

Designing the Child Visibility Index Methodology for Preventive System Diagnosis

Concept Note

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Executive Summary

The Child Visibility Methodology provides the overarching conceptual and methodological framework for the Child Visibility Initiative. Within this architecture, the Child Visibility Index (CVI) is the Initiative's flagship measurement product. This concept note focuses on the Child Visibility Index Methodology (CVI Methodology), including its two-layer diagnostic architecture: CVI and Pathway Assessment. The CVI Methodology responds to a critical gap in existing child-related measurement systems: the limited ability to assess whether children, mothers, caregivers and early signs of family vulnerability remain visible to public systems before risks escalate into family separation. While many global frameworks measure child poverty, deprivation, health, education, rights or protection outcomes, they often capture harm once it has already materialised. CVI shifts the analytical focus upstream, asking whether the minimum formal conditions exist for systems to recognise, reach and retain contact with children and caregivers early enough for preventive attention to become possible.

The Child Visibility Methodology is built around the concept of **Child Visibility**. **Child Visibility** refers to the extent to which children, mothers, caregivers and early signs of family vulnerability can become visible to relevant systems across key life-course contact points. It is not limited to one-time registration, service use or statistical inclusion. Rather, it includes formal recognition, institutional contact, continuity of contact, potential risk visibility and social visibility. In the current Child Visibility Index (CVI), this broader construct is operationalised more narrowly through population-level proxies of formal recognition, institutional contact and continuity of contact.

The theoretical foundation of the CVI Methodology draws on several bodies of literature. The Continuum of Care shows why prevention depends on connected service contact across pregnancy, birth, the postnatal period, immunisation and early childhood. Effective coverage literature clarifies that contact with a service does not equal adequate support or protection. Cumulative risk and family stress research explain why vulnerability must be understood as a process that builds over time. Finally, debates on administrative legibility, recognition and data ethics define the boundary between preventive visibility and surveillance.

Methodologically, CVI is designed as a two-layer diagnostic framework. The first layer is the Child Visibility Index (CVI), which uses harmonised population-level indicators, primarily from MICS, to identify where minimum formal visibility conditions appear strong, weak or fragmented. The second layer is Pathway Assessment, a country-specific diagnostic analysis that explains how and why visibility gaps emerge within a particular institutional and social context. This separation preserves global comparability while avoiding overinterpretation of CVI as a full child protection or social welfare assessment.

The CVI is currently structured around three working dimensions: Accessibility, Recognition and Continuity. These dimensions capture whether mothers, caregivers and children can reach key formal service contact points, whether children become formally or institutionally visible, and whether contact is maintained beyond the first point of recognition or access. Indicators are treated as proxies of formal visibility, not as direct measures of protection, care quality or child outcomes.

