World Vision

Compendium of Indicators

for Measuring Child Well-being Outcomes

AUGUST 2014

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Acronyms

ADP	Area development programme
CBO	Community based organisation
CWBO	Child well-being outcomes
CoP	Community of practice
DAP	Development Assets Profile
DHS	Demographic Health Survey
DME	Design, monitoring and evaluation
EGRA	Early Grade Reading Assessment
FANTA	Food and Nutrition Technical Assistance
FGD	Focus group discussion
FPMG	Food Programming Management Group
HEA	Humanitarian and Emergency Affairs
IDS	Indicator detail sheets
IPE	Integrated Programming Effectiveness Team
IPM	Integrated programming model (now WV's Development Programme Approach)
LEAP	Learning through Evaluation with Accountability and Planning
MICS	Multiple Indicator Cluster Survey (UNICEF)
MVC	Most vulnerable children
NGO	Non-governmental organisation
OVC	Orphan and vulnerable child
PEPFAR	US President's emergency plan for AIDS relief
TDI	Transformational development indicators
UNAIDS	The joint United Nations programme on HIV and AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation
WV	World Vision

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Published by Integrated Ministry on behalf of World Vision International.

1. Introduction

> *"Our vision for every child, life in all its fullness*
> *Our prayer for every heart, the will to make it so"*

Across the world, in different contexts and in different ways, World Vision, together with partners and communities, is working towards improving the lives of children, families and communities. World Vision has developed a set of child well-being outcomes (CWBOs) and aspirations to provide a practical definition of child well-being and a common language for World Vision staff across the Partnership. The framework has four aspirations for the well-being of all girls and boys and 15 child development outcomes that describe World Vision's understanding of what a good life for children is. These outcomes express the organisation's understanding of 'life in all its fullness'. All the diverse contributions of World Vision entities to child well-being, across ministry streams and different projects are brought together into one *Ministry Framework* for one common goal:

Sustained well-being of children within families and communities, especially the most vulnerable

In order to measure WV's unique contributions to the well-being of girls and boys in the communities where it works, and progress towards the ministry goal and strategies for child well-being, a common set of indicators is needed. In this *Compendium of Indicators for Child Well-being*, you will find a broad set of indicators for measuring each of the child well-being outcomes, which can be chosen according to what is in line with the national office strategy, relevant to the programme/project objectives and appropriate for the local context. The Compendium brings together tried and tested indicators from major agencies such as UNICEF and WHO, but also innovative indicators from within World Vision or from child well-being research institutions. The Compendium will be updated annually to ensure it remains up to date and in line with current developments in measuring child well-being.

10 Fast Facts

1. There are indicators for each of the 15 child well-being outcomes.
2. The Compendium has over 200 indicators for you to choose from.
3. Choose indicators according to what is relevant to the work planned, appropriate for the local context and in line with strategy.
4. Choose indicators according to the project model you are using.
5. To help you choose, each child well-being outcome has at least one highly recommended and/or standard indicator.
6. Highly recommended and standard indicators are important to measure if your programme or project is contributing in a significant way to that child well-being outcome or Child Well-being Target.
7. Each indicator has an *Indicator Detail Sheet* with all the information you need to measure it.
8. The Compendium will soon be a searchable database in Horizon (formerly PMIS).
9. Indicators in the Compendium are for measuring at baseline and evaluation. Some can also be monitored more frequently if necessary.
10. You can contribute! Send your feedback or new indicators and tools for the annual updates. See 'Appendix 3' for more details.

Acknowledgements

This Compendium represents a huge collaborative effort between Global Centre technical teams within Integrated Ministry and with regional offices. This includes: Global Health, Education and Lifeskills, Child Development & Rights, Christian Commitments, as well as significant input from Food Programming and Management Group (FPMG), Humanitarian and Emergency Affairs (HEA) and Advocacy & Justice for Children. Thank you to all who reviewed and re-reviewed the Compendium, especially the technical specialists, Child Development and Programme Effectiveness (CDPE) Team and Global Programme Effectiveness Team (GPET) members from each region. A special thank you to all the DME staff in national offices and programmes who were willing to try out the draft Compendium before the tools and guidance were ready and provide their feedback and share their innovations.

2. About the Compendium

What is a compendium?

A compendium is a menu or list of items; this Compendium contains lists of indicators for measuring each of the child well-being outcomes (CWBOs). It builds on the learning from the global evaluation of measuring the Transformational Development Indicators (TDI). It includes indicators from each ministry stream and integrated technical teams. It also includes standard, internationally agreed indicators from respected agencies such as UNICEF. The Compendium represents a huge collaborative effort across the organisation to agree on how to measure child well-being. Using it will enable World Vision to measure the impact of programmes and projects on the well-being of children in the communities it seeks to serve.

What is its purpose?

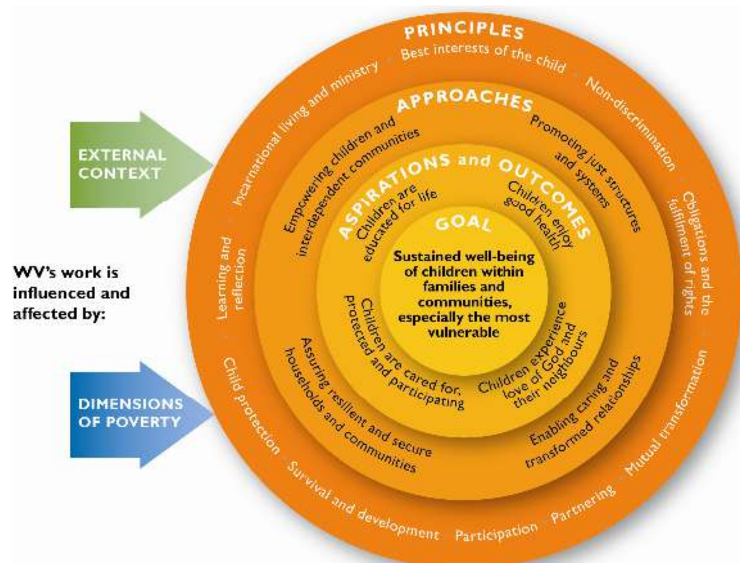
The purpose of developing a set of outcome indicators and tools for measuring child well-being is to enable World Vision to build an evidence-base to demonstrate its contribution to the well-being of children in the areas where WV and its partners intervene. Collecting data about the communities where WV works in a consistent and systematic way means that WV can report on progress towards child well-being outcomes, not just at programme or project level, as done before, but at national, regional and global level, across ministry streams. Knowing, and having the evidence of, WV's impact as an organisation is an essential part of its work. It provides WV with information that can be used for the dual purposes of: *learning* what it does well, how to do better and if WV is doing the right things; and *accountability* to multiple stakeholders, including community members and children in the areas where WV works, and strengthens its legitimacy.

By using the Compendium of indicators and tools for measuring child well-being outcomes, WV can know:

- What was the status of children's well-being when World Vision first began working with communities and partners in this area? Or at the point of redesign? This is the **baseline** measurement.
- What real and lasting changes have occurred for child well-being? What was World Vision's contribution to these changes? This is the **evaluation**.

Ministry Framework

The Ministry Framework helps to illustrate how each ministry stream, sector and entity, in line with WV's principles, and using the rich variety of approaches for different needs and contexts addresses child well-being priorities. In the Ministry Framework each entity can locate its contribution to the organisational goal. The indicators for child well-being provide the means for measuring this progress across the Partnership's ministry.



The Compendium of indicators and associated tools for measuring CWBO are relevant

for use across all types of projects and programmes[1], and can enable each entity to measure progress towards the child well-being outcomes and aspirations in the ministry framework. Although approaches to long term development, HEA and Advocacy & Justice for Children programmes in different contexts necessarily differ, the aspirations and outcomes WV seeks as an organisation are aligned in its ministry goal.

Why use the Compendium?

World Vision works in many different contexts and through many different approaches. Therefore the child well-being outcomes will differ from place to place. The needs identified by the community, World Vision and its partners, along the Critical Path will define which of the CWBOs that a project or programme is contributing to. In some areas the major risk to child well-being is malaria, in another it may be child trafficking, in yet another it may be lack of access to education. World Vision's contribution to improving child well-being in these different areas will require different indicators. This means that World Vision needs a flexible system for selecting indicators in order to reflect these unique contexts and capture Partnership-wide, but diverse, contribution to the well-being of children.

Based on the learning from the TDI evaluation, WV has learned that trying to measure a set of fixed indicators in every project, in every country and context does not necessarily enable staff members to learn from and improve their work, or make a logical link between programming and outcomes. We need a more flexible system to select indicators; one that takes into account the objectives of the programme or project, the local context and the national office strategy. Data collected for relevant and appropriate indicators, selected from within World Vision's Compendium, can usefully inform decision making and reporting on child well-being. By using the Compendium, staff in programmes and projects can select and measure indicators that are appropriate for their particular context, as well as contribute to the organisation-wide measurement of CWBO.

The benefits of using the Compendium include:

- Knowing the difference WV is making in the lives of children.
- No 're-inventing the wheel' when completing the logframe.
- Having a common language of indicators to measure CWBOs.
- Access to a resource of quality indicators.
- Ability to contribute new and innovative indicators each year.
- Enabling WV to measure it national, regional and global impact on child well-being.

Are there globally mandated indicators?

There are no globally mandated indicators for measuring the child well-being outcomes. This is because there are very few, if any, indicators that are relevant to every programme type within World Vision or every country or cultural context. World Vision is a complex, multi-faceted organisation implementing a wide variety of programmes, which are tailored to each community context. This means that it is highly unlikely that WV can find indicators relevant to *every* programme and *every* country – but it can have an agreed set of highly recommended indicators for programmes and projects working towards a particular CWBO and a subset of standard indicators for measuring progress towards the child well-being targets.

If your project or programme is contributing to a particular CWBO it is strongly recommended that at least one of these indicators (linked to the relevant CWBO) is selected and included in

[1] With the exception of the first 90 days of rapid onset emergencies; which are necessarily focused on achieving outputs for immediate and urgent humanitarian assistance.

your measurement. If your project or programme is contributing towards a particular child well-being target, according to the national strategy, it is strongly recommended that you include the relevant standard indicators. In this way WV can capture the most important information from the relevant programmes. There is no integrity in measuring contribution to something WV is not actively contributing to.

For example:
A programme contributing to 'children protected from infection, disease and injury' could use this **standard indicator**: '% children vaccinated against measles and DPT3 before their 1st birthday'.

Who is this Compendium for?

This Compendium is for use primarily by design, monitoring and evaluation staff (DME) but also for programme and technical staff involved in the design or redesign of a programme or project. DME staff, in close collaboration with technical staff, can use the Compendium to support programme or project staff in selecting the indicators that are most useful and important for measuring child well-being based on a particular context. It can also be used by technical specialists and strategy staff in different entities to select relevant indicators for strategy.

When to begin using it?

You can begin using the Compendium of indicators when the:

1. national office strategy is focused on contributing to child well-being
2. project or programme is in design or redesign phase
3. logframe is developed through a participatory engagement process with community members (including children) and local partners
4. logframe has at least one objective that directly contributes to a CWBO
5. funding for a baseline and evaluation measurement is included in the budget
6. DME capacity is in place and available to conduct an integrated programme baseline, ongoing monitoring and eventual evaluation

What is an integrated baseline?

An integrated baseline is a measurement undertaken at the programme level, and includes measurement of all the important indicators in each of the projects within that programme. This means WV does not need to do a baseline or evaluation for each individual project. An integrated measurement helps to analyse the inter-linking effects of our intervention on the different aspects of children's well-being. How did the nutrition project affect children's overall health or school attendance? How did a livelihoods programme impact access to health care or children's sense of hope and vision for their future?

Designing an integrated baseline means that technical staff and DME staff need to work together to make sure the most relevant and useful indicators are included and combined into the same tools for a combined measurement. For example; the household survey would include all the relevant questions for the different projects like health, education, livelihoods and child participation. Choosing tools that can measure multiple CWBOs at the same time will help to keep the baseline manageable and cost effective. See below for more information on the tools.

3. The child well-being aspirations and outcomes

World Vision focuses on improving children's well-being through child-focused transformational development, disaster management and promotion of justice (advocacy). The child well-being aspirations and outcomes provide a practical definition of World Vision's understanding of well-being for children. Our goal is *'the sustained well-being of children within families and communities, especially the most vulnerable.'* World Vision views the well-being of children in holistic terms: healthy individual development (involving physical and mental health, social and spiritual dimensions), positive relationships and a context that provides safety, social justice and participation in civil society.

The child well-being aspirations and outcomes are intended as a catalyst for dialogue, discussion and visioning as World Vision partners with children, parents, community partners, churches, governments and other organisations. World Vision does not proselytise nor does it impose its understanding on others. These aspirations and outcomes reinforce each other and enable an integrated, holistic approach to ministry. While WV's active contribution to specific outcomes varies from context to context, the definition of 'well-being' remains holistic.

Goal	**Sustained well-being of children within families and communities, especially the most vulnerable**			
Aspirations	**Girls & Boys:**			
	Enjoy good health	**Are educated for life**	**Experience love of God and their neighbours**	**Are cared for, protected and participating**
Outcomes	Children are well nourished	Children read, write, and use numeracy skills	Children grow in their awareness and experience of God's love in an environment that recognises their freedom	Children cared for in a loving, safe, family and community environment with safe places to play
	Children protected from infection, disease, and injury	Children make good judgements, can protect themselves, manage emotions, and communicate ideas	Children enjoy positive relationships with peers, family, and community members	Parents or caregivers provide well for their children
	Children and their caregivers access essential health services	Adolescents ready for economic opportunity	Children value and care for others and their environment	Children celebrated and registered at birth
		Children access and complete basic education	Children have hope and vision for the future	Children are respected participants in decisions that affect their lives
Foundational Principles	Children are citizens and their rights and dignity are upheld (including girls and boys of all religions and ethnicities, any HIV status, and those with disabilities)			

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Motivated by our Christian faith, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender

How does WV understand 'sustained' child well-being? A framework for sustainability:
World Vision works with partners (including governments, churches and other faith-based organisations, NGOs, CBOs, businesses and others) towards **sustained** child well-being at four levels, in ways that build on efforts already underway and are appropriate to context:

1. **Children**: Empowering children - especially the most vulnerable - with good health, spiritual nurture, and the basic abilities and skills they need to be productive, contributing citizens and agents of change throughout their lives (including literacy, numeracy, life skills, and vocational/entrepreneurial training).
2. **Households/families:** Improving households' resilience, livelihood capacities and caregiving capacities (physical, psychosocial, spiritual, etc. - including issues of resource allocation and gender equity within households, to ensure that increased incomes/assets leads to improved child well-being for both boys and girls).
3. **Community:** Strengthening the resilience and capacity of communities and partners to respond to present and future challenges to child well-being, including disasters.
4. **Enabling environment:** Working to ensure that systems, structures, policies and practices (local, national, regional, and global) support and protect the well-being of children, especially the most vulnerable.

3.1 Including the most vulnerable children

World Vision's ministry goal has a special focus on the most vulnerable children (MVC). In measuring and reporting on the contribution to child well-being, WV needs to understand what kinds of vulnerability exist in the programme area, identify children who are most vulnerable and ensure they are included in programming and measurement of child well-being.

Most vulnerable children are girls and boys whose quality of life and ability to fulfil their potential is most affected by extreme deprivation and violations of their rights. These children often live in catastrophic situations and relationships characterised by violence, abuse, neglect, exploitation, exclusion and discrimination.

World Vision's definition includes four vulnerability factors which can assist in understanding who the most vulnerable children are:

1. **abusive or exploitative relationships:** relationships which are characterised by violence or use of a child to benefit others sexually or commercially, or which consistently harm the child through intentional acts or negligence
2. **extreme deprivation:** extreme material poverty, or deprivation of caregivers
3. **serious discrimination:** severe social stigma which prevents children from accessing services or opportunities essential to their protection or development
4. **vulnerability to negative impact from a catastrophe or disaster:** natural or manmade events can seriously threaten the survival or development of a child and certain children are more likely to be affected negatively and less likely to be able to recover.

Discussion about the best way to measure the impact of WV's programming with most vulnerable children is still ongoing and will emerge as it begins focusing more intentionally on the most vulnerable. Due to the very different types of vulnerability, which vary significantly by local context and can be layered (multiple vulnerabilities), there are lots of challenges with measuring the impact of WV's work on MVC. In addition, it is often difficult to get a large enough sample of children from a particular group or type of vulnerability to be representative.

