opportunity to provide feedback in various settings, participation within the family, and in decision making. Given the difficulty in identifying suitable indicators, further work is needed to focus on measurement of meaningful participation. A task team is being developed to serve as a reference for a consultant. In 2016, the consultant, working with the team will review the literature and the experience of country offices in order to create a conceptual framework for development of participation and engagement indicators.*

National Adolescent Assessment Cards - Domains					
	Health and Well-being	Education and Learning	Protection	Transition to Work	Participation and Engagement
5  X  5	All-cause mortality rate <sup>a</sup>	% of adolescents at the end of lower secondary education achieving a minimum proficiency level in (a) reading and (b) mathematics <sup>d</sup>	% of women aged 20-24 who were first married or in a union before age 15 and 18 <sup>b</sup>	% of adolescents aged 10-17 who are engaged in child labour <sup>b</sup>	% of 13-year-old students endorsing values and attitudes promoting equality, trust and participation in governance <sup>d</sup>
	Suicide (self-harm) mortality rate <sup>a</sup>	% of 15-19 year-olds with ICT skills by type of skill <sup>d</sup>	Intentional homicide: Number of homicide victims among adolescents aged 10-19 per 100,000 population (i.e., homicide rates), by age and sex (and by mechanism and type of perpetrator, where possible) <sup>a</sup>	Average weekly time spent on unpaid household services among adolescents aged 10-17, by sex <sup>b</sup>	% of adolescents who have the right to vote in national elections (who do vote?) <sup>h</sup>
	Adolescent birth rate: <sup>b</sup> Annual number of births (10-14, 15-19 years) per 1000 adolescent females in that age group.	Completion rate for primary education (calculated for adolescents aged 3-5 above the official ending age for a given level of education) <sup>b</sup>	% of ever-partnered adolescents aged 15-19 who experienced any physical, sexual and/or emotional violence by a current or former intimate partner in past 12 months <sup>b</sup>	% of 15-19 year-olds enrolled in TVET <sup>e</sup>	Participation by adolescents (aged 15-19) in labour unions or associations
	Prevalence of under/over nutrition <sup>b</sup> % of 15-19 year-olds with BMI < 18.5 % or 15-19 year-olds with BMI > 25	Completion rate for lower and upper secondary education (calculated for adolescents aged 3-5 above the official ending age for a given level of education) <sup>b</sup>	% of adolescents aged 10-17 who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month <sup>b</sup>	% of 15-19 year-olds not in education, employment or training (NEET) <sup>e</sup>	% of adolescents who indicate that their views were taken seriously in decisions made at home, school and in their community
	Alcohol use: % of adolescents aged 13-15 who had at least one alcoholic drink on at least one or more days during the past 30 days <sup>c</sup>	Out-of-school rate <sup>h</sup>	% of adolescents aged 13-15 who reported being bullied at least once in the past couple of months, by sex <sup>c</sup>	Unemployment rate 15-19 year-olds disaggregated by age, sex and disability <sup>e</sup>	% of adolescents who participate in recreational, social or leisure activities for a specified time during the day/week

### National Adolescent Assessment Cards - Domains

	Health and Well-being	Education and Learning	Protection	Transition to Work	Participation and Engagement
PLUS examples	Estimated number of AIDS-related deaths (among adolescents aged 18-19) or estimated number of new HIV infections (among adolescents aged 15-19) <sup>f</sup>	An aspirational indicator: How far in your education do you expect to go? <sup>i</sup>	Proportion of adolescents living in multi-dimensional poverty <sup>b</sup>	% of adolescents with financial literacy skills and ownership of savings <sup>e</sup>	An indicator on volunteerism (e.g. % of adolescents who volunteered at least once in the past month)
	Mortality rate from road traffic injuries <sup>a</sup>	Gross enrolment ratio for tertiary education <sup>e</sup>	Percentage of victims of violence in the previous 12 months who reported their victimization to competent authorities (crime reporting rate) <sup>d</sup>	Proportion of 15-19 year-olds below international poverty line disaggregated by sex and employment status <sup>d</sup>	% of adolescents who used the Internet in the last 12 months
	Maternal mortality ratio: deaths in 15-19 year-olds per 100,000 live births for a specified time period <sup>b</sup>		% of adolescent girls aged 10-19 who have undergone FGM/C <sup>b</sup>		Participation in formal or non-formal movements
	Prevalence of anaemia <sup>b</sup> % of female 15-19 year-olds with Hb <120 g/L % of male 15-19 year-olds with Hb <130 g/L		% of adolescents experiencing positive connection and regulation <sup>c</sup>		Mechanisms are in place to provide feedback by adolescents on the quality, accessibility and appropriateness of public services for adolescents
	Contraception (met need): % of adolescents who are sexually active and who have their need for contraception satisfied with modern methods <sup>b</sup>		% of children receiving a child or other social grant <sup>d</sup>		% adolescents with access to formal processes at school/community/national level that provide adolescents with opportunities to input into decisions that affect them (criteria to be developed)

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	Health and Well-being	Education and Learning	Protection	Transition to Work	Participation and Engagement
PLUS examples	Depression/anxiety prevalence <sup>g</sup>		Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner since age 15 <sup>d</sup>		
	Tobacco use: % of adolescents aged 13-15 who have smoked at least one cigarette or more in the past 30 days <sup>b, c</sup>		Percentage of young women and men aged 18-24 who experienced sexual violence by age 18 <sup>d</sup>		
	The proportion of adolescents 15-19 with one or more partner in the last 12 months who report condom use in their last intercourse <sup>b</sup>				

**Legend**

<sup>a</sup> WHO Global Mortality Database (Global Health Estimates) and data from the UN Population Division

<sup>b</sup> DHS, MICS and other nationally representative surveys

<sup>c</sup> GSHS and/or HBSC

<sup>d</sup> SDG indicator TBD

<sup>e</sup> Other (World Bank, UIS, ILO)

<sup>f</sup> UNAIDS Estimates

<sup>g</sup> in development

<sup>h</sup> Administrative Sources

<sup>i</sup> TIMMS

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