The Office of Research is UNICEF’s dedicated research arm. Its prime objectives are to improve international understanding of issues relating to children’s rights and to help facilitate full implementation of the Convention on the Rights of the Child across the world. The Office of Research aims to set out a comprehensive framework for research and knowledge within the organization, in support of UNICEF’s global programmes and policies, and works with partners to make policies for children evidence-based.

Publications produced by the Office are contributions to a global debate on children and child rights issues and include a wide range of opinions. The views expressed are those of the authors and/or editors and are published in order to stimulate further dialogue on child rights and ways to fulfill them.
UNICEF Research for Children
2013
From Evidence to Action
* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.
For more than 60 years, UNICEF has known the value of research for children and has sought to ensure that its policies and programmes are evidence-based. It has also invested funds in seeking answers to urgent or enduring problems, and turning the knowledge gained into improvements in the lives of children.

Research for children has a special place. It recognizes that children’s realities are very different from those of adults. It treats children not as passive objects, but as subjects with their unique concerns, needs and value systems. It takes into account the dynamic nature of children’s lives, as they go through diverse stages as they grow up and experience a rapidly changing world. Research for children can be complex and daunting, however, and many researchers feel they do not have the skills and methodological tools to do justice to the challenges.

UNICEF is calling for more research for children, to guide the decisions and actions of governments and others who can impact on the well-being of children. It is also making the case for research to be more child-centric and ethically sound, in response to the changing landscape of child rights.

UNICEF’s own contribution to research spans an extensive range of topics affecting the lives of children: their health, nutrition, early cognitive and social development, child protection and safe environment. It delves into the complex and intertwined issues that underpin these outcomes, such as poverty, equity, social and family support. It always seeks to make a difference – now – to the lives of children.

This volume represents the first systematic attempt to showcase the breadth and depth of the organization’s research work. At the end of 2012, the Office of Research invited UNICEF’s country and regional offices, national committees and headquarters, to submit recent examples of research for children. Some 91 submissions of research either conducted directly by UNICEF, or commissioned through partners were received. From these, 10 were selected to illustrate UNICEF Research for Children 2013. An independent external review panel* picked a further three for special commendation and recognition: the contributions from country offices in Kosovo, Niger and South Africa.

The result is a compilation of research activities that covers themes as diverse as the scaling up of early child development and the impact of repatriation on children's lives, and covers geographical areas from Latin America to Asia and from Africa to Europe. Each in its own way is innovative, either by exploring new approaches, developing new tools, or reformulating old problems in a broader policy space, without forgetting the fundamentals of respecting and reinforcing child rights. All, in their various ways, show how the process of research can provide direction, inform policy and shape decision-making in favour of children.

We hope that these examples will inspire others to invest in research for children. Through their wide dissemination, we aim to encourage further research both across the organization and among partners and, crucially, to ensure that new approaches to research for children continue to be explored and applied.

Gordon Alexander
Director, UNICEF Office of Research - Innocenti

* Special thanks are due to the panel consisting of Paul Dornan, Senior Policy Officer, Young Lives, Oxford Department of International Development, University of Oxford, and Saad Houry, Former Deputy Executive Director, Programmes, UNICEF (Chair), with inputs from Frances Lund, Senior Research Associate, Howard College, University of KwaZulu-Natal, and Associate, Brooks World Poverty Institute, University of Manchester.
Analysis of Niger’s plummeting child mortality rate is a powerful testament to policy choices that have a real impact.


Child mortality is an important and well-researched area, but in 2012 it was revealed that only 23 countries were on track to achieve MDG 4, to reduce by two-thirds the mortality rate of children younger than 5 years by 2015. This led to an urgent call for in-depth analysis of how countries successfully scale up interventions to achieve MDGs 4 and 5 on child mortality and maternal health.

Reduction in Child Mortality in Niger (Amouzou et al., 2012) is the first of several case studies to fill that critical gap in knowledge, and seeks to explain how the country has achieved remarkable results for child survival, setting new standards for what can be achieved both within West Africa and worldwide.

Drawing on nationally representative household surveys and using the Lives Saved Tool (LIST), the authors developed new estimates of child mortality and of coverage of all major policy and programme activities related to child survival from the mid-1990s to 2009.

Niger reduced its child mortality by 43 per cent in this period. The findings suggest that three major programme strategies worked synergistically to achieve the greatest part of the reduction in child mortality:

- Universal access to primary health care was prioritized for women and children, with a focus on interventions to reduce deaths from malaria, pneumonia, diarrhoea and measles. This included building health centres and peripheral health posts, creating a cadre of paid community health workers and the abolition of user fees for pregnant women and children.

- Mass campaigns achieved rapid scale-ups in coverage for insecticide-treated bed nets, measles vaccination and vitamin A supplementation.

- Child undernutrition was addressed through the development of a network of management services and emergency programmes in response to a nutritional crisis in 2005 and 2006.

Valuable lessons can be drawn from the research, including:

- the benefits of taking a longer-term retrospective perspective, in this case a decade, to allow time for government commitment and policies to be scaled up and realize their effects;

Box 1.1 - Dramatic results

There have been some striking improvements in child mortality in Niger between 1998 and 2009:

- Niger reduced its child mortality by 43 per cent between 1998 and 2009, from 226 to 128 deaths per 1,000 live births.
- The annual rate of decline was 5.1 per cent, exceeding the 4.3 per cent needed to achieve MDG 4 for child survival, and far higher than the rates of neighbouring low-income or middle-income countries.
- Stunting prevalence decreased slightly in children aged 24–35 months.
- Wasting declined by about 50 per cent with the largest decreases in children younger than 2 years old.
- There were 59,000 lives saved in children younger than 5 years old in 2009.
- The proportion of women reporting the presence of a skilled attendant at birth delivery increased by 17 per cent.

- Mass campaigns achieved rapid scale-ups in coverage for insecticide-treated bed nets, measles vaccination and vitamin A supplementation.
- Child undernutrition was addressed through the development of a network of management services and emergency programmes in response to a nutritional crisis in 2005 and 2006.

Valuable lessons can be drawn from the research, including:

- the benefits of taking a longer-term retrospective perspective, in this case a decade, to allow time for government commitment and policies to be scaled up and realize their effects;
- A thorough explanation for the causes of mortality change needs a multi-pronged effort to assess changes across the entire child survival impact model;
- Further research is needed on methods for recording policy context and implementation.

Finally, the case study shows the value of long-term political commitment to a broad and integrated approach to understanding country-level programming for women and children. Being a success story in a region with considerable challenges, it makes an important policy story for other countries.

**Figure 1.1 - Major policy changes and programmatic activities related to child survival in Niger, 1990–2009**

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IMCI = Integrated Management of Childhood Illness  ITN = Insecticide-treated bednets  TT = Tetanus toxoid vaccine

**Research Partners:** Bill & Melinda Gates Foundation; the Child Health Epidemiology Reference Group (CHERG); Governments of Australia, Canada, Niger, Norway, Sweden and the United Kingdom; the Johns Hopkins Bloomberg School of Public Health; UNICEF Niger, Naiemey; World Bank.

[www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961376-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961376-2/abstract)
South Africa

A high-quality impact evaluation contributing to the debate on unconditional versus conditional cash transfers and multidimensional poverty reduction


South Africa’s Child Support Grant (CSG) is one of the most comprehensive social protection programming efforts in the developing world, reaching over 10 million children each month and building towards universality of child benefits.

A number of studies have contributed to a growing evidence base, demonstrating the successes of the CSG in reducing poverty and promoting human capital development. However, because of its extensive coverage and the fact that most previous studies use mainly household level data, it has been difficult to assess the impact of the CSG on its child beneficiaries.

The UNICEF-supported South African Child Support Grant Evaluation (2011) and Impact Assessment (2012) combine qualitative and quantitative evaluation methods to present a thorough analysis of the CSG’s numerous impacts, and form part of a multi-stage research project with the South African Government’s Department of Social Development and Social Security Agency.

The qualitative research of the 2011 evaluation was used to identify a wide and rich set of factors to be investigated in the follow-up quantitative impact assessment. The research revealed the CSG is used primarily as a top-up of household income for buying basic food and other consumption items for the whole household, suggesting that poorer households are more able to target the grant on children.

The 2012 impact assessment used data derived from a specially designed survey conducted in five South African provinces to rigorously assess how access to the CSG affects key aspects of child and adolescent well-being, specifically:

- how early enrolment in the CSG affected the well-being and cognitive development of children compared with those enrolling later (box 2.1)
- the impact of the CSG on adolescent children.

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**Figure 2.1**

A typology of the Child Support Grant’s social impacts

- Improve human well-being
- Promote human security
- Strengthen inclusion
- Increase and stabilise consumption
- Reduce inequality
- Reduce vulnerability to shocks
- Build a bond between State and citizen

A typology of the Child Support Grant’s developmental impacts

- Poverty reduction
- Risk management
- Social cohesion
- Builds human capital
- Promotes productive assets
- Enables job search and investment
- Fosters peace and political stability

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Social development and pro-poor growth
Surveyed households completed three questionnaires. One focused on the entire household while the other two focused on the young child or adolescent. There were a total of 1,726 adolescent respondents comprising 380 in the 14- to 15-year-old age group and 1,346 in the 16- to 17-year-old age group. The adolescent respondents comprised 876 beneficiaries and 850 non-beneficiaries. In addition, there were 1,238 young child respondents aged 9 to 11 years.

In a fourth confidential, self-administered survey, 1,504 adolescents gave information about their receipt of the CSG, school and work participation, and their engagement in risky behaviours.

The results of the study testify to the impact of the CSG model in enhancing child rights in South Africa, identifying positive developmental impacts in promoting nutritional, educational and health outcomes among children, as well as reducing risky behaviour among adolescents (see box 2.1).

Early receipt significantly strengthens a number of these important outcomes, providing an investment in people that reduces multiple dimensions of poverty, promotes better gender parity and reduces inequality. The study is an important contribution to the literature related to social protection, an area receiving increasing attention around the world.

**Box 2.1 - Key results**

- **Human capabilities:** Receipt of the CSG in the first two years of life increases height-for-age scores and the likelihood a child’s growth is monitored. The CSG thus has a role in investing in human capabilities, a critical determinant of multidimensional poverty reduction.

- **Education:** Children enrolled in the CSG at birth completed significantly more grades of schooling than those enrolled later, and achieved higher scores on a maths test. Early receipt of the CSG reduced delays in girls entering school by 27 per cent. The CSG appears to play a compensatory role for children with less educated mothers. Receipt of the CSG by the household reduces adolescent absences from school, particularly for male adolescents.

- **Illness reduction:** Early enrolment in the CSG reduced the likelihood of illness, with the effect particularly strong for boys. A mother’s education (more than eight grades of schooling) complements the CSG in strengthening important impacts such as reducing the likelihood of illness and improving height-for-age scores.

- **Child labour:** Early receipt of the CSG reduces the likelihood a child will work outside the home as an adolescent, and leads to reduced work outside the home for females.

- **Reducing risky behaviours:** The CSG significantly reduces six main risky behaviours among adolescents – sexual activity, pregnancy, alcohol use, drug use, criminal activity and gang membership – which in the context of high HIV prevalence and high incidence of violence provides a particularly protective impact.

**Box 2.2 - Policy recommendations**

- Clearer communication to address confusion about application procedures and to reduce the number of children eligible yet excluded from receipt of the grant mainly for administrative reasons.
- The CSG payment amount should be automatically adjusted by the inflation rate every year, and regularly reviewed to assess whether it should be raised in real terms.
- Given the very positive outcomes of the CSG, complementary interventions instead of conditionality are needed to further improve child well-being in the country.

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**Research Partners:** Department of Social Development South Africa; Economic Policy Research Institute; the Institute of Development Studies; International Food Policy Research Institute; Oxford Policy Management; Reform Development Consulting; the South African Social Security Agency; Take Note Trading; UNICEF South Africa, Pretoria.

www.unicef.org/southafrica/SAF_resources_csg2012s.pdf
www.unicef.org/southafrica/resources_10734.html
Migration constitutes the main driver of population change in Europe. In 2011 there were 1.7 million immigrants to the European Union from countries outside the EU-27, and every year over 200,000 irregular migrants are returned to their country of origin.

Several European states have established lists of countries presumed to be safe for the return of migrant children. As a result Kosovo has had to re-admit several thousand people from Western European countries in the last few years, many of them children.

As migrants are rarely offered a genuine choice between freely returning home and staying legally in the country, most of these returns are ‘forced’. While there is plenty of evidence on the long-term harm of traumatic events from natural and man-made disasters on children’s health, empirical data on the impact of forced returns, which many children and parents experience as deeply traumatic, is missing. Repatriated children suffer silently.

There was an urgent need for research to assess the human rights impacts on children affected by forced returns to Kosovo. As a result, UNICEF undertook a significant advocacy and research programme grounded in the principle that migrant children – irrespective of what caused their migration and irrespective of their legal status or nationality – are, first and foremost, children. The rights and principles laid out in the UN Convention on the Rights of the Child (CRC) thus apply to them unconditionally.

In the context of migration, however, the perceived ‘best interests of the state’ is often given priority over the best interests of the child and their health-related needs.

The Roma, Ashkali and Egyptian groups in Kosovo are already among the most marginalized populations in Europe, suffering from widespread discrimination and systematic social exclusion. As children and as migrants in this group, further serious risks are faced at every stage of the migration process, including debilitating poverty, discrimination, language barriers, social marginalization and a lack of social networks.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.
Unaccompanied children are particularly vulnerable to trafficking, abuse and exploitation. These high-risk children are then returned to high-risk environments, not only in Kosovo but also in other countries with high migratory pressures.

In the wake of a 2009 decision by the German government to return close to 12,000 Roma, Ashkali and Egyptians to Kosovo, UNICEF published Integration Subject to Conditions (Knaus and Widmann, 2010), the first in a series of distinctive but complementary research papers on children repatriated to Kosovo.

Over 60 interviews were conducted with authorities, ministries and municipal representatives, international policymakers and representatives from non-governmental organizations (NGOs). In-depth interviews were held with 40 Kosovan Roma, Ashkali and Egyptian families, totalling 173 people, including 116 children, who had all returned to Kosovo from Germany in recent years.

The research presents the voices of the child and adult victims and found that most children face a life on the margins, blighted by deprivation and poverty of opportunity. For example, four in ten (42 per cent) of children arrived in Kosovo without their birth certificates, required for registration, rendering them de facto ‘stateless’.

The second report in the series, No Place to Call Home (Knaus, 2011), confirmed there had been no real improvement in the lives of the children one year on. The living conditions for many families worsened. Only two girls out of 51 school-aged children had been able to re-enter or continue school in Kosovo.

The latest report, Silent Harm (Knaus et al., 2012), explores the impact of repatriation on children’s psychosocial health. The study involved 295 individuals who had mainly been repatriated from Germany and Austria to Kosovo during 2010, and underlines how repatriation practices and reintegration realities greatly impact a child’s health and well-being. As an essential ingredient for the exercise of all other rights, a child’s health must take precedence over legal and political concerns in sending and receiving countries.

The findings make clear that while many short-term results have been achieved through various reintegration projects for children and their families, it is very important to put the reintegration achievements in perspective.

Kosovo is still struggling with fundamental problems such as high poverty, limited economic growth and challenges of the European integration process. The reintegration of thousands of returnees presents yet another pressing challenge to the long-term support of the most vulnerable groups.

The studies are an important contribution to the current debate about migration and repatriation, providing crucial child-related evidence and new insights on the impact of forced returns on social, economic, educational, health and psychosocial needs of children. They contribute to reframing policy discussions on migrant children from a detached legalistic discourse to one where the best interests of the child and the realities in the sending and receiving countries move to centre stage.

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**Box 3.2 - Repatriated children’s psycho-social health**

An alarming number of children repatriated to Kosovo from Germany and Austria suffer from serious mental health problems.

- One in two children describes their return to Kosovo as the worst experience of their lives.
- Nearly one in two teenagers suffers from depression and one in four reports suicidal ideation.
- One in three repatriated children suffers from post-traumatic stress disorder (PTSD).
- PTSD was more frequent in children who had experienced a forced return.
- Unusually high rates of PTSD in parents pose an additional risk for the children of secondary or indirect traumatisation.
- The mental health care system is unable to meet the treatment needs identified in repatriated children and parents with, for example, a ratio of 100,000 children per child psychiatrist.

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**Research Partners:** German Committee for UNICEF, Berlin; Kosovo* Health Foundation; McGill University; Pristina University; the Swedish Karolinska Institute; UNICEF Kosovo*, Pristina; the World Psychiatric Association Section on Sequels to Torture and Persecution.

[www.unicef.org/kosovo/NoPlace_to_Call_Home_English_2011.pdf](http://www.unicef.org/kosovo/NoPlace_to_Call_Home_English_2011.pdf)
Child abuse research changes legislation by revealing trends over two decades and identifying risk factors and impacts

Fourth Survey of Child Abuse and Sexual Abuse in Chile (2012)

As far back as 1994 UNICEF undertook its first study on the prevalence of child abuse in Chile, with a questionnaire administered directly to children. The findings revealed that 77.5 per cent of children were the victims of physical or psychological abuse by a parent or caregiver, with violence common in Chilean families.

As a result of the research, Chile’s Intra-Family Violence Act was enacted in 1994, and reformulated in 2005. Since 1994, UNICEF has conducted a further three studies, with six-year intervals, on the prevalence of violence against children in the home in Chile. This 20-year commitment to charting child abuse in a developing country context is highly unusual.

Prior to the research, the physical abuse of children in Chile was largely invisible and was accepted as a form of legitimate ‘education’. As well as changes to legislation, the research has inspired programmes to help victims of abuse, and advocacy for cultural change around the acceptance of child abuse, aimed at broadening its understanding within Chilean society to include mild physical abuse and psychological violence.