There are two approaches to identifying and measuring MVC, one or both may be relevant:

1. **Pre-identification**: intentionally seeking out a particular group of most vulnerable children to survey or conduct focus group discussions with them specifically. For example, street children.
2. **Post-identification**: analysing the findings from the household survey or Youth Healthy

Behaviour Survey and disaggregating by relevant MVC criteria to identify the proportion of MVC in the area or to learn of their unique experience in the programme or community, and their status in key indicators compared to their non-MVC counterparts; for example, extreme poverty, experiencing violence or abuse at home, orphans, disabled children or those from a marginalised people group.

At this stage, the following options are recommended:

1. **Understand characteristics and identify the most vulnerable:** with the community with the starter group, as part of Steps 3-5 of the Critical Path (see the *Good Practices for Putting Development Programmes into Action*).

2. **Collect data on the most vulnerable:** Depending on the type of vulnerabilities identified you may wish to do one or more of the following as part of your baseline or evaluation:
   a. Include certain indicators and questions into the caregiver (household) survey to identify households where children are 'most vulnerable' according to the above definitions. This enables disaggregation of data by MVC and non-MVC households, as well as by gender, which is standard in the caregiver survey. It also helps WV to know what percentage of households in this community has vulnerable children and so to know if WV is intentionally including the most vulnerable.
   b. If >5% of children do not live in conventional households, information about these children would not be captured in a household survey. Therefore, it would be preferable to do a separate survey (see below).
   c. If >5% of children in the community are MVC, it is important to find out more about the situation of these children specifically and their well-being (or ill-being) status. In order to identify a sufficiently large group of most vulnerable children of a particular type, 'snowball' or 'respondent driven' sampling can be used to find a sufficiently large group of that type of MVC; for example, street children, child labourers, commercial sex workers, drug users or to survey children living in institutions. Although this approach is prone to bias, it would at least provide some useful information about the MVC in the community. Information could then be collected with these children through either a focus group discussion or by using the child well-being self-perception or *Youth Healthy Behaviour Survey* (see tools).

3. **Community feedback:** conduct focus group discussions with groups of MVC of a similar 'type' (gender differentiated) and separately with their parents where appropriate, to discuss and confirm the findings of the survey(s) and the barriers to well-being for the identified type of MVC in this community.

Further information on how to measure WV's organisational impact on MVC will be forthcoming.

3.2 Ecological understanding of child well-being

Children's well-being is dependent on their relationships with others and the social, political, spiritual, physical and environmental contexts that they live in. This is called the ecology of the child or an ecological model. This theory helps WV to consider the different relationships, institutions, systems and structures that create an enabling environment where children can thrive. The theory shows the different levels and types of influence on the child's development, from the closest (micro level, like families) to the farthest (macro level, like political or cultural). Children are unique and affected by their context in different ways. Who God made them to be, where they live and who they live with will affect how they deal with the risk factors in their lives.

In the Compendium you will find indicators to help measure WV's contribution to children's well-being from different ecological perspectives. Whether the work being undertaken is directly with children, with parents/caregivers, with communities, or with the systems and structures which enable child well-being, there are indicators that can help to capture this contribution.

3.3 Lifecycle stages

Child-focused programming takes into account that children develop rapidly through different life cycle stages. With each stage, from prenatal to five years, six to 11 years, and 12 to 18 years, WV recognises that there are specific survival, growth and development issues that should be prioritised. Designing programmes around life cycle stages enhances opportunities to improve spiritual, cognitive, social and physical development, while also building cumulative child development gains. A life cycle perspective also gives attention to the special needs of girls and boys at each stage of development.

In the Compendium you will find indicators that focus on each of these life cycle stages, with appropriate tools for capturing information about children at these different points in their lives. For example, to find out about the well-being of young children and even some information about children 6-11 years, their parents or caregivers will be able to tell WV a lot. For youth aged 12-18, they can tell WV themselves what they think about their own well-being, through self-assessment surveys or discussion groups.

3.4 Economic Development

A regular household income strengthened by asset ownership is the foundation for household economic well-being and livelihood security. Sustained household economic well-being is necessary for sustained child well-being. Without it, families can not send children to school, take them for medical treatment or protect them from life's risks. While only two CWBOs explicitly refer to economic capacity ('parents or caregivers provide well for their children' and 'adolescents ready for economic opportunity'), economic development is important for all the CWBOs. Therefore, economic development indicators have been mainstreamed in the Compendium. These indicators highlight not only child well-being today when World Vision is present, but whether children will continue to thrive after WV leaves.

Example:
A programme contributing to 'children and their caregiver access essential health services' could measure the indicator: '% parents or caregivers who are able to pay for their children's health costs without external assistance.'

4. Strategy

The Compendium has been designed to align and integrate with World Vision's approaches to developing, implementing and evaluating strategy. National office's can include indicators from the Compendium in the strategy, to measure progress toward the strategic objectives for child well-being. At the programme or project level, national strategy is one of the three criteria used to select indicators. Indicators from the Compendium, included in strategy documents, can be clearly shown as important indicators for measurement within specific programme types in that country. A national can identify its strategic indicators within Horizon (PMIS), as the 'preferred' indicators for measurement within specific programme types in that country. National offices can require

programmes or projects working in a specific domain to include the relevant strategic indicator alongside other important indicators. In this way, national offices can develop an evidence base for the strategic indicators and the overall contribution towards child well-being, including the child well-being targets. This will assist DME and local level staff to select strategically aligned indicators.

In general, the highly recommended and standard indicators for the child well-being targets may be the most useful to include in strategies (see below for more details). When using the Compendium for selecting indicators for strategy, the strategic objectives must be decided first. Strategy guides programming choices and programming guides the indicator choices.

Example:

National strategy focus	Improving education quality
Indicator in strategy **(Standard child well-being target indicator)**	**Proportion of children who are functionally literate:** percent of children both in and out of school in programme impact areas who can read with comprehension at functional levels by the age when children are expected to have completed a basic education programme.
Projects / programmes required to measure it alongside other chosen indicators	All programmes with an education project

The Compendium is relevant for use in World Vision national office strategy development if:

- strategic objectives are being developed or have been agreed
- at least one strategic objective can be logically linked to a child well-being outcome.

5. Partnership targets for child well-being

National strategies have been developed in every national office, many of which include targets in alignment with the child well-being outcomes. A Partnership strategy has been developed, which includes four targets, in alignment with the child well-being outcomes. Measuring progress towards child well-being targets will enable the WV Partnership to build an evidence base of its contribution to child well-being across the whole Partnership. However, due to the variety of programme types and contexts, care has been taken to ensure a range of targets are provided, that are broad enough for every national office to be able to contribute to at least one, in alignment with its strategy.

Progress on the relevant child well-being targets will be reported on annually, as part of ongoing DME, using the child well-being target standard indicators and tools included in this Compendium. Annual reports will be make use of monitoring data from programmes, projects and sponsorship (revised child monitoring standards), any baselines, any evaluations and any other special studies or research conducted during the year. The targets will be measured as part of the broader process of measuring WV's contribution to children's well-being at the national, regional and global level. National offices do not need to contribute to all the Partnership targets, but they must contribute to at least one.

Child well-being outcome targets:

- Children report an increased level of well-being (12-18 years).
- Increase in children protected from disease and infection (0-5 years).
- Increase in children well nourished (0-5 years).
- Increase in children who can read by age 11.

For details on how these targets will be measured, please see specific documentation on the targets on https://www.wvcentral.org/cwb/Pages/cwbtargets.aspx Remember that national offices do not need to measure all four targets. However, as child well-being is WV's main goal across the Partnership, National offices will soon be expected to measure progress towards 'child well-being target 1: children report an increased level of well-being'.

6. Development programmes

The indicators for CWBO are designed to be fully integrated with World Vision's programme and project level DME (LEAP) and can be used by any WV project or programme, as appropriate (whether long-term development, advocacy or emergency relief programmes). However, please note that the indicators in the Compendium are not recommended for rapid onset emergencies, during the first 90 days; as such projects necessarily focus on immediate outputs to be monitored, rather than longer term outcomes to be evaluated.

For long-term development programmes, the indicators can be used by programmes designed using WV's Development Programme Approach, programmes redesigned through a participatory community engagement process focused on the well-being of children, and grant funded programmes and projects alike. The Compendium can be used during design or redesign phase, once the objectives of a programme or project have been agreed with partners.

It is relevant for use in all World Vision programmes or projects:

- during design or redesign phase
- after objectives have been agreed upon with partners
- where at least one objective can be logically linked to one child well-being outcome.

CWBO and logframe outcomes

Linking communities' views and statements on child well-being to the CWBOs helps WV to plan appropriate programmes with partners, and helps in WV's design, monitoring and evaluation. The CWBOs are WV's operational definition of child well-being and are used throughout the LEAP programme cycle. However, in the CWBOs, the term 'outcome' comes from the field of child development and refers to child developmental outcomes, such as social, emotional or cognitive outcomes. This is different than the term 'outcome' used in LEAP, whereby projects are designed with stakeholders to define contextually appropriate outcomes and goal statements. These objectives can then be linked to the appropriate CWBOs. Therefore, the CWBOs are not used directly in logframes.

What contributing to child well-being means:

At least one objective will contribute directly to one child well-being outcome. For example if your project is focused on improving the quality of educational outcomes for children this can be directly linked to 'children read, write and use numeracy skills'.

What contributing to child well-being does not mean:

No project or programme should try to contribute to all 15 child well-being outcomes or all four aspirations. Across the organisation, different types of projects and programmes are contributing to all 15 CWBO; this is WV's broader impact to the well-being of children. You do not need to include indicators for all the CWBO into your logframe. Nor does every programme need to contribute to a CWBO from each of the aspirations. Programme or project outcomes and goals should not be worded exactly like a child well-being outcome. Outcomes and goals need to be expressed in a way that makes sense to the staff and partners, are relevant to the local context and fit logically with the overall goal of the programme.

Community led indicators

A process to enable community members to develop their own simple, observable indicators for measuring improvements in child well-being is currently underway. This process aims to strengthen WV's accountability to communities, and build ownership over the shared progress towards child well-being. These could be simple statements such as: 'we know children are not hungry when they have energy to play everyday'. Such statements can be reviewed together annually to see if progress has been made and what the priorities for the next year should be.

Where can I find the guidance and tools?

The guidance and tools are downloadable from the Guidance for Development Programmes website: www.wvdevelopment.org.

The Compendium, tools and guidance will be available in Horizon (formerly PMIS). The Compendium in Horizon will be a searchable database, to help staff find the indicators they want using key words and other logical search criteria.

Contribute to improving the Compendium

The Compendium will be updated annually, based on feedback and recommendations by the relevant Communities of Practice (CoP). If you would like to suggest an indicator for inclusion in the Compendium, please do so through the appropriate CoP. You can send your feedback on both the indicators and the process of selection/measurement. This will help to ensure that the process is a useful, usable, relevant and effective means of measuring World Vision's plausible contribution to the well-being of children. Please direct your feedback to the Global Centre Evaluation & Research Unit, Global Knowledge Management (GKM). See Appendix 3 for more details.

Summary of key points

- There are no globally mandated indicators. However, National Offices should plan to measure 'CWB target 1: Children report an increased level of well-being' in the near future.
- Indicators are selected according to what is: *relevant* for the programme or project's objectives, appropriate for the local context and in line with *strategy* – both national office and relevant sector strategy.
- Measurement of indicators for CWBOs are fully integrated with the project or programme DME process (LEAP).
- If you don't find the outcome indicator needed for your logframe, you can include indicators not in the Compendium.
- Some indicators can, or even need to be, amended for the national context.
- Standard versions of tools (like questionnaires) are provided for you to adapt and use.

7. The Compendium explained

The Compendium is organised by the 15 child well-being outcomes. Therefore, to select indicators you will need to know which of the 15 CWBOs the objectives in the logframe contribute to. The 15 outcomes are organised under four aspirations. In the boxes are examples of each category or type of indicator.

Enjoy good health

Aspirations

In order to achieve the goal of the sustained well-being of children, World Vision has identified four aspirations. These represent the domains or dimensions of child well-being WV wants to see positively impacted, as a result of its interventions with partners. *Note: Programmes or projects do not need to contribute to all four aspirations.*

Children protected from infection, disease and injury

Child Well-being Outcomes

There are 15 child well-being outcomes, three or four within each aspiration. The indicators in the Compendium are organised by these outcomes. *Note: Programmes or projects do not need to contribute to all 15 CWBOs.*

7.1 Principles for using the Compendium of Indicators

1. **Do no harm:** measurement activities and indicators do not harm to children psychologically or physically. It does not undermine, compete for resources with or distract from local government responsibility for monitoring the well-being of children, as the duty bearer for child well-being.
2. **Do it well:** the necessary DME capacity is available to support programme staff in selecting indicators, adapting tools and undertaking a 'good enough' baseline. If in doubt, wait. It is better to delay than to make an inappropriate selection of indicators or conduct a poor quality measurement. Accurate measurement is essential to see change over time.
3. **Develop the skills**: strengthening DME competencies is crucial for conducting 'good enough' baselines and evaluations. Resources need to be invested in strengthening DME staff competencies. Skills are required not only for data collection, but in analysis, reporting and learning. Expectations for analysis and reporting are linked to current skills.
4. **Keep it simple:** a few, well chosen, outcome indicators that can measure change in the context are preferable to a long list. It is advisable to select indicators that fit onto a few tools, and tools that the staff members have the resources and capacity to use.
5. **Resource it:** it is essential that sufficient funds are budgeted for a baseline and evaluation. Costs will differ quite significantly by country and region, but an average baseline would cost around $10,000. Scheduling enough of the right staff members time is essential for measuring CWBOs. Planning, doing, analysing and using baseline data can take 4-8 weeks.

7.2 Types of indicators

In the Compendium, there are three types of indicators:

Highly recommended indicators

For every CWBO there is at least one highly recommended indicator. The highly recommended indicator is broad enough to measure the child well-being outcome it is linked to, in almost any context or country. If a programme or project has identified that it is working towards a particular CWBO, the highly recommended indicator is essential to measure. If there is more than one highly recommended indicator, you must choose at least one, as relevant for the context and national strategy.
Note: These are essential to measure for the relevant CWBO.

% children immunised against measles before their first birthday

Standard indicators

Some indicators are highlighted as 'child well-being target standard indicators'. These are highly recommended indicators, which have been identified as most relevant for measuring the particular target. These standard indicators can be selected and used to measure progress towards the child well-being targets selected, according to the national office strategy. Many standard indicators also act as highly recommended indicators and are essential to measure both for the relevant outcome and target. *Note: These are used to measure child well-being targets.*

% households where all children under 5 years slept under a long lasting insecticide-treated net the previous night

Additional indicators

For every CWBO there is a menu of additional indicators to choose from. These indicators will be useful in some contexts (programmes, areas, national offices) but not in others. There are between 3 and 30+ additional indicators for each of the CWBOs.

% caregivers with appropriate hand-washing behaviour

7.3 Selecting indicators

Who is involved? DME staff members lead the process, working closely with programme or project staff, and relevant technical staff. Indicators should be agreed upon together with partners.

When to select indicators? During the design or redesign phase, after objectives are agreed.

What's important to remember? There are three guiding factors to help select indicators from the Compendium. Indicators should be selected according to what is:

- inline with strategy, including national office and sector strategy as appropriate
- relevant to the work of the programme or project
- appropriate for the local context.

What can be contextualised?

Indicators: in order to support existing data collection efforts, indicators can be adapted to match those used by the national government. For example, if the government measures educational outcomes with a particular age group of children, you can alter the age group.

Definitions: some definitions of the indicators need to be adapted to be meaningful in the local and country context. For example, who represents a 'skilled birth attendant' in that country.

Tools: the wording of questions or statements in the measurement tools should be altered so that the meaning is clearly understood by the respondent in that context.

Guidance: national offices can amend guidance documents as appropriate for the context and strategy. For example, to reflect national protocols around data collection or highlight relevant partner research institution or universities with whom you can partner with.

7.4 Process for selecting indicators

Before you start

Engage in a participatory process with community members (including children) and local partners to develop a responsive design based on community-identified child well-being priorities. Remember to make the most vulnerable children part of the process. Agree on the objectives of the project or programme. Fill in the logframe as recommended in LEAP.

Which CWBO does the project or programme contribute to?

