

INTEGRATING A
**CHILD
FOCUS**

INTO POVERTY AND
SOCIAL IMPACT ANALYSIS
(PSIA)



THE WORLD BANK

AIDS	Acquired Immunodeficiency Syndrome
CBR	Community-based Rehabilitation
CCT	Conditional Cash Transfer
CIS	Commonwealth of Independent States
DHS	Demographic and Health Surveys
ECD	Early Childhood Development
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
LFS	Labor Force Survey
LSMS	Living Standards Measurement Survey
MICS	Multiple Indicator Cluster Survey
OECD	Organisation for Economic Co-operation and Development
PSIA	Poverty and Social Impact Analysis
SCAT	Social Capital Assessment Tool
TB	Tuberculosis
UNICEF	United Nations Children’s Fund
NGO	Nongovernmental Organization
ARI	Acute Respiratory Infection
AIS	AIDS Indicators Survey
PIRLS	Progress in International Reading Literacy Study
SIMPOC	Statistical Information and Monitoring Programme on Child Labour
TIMSS	Trends in International Mathematics and Sciences Study

Contents

Abbreviations	
Acknowledgments	3
1. Introduction	4
2. Why Is It Important to Consider the Impact of Policies and Reforms on Children and Adolescents?	6
3. When Is There a Need for Detailed Analysis of Impacts on Children?	10
4. How Do Key Reforms Affect Children Positively and Negatively?	14
PSIA Transmission Channels	15
Effects on Household Incomes and Livelihoods	17
Impacts from Changes in Services Used by Children and Their Families	24
Social Capital and Cohesion	27
Interactions between Effects Arising through Different Routes	28
Diversity among Children	28
Potential Child Well-Being Outcomes	30
Distinguishing Short- and Longer-Term Outcomes	37
5. Methods for Assessing Impacts on Children	40
Quantitative Analytical Approaches	42
Qualitative Analysis	45
6. Including Children’s Perspectives	50
What Kind of Information?	51
How to Include Children’s Views in PSIA Processes	51
7. Mitigating Negative Effects and Enhancing Positive Effects of Reforms on Children	56
Deciding on the Type of Policy Response Needed	56
Identifying Different Policy Options	57
Modifying Proposed Reforms	58
Mitigation Policies to Protect Children’s Well-Being	59
Complementary Policies	64
Grievance Redress Mechanisms	64
Annex 1. Checklist: Consolidated Set of Key Questions for Child-Focused PSIA	68
Annex 2. Child Well-Being Indicators and Possible Data Sources	74
Annex 3. Examples of Sector Reform Impacts on Children	76
Annex 4. Rapid Assessment of Potential Impacts on Children	82
References	84

Contents

List of Tables

Table 1. Age-Related Vulnerabilities	7
Table 2. Distinguishing Short-, Medium-, and Longer-Term Effects on Children of Declining Households Incomes	38
Table 3. Some Qualitative Analytical Tools Used in Child-Focused PSIA	47
Table 4. Tools for Political and Institutional Analysis in a Child-Focused PSIA	47
Table 5. Qualitative Research Methods and Their Use with Children in a PSIA	53
Table 6. Reform Scenarios and Possible Courses of Action	57
Table 7. Key Child Well-Being Vulnerabilities and Possible Policy Approaches	65

List of Figures

Figure 1. Summary Conceptual Framework: Tracing Impacts of Reforms on Children	16
Decision Tree 1. The Screening Process	12
Decision Tree 2. Consulting Directly with Children in ex Ante Analysis	55

List of Boxes

Box 1. Key Questions	4
Box 2. Quick Assessment of Impacts of Reform on Children Using Transmission Channels	11
Box 3. PSIA Transmission Channels	15
Box 4. Key Questions: If Incomes Fall, How Are Children Likely to Be Affected?	17
Box 5. Key Questions: Impact of Changes in Services on Children	24
Box 6. Key Questions: Impacts of Changes to Social Capital and Cohesion on Children	27
Box 7. How Are Particular Reforms Likely to Affect Children?	28
Box 8. Gender and Social Diversity Checklist	30
Box 9. Possible Indicators for Health and Nutrition	32
Box 10. Possible Indicators for Education	34
Box 11. Possible Indicators for Work and Leisure	35
Box 12. Possible Indicators for Abuse and Emotional Well-Being	36
Box 13. When Additional Data Collection May Be Needed to Bring a Child Focus to a PSIA	41
Box 14. Age-Disaggregated Benefit Incidence Analysis in Belize	42
Box 15. Ex Ante Microsimulation Analysis of the Potential Impacts of Redesign of Conditional Cash Transfer Programs in the Dominican Republic	44
Box 16. Regressions to Estimate the Likely Impacts of Electricity Tariff Rises in Bosnia Herzegovina	45
Box 17. Simulation Techniques to Understand the Potential Impacts of Economic Crisis, Shocks, or Policy Changes: The UNICEF Project on the Impact of the Global Economic Crisis on Children in West and Central Africa	46
Box 18. Key Questions for Political and Institutional Analysis	48
Box 19. Mozambique Example	51
Box 20. Interviewing Other Key Informants	54

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1. Introduction

Poverty and social impact analysis (PSIA) involves the analysis of the distributional impact of public policy reforms on the well-being of different stakeholder groups, with a particular focus on the poor and vulnerable (World Bank 2005). It is a tool for generating evidence about the likely impacts of policy reforms that can be used to inform dialogue, debate, and decisions on policy choices. PSIA can be used to predict the effects of any type of reform; it is most commonly used in economic, environmental, social policy, and governance reforms.

This Guidance Note outlines some of the potential poverty and social impacts of common economic and social policy reforms on children and the pathways through which they arise. It also gives an overview of existing tools and methods that can be used for analyzing these impacts. This note outlines some approaches for mitigating negative and enhancing positive effects on children. It also discusses briefly how children’s perspectives can be included in a PSIA. This Guidance Note is complemented by the “Children and PSIA Resource Pack” (hereafter referred to as Resource Pack), which guides users to additional relevant resources on methodological issues, data sources, policy approaches, and ways of including children’s perspectives.

The Guidance Note is intended to help analysts prevent a decline in children’s well-being as a result of policy reforms, and identify ways of enhancing positive impacts on children. However, designing policies or programs for the maximum possible positive effects on children requires more detailed and specific planning than can be covered in this Guidance Note, but the Resource Pack covers this point in more detail. Box 1 contains some key questions covered in this note.

This Guidance Note assumes that:

- Identification of the key transmission channels in a given PSIA has already taken place
- Distributional analysis and gender analysis will be undertaken alongside any child-focused analysis
- Insights from these different forms of analysis will be used to complement one another.

BOX 1. Key Questions Covered by This Guidance Note

WHY is it important to consider the impact of policies/policy reform on children and adolescents?

WHEN is there a need for detailed analysis of possible impacts on children?

WHAT possible positive and negative impacts on children should be looked for and how should they be measured?

HOW can the negative impacts of policies on children be reduced or mitigated and positive effects enhanced?

HOW can the PSIA process ensure the inclusion of children’s perspectives?



The Guidance Note is intended to help analysts prevent a decline in children’s well-being as a result of policy reforms, and identify ways of enhancing positive impacts on children.

2. Why Is It Important to Consider the Impact of Policies and Reforms on Children and Adolescents?

Although the impacts of reforms on children are rarely considered systematically in ex ante analysis, there are good reasons for doing so. First, children and adolescents¹ are a numerically significant population group (32.6 percent of world population [UNICEF 2011a] and one-third to half of the population of most countries) and are also disproportionately likely to live in poverty.² For example, in Latin America and the Caribbean in 2002, 56 percent of under 14-year-olds, and 45 percent of 15–19-year-olds were considered poor, compared with 33 percent of adults aged 30 years or more (UNDESA 2007). In 2010, 7.6 million children under age 5 died before their fifth birthday,³ and 68 million primary school-age children were not attending school.⁴

Second, children and adolescents are uniquely vulnerable to even short periods of deprivation, which can have lifelong and intergenerational effects. Because of the rapidity of neurobiological, cognitive, and emotional development in early childhood, even short-term deprivations can have long-term and potentially irreversible harmful effects. Nutritional and emotional deprivation in the first two years of life in particular can prevent essential brain development that can diminish children's capacity to learn and their ability to effectively relate to others as they grow up (Victora et al. 2008). This, in turn, can lead to lower educational achievements and lower earnings in adult life (Alderman, Hoddinott, and Kinsey 2003). Nutritional deprivation in early childhood can also lead to health problems later in life (Harper, Marcus, and Moore 2003; Yaqub 2002) and to adolescents being less able to regulate their emotions and having poorer behavior than children who had not suffered nutritional deprivation (Walker et al. [2005] cited in Ferreira and Schady [2009]).

Even later in childhood, lost opportunities for education and for healthy development can be hard to recoup. Children and young people growing up in difficult circumstances are at greater risk of being drawn into activities that undermine their long-term well-being, such as unsafe sex or substance abuse (World Bank 2007). Through a combination of these factors, they are more likely to become poor and deprived adults and risk passing their poverty and deprivation on to their own children.

¹ "Children and adolescents" in this Guidance Note refers to people under age 18. For guidance on assessing the impacts on young people from age 13 to mid-20s, see World Bank (2006).

² http://www.unicef.org/socialpolicy/files/Global_Inequality_Beyond_the_Bottom_Billion.pdf.

³ <http://www.childinfo.org/mortality.html>.

⁴ <http://www.childinfo.org/education.html>.

TABLE 1. Age-Related Vulnerabilities

AGE PERIOD	MAIN VULNERABILITIES
In utero	<ul style="list-style-type: none"> • Malnutrition and poor maternal health—affecting brain and physical development
Infancy—age 0–2	<ul style="list-style-type: none"> • Malnutrition—affecting brain and physical development • Health—greatest vulnerability to disease; access to adequate health care most critical at this age • Inadequate stimulation, loving care, and attachment to main carer—essential for physical, emotional, social, and cognitive development; vulnerability to abuse
Early childhood—approximately age 3–5	<ul style="list-style-type: none"> • Malnutrition—affecting brain and physical development • Health—significant vulnerability to disease; access to adequate health care • Inadequate stimulation, loving care, and attachment to main carer—essential for physical, emotional, social and cognitive development; vulnerability to violence and abuse • Inadequate access to early learning opportunities
Middle childhood—approximately age 6–11	<ul style="list-style-type: none"> • Malnutrition—affecting growth, health, and ability to learn • Health—vulnerability to disease and access to adequate health care • Inadequate loving care—essential for emotional, social, and cognitive development; vulnerability to violence and abuse • Inadequate access to quality education • Growing vulnerability to child labor and to substance abuse
Early adolescence	<ul style="list-style-type: none"> • Inadequate access to quality education and information on risky behavior • Social—ability to socialize with peers; risk of developing social bonds with older youth who draw them into dangerous or criminal activity; absence of supportive adult guidance; vulnerability to violence and abuse • Health—risky sexual activity and substance abuse • Risk of child labor endangering health and education • Exposure to exploitation through Internet activities
Late adolescence and youth	<ul style="list-style-type: none"> • Inadequate access to quality education (secondary, tertiary, and vocational) • Transition to work—high youth unemployment rates and poor working conditions • Social—ability to socialize with peers and build social capital; risk of socializing with criminal/socially undesirable groups; vulnerability to violence and abuse • Health—risky sexual activity; substance abuse; access to maternal and reproductive health care services affecting both young women and next generation • Access to housing; financial ability to make transition to adulthood (for example, through marriage or forming independent household) • Opportunities for voice and to exercise citizenship rights and responsibilities; access to justice • Exposure to exploitation through Internet activities

Short periods of deprivation can thus have long-term effects on children. Children's particular vulnerability to the effects of reforms arises from:

- Their biological and emotional vulnerability, because key developmental processes of maturation are under way.
- Their social vulnerability and dependence on adults—within and outside their households—for care and protection. The dependence of young children in particular on their mothers, and the significance of mothers' access to resources and decision-making power for children's well-being, means that broader gender analysis is an essential complement to the more child-specific analysis outlined in this Guidance Note.

Reforms that affect the resources available for children's development, such as, food, safe water and access to education, or adults' capacity to care for and protect them, for example, adult time, mental health and a safe living environment, are likely to have significant impacts. Table 1 on p.7 outlines some of the different vulnerabilities of children at different ages.

Aside from the social costs, the economic costs of allowing child and youth deprivation can be enormous. For example, youth crime and violence incur public and private costs of 3.2 percent of gross domestic product (GDP) in Jamaica. In Uganda, if girls who currently only finish primary school also completed secondary school, they would contribute an additional 34 percent of current GDP over their working lives (Hempel and Cunningham 2010). Today's children, and the societies they will inherit, stand to pay the costs or reap the benefits of policy decisions taken today for the rest of their lives.

Identifying likely effects on children provides an opportunity to design policies that maximize the potential for investing in their well-being, and thus in the social and economic development of both the children and their societies. The potential impacts of economic and social policy reforms on children therefore need careful consideration.

States' parties to the United Nations Convention on the Rights of the Child⁵ commit to upholding the "best interests of the child" as a primary consideration when taking actions affecting children. This requires an understanding of the potential impacts of different courses of action on children, which a child-focused PSIA can help achieve. In general, approaches that include a focus children's rights will emphasize preventing negative impacts on the most disadvantaged children while enhancing their opportunities.

However, few PSIAs consider the potential impacts of proposed reforms on children. Those that do focus primarily on children's access to education and, to a lesser extent, on the potential impacts on child labor and children's health. Protection of children from violence, exploitation, and abuse are rarely considered. This also means that the spotlight tends to be on older children, and the potential impacts on others—infants and preschool-age children, for example—are less routinely examined.

One reason for this limited attention to the impacts on children is that at first sight, reforms may seem child neutral and not warrant additional investigation, or be concerned with assessing changes to family welfare. However, many of the effects on children arise through a chain of processes set in motion by policy change. With an understanding of the kinds of social processes engendered by particular types of policy reforms, the potential impacts on children and their social costs and benefits can be more easily identified.



Children and adolescents are uniquely vulnerable to even short periods of deprivation. Which can have lifelong and intergenerational effects...lost opportunities for education and for healthy development can be hard to recoup.

⁵ All countries have ratified the convention except the United States and Somalia, which have signed it.

3. When Is There a Need for Detailed Analysis of Impacts on Children?

All PSIA's should involve a brief analysis of whether children are a stakeholder group likely to be affected in a significant way by the proposed reform. Then, as a second step, a more detailed analysis should be carried out. Not all reforms will have significant impacts on children and adolescents. Those that are most likely to affect either large numbers of children, or smaller numbers moderately or severely, are those that:

- Significantly impact household incomes and livelihoods
- Affect access to and quality of key services used by children and their families
- Affect key forms of social capital that protect children and help them develop.

Initial screening to assess whether in-depth child-focused analysis is required involves:

- Identifying key issues and questions (see boxes 2–6 for possible screening questions)
- Identifying main stakeholders and possible winners and losers
- Estimating the magnitude and likelihood of possible impacts in the short, medium, and long term
- Assessing what data and information are available and identifying key gaps
- Analyzing the feasibility of filling these gaps in the time available.

Annex 4 outlines a possible approach to rapid child-focused assessment for PSIA.

Decision Tree 1 is a tool to work through the screening process and help identify whether further detailed analysis of impacts on children is needed. To effectively use the Decision Tree tool, the following section, "How Do Key Reforms Affect Children Positively and Negatively?" should be reviewed so that the user can assess the likelihood and significance of effects on different groups of children. Before using the Decision Tree it is also assumed that some initial analysis and assessment of probable distributional effects have already taken place to identify how much poor households are likely to be affected by proposed reforms.

BOX 2: Quick Assessment of Impacts of Reform on Children using Transmission Channels

A simple matrix can be used as a rapid first step in identifying and presenting potential impacts on children in a consolidated manner.