The latest quantitative study, undertaken with the Pontifical Catholic University of Chile in 2012, assessed 1,555 children

Box 4.1

2012 Key results

- Nearly three-quarters (71 per cent) of children experience violence in their homes from parents and caregivers.
- More than one-quarter (25.9 per cent) experience severe physical violence, 25.6 per cent experience mild physical violence, 19.5 per cent experience psychological violence and 29 per cent have not suffered physical or psychological violence.
- Nearly one in ten (8.7 per cent) of children report having experienced sexual abuse in their lifetime, with the age of first abuse 8.5 years on average.
- Three-quarters (75 per cent) of children experiencing sexual abuse are girls, with perpetrators generally male acquaintances or relatives with an average age of 30 years.
- Children who experience severe physical violence are five times as likely to use drugs than children free of violence.
- One in five (20.9) per cent of children had been beaten to the point of bleeding, bruising or fracture.
- Only 20.7 per cent of children who had medical attention for physical injuries made a complaint against their perpetrator.

Results over time

- Between 2006 and 2012 there was a reduction in psychological violence and mild physical violence.
- Nevertheless levels of severe physical violence remained virtually unchanged between 2000 (25.4 per cent) and 2012 (25.9 per cent).
- Since the research began there has been an increase in the number of children living without violence, from 22.5 per cent in 1994 to 29 per cent in 2012.
with an average age of 13, in 102 schools, located in six regions, using three-stage sampling.

There were two objectives:

- to determine the prevalence and characteristics of physical and psychological abuse in children and eighth grade girls, and compare the results with those obtained in the three previous studies;
- to determine the prevalence of sexual abuse in eighth grade children.

The research also establishes risk factors for child abuse in Chile, with the most significant being the existence of aggression between parents. The serious implications of abuse for child victims are also explored, including negative effects on relationships with parents and peers, an increased likelihood to use drugs or alcohol, an impaired ability to learn, vulnerability to other types of violence such as between peers at school and that causing significant emotional damage, and intergenerational transmission of violence against children.

UNICEF Chile has shared the research methodology with other UNICEF country offices and the Spanish Agency for International Development Cooperation. As a result, similar research has been undertaken in the Dominican Republic, Ecuador, Mexico, Paraguay and Uruguay.

This research project has been covered extensively in Latin American media and forms the latest contribution in a series of surveys that has shaped the way Chile deals with the issue of child abuse and its impacts.

![Figure 4.1 - Level of violence against children: comparison of measurements: 1994, 2000, 2006, 2012.](image_url)
China's current health system reform is striving to resolve deep inequalities in health outcomes. Achieving this goal is difficult not only because of increasing disparities in income and other social determinants of health, but also because of weaknesses in health care financing and delivery at the local level.

Government expenditure on health nearly doubled in two years, to reach 1.4 per cent of GDP in 2010, close to a World Health Organization (WHO) estimate that government spending of between 1.5 and 2.0 per cent of GDP could guarantee primary health care for all in China.

However, China’s sub-national governments are expected to fund about two thirds of the overall government investment in health service and to administer 90 per cent of all public resources for health care. This imposes a significant fiscal stress at the lowest government levels.

The analysis of government expenditures – which needs to be interpreted within a context of different levels of revenue capacity and political will at sub-national levels – suggests that expenditures on health are increasingly regressive across provinces and prefectures (see figure 5.1).

Promoting equity and efficiency in public resource allocation at sub-national levels is therefore a particular challenge that has yet to receive appropriate attention in China.

Engaging Sub-National Governments in Addressing Health Equities 2012 analyses the most recently available national and sub-national data on health outcomes, public resource allocation and household-level health spending in order to assess the contribution of sub-national governments to addressing health inequities.

Indicators, for example on child nutrition and maternal and infant mortality, underscore the divide in health status and needs between China’s urban and eastern populations and the rest. The research revealed strong evidence of the lack of alignment between China’s national priorities in health system reform and local government support in its financing and implementation. Systemic barriers such as fiscal decentralization and weak local governance, including poor monitoring and evaluation, underpin this disconnect.

The research also showed for the first time that government spending across the health protection schemes that cover different population groups was highly inequitable and therefore proposes cross-sectoral counter-measures to support the delivery of essential social services for children.

This research also applies a governance approach to demonstrate the potential benefit to child well-being in the health sector. It suggests that improvements in public sector governance would generate...
improvements in the health of China’s citizens, independent of health service reform. For instance, public governance reforms would enhance essential public service delivery in line with national policies across sectors, improving the social determinants of health such as access to safe water, sanitation, basic education, housing, rural access roads and social assistance, and improving the monitoring and evaluation of public sector programmes and initiatives.

The research provides an important insight into how equity and efficiency in public resource allocation are integral to realizing child rights outcomes. The paper’s findings are relevant to other middle income and developing countries with decentralization contexts and have been used in advocacy and policy dialogues with policymakers and agencies assisting China’s government.

Figure 5.1 - Provincial government expenditure on health in relation to local GDP in China, 2001-2006 and 2007–2008

Research Partners: UNICEF China, Beijing; UNICEF Timor-Leste, Dili; World Bank.

www.ncbi.nlm.nih.gov/pubmed/23221008
East Asia and Pacific Region

Bold new indicator framework strengthens national child protection system governance, with potential for global impact


A growing dissatisfaction with the consequences of fragmented interventions has fostered the need for developing broader, systemic approaches to child protection. Many children face multiple risks, where vulnerability in one area leads to increased vulnerability in others. However, lack of knowledge about the complex interaction between multiple risk factors led to a reactive, inefficient focus on individual issues such as sexual violence, child trafficking or child labour. This diffused approach often resulted in a fragmented appreciation of child protection responses, marked by a failure to address core institutional issues.

Measuring and Monitoring Child Protection Systems: Proposed Regional Core Indicators for East Asia and the Pacific (UNICEF, 2012), is a key resource for policymakers, government civil servants and practitioners seeking to strengthen the protection of children and shows how a well-designed monitoring framework can help transform the way child protection systems work for children.

This paper’s unique contribution is in giving practical emphasis to the governance of the child protection system as the critical link in translating inputs to outputs.

Seven draft core domains (box 6.1) and associated indicators (including benchmarks and standards) are proposed that reflect the ‘processes’ of governance. This is based on mapping the key elements that comprise a child protection system, elements that include but are not limited to state structures.

The quality of the processes that translate child protection inputs into outcomes for children are captured, processes identified as the ‘missing middle’ of the results chain (figure 6.1).

The report draws upon governance tools used to assess the functioning of systems in other sectors, such as health, and provides additional coherence for the application of UNICEF’s Monitoring Results for Equity System (MoRES). The framework’s initial diagnostic assessment can act as an entry point into long-term reform processes and serve as a platform for country stakeholders, led by government, to achieve important goals in advocacy, capacity building and policy dialogue:

- influencing stakeholders in child protection;
- better understanding of monitoring and measurement approaches;
- critically assessing existing laws, policies and regulations;
- adapting and possibly extending the stock of indicators to improve governance in child protection.

Policy-based budgeting for child protection is promoted to build dialogue across ministries and financing authorities around how to reconcile strategic sector goals with limited funding opportunities. The framework facilitates the inclusion of child protection dimensions and concerns into all related policy initiatives, such as the design and implementation of social protection frameworks, and public administration reforms.

The report explores critical issues in applying the framework to decentralized governance systems; the interplay between child rights, child protection and child well-being; and the productive application of standardized indicator frameworks across diverse and fast-changing country contexts.

The importance of using complementary qualitative and quantitative data to combine detailed diagnostics of core barriers with a robust analysis is highlighted, which lends itself to comparisons across time and contexts. The trade-offs involved in working with both quantitative and qualitative data are discussed, while it is acknowledged that drawing up
indicators that take into account child well-being, child protection, and institutions and governance in diverse contexts is not straightforward.

Limitations are discussed in detail, such as the need for more time and effort in engaging stakeholders in this more comprehensive and cross-cutting approach. In comparison with an issue-based focus in child protection, looking at broader systemic issues creates stronger demands for different stakeholders to arrive at a common understanding of joint sector-wide agendas. As child protection commonly suffers from fragmented distribution of responsibilities between agencies and tiers of government, this challenge is severe, but needs to be gradually addressed to achieve robust long-term results for the children.

Designed for countries in the East Asia and Pacific Region, this framework is currently being piloted in Fiji, Indonesia, Kiribati, the Philippines, and the Solomon Islands, and will be subsequently modified following assessment outcomes and consultations with governments, academia and civil society partners. What is significant is that the framework can be adapted to country settings and applied globally. Future developments may include multi-level versions for different degrees of in-country system sophistication, and adaptation for individual segments of sub-national governance systems.

Research by: UNICEF East Asia and Pacific Regional Office, Bangkok.
www.unicef.org/eapro/Measuring_and_monitoring.pdf
Indonesia, Kiribati and Vanuatu, Mongolia and the Philippines

Children help examine areas of vulnerability and identify positive roles for their involvement in climate change adaptation

Children’s Vulnerability to Climate Change and Disaster Impacts in East Asia and the Pacific (2011)

Climate change is one of the major development challenges of our time and its impacts on children are under-explored. Children are particularly vulnerable to the direct physical consequences of extreme weather events, as well as to indirect impacts including on education and psychological stress.

Higher temperatures are linked to increased rates of malnutrition, cholera, diarrhoeal disease and vectorborne diseases like dengue and malaria, and may lead to undernutrition through reduced food security.

The Asia-Pacific region is the most disaster-prone area in the world, and average per capita freshwater availability is the second lowest globally. Poverty and geography are strong determinants of vulnerability in the region and despite significant economic growth it is still home to 60 per cent of the world’s extreme poor.

As part of its efforts to strengthen programming that reduces children’s risk to climate change and natural hazards, UNICEF commissioned field research in 2011 that compiled and analysed evidence on potential impacts of climate change and disasters on children’s rights and vulnerabilities.

It can be challenging to do meaningful research on climate change. However, four case studies in Indonesia, Kiribati and Vanuatu, Mongolia, and in the Philippines, explore patterns and trends of climate change and disaster impacts, specifically relating to children (box 7.1).

The research teams followed a common approach involving a literature review and field-based informant interviews with government officials, international institutions, NGOs, parents and children. The studies differ in detail but produce a similar picture: children talked about changes to their environments that could be a result of change in climatic conditions, and how these experiences and perceptions are affecting their lives and potentially their development.

<table>
<thead>
<tr>
<th>Box 7.1 - Summary of the effect of climate change on children in the countries studied</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indonesia</strong>: One fifth of rural children surveyed reported that they had to drop out of school in the previous year because of lack of money following crop failure. Parents of almost one-third of rural children moved for work because of food shortage or harvest failure.</td>
</tr>
<tr>
<td><strong>Kiribati and Vanuatu</strong>: In Vanuatu children said saltwater intrusion had contaminated drinking water supplies. In both countries children were kept out of school to help clean up debris after extreme weather events. Parents are likely to remove their children from school because of the negative impacts of climate change on livelihoods.</td>
</tr>
<tr>
<td><strong>Mongolia</strong>: Children noted harsher winters and declining water resources. More than a third of children surveyed spend 3 to 4 hours a day collecting water, braving frozen rivers and wells and hauling containers long distances. Other hazardous tasks included livestock herding during snow blizzards and dust storms.</td>
</tr>
<tr>
<td><strong>The Philippines</strong>: Children talked of heavier rainy periods and increased flooding.</td>
</tr>
</tbody>
</table>

Analysis of the institutional structures in the five countries revealed a complex array of agencies and overlapping mandates, but little focus on children. Indeed of 14 Pacific climate change adaptation (CCA) plans and policies reviewed, only two mentioned children – the Solomon Islands and Kiribati.

Children are usually mentioned only in the context of their vulnerability to climate change impacts.
While this analysis is needed, it overlooks positive roles for children in CCA and broader development processes. The country studies portray children and youth as eager to engage on the issue of climate change. Because children have a unique perspective of their environment, they can be important actors in enhancing community capacity to address climate-related risks.

Involving children in the design of climate change policy, particularly incorporating children’s rights, is essential for future strategies in disaster risk reduction and CCA. Reducing children’s vulnerability to climate change requires political will in strengthening broader socioeconomic development, addressing social and gender inequalities, and improving political, legal and institutional governance as well as public services.

Findings from the reports have been used to support UNICEF programmes in child health, education, protection and social policy, to help mitigate the potential climate impacts on children, and also to inform work with governments in developing child-sensitive adaptation policies.