One project at a time, identify which of the CWBOs the project will contribute most to and make a note of these in the Programme Design Document (PDD). If relevant, note one or two other CWBOs the project will contribute to. Remember not to list all the CWBOs, only the ones that your work will contribute to most. This can be done by mapping the planned objectives onto the CWBOs. It may be logical to link each project to one CWBO, but some projects may contribute to two or three CWBOs. However, focus on the CWBO the project contributes to most.

If it's not obvious which CWBO the project contributes to, try this activity with the partners:

- Write each of the CWBOs onto a sheet of flip chart or large sheets of paper, one per sheet and spread them across a table or wall. Add a blank sheet for any items which don't seem to fit easily.
- Give each pair or small group one section (outcome) of the project. Write each output (or even activity) below that outcome onto a sticky note or card (one per card).
- Each group tries to place each output onto the CWBO it contributes to. If it contributes to more than one, draw a line or symbol to show this.
- Stand back and look at the outcomes and outputs/activities. Discuss what you see – are the cards in the right place? Agree on any changes, and then count the number of cards/notes on each CWBO.
- The sheets where most notes are located are the CWBOs that the project contributes to most. Make a note of these. This is ideally just one, but could be between 1 and 3 CWBOs, and perhaps some additional ones that are contributed to in a secondary way.
- Repeat for each project in the programme, if relevant.

Select highly recommended and standard indictors

- One project at a time, look at the project goal and outcome statements. For each one, start with the CWBO the goal or outcome statement contributes most to.
- Are there standard indicators suggested for the CWBO? Which one is relevant for your work and inline with the national strategy? Select appropriate standard indicators.
- Where there are no standard indicators, look at the highly recommended indicator(s) for the CWBO. Which one is relevant for your work and in line with the national strategy? Select the appropriate highly recommended indicator(s).
- View the standard or highly recommended indicators for any other CWBOs the project will contribute to. Select the appropriate one(s).
- Remember it is important to include at least one standard or highly recommended indicator, which is relevant to your work. This will provide an evidence base on contribution to child well-being across national offices, regions and globally.
- Pay special attention to relevant standard indicators for measuring the child well-being targets.

Search for and select additional indicators

- Go back to the CWBO you started with.
- Look through the additional indicators listed in the Compendium for that outcome.
- Select any additional relevant indicators for your logframe to measure the project goal or outcomes.
- Include any relevant indicators from the national strategy, paying special attention to the standard indicators for measuring CWB targets .

Project Models

If you are using a project model, select the Compendium indicators recommended in the model. Check that these indicators are relevant for your programme or project objectives, appropriate for the local context and in line with national strategy. You may need to select additional indicators from the Compendium. Remember to add relevant monitoring indicators into your logframe and ensure all the indicators you select are also in the LEAP indicator tracking table.

Review the list of indicators

Review and agree upon selected indicators with relevant partners and stakeholders. Check which measurement tools will be needed to measure your selected indicators on the indicator detail sheets. Check which indicators and tools are selected for the whole programme, as the baseline will be at the programme level (unless a grant funded project). It is important to check which indicators have been selected across the different projects within the programme to avoid duplication and ensure the indicators can all be measured by just two or three tools. Do you need to change or reduce the selection? Consider which indicators will tell you the most about the desired change in your context. Refine the selection of indicators, until a manageable number of indicators and tools remain.

How many indicators?

Between one and three outcome indicators are recommended for each programme outcome (project goal) and project outcome, unless the WV project model you are using recommends more. Remember that a few well chosen indicators are preferable to a long list. Select only indicators for data collection that you need information about and will use the information to inform decision-making and reporting, or which are strategically aligned.

Next steps

1. Read the **indicator detail sheets** for each indicator in Horizon.
2. Download the **tools** needed for your selected indicators – remember that two to three tools are the maximum most projects or programmes can utilise affordably.
3. Include the selected indicators in your project design **logframe** and in the **indicator tracking table**.
4. Ensure there is sufficient **budget** included in your programme or project for baseline and evaluation measurements.
5. When you are ready to **plan your baseline**, refer to the baseline guidance.

Summary of key points

- The Compendium is only for programmes and projects in the design or redesign phase.
- Select only indicators that are relevant to the stated objectives.
- Programmes do not need to contribute to all 15 CWBO and do not need to contribute to a CWBO in all four aspirations.
- Objectives in the logframe should not be worded the same as a CWBO.
- A few carefully selected indicators are better than a long list of indicators.
- If you cannot find the indicator needed in the Compendium, other indicators can be added.
- Monitoring indicators are not included here – although some indicators can be used for annual monitoring as well as at baseline and evaluation.
- There is one integrated programme baseline and one integrated evaluation – not separate measurement for individual programmes.
- Grant funded projects will need to follow donor protocols, but where possible can still incorporate relevant indicators from the Compendium.

8. Tools for measuring indicators

The indicators for child well-being are measured as part of the programme or grant-funded project baseline and again at evaluation. The selected indicators are measured alongside any other relevant programme or project indicators at baseline and evaluation. As child well-being includes many different aspects, an integrated programme level baseline is preferable to a project specific baseline, which only considers one project. However, for grant funded projects, the baseline and evaluation will be at the project level and should include any indicators specified by the donor, alongside any relevant child well-being indicators.

The same indicators and tools should be used at baseline, evaluation and any mid-term evaluation, in order to make a 'before and after' comparison. Where possible and appropriate, measurement of child well-being indicators, are to be undertaken in collaboration with government partners, as the duty bearers, and other local development partners contributing to specific projects. For example, health and nutrition surveys should be planned in collaboration with the local Ministry of Health and any surveys with school aged children should be planned in collaboration with the local Ministry of Education.

The toolkit

A variety of tools are available for use for measuring different aspects of child well-being. The tools and the questions are linked to a particular indicator. The tools you will need to use will depend on which indicators you selected and what type of tool is most relevant. This 'toolkit' provides a range of tools to choose from, remembering that two to three tools is the maximum any project or programme should use. However, several of the tools can be combined.

What are the main tools available?

1. *Caregiver Survey* – questions to be asked to the parents or caregiver of a child
2. *Development Assets Profile (DAP) tool* – a child-self perception survey for children aged 12-18 to assess their own well-being
3. *Youth Healthy Behaviour Survey (Youth Survey)* – for children aged 12-18 years
4. *Functional Literacy Assessment Tool (FLAT)* - a set of reading assessment tools for children who have or would be expected to have completed a basic education
5. *Measuring Child Growth tool* – to measure height and weight of children under five years.

These main tools are the tools used for measuring the child well-being targets.

More tools available

1. *Health Facility Evaluation tool* – for measuring access to health care and the effectiveness of Citizen Voice and Action or other local level advocacy on health facilities
2. *Early Grade Reading Assessment (EGRA)* — a reading assessment for children in their second year of learning or Grade 2
3. *School Readiness Test for pre-school aged children*
4. *Concepts about Print*
5. *Lifeskills Observation tool* – to observe and score the lifeskills development of children aged 6-18.
6. *Foundational and Essential Life Skills Assessment (FELSA)* - these measure the essential core skills of critical thinking, communication skills and emotional management
7. *Children's Perspective of Spirituality and Well-being*
8. *Children's Reflections on CWBA 3 and Fullness of Life Focus Group Discussions.*
9. *'Cared for, protected and participating' Focus Group Discussion Guide.*

Example

Here are some examples of how the indicators for CWBO and tools link together:

CWBO	Children well nourished
Indicator selected	% children aged 0-59 months who received one vitamin A capsule in the last 6 months preceding the survey, verified by health card
Tool	Caregiver survey
Question	Within the last six months, was (name) given a vitamin A dose? Yes_________ No________ Date of most recent Vitamin A capsule: DD/MM/YYYY

CWBO	Children value and care for others and their environment
Indicator selected	Mean 'Development Asset Profile' score of adolescents aged 12-18 years in the *positive values* asset category.
Tool	Child self-perceived well-being survey (DAP)
Sample statements (several statements are relevant)	Rarely ☐ Sometimes ☐ Often ☐ Almost always ☐ *I am helping to make my community a better place.* *I am serving others in my community.*

Tool name	Caregiver survey (household)
Type of tool	Quantitative
Unit of measurement	Households
What does it measure	○ Poverty and vulnerability level of the household ○ Multiple CWBOs depending on the indicators selected
Which CWBOs?	○ Children well nourished; children protected from disease and injury; children and their caregivers access essential health services. ○ Children access and complete basic education ○ Children cared for in a loving, safe, family and community environment with safe places to play; parents or caregivers provide well for their children; children celebrated and registered at birth; children are respected participants in decisions that affect their lives. **Measures a highly recommended indicator?** Yes – several **Measures the child well-being targets?** Yes – several
Description	This is a versatile household survey, which can be used to measure indicators across multiple CWBOs. The questions asked depend on the indicators selected and/or WV 'good practice' option. There is a fixed set of starting section to identify level of household poverty/vulnerability and demographics, but the rest of the survey can be customised according to the indicators chosen or to the project model, creating your own tailor made survey for your programme or grant funded project. The beginning section assesses the level of poverty and vulnerability of the household. This is good practice in all development surveys and the questions are taken from UNICEF's 'Multiple Indicator Cluster Surveys' and DHS. The questions you can add into the survey are organised into logical modules. You can pick questions from the modules as relevant to your baseline information needs: • Health (several modules) • Education

	• Child protection and participation • Food security • Economic development Further modules can be added as the Compendium develops over time. You can also add additional questions for any indicators added. You can amend the wording of the questions so the meaning is understood in the context. Some questions require the national office to agree on a definition before the tool can be used. After analysis, it is important to organise a time in the community to share the findings of the survey and provide people with an opportunity to discuss, validate and interpret the results. See below feedback and validation.
Who?	Primary caregiver of the children in the household, although it can still be used to ask questions in households where no children are present.
Where to find it	www.wvdevelopment.org and Horizon.
Partnership target	o Increase children protected from disease and infection (0-5 years)
Linked tools	Can be used in conjunction with the child growth monitoring tool, if trained persons and necessary equipment are available.

Tool name	**Development Assets Profile**
Type of tool	Quantitative + qualitative feedback process
Unit of measurement	Child
What does it measure	Children's perception of their own well-being. The Development Assets Profile (DAP) is based on validated scales of developmental assets, based on 20 years of research. This includes internal and external assets. For a list of the assets see Appendix 1.
Which CWBOs?	o Children make good judgements, can protect themselves, manage their emotions, and communicate ideas; Children enjoy positive relationships with peers, family and community members; children value and care for others and their environment; children have hope and vision for the future. o Children cared for in a loving, safe, family and community environment with safe places to play; children are respected participants in decisions that affect their lives. **Measures a highly recommended indicator?** Yes – several **Measures the child well-being targets?** Increased level of well-being
Description	Self-perception surveys are now widely used with children aged 12-18 years old. It is a quantitative survey, so easy to score and aggregate, but collects information about very subjective issues, which can be difficult to measure on a large scale using more qualitative methods. Both tools measure children's perceptions of their own well-being or subjective aspects of well-being. Both options are fixed surveys that require careful contextualisation and validation in each context. They cannot just be translated as phrases have different meanings to children. Once it has been adapted, it can be used in different projects across the country. For more details of measuring

	subjective well-being read the '*Discussion paper: Measuring Subjective Aspects of World Vision's Child Well-being Outcomes'* on wvcentral.[2] The DAP uses statements for children to respond to on a likert scale (for example, 'always', 'sometimes', 'never'), which are correlated with developmental assets. It is based on positive statements about what a young person thinks he/she is, thinks and has. The survey can be used in schools, with children completing the surveys on their own. The surveys can also be used orally in areas of low literacy, one-to-one with an interviewer. Some sample statements are below: • I stand up for what I believe in. • I am included in family tasks and decisions. • I have parents who urge me to do well in school. http://www.search-institute.org/survey-services/surveys/developmental-assets-profile After the analysis is done, it is important to organise a feedback session with the children and young people who participated. This is to share the findings, in a child friendly way (use pictures, games, discussion groups) but also to give the young people an opportunity to articulate what well-being means to them. Through discussion groups, the young people can explain, dispute or validate the findings and contribute their ideas to improve well-being in the community.
Who?	Children aged 12-18 years old. Younger than 12 years it is cognitively more difficult and confusing for children to self-assess in this way, thus data is not as reliable.
Where to find it	The DAP has to be adapted for each country context. You can find out here if there is a DAP already in your country from the transformational-development website. To develop a DAP, please contact: ashley_inselman@wvi.org and cc: wvdevelopment@wvi.org.
Partnership target	○ Children report an increased level of well-being
Linked tools	Can be used with education and life-skills tools or spiritual nurture tools for same age youth.

Children's World

Children's World is an international survey on the well-being of children. This survey was developed through collaboration with WV Germany's Research Institute and the International Society for Childhood Indicators. It is currently in a field testing phase. If you are interested in participating in this survey, more details can be found here: http://www.childrensworlds.org

Tool name	**Measuring child growth tool**
Type of tool	Anthropometric
Unit of measurement	Child
What does it measure	Weight for age = underweight Height for age = stunting Height for weight = wasting

[2] https://www.wvcentral.org/supportfunctions/gkm/re/Documents/Measuring%20subjective%20well%20being%20Discussion%20Paper1.pdf

Which CWBOs?	○ Children well nourished **Measures a highly recommended indicator?** Yes **Measures the child well-being targets?** Yes
Description	Anthropometric measurement for measuring the height for weight and age of children is recommended by the World Health Organisation. This tool should only be used by trained persons, as it is quite tricky to accurately measure young children's height and weight, as they tend to move around so much. Even a small error in measurement can lead to a large miscalculation in stunting, wasting and underweight. This tool is best used in partnership with the local health clinic or Ministry of Health.
Who?	Children aged 0-5 years
Where to find it	www.wvdevelopment.org and Horizon.
Partnership target	○ An increase in children well nourished (0-5 years)
Linked tool	*Caregiver Survey*

Tool name	**Youth healthy behaviour survey**
Type of tool	Quantitative
Unit of measurement	Child
What does it measure	Young people's well-being; knowledge, attitudes and behaviours in relation to health, HIV, sex and relationships; experiences of violence and substance abuse.
Which CWBOs?	○ Children protected from infection, disease and injury. ○ Children make good judgements, can protect themselves, manage their emotions and communicate ideas; adolescents ready for economic opportunity. **Measures a highly recommended indicator?** Yes **Measures the child well-being targets?** Yes *(alternative approach)*
Description	This is a survey for young people to complete anonymously. It covers a range of topics important from a HIV prevention and a lifeskills perspective. This survey can be measured in conjunction with or instead of the child self-perception survey (DAP) for any children aged 12-18 years or older. This survey is based on the standardised indicators and questions from PEPFAR and UNAIDS.
Who?	Children and young people aged 12-18 years
Where to find it	www.wvdevelopment.org and Horizon.
Partnership target	○ Children report an increased level of well-being *(alternative approach)* *See Appendix 5.*
Linked tools	Self-perception survey, spiritual development survey for same age youth.

Tool name	Functional Literacy Assessment Tool (FLAT)
Type of tool	Quantitative
Unit of measurement	Child
What does it measure	The tool provides critical information about children's foundational and functional reading skills. The objective of the tool is to find out the highest level of reading children can perform comfortably. Based on their performance they are grouped into six categories: those who cannot read, those who can read only letters, those who can read words, those who can read a paragraph, those who can read and comprehend a story, and those who can read and comprehend authentic local material needed to function in everyday life (a notice, newspaper, bulletin, simple instruction manual, letter, an advert, an e-mail and more).
Which CWBOs?	o Children access and complete basic education o Children read, write and use numeracy skills **Measures the child well-being targets?** Yes
Description	The *Functional Literacy and Assessment (FLAT)* tool is a simple, quick, cost-effective tool, originally developed and tested by Pratham, a local NGO in India. The Pratham-Aser tool is designed to measure foundational reading skills for children aged 6-15. The tool has been adapted by WV to include a test for measuring functional literacy levels of children that have completed a basic education. The tool is referred to internally as the FLAT.
Who?	The FLAT is appropriate to use with children ages 5-16 in the household. 11-13 year olds are the target group for this high-level indicator.
Where to find it	www.wvdevelopment.org and Horizon.
Partnership target	o Increase in children who can read by age 11 *(or age appropriate for post-primary school)*
Linked tools	Life skills tool, spiritual development tool, reading assessment, math assessment for same age children.

Tool name	Lifeskills Observation tool
Type of tool	Quantitative
Unit of measurement	Child
What does it measure	Lifeskills - communication structure, critical thinking, emotional management
Which CWBOs?	o Children make good judgments, can protect themselves, manage emotions and communicate ideas
Description	During the different life cycle stages, each child and adolescent develops their own communication structure, which is integrated by the comprehension, emotional management and self expression processes. This is a quick and simple tool to get an understanding of which life skills or competencies WV needs to strengthen in children and adolescents. This information helps to plan the education strategy such as planning a remedial

	strategy to use with children or adolescents that are having learning problems. It is designed for use with children aged 6-18 years. The *Facilitator Instructions* and the *Observation and Scoring* tool are separated by two age groups: 6-9 years and 10-18 years. Since these two groups are at different stages of development, it would be inaccurate to measure them using the same scale. Precursor the *FELSA (Foundational and Essential Life Skills Assessment)* tool, which is still under development.
Who?	o Children who are 6-18 years old
Where to find it	www.wvdevelopment.org and Horizon.
Linked tool	Math assessment, life skills tool, critical thinking tool for same age youth.

Coming soon: ***more education and lifeskills tools, including mathematics and economic readiness (like digital and financial literacy).***

Data collection in partnership

It is important to remember that duty-bearers are primarily responsible for collecting information: schools, clinics, government, and police etc. World Vision's data collection should compliment and support this where possible, for example by collecting data in collaboration and/or sharing findings with duty bearers. If WV is collecting information on schooling, this can be done in partnership with the District Ministry of Education or local school. If WV is collecting information on health, this can be done in partnership with the District Ministry of Health or local clinics.

Where important information is already available from secondary sources or from the assessment/design process, it is not necessary to collect it again. For example if reliable local data is available at the clinics in the impact area on child nutrition, births in a medical facility and vaccination coverage, this information can be used without further surveying. Baseline and evaluation measurements should be planned, undertaken, analysed and used in full collaboration with partners.

Feedback to and validation from the community

Sharing WV's findings with the community so that they can be discussed, disputed or validated, is an essential part of the measurement process.

- Community members have a right to know what the results are.
- It is part of WV's accountability to the people it seeks to serve.
- It provides community members with an opportunity to dispute or validate the results.
- It helps WV to better understand and interpret the findings.
- It can strengthen ownership of the programme and increase motivation to be a part of the change process, through community monitoring and actions.
- After feedback, the work that World Vision and its partners are doing may begin to make more sense to the wider community...

There are a variety of suggested tools that can be used for this. Ideally, this should include a process during data collection to find out how community members would like to receive this information afterwards. Do not assume that by informing a community leader, this task has been done. Consider using information boards or public meetings with visual representations of the findings. Focus group discussions are also an important means of helping facilitate discussions, but also consider using drawings to express the findings or large visual representations in charts. See *Baseline Guidance* for more details.

- **Action**: schedule a day after baseline findings have been analysed to share findings with community members, including children.

- **Action**: develop a Fact Sheet that summarises the findings of the baseline for programme staff.

Data capture

For entering and storing data, you can use the programme that staff are most familiar with. It is recommended that quantitative data be captured at the programme level using the latest version of Epi-Info or SPSS, which can be used for more sophisticated analysis. However, if neither of these is available or staff do not have skills in using these programmes, Excel provides sufficient functionality for basic analysis. Each region has been provided with a copy and licence for use of SPSS. Epi-info can be downloaded for free from here: http://wwwn.cdc.gov/epiinfo/html/downloads.htm. The data files can be stored in Horizon and important baseline and evaluation values entered into the Indicator Tracking Table also in Horizon.

- **Action**: Store data files (Excel, SPSS, Epi-Info or other) on Horizon with baseline report, terms of reference for the baseline, alongside other key programme documents.

Reporting

After community feedback and validation, the findings from the baseline or evaluation are ready to be reported, using LEAP templates. In progress reports, it is really important to analyse the data you have collected and think critically about your findings - why those changes did or didn't occur, taking into account changes in the environment, national policies, technology, economy and political situation, and any complimentary work by other agencies or the national government, whether or not these entities are partnering with World Vision directly.

Reporting negative or unexpected changes is also very important; there is much to be learned from this. By acknowledging failures and analysing why things did not go as planned, WV can understand what to do better next time. It is crucial to try to analyse and reflect critically on why things happened the way they did. This helps WV to improve its work and ultimately contribute more effectively to the well-being of children.

At the national level, baseline and evaluation reports can be used, alongside monitoring reports and sponsorship data, to create an overall summary report, built around the national office strategic objectives, of World Vision's contribution to child well-being in that country, including the child well-being targets. This can include all reports from projects and programmes across all ministry streams. Be sure to include relevant advocacy work through Child Health Now and the *Citizen Voice and Action (CVA)* project model. Using a process of summary reporting reports can be analysed for emerging themes, trends and changes in child well-being, taking into account the other actors and factors that also contributed to change (or lack thereof). In the same way, regional offices can produce summary reports on child well-being and a global report will be produced. Our existing programmes are already contributing to the well-being of children, and there is already a lot of information being collected in World Vision programmes and projects. This process aims to make better use of information collected and ensure alignment with strategy. For more information, please see the *Guidance on Reporting*.

Important points to consider in evaluation

- Relevance: did the project or programme respond to the community's real needs?
- Effectiveness: did the programming approach work well?
- Efficiency: a cost-benefit analysis of how much it cost to achieve the objectives
- Sustainability: what are the lasting changes?
- Impact: what broader changes happened? What long-term changes happened?

9. The Indicators

In this section, the indicators are listed with a few key points, such as when and how it is measured. The majority of the indicators are standardised and come from UNICEF, WHO,

FANTA or another international agency. Where there is no international standard, World Vision's work in measuring these aspects is contributing to an emergent field of measuring children's well-being. Some of the indicators are relevant only for baseline and evaluation, whilst others can be included in regular monitoring, for example those around changes in knowledge, attitudes and behaviour. Some aspects of child well-being are better measured by proxy indicators, for example Vitamin A deficiency is very hard to measure, but whether a child received a Vitamin A capsule in the last six months can easily be verified.

Partnership Targets

Standard indicators, used for measuring progress on the child well-being targets are at the beginning of each relevant section, under the heading 'Child well-being target standard indicators'.

Indicator detail sheets

For each indicator there is an 'indicator detail sheet'. This provides a detailed description of the indicators, how to measure it, how to calculate it, where the indicator originated etc. They are now only available in Horizon.

Disaggregation

Almost all indicators involving children can and should be disaggregated by gender; this is built into the tools for measurement and is essential information to collect. Other disaggregation categories can be added as relevant to the national office strategy or programme focus. Suggested disaggregation categories are recommended for each indicator in the indicator detail sheets; for example, MVC / OVC, disability and the lifecycle stage.

Adding new indicators

Every year new indicators can be added to the Compendium. Please discuss new indicators with your Community of Practice (CoP) and submit new indicators through your CoP in the 3rd Quarter of the Financial Year. See Appendix 3 for details of what is required.

Use the hyperlinks to navigate to the indicators you want to see

Enjoy good health	**Educated for life**
Experience love of God and their neighbours	**Cared for, protected and participating**

Aspiration: Enjoy good health

Outcome: Children well nourished

Child well-being target standard indicator	Definition	Tool	Notes
Prevalence of stunting in children under five years of age	**Percent of children aged 0-59 months whose height-for-age is below minus two standard deviations from the median (or less than two standard deviations below the median) as determined by the WHO Child Growth Standards.**	**Measuring Child Growth Tool, as part of Caregiver survey; Child anthropometry module**	**To be measured by trained personnel only.**
Prevalence of underweight in children under five years of age	**Percent of children aged 0-59 months whose weight for age is less than minus two standard deviations from the median (WAZ) for the international reference population ages 0–59 months.**	**Measuring Child Growth Tool, as part of Caregiver survey; Child anthropometry module**	**To be measured by trained personnel only.** **This indicator may be seasonally variable.**
Prevalence of wasting in children under five years of age	**Percent of children aged 0-59 months whose weight for height is less than minus two standard deviations from the median (WHZ) for the international reference population ages 0–59 months.**	**Measuring Child Growth Tool, as part of Caregiver survey; Child anthropometry module**	**To be measured by trained personnel only.** **This indicator may be seasonally variable.**
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of children receiving Vitamin A capsules	Percent of children aged 6-59 months who received one vitamin A capsules in the last 6 months preceding the survey, verified by health card.	Caregiver survey; 6-23 months and 24-59 months modules	Proxy for vitamin A deficiency which is hard to measure.
Proportion of households consuming adequately iodised salt	Percent of households consuming salt iodised at 15-40 parts per million (ppm) as measured using Rapid Test Kits (RTK) accompanied by a quality assurance subsample.	Caregiver survey; rapid test kits; titration method (in subsample); Health	If lack of iodised salt is known to be a problem in the area, salt testing is recommended rather than self reporting.

		demographics module	
Proportion of children under 2 years receiving early initiation of breastfeeding	Percent of mothers of children aged 0-23 months, who put the newborn infant to the breast within 1 hour of birth.	Caregiver survey; Women module	
Proportion of children exclusively breastfed until 6 months of age	Percent of infants aged 0–5 months who were fed exclusively with breast milk during the entire day prior to interview. Exclusive breastfeeding (EBF) means the baby has not received any other fluids (not even water) or foods, with the exception of oral rehydration solution, drops and syrups (vitamins, minerals, medicines).	Caregiver survey; 0-5 months module	This is a proxy indicator for exclusive breast-feeding to avoid problems with recall.
Proportion of children aged 6-23 months receiving continued breastfeeding	Percent of children aged 6-23 months receiving breast milk in the previous 24 hours.	Caregiver survey; 6-23 months module	
Proportion of children given appropriate feeding during illness	Percent of children aged 0-59 months who were sick in the previous 2 weeks (diarrhoea, fever, cough) and who had increased breastfeeding and/or fluids and/or continued foods, as appropriate.	Caregiver survey; 0-5 months, 6-23 months, and 24-59 months modules	
Proportion of young children receiving a minimum meal frequency	Percent of breastfed and non-breastfed children aged 6–23 months who received solid, semi-solid, or soft foods (including milk feeds for non-breastfed children) the minimum number of times or more during the previous day.	Caregiver survey; 6-23 months module	Minimum number of times: o 2 x for breastfed children 6–8 months o 3 x for breastfed children 9–23 months o 4 x for non-breastfed children 6-23 months.
Proportion of children consuming (daily) iron-rich or iron-fortified foods	Percent of children aged 6-59 months who received any of the following during the previous day: iron-rich food or iron-fortified condiments; food that is especially designed for infants and young children and was fortified with iron; food that is fortified in the home with a product that included iron.	Caregiver survey; 6-23 months and 24-59 months module	Includes commercially or home-fortified foods including sprinkles.
Proportion of children receiving minimum dietary	Percent of children aged 6-23 months who received food from at least four food groups during the previous day.	Caregiver survey; 6-23 months module	List of food types provided, including macro and micro

diversity			nutrients.
Prevalence of anaemia in children under 5 years	Percent of children aged 6-59 months with anaemia (Haemocue Hb <11g /dL).	Rapid haemoglobin test (like Hemocue), as part of Caregiver survey; Child anthropometry module	
Prevalence of anaemia in women of reproductive age with children under 5 years	Percent of non-pregnant women who are mothers of children under 5 years with anaemia (Haemocue Hb <12 g/dL).	Rapid haemoglobin test (like Hemocue), as part of Caregiver survey; Women anaemia module	
Prevalence of anaemia in pregnant women	Percent of pregnant women with anaemia (Haemocue Hb <11g /dL).	Rapid haemoglobin test (like Hemocue), as part of Caregiver survey; Women anaemia module	
Proportion of women who had access to iron/folate during previous pregnancy	Percent of mothers of children aged 0-23 months, who had access to 90 or more iron/folate supplements/tablets during their most recent pregnancy.	Caregiver Survey; Women module	
Proportion of women who took iron/folate during previous pregnancy	Percent of mothers of children aged 0-23 months, who consumed 90 or more iron/folate supplements/tablets during their most recent pregnancy.	Caregiver survey; Women module	
Proportion of women who increased food consumption during most recent pregnancy	Percent of mothers of children aged0-23 months, who report increasing the number of meals or snacks during pregnancy.	Caregiver survey; Women module	
Proportion of pregnant women who consumed iron-rich food in previous 24 hours	Percent of pregnant women who consumed any of the following during the previous day: iron-rich food or iron-fortified condiments; food that was fortified with iron; food that was fortified in the home with a product that included iron.	Caregiver survey; Women module	
Proportion of children who	Percent of children aged 6-59 months who received iron syrup or	Caregiver survey; 6-	

received an iron syrup dose or tablet in the last week	tablet in the last week.	23 months and 24-59 months modules	
Proportion of children under five attending Growth Monitoring and Promotion	Percent of children aged 0-59 months who attended Growth Monitoring and Promotion in the previous three months (verified with Growth Card).	Caregiver survey; 0-5 months, 6-23 months, and 24-59 months module	Record number of times attended GMP in previous 6 months. Important to collect this information especially for supporting the Sponsorship monitoring of children under five.
Proportion of children participating in positive deviance nutritional project (PD Hearth) whose younger sibling is normal weight for age	Percent of children who have participated in PD/Hearth whose younger sibling aged 0-59 months has weight for age ≥ 2 z-scores.	Measuring Child Growth Tool, as part of Caregiver survey; Child anthropometry and health demographics modules	To be measured by trained medical personnel only. When measuring height and weight for age of children under 5, ask whether the child has a sibling who was part of the PD Hearth project.

Outcome: Children protected from infection, disease and injury

Child well-being target standard indicator	Definition	Tool	Notes
Coverage of essential vaccines among children	Percent of children aged 12-59 months who have completed 3rd DPT dose plus measles vaccination, verified by vaccination card and mother's recall.	Caregiver survey; 6-23 months and 24-59 months modules	In countries where vaccination cards are kept at the clinic and not by caregivers, this information can be obtained at the clinic instead.
Proportion of children under 5 with diarrhoea who received correct management of diarrhoea	Percent of parents or caregivers of children aged 0–59 months with diarrhoea in the past two weeks who report that the child received oral re-hydration therapy (ORT) and increased breastfeeding and/or fluids and/or continued foods, as appropriate.	Caregiver survey; 0-5 months, 6-23 months and 24-59 months modules	
Proportion of children under 5 with presumed pneumonia who were taken to appropriate health provider	Percent of children aged 0–59 months with a 'presumed pneumonia' (ARI) episode in the past two weeks that were taken to an appropriate health-care provider.	Caregiver survey; 0-5 months, 6-23 months and 24-59 months modules	Use clinic data for available for comparison.
Proportion of households where all children under 5 years slept under a long-lasting insecticide-treated net (LLIN) the previous night	Percent of parents or caregivers with children 0-59 months, who report that all children 0-59 months in the household slept under an LLIN the previous night.	Caregiver survey; Health demographics module	A long-lasting insecticidal net (LLIN) is an insecticide treated net that does not need to be retreated because the insecticide has been incorporated into the fibres that make up the net.
Proportion of women who were offered and accepted counselling and testing for HIV during most recent pregnancy, and received their test results	Percent of women who were offered voluntary HIV testing during antenatal care for their most recent pregnancy, accepted an offer of testing, received their test results and received counselling of all women who were pregnant at any time in the two years preceding the survey.	Caregiver survey; Women module	Use clinic data for comparison.