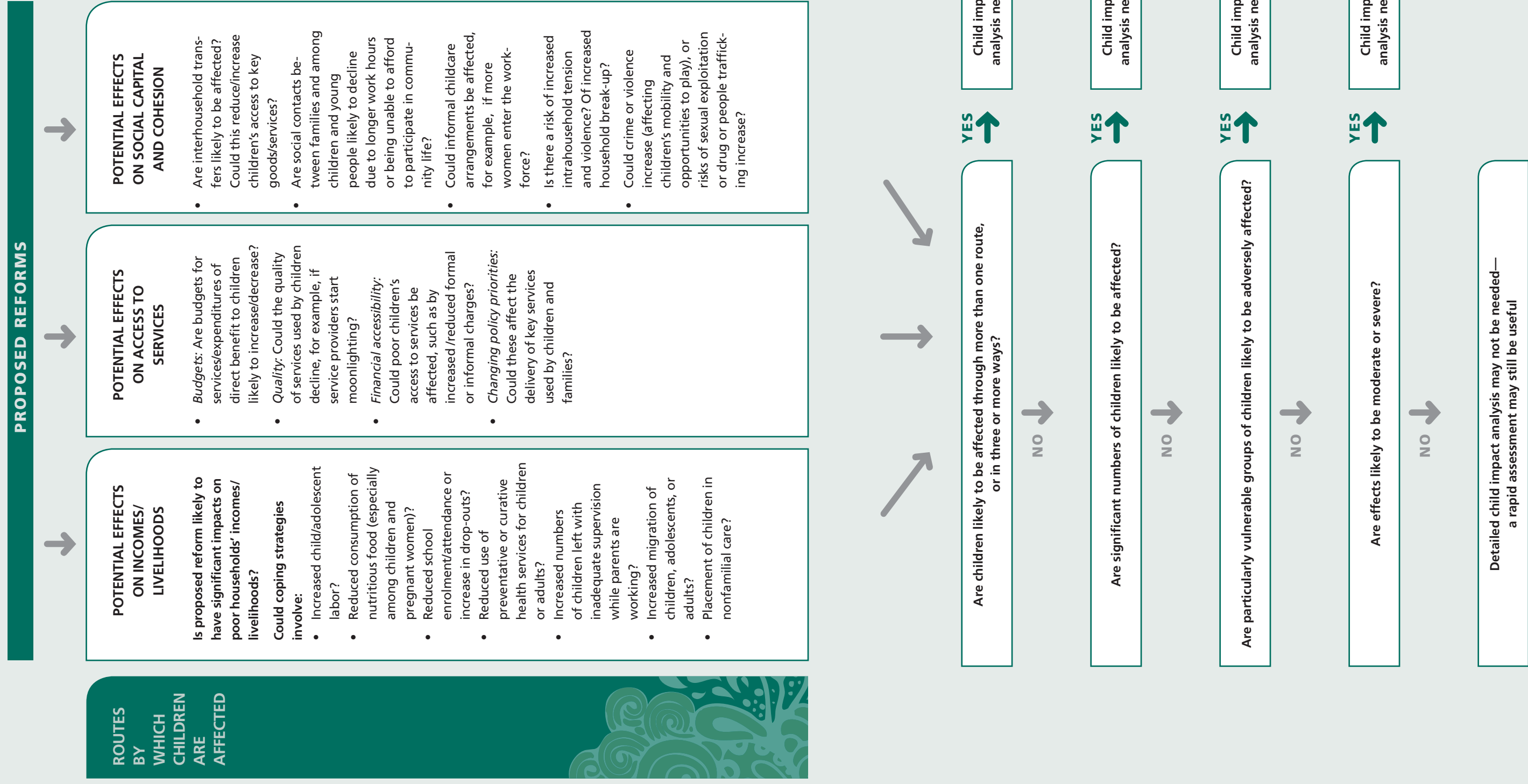
TRANSMISSION CHANNELS	IMPACTS		INTENSITY	
	Short-term impacts	Long-term impacts	Magnitude (no. children)	Severity (depth)
Employment and wages	XXX		X	X
Prices	XXX	X	XX	XXX
Transfers and Taxes	XXX	XX	XX	XXX
Access to Goods/ Services		XX	XX	XXX
Assets	XX		X	XXXX
Authority		XXX	XXX	

The intention of the matrix is to provide early inputs for policy dialogue, ensuring that main short and long term impacts, as well as the intensity of the impacts of reforms, are understood and considered in time to shape policy reforms.

Source: Isabel Ortiz, UNICEF

Not all reforms will have significant impacts on children and adolescents. Only those that are likely to affect either large numbers of children, or smaller numbers moderately or severely, will require a more detailed, child focused PSIA.

DECISION TREE 1. The Screening Process



Note: See Resource Pack for further tools and guidance.

4. How Do Key Reforms Affect Children Positively and Negatively?

This section outlines some of the main ways that children of different ages, genders, and in different circumstances may be affected by common reforms (summarized in figure 1). The focus is primarily on possible negative impacts so that these can be avoided, since even reforms that improve the position of the majority of social groups may undermine the well-being of a minority. Preventing these adverse impacts can also be an opportunity for designing policy to enhance child well-being. This section also identifies some possible positive effects, so that reforms can be designed to further enhance these positive effects.

Box 3 at right describes the six transmission channels through which public policies generally affect people's welfare, and which are examined in most PSIA.



The second part of this chapter explains in more detail reforms that are most likely to affect children, namely those that:

- Significantly impact household incomes and livelihoods
- Affect access to and quality of key services used by children and their families
- Affect children's, youth and families' opportunities to form social capital, and enhance the social communities in which they are living.

This section discusses each of these three main routes in turn. Key questions for analysis are summarized in boxes for each subsection.

BOX 3. PSIA Transmission Channels

EMPLOYMENT. To the extent that a policy change affects labor market structure or labor demand, particularly in sectors that employ the poor (such as unskilled, rural off-farm, and agriculture), low-income households' welfare will be affected. Transmission may be direct or indirect and may differ affect formal and informal sectors, including self-employment.

PRICES. (production, consumption and wages). Prices determine real household income, both the actual monetary price paid as well as opportunity costs (e.g. of queuing), and costs incurred through rent-seeking behavior. Price changes will affect both consumption and resource allocation decisions. Producers will also be affected by policies that cause relative changes in output and input prices. Wage changes will affect net buyers and sellers of labor differently, and policies that change relative prices will induce shifts in both demand and supply.

ACCESS. Access to good and services affects well-being, whether in the form of access to markets and services outlets, or through improvements to public or private sector quality and responsiveness.

ASSETS. Changes in assets' values affect income and non-income welfare dimensions. Asset endowments include physical (i.e. housing), natural (i.e. land, water), human (i.e. education, skills), financial (i.e. savings accounts), and social (i.e. membership in social networks that increase access to information or resources) capitals.

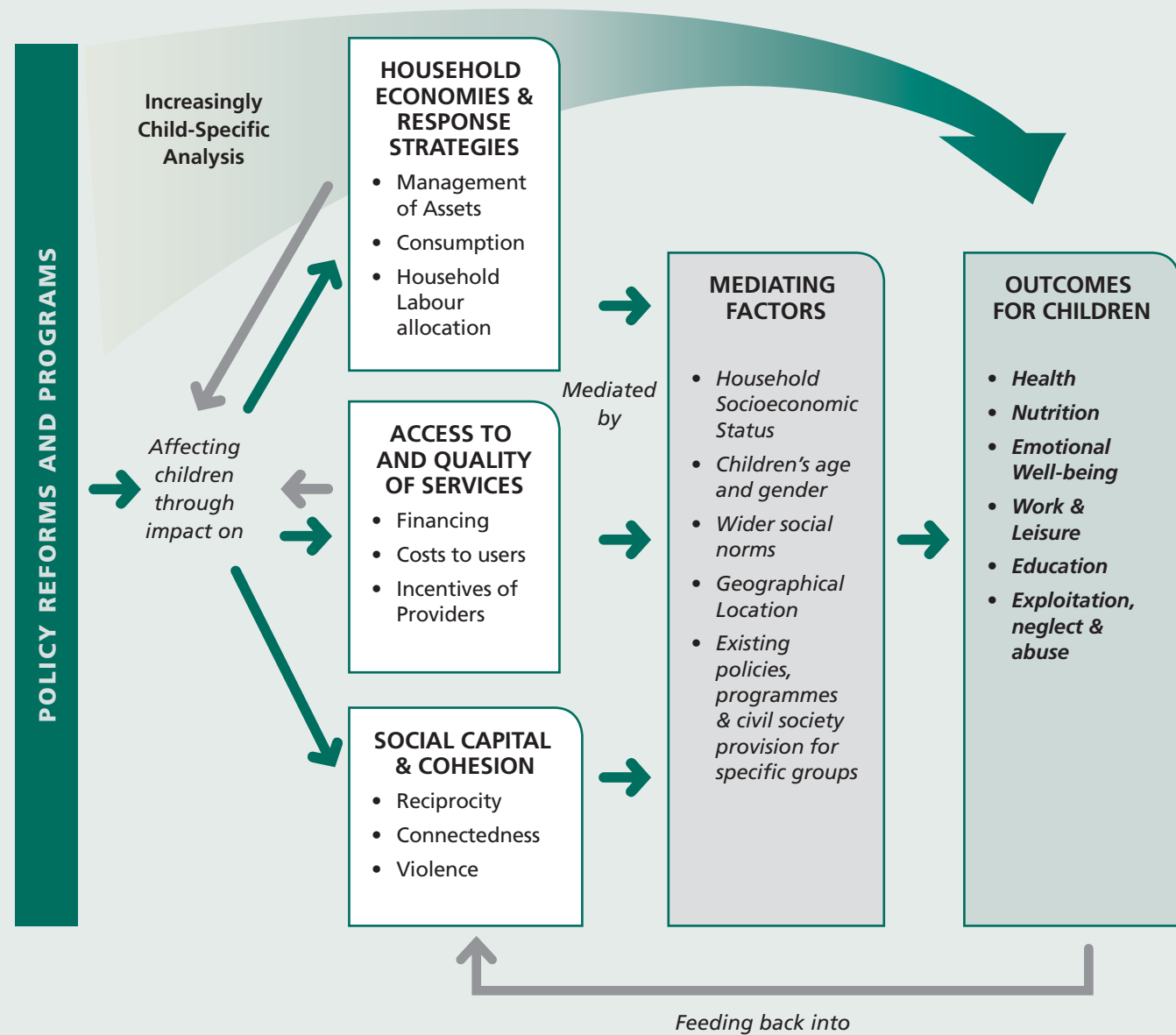
TRANSFERS AND TAXES. Transfers, which can take the form of private flows (such as gifts and remittances), or public flows (such as subsidies and taxes) affect welfare. Public finance has a direct impact on the welfare of specific groups through transfers—including subsidies, targeted inform transfers and social protection initiatives—and tax policy that can be more or less progressive in its distributional impact.

AUTHORITY. This channel encompasses changes in power, structure and processes that govern public institutions' formal and informal functions, operating at the macro-level (i.e. public service reform), meso level (e.g. decentralization of administrative authority), and micro levels (e.g. redirecting welfare payments from men to women).

Source: WB "Good Practice Note: Using Poverty and Social Impact Analysis to Support Development Policy Operations", August 2008

FIGURE 1. Summary Conceptual Framework: Tracing Impacts of Reforms on Children

Source: Adapted from Marcus and Birdi (2010).



Effects on Household Incomes and Livelihoods

Declining incomes and associated household coping strategies could affect children in a number of ways that are not necessarily obvious and should be explored as part of the child impact analysis. Conversely, increased incomes could lead to improved child well-being (see box 4).

BOX 4. Key Questions: If Incomes Fall, How Are Children Likely to Be Affected?

FOOD

- How likely are households to shift to less nutritious food (for example, less frequent consumption of protein, vitamins, minerals, substitution with cheap fats or carbohydrates, or inappropriate baby foods such as unsuitable powdered milk) or consume less food overall?
- Are changes in breast-feeding patterns likely, for example, if mothers need to work away from infants at a younger age? Or (positively) increased breast-feeding to substitute for purchased formula/baby food?
- Are children who receive food at school likely to receive less at home?

CLOTHES AND SHOES

- How likely are households to cut back on children's clothes, including school uniforms that might be required for attendance, and shoes?

UTILITIES

- Is there a risk of shifting to more dangerous/polluting fuels (for example, unventilated wood-burning or makeshift electricity connections) or unsafe water sources?

ADULT GOODS

- Are households likely to increase or decrease spending on tobacco and alcohol?

SERVICE USE

- What is the risk of delaying seeking medical care or purchasing cheaper, nonprescription medicines?
- What is the risk of households cutting back on school supplies (for example, books and stationery) or having some children in the family drop out of school?

If Household Incomes Rise, How Are Children Likely to Be Affected?

- How far is spending likely to rise on goods and services that benefit children?

KEY COPING STRATEGIES AND THEIR EFFECTS ON CHILDREN

In periods of temporary hardship, families often manage to protect children, or at least to protect expenditures viewed as a priority in particular cultural contexts (for example, education). However, the longer and deeper the period of poverty, the more likely that incomes will be insufficient for key expenditures for child well-being. For example, during economic crises in Mexico and Brazil, parents who lost their jobs were often able to keep children in school for a few months, but then, if their incomes did not increase again, would not enroll them for the following school year (Skoufias and Parker 2002; Duryea, Lam, and Levison, 2007).

Reducing consumption of nutritious food is one of the most common responses to economic stress (World Bank 2008a). Common changes in consumption include reducing overall food intake,⁶ reducing consumption of relatively expensive protein- and micronutrient rich food, and consuming more of cheaper foods, typically those high in carbohydrates and fats (Mendoza 2009). This has become disturbingly common in poor households affected by food price rises since 2007 (Ortiz and Cummins 2011). Though harmful for all children, the effects can be particularly severe for children under age two, because this is when brain and physical development are most rapid (Victora et al. 2008). Malnutrition accounts for one-third of the deaths of children under age five (Black et al. [2008] in Ortiz and Cummins [2011]), indicating the extreme vulnerability of young children to food deprivation.

Using cheaper fuels and water sources. In times of economic stress, households often shift from relatively expensive electricity and gas to cheaper wood fuel and kerosene, or replace bought fuels with scavenged ones (wood or dung). This can increase the workloads of children (often girls in parts of sub-Saharan Africa) who are expected to collect fuel. Increased exposure to air pollution from burning solid fuels with inadequate ventilation may increase children's risk of respiratory diseases and preventable death. Girls, who often spend more time cooking and doing other domestic chores, are particularly affected.⁷ Reduced electricity consumption can make it harder for children to study, reduce access to information (for example, from television), and can affect access to hot water for bathing (Birdi et al. 2007). For households that respond to high energy costs by limiting cooking and eating more cold food, nutrition may be affected. In countries with cold climates, poor households may decide to heat only one room or cannot afford heating at all, leading to increased incidence of respiratory diseases among children and more missed days of school due to illness (Ablezova et al. 2004). Illegal electricity connections and homemade wood burning are other ways of reducing costs, but pose a serious risk of accidents (Dudwick et al. 2003).

For households that pay for water (as in most urban and many rural areas), increased bills may lead to reduced bathing and clothes washing, with implications for health and hygiene, and may lead to households' greater use of unprotected water sources (Beddies et al. 2004; Gavrilovic et al. 2009), which can also impact children's health. The youngest children, who are most vulnerable to diarrheal diseases, are particularly at risk—almost 2 million children under age five die from diarrheal disease every year.⁸

⁶ Such changes are often widespread in the face of economic shocks. For example, Lokshin and Yemtsov (2004) found that 64 percent of households had reduced food expenditures following the Russian financial crisis of 1998.

⁷ <http://www.who.int/mediacentre/factsheets/fs292/en/index.html>.

⁸ http://www.unicef.org/health/index_43834.html.



Today's children, and the societies they will inherit, stand to pay the costs or reap the benefits of policy decisions taken today for the rest of their lives.

Reduced expenditure on education. For households that cut back on children’s clothing and shoes, school attendance may decline if children are prohibited from (or too ashamed of) attending school. Access to education may also be affected by increasing difficulties for families in affording user fees (where these exist), stationery and books, transport costs, or informal or additional charges such as school fund contributions or examination fees (World Bank and UNICEF 2009). In cases where teachers are dependent on additional income from out-of-school tuition, children whose families cannot afford to pay may receive very little attention or persistently poor grades (UNICEF 2006), limiting their prospects of achieving functional skill levels in key areas and graduating with recognized qualifications, and thus limiting future employment prospects.

Reduced use of health care facilities. If copayments for health care are expected (whether user fees, informal payments to providers, costs of medicines, or others), people may avoid health care altogether, or manage illnesses using home remedies or self-medicating until an illness becomes very severe or life threatening. At this point, health care can be very expensive, and therefore severe illness of either children or adults can lead to further impoverishment. Self-treatment may mean using cheap medicines, which may be counterfeit or expired or not necessarily appropriate for the illness concerned, and thus potentially dangerous. Given young children’s greater vulnerability, all of these factors can affect their survival chances. Some studies have found small decreases in the use of antenatal care and in attended deliveries and increases in home births when household incomes have declined, for example in Thailand (Tangcharoensathien et al. 2000) and Indonesia during the crisis of the late 1990s (Macfarlane Burnet Centre 2000), and in Peru in the late 1980s and early 1990s (Paxson and Schady 2005).

Reduced consumption of adult goods may be of benefit to children. In lean periods, households often spend less on tobacco and alcohol, as in Thailand during the 1997–99 crisis (Tangcharoensathien et al. 2000). However, this is context specific, and there is also evidence of increased alcohol consumption in much of the Commonwealth of Independent States (CIS) following the collapse of the Soviet Union. This has been a key factor in social breakdown, leading to increased child abuse (UNICEF 2001).

Reducing household size to reduce the costs of living. Children are often directly affected, when, for example, they are sent to live in another household (related or not), sometimes as de facto domestic servants (Whitehead, Hashim, and Iversen 2007). Families under extreme stress may abandon children (particularly infants), sometimes in the care of welfare institutions such as orphanages (UNICEF 2011b). Older children, particularly girls, may be pressured or forced into marriage to reduce the number of mouths to feed, or to bring assets (bride price) into their natal family (Warner 2004; Hervish and Feldman-Jacobs 2011).⁹

Distress sales of assets, such as land, livestock, housing or equipment, often at a lower price than would have been commanded in better times, may affect children through the impacts on their household’s current and future livelihood and income-generating capacity. For example in Kyrgyzstan, where poverty rates rose sharply after transition, poor farming households were faced with the option of selling seed potatoes to fund immediate food and schooling expenses and then having nothing to plant the following year, or retaining their seeds but going hungry (Counterpart Consortium and World Bank 1999). Where assets had been earmarked for particular purposes, such as funding education or a child’s future marriage, children’s (and their parents)

aspirations may have to be sacrificed and their opportunities diminished.

Financial pressures may also lead to **overuse and degradation of environmental assets**, both those privately owned or used (such as land) and common pool resources (such as forests or water). This can affect children through their impact on households’ present livelihoods and on children’s available time (for example, if they now have to travel further to collect fuel), which in turn can affect their access to education and their health and security (World Bank 2008b). Their future livelihoods and those of succeeding generations may also be undermined.

Borrowing—often from informal lenders charging high interest rates—is a common response to rising costs. Children may be affected by repayment arrangements if they involve the loss of key assets such as their homes or land, or if they involve repayment through labor. In such cases, children may be obliged to work to help repay their family’s debt, in a form of bonded child labor. In some contexts, girls of marriageable age may be forced to marry the debtor to cancel their family’s debt.

Children and adults working longer and harder. During difficult times, parents often try to work longer and harder to generate more income in second or third jobs. Previously “economically inactive” adults, such as mothers of young children or pensioners, may start taking on paid work. They may also try to reduce costs by making formerly purchased items, such as bread, at home. These longer work hours can mean that there is less time available for the care of young children (Ruiz-Casares and Heymann 2009), or to provide emotional support and guidance to older children and teenagers, which may affect the children’s physical and emotional well-being. Children, particularly older children, may also have to take on paid work, more household domestic work, care of younger siblings (this is often gendered, but should not be assumed to solely affect girls), or contribute to family-run



Reducing consumption of nutritious food is one of the most common responses to economic stress.

⁹ Child marriage is an outcome of broader social norms and societal pressures. While it may be exacerbated by economic pressures, removing these pressures is often insufficient to eradicate the practice, which requires social mobilization.

businesses, all of which may affect their education. Some approaches to supporting family livelihoods, such as microfinance, may exacerbate this demand for children's labor.

Labor migration. Children are affected in different ways by different types of labor migration, another common household response to declining incomes. If children are left behind when one (or both) parents migrate, typically children's workloads increase. Remittance income can improve households' socioeconomic status and thus children's living conditions and opportunities, but this is not always a steady income stream, or may dry up altogether for long periods (UNICEF 2008b). There are potentially negative emotional impacts—children often feel neglected and forgotten by their absent parent(s) (De La Garza 2010). A study in Moldova, a country with very high levels of adult emigration, found that children left behind by a migrant parent often fared worse educationally even if materially they were better off (Helpage International and UNICEF 2008); this is borne out in studies from Jamaica, though other studies have found positive economic effects to outweigh negative psychological ones (De La Garza 2010).

When whole families migrate, the effects on children depend on living conditions in their destination, and access to services. This may be governed by income, by general levels of service provision in areas housing low-income migrants, or by government policy concerning migrants' access to services (in countries where internal migration is controlled and residence permits are needed, and in international migration). While for some children migration presents an opportunity for better education, for others it means that educational opportunities are curtailed, their workloads intensified, and the quality of their environment deteriorates (Ablezova et al. 2004).

Children, particularly teenagers, may also migrate alone, using kin- and friendship-based networks in their home area to find work and a place to

live in their destination (Whitehead, Hashim, and Iversen 2007). This may enable them to help support their families, for example, to help finance a sibling's education or to learn new skills (Hashim 2006). In some parts of Africa in particular, sending a child to live with a relative and perform household duties in exchange for board and lodging, and in principle (though not always practice) schooling, is an established practice (Serra 1997). Depending on the nature of their work and their living conditions, both independent migrants and those sent by their families may be vulnerable to exploitation, abuse and trafficking, and their health may be put at risk.

POSSIBLE POSITIVE EFFECTS

When reforms lead to increased household incomes, consumption of key goods and services may also be increased. There are strong associations between higher incomes and improved child nutrition, health and education, particularly when funds are controlled by women. However, the effects of any increases need to be assessed in context—it may be that gains principally accrue to certain household members, for example, adult men or boys. Alternatively, gender-based (or other) inequalities may be redressed if increased incomes enable households to spend on formerly disadvantaged children.

Reforms focusing specifically on assets, such as land reform and titling programs, could have positive and negative net effects for children. Redistribution and securing of assets is likely to benefit the current generation, but this may be at the expense of future generations if population growth is high and assets, such as land, are limited. Gender equity principles need to be incorporated into asset reforms to ensure that children's present well-being as well as future livelihoods are protected; otherwise, for example, children of divorced women may be dispossessed.

Stronger livelihoods can enable households to invest in higher return activities, with less reliance on children's labor. Greater investment in livelihoods could, however, create a greater demand for children's labor—some studies find that child labor rates are higher among poor and middle-income farmers than among landless laborers, reflecting the necessity of contributing to family businesses (Bhalotra and Heady 2003). How far this is the case and whether it is likely to be burdensome to children or conflict with their education will need to be assessed in context. In some cases, enhanced family businesses may provide older children the opportunity to develop skills

and may assist with the school–work transition. An ability to save or to safeguard existing assets also protects a household's longer-term well-being, meaning that it may be increasingly possible to finance longer-term projects, such as secondary or higher education.

The magnitude of any positive impacts such as these must be weighed against the scale of negative impacts outlined above—qualitative analysis can help illuminate what these trade-offs mean in practice and how they should be assessed (see section "Methods for Assessing Impacts on Children").



Impacts from Changes in Services Used by Children and Their Families

BOX 5. Key Questions: Impacts of Changes in Services on Children

Key services used by children and families include: health, education, social protection, child protection, utilities (water, electricity), and housing.

OVERALL FUNDING LEVELS

- What are the impacts of proposed changes on overall budgets for particular sectors, and for different areas of expenditure within sectors?
- How do areas with direct benefits to children fare?
 - For example, transfers targeted to families with children, child welfare and child protection services
 - Maternal and child health services, young people's mental and reproductive health
 - Employment services for young people

QUALITY OF SERVICES

- Are front-line staff (teachers, health workers) likely to experience increasing/falling real incomes (affecting motivation)?
- Could service quality suffer or improve?
- Could moonlighting increase or decrease?
- Are budgets for key equipment used by or benefiting children (such as teaching aids and medicines) or infrastructure (for example, repairs/building) likely to be affected?

FINANCIAL ACCESSIBILITY

- Will the reform change the financial accessibility of services to poor families?
- Could informal payments be demanded, preventing poor children from accessing services?
- Which social groups are most likely to reduce/increase service use, and which services are likely to experience the greatest uptake or decline?
- Is disadvantaged children's access likely to be reduced or increased?

PHYSICAL ACCESSIBILITY

- Will the reform increase the accessibility of services to poor households, and if so, is children's service use likely to increase?
- If closure of some services is planned, which social groups are most likely to be affected?

CHANGING POLICY PRIORITIES

- Could changed policy priorities and incentives to service providers affect the availability/quality of service provision?
- Could key services for children be affected?
- What is the threshold at which significant declines in children's service use may occur?

The vital role of social services such as education, health care, and water and sanitation in promoting human development and securing children's well-being is well recognized (Mehrotra and Jolly 2000) and encapsulated in the Millennium Development Goals. While the international policy community has long focused on the importance of primary education, the value of good quality early childhood development programs and of secondary education is increasingly recognized. Other services, such as utilities, access to electricity (Birdi et al. 2007), and transport (Porter and Blaufuss 2002) can also make major contributions to children's well-being, although this is much less recognized. Similarly, the importance of child protection services in protecting the most disadvantaged children and those subject to abuse, exploitation and violence, is often under-recognized. Changes in overall financing and the distribution of public and private funding between services may affect children's and their families' access to and uptake of services in a number of key ways, as detailed in the following sections (see also box 5).

Quality of services. Increases in budgets (depending how these are structured) should lead to increased service quality and accessibility and improved child well-being outcomes. However, when real budgets are declining or static, there can be a range of negative effects on children. For example, where service providers are living below or close to the poverty line, as in half the countries in a recent UNICEF study (Chai, Ortiz, and Sire 2010) incentives to perform their jobs well are limited, and the temptation to moonlight or demand informal payments is greater. This can mean that poorer children are held back at school and given lower grades if their families cannot pay for tuition or bribes, and that the quality of education for all children suffers (UNICEF 2006). Declining budgets for equipment and supplies may also affect service quality, particularly in the health sector, where inadequate stocks of essential medicines and basic hygienic supplies are a frequent consequence of financial pressures. The quality of education can also be affected by declining availability of teaching aids. Child protection and

welfare services, often serving some of the most disadvantaged children and generally already underfunded, are often particularly vulnerable to further cuts because they generally have few powerful advocates.

Financial accessibility. Policy changes leading to increased costs for users (such as the introduction or expansion of user fees or increased health insurance premiums) above a certain threshold usually result in lower consumption and lead to families reducing service use, which can limit use of both preventative and curative care for children. Reducing or removing school fees at both primary and secondary level is almost ubiquitously associated with increased enrolments and reduced dropouts, though this may occur at the expense of the quality of education (Kattan and Burnett 2004). Data from Sierra Leone, Niger, and Burundi cited by Save the Children (2008a) show significant increases in health care utilization by children under age five and antenatal check-ups by pregnant women after the removal of user fees for these groups.

Physical accessibility. Important changes include improvements (or declines) in transport infrastructure affecting access to services (such as health care and education) and supply and prices of key medicines and other supplies; changes in access to utilities, such as connections to the electricity grid, or improved water and sanitation supply, which can improve health and reduce adults' and children's workloads; and building programs increasing access to, or repairs improving the condition of, key facilities (such as schools and clinics). This is particularly important in remote rural areas in least-developed countries and in some poor urban areas: for example, lack of facilities is the single most important reason for rural children not attending school in Yemen (UNICEF 2010) and emerged as a critical constraint in the Mozambique education sector PSIA (Valerio et al. 2005).

Changing policy priorities. Changed incentives for service providers, typically as a result of sector reforms, may result in some services being prioritized over others, which in turn can affect particular groups of children or sections of society. For example, there is some evidence that the current international emphasis on (and funding for) HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), tuberculosis (TB), and malaria (themselves major killers of children) has distracted attention away from other serious threats to child survival such as acute respiratory infections and diarrhea.¹⁰ A shift to a stronger pro-poor emphasis in most services is likely to benefit children, who are disproportionately concentrated in poor households.

Institutional capacity. In addition to reducing service quality, reforms that downsize public services may also reduce capacity for policy and service development; reforms may also affect capacity for inter-institutional coordination and "joined-up" service delivery. This, in turn, may undermine capacity for multisectoral intervention (for example, in health, education, social protection, and water and sanitation), which have crucial synergies for promoting child well-being (Mehrotra 2004). For example, if a child is living in an overcrowded accommodation located in a poor environment, this may contribute to poor health, low educational attainment, and undermine life chances. Conversely, access to sufficient family income, supportive care, decent housing, and good quality health care will have a positive impact on a child's life, both now and into the future. Given the interdependent nature of the problems, child well-being needs to be integrated across a range of policy areas, but this often requires formal arrangements to coordinate the efforts of all actors horizontally (across different government departments) and vertically (between different levels of government).

¹⁰ <http://www.irinnews.org/Report.aspx?ReportId=86754>, accessed 1/4/2010.

Social Capital and Cohesion

BOX 6. Key Questions: Impacts of Changes to Social Capital and Cohesion on Children

- Are interhousehold transfers likely to be affected? Could this reduce or increase children's access to key goods or services?
- Are social contacts between families or among children and young people likely to decline, for example, due to longer work hours or being unable to afford to participate in community life?
- Could informal childcare arrangements be affected, for example, if more women enter the workforce or kin/neighbors can no longer afford to care for the children of working parents?
- Is there a risk of increased intrahousehold tension and violence or increased household break-up?
- Could crime, such as violence affecting children's mobility and opportunities to play, sexual exploitation, drug pushing, or people trafficking increase?

Social capital, understood in terms of the strength of connections between individuals and households, and as part of the "glue" holding societies together, is increasingly recognized as vital for children's well-being (Harper, Jones, and McKay 2009). In good times, social capital can be a critical resource that helps people access and take advantage of new opportunities and thus improve livelihoods and life chances. Typically, however, in times of economic stress, social capital becomes both more important for survival and well-being, but also more subject to strain, as whole communities, particularly those dependent on similar livelihood sources, are affected simultaneously. Informal gifts and transfers to poor households may decline, and patterns of social interaction may change if households can no longer afford to offer customary hospitality or contribute to festivals and celebrations (Kuehnast and Dudwick 2002). This can affect the resources available for children's development, their social contacts,

emotional development and well-being, and adolescents' opportunities to form social relationships that assist them in finding work and in making the transition to adulthood (see also box 6).

Patterns of reciprocal (or nonreciprocal) childcare with kin and neighbors may also change, depending on how widespread impacts on livelihoods are, and (in most contexts) how women's time use has been affected (Ruiz-Casares and Heymann 2009). Reciprocity could increase as households pull together in difficult times, or decline if they feel unable to share resources beyond their immediate family.

One of the effects of rapid and widespread economic change can be declining social cohesion, as levels of trust within communities decline and individual survival becomes more pressing (Knowles, Pernia, and Racellis 1999). Interactions between effects arising through household livelihood inse-

curity and public financing may also be important. For example, if declining budgets for policing or the criminal justice system coincide with growing poverty and inequality, there may be a decline in the rule of law. This can lead to an environment where opportunities for criminally based livelihoods flourish, including sexual exploitation and/or trafficking (of adults or children) and drug pushing, often targeting adolescents. There may also be a rise in rates of violence against all social groups, including children, because communities become less able to control violent behavior (Pineiro 2006), adults vent frustrations on children, and the risk of punishment through the criminal justice system declines.

Interactions between Effects Arising through Different Routes

It is also important to take into account the possibility of interactions between effects arising through different routes. For example, reforms that affect food security and nutrition can also

affect children's ability to learn and reforms that affect young people's access to employment can affect social cohesion and the next generation's likelihood of escaping poverty.

Diversity among Children

Some reforms—particularly those that directly or indirectly affect the quality or accessibility of food, health care, or education—will affect almost all children. Others—such as those that affect the livelihoods of particular groups—will only affect specific groups of children (box 7). Most reforms are likely to fall somewhere in between. Because PSiAs are intended to identify vulnerabilities to the effects of reforms, particularly the effects on the most disadvantaged, it is important to understand the ways that different groups of marginalized children may be affected. Patterns of inequality and discrimination in any given context and children's age are crucial factors affecting the likely impacts of reforms. The gender and social diversity checklist (box 8) and table 1 outlining

BOX 7. How Are Particular Reforms Likely to Affect Children?

Annex 3 provides some examples of the pathways by which reforms in selected sectors may affect children, focusing on:

- Electricity tariff increases
- Agricultural price liberalization
- Consolidation and improved targeting of social assistance transfers.

These are intended as illustrations to help identify relevant issues in PSiAs on similar reforms. Some, such as electricity tariff reform, may affect children through all the main routes discussed. Others are much more specific, such as agricultural price liberalization, which primarily affects children through impacts on household incomes. The social assistance example also includes some disaggregated analysis of impacts on different groups of children that may be useful.

See the Resource Pack for further examples and key questions to ask in particular sectors.



Social capital, understood in terms of the strength of connections between individuals and households, and as part of the “glue” holding societies together, is increasingly recognized as vital for children’s well-being

vulnerabilities of children at different ages should help identify whether and what type of disaggregated analysis may be needed.

Potential Child Well-Being Outcomes

All reforms can affect children through several routes simultaneously. The previous section discussed some of the routes through which these impacts might arise. This section consolidates that discussion, focusing on the main effects on different aspects of child well-being that may arise from common reforms and that analysts should consider

when assessing the potential impact of a reform. This section also identifies indicators that may be used to assess potential impacts on children (boxes 9–12). These indicators may be used in ex ante analysis and in baselines and follow-up studies if reform impacts are analyzed ex post. Annex 2 outlines data sources for each of these indicators.

HEALTH AND NUTRITION

Infant and child mortality rates. Economic shocks—whether systemic or at individual household levels—can have a profound impact on children’s health.

BOX 8. Gender and Social Diversity Checklist

INCOME-POOR AND VULNERABLE HOUSEHOLDS

- Are all households in certain quintiles, including those close to but above the poverty line, likely to be affected, or are effects most likely to be felt in specific sectors/livelihoods?
- Are children disproportionately concentrated in affected quintiles or groups?
- Does number of children or household size affect vulnerability to income poverty, and if so, which kinds of households are most at risk?

GENDER

- Given existing patterns of gender discrimination, is this reform likely to have differential impacts on boys and girls?
- Could it sharpen or help reduce existing gender inequalities between boys and girls?

MARGINALIZED ETHNIC, RELIGIOUS, OR CASTE GROUPS

- How will the livelihoods and access to services of these groups be affected?
- Are special provisions needed to ensure that the children of these groups benefit from or are protected from the negative impacts of the reform?

CHILDREN IN DISADVANTAGED GEOGRAPHICAL AREAS

- Will the effects of this reform reach remote rural or disadvantaged urban areas?
- Are there barriers that need to be addressed before children in these areas can benefit?

DISABILITY

- Is this reform likely to have significant effects on disabled children?
- Could it enhance their educational opportunities?
- Could it increase or lessen the accessibility of support or community-based rehabilitation (CBR) services?
- Could it sharpen discrimination against them?

SIGNIFICANTLY DISADVANTAGED CHILDREN

- Could this reform affect the livelihoods and access to services of children with significant disadvantages, especially children with limited family and community support structures, such as orphans or child-headed households and demobilized child soldiers?
- Could it have specific impacts on street children or child workers? For example, if the main sectors in which they work are likely to be affected, would opportunities for exploitative criminal activity increase?
- Could the reform increase the marginalization of these groups, for example, if there is greater competition for limited resources?

Baird et al. (2007, cited in Harper, Jones and McKay [2009]) calculate that a one unit reduction in log GDP is associated with an increase in mortality of between 18 and 44 infants per 1,000 children born. Analyzing data from Mexico, Cutler et al. (2002, cited in Ferreira and Schady [2008]) found that economic shocks increased child mortality rates by 6–10 percent in the 1980s and 1990s. Periods of reduced income can also affect children’s morbidity and may be associated with an increase in diarrheal diseases, respiratory infections, and other diseases for which the costs of preventative measures (such as bed nets) are too expensive for poor families. The effects arising from household income shocks may be compounded by changes to health service financing if these affect the accessibility, affordability, and usage of health care by poor households, or the quality of service and availability of medicines. As noted above, use of antenatal care and attended or institutional deliveries often decline during periods of economic

stress (Tangcharoensathien et al. 2000; Macfarlane Burnet Centre 2000; Paxson and Schady 2005). Conversely, reforms that reduce the vulnerability of poor households and improve disadvantaged households’ access to health care may contribute to reduced infant and child morbidity and mortality rates.

Early sexual activity and drug use. Poorer children are more likely to engage in sexual activity at a younger age than their better-off counterparts, and are more at risk of having unprotected sex or of having to resort to “transactional” sex as a means of obtaining food, shelter, other goods, or advancing their education. Qualitative evidence suggests that during periods of economic difficulty, poor children and young people are at increasing risk of sexual exploitation (Hossain et al. 2010). There is also qualitative evidence of increased use of harmful substances, such as alcohol and drugs, among older and younger children living outside

familial care (for example, street children) following economic shocks in some contexts, such as in the CIS after transition (UNICEF 2001). Such increases are particularly likely if pressure on livelihoods leads to increased drug growing or trafficking, thus increasing the availability of drugs.

Nutritional well-being. There is considerable evidence that income shocks reduce children's nutritional well-being. Ferreira and Schady (2008) report a small increase in wasting among children under age five in Nicaragua and the Russian Federation

following economic shocks. Harper, Jones and McKay (2009) cite evidence from a World Bank study in Ethiopia where a 25 percent increase in cereal prices, a common occurrence due to droughts, international price fluctuations, and so forth, could increase the prevalence of child malnutrition by 3–4 percent. There is also some evidence that rates of iron deficiency anemia and night blindness increased in young children in Indonesia as a result of the economic crisis of 1997–99 (Hopkins 2006; Macfarlane Burnet Centre 2000).

BOX 9. Possible Indicators for Health and Nutrition

- Infant and child mortality rates
- Rates of antenatal health care utilization
- Rates of institutional or attended deliveries
- Prevalence of wasting or stunting, low birth weight, or obesity
- Prevalence of micronutrient deficiencies, particularly iron deficiency anemia and Vitamin A
- Breast-feeding rates and infant and young child feeding practices
- Rates of sexual activity among young people under age 18

Increasing access to early childhood development (ECD) is often neglected in education subsidies or support despite the significant returns of ECD programs to children's longer-term educational and social development.



EDUCATION

Overall, there is a strong relationship between household economic well-being and children's enrolment, attendance, and retention in school. Income shocks lasting beyond a few months may mean that children have to drop out, as Skoufias and Parker (2002) and Duryea, Lam, and Levison (2007) show for Mexico and Brazil, respectively. Income shocks may also mean a delayed start to education so that children are then "overage" for their subsequent school career or that they are unable to enroll. Such decisions are often gendered (with girls often disadvantaged), but patterns vary between contexts. If household incomes are squeezed, children may attend without uniforms, shoes, or supplies and be stigmatized by other children or punished by teachers. Parents

may also switch children from private to public schools, thus putting additional pressure on the public system. If reforms lead to declining funds for schools, the quality of education is likely to decline, with impacts on overall attainment. Schools may also impose informal charges (for example, for sports or repairs), undermining free education policies. As noted above, in such circumstances, teachers may moonlight or demand informal payments, with poorer students' progress likely to be impeded (Chai, Ortiz, and Sire 2010). In some cases, parents may supplement teachers' pay, improving motivation in schools in better-off areas, but increasing socioeconomic disparities between the schools' quality. During periods of economic difficulty, sexual exploitation of poorer students (especially girls) by other students or teachers may increase, as may physical violence (PLAN 2010).

BOX 10. Possible Indicators for Education

- Enrolment, drop-out, and absenteeism rates
- Preschool attendance among relevant age group
- Gender parity indices for primary and secondary school
- School attendance among orphans (or other relevant vulnerable groups)
- Incidence of expulsion for nonpayment
- Incidence of children attending without uniforms or supplies
- Teachers moonlighting or demanding additional payments
- Incidence of informal charges
- Student progression rates
- Incidence of sexual exploitation or physical violence of school students

WORK AND LEISURE

The impacts of shocks on children's work depend on changes in the supply and demand for labor in both the adult and children's labor markets. Reforms that impact smallholder agriculture, home-based manufacturing, and the informal service sector are most likely to affect the demand for children's labor. Because these sectors often entail hazardous working conditions, any increase in child labor in these sectors would lead to increased numbers of children in the "worst forms of child labor."¹¹ Declining adult employment opportunities may lead to increased child labor in "invisible" occupations, including domestic work and the sex trade.

If adults are working longer hours, older children, particularly girls, may take on some of the adult's domestic responsibilities. In some labor markets, children are able to combine school and work; in others, and particularly among the poorest socioeconomic groups, children and teenagers work

full-time and are unable to attend school. In addition, increased workloads come at the expense of children's leisure time, as Skoufias and Parker (2002) found in Mexico (box 11).

In poorer countries and socioeconomic groups, the number of children, particularly teenagers, attempting to earn money to help their households make ends meet is likely to rise as a result of economic shocks. In middle- and higher-income countries, and those with better social protection systems, the reverse is true: economic shocks are associated with lower rates of child labor and children staying in school longer, reflecting the decline in income-earning opportunities and the opportunity costs of their time (Ferreira and Schady 2008). Youth employment opportunities are likely to reflect broader effects on adult labor markets (expanding overall opportunities will increase youth employment opportunities and vice versa) and in secondary school quality and completion rates (Godfrey 2003).

BOX 11. Possible Indicators for Work and Leisure

- Child labor rates for different age groups (both exclusive and combined with school)
- Children engaged in worst forms of child labor
- Youth employment opportunities
- Adults engaging in play with preschool children
- Time spent by children on play with siblings or friends
- Time spent by children on domestic chores

¹¹ <http://www.ilo.org/public/english/standards/relm/ilc/ilc87/com-chic.htm>, accessed 26/4/2011.

VIOLENCE, ABUSE, NEGLECT, AND EMOTIONAL WELL-BEING

As Harper, Jones, and McKay (2009) document, economic shocks commonly diminish families' capacities to nurture and protect their children and thus can lead to an increase in the numbers of children growing up in contexts that jeopardize their emotional well-being and physical safety (box 12).

These situations can include economic and sexual exploitation, neglect, or risk of accidents due to insufficient care (for example, if young children are looked after by slightly older siblings [UNDP 2009]) or being left alone (Ruiz-Casares and Heymann 2009). If young children are deprived of opportunities to play, for example, if they are constantly engaged in domestic duties, their emotional well-being and cognitive development are likely to suffer (Sunderland 2006).

Few studies have probed the connections between income shocks and children's emotional well-being in detail. Using U.S. data, Conger et

al. (1993) found that adolescent girls' emotional well-being and boys' behavior were negatively affected by parental economic stress. Children's ability to learn can also be affected. Greater economic stress may lead to increased marital breakdown, and thus (typically) to more children living in single-parent households (UNICEF 2001) or leaving home to seek support from peers instead of adults. Economic stress—in particular low incomes, cramped living conditions, and low levels of education—are also often associated with harsher parenting and increased violence against children and women in the household (UNODC and World Bank 2007; Pinheiro 2006). Economic stress can also lead to an increase in abandonment of children, as occurred in the CIS following its transition (UNICEF 2001); the sale and trafficking of children; and forced marriage. In some contexts, increased youth unemployment has been linked to higher youth suicide rates (Chang et al. 2009; UNICEF 2001).

Older teenage boys and young men under age 24 are typically at greatest risk of violent crime

(Moser and von Bronkhurst 1999). Children and young people may be drawn into violent criminal activity to earn money and as a source of social identity; the rise of gang membership in parts of Latin America is a good example (Maclure and Sotelo 2004; UNODC and World Bank 2007). More broadly, children's opportunities to play outside may decline if their neighborhoods become more violent, affecting their health, emotional well-being, and opportunities to form relationships with peers (Pinheiro 2006). Though the numbers affected from reform-related changes may be relatively low, any such changes would occur in a context of endemic violence against children, exacerbating a serious existing problem. Experiencing violence in childhood has been associated with dropping out of school, mental and physical health problems, and a continuing intergenerational cycle of violence—all of which have long-term economic and social costs (Pereznieta et al. 2010). PSIAs should consider whether reforms could lead to an increase or reduction in children's exposure to any of these abusive situations.

Distinguishing Short- and Longer-Term Outcomes

The effects of particular reforms unfold over time, with some outcomes likely to occur soon after implementation, and/or as a direct result of a reform; others occurring as a longer-term outcome of a combination of coping strategies and their wider social effects; or the cumulative effects of several reforms occurring over a relatively short timeframe. Table 2 summarizes some of the different manifestations of impacts on child well-being in the short, medium, and longer-term. Given that the short-run effects of reforms can have significant lifelong or intergenerational effects on those children, protecting children from even short-term negative effects should be a priority, even where analysis suggests that the overall or long-term effects of a reform will be positive.

Economic shocks commonly diminish families' capacities to nurture and protect their children.

BOX 12. Possible Indicators for Abuse and Emotional Well-Being

- Children under age 5 cared for by children under age 10
- Children experiencing serious accidents
- Number of children living apart from biological parents (with foster carers, in residential care)
- Child victims of sexual exploitation, trafficking, or abandonment
- Child and/or youth victims of violence
- Numbers of street children
- Children's perceptions of their well-being/happiness
- Rates of child and/or youth drug and alcohol use
- Youth suicide rate

Note: Many of these issues are very difficult to measure; see the Resource Pack for further discussion.

TABLE 2. Distinguishing Short-, Medium-, and Longer-Term Effects on Children of Declining Households Incomes

Area	Short-term effects	Medium-term effects	Longer-term effects
Education	<ul style="list-style-type: none"> Falling attendance 	<ul style="list-style-type: none"> Declining enrolment Increase in dropouts Declining quality Loss of literacy after early drop-out 	<ul style="list-style-type: none"> Lower lifetime earnings for individuals with compromised education Subsequent generations do not attend school Fertility rates do not fall
Nutrition	<ul style="list-style-type: none"> Micronutrient deficiencies Wasting 	<ul style="list-style-type: none"> Stunting 	<ul style="list-style-type: none"> Malnutrition-related illness and effects on ability to learn and on next generation (low birth weight babies, unsafe deliveries)
Health	<ul style="list-style-type: none"> Increased morbidity 	<ul style="list-style-type: none"> Lower educational attainment through lost schooling Increased mortality 	<ul style="list-style-type: none"> Lower productivity and earnings from long-term poor health
Child labor	<ul style="list-style-type: none"> Increased casual or part-time work Increased substitution for adults in domestic activity 	<ul style="list-style-type: none"> Increased full-time work if labor market opportunities exist Risks to health and education In late adolescence, work may help transition to longer-term employment 	<ul style="list-style-type: none"> Risk of long-term poverty from lost education, opportunities to acquire more lucrative skills, and poor health Depending on type of work (such as the worst forms of child labor), long-term emotional impacts, and social isolation
Emotional well-being	<ul style="list-style-type: none"> Children often protected from adult stress initially 	<ul style="list-style-type: none"> In medium term, children affected by adult stress, family conflict, and increased likelihood of separation 	<ul style="list-style-type: none"> Mental health problems Greater use of drugs and alcohol Greater risk of suicide
Care and protection	<ul style="list-style-type: none"> Less supervision of children if adults are working more to combat squeezed incomes Greater risk of accidents 	<ul style="list-style-type: none"> Increased family conflict and violence Increased incidence of children living apart from families, for example, among street children or in residential care 	<ul style="list-style-type: none"> Organized crime involving children, for example, sexual exploitation or trafficking
Security	<ul style="list-style-type: none"> If crime level rises as a result of rising inequality and poverty, greater risk of violence against children Fewer opportunities for children to play outside 	<ul style="list-style-type: none"> Increased gang membership Increased child mortality 	<ul style="list-style-type: none"> Lost economic and social development



The effects of particular reforms unfold over time, with some outcomes likely to occur soon after implementation, and/or as a direct result of a reform; others occurring as a longer-term outcome of a combination of coping strategies and their wider social effects; or the cumulative effects of several reforms occurring over a relatively short timeframe.

5. Methods for Assessing Impacts on Children

In a PSIA, assessing the impacts of reforms on children is likely to involve mixed methods. In principle, there is substantial quantitative data on some aspects of child well-being available through Multiple Indicator Cluster Surveys (MICS),¹² Demographic and Health Surveys (DHS),¹³ Living Standards Measurement Surveys (LSMS),¹⁴ and similar household income and expenditure surveys such as Labor Force Surveys (LFS)¹⁵ and the like. In practice, however, in any given context, data may be out-of-date, of poor quality, or unavailable for critical issues. On some issues, relevant qualitative data may also be available. Annex 2 outlines some datasets that are frequently available for quantitative analysis of particular child well-being issues and potential sources of qualitative data. See the Resource Pack for additional possible data sources.

If data are abundant and the timeframe for a PSIA is short, it may be possible to analyze the potential impacts of reforms on children without collecting additional data. In this case, it would be advantageous to conduct some ground-truthing of conclusions through consultation with stakeholders likely to be affected. If data on key issues are lacking or unusable, new data collection is likely to be needed. New data collection—either qualitative or quantitative—can

be most useful if it helps understand the processes by which impacts may be transmitted to children, child well-being outcomes, and the ways that children living outside households (who are often significantly disadvantaged as well as not covered by household surveys) may be affected by a proposed reform. Box 13 outlines some issues rarely covered by household surveys and for which additional data may be needed.



¹² http://www.unicef.org/statistics/index_24302.html.

¹³ <http://www.measuredhs.com/>.

¹⁴ <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTLSMS/0,,menuPK:3359053~pagePK:64168427~piPK:64168435~theSitePK:3358997,00.html>.

¹⁵ http://www.ilo.org/dyn/lfsurvey/lfsurvey.list?p_lang=en.

BOX 13. When Additional Data Collection May Be Needed to Bring a Child Focus to a PSIA

1. To assess the effects of reforms on groups of children not covered by household surveys, such as street children, children in refugee camps or residential care, children who have left their natal households due to economic stress and are now independent migrants, or children who have married into another household, among others.
2. If existing data do not have the potential to illuminate:
 - Household responses to potential changes, particularly changes in child-specific expenditures and service usage (such as on education, food, clothing, health care, and childcare)
 - Likely changes in children's time-use patterns and those of their carers
 - Likely changes in childcare arrangements
 - Key service providers' likely responses to reforms, particularly on expenditure areas they would prioritize or be most likely to reduce if budgets changed significantly
 - How likely discrimination against particular groups of children would be heightened or reduced
 - Possible impacts on social capital, in particular interhousehold transfers, social contacts, and other forms of social support (for example, information and reciprocal labor).
3. To enable analysis of changes over time (for example, if new data collection could enable the construction of panel datasets) and/or provide for counterfactuals against which the potential effects of reform on children can be assessed. This is particularly important if effects on children are likely to be long term.
4. If additional data collection would enable construction of a more comprehensive baseline that could be used for assessing reform impacts on children.

OPTIONS

Additional data collection can consist of:

- A few carefully selected interviews with key informants
- Focus groups or semistructured or participatory exercises interviews with probable stakeholders (potentially including children and/or their families)
- Collection of additional quantifiable survey data.

Identifying the most appropriate option in a particular PSIA will depend on time, resources, what data are already available, and what data are needed for effective analysis.

Quantitative Analytical Approaches

Many of the standard quantitative techniques used in PSIAs can be extended to include a focus on children. Some additional data—to analyze intra-household labor, consumption and income allocations, and for behavioral analysis—may be needed.

CHILD-FOCUSED EXPOSURE ANALYSIS

This type of analysis looks at the likely immediate impacts on children and their families. It typically focuses on comparisons of households with and without children, households with different numbers of children, and households with children in different income quintiles as well as other locally relevant factors. In addition, geographical comparisons may be especially useful if there are regional disparities in children's vulnerability.

If impacts on expenditure are likely, disaggregated analysis of child-specific and adult-specific expenditures may be revealing. Assuming that allocations

between these types of goods do not change, the impact of policy changes on expenditures of child-specific goods and services can be estimated: for example, is the impact likely to be felt more in households where child-specific expenditures are high?¹⁶ Another form of this analysis is child-focused benefit incidence analysis (box 14), which tracks how much children in particular income quintiles currently benefit from public expenditure, and could be used to identify how they might be affected by changes in public expenditure.

A limitation of immediate impact analyses of this type is that they assume that households continue to behave as they currently do in the face of policy changes. This is unrealistic, because income and price changes will almost certainly lead to a reallocation of household expenditures. For example, a rise in electricity prices may lead to households' changing patterns of fuel use. Nevertheless, impact analyses are a useful starting point for further analysis and may be the only option available if data and time are scarce.¹⁷

BOX 14. Age-Disaggregated Benefit Incidence Analysis in Belize

A World Bank analysis of different options for strengthening Belize's social protection system disaggregated a benefit incidence analysis of current public expenditure on social protection by different age groups: 0–5, 6–17, 18–59, and 60+. This established that, by far, the smallest proportion of social protection spending accrues to 0–5-year-olds, despite the size of this group and the investment potential of this group to break intergenerational poverty cycles. The study recommended reallocation of social protection expenditures to increase the focus on poor and disadvantaged households and to free up funds for investment in early childhood development.

Source: World Bank 2010.

¹⁶ For further examples of disaggregating household data into child- and adult-specific goods (with a gender focus), see Subramanian and Deaton (1991).

¹⁷ See the Resource Pack for resources on child-focused benefit incidence analysis and child-focused budget analysis.

BEHAVIORAL AND SINGLE-MARKET ANALYSIS

Estimating how households will change their behavior (for example, consumption or labor supply) in response to changes in incomes and prices can help predict potential consequences for children. This requires estimating behavioral equations from which price and income elasticities can be deduced. Simulations can then work out how households might adjust their behavior and decisions in response to those changes, as discussed in box 15, which provides an example from the Dominican Republic.

Depending on the precise nature of the change being analyzed, the data required for such estimations may be available in published data (house-

hold or labor force surveys), but some extra data collection may be needed, as an example from Bosnia Herzegovina (box 16) indicates.

Single-market methods or partial equilibrium models incorporate the effects of behavioral changes beyond households to account for feedback effects on a sector as a whole. These approaches model a complete sector (for example, the electricity sector) to understand behavior that will result once markets have reached equilibrium, that is, when supply and demand are equalized in the sector. The resulting prices would then be used to estimate the longer-run effects on intrahousehold expenditures and, by extension, on children.





BOX 15. Ex Ante Microsimulation Analysis of the Potential Impacts of Redesign of Conditional Cash Transfer Programs in the Dominican Republic

This study involved analysis of the potential impact of conditional cash transfer (CCT) reform on educational uptake, child labor, and children's and pregnant women's health. The model used for analyzing the impact on education combines mathematical methods with analysis on the demand for schooling models, generating predictions of individual behavioral changes associated with the CCT and its effects on household poverty and inequality. The model was constructed through two main equations: an occupational choice equation and a standard Mincer-type earning equation to predict children's potential earnings. The analysis of the impacts on health involved a series of regressions, including a PROBIT regression.

The analysis found potential substantial positive impacts for the poor on education and health from the CCT overhaul: education enrolment increases of 6 percentage points among poor children in rural areas and 1.5 percentage points among all children; a decrease in working children by 9.2 percentage points with an associated switch to attending school; a doubling of the number of children under age five using health care facilities; and a 9 percentage point increase in health care use for all children.

Source: Reboul and Subran 2010.

BOX 16. Regressions to Estimate the Likely Impacts of Electricity Tariff Rises in Bosnia Herzegovina

In Bosnia Herzegovina, Birdi et al. (2007) conducted a small sample survey within the sampling frame of an existing dataset (MICS) to provide additional information on child-specific expenditures. They also collected some willingness to pay data. This enabled the estimation of regressions that linked child-specific demand for certain goods and services with household characteristics. Lack of time prevented simulations based on the data, but these would have been desirable if time permitted.

Source: Birdi et al. 2007.

MULTIMARKET ANALYSES

These include:

- Multimarket systems of demand and supply equations
- Reduced form estimation
- Full computable general equilibrium models.

These models are appropriate for circumstances where policy changes are likely to be wide reaching, because the indirect effects of shocks and policies directly affecting one part of the economy on other parts of the economy are automatically accounted for using general equilibrium analysis (Bibi et al. 2010). Box 17 describes West Africa's use of this type of model.

Qualitative Analysis

Child-focused qualitative analysis does not involve specific techniques; it is the questions asked, data collected, and the analytical framework used to interpret them that make an analysis child fo-

cused. It thus involves the same methods as other qualitative analyses—and can be conducted on a small or larger scale, depending on the budget and timeframe available. In most PSIA, qualitative research will be an important complement to quantitative analysis, particularly when specific child-focused data are lacking, or to illuminate the processes by which impacts on children are likely to arise. Essentially, qualitative research within a child-focused PSIA is intended to produce child-focused social impact analysis.

Some relevant tools and approaches that can be used to illuminate potential impacts on children are outlined in table 3. These approaches use standard qualitative data collection tools such as semi-structured interviews, focus group discussions, direct and participant observation, and the family of mostly visual methods associated with participatory research (such as mapping, diagramming, ranking and matrix scoring). The *PSIA User Guide and Tools for Institutional, Political and Social Analysis Sourcebook* (World Bank 2005) provides detailed information on these tools and methods.

BOX 17. Simulation Techniques to Understand the Potential Impacts of Economic Crisis, Shocks, or Policy Changes: The UNICEF Project on the Impact of the Global Economic Crisis on Children in West and Central Africa

Economic simulation techniques elaborate survey microdata by using economic and behavioral models to assess the potential impact of economic and policy changes on different outcome variables including some key child well-being indicators, such as, child poverty, nutrition, child work, school attendance. They are important tools to support ex ante understanding of the potential impacts of policies and economic changes as well as the potential consequences of economic shocks and crises when actual data are not readily available.

Macro-micro models are analytical tools that allow users to simulate the possible impacts of macro shocks and policies on economic variables such as wage rates, employment, food and nonfood prices, and the transmission of these impacts on different outcomes at the microlevel, for example, on different child well-being indicators. When analyzing the full implications of economic crises and policy shifts, tools of this kind are best because they reflect the structural aspects of the economy and capture the numerous and complex direct and indirect interactions across different actors in the economy, including those related to factor markets, goods markets, households, government, private firms, and foreign partners.

A research project using a macro-micro simulation model simulated the potential effects of the 2008–9 global economic crisis on children in Burkina Faso, Cameroon and Ghana, thus informing proposals of concrete policy responses to policy makers. A model to simulate the transmission of the effects of the global economic crisis on employment, wages, prices, and remittances (the intermediate variables) was elaborated; its results were included in a micromodel to estimate the potential impact of the changes in intermediate variables in key aspects of child well-being. The study also simulated the potential effects of possible policy responses to confront the impacts of the crisis on children.

The macro-micro model developed for the research on the impact of the global crisis in West and Central Africa has been already adapted for simulation exercises in other developing countries and can be expanded to account for different types of economic shocks and more sophisticated policy responses, including public budget policies.

Sources: The key results of the study are summarized in Tiberti and Menchini (2010), and the methodology for macro-micro simulation model is available in Bibi et al. (2010).

TABLE 3. Some Qualitative Analytical Tools Used in Child-Focused PSIA

APPROACH	USE IN CHILD-FOCUSED PSIA
Participatory poverty assessment	Identifying: <ul style="list-style-type: none"> • How poverty and deprivation are experienced by children • Causes of child deprivation • Vulnerabilities that may be exacerbated by proposed reform • Possible policy solutions
Beneficiary assessment	Identifying households' and children's perspectives on the likely effects of reforms
Gender analysis	Assessing how gender and intrahousehold relationships contribute to differences in: <ul style="list-style-type: none"> • Women's and men's livelihoods • Access to services • Decision-making power • Girls' and boys' well-being • How these may be affected by proposed reform
Vulnerability analysis	Identifying different vulnerabilities (for example, livelihood, broader economic, social, cultural, and environmental) that affect children and their families and may be exacerbated or lessened by proposed reform
Social capital assessment tool (SCAT) ¹⁸	Understanding current patterns of social capital and how they may be affected by reform; SCAT may need to be adapted to increase focus on issues affecting children

TABLE 4. Tools for Political and Institutional Analysis in a Child-Focused PSIA

APPROACH	USE IN CHILD-FOCUSED PSIA
Stakeholder analysis	<ul style="list-style-type: none"> • Identifying key groups of children and households most likely to be affected by reform and key public, civil society, and private sector institutions with stake in reform • Identifying key stakeholders with a mandate for or interest in child well-being
Institutional analysis	Understanding: <ul style="list-style-type: none"> • Official responsibilities of relevant implementing agencies • How interests and incentives within different stakeholder organizations may affect reform implementation • How different institutional structures may be affected by reforms • How all these factors could affect impacts of reforms on children
Political economy analysis (tools such as power analysis, drivers of change analysis, and political mapping)	Identifying key macro- and micropolitical forces in favor of or opposing reforms and possible mitigation strategies

Note: See the *PSIA User Guide and Tools for Institutional, Political and Social Analysis Sourcebook* (World Bank 2005) for detailed descriptions of these approaches.

¹⁸ This generates both quantitative and contextual data.

POLITICAL AND INSTITUTIONAL ANALYSIS

Bringing a child focus to political and institutional analysis can help identify the political forces and institutional operation modes that are most likely to affect reform implementation in ways that im-

impact children and young people. It can also help in framing recommendations and in clarifying strategies for engaging with decision makers. Table 4 outlines how key tools can be used in a child-focused PSIA, and the box 18 provides some key questions.

BOX 18. Key Questions for Political and Institutional Analysis**WHAT ARE THE POLITICAL AGENDAS OF KEY STAKEHOLDERS?**

Are there well-placed people who are:

- Concerned about child well-being?
- Interested in protecting the interests of poor people?
- Likely to be supportive of child-focused social protection or of modifying reforms to protect children?

WHAT ARE THE PERCEPTIONS OF PROPOSED REFORMS AMONG IMPLEMENTING AGENCIES?

- What do representatives of implementing agencies perceive as the likely consequences of reform?
- How do they stand to lose or gain?
- What strategies might they use to compensate for possible losses?
- How might these impact children and young people?

EXISTING PROGRAMS

- Are there existing programs that might mitigate reform impact on children?
- Is there scope for them to be expanded?
- Who are the main supporters and opponents of these programs?

These and similar questions may be used with various analytical tools for assessing political and institutional dimensions of reform.

Note: See the Resource Pack for further detail on qualitative and quantitative data sources and analytical techniques.



Since children and adolescents are usually less well placed to advocate for their own interests, there is an additional onus on analysts to ensure that the potential impacts on children and youth are adequately considered.

6. Including Children's Perspectives

As discussed in the previous sections, child-neutral, macrolevel reforms can often significantly affect children. Furthermore, while sufficient data on some aspects of child well-being, such as health and education, may be available to enable an informed analysis of the likely impacts on children, often there is insufficient information on other issues, or for other groups. Research either directly with children or with their representatives can improve analysis quality by filling these information gaps, because:

- It will help identify issues that may have been missed by others. For example, in a flood planning exercise in Vietnam, it was only when children were consulted that the issue of evacuation routes from schools during a flood was considered (Save the Children UK 2008b).
- It can enable research on impacts affecting significantly disadvantaged groups, for example, street children, child laborers and orphans, for who there is often very little information, or for children living outside families who are not represented in household surveys.
- It can provide insights into the differential impacts of policies on different members of the household, for example, increased financial pressures leading to removal of girls rather than boys from education, inequitable distribution of food within the family, or pressures for early marriage for girls.
- It provides insights into the social processes by which impacts on children arise, particularly coping strategies used by poor households and the ways that they affect children. For ex-

ample, a UNICEF-supported ex ante analysis of the impacts on children of an electricity tariff reform in Bosnia Herzegovina highlighted that increased child labor, increased use of dirty fuels, and reduced electricity consumption were the main ways that households expected to cope with price rises. Adolescents' opportunities for evening study, to engage in extracurricular activities, and for information and recreation (for example, watching television) were most likely to be affected (Birdi et al. 2007).

- It can enable ground-truthing and triangulation of conclusions.
- It can help identify effective mitigation strategies, for example, by identifying promising small-scale approaches that might be scaled up to prevent negative impacts.

Since children and adolescents are usually less well placed to advocate for their own interests, there is an additional onus on analysts to ensure that the potential impacts on children and youth are adequately considered. At least some ground-truthing of conclusions with two key sets of stakeholders (adolescents and families, and organizations working with children) is likely to be necessary for most PSIA.

What Kind of Information?

Direct collection of data from children, adolescents, or their carers is particularly useful in a PSIA when:

- No information on current or common coping strategies and their impacts on children is available
- Information on children's time use is important (for example, where impacts on child labor are likely)
- Impacts are likely on areas poorly covered in quantitative studies (for example, sensitive or hard to measure issues).

How to Include Children's Views in PSIA Processes

DIRECT CONSULTATION WITH CHILDREN

There is now substantial, accumulated evidence from conducting policy-related research on development issues with children and youth (see the Resource Pack for examples). This evidence indicates that including adolescents and older children as

BOX 19. Mozambique Example: Insights from Consulting Children

The Mozambique PSIA of primary and secondary school fee reform conducted interviews with school-going and non-school-going children and their parents. This revealed concerns regarding the sexual harassment of girls both in and en route to school, which is a deterrent to girls' school attendance, and highlighted the need for more concerted action on this issue, in addition to measures to ease the direct costs of schooling.

Source: Valerio et al. 2005.



potential stakeholders can bring important new information to PSIA, particularly with older children, a greater proportion of whose lives are outside the direct control of parents or carers.

Direct research with children and adolescents can be especially helpful because it can bring up sensitive issues important to children that are not captured by survey data or topics on which adults are strategically silent, such as the extent of hazardous child labor in communities that rely on children's economic contributions or violence against children. Such research should be structured to raise issues of concern to children, and should not exclusively follow researchers' agendas (see box 19 for an example).

Age. Accumulated evidence suggests that children approximately age 12 and over are usually able to participate in policy-related research. In addition, younger children who have had to take greater responsibility for their own economic and social well-being, such as child laborers, child carers of sick relatives, or who have lived to a greater degree outside adult control, are also likely to be able to effectively participate. In PSIA that need additional information from hard-to-reach or significantly disadvantaged groups, peer research may be useful, and with support, adolescents can participate in such research (see the Resource Pack for further information).

Accessing children. UNICEF country offices, child- or youth-led organizations, and/or NGOs or government services working directly with children may be able to facilitate access to children. These organizations should be considered key informants because of their front-line knowledge of disadvantaged children's lives, and become potential partners in conducting research because many are highly experienced in facilitating consultations with children.

Methods. Research with children will normally use qualitative methods. Commonly used approaches include: focus groups and semistructured interviews, mapping and diagramming, creating time lines, discussing how parents and children might behave in different scenarios, photo diaries, drawings, and role-plays. Table 5 outlines the strengths and weaknesses of these methods.

Ethics. Conducting research with children requires additional capacity to ensure that children are not exploited or harmed by the research process. The Resource Pack outlines key requirements for the ethical involvement of children, based on accepted child rights' principles. Specifically, any involvement of children should be relevant to their lives and concerns, designed to fit in with their daily routines (for example, not conflicting with school, domestic chores, or work), and engage children in an interesting way. The purpose of research should be clearly explained to children and their carers. Children's inputs should be treated with respect—care should be taken to avoid manipulating children into providing the answers researchers wish to hear, and due weight to given to children's contributions, even if the emerging information conflicts with that provided by other stakeholders. Children's involvement must be voluntary—they should never be coerced or required to participate. The research process should be structured to avoid discrimination; ensure the safety of children during the research; respect their confidentiality, except if there are concerns about their well-being; and to minimize the risk of any negative consequences of participating in the research. Researchers should also feed back to child participants on how the information they provided and issues they raised have been used in the research.

TABLE 5. Qualitative Research Methods and Their Use with Children in a PSIA

METHOD	POSSIBLE USES IN A PSIA	CAVEATS/COMMENTS
Mapping and diagramming	<ul style="list-style-type: none"> Identifying how use of space, services, or key social contacts could change 	
Time lines	<ul style="list-style-type: none"> Identifying likely changes in children's time use 	
Children's photos with disposable cameras	<ul style="list-style-type: none"> Identifying changes that researchers have not anticipated, for example, revealing issues around safety and security, patterns of movement, uncovering aspects of children's lives that might be otherwise hidden from view 	<ul style="list-style-type: none"> Cost, environmental impact
Drawings	<ul style="list-style-type: none"> Identifying possible before and after scenarios visually 	<ul style="list-style-type: none"> Need interpretation with child; less useful if children unused to drawing
Role-plays	<ul style="list-style-type: none"> Can enable significant insights into potential changes 	<ul style="list-style-type: none"> Need skilled facilitation Risk of children simply reproducing skits or songs they've seen before Can exclude shy children
Scenarios	<ul style="list-style-type: none"> Provide a basis for discussion that avoids asking personal questions on sensitive topics, for example, impacts on household incomes in a group setting 	<ul style="list-style-type: none"> May need to be carefully chosen to reflect priority scenarios
Semistructured interviews	<ul style="list-style-type: none"> Most useful for children uncomfortable with group-based participatory or performance-based methods 	<ul style="list-style-type: none"> Time consuming on large scale
Internet-based discussions	<ul style="list-style-type: none"> May be useful with youth 	<ul style="list-style-type: none"> High levels of self-selection Likely to primarily reflect concerns of highest socioeconomic groups Greater risk of falsification of data compared to face-to-face methods

TALKING TO OTHER KEY INFORMANTS, SUCH AS PARENTS OR OTHER CARERS, OR CIVIL SOCIETY ORGANIZATIONS WORKING WITH CHILDREN.

Young children in particular cannot advocate for their own interests. Typically in a PSIA, information relating to the likely impacts of reforms on young children's nutrition, health, or access to education may be better sought from parents or other carers. Parents can also describe their likely decision-making processes in response to declining or rising household incomes. If social services used by children and their families are likely to be affected by reforms, front-line service providers such as teachers, health care professionals or social workers working directly with children and residential child care institutions and service managers (for example, department heads within local authorities, health care management bodies, and so forth) can be other vital sources of insight into potential impacts (box 20).

State structures, such as children's ombudspersons or representatives of departments of child welfare and NGOs working with children and child or youth organizations, can be other useful key informants and/or partners in research. The Resource Pack contains more detailed suggestions on organizations that may be relevant.

However, it is important to note that adult key informants, and indeed older children speaking on behalf of younger children, may not always share children's interests. They may go to some lengths to cover up exploitative arrangements from which they benefit or of which they are ashamed. Separate discussions with each main stakeholder group (children/adolescents, parents/carers, and key informants) can increase the likelihood of uncovering hidden issues.¹⁹

Decision tree 2 is a tool to help determine the best ways for children's perspectives to be included in a PSIA.

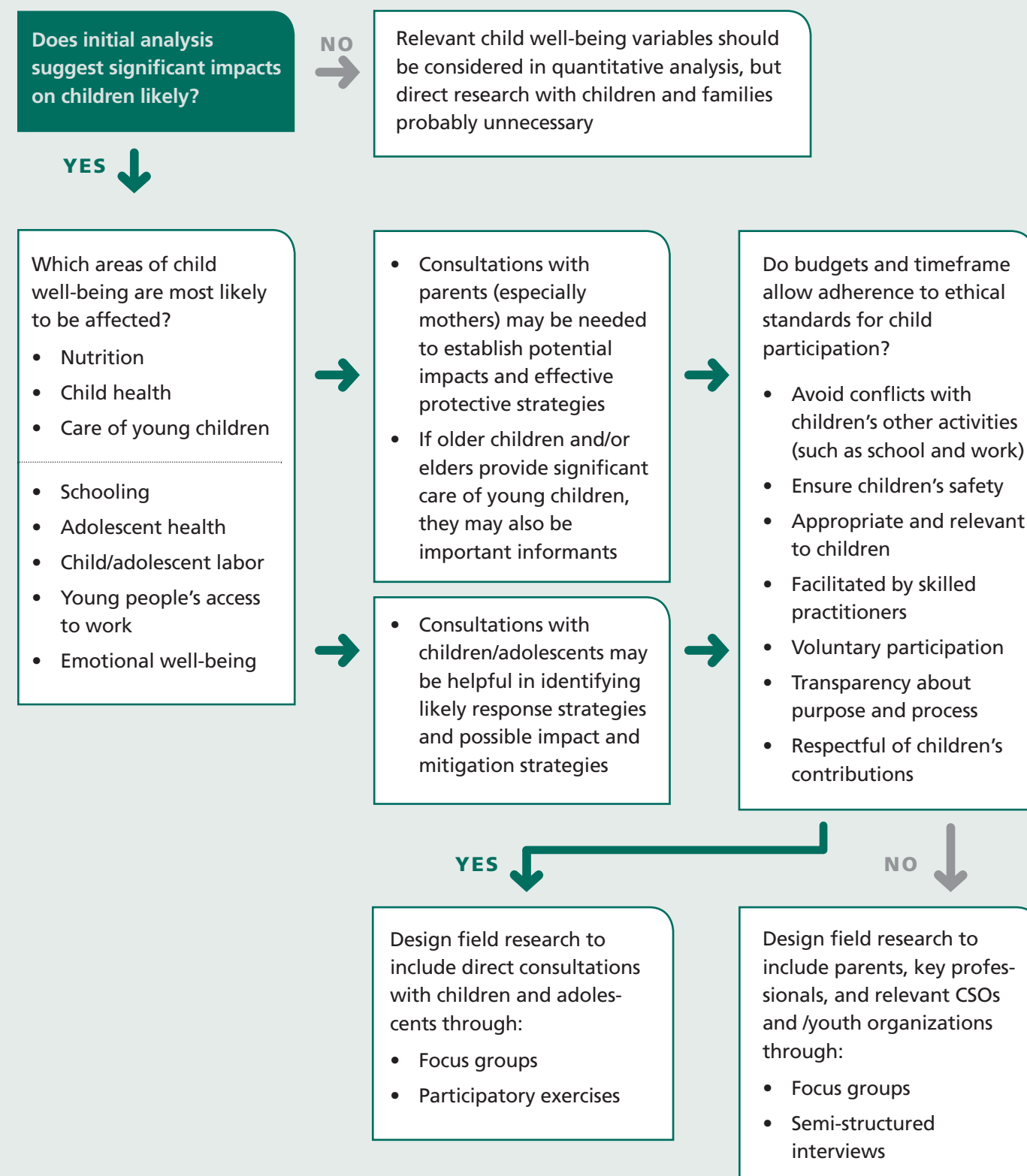
BOX 20. Interviewing Other Key Informants

In UNICEF and Save the Children research on the potential impact of electricity tariff reforms in Bosnia Herzegovina, researchers interviewed directors of children's residential institutions and sports clubs and social workers. The research revealed that many youth and sports clubs would probably have to close because they would be unable to meet electricity bills. The impacts on children in residential institutions were likely to be particularly severe: directors indicated that they might have to reduce use of electricity in the evenings, affecting children's opportunities to study and curtailing leisure activities; lower staffing levels, thus potentially increasing risks to children's well-being; switch to cheaper, less nutritious food; and limit hot water for bathing and laundry.

Source: Birdi et al. 2007.

¹⁹ See the Resource Pack for further reading on ethical standards and methodologies for researching with children.

DECISION TREE 2. Consulting Directly with Children in ex Ante Analysis



7. Mitigating Negative Effects and Enhancing Positive Effects of Reforms on Children

Once analysis indicates that a proposed policy reform is likely to affect children and young people, the next step is to identify how negative effects can be prevented and positive effects enhanced. This section discusses two possible approaches to improving the outcomes of a reform for children: modifying the proposed reform to prevent negative effects on children and measures to mitigate the effects of reforms on children and their households.

Deciding on the Type of Policy Response Needed

In deciding whether a reform should go ahead as planned, should be modified, or whether specific policies to mitigate the effects on children should be implemented, key factors to consider are:

- The numbers of children likely to be affected
- The severity of likely impacts
- The profile of the children likely to be affected, with particular attention to the most disadvantaged
- The number of different ways children are likely to be affected
- The costs of mitigation policies and the possibilities for scaling up existing provision
- The speed at which negative effects might occur compared with the timeframe needed to implement mitigatory programs
- The long-term costs of not preventing harm to children's welfare
- The overall gains expected from the reform.

To recap from the earlier discussion, the following points should also be kept in mind when deciding whether impacts on children are too severe to be acceptable:

1. Children's development processes mean that they are highly vulnerable to the effects of even short-term deprivation, which can result in even longer-term effects than for adults. This means that a more cautious approach is needed in deciding whether the negative consequences of a proposed reform are too severe for children compared to a stakeholder group of similar size. Specifically, it is essential to implement modifications or mitigation measures quickly—even when a reform policy is well designed, if it takes too long to implement, without adequate interim measures in place, the development and emotional well-being of a whole cohort of children may be irreversibly damaged.

2. Even if democratic space exists for adults to challenge policy decisions, children, by contrast, have very little voice in policy processes and few opportunities to seek redress if reforms have negative consequences. Children often cannot advocate for themselves, thus there is an even greater onus on analysts to ensure that potential costs to children have been adequately examined to prevent harmful impacts.

fied, or whether mitigation strategies should be put in place. Such an analysis should consider the short- and longer-term impacts of:

- Improved/worsening nutrition among children and pregnant women
- Improving/declining educational enrolment, attendance, and attainment
- Improving/declining infant, child, and adolescent health
- Increased/declining child labor
- Other relevant factors.

Identifying Different Policy Options

A cost-benefit analysis of different policy options should provide the basis for assessing whether a reform should be implemented as planned, modified,

Sometimes the most effective response will be child specific; sometimes it will be broader, or focused on supporting disadvantaged groups more generally. Table 6 summarizes different scenarios and recommended courses of action.

TABLE 6. Reform Scenarios and Possible Courses of Action

SCENARIO	ACTION
Many children are negatively affected and costs of mitigation high	Modify proposed reform
Many children are negatively affected, costs of mitigation low or reasonable, and implementation capacity exists	Put in place mitigation policies and programs
Moderate numbers of children are negatively affected and costs of mitigation are high	Assess whether modifying reform or implementing mitigating measures is more cost-effective
Moderate numbers of children are negatively affected, costs of mitigation are low or reasonable, and implementation capacity exists	Put in place mitigating measures
Relatively small numbers of children are negatively affected	Put in place mitigating measures
Negative impacts on children negligible	No additional provisions needed

Even if democratic space exists for adults to challenge policy decisions, children, by contrast, have very little voice in policy processes and few opportunities to seek redress if reforms have negative consequences.

Modifying Proposed Reforms

If significant numbers of children are likely to be negatively affected by reforms, it may be more cost-effective to modify the reform than to introduce a mitigation package. Such modifications would aim to prevent serious decline in poor households' livelihoods or access to services, or rises in the prices of key goods vital for children's development. Some examples of possible modifications include:²⁰

- If a sales tax or value-added tax is being introduced, key goods used disproportionately by poor families (for example, certain foodstuffs) or children (children's clothes, shoes, books, and school supplies) could be exempt
- Slowing down the timeframe for phasing in tariff changes, privatizations, liberalizations of certain sectors, or other provisions likely to undermine the livelihoods of certain groups, to give those most severely affected time to adapt to new conditions
- Ring-fencing funding for key services supporting children's development and disadvantaged families' welfare during fiscal consolidations
- Avoiding commercialization of public services, such as education, health care, or water and sanitation in a manner that does not address the appropriate, accessible, and affordable provision of quality services to poor families, particularly disadvantaged children
- Emphasizing pro-employment monetary and fiscal policies to protect household livelihoods
- Prioritizing pro-poor taxation to protect and promote livelihoods
- Allowing a greater proportion of project funding than initially envisaged for complementary measures that enhance benefits to disadvantaged groups.

²⁰ Section 4 of the Resource Pack provides further details on possible policy modifications.

Mitigation Policies to Protect Children's Well-Being

Many policies (of varying effectiveness) that have the potential to mitigate negative effects on child welfare are already in place as part of more general child well-being and social protection programs. In some cases these may be scaled up, or additional programs or services integrated, to better meet the needs likely to arise as a result of reforms. If no existing infrastructure is in place, or capacity to extend existing services is minimal, it may be necessary to develop temporary free-standing programs to protect child well-being, although integration with existing structures is usually preferable.

When targeted compensation measures are proposed to mitigate the impact of reforms, targeting can involve both inclusion and exclusion errors.

Efficiency arguments are often made in favor of minimizing inclusion errors when targeting. A child rights' approach places more emphasis on being as inclusive as possible, thereby giving exclusion errors more weight than inclusion errors when weighing up policy choices. In such a case, policy choices should emphasize the most positive impact on children or the least negative.

Cash transfers. Both conditional and unconditional transfers have been shown to have a positive effect on child well-being. For example, Mexico's Oportunidades and its precursor, PROGRESA, have reduced the risk of both primary and secondary school-age children dropping out of school if their families suffer sudden income shocks (de Janvry et al. 2006). Oportunidades and Nicaragua's Red de Protección Social have also contributed to improved child nutrition, although several other Latin American conditional cash transfer programs



have not (Hoddinott and Basett 2009). Recent research from Malawi has found that cash transfers have a positive effect on increasing school enrolment and attendance rates among poor children and girls, but that making them conditional on school attendance had no additional effect (IRIN 2010). There is also evidence that general cash transfers, such as social pensions, can increase school enrolment rates and improve child nutrition (Barrientos and de Jong 2004). Expanding cash transfers can therefore be an effective way to protect child well-being in the face of reform-induced shocks. In general, the added value of conditional transfers appears to be in contexts where service provision is adequate and demand for services among disadvantaged groups weak; if demand is high but money is a barrier, unconditional transfers are as effective. If service provision is inadequate, this needs to be addressed in parallel; this is particularly important if proposed reforms could weaken the service on which transfers are conditioned.



Employment generation, for example, cash for work and food for work programs. The greatest contribution to child well-being is likely to be in circumstances in which a reform leads to increased employment among the poorest socio-economic groups, where children are usually disproportionately concentrated (Mazza et al. 2009). Traditional employment generation programs have principally involved building public works and have often excluded or discriminated against women who have been (or have been considered) less productive than men at heavy manual work and thus have been paid less. These programs can, however, be designed to be more women friendly and thus to make a greater contribution to child well-being. For example, on-site child care can be provided (van der Gaag 2009) and, if provided by trained staff, can also contribute to improving educational outcomes among disadvantaged children. Extending the range of work financed through employment-generation programs to include social care, for example, for older or chronically sick people, may also increase their appeal to women (van der Gaag 2009). One risk with employment-generation programs (whether targeted at men, women, or both) is that older children may have to take on additional domestic duties to substitute for working parents; this can affect children's access to education and the quality of care offered to younger siblings.

Economic shocks often lead to rising unemployment. Poor young people are already disproportionately likely to be unemployed. While improving overall employment opportunities is the single most important approach to reducing youth unemployment (Godfrey 2003), active labor market programs, such as support for on-the-job training and job and wage subsidies, have all proved effective in helping young people find work and stay employed (Mazza et al. 2009). Young people can also be encouraged to continue their education by extending subsidies and transfer programs, many of which only support children up to age 16. Such programs also have spin-offs to promote

young people's social integration and reduce the risk of youth crime.

Nutritional support. If reforms are likely to affect children's nutritional well-being, the following approaches may be effective. First, cash transfers can help secure overall access to food by protecting or boosting incomes. In particular, cash transfers may help increase low-income children's consumption of protein, fruits and vegetables, which are often sacrificed in times of economic difficulty. Micronutrient supplementation for young children, pregnant women, and other groups at risk—such as adolescents—can also help prevent problems such as iron deficiency anemia, night blindness, and goitre. The provision of supplements (through the health or education systems) and/or the fortification of key foods, such as iodization of salt and fortification of flour with minerals and vitamins, could help reduce micronutrient deficiencies. Other approaches include subsidized rations for staple foods and food stamps or vouchers for low-income groups. School meals and take-home rations programs can also improve the nutritional status of school children and younger siblings, as well as contribute to improved school attendance rates, lower drop-out rates, and higher attainments (Bundy et al. 2009).

Subsidies for service use. Earmarked transfers have been used effectively to secure poor households' and children's access to a range of social and other services. These differ from conditional transfers in that they are earmarked for particular services, but rarely (except in the case of school-related transfers) conditioned on particular behavior. If there are particular concerns about aspects of child well-being (for example, high rates of child labor or low secondary school attendance), earmarked transfers are a way of increasing the likelihood that resources reach particular groups of children. They may also be a more effective way to reach disadvantaged children if there is doubt about the social welfare system's capacity to provide a significantly increased volume of transfers.

If significant numbers of children are likely to be negatively affected by reforms, it may be more cost-effective to modify the reform than to introduce a mitigation package.

Education subsidies include school scholarships or fee waivers, low-cost loans,²¹ grants for school uniforms or books, school feeding programs, and meal subsidies. These measures have been used to mitigate shocks related to unemployment and the rising cost of living, such as those arising from the Asian financial crisis in Indonesia, Thailand, and the Republic of Korea (Ablett and Slengesol 2001). Measures to protect or extend access to health care for disadvantaged children include subsidies or waivers on user fees or health insurance contributions. Some packages also cover the cost of specified essential medicines. Typically, existing programs may be scaled up or their coverage extended to groups facing sudden income shocks, as in Indonesia and Thailand during the 1997–99 crisis (Tangcharoensathien et al. 2000; Sumarto et al. 2000). Access to utilities, such as water and electricity, may be achieved through lifeline tariffs (low price or free access up to a certain threshold deemed sufficient to guarantee basic needs) and/or subsidized tariffs for low-income consumers.

Increasing access to early childhood development (ECD) is often neglected in education subsidies or support despite the significant returns of ECD programs to children's longer-term educational and social development.²² An important caveat is that return rates are unlikely to be so high for ECD programs that simply function as daycare compared to those with a significant educational component (Penn 2004). Nonetheless, because good quality ECD can help protect children educationally, socially and nutritionally, and ensure their safety while adults work, supporting or extending ECD provision should be considered if a PSIA suggests that very young children may be particularly vulnerable to the effects of reforms.

Maintaining or extending service quality. Most child-specific mitigatory measures are intended to protect consumption of goods or services via transfers or subsidies. However, there is evidence that protecting the quality and availability of social services can be as important in protecting child well-being, particularly in middle-income countries. For example in Peru in the late 1980s and early 1990s, public health spending was not protected and child health indicators declined significantly, with a sharp rise in infant mortality (Paxson and Schady 2005). In Indonesia, by contrast, public health expenditure was protected during the financial crisis of the late 1990s and there was no significant decline in child health. However, mothers' nutritional well-being declined (Macfarlane Burnet 2000), affecting newborns, and this may have been a contributing factor to the observed rise in infant mortality.²³

Preventing a decline in child health—and particularly in the health of the youngest, most vulnerable children—during periods of economic shocks may require investment in maternal health, support for safe birth, postnatal newborn care (UNICEF 2008a) and care for children with diarrheal and respiratory infections, which currently account for a significant proportion of the disease burden for young children. The incidence of these illnesses could be exacerbated by some common strategies for coping with reduced income, such as increased use of wood fuel, poorer hygiene practices, and more overcrowded living conditions. Targeted programs to prevent unsafe sexual practices, early parenthood, and substance abuse among young people can also help prevent these problems that arise during periods of economic stress (World Bank 2007).