While this work is not a classic piece of research, it was included to illustrate what is possible in a much neglected area of vital importance to children today and for the future, and how children can validate scientific findings and evidence.

**Box 7.2 - Child-friendly policies for protecting populations from the impacts of climate change**

Child-friendly policies and the perspectives and contribution of children and youth should be integral to protecting populations as a whole from the impacts of climate change, for example:

- Participatory risk assessments can be an entry point for child-friendly community-based disaster risk plans and longer-term climate change adaptation.
- Sentinel surveillance of child health and nutrition indicators serves as an early warning system on food security issues, disease outbreaks and children’s overall health.
- Sector-based working groups on disaster risk reduction and climate change adaptation can ensure child-centred data, and that children’s needs and rights are integrated within poverty reduction and sustainable development strategies and health planning.
- Children should have vocal participation in policy decisions through investments in national youth policies, children’s parliaments and youth advisory councils, and innovations in ICT and mobile technology to foster social activism on climate change.
- ‘Environmental intelligence’ should be developed through mainstreaming disaster risk reduction and climate change adaptation into the education system. Technical and vocational education and training should be adapted to the requirements of low-carbon economies.

**Research Partners:** Reed Elsevier; UNICEF East Asia and Pacific Regional Office, Bangkok; UNICEF UK National Committee.

Pakistan

Strong evidence of how community-based health structures can be scaled up to promote integrated early childhood development and enhanced nutrition.

Pakistan Early Child Development Scale-Up Trial: Outcomes on Child Development, Growth and Health (2012)

Globally over 200 million children fail to reach their developmental potential in the first five years of life because they live in poverty and have inadequate health services, nutrition and psychosocial care. Long-term impacts are known to include poor educational attainment, low income as adults, intergenerational poverty and poor health and development, often perpetuating social inequalities.

This grave situation bears particular relevance to Pakistan where maternal mortality indicators are poor, with mortality rates for infants and under-fives at 70 and 87 per 1,000 live births respectively, and where moderate to severe stunting among children at 2 years is 42 per cent.

Such poor outcomes are often moderated by common caregiving pathways such as maternal mental health and responsive parenting and feeding skills. Yet few rigorous evaluations of interventions have been carried out that explore the positive impacts of caregiving approaches. Furthermore, the role existing health services can play in delivering interventions to optimize children’s cognitive-language and social-emotional development has received little attention to date. We know in principle what needs to be done. We do not know enough about how to scale up early childhood development (ECD) interventions, in what mix or through what affordable delivery system.

The unique contribution of the Pakistan Early Child Development Scale Up (PEDS) Trial 2012 (Yousafzai, 2012) is to provide this research, specifically assessing the effectiveness and feasibility of delivering integrated ECD packages within existing health services, with the potential to go to scale across the country.

The PEDS cluster randomized control trial (RCT) ran from June 2009 to March 2012 in Sindh, Pakistan, and followed 1,489 infants, exposed to a range of risk factors including poverty, low maternal education, undernutrition and inadequate stimulation. The aim was to determine if a 'stimulation and care for development intervention’, with or without an enhanced nutrition intervention, would lead to improved development and growth outcomes compared with a control group receiving basic health and nutrition services.

In addition to the RCT, a process evaluation was carried out which examined the logistics, home environment, and skills and attitudes of the health workers, so that lessons could be drawn to enhance the effectiveness of interventions. A cost effectiveness analysis was utilized to determine which intervention provides the greatest impact at the lowest cost.

Trial interventions were delivered using group meetings and home visits within the structure and routines of the Lady Health Worker programme, which has 93,000 staff serving 60 per cent of the population, mainly in rural areas and urban slums. The existing Lady Health Worker programme focuses on child health, nutrition, maternal health and immunization for pregnant women and families with young children.

The PEDS trial tested three alternative treatments against a control group, which received basic health and nutrition services:

- Standard Lady Health Worker services (control group)
- Enhanced Care for Nutrition (enhanced nutrition group)
- Responsive Stimulation and Care for Child Development (ECD group)
- Responsive Stimulation and Care for Child Development combined with Enhanced Care for Nutrition (combined ECD and enhanced nutrition group).
The enhanced nutrition intervention included the provision of multiple micronutrients and counselling on responsive feeding practices and problem solving.

The ECD intervention was an adapted version of the World Health Organization (WHO) and UNICEF Care for Child Development package and consisted of simple play and communication activities designed to improve children’s development and health, and to improve the human caregiving system (figure 8.1).

ECD intervention findings:

- The stand-alone ECD intervention was effective in improving child development in almost every outcome area (cognitive, motor, language) at every age. One exception was social-emotional development, where a significant difference over the control group at 12 months was not retained at 24 months.
- The effect on cognitive and language skills was greater than in the enhanced nutrition intervention.
- The ECD intervention was also effective in improving home environment, mother-child interaction and mother’s knowledge and practices, including responsive feeding, improved uptake of oral rehydration salts, and in reducing incidence of diarrhoeal disease and acute respiratory infection.
- The ECD intervention however failed to show any significantly better outcome than either the control group or the other intervention groups in child nutrition status (prevalence of underweight, stunting and wasting) and in haemoglobin levels.

Enhanced nutrition intervention findings:

- Children exposed to the enhanced nutrition intervention had a lower prevalence of stunting, wasting and being underweight than all other groups, but differences were not statistically significant.
- The enhanced nutrition intervention was also effective in reducing prevalence of diarrhoeal diseases and acute respiratory infection and was somewhat effective in improving maternal knowledge and mother and child interaction, but not as effective as the ECD intervention or the combined intervention.

The combined ECD and enhanced nutrition intervention proved to be the most cost-effective, as well as the most beneficial to children (in improving the child’s development and nutritional status). The combined intervention also had a positive effect on maternal knowledge, attitudes and practices compared with other groups.

The PEDS trial gives the best evidence to date of the benefits to very young children of ECD and enhanced nutrition interventions. It also showed pathways of change in parents that can contribute to better outcomes for children.

The research provides strong scientific evidence of how existing community-based health structures can be used effectively to promote integrated ECD and enhanced nutrition, while at the same time retaining their traditional role. It also illustrates how the use of RCTs can provide evidence of what works at scale, and support an institutional framework for delivering holistic interventions.

Research Partners: Aga Khan University; National Programme for Family Planning and Primary Health Care, Pakistan; UNICEF Pakistan, Islamabad; UNICEF Regional Office for South Asia (ROSA), New Delhi.

www.coregroup.org/storage/Webinars/peds%20trial%20-wvi-%202015%20November%202012.pdf
South Africa

A first survey of funding and delivery in South Africa’s early childhood sector, combining Public Expenditure Tracking System (PETS) methodology with a qualitative survey.

Scientific evidence confirms the importance of the early years of life in determining not only capacity (education and earnings), but also health and longevity, as well as personal and social adjustment.

In the past few years, the Government of South Africa has invested significantly in the provision of ECD services, with a resultant rapid increase in enrolment in ECD programmes, from 12 per cent of under-fives in 2003, to 30 per cent in 2009.

However, little exploration has been carried out on the effectiveness of public expenditure policies in support of ECD goals, and the way funds are channelled to reach the families from the lowest income quintiles.

In partnership with the Government of South Africa, UNICEF undertook an important study to assess whether public resources reach the intended beneficiaries (children), whether they are used effectively to achieve the intended objective of the optimal development of children, and how effective they were in terms of equity.

The study’s design is of particular interest as it modified internationally accepted methodologies for public expenditure tracking and assessing quality of service delivery, to suit the complex South African ECD sector.

The ECD Public Expenditure Tracking Survey (PETS) (figure 9.1) and Quality of Service Delivery Survey (QSDS) was the first of its kind in South Africa. The PETS survey was used to explore the cost-effectiveness of subsidies being provided to different types of services including those that are community-based (both registered and non-registered).

Apart from public health interventions, government support for ECD programmes has mainly taken two forms: full state support for the expansion of Grade R (year before 1st grade) in

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**Figure 9.1 - A conceptual framework to tracking flows of resources and potential ‘leakages’ that limit benefits reaching children**

<table>
<thead>
<tr>
<th>Province</th>
<th>Community site</th>
<th>Principal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households, donors</td>
<td>F</td>
<td>Incentives for principal:</td>
</tr>
<tr>
<td>- Maximize flows A, B and F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Minimize flows C, D and E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A is maximized by attracting/inflating child numbers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F is maximized by appearing to offer value for money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B is maximized by minimizing C, D, E – by employing fewer teachers, providing less or cheap food, reducing LTSMs* and consumables</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* learning and teaching support material

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unicef Office of Research
public schools, and subsidies to private community-based ECD facilities serving mainly children too young for Grade R.

The sample was drawn from three provinces and comprised 700 ECD facilities, including public schools, community-based ECD facilities registered with the Department of Social Development (DSD) and unregistered community-based ECD facilities.

Overall, the study shows ‘moderate’ results in the use of funding to develop quality ECD services for children. The design and flow of ECD subsidies to community-based facilities reflect good targeting of the poorer segments of the population, but significant numbers of facilities are excluded from receiving the subsidy because of their inability to meet official registration requirements.

Furthermore, on average, the subsidy covers about 45 per cent of the cost of running an ECD facility. Poorer communities with limited capacity for user fees end up with lower levels of quality, especially in the provision of nutrition, early learning and infrastructure. Inadequate infrastructure is a major barrier to registration and hence to receiving the ECD subsidy in especially hard-to-reach areas.

The study did not find evidence of major leakage of funds, but rates of absenteeism at some subsidized facilities indicate the need for stricter monitoring of resource planning and implementation processes.

While there was no evidence of systematic financial abuse of the subsidy system, the study outlined that it is important to tighten and improve regulatory controls before the loopholes in the system are widely exploited. It is equally important to retain the strengths of the present system such as parental choice of facilities and their potential role in monitoring of service provision.

The study drove home the point that subsidies considerably reduce the outlays of poor parents and thereby make ECD services more affordable. Without them, many facilities serving the bottom three quintiles may not be able to continue offering services. Nonetheless, coverage does not always match demand, especially in rural areas and the design of subsidies favours ECD centres and not home-based programmes. Quality of service, an indirect leakage, is considered a point for attention.

Box 9.1 - ECD programme quality

A programme quality index was developed based on programme assessments, observed activities and learner portfolios. Rated as ‘good quality’ were:
- public school programmes (45 per cent)
- registered community facilities (29 per cent)
- unregistered community facilities (11 per cent).

There was a statistically significant relationship between the quality of infrastructure and quality of the programme in the observed facilities. It is likely that poverty or the quality of management in the school or site influences both the programme and the quality of infrastructure available to children.

As access to ECD is improved, programme quality should receive urgent attention, especially in community-based facilities where the poorest children are likely to have access to ECD.

Also that the rapid expansion of ECD services in recent years needs to be followed by a greater emphasis on quality of delivery and improved monitoring of services and their financing. Formal community oversight mechanisms in community-based facilities should also be encouraged and expanded. At a broader level, use of public expenditure tracking in innovative ways can help bring equity and community voices into resource allocation debates.

Research Partners: Department of Basic Education, South Africa; Department of Social Development, South Africa; UNICEF South Africa, Pretoria; University of Stellenbosch.

www.unicef.org/southafrica/SAF_resources_pets.pdf
There has traditionally been significant resistance from social researchers and policy makers in accepting statements made by children as reliable. In many studies on children’s quality of life it is the perceptions and opinions of adults which are assessed, leading to a dearth of sound data on child well-being which can be applied to policy making. *Children’s Well-being from their Own Point of View* (UNICEF, 2012) is a short-form version of a 2012 Spanish study, (Spanish Committee for UNICEF, University of Girona, 2012) and addresses the need for reliable data on child well-being generated in a regular and systematic way.

The opinions and perceptions of 6,000 children in their first year of secondary school (mostly 12 years old) are surveyed and analysed, focusing on different areas of their lives and their levels of satisfaction with them.

The research includes demographic information, descriptive elements, for example on values and aspirations, and 26 questions on child satisfaction within eight life domains such as material belongings and health (figure 10.1). It breaks new ground by:

- promoting an evidence-based decision-making process that gives a voice to children and focuses on what makes children happy, thus complementing the analysis of negative aspects of the child’s life, such as poverty and material deprivation;
- proposing a new and robust synthetic instrument, the General Index of Children’s Subjective Well-Being;
- raising awareness of a child’s right to express his or her views on what affects them, and to have this taken into account, as stated in article 12 of the Convention in the Rights of the Child (CRC).

The report finds that children who are more satisfied with their lives in Spain tend to be born in Spain, attend school in semi-urban areas, live with both parents with whom they perform activities daily, and frequently take part in some form of exercise. Depending on contextual conditions, and characteristics of age, place of birth or the type of school, two profiles of well-being emerge: the ‘happiest’ children with high levels of well-being, and children who ‘remain on the sidelines’ or excluded from high levels of well-being.

The most satisfied children are also those who feel more confident and listened to, and are well treated by people inside and outside their homes. These children also feel their time is well organized and do not worry about the economic situation of their families.

There were relatively low levels of perceived participation by children in areas that affected their lives. This was especially evident in the case of actions promoted by the city council and decisions made at home.
The research makes an important contribution to the analysis of child well-being while also strengthening methodologies which facilitate the child’s right to participation. Although piloted in Spain, the research methodology is clearly relevant to many other country settings showing that there are rigorous ways to find out the views of young adolescents.

Box 10.2 - Challenging stereotypes

Some results invite us to reflect critically on adult stereotypes and beliefs, such as the assumption that the younger generation have experienced a loss of values. The study showed completely opposite results.

When children were asked which three of 16 possible states or actions they would choose to make a reality, the three options that were chosen most frequently were:
- that everyone had something to eat
- that everyone had a home
- to achieve peace in the world.

The three options selected least, and by a significant margin, were:
- to have their own game console
- to stop going to school
- to have their own television.

The research revealed a partly unexpected result and a possible field of future study in that children who report they have been told about children’s rights show higher levels of subjective well-being.

However, only 42 per cent of children had heard of the CRC, indicating that knowledge and awareness of child rights is a continuing challenge.

Table 10.1 - Life domains and specific items analysed in study

<table>
<thead>
<tr>
<th>Life Domain</th>
<th>“To what extent are you satisfied with...?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>• The house or flat where you live</td>
</tr>
<tr>
<td></td>
<td>• The people who live with you</td>
</tr>
<tr>
<td></td>
<td>• All the other people in your family</td>
</tr>
<tr>
<td>Material belongings</td>
<td>• All the things you have</td>
</tr>
<tr>
<td></td>
<td>• The pocket money you get</td>
</tr>
<tr>
<td></td>
<td>• The personal space you have for yourself at home</td>
</tr>
<tr>
<td>Interpersonal relations</td>
<td>• Your friends</td>
</tr>
<tr>
<td></td>
<td>• The people who live in your area</td>
</tr>
<tr>
<td></td>
<td>• Your relationships with people in general</td>
</tr>
<tr>
<td>Area you live in</td>
<td>• The local police in your area</td>
</tr>
<tr>
<td></td>
<td>• The area you live in, in general</td>
</tr>
<tr>
<td></td>
<td>• The libraries in your area</td>
</tr>
<tr>
<td></td>
<td>• The public transport in your area</td>
</tr>
<tr>
<td>Health</td>
<td>• How you are dealt with when you go to the doctor</td>
</tr>
<tr>
<td></td>
<td>• Your health</td>
</tr>
<tr>
<td>Time organization</td>
<td>• How you use your time</td>
</tr>
<tr>
<td></td>
<td>• What you do in your free time</td>
</tr>
<tr>
<td>School</td>
<td>• The school you go to</td>
</tr>
<tr>
<td></td>
<td>• Your schoolmates</td>
</tr>
<tr>
<td></td>
<td>• Your school marks</td>
</tr>
<tr>
<td>Personal satisfaction</td>
<td>• The freedom you have</td>
</tr>
<tr>
<td></td>
<td>• The way that you look</td>
</tr>
<tr>
<td></td>
<td>• Yourself</td>
</tr>
<tr>
<td></td>
<td>• How you are listened to</td>
</tr>
<tr>
<td></td>
<td>• Your self-confidence</td>
</tr>
<tr>
<td></td>
<td>• The amount of choice you have in life</td>
</tr>
</tbody>
</table>

The research makes an important contribution to the analysis of child well-being while also strengthening methodologies which facilitate the child’s right to participation. Although piloted in Spain, the research methodology is clearly relevant to many other country settings showing that there are rigorous ways to find out the views of young adolescents.

Research Partners: Ministry of Health, Social Services and Equality, Spain; Spanish Committee for UNICEF, Madrid; University of Girona; University of Granada.

www.unicef.es/actualidad-documentacion/publicaciones/calidad-de-vida-y-bienestar-infantil-subjetivo-en-espana
Criteria used to assess the strength of the research submissions

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Detailed description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptualization</td>
<td>Is the research question well-defined? Does the research report present a clear and relevant conceptualization of the issue? Is the research piece relevant to improving the work of UNICEF?</td>
</tr>
<tr>
<td>Potential for Impact</td>
<td>Does the research demonstrate potential for impact? For example, stimulate policy debate, improve effectiveness of interventions, address a gap in knowledge. Does the research bring attention to a neglected area deserving of further inquiry? Does the research show potential for scaling up and replicability?</td>
</tr>
<tr>
<td>Methodology</td>
<td>Are the methods employed appropriate? Has the right type of information and data been assembled to address the issue?</td>
</tr>
<tr>
<td>Innovation and Originality</td>
<td>Does the issue concern new or emerging national, regional or international development challenges or present them in a novel way? Does the research contribute to advancing work in and adding knowledge to this field?</td>
</tr>
<tr>
<td>Writing and Presentation</td>
<td>Is the research report well-organized and clearly and succinctly written? Are the conclusions based squarely on the paper’s findings? How have graphics been used to illustrate findings?</td>
</tr>
</tbody>
</table>

These criteria were used to assess the full set of submissions, which will be made available on the Office of Research website: www.unicef-irc.org.

Do read further!