Highly recommended indicator	**Description**	**Tool**	**Notes**
Proportion of children under 5 with diarrhoea who received effective treatment of diarrhoea	Percent of parents or caregivers of children aged 0–59 months with diarrhoea in the past two weeks who report that the child received low-osmolarity oral rehydration salts (ORS), zinc and increased breastfeeding and/or fluids and/or continued foods, as appropriate.	Caregiver survey; 0-5 months, 6-23 months and 24-59 months modules	7-11 indicator to measure effectiveness of health programming intervention/ health policy change.
Additional indicator	**Definition**	**Tool**	**Notes**
Prevalence of diarrhoea in children under 5	Percent of children aged 0–59 months who have suffered from a diarrhoea episode anytime in the past two weeks. Diarrhoea is defined as three or more watery stools passed in a 24-hour period.	Caregiver survey; 0-5 months, 6-23 months and 24-59 months modules	
Prevalence of acute respiratory infection in children under 5	Percent of children aged 0–59 months who had acute respiratory infection or 'presumed pneumonia' in the past two weeks. Presumed pneumonia is defined as fast breathing rate, in-drawing ribs, and nasal flare and cough.	Caregiver survey; 0-5 months, 6-23 months and 24-59 months modules	
Prevalence of fever in children under 5	Percent of children aged 0–59 months who had a fever episode in the past two weeks.	Caregiver survey; 0-5 months, 6-23 months and 24-59 months modules	May be seasonally variable.
Proportion of children under 5 with fever who were appropriately treated	Percent of children aged 0–59 months with a fever in the past two weeks who were seen by an appropriate medical provider within 24 hours and treated for malaria as appropriate.	Caregiver survey; 0-5 months, 6-23 months and 24-59 months modules	Use clinic data for comparison where available. May be seasonally variable.
Proportion of children under 5 with fever who were tested for malaria	Percent of children aged 0–59 months with a fever in the past two weeks who had a finger or heel stick for malaria testing.	Caregiver survey; 0-5 months, 6-23 months and 24-59 months modules	
Coverage of long lasting insecticide-treated nets (LLIN) at the household	Percent of households with children aged 0-59 months, where the parent or caregiver reports the presence of at least two long-lasting insecticidal nets (LLINs) for malaria prevention are in use	Caregiver survey; Health demographic module	A long-lasting insecticidal net (LLIN) is an insecticide treated net that does not need to be retreated because the

level	in the household.		insecticide has been incorporated into the fibres that make up the net.
Proportion of pregnant women who slept under a long-lasting insecticide-treated net (LLIN) the previous night	Percent of pregnant women who report having slept under a LLIN the previous night.	Caregiver survey; Women module	A long-lasting insecticidal net (LLIN) is an insecticide treated net that does not need to be retreated because the insecticide has been incorporated into the fibres that make up the net.
Proportion of households using an improved drinking-water source	Percent of households using a protected water source.	Caregiver survey; WASH module	
Proportion of households with sufficient drinking water from an improved source	Percent of households spending up to 30 minutes to collect water from an improved source.	Caregiver survey; WASH module	
Proportion of households using unimproved drinking water who use an appropriate treatment method	Percent of households using unimproved drinking water who practice correct use of recommended household water treatment technologies.	Caregiver survey; WASH module	
Proportion of households using safe water storage containers	Percent of households storing treated water in safe storage containers.	Caregiver survey; WASH module	
Proportion of households using improved sanitation facilities (for defecation)	Percent of households using an improved sanitation facility, typically a latrine or toilet for defecation. An improved sanitation facility is one that hygienically separates human excreta from human contact.	Caregiver survey; WASH module	
Proportion of households that have effective options for solid waste treatment	Percent of households serviced with regular solid waste treatment & disposal, including recycling and composting options.	Caregiver Survey; WASH module	

and/or disposal			
Proportion of children who received an antihelminthic (deworming treatment) in the past six months	Percent of children aged 12–59 months who ingested an antihelminthic in the past six months to treat intestinal worms, following national treatment guidelines.	Caregiver survey; 6-23 months and 24-59 months modules	The age range can be adapted as appropriate to match national health policy.
Proportion of women who received an antihelminthic (deworming treatment) during previous pregnancy	Percent of mothers of children aged 0-23 months who ingested an antihelminthic (deworming treatment) for intestinal helminthic infection during a recent pregnancy, following national treatment guidelines.	Caregiver survey; Women module	
Proportion of parents or caregivers with appropriate hand-washing behaviour	Percent of parents or caregivers with children aged 0-59 months who recall practising hand-washing using an effective product, such as soap or ash, at least two out of four critical times during the past 24 hours (after defecation, after cleaning babies' bottoms, before food preparation, before feeding children).	Caregiver survey; Health demographics module	
Proportion of households with a designated place for handwashing where water and soap are present	Percent of households with a designated place for handwashing where water and soap are present.	Caregiver survey; Health demographics module	
Proportion of parents or caregivers with children 0–23 months who report that their child's stools are safely disposed of	Percent of parents or caregivers with children aged 0–23 months who report that their child's latest stool was disposed of safely and the home area is free from faecal contamination, verified by observation.	Caregiver survey; Health demographics module	Disaggregate by type of sanitation facility.
Proportion of adults who know the three modes of mother to child transmission of HIV	Percent of adults aged 18–49 years who know that HIV can be transmitted from an HIV-positive mother to her unborn child during pregnancy, during delivery and through breast-feeding.	Caregiver survey; Adult HIV/AIDS module	
Proportion of adults aware of methods of preventing mother-to-child transmission	Percent of adults aged 18–49 years who correctly respond to prompted questions about preventing maternal-to-child transmission of HIV through anti-retroviral therapy.	Caregiver survey; Adult HIV/AIDS module	
Proportion of women who	Percent of pregnant women and mothers of children aged 0–23	Caregiver survey;	

know at least two danger signs of pregnancy	months who know at least two danger signs, or complications, during pregnancy.	Women module	
Proportion of women who know at least three post-partum danger signs	Percent of pregnant women and mothers of children aged 0–23 months who know at least three danger signs in the mother during the period immediately after delivery.	Caregiver survey; Women module	
Proportion of women who know at least three neonatal danger signs	Percent of pregnant women and mothers of children aged 0–23 months who know at least three neonatal danger signs.	Caregiver survey; Women module	
Proportion of adolescents who practice good personal hygiene	Percent of youth aged 12-18 years who clean their teeth at least once per day	Youth healthy behaviour survey; Keeping clean module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents using improved sanitation facilities (for defecation)	Percent of adolescents aged 12-18 years using an improved sanitation facility at home, typically a latrine or toilet for defecation. An improved sanitation facility is one that hygienically separates human excreta from human contact.	Youth healthy behaviour survey; Keeping clean module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents with appropriate hand-washing behaviour	Percent of adolescents aged 12-18 years who recall practising hand-washing using an effective product, such as soap or ash, at least two critical times during the past 24 hours.	Youth healthy behaviour survey; Keeping clean module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents with access to improved sanitation facilities at school	Percent of school-going adolescents aged 12-18 years using an improved sanitation facility at their school, typically a latrine or toilet for defecation.	Youth healthy behaviour survey; Keeping clean module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who report smoking cigarettes regularly	Percent of adolescents aged 12–18 years who report smoking cigarettes at least once a week.	Youth healthy behaviour survey; Smoking and alcohol module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who report drinking alcohol regularly	Percent of adolescents aged 12–18 years who report drinking alcohol at least once a week.	Youth healthy behaviour survey; Smoking and alcohol	This survey focuses on adolescent's knowledge, attitudes and behaviour.

		module	
Proportion of adolescents who report ever using drugs	Percent of adolescents aged 12–18 years who report that they have ever used drugs.	Youth healthy behaviour survey; Smoking and alcohol module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents reporting they have never had sex	Percent of adolescents aged 12–18 years who report never having had sex.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents reporting early sexual debut	Percent of adolescents aged 15–18 years who report having had sex before the age of 15.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who used condom in their first sexual intercourse	Percent of sexually active adolescents aged 12–18 years who used condom in their first sexual intercourse.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of sexually active adolescents who used a condom at last sex	Percent of sexually active adolescents aged 12–18 years who report using a condom at last sex.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who have experienced sexual abuse at first sex	Percent of adolescents aged 12–18 years who report that they experienced sexual abuse (sex for money or favours, sex due to fear of consequences, sex due to physical or verbal threats, or forced sex) at first sex.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who have experienced sexual abuse	Percent of adolescents aged 12–18 years who report that they have experienced sexual abuse (sex for money or favours, sex due to fear of consequences, sex due to physical or verbal threats, or forced sex) in the past 12 months.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who have experienced	Percent of adolescents aged 12–18 years who report that they experienced forced sex in the past 12 months.	Youth healthy behaviour survey; Sex and relationships	This survey focuses on adolescent's knowledge, attitudes and behaviour.

forced sex		module	
Proportion of adolescents whose first experience with sexual intercourse was forced	Percent of adolescents aged 12–18 years whose first experience with sexual intercourse was forced.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who have had sex because of drinking alcohol	Percent of adolescents aged 12–18 years who have had sex because of drinking alcohol.	Youth healthy behaviour survey; Smoking and alcohol module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents reporting having sex partner 10 or more years older than themselves	Percent of sexually active adolescents aged 12–18 years who have had sex in the preceding 12 months with a partner who is 10 or more years older than themselves.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents with a comprehensive knowledge of HIV and AIDS	Percent of adolescents aged 12–18 years who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission.	Youth healthy behaviour survey; HIV module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who have been tested for HIV and received their test results	Percent of adolescents aged 12-18 years who have been tested for HIV and received their test results in the past 12 months.	Youth healthy behaviour survey; HIV module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who report avoiding risky HIV behaviour	Percent of adolescents aged 12–18 years engaged in risky behaviour who report avoiding behaviours that would increase the risk of HIV infection.	Youth healthy behaviour survey; Smoking and alcohol, sex and relationships, and boys modules	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who report practising HIV risk behaviour	Percent of adolescents aged 12–18 years who report having sex in the past 12 months and did not use condom at last sex and/or are boys and report ever having sex with men and did not use condom at last sex and/or report having multiple sex partners and/or report sharing a syringe for injecting drugs.	Youth healthy behaviour survey; Smoking and alcohol, sex and relationships, and boys modules	This survey focuses on adolescent's knowledge, attitudes and behaviour.

Proportion of girl adolescents currently pregnant or already mothers	Percent of girls aged 12-18 years who are currently pregnant or currently mothers.	Youth healthy behaviour survey; Girls module	
Proportion boy adolescents who are currently fathers	Percent of boys aged 12–18 years who are currently fathers.	Youth healthy behaviour survey; Youth survey module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who talk to their parents or caregivers about sex	Percent of adolescents aged 12–18 years who report talking with their parents or caregivers about sex and sexual relationships.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who have positive attitudes towards people living with HIV and AIDS	Percent of adolescents aged 12–18 years who respond positively to set statements relating to people living with HIV and AIDS.	Youth healthy behaviour survey; HIV module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents reporting access to HIV and AIDS education in school	Percent of adolescents aged 12–18 years who report that at least one teacher at their school teaches about HIV and AIDS.	Youth healthy behaviour survey; HIV module	This survey focuses on adolescent's knowledge, attitudes and behaviour.

Outcome: Children and their caregivers access essential health services

Highly recommended indicator	Definition	Tool	Notes
Proportion of infants whose births were attended by skilled birth attendant	**Percent of mothers of children aged 0–23 months whose last birth was attended by a skilled birth attendant.**	**Caregiver survey; Women module**	**Definition of skilled birth attendant to be determined by national office.** **Use secondary data if available.**
Proportion of parents or caregivers who are able to pay for their children's health costs without assistance	**Percent of parents or caregivers who were able to cover the costs of their children's health (0–18 years) through their own financial means, without external assistance, in the past 12 months.**	**Caregiver survey; Economic development module**	**Not relevant in countries where health treatment is free of charge.**
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of women who gave birth to their youngest child at a health facility	Percent of mothers of children aged 0–23 months who were attended to by a skilled birth attendant at latest delivery, in a maternity ward or delivery room.	Caregiver survey; Women module	Definition of health facility to be determined by national office.
Proportion of mothers who report that they had four or more antenatal visits while they were pregnant with their youngest child	Percent of mothers of children aged 0–23 months who report that they attended four or more antenatal visits before the birth of their youngest child.	Caregiver survey; Women module	
Proportion of mothers of children aged 0–23 months who received at least 2 post-natal visit from a trained health care worker during the first week after birth	Percent of mothers of children aged 0–23 months who received at least two post-partum and post-natal visits (both mother and child checked) from a trained health care worker during the first week after the birth of their youngest child.	Caregiver survey; Women module	
Proportion of mothers who received at least two tetanus vaccinations before the birth of their youngest child	Percent of mothers of children aged 0–23 months who were given at least two doses of tetanus toxoid vaccine (TT) within the appropriate interval prior to giving birth.	Caregiver survey; Women module	
Proportion of mothers of	Percent of mothers of children aged 0-23 months who report	Caregiver survey;	

children aged 0–23 months who report that their youngest child was wrapped with a cloth or blanket immediately after birth	that their youngest child was dried immediately after birth then wrapped with a warm cloth or blanket immediately after birth.	Women module	
Proportion of children aged 0–23 months who received all three components of essential newborn care	Percent of children aged 0–23 months who according to mother's report received all three of the following components of essential newborn care: 1. Newborn was breast fed early and exclusively. 2. Newborn was kept warm (skin-to-skin contact; head covered). 3. Newborn's cord was kept clean and dry.	Caregiver survey; Women module	
Proportion of adolescents with unmet family planning needs	Percent of sexually active girl adolescents aged 12–18 years who are not currently using a method of contraception and want to stop or delay childbearing.	Youth healthy behaviour survey; Girls module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of adolescents who know where to and can access contraception in their community	Percent of adolescents aged 12–18 years who can name where to go to get contraception in their community and report that they are (or would be) able to access contraception there.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Proportion of women practising birth spacing	Percent of pregnant women and mothers of children aged 0-23 months who are aged 15-49 years with at least one other child aged 0-59 months who report practising birth spacing (family planning), through contraception or traditional methods.	Caregiver survey; Women module	
Proportion of women married or in union who are using a modern contraceptive method	Percent of mothers, of children aged 0-23 months, aged 15–49 years who are married or in union and report that they are currently using (or whose partner is currently using) a modern contraceptive method such as pills, condoms, IUD or spermicidal product.	Caregiver survey; Women module	
Proportion of women who know at least two risks of having a birth-to-pregnancy interval of less than 24 months	Percent of pregnant women and mothers of children aged 0–23 months who can name at least two risks of having a birth-to-pregnancy interval of less than 24 months; i. mother's health—helps mother to regain her strength so she could have a good delivery and a healthy baby; ii. father—if there are fewer, well-	Caregiver survey; Women module	

	spaced children, this reduces heavy financial burden; father is able to find money to educate children; iii. young children's health and nutrition—children are well-cared for, do not suffer from malnutrition such as stunting.		
Proportion of adolescents who know how to access health services in case of an emergency	Percent of adolescents aged 12–18 years that know how to access health services in case of an emergency, including where they would go and who they would ask for.	Youth healthy behaviour survey; Physical violence module	This survey focuses on adolescent's knowledge, attitudes and behaviour.
Availability of confidential HIV testing for children and young people	Number and percent of healthy facilities in the programme impact area that provide confidential HIV testing for children and young people (aged 0-18 years).	Health Facility Evaluation	
Proportion of infants born to HIV-infected women who received early diagnosis	Percent of children born to HIV-infected women in the last 12 months who received an HIV virological test within 4-6 weeks of birth.	Health Facility Evaluation - secondary data	Use clinic data if available.
Proportion of HIV-infected pregnant women who received antiretrovirals (ARV)	Percent of HIV positive pregnant women who gave birth in the last 12 months who received antiretrovirals (ARVs) prophylaxis / prevention of mother-to-child transmission or lifelong ART for their own health.	Health Facility Evaluation - secondary data	Use clinic data if available.
Proportion of infants born to HIV infected women who received ARV prophylaxis	Percent of infants born to HIV-infected women in the last 12 months who received antiretroviral prophylaxis until 4-6 weeks of age.	Health Facility Evaluation - secondary data	Use clinic data if available.
Proportion of health facilities providing basic and/or comprehensive Emergency Obstetric Care (EmOC)	Percent of health facilities providing basic and/or comprehensive Emergency Obstetric Care meet minimum supply standards: availability/coverage, geographical distribution, functionality, affordability, quality of care and essential commodities.	Health Facility Evaluation	EmOC is basic and comprehensive. • A **basic** EmOC facility should be able to perform the following functions: administer parenteral antibiotics, oxytocic drugs and anticonvulsants; manual removal of placenta; removal of retained products; and assisted vaginal delivery. • A **comprehensive** EmOC facility should be able to offer all the functions above, plus