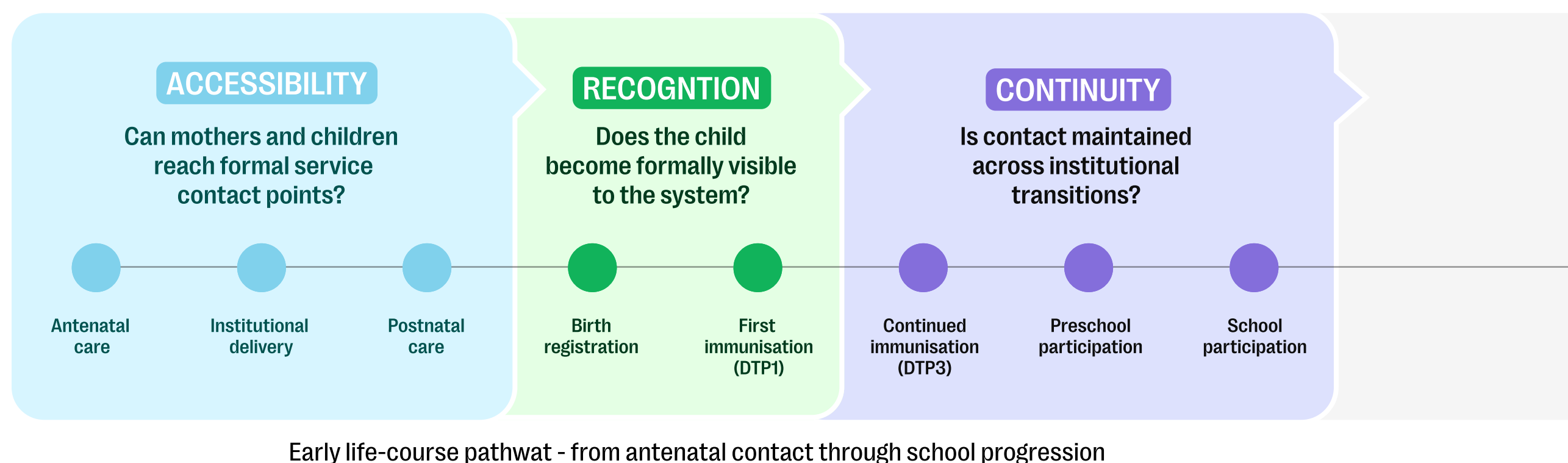


Figure 1. The CVI Index: three working dimensions across the early life-course pathway

The CVI Methodology deliberately sets clear interpretation boundaries. CVI is not a ranking, predictive model, measure of child protection performance or direct estimate of family separation risk. It does not claim that visibility equals protection, or that service contact equals effective support. Its contribution is more specific: it provides a diagnostic framework for identifying whether the basic structural conditions for preventive visibility are present, weak or fragmented.

At this stage, the CVI Methodology should be treated as a concept-stage diagnostic methodology. It defines the measurement problem, proposes a two-layer architecture and establishes safeguards for interpretation. Further development and validation are required, including expert review, sensitivity testing, confidence flag design and country case validation. Until these steps are completed, CVI should be used for structured methodological discussion and diagnostic framing, not for definitive external assessment, country ranking or individual-level risk prediction.

Purpose and Problem Statement

01.

According to available estimates, millions of children worldwide live in institutional or residential care, and a large share of them have at least one living parent (UNICEF 2019; SOS Children's Villages n.d.). In many cases, the problem lies not in the complete absence of parents, but in systemic gaps between the child, family and support systems, where separation risk becomes visible only at the stage of crisis. UNICEF's latest birth registration update reports that approximately 150 million children under five remain unregistered worldwide, making them administratively invisible to government systems and more likely to remain outside formal statistics, legal identity frameworks and service pathways (UNICEF 2024).

The problem of administrative invisibility has deeper roots in both political science and social philosophy. Scott's theory of state legibility shows that populations that remain unreadable to public systems may fall outside the reach of public institutions: they cannot be counted, included, served or protected in systematic ways (Scott 1998). Honneth's theory of recognition adds a normative dimension to this problem: institutional visibility is not merely a bureaucratic condition, but also a form of recognition. To remain invisible to systems responsible for protection is to be denied recognition as a rights-bearing subject (Honneth 1995; Honneth 2001). These perspectives suggest that children's invisibility to public systems is not only a data gap, but a structural condition with consequences for service provision, institutional justice and preventive protection.

Gilbert et al. (2012) show that modern child protection systems may generate increasing numbers of notifications, investigations and out-of-home care placements without clear evidence that these agency contacts reduce child maltreatment. They argue for linked, population-based data across health-care and child protection services to assess whether child protection policies are effective. Lonne et al. (2020) further strengthen this argument by showing that traditional child protection systems remain heavily shaped by narrow tertiary responses, especially investigation and removal, whereas a public-health protective model requires broader, coordinated and prevention-oriented systems of community care. Together, this literature supports the need for a diagnostic methodology that looks beyond individual case processing and examines where systems recognise, miss or lose visibility of children and caregivers before reactive intervention becomes necessary.

Existing global analytical instruments provide essential evidence on child poverty, deprivation, well-being, rights, health, education and systemic risks, but they largely measure conditions once vulnerability has already materialised as an observable outcome. For example, the Global MPI identifies household deprivations in health, education and living standards; the KidsRights Index assesses children's rights performance; the Child Flourishing and Futures Index focuses on children's present well-being and future threats; and UNICEF's Children's Climate Risk Index measures children's exposure and vulnerability to climate and environmental shocks (UNDP and OPHI 2024; KidsRights Foundation n.d.; WHO and UNICEF 2020; UNICEF 2021). These tools are highly valuable, but they do not usually show where systems lost visibility of a child, caregiver or family before deprivation, exclusion, harm or separation risk became visible.