²¹ Thailand's crisis education loan program, introduced in 2007, was so popular that demand far outstripped the funds available (Mazza et al. 2009).

²² For example, Fajth (2009) cites evidence of a ratio of 6:1 for returns to investments in an ECD program in Indonesia, while the high social as well as individual returns to preschool education in the United States are well known.

²⁴ <http://www.childhelplineinternational.org/>.

Scaling up child protection services and programs.

Extending child protection services and programs rarely forms part of mitigation packages: this is a significant gap. As discussed above, periods of economic insecurity can lead to increased numbers of children at risk of abuse, exploitation, or neglect (Harper, Jones, and McKay 2009). Furthermore, child protection programs and services are generally severely underfunded and often ill-equipped institutionally to support the growing numbers of children in need, especially if a significant proportion of low-income households are affected.

If proposed reforms increase children's vulnerability to neglect, abuse and exploitation, there is a strong case for enhancing child protection systems as part of a mitigation package. Some relevant provisions include establishing temporary shelters, counseling, help lines and the legal system,

and increasing institutional capacity to identify abusive and exploitative situations and respond quickly. Exploited and abused children may need temporary residential care (such as shelters for street children) to help them recover from their experiences, return to education when possible, and, if desirable, facilitate reuniting them with their families or placement in foster care. Since residential (that is, nonfamilial) care is normally a poor environment for meeting children's emotional needs and is often associated with lower educational attainments and sexual and physical child abuse, it should only be a last resort in the longer term (UN 2010). Peer support and mentoring programs for children at risk, particularly street children and poor urban boys, have been successful in reducing recruitment by criminal gangs (UNODC and World Bank 2007).



Complementary Policies

Many mitigatory policies for children are more effective when complemented by pro-child social policies. For example, cash transfers conditioned on use of social services depend on there being effective social services. Investment in water and sanitation can reduce the burden on young children of waterborne diseases such as diarrhea, and can reduce demands on women's and girls' time, particularly time spent caring for sick children and collecting water. In education, maintaining or boosting service quality can help prevent dropping out, particularly at the secondary level where pressures on children to drop out of school during periods of economic difficulties to save costs or contribute to their households can be particularly acute, especially if schooling is perceived to be poor quality.

Similarly, provisions for abused and exploited children may be more effective if supported by strengthened preventative elements such as social work (combining emotional support, advice, and financial support), parenting education, labor inspection, a more effective police and court system for bringing child abusers to justice, and increasing

the child sensitivity of the juvenile justice system. At the macrolevel, economic policies that promote employment, access to assets, and maintain fiscal space for financing social services are crucial complements to more child-specific policies (Ortiz and Cummins 2011).

Table 7 on the right summarizes the discussion above and links policy options to the specific vulnerabilities of children of different ages.

Grievance Redress Mechanisms

In cases where the government and civil society organizations feel it may be worth tracking whether or not there are unintended negative consequences of policy reform on children, they may consider adapting existing country grievance redress mechanisms to receive and deal with complaints, or they may consider setting up a new telephone number and database to receive complaints and thus complement any monitoring of the reform process already in place. The adaptation or set up of new mechanism can be accomplished with the help of CSOs that focus on children or with the help of government departments and ministries responsible for children's welfare. Grievance redress mechanisms that try to reach children, and therefore often deal with sensitive issues such as child abuse or exploitation, will need more thought and care than grievance redress measures targeted at adults. Many Organisation for Economic Co-operation and Development (OECD) and middle-income countries have established hotlines and other systems for both children and adults concerned about children's welfare to register complaints and seek advice on a range of issues affecting children. Child Helpline International,²⁴ an NGO that supports children's helplines worldwide, may be able to provide advice.

If proposed reforms increase children's vulnerability to neglect, abuse and exploitation, there is a strong case for enhancing child protection systems as part of a mitigation package.

TABLE 7. Key Child Well-Being Vulnerabilities and Possible Policy Approaches

KEY VULNERABILITIES	GROUPS OF CHILDREN MOST AFFECTED	ISSUE-SPECIFIC POLICY RESPONSES	BROADER APPROACHES
Nutrition	<ul style="list-style-type: none"> • Infants and young children, especially under age 2 • Pregnant girls and women 	<ul style="list-style-type: none"> • Cash social protection • Policies to increase food security (including agricultural investment) • Micronutrient supplementation and fortification • Increased availability and affordability of improved water, sanitation, and health care 	<p>Livelihoods</p> <ul style="list-style-type: none"> • Specific measures to help households adapt to new livelihood sources, for example, change cropping mixes • Phasing in reforms to allow vulnerable households time to adapt • Support to set up microenterprises, assistance with job searching • Broader economic development measures—pro-poor growth /job creation • Protection of labor rights • Regional development in disadvantaged regions
Health	<ul style="list-style-type: none"> • Children under age 5 are most at risk of dying, but children of all ages are affected • Preteens and teenagers most at risk due to unsafe behavior (risky sexual practices, substance abuse) 	<ul style="list-style-type: none"> • Health system reform, leading to free treatment for children and young people (fee waivers, eliminating user fees, subsidized insurance) • Targeted action on specific diseases that disproportionately affect children (for example, malaria, diarrhea, pneumonia), directly or indirectly through their impact on family members • Health education/promotion programs; youth-friendly health services • Cash social protection • Improvements to water and sanitation 	<p>Protecting consumption</p> <ul style="list-style-type: none"> • Protecting consumption of goods essential for children, for example, through limiting sales tax on children's books, clothes, and the like • Reconsidering tariff or nontariff barriers to import of key goods for children's development <p>Services</p> <ul style="list-style-type: none"> • Maintaining fiscal space for public services • Pro-poor taxation
Emotional well-being	<ul style="list-style-type: none"> • All age groups—long-term effects of emotionally inadequate care on neurological development most critical for children under age 3 	<ul style="list-style-type: none"> • Parent and carer education • Cash social protection to ease financial and time pressures on households • Extending (and financially supporting) foster care rather than residential care • Extending formal or informal (and extracurricular) educational and leisure opportunities to disadvantaged children 	

Table 7 continues on next page

Table 7 continued

KEY VULNERABILITIES	GROUPS OF CHILDREN MOST AFFECTED	ISSUE-SPECIFIC POLICY RESPONSES	BROADER APPROACHES
Education	<ul style="list-style-type: none"> • Infants and young children— inadequate stimulation; lack of affordable preschool provision for young children • Children of all age groups vulnerable to poor quality education and pressure to drop out for financial reasons; often starkest for teenagers, for whom labor market opportunities are greatest 	<ul style="list-style-type: none"> • Maintaining/increasing expenditure levels; increased investment in early childhood development, primary and secondary education, and maintaining/increasing salaries of social service providers • Targeted transfers to educationally vulnerable groups^a • Elimination of school fees • School grants 	
Protection from neglect, abuse and exploitation	<ul style="list-style-type: none"> • Neglect—physical well-being of younger children most at risk • Older children may miss out on guidance for negotiating transition to adulthood • Abuse—all age groups at risk; younger children and babies, and in some contexts, late teenage boys at most risk of violence • Exploitation (including labor, trafficking, and sexual exploitation)—middle childhood and teenagers 	<ul style="list-style-type: none"> • Cash transfers and employment creation to improve household economic well-being • Early childhood development programs and enhanced childcare provision for working parents • Educational/prevention programs with children and young people, and parenting programs with adults • Support to child protection systems, including police and law enforcement agencies, labor inspectors, and social workers • Counseling, helplines, shelters, and targeted services, for example, peripatetic educational programs for street-working children unable or unwilling to participate in formal education 	
Posteducational opportunities	<ul style="list-style-type: none"> • Youth 	<ul style="list-style-type: none"> • On-the-job training and job and wage subsidy programs most effective in promoting youth employment; most effective in context of overall job-creating growth • Active citizenship programs, such as youth community development programs and programs promoting young people's engagement in local governance 	

^a This approach has been used frequently to redress gender inequalities, or to support education among orphans and refugees. While this is often effective for the target group, it runs the risk of alienating those not receiving subsidies who may be almost as disadvantaged.



Education subsidies include school scholarships or fee waivers, low-cost loans, grants for school uniforms or books, school feeding programs and meal subsidies. These measures have been used to mitigate shocks related to unemployment and the rising cost of living.

Annex 1. Checklist: Consolidated Set of Key Questions for Child-Focused PSIA

TRANSMISSION CHANNELS	TO HELP IDENTIFY TYPES OF REFORMS THAT MAY HAVE SIGNIFICANT EFFECTS ON CHILDREN ²⁵
Employment	<ul style="list-style-type: none"> • Are there sectors where adult employment is likely to become less secure/lower paid, affecting household incomes? • Is there a risk of increased child labor in these or other sectors (including domestic labor)? • Is increased adult or child labor migration likely, and if so are children likely to be separated from their families for extended periods? • Are impacts on youth employment opportunities likely?
Prices	<ul style="list-style-type: none"> • Are prices of key goods produced/consumed by poor households likely to increase? • Is children's consumption of food and other essentials and use of key services likely to alter as a result?
Assets	<ul style="list-style-type: none"> • Are poor households likely to have to sell assets and compromise children's current or future well-being? • Do asset distribution programs (for example, land reforms) make adequate provision for the next generation?
Taxes and transfers	<ul style="list-style-type: none"> • Are public transfers to families or children likely to be affected (including pensions)? • How may remittances and other private transfers be affected by proposed reforms? • Are reforms likely to change the current tax burden for low-income families?
Authority	<ul style="list-style-type: none"> • Are changes to likely to affect access to entitlements and household incomes? • Are changes to public service governance likely to affect the quality of health, education, or child protection services?

TO HELP IDENTIFY TYPES OF REFORMS THAT MAY HAVE SIGNIFICANT EFFECTS ON CHILDREN²⁵

Routes by which impacts on children may arise

Declining incomes	<p>Food:</p> <ul style="list-style-type: none"> • How likely are households to shift to less nutritious food (for example, less frequent consumption of protein, vitamins and minerals, substitution with cheap fats or carbohydrates, inappropriate baby foods such as unsuitable powdered milk) or consume less food overall? • Are changes in breast-feeding patterns likely, for example, if mothers need to work away from infants? Or increased breast-feeding to substitute for purchased formula or baby food? • Are children who receive food at school likely to receive less at home? <p>Clothes and shoes: How likely are households to cut back on children's clothes (including school uniforms) and shoes?</p> <p>Utilities: Is there a risk of shifting to more dangerous and/or polluting fuels (for example, unventilated wood burning, makeshift electricity connections) or unsafe water sources?</p> <p>Adult goods: Are households likely to increase or decrease spending on tobacco and alcohol?</p> <p>Service use: What is the risk of delaying seeking medical care, purchasing cheaper, nonprescription medicines, cutting back on school supplies (for example, books, stationery), or having some children in the family drop out of school?</p>
Rising incomes	<p>If household incomes rise, how far is spending likely to rise on goods and services that benefit children?</p>
Impacts on services used by children and their families, for example, health, education, social protection, utilities (water, electricity, gas), and housing	<ul style="list-style-type: none"> • Overall funding levels. What are the impacts of proposed changes on overall budgets for particular sectors, and for different areas of expenditure within sectors? How do areas with direct benefits to children, such as transfers targeted to families with children; child welfare; protection services; maternal and child health services; young people's mental and reproductive health; and employment services for young people fare? • Quality of services. Are front-line staff (for example, teachers, health workers) likely to experience falling real incomes (affecting motivation)? Is there a risk that service quality will suffer or moonlighting will increase? Are budgets for key equipment used by/benefiting children (for example, teaching aids and medicines) or infrastructure (for example, repairs/building) likely to be affected? • Financial accessibility. Will the reform change the financial accessibility of services to poor families? Could informal payments be demanded, preventing poor children from accessing service? Which social groups are most likely to reduce /increase service use, and which services are likely to experience the greatest uptake or decline? Is access likely to be reduced or increased for disadvantaged children? • Physical accessibility. Will the reform increase the accessibility of services for poor households, and if so, is children's service use likely to increase? If closure of some services is planned, which social groups are most likely to be affected? • Changing policy priorities. Could changed policy priorities and incentives to service providers affect the availability/quality of service provision? Could key services for children be affected?

²⁵ Access to goods and services is not included here because there is a separate detailed set of questions on how changes in access to services affect children.

TO HELP IDENTIFY TYPES OF REFORMS THAT MAY HAVE SIGNIFICANT EFFECTS ON CHILDREN ²⁵	
Impacts on social capital	<ul style="list-style-type: none"> • Are interhousehold transfers likely to be affected? Could this reduce/increase children's access to key goods or services? • Are social contacts between families or among children and young people likely to decline, for example, due to longer work hours or being unable to afford to participate in community life? • Could informal childcare arrangements be affected, for example, if more women enter the workforce or kin/neighbors can no longer afford to care for children of working parents? • Is there a risk of increased intrahousehold tension and violence or of increased household break-up? • Could crime such as violence (affecting children's mobility and play opportunities), sexual exploitation, drug pushing, or people trafficking increase?
Identifying which children may be most affected	
Income-poor and vulnerable households	<ul style="list-style-type: none"> • Are all households in certain quintiles (including those close to the poverty line) likely to be affected, or are effects most likely to be felt in specific sectors or livelihoods? • Are children disproportionately concentrated in affected groups (likely if the bottom quintiles are most affected)? • Does the number of children or household size affect vulnerability, and if so, which kinds of households are most at risk?
Gender	<ul style="list-style-type: none"> • Given existing patterns of gender discrimination, is this reform likely to have differential impacts on boys and girls? • Could it sharpen or help reduce existing gender inequalities between boys and girls?
Marginalized ethnic, religious, or caste groups	<ul style="list-style-type: none"> • How will the livelihoods and access to services of these groups be affected? • Are special provisions needed to enable children of these groups to benefit from the reform or prevent negative impacts?
Children in disadvantaged geographical areas	<ul style="list-style-type: none"> • Will the effects of this reform reach remote rural or disadvantaged urban areas? • Are there barriers that need to be addressed before children in these areas can benefit?
Disability	<ul style="list-style-type: none"> • Is this reform likely to have significant effects on disabled children? • Could it enhance their educational opportunities? • Could it increase or lessen the accessibility of support or CBR services? • Could it increase discrimination against disabled children?
Significantly disadvantaged children	<ul style="list-style-type: none"> • Could this reform affect the livelihoods and access to services of disadvantaged children, for example, orphans, child-headed households, or demobilized child soldiers? • Could it have specific impacts on street children or child workers, for example, if the main sectors in which they work are likely to be affected or if opportunities for exploitative criminal activity could increase? • Could it increase the marginalization of these groups, for example, if there is greater competition for limited resources?

TO HELP IDENTIFY TYPES OF REFORMS THAT MAY HAVE SIGNIFICANT EFFECTS ON CHILDREN ²⁵	
Identifying possible effects on children's well-being	
Health-related outcomes	<ul style="list-style-type: none"> • How are infant mortality rates and under-5 mortality rates likely to be affected? • Is there likely to be a rise/decrease in children's vulnerability to particular communicable or noncommunicable diseases, for example, respiratory, waterborne, pollution related, HIV/AIDS and other sexually transmitted diseases, and others? • How may adult and young people's use of harmful substances, for example, drugs, alcohol, tobacco, be affected?
Nutrition-related outcomes	<ul style="list-style-type: none"> • How are changes in access to food, water quality, health care, and the existence of micro-nutrient supplementation or fortification programs likely to affect children's nutritional status? • How may rates of wasting, stunting, and obesity be affected? Are there likely impacts on micronutrient deficiencies?
Education-related outcomes	<ul style="list-style-type: none"> • How are enrolment and attendance rates at different levels of education (preschool, primary, secondary, and higher) likely to be affected, for example, due to changes in cost, availability, and conflicting priorities for children's time use? • What are the likely impacts on children's uptake of extracurricular activities (such as paid tuition, music or sport?), • What are the likely impacts on learning outcomes, for example, if teachers moonlighting ignore children who can't pay additional fees? • Could children's risk of violence (physical and/or sexual) at or en route to school be heightened?
Opportunities for play and leisure	<p>How are the following key influences on children's opportunities for play and leisure likely to be affected?</p> <ul style="list-style-type: none"> • Children's time use and opportunities to socialize with other children • Adult and/or older child availability to play with very young children • Changing public investment in and costs to users of leisure/play/sports facilities • Changes in children's environment and security (for example, environments becoming safer or less safe for play)
Emotional well-being	<p>How are the following key influences on children's emotional well-being likely to be affected?</p> <ul style="list-style-type: none"> • Adult stress • Amount of time carers are able to spend with children • Opportunities in school and wider community
Protection from exploitation, abuse, and neglect	<ul style="list-style-type: none"> • How likely are they to increase: <ul style="list-style-type: none"> – Children entering harmful work either on their own initiative or because they are forced to do so by carers – Homelessness or children moving onto streets and separated from families – Abandonment, trafficking, sale of children, and forced marriage – Violence against children; children and young people in trouble with law – Neglect—due to lack of time to care for children or inadequate supervision • How significant are the risks of the above?

TO HELP IDENTIFY TYPES OF REFORMS THAT MAY HAVE SIGNIFICANT EFFECTS ON CHILDREN ²⁵	
Political and institutional issues	
Existing programs	<ul style="list-style-type: none"> • Are there existing programs that might mediate the impacts of reforms on children? • Is there scope for them to be expanded? • Who are the main supporters and opponents of these programs?
Political agendas of key stakeholders	<p>Are there well-placed people who are:</p> <ul style="list-style-type: none"> • Concerned about child well-being, or protecting the interests of poor people? • Likely to be supportive of child-focused social protection or of modifying reforms to protect children?
Perceptions of proposed reforms on implementing agencies	<ul style="list-style-type: none"> • What do representatives of implementing agencies perceive as the likely consequences of reform? • How do they stand to gain or lose? • What strategies might they use to compensate for possible losses? • How might these strategies impact children and adolescents?



Preventing a decline in child health—
and particularly in the health of the
youngest, most vulnerable children—
during periods of economic shocks may
require investment in maternal health,
support for safe birth and
postnatal newborn care.

Annex 2. Child Well-Being Indicators and Possible Data Sources

AREA OF CHILD WELL-BEING	INDICATORS	SOURCES OF HOUSEHOLD DATA	OTHER DATA SOURCES
Health	<ul style="list-style-type: none"> • Infant mortality rate • Under-5 mortality rate • Incidence of specific diseases such as diarrhea and prevalence and treatment of ARI • Use of improved water and sanitation facilities • Antenatal care and rates of institutional deliveries • Young people's sexual behavior, for example, condom use and multiple partners • Young people's use of drugs or alcohol 	<ul style="list-style-type: none"> MICS, DHS MICS, DHS DHS MICS, DHS MICS, DHS MICS, DHS, AIS 	Specialized studies
Nutrition	<ul style="list-style-type: none"> • Prevalence of underweight, stunting, wasting, low birth weight, and obesity • Prevalence of anemia²⁶ • Breast-feeding rates and infant and young child feeding practices • Micronutrient intake among children and mothers 	<ul style="list-style-type: none"> MICS, LSMS²⁷ DHS MICS, DHS DHS, MICS 	Food security and nutritional surveillance surveys
Education	<ul style="list-style-type: none"> • Preschool attendance among relevant age group (usually ages 3/4–5/6) • Net primary and secondary school attendance ratios • Drop-out rates at different levels • Gender parity indices for primary and secondary school • School attendance among orphans • Learning outcomes 	<ul style="list-style-type: none"> MICS MICS MICS, LSMS MICS, LSMS 	PIRLS, TIMSS ²⁸

AREA OF CHILD WELL-BEING	INDICATORS	SOURCES OF HOUSEHOLD DATA	OTHER DATA SOURCES
Work, play, and leisure	<ul style="list-style-type: none"> • Adults engaging in play with preschool children • Time spent by children on play with siblings or friends • Child labor rates (both exclusive and combined with school) • Children engaged in worst forms of child labor • Youth employment opportunities 	<ul style="list-style-type: none"> MICS Some LSMS and MICS modules MICS, LFS, LSMS MICS and SIMPOC²⁹ LFS and administrative data 	
Security and protection from exploitation, abuse, and neglect	<ul style="list-style-type: none"> • Children under age 5 cared for by children under age 10 • Children experiencing serious accidents • Number of children living apart from biological parents (with foster carers or in residential care) • Child victims of sexual exploitation, trafficking, and abandonment • Child/youth victims of violence • Numbers of street children 	<ul style="list-style-type: none"> MICS Administrative data MICS and administrative data MICS Administrative data Administrative data and MICS 	<ul style="list-style-type: none"> • Thematic studies and states' parties or alternative reports to Committee on Rights of Child • Voices of children surveys
Children's emotional well-being	<ul style="list-style-type: none"> • Children's perceptions of their well-being/happiness • Rates of child/youth drug and alcohol use • Youth suicide rate 		<ul style="list-style-type: none"> • Child mental health surveys • Qualitative studies

Note: AIS = AIDS Indicators Survey; ARI = Acute Respiratory Infection; PIRLS = Progress in International Reading Literacy Study; SIMPOC = Statistical Information and Monitoring Programme on Child Labour; TIMSS = Trends in International Mathematics and Sciences Study.

²⁶ In selected DHS surveys, see <http://www.measuredhs.com/topics/anemia/start.cfm>.

²⁷ LSMS is used here as shorthand for all household budget or income and expenditure surveys.

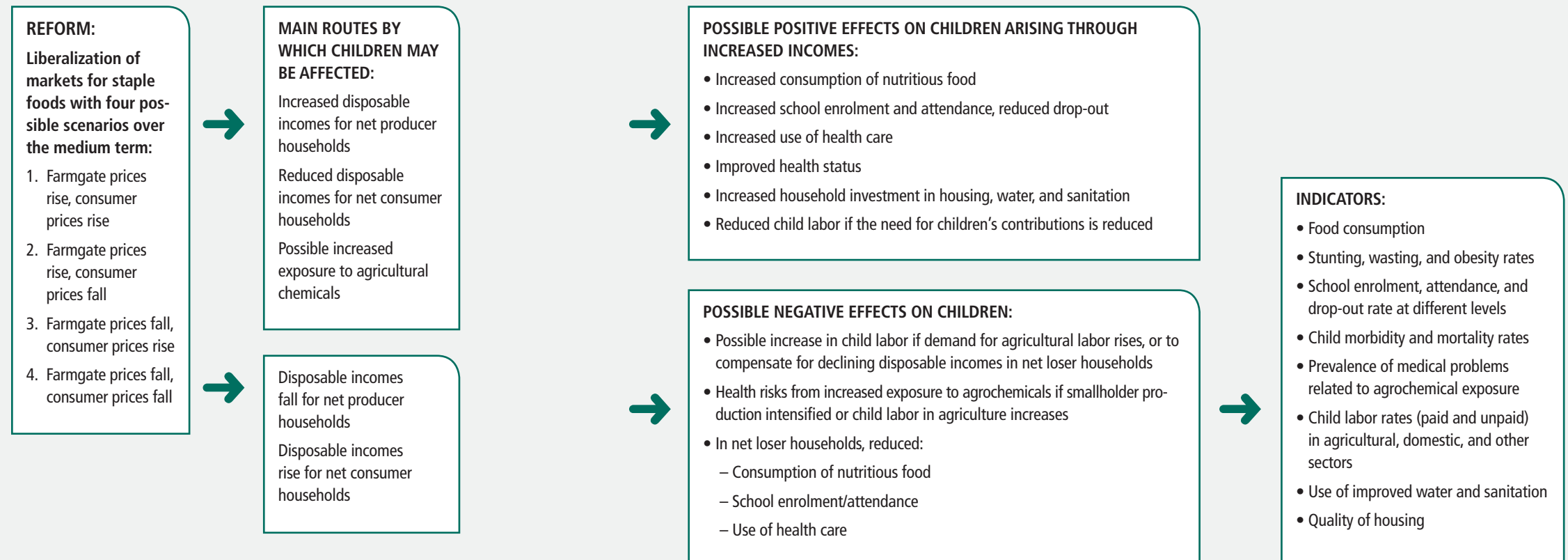
²⁸ See <http://timssandpirls.bc.edu/TIMSS2007/countries.html>; http://timssandpirls.bc.edu/timss_advanced/countries.html and <http://timssandpirls.bc.edu/timss2011/countries.html>.

²⁹ See <http://www.ilo.org/ipec/ChildlabourstatisticsSIMPOC/Model%20questionnaires/lang--en/index.htm>

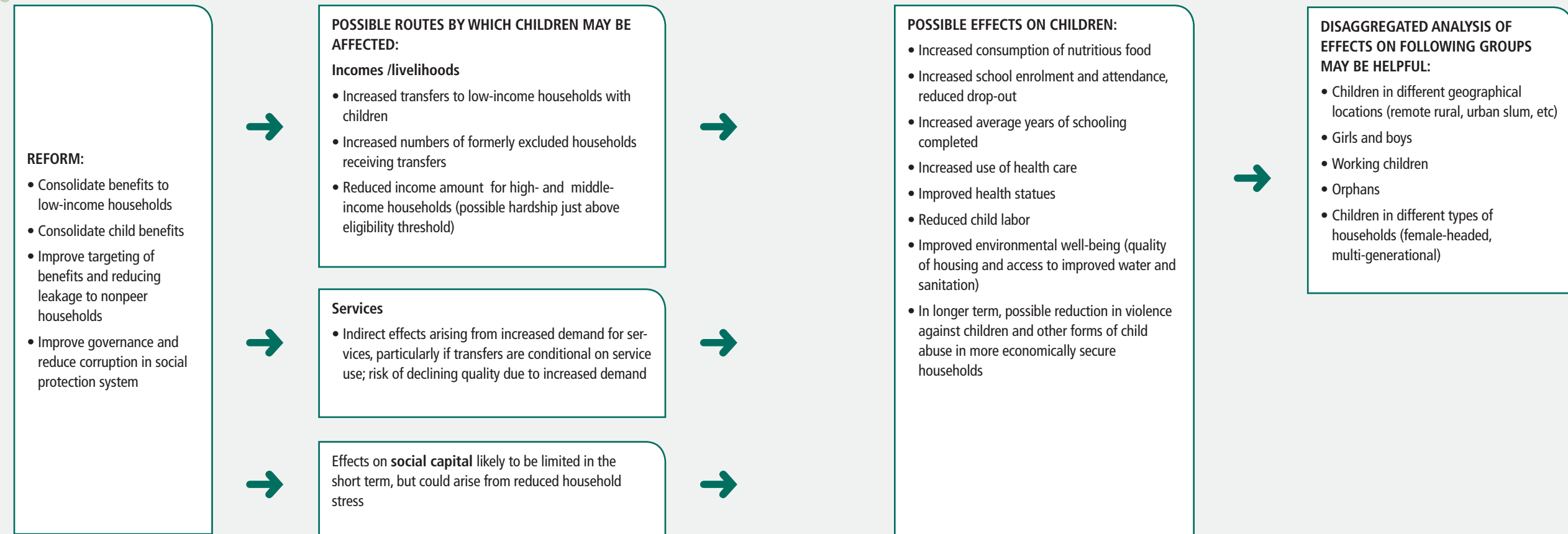
Annex 3. Examples of Sector Reform Impacts on Children

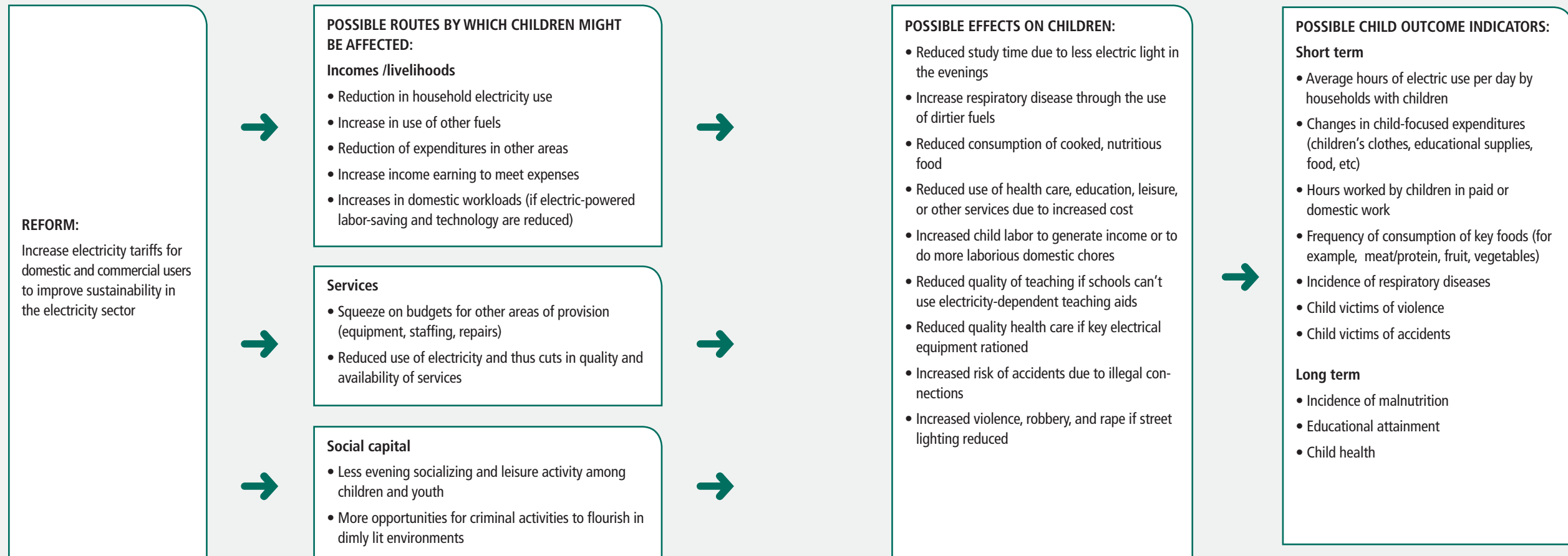
This annex provides some contrasting examples of the ways that reforms in different sectors may impact children. These are intended as illustrations to help identify relevant issues in PSIAs on similar reforms. Some, such as the electricity tariff reform, may affect children through all the main routes discussed. Others are much more specific, such as agricultural price liberalization, and primarily affect children through their effects on household incomes. The social assistance example indicates some disaggregated analysis of impacts on different groups of children that may be useful.

EXAMPLE 1. Liberalization of Markets for Staple Foods



EXAMPLE 2. Consolidation and Improved Targeting of Social Assistance System



EXAMPLE 3. Electricity Tariff Reform

Annex 4. Rapid Assessment of Potential Impacts on Children

A rapid assessment of potential impacts of reforms on children may be needed if:

- It is unclear whether a full assessment is needed
- The potential impacts on children have been ignored in a PSIA already under way or recently completed
- A reform is being rushed into effect, for example, because of domestic political agendas or because of donor conditionality or pressure
- If the budget for a PSIA is very limited.

The limited time frame and budget for a rapid assessment mean that prioritization will be needed in the following areas:

- Focus of analysis, particularly the choice of impact pathways
- Scale and coverage of any primary research.

Prioritizing focus of analysis

A rapid child impact analysis will need to focus on a few priority areas that are likely to be most significant for children. Depending on the nature of the reform in question, the following considerations may help focus analytical effort.

- **Routes by which impacts reach children.** In a rapid assessment, it may be feasible to examine only one, or at most two, of the principle routes by which children are affected, which are: impacts on household economy and household response strategies; impacts on services; and impacts on social capital and cohesion.
- **Within each route, focus on the few issues most likely to be significant.** For example, in terms of household responses, efforts to generate income or to cut expenditures are likely to be the most significant in the short term, and thus should be the key focus.
- **Understanding effects of changes on children.** Policy changes often reach children through their: consumption, time use, and quality of services. It may therefore be useful to focus on these mechanisms.
- **Areas of child well-being most likely to be affected and for which data are available:** nutrition, health, education and child protection, for example, child labor, security, care, and violence.

- **Strategic disaggregation of data.** If time is limited, analysis should focus on effects on children in aggregate and by socioeconomic quintile, unless there are good reasons to expect significantly gender-differentiated effects or for particular groups of children to be particularly affected.

Data sources and analysis

In a rapid child impact analysis, secondary data are likely to be the key source of information.

ANALYSIS OF EXISTING DATASETS

If there is time for analysis of existing data (minimum around three months, depending on the quality and cleanliness of the data and the complexity of the analytical techniques planned), the priority for analysis is likely to be *estimating existing patterns of expenditure on goods and services*, segmented by important variables such as number of children in the household. This would be used to work out the immediate impacts on households of proposed policy changes, assuming that they continue to behave as before.

If the data are already available, it may also be possible to estimate how households would reallocate expenditures in response to policy changes. This would require estimation of behavioral parameters, such as elasticities. However, often obtaining the necessary data would require an additional survey, and this analysis would therefore not be possible in a rapid analysis.

Primary data collection. Even if time and budgets are very limited, consideration should be given to conducting some rapid qualitative research that can fill information gaps and triangulate conclusions. Typically this will involve a small number of focus groups or semistructured interviews with adoles-

cents and/or their parents/carers in socioeconomic groups or locations likely to be affected by the reform, as well as key informant interviews with:

- Central government representatives of the sector(s) where change is planned and social sector ministries
- Local government representatives in poorer regions and/or areas where changes may be concentrated
- Representatives of service providers, for example, health, education, social protection, and child welfare services
- Representatives of civil society organizations working in relevant geographical areas or with relevant population groups.

Such interviews can also help identify political and institutional issues of relevance to reform implementation.

The **priority data gaps** in a rapid child-focused impact assessment will, of course, be specific to the policy changes under investigation. Collection of new data should concentrate on areas where existing data are limited or poor quality. These are likely to include:

- Identifying likely household responses to reforms
- Identifying key impacts on accessibility and quality of services
- Identifying impacts on children's consumption and time use
- Identifying possible outcomes for children and young people
- Possible policy responses to concerns identified.

Identifying gaps in knowledge. A rapid child-focused analysis can also help identify knowledge gaps in relation to the impact of a particular reform. This can be important for flagging areas where further research is needed before deciding on the course of a reform or developing mitigation strategies.

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Children and adolescents are uniquely vulnerable to even short periods of deprivation, which can have lifelong and intergenerational effects.



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