			Cesarean section and blood transfusion.
Density of health care workers per 1000 population	This indicator defines the absolute number of health care workers (HCW) per 1000 population.	Health Facility Evaluation	
Fees at the point of service for mothers and children under five	Proportion of mothers/caregivers of children aged 0-59 months who paid a fee for essential services at point of access for MNCH health services in the past 6 months.	Caregiver survey; health demographics module	
Proportion of health facilities which report no stock out of key primary health care commodities	Number and Percent of health facilities which report no stock out of key primary health care commodities required to deliver the essential package for maternal newborn and child health in the last 12 months.	Health Facility Evaluation	
Proportion of pregnant women and women with children under 5 who report stock out of any key primary health care commodities	Percent of pregnant women and women with children aged 0-59 months who went to a health facility/post in the past 12 months and reported stock outs of key primary health care commodities.	Caregiver survey; health demographics module	
Number of recommendations from the Commission on Information and Accountability for Women's and Children's Health fully implemented	Number of recommendations from the Commission on Information and Accountability for Women's and Children's Health have been fully implemented.	Secondary Data	
Number and proportion of commitments made to the Every Woman, Every Child (EWEC) initiative which have been fully implemented	Number and percent of the total number of commitments made by the government to EWEC in each country, which have been fully implemented.	Secondary Data	
Number of recommendations from UN Commission on Life-saving Commodities for Women and Children which have been fully implemented	Number of the 4 recommendations from UN Commission on Life-saving Commodities for Women and Children have been fully implemented by the government.	Secondary Data	
Progress towards meeting	Percent of the 20 SUN progress indicators achieved by the	Secondary Data	

the commitment made in favor of the Scaling up Nutrition (SUN) initiative	government.		
Coverage of primary health units	Number of primary health units per 10,000 individuals.	Secondary Data	
Proportion of Primary health centers meeting the national standards on health workforce	Percent of Primary Health centres which meet the national standards on type and number of health care workers in each facility.	Health Facility Evaluation	
Proportion of the overall national budget allocated to health	Percent of the overall national budget allocated to health per year.	Secondary Data	
Proportion of the overall Health budget allocated to primary health care	Percent of the total annual budget allocated for health in a given country which is allocated for Primary Health Care activities.	Secondary Data	
Proportion of ODA going to health per year	Percent of all Official Development Assistance (ODA) which is allocated towards health related programmes.	Secondary Data	
Level of Health-related Official Development Assistance in relation to the Gross National Income	Percent of the Gross National Income (GNI) allocated to health-related Official Development Assistance (ODA).	Secondary Data	
Number of parliamentary acts addressing women's and children's health	Number of the annual legislative act (law or other) of the parliament which monitor progress on maternal, new born and child health.	Secondary Data	
Annual variation of Official Development Assistance for health	Percent annual change in Official Development Assistance (ODA) for health by donor countries.	Secondary Data	
Proportion of the overall national budget allocated to nutrition-related programs and policies	Percent of the total annual national budget allocated to nutrition-related programs and policies. This includes any initiative which supports childhood nutrition through direct feeding, community based initiatives and national campaigns.	Secondary Data	
Proportion of the overall national budget allocated to WASH-related programs and policies	Percent of the total annual national budget allocated to Water, Sanitation and Hygiene (WASH)-related programs and policies. This includes any initiative which supports WASH through direct implementation, community based initiatives and national campaigns.	Secondary Data	

Aspiration: Educated for life

Outcome: Children read, write and use numeracy skills

Child well-being target standard indicator	Definition	Tool	Notes
Proportion of children who can read with comprehension	**Percent of children in Grade 6 or equivalent who can read and comprehend a story**	**FLAT (Functional Literacy Assessment Tool)**	**Based on Pratham/SC tools which use contextually appropriate material. Indicator can also be measured with Literacy Boost or EGRA.**
Highly Recommended indicator	**Definition**	**Tool**	**Notes**
Proportion of children who are functionally literate	**Percent of children in Grade 6 or equivalent who can read and comprehend authentic local material needed to function in everyday life**	**FLAT (Functional Literacy Assessment Tool)**	**Based on Pratham/SC tools which use contextually appropriate material.**
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of children able to recognise concepts in print	Percent of young children (3-5 years or appropriate age) able to handle a book, read left to write, recognise letter and words.	Concepts about Print (SC)	Use the *Save the Children Fund* tool.
Proportion of children who demonstrate they are ready for school	Percent of pre-school aged children (5-6 years) who demonstrate pre-literacy and pre-numeracy decoding skills.	School Readiness Test	Developed by *Enfants et Developpement.*
Proportion of children able to read words	Percent of first grade aged children (6-8 years or appropriate age) able to read 4 out of 5 words correctly.	FLAT (Functional Literacy Assessment Tools)	Based on Pratham tool and familiar vocabulary.
Proportion of children able to read to learn in language of school instruction by end of grade two	Percent of children who, by the end of Grade 2, or early Grade 3, (typically aged 7-9), can read with comprehension and speeds of 45 words per minute in language of school instruction.	Early Grade Reading Assessment (EGRA) - timed reading test	Includes comprehension questions.
Proportion of pre-school children who have access to toys in their home	Percent of households with children aged 0-5 years who have 2 or more children's play things (or toys) in their home.	Caregiver Survey (Education and ECCD module)	

Proportion of pre-school children who have access to reading materials in their home	Percent of households with children 0- 5 years who have 3 or more children's books in their home.	Caregiver Survey (Education and ECCD module)	
Proportion of parents and caregivers who promote reading readiness of children at home	Percent of parents and caregivers of children aged 12-59 months (1-5 years) who have engaged in four or more activities to promote learning and school readiness in the past 3 days	Caregiver Survey (Education and ECCD module)	

Outcome: Children make good judgements, can protect themselves, manage emotions and communicate ideas

Highly recommended indicator	Definition	Tool	Notes
The strength of the *social competencies* asset category as reported by adolescents 12-18 years of age	**The mean score in the *social competencies* asset category as reported by adolescents 12-18 years of age.**	**Development Assets Profile (DAP)**	**Represents 1 of 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.**
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of children able to express themselves with confidence and participate actively in discussion	Percent of children aged 6-9 years who are able to express themselves with confidence and participate actively in discussion most of the time.	Life Skills Observation Tool	To be used in conjunction with another activity.
Proportion of adolescents able to express themselves with confidence and participate actively in discussion	Percent of children aged 10-18 years who are able to express themselves with confidence and participate actively in discussion most of the time.	Life Skills Observation Tool	To be used in conjunction with another activity.
Proportion of children who develop and demonstrate the application of foundational life skills that contribute to their own development	Percent of pre-school aged children (3-5 years) who are developmentally on track in 75% of physical, social, cognitive, and emotional foundational life skill domains.	FELSA [3] (Foundational and Essential Life Skills Assessment)	
Proportion of children who develop and demonstrate the application of essential life skills that contribute to their own development and that of their communities	Percent of school aged children (6-11 years) who are developmentally on track in 75% of physical perceptions and coordination, communication, critical thinking and emotional management essential life skills.	FELSA (Foundational and Essential Life Skills Assessment)	

[3] Adapted from three frameworks for understanding the evolution of cognitive, physical, social and emotional development in childhood: 1. sensory integration which represents brain maturity; 2. Guilford's Structure of the Intellect; and 3. psychomotor development - combination of cognitive and emotional intelligence to use the body to express intention.

Proportion of adolescents who develop and demonstrate the application of essential life skills to lead a productive and fulfilling life	Percent of school aged children (12-18 years) who are developmentally on track in 75% of physical perceptions and coordination, communication, critical thinking and emotional management essential life skills.	FELSA (Foundational and Essential Life Skills Assessment)	
The strength of the *commitment to learning* asset as reported by adolescents 12-18 years of age	The mean score in the *commitment to learning* asset category as reported by adolescents 12-18 years of age.	Development Assets Profile (DAP)	Represents 1 of 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.

See Appendix 1 for more details on the *Development Assets Profile*.

Outcome: Adolescents ready for economic opportunity[4]

Highly recommended indicator	**Definition**	**Tool**	**Notes**
Proportion of adolescents who have a learning opportunity that leads to a productive life	**Percent of adolescents aged 12–18 currently either in school or attending a skills or vocational training course, or engaged in an apprenticeship/livelihood with opportunities ahead (not menial work or underemployed).**	**Youth Healthy Behaviour Survey; Youth survey module**	
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of adolescents who have the means to save money	Percent of adolescents aged 12–18 who belong to a community savings group or have a savings account at a financial institution.	Youth Healthy Behaviour Survey; Work module	

[4] Additional outcome indicators will be provided as OECD publishes their standards on child finance. These are listed in Appendix 2.

Outcome: Children access and complete basic education

Highly recommended Indicator	Definition	Tool	Notes
Proportion of children currently enrolled in and attending a structured learning institution	**Percent of children aged 6–18 (or nationally appropriate age for school) enrolled in and attending structured learning opportunity at the time of the survey.** ***This indicator should be accompanied by a measure of quality of learning and data (on access & learning outcomes) disaggregated to show inclusiveness and equity.***	**Caregiver survey; Education and ECCD module**	**Use secondary data / school records where possible.**
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of children who have completed basic education in a structured learning environment	Percent of children age 12-18 years old who have completed basic education / primary schooling in a structured learning environment. *This indicator should be accompanied by a measure of quality of learning and data (on access & learning outcomes) disaggregated to show inclusiveness and equity.*	Caregiver survey; Education and ECCD module	Use secondary data / school records where possible.
Proportion of children who have dropped out of school	Percent of school aged children who were enrolled in school but during the last 12 months, dropped out and are no longer attending.	Caregiver survey; Education and ECCD module	Use secondary data / school records where possible.
Proportion of parents/caregivers that were able to pay for their children's basic education costs without external assistance	Percent of parents or caregivers who report that all the school aged children in the household were provided with the school requirements or learning materials needed during the last year, through their own means and without external assistance.	Caregiver survey; Economic development module	
Proportion of schools that provided consistent access to learning during and after a disaster in the community	Percent of schools which provided consistent access to a structured learning opportunity during and after a disaster (less than one week missed).	Secondary data	If no school records available, use key informant interviews with head teachers.

Aspiration: Experience love of God and their neighbours

Outcome: Children grow in their awareness and experience of God's love in an environment that recognises their freedom

Highly recommended indicator	Definition	Tool	Notes
Children grow in their awareness and experience of God's love	**Children are able to describe specific ways in which families and communities encourage them in their pursuit of information, activities and relationships, which enable them to discover, grow in and experience God's love.**	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life Focus Group Discussion	**For use only with children and youth who profess a Christian faith.**
Additional indicator	**Definition**	**Tool**	**Notes**
Children are able to express their faith	Children are able to identify ways in which they express their faith and communicate with God.	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life focus group discussion	For use only with children and youth who profess a Christian faith.
Children have an understanding and awareness of God	Children are able to describe how they experience and know God.	Children's Perspective of Spirituality and Well-Being focus group discussion	
Children have opportunities to demonstrate God's presence in their lives	Children can give examples of opportunities where they have been able to outwork God's love in their own lives and relationships with others.	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life focus group discussion	For use only with children and youth who profess a Christian faith.

Outcome: Children enjoy positive relationships with peers, family and community members

Highly recommended indicator	Definition	Tool	Notes
The strength of the *support* asset category as reported by adolescents 12-18 years of age	**The mean score in the *support* asset category as reported by adolescents 12-18 years of age.**	**Development Assets Profile (DAP)**	**Represents 1 of 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.**
Proportion of adolescents who have a strong connection with their caregiver	**Percent of adolescents aged 12-18 years who report that they feel a strong connection to their primary caregiver.**	**Youth Healthy Behaviour Survey; Youth survey module**	**Option 2 for measuring increased level of well-being CWB target: 1 of 4 indicators.**
Additional indicator	**Definition**	**Tool**	**Notes**
Children can point to acts of love and kindness from family, peers and community	Children can describe ways in which others have demonstrated God's love by caring for them or expressing love and kindness to them.	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life focus group discussion	For use only with children and youth who profess a Christian faith.
Children feel supported within families and communities	Children can describe ways in which they feel supported by their families and communities.	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life focus group discussion	
The strength of the *boundaries and expectations* asset category as reported by adolescents 12-18 years of age	The mean score in the *boundaries and expectations* asset category as reported by adolescents 12-18 years of age.	Development Assets Profile (DAP)	Represents 1 of 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.
Proportion of OVC/MVC adolescents who have a strong connection with their parent or caregiver	Percent of OVC/MVC adolescents aged 12-18 years who report that they feel a strong connection to their primary caregiver.	Youth Healthy Behaviour Survey; Youth survey module	

Outcome: Children value and care for others and their environment

Highly recommended indicator	Definition	Tool	Notes
The strength of the *positive values* asset category as reported by adolescents 12-18 years of age	**The mean score in the *positive values* asset category as reported by adolescents 12-18 years of age.**	**Development Assets Profile (DAP)**	**Represents 1 of 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.**
Additional indicator	**Definition**	**Tool**	**Notes**
Children have positive values	Children can give examples of how they demonstrate positive values in their lives.	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life focus group discussion	

See Appendix 1 for more details on the *Development Assets Profile*.

Outcome: Children have hope and vision for the future

Highly recommended indicator	Definition	Tool	Notes
The strength of the *positive identity* asset category as reported by adolescents 12-18 years of age.	**The mean score in the *positive identity* asset category as reported by adolescents 12-18 years of age.**	**Development Assets Profile (DAP)**	**Represents 1 of 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.**
Additional indicator	**Definition**	**Tool**	**Notes**
Children express that God has a purpose for their lives	Children feel that God has a purpose for their lives and can express ways that this purpose will benefit others too.	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life focus group discussion	For use only with children and youth who profess a Christian faith.
Children can name an adult role model who inspires their trust in God and nourishes hope	Children can name an adult they know who provides a Christian role model and inspires their trust in God and nourishes their hope and vision for their future.	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life focus group discussion	For use only with children and youth who profess a Christian faith.
Children can express their vision for and understanding of life in all its fullness	Children can express their understanding of the meaning of 'life in all its fullness' and can identify ways in which this can be measured.	Children's Faith Expressions and Reflections on CWBA3 and Fullness of Life focus group discussion	

See Appendix 1 for more details on the *Development Assets Profile*.

Aspiration: Cared for, protected and participating

Outcome: Children cared for in a loving, safe, family and community environment with safe places to play

Child well-being target standard indicator	Definition	Tool	Notes
The strengths of the assets and the contexts in which adolescents live, learn and work as reported by adolescents 12-18 years of age	**The mean total score of internal and external asset categories which reflect the assets and the contexts in which adolescents live, learn and work as reported by adolescents 12-18 years of age.**	**Development Assets Profile (DAP)**	**Represents all 8 asset categories[5]. The DAP can be used to measure several CWBO at the same time.**
Proportion of adolescents who rank themselves as thriving on the ladder of life	**Percent of adolescents aged 12–18 years who rank themselves as 'thriving' on the 'Ladder of Life'.**	**Youth Healthy Behaviour Survey; Youth survey module**	**Option 2 for measuring increased level of well-being CWB target: 1 of 4 indicators.**
Additional indicator	**Definition**	**Tool**	**Notes**
The strengths of the assets and the contexts in which adolescents live, learn and work as reported by OVC/MVC adolescents 12-18 years of age	The mean total score of internal and external asset categories which reflect the assets and the contexts in which adolescents live, learn and work as reported by OVC/MVC adolescents 12-18 years of age.	Development Assets Profile (DAP)	Represents all 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.
Proportion of OVC/MVC adolescents who rank themselves as thriving on the ladder of life	Percent of OVC/MVC aged 12–18 years who rank themselves as 'thriving' on the 'Ladder of Life'.	Youth Healthy Behaviour Survey; Youth survey module	
The strength of the *constructive use of time* asset category as reported by adolescents 12-18 years of	The mean score in the *constructive use of time* asset category as reported by adolescents 12-18 years of age.	Development Assets Profile (DAP)	Represents 1 of 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.

[5] See Appendix 1 for list of assets.

age			
Proportion of parents or caregivers who believe that physical punishment is necessary to bring up a child properly	Percent of parents or caregivers with children aged 0-18 years who believe that the only way to bring up a child properly is to use physical violence as punishment.	Caregiver survey: Child protection and participation module	
Proportion of parents or caregivers who used physical punishment or abuse as a means of disciplining their children	Percent of parents or caregivers with children aged 0-18 years who report having disciplined a child using means of violence in the past month.	Caregiver survey: Child protection and participation module	Uses prompt questions, included non-violent means of discipline.
Proportion of children who missed school due to work duties	Percent of children who missed school due to work duties or whose work interferes with school attendance.	Caregiver survey: Child protection and participation module	
Proportion of children engaged in child labour	Percent of children who work excessive hours for their age (according to UNICEF definition).	Caregiver survey: Child protection and participation module	Uses the UNICEF criteria of child labour for specific age ranges.
Proportion of adolescents engaged in child labour	Percent of adolescents aged 12-18 who work excessive hours for their age (according to UNICEF definition).	Youth Healthy Behaviour Survey; Work module	Uses the UNICEF criteria of child labour for specific age ranges.
Proportion of parents or caregivers who feel that their community is a safe place for children	Percent of parents or caregivers with children aged 0-18 years who feel that their children are safe from danger or violence in the community "most" or "all" of the time.	Caregiver survey: Child protection and participation module	Uses a Likert scale.
Proportion of adolescents who feel that their community is a safe place	Percent of adolescents aged 12-18 years who feel that they are safe from danger or violence in the community "most" of the time.	Youth Healthy Behaviour Survey: Physical violence module	
Proportion of adults who would report a case of child abuse	Percent of respondents aged 18-49 who state that they would report a suspected case of child abuse and know how to do so.	Caregiver survey: Child protection and participation module	
Proportion of adolescents who know of the presence of services and mechanisms to	Percent of adolescents aged 12–18 years who know what to do or an adult they would to turn to in case of abuse, neglect, exploitation or violence, and know that	Youth healthy behaviour survey; Physical violence	

receive and respond to reports of abuse, neglect, exploitation or violence against children	such services exist to protect them.	module	
Proportion of adolescents who report having experienced any physical violence in the past 12 months	Percent of adolescents aged 12–18 years who report having experienced any physical violence in the 12 months preceding the survey.	Youth healthy behaviour survey; Physical violence module	This survey focuses on youth knowledge, attitudes and behaviour.
Proportion of adolescents who are willing to report any experience of unwanted sexual activity	Percent of adolescents aged 12–18 years who say they would be willing to report any experience of unwanted sexual activity.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on youth knowledge, attitudes and behaviour.
Proportion of adolescents reporting they feel able to say no to unwanted sexual advances or activity	Percent of adolescents aged 12–18 years who report they feel able to say no to unwanted sexual advances or activity.	Youth healthy behaviour survey; Sex and relationships module	This survey focuses on youth knowledge, attitudes and behaviour.
Proportion of children under 18 years, married	Percent of children under 18 years, married. Only include children present in the household.	Caregiver survey; Starter module	
Proportion of children under 18 years, married	Percent of adolescents aged 12-18 years who report being or having been married.	Youth healthy behaviour survey; Youth survey module	
Proportion of adults who express accepting attitudes toward people living with HIV/ AIDS	Percent of respondents aged 18–49 years expressing accepting attitudes toward people with HIV, of those who have heard of the virus.	Caregiver survey; Adult HIV/AIDS module	Uses a fix set of questions and responses to determine accepting attitudes.
Proportion of parents or caregivers who approve of female genital mutilation/cutting	Percent of parents or caregivers of children aged 0-18 years favouring the continuation of female genital mutilation/cutting.	Caregiver survey: Child protection and participation module	
Proportion of parents or caregivers who report that one or more daughter has been cut for female circumcision	Percent of parents or caregivers who report that one or more daughters under 18 years old have been cut for female circumcision/Female Genital Mutilation (FGM/C).	Caregiver survey: Child protection and participation module	
Proportion of adolescents	Percent of adolescents aged 12–18 who agree with at	Youth healthy	

who think a husband is justified in hitting or beating his wife under certain circumstances	least one specified reason for a husband beating his wife: i) burns the food, ii) argues with husband, iii) disobeys him, iv) neglects household chores or v) disrespects her in-laws.	behaviour survey; Physical violence module	
Proportion of adults who think a husband is justified in hitting or beating his wife under certain circumstances	Percent of respondents aged 18-49 years who agree with at least one specified reason for a husband beating his wife: i) burns the food, ii) argues with husband, iii) goes out without telling the husband, iv) neglects the children or v) refuses to have sex with husband.	Caregiver survey: Child protection and participation module	
Harmful traditional or customary practices are no longer the norm in the community	Community members, including children, report that (a specific/contextually relevant) harmful traditional or customary practice which violates the rights of children and women, such as early or forced marriage, female genital mutilation and gender-based violence, are no longer practised openly by everyone.	Cared for, protected and participating Focus Group Discussion; FGD Harmful Traditional Practices_Adult, FGD Harmful Traditional Practices_Child	
Community and family behaviour creates a protective environment for children	Community members, including children, report changes in attitudes or behaviour of family members and the community in general which have favoured the protection of children from abuse or exploitation.	Cared for, protected and participating Focus Group Discussion: FGD Child Protection Systems_Adult, FGD Child Protection Systems_Child	
Communities (including children) can identify, understand and respond adequately to violations of child rights, in coordination/partnership with local justice mechanisms	Community members, including children, report that systems of informal or formal protection or local justice systems are functioning to protect children, enabling communities and partners to respond to violations of child rights.	Cared for, protected and participating Focus Group Discussion: FGD Child Protection Systems_Adult, FGD Child Protection Systems_Child	
Communities are aware of the dangers of trafficking in	Community members, including children, are aware of and can describe the dangers and impact of trafficking /	Cared for, protected and participating	

persons and understand safe migration	unsafe migration on women, children and men.	Focus Group Discussion: FGD Migration and Human Trafficking_Adults, FGD Migration and Human Trafficking_Child	
Communities know the early warning signs and know what to do in case of an emergency or disaster	Community members, including children, can correctly identify early warning signs of likely disasters in the area and know what actions to take, for example, where the safe places are in the community and how to search for and rescue others.	Cared for, protected and participating Focus Group Discussion: FGD Disaster Preparedness_Adults, FGD Disaster Preparedness_Child	
Communities are conflict sensitive and know how to build peace	Communities where members, including children, are aware of and can describe the dangers and impact of conflict and know how conflicts can arise and how to build peace.	Cared for, protected and participating Focus Group Discussion: FGD Peacebuilding_Adult, FGD Peacebuilding_Child	
Children reunited with families or fostered within the community after a disaster or emergency situation	Percent of children aged 0–18 years separated from their families during a recent disaster or emergency who are reunited with their parents or being fostered by other members of the community.	Secondary data	Use project documents.
Existence of child protection bodies and laws for protection of children	National governments have ensured the following: i) ratification of international and regional legal instruments relating to children; ii) provisions in national laws to protect children against harm and exploitation; iii) existence of a juvenile justice system, National Plan of Action (NPA) and coordinating bodies for the implementation of children's rights; iv) policy for free primary education.	Secondary data	Use an advocacy focus.
Proportion of households	Percentage of households using soil cover to maintain	Caregiver Survey:	

that manage the quality of their soil	soil health.	Agriculture and Natural Environment Module	
Proportion of households and communities that manage tree cover sustainably	Percentage of households who report that their community is able to build and sustainably use their natural resource base, by maintaining or storing tree cover to fields and common lands.	Caregiver Survey: Agriculture and Natural Environment Module	

Outcome: Parents or caregivers provide well for their children

Child well-being target standard indicator	Definition	Tool	Notes
Proportion of adolescents with sufficient access to food	**Percent of adolescents aged 12-18 years who "never" go to sleep at night hungry**	**Youth Healthy Behaviour Survey; Youth survey module**	**Option 2 for measuring increased level of well-being CWB target: 1 of 4 indicators.**
Highly Recommended Indicator	**Definition**	**Tool**	**Notes**
Proportion of parents or caregivers able to provide well for their children	**Percent of parents or caregivers who are able to provide all the children in the household, aged 5-18 years, with three important items, through their own means (assets/production/income), without external assistance (from outside the family, NGO or government) in the past 12 months.**	**Caregiver survey; Starter module**	**The suggested items for measurement are: a blanket, shoes and two sets of clothes. These three items should be modified at country level if other basic needs are considered more important (like sleeping mat, sheets, school books, soap and more).**
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of households where one or more adults are earning an income	Percent of households where at least one adult is earning a consistent income, to meet household needs, through sale/exchange of own produce, labour (self-employed) or wage employment (working for someone else).	Caregiver survey; Economic development module	Consistent means is paid every week or month or other appropriate interval throughout the past 12 months.
Proportion of households vulnerable to deprivation	Percent of households that are vulnerable to deprivation, based on negative coping strategies, especially sale or borrowing of assets to meet basic needs such as food.	Caregiver survey; Starter module	Analysis of assets owned; assets sold / reason for sale; and borrowing / reason for borrowing.
Proportion of households caring for an orphan	Percent of households reporting the presence of one or more orphan aged 0–18 years living in the household.	Caregiver survey; Starter module	
Proportion of households with a chronically ill parent or caregiver	Percent of households with one or more children under 18 years, where a parent or caregiver is chronically ill.	Caregiver survey; Starter module	Chronically ill means for 3 or more months. Check if the household was able to meet basic needs (highly recommended indicator).
Proportion of households where	Percent of households where the parent or caregiver of a child in	Caregiver	Check if the household was able to

a parent or caregiver has passed away in the past two years	the household (under 18 years) has passed away in the last two years.	survey; Starter module	meet basic needs (highly recommended indicator).
Proportion of households with a disabled child	Percent of households with a disabled child under 18 years. Disability means difficulty moving any part of body, hearing or seeing; epilepsy; intellectual disability or mental illness.	Caregiver survey; Starter module	Check if the household was able to meet basic needs (highly recommended indicator).
Proportion of adolescents with a disability	Percent of adolescents aged 12-18 years who report that they have moderate or severe disability (difficulty seeing, hearing walking or speaking).	Youth Healthy Behaviour Survey; Youth survey module	
Proportion of households headed by a child	Percent of households which are child-headed (head of household is under 18 years).	Caregiver survey; Starter module	Check if the household was able to meet basic needs (highly recommended indicator).
Proportion of vulnerable households	Percent of households considered vulnerable, based on analysis of responses to presence of an orphan or disabled child, chronically ill caregiver or one who passed away, headed by a child, extreme poverty or other important vulnerability type identified at the community level.	Caregiver survey; Starter and economic development modules	This indicator is calculated based on responses to other indicator questions.
Proportion of vulnerable households that received external economic support	Percent of vulnerable households who report that the household received external economic support, in the last 3 months.	Caregiver survey; Starter module	Vulnerable households are calculated in analysis based on important contextual vulnerability factors, but would typically include households caring for an orphan or disabled child, where a caregiver passed away or is chronically ill, child headed households, households in poorest quintile and / or extremely vulnerable households.
Proportion of households with sufficient diet diversity	Percent of households where food from four or more food groups was consumed in the last 24 hours.	Caregiver survey; Food security module	List of food types provided, including macro and micro nutrients.
Proportion of households with one or more 'hungry months' in the previous 12 months	Percent of households who report that there were one or more hungry months in the previous 12 months, where food was scarce or unavailable (like an empty granary).	Caregiver survey; Food security module	The season in which this indicator is measured may affect recall. If asked just before harvest, can focus on the agricultural season.
Proportion of households with	Percent of households scoring low on the household hunger scale	Caregiver	A series of questions which make up

insufficient access to food	and categorised as having severe household hunger.	survey; Food security module	the scale.
Proportion of households with adequate food frequency	Percent of households where adults and children consume two or more meals per day.	Caregiver Survey; Food security module	
Proportion of households dependent on food consumption coping strategies	Percent of households who scored above half of the maximum Coping Strategy score.	Caregiver Survey; Food security module	
Proportion of households who report having access to sufficient credit	Percent of households who report that they are able to access credit from three or more sources, when needed for investment in business or for cash-flow problems to pay for household needs.	Caregiver survey; Economic development module	This definition needs to be defined locally.
Proportion of households with the means to save money	Percent of households who report being able to save money in liquid form. For example in a bank or credit union.	Caregiver survey; Economic development module	
Proportion of households with a secondary source of income	Percent of households who report having at least one alternative source of income to rely on, or switch to, should the main income source be lost because of a shock or disaster.	Caregiver survey; Economic development module	
Proportion of households with secure tenure	Percent of households who report that they own their dwelling with the appropriate legal evidence or have a contract from a landlord and are safe from eviction.	Caregiver survey; Economic development module	
Proportion of households living in durable housing	Percent of households who report that they live in dwelling structures that are safe and durable, based on the condition and location of the dwelling.	Caregiver survey; Economic development module	

Proportion of households who faced a disaster and were able to employ an effective disaster-risk reduction or positive coping strategy	Percent of households who faced a disaster in the past 12 months and were able to employ an effective disaster-risk reduction or positive coping strategy to avoid disaster at the household level.	Caregiver survey; Economic development module	
Proportion of households who faced a disaster but were able to recover and now live at the level they did before	Percent of households who faced a disaster in the past 12 months, but were able to recover and now have the same (or better) standard of living as they did before.	Caregiver survey; Economic development module	

Outcome: Children celebrated and registered at birth

Child well-being target standard indicator	Definition	Tool	Notes
Proportion of adolescents who report having birth registration documents	**Percent of adolescents aged 12–18 years who report that they have a birth certificate or other birth registration documents.**	**Youth Healthy Behaviour Survey; Youth survey module**	**Option 2 for measuring increased level of well-being CWB target: 1 of 4 indicators.**
Highly Recommended Indicator	**Definition**	**Tool**	**Notes**
Proportion of children with a birth certificate	**Percent of children aged 0–59 months with a birth certificate, reported by caregiver and verified by observation.**	**Caregiver survey; Child protection and participation module**	**Where possible verify existence of birth certificate.**
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of children whose births were registered	Percent of children aged 0–59 months whose birth was registered with the local authorities as reported by the parent or caregiver.	Caregiver survey; Child protection and participation module	Where possible verify existence of birth registration document. Disaggregate by OVC status.
Proportion of OVC children with a birth certificate	Percent of children aged 0-59 months and identified as an OVC, who have a birth certificate. Verified by observation.	Caregiver survey; Child protection and participation module	
Birth registration is affordable for all	National and/or local governments have ensured that the cost of birth registration documentation is affordable to parents or caregivers, and easy to obtain. This indicator is relevant only where the birth registration process is not free or automatic.	Secondary Data	
Proportion of households where children are prevented from accessing government services because of a lack of birth registration	Percent of households who report that one or more of their children are prevented from accessing government services such as education, health care and welfare support, because of a lack of registration document or birth certificate.	Caregiver survey; Child protection and participation module	Households where children do not have birth registration documentation.
Children are celebrated at birth	Community members can describe how children are celebrated at birth by their families and communities.	Cared for, protected and participating Focus Group Discussion: FGD Children Celebrated at Birth_Adults	

Outcome: Children are respected participants in decisions that affect their lives

Highly recommended indicator	Definition	Tool	Notes
The strength of the *empowerment* asset category as reported by adolescents 12-18 years of age	**The mean score in the *empowerment* asset category as reported by adolescents 12-18 years of age.**	**Development Assets Profile (DAP)**	**Represents 1 of 8 asset categories. The DAP can be used to measure several child well-being outcomes at the same time.**
Additional indicator	**Definition**	**Tool**	**Notes**
Proportion of children participating in children's clubs or groups	Percent of parents or caregivers who report that their children aged 6–18 years currently participate in a children's club or group on a regular basis (at least once a month).	Caregiver survey; Child protection and participation module	Appropriate types of clubs or groups can be defined locally. Disaggregate by life cycle stage 6–11 and 12–18 years.
Proportion of households where children's ideas are listened to and acted on where appropriate	Percent of households where parents or caregivers are able to cite examples of ideas proposed by children aged 6–18 years, which were accepted and implemented in practice.	Caregiver survey; Child protection and participation module	Disaggregate by life cycle stage 6–11 and 12–18 years.
Proportion of adolescents who report that their views are sought and incorporated into the decision-making of local government	Percent of adolescents aged 12-18 years who feel their ideas are valued by local government and they are able to influence decisions in their city.	Youth Healthy Behaviour Survey; Community participation module	
Children and youth participate meaningfully and safely in the DME and implementation of community projects	Community members, including children, report that youth have a meaningful role in local community projects, beyond implementation into monitoring and evaluation. This means that they are at least consulted in the planning or monitoring/evaluation and children's participation is safe and will not harm them by any means. Examples can be given of such roles in the past 12 months.	Cared for, protected and participating Focus Group Discussion: FGD Adults Support and Encourage Child-Led Project Development_Adult, FGD Meaningful and Safe Participation_Child	
Youth develop and implement of their own projects, with the appropriate partnership and support of adults	Community members, including children, report that youth participate meaningfully and safely in initiating activities in their local community. Examples can be given of such roles in the past 12 months and how adults supported/partnered in the projects.	Cared for, protected and participating Focus Group Discussion: FGD Adults Support and Encourage Child-	

		Led Project Development_Adult, FGD Child led and Adult Supported Projects_Child	
Parents /caregivers and/or community members actively encourage children's ideas and involve them in decisions that affect their lives	Community members, including children, report that parents or caregivers or adult community members encourage children to share their ideas, listen to them and involve them in decisions that affect their lives.	Cared for, protected and participating Focus Group Discussion: FGD Adults Support and Encourage Child-Led Project Development_Adult, FGD Adult Encouragement_Child	
Children can articulate the impact/contribution their children's group/club has had on child well-being	Children's groups/clubs reflect on the activities and impact they have had on the well-being of children in their group and community.	Cared for, protected and participating Focus Group Discussion: FGD Child Group Impact on CWB_Child	
Proportion of adolescents who report high levels of participation in children's groups	Percent of adolescents aged 12-18 years who report that the level of child participation in children's groups is at the level of consultation or higher.	Youth Healthy Behaviour Survey: Community participation module	

Appendix 1: Search Institute's Developmental Assets for young people

Search Institute has identified the following building blocks of health development – known as **Developmental Assets** – that help young people grow up health, caring and responsible.

External Assets	**Support**	**Family support** – family life provides high levels of love and support **Positive family communication** – young person and her or his parent(s) communicate positively and young person is willing to seek advice and counsel from parents **Other adult relationships** – receives support from three of more non-parent adults **Caring neighbourhood** – experiences caring neighbours **Caring school climate** – school provides a caring, encouraging environment **Parent involvement in schooling** – parent(s) are actively involved in helping young person succeed in school
	Empowerment	**Community values youth** – perceives that adults in the community value youth **Youth as resources** – young people are given useful roles in the community **Services to others** – serves in the community one hour or more per week **Safety** – feels safe at home, school and in the neighbourhood
	Boundaries & expectations	**Family boundaries** – family has clear rules and consequences and monitors the young person's whereabouts **School boundaries** – school provides clear rules and consequences **Neighbourhood boundaries** – neighbours take responsibility for monitoring young people's behaviour **Adult role models** – parent(s) and other adults model positive, responsible behaviour **Positive peer influence** – young person's best friends model responsible behaviour **High expectations** – both parent(s) and teachers encourage the young person to do well
	Constructive use of time	**Creative activities** – spends three or more hours per week in lessons or practice in music, theatre or other arts **Youth programmes** – spends three or more hours per week in sports, clubs or organisations at school and/or in the community **Religious community** – spends one or more hours per week in activities in a religious institution **Time at home** – is out with friends 'with nothing special to do' two or fewer nights per week
Internal Assets	**Commitment to learning**	**Achievement motivation** – is motivated to do well at school **School engagement** – is actively engaged in learning **Homework** – reports doing at least one hour of homework every school day **Bonding to school** – cares about her or his school **Reading for pleasure** – reads for pleasure three or more hours per week
	Positive values	**Caring** – places high value on helping other people **Equality and social justice** – places high value on promoting equality and reducing hunger and poverty **Integrity** – acts on convictions and stands up for his / her beliefs **Honesty** – 'tells the truth even when its not easy' **Responsibility** - accepts and takes personal responsibility **Restraint** – believes its important not to be sexually active or use alcohol or other drugs
	Social competencies	**Planning and decision making** – knows how to plan ahead and make choices **Interpersonal competence** – has empathy, sensitivity and friendship skills **Cultural competence** – has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds **Resistance skills** – can resist negative peer pressure and dangerous situations **Peaceful conflict resolution** – seeks to resolve conflict non-violently
	Positive identity	**Personal power** – feels he or she has control over "things that happen to me" **Self-esteem** – reports having a high self-esteem **Sense of purpose** – reports that "my life has a purpose" **Positive view of future** – is optimistic about her or his personal future

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Countries in which the DAP has been translated and adapted

The Developmental Assets Profile (DAP) (a short measure of Developmental Assets) has been or is being adapted and utilised to examine the assets of young people in more than a dozen countries, and discussions are underway to bring the survey to several other countries.

The list of active and pending DAP countries now includes; Albania, Armenia, Azerbaijan, Bangladesh, Bolivia, Brazil, China, Colombia, the Dominican Republic, Egypt, Gaza, India, Iraq, Japan, Jordan, Lebanon, Mexico, Morocco, Nepal, the Philippines, Russia, and Yemen. Moreover, the DAP has been translated into Albanian, Arabic, Armenian, Chinese, French, Japanese, Nepali, Portuguese, Spanish and Tagalog.

Why is the DAP the recommended tool for measuring subjective well-being?

The preferred tool for measuring the child well-being target #1 'Children report increased levels of well-being' and several subjective child well-being outcomes is the 'Development Assets Profile' (DAP). This is a tool developed and owned by the SEARCH Institute. The power of the DAP lies in its validated asset scales. The validation process takes several weeks and requires external assistance. If you would like to schedule a DAP adaptation, please contact Paul_Stephenson@wvi.org, director of Child Rights & Development. For more information on the DAP see the 'Tools' section at the beginning and read the discussion paper on wvcentral's Evaluation & Research page: *Measuring subjective aspects of child well-being*.

Appendix 2: Education and Life skills

Below is further information on the OECD's new standards on child finance. This approach will be developed into tools for measuring 'Adolescents ready for economic opportunity'. This will be available with the next version of the Compendium.

High level proxy indicator
The high level indicator for the economic viability is a child's ability to use IT search and email functions to build networks and access information.

Early Childhood Learner

- understands money is used to exchange goods.

Early Grade Learner

- identifies money denominations
- manages basic transactions
- calculates change.

Intermediate Learner

- makes value for money judgments
- able to track bank statements
- manages borrowing, lending, credit, and interest.

Teenager Learner

- plans and manages income and wealth
- assesses risk and reward
- able to follow and assess local financial landscape
- able to apply financial knowledge and understanding.

Appendix 3: Feedback on the Compendium and tools

Keep the Compendium relevant and up to date - suggest new indicators through your community of practice (CoP)!

Send new suggestions with tools by the end of 3rd Quarter (June) each year to the Evaluation and Research team within Global Knowledge Management. Complete the indicator detail sheet below and agree to it with your CoP colleagues.

An indicator must meet three high-level criteria to be considered for inclusion in the Compendium:

1. Programmatic link to child well-being: The indicator should demonstrate a logical link to the Partnership endorsed child well-being outcomes and fit into a WV LEAP-aligned monitoring and evaluation (M&E) plan.
2. Disaggregate data: The indicator must have the ability to be used for disaggregated analysis and reporting by gender and vulnerability status such as orphans, vulnerability, disability and more.
3. Clear assumptions: The explicit and implicit assumptions behind the indicator must be clearly shown in order for community-based staff to evaluate the usefulness of the indicator for a specific project or programme.

Additional criteria for indicators:

- relevant to World Vision programmes and projects
- appropriate for more than one local context
- easy and inexpensive to measure
- consistent with existing data (for example, UNICEF DHS)
- a tool is available to measure it.

If the suggested indicator meets these criteria, please complete the form below, share it with your CoP and have it approved by your peers in the CoP. For examples of how to complete the indicator detail sheet below, have a look at existing indicator detail sheets.

If the indicator requires a new tool to measure it, please include the tool. Indicators without tools cannot be included in the Compendium. If it can fit onto an existing tool, please indicate which one.

Additional Indicator Proposal for inclusion in the Compendium

Label	Required?	Information
Indicator	**Yes**	Indicator name
Definition	**Yes**	Longer details with specific information
CWBA	**Yes**	If the indicator is linked to a CWBO, select the relevant Aspiration. If it is not linked directly to a CWB Aspiration or outcome, select Not applicable.
CWBO	**Yes**	After selecting the aspiration, the relevant CWBOs appear in this drop down list. Select the relevant one.
Indicator code	System generated	
Type	**Yes**	(CWB Target, highly recommended and additional)
Level	**Yes**	Outcome or output. Regular monitoring indicators are output. Indicators measured yearly can be output but usually are outcome. Indicators measured at baseline and evaluation are outcome.
Status	**Yes**	Select active. Once an indicator is no longer used, it can be made inactive and will not appear in searches.
Frequency of measurement	**Yes**	What is the recommended frequency for data collection? If its one year or more, select yearly. If the indicator is only for measurement every few years, not every year, select 'baseline and evaluation' in the next column
When to measure	Optional	If the indicator is measured less than once a year, use this column to specify if its measured at baseline and evaluation or if its measured at evaluation only.
What it measures	**Yes**	Describe in brief what this indicator is for - what is the purpose and what does this information tell you.
How to measure it	**Yes**	Type in the question asked to measure the indicator, if relevant, or other appropriate information in brief
Question code	System generated	
How to calculate it (numerator)	**Yes**	Type in the numerator for the indicator calculation - this applies to both outcome and output indicators
How to calculate it (denominator)	Optional	For percentage calculations, include also the denominator required.
Information for analysis	Optional	Is there any important information relating to how this indicator is anlaysed? Any preliminary analysis required or other factors to prepare for the calculation of the indicator?
Contextualise	Optional	Any important notes relating to how this indicator should be adapted for use in different contexts within the country? This should not change the meaning of the indicator, but is intended to increase the quality and relevance of the information collected.
Tool	**Yes**	Select the option for national office tool or other tool as relevant. Most of the tools listed are those used in the Compendium of Indicators.
Tool (Other)	Optional	Here you can specify the name of the tool.
Tool module	Optional	The modules are only for indicators from the Compendium of Indicators measured by the Caregiver Survey, the Youth Healthy Behaviour Survey or Cared for, Protected and Participating FGD.

Disaggregate by	Optional	If the data should be disaggregated e.g. by sex (boys / girls) select the relevant criteria. If the criteria you want is not listed, select 'other' and specify in the next column
Disaggregate by (Other)	Optional	Type the disaggregation category here, if you selected 'other'
Target population	**Yes**	Specify the target population or unit of analysis for the indicator. Select all those that apply.
Target population (Other)	Optional	If you selected 'other' write the target population here
Limitations	Optional	Describe in brief any important strengths or limitations of this indicator and how it is measured.
Project Model	Optional	If the indicator is linked to an existing project model, select it here. You can choose 'other' and enter the name in the next column
Project Model (other)	Optional	If you selected 'other' write the name of the project model here
Keyword 1	**Yes**	Keyword 1, you must select a general grouping. This selection will then populate the rest of the key word drop downs with a new list linked to your selection in keyword 1
Keyword 2	**Yes**	Select a second key word from the list available. This will help users to find the indicator. If there is a keyword missing that you want, suggest it in the separate worksheet, noting which indicator it relates to and which keyword 1 grouping it should belong to. Or suggest a new keyword 1 (grouping).
Keyword 3	Optional	Select all relevant key words
Keyword 4	Optional	Select all relevant key words
Keyword 5	Optional	Select all relevant key words
Keyword 6	Optional	Select all relevant key words
Life cycle stage	Optional	If the indicator's target population relates to one or more of World Visions life cycle stages, select the relevant one(s) here
International Threshold (Acceptable)	Optional	This is for global indicators only, linked to triggers for action and international thresholds for what level of this indicator is considered acceptable.
International Threshold (Action)	Optional	This is for global indicators only, linked to triggers for action and international thresholds for what level of this indicator requires action to be taken.
International Threshold (critical)	Optional	This is for global indicators only, linked to triggers for action and international thresholds for what level of this indicator is considered critical for immediate action.
Specific Grant	Optional	If the indicator is linked to a specific grant, select it here or select other and specify the name in the next column.
Specific Grant (Other)	Optional	If you selected 'other' write the name here
Source	Optional	If the indicator is validated by an international agency specify the name here or select other.
Source (Other)	Optional	If you selected 'other' write the name here
Links	Optional	If there is a relevant web link for more information on this indicator, include that here
Last updated	System generated	

Indicator template FY14.xlsm

Appendix 4: Frequently asked questions

What if I can't find the indicator I want? If there is no indicator in the Compendium that measures the objective, then add one from another source. Seek guidance first from the DME advisor or technical specialist. You can add additional indicators to the logframe as appropriate.

What if indicator is worded differently than my government's indicator? You may change the indicator to match the one used by your government. The government is one of the primary duty bearers of children's well-being, and World Vision should seek to support existing data collection efforts, rather than create a parallel measurement system.

What if I have selected too many indicators or tools? Review the indicators you selected asking yourself the following questions:

- Which of these indicators will tell WV the most about change in child well-being?
- Are some of the indicators highly correlated? In other words, you don't need to use a whole series of indicators if one or two will work.
- Which indicators fit on the same tools or which tools can be used together?

Where are the economic development or livelihoods indicators? Economic development is essential to well-being in families and communities. However, measuring increased yields or household income, which is notoriously hard to measure, does not give an accurate picture of child well-being. Income can sometimes go up without resulting well-being for children. By measuring well-being outcomes, WV can know if increases in household income or production have translated to a better standard of living for the household, including boys and girls. Therefore, the economic development indicators have been integrated throughout the Compendium, with several under 'Parents or caregivers provide well for their children' – but look out for indicators in other areas such as: *'Proportion of parents or caregivers who were able to cover the education costs of all the children living in the household without any external assistance'.*

Why aren't there more qualitative indicators? As programmes and projects begin designing or redesigning using WV's Development Programme Approach, collecting and sharing qualitative information and learning from this together becomes a standardised part of engaging with communities. Much qualitative information is collected during the design process, thus less is needed at baseline. Focus group discussions are still suggested for relevant indicators (under development), but these are not a standard tool for every baseline. Information collected at baseline needs to be directly comparable with data collected at evaluation. There are many factors which influence findings in focus group discussions, making it difficult to compare, without creative media such as video. However, programmes are encouraged to innovate and experiment with qualitative approaches and suggest new ideas and tools. Finally, a qualitative step is added after analysis of quantitative data; as community feedback. This is a way to share the information back with the rightful owners of the data, the community members and to provide a space for community members to discuss, dispute or validate the findings and helps WV to interpret the findings.

What about monitoring indicators? Regular monitoring is essential and will also prepare the way for a better evaluation at the end of the project or programme cycle. The Compendium contains outcome indicators, mostly relevant for baseline and evaluation measurements. However, some of the indicators can also be used for regular monitoring. Outcome-focused monitoring helps WV to see what intermediate changes are happening as a result of its work. For example a change in behaviour such as hand washing by caregivers can lead to improved outcomes in child health. Relevant indicators from the Compendium should be included in the monitoring plan. However, the Compendium does not contain indicators only used in monitoring. For monitoring indicators, please refer to the relevant project model or technical sector documentation.

Can I use secondary data or data already collected during assessment and design? Yes – if recent, relevant and reliable data is available, there is no need to duplicate efforts in data collection.

Appendix 5: Alternative approach to measuring 'Children report increased levels of well-being'

The *Youth Healthy Behaviour Survey's* 'My Well-being' section can be used to measure the child well-being target #1 'Children report increased levels of well-being'. Where the *Development Assets Profile* (DAP) is not available and not scheduled for adaptation, use the Youth Survey instead. All four items should be measured, which correspond to: child rights, extreme deprivation, cared for and self-assessed well-being:

1. Proportion of adolescents who report having birth registration documents.
2. Proportion of adolescents with sufficient access to food.
3. Proportion of adolescents reporting a positive connection with their parent or caregiver.
4. Proportion of adolescents with high levels of self-reported well-being (ladder of life).

Youth Healthy Behaviour Survey

This is a multi-purpose survey for 12-18 year olds that explores some key issues facing young people in the communities where WV works. The survey has several sections which can added/removed according to programme intervention and local context. It includes the four wellbeing questions:

1. Do you have a birth certificate or other birth registration documents?

1. Yes 2. No 3. Don't Know

2a. In the past month (four weeks), did you go to sleep at night hungry because there was not enough food?

1. Yes 2. No If no skip next question

2b. How often did this happen?

1 = rarely (about once or twice a month) 2 = sometimes (about once a week) 3 = often (about twice a week or more)

3. The person who cares for you the most at home, your parent or main caregiver, does he or she do the following often, sometimes or not at all? *(see Youth Survey for full list of items)*

	Often	Sometimes	Not at all
Supports and encourages me			
Gives me attention and listens to me			
Shows me affection			
Praises me			
Comforts me			
Respects my sense of freedom			
Provides for my necessities			
Has open communication with me			
Spends time with me			

4.