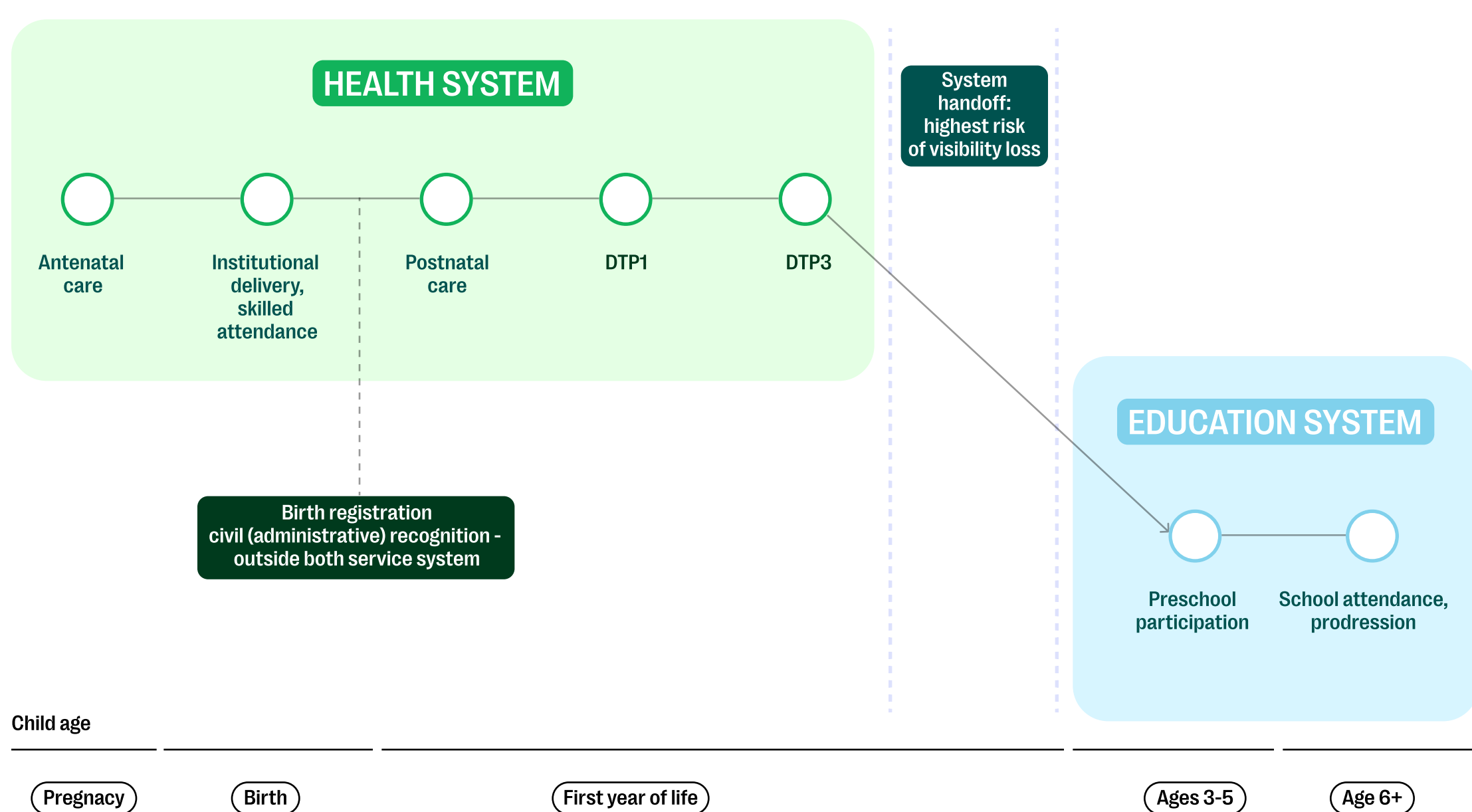


Figure 1. Institutional visibility checkpoints in the health and education systems; the handoff between systems carries the highest risk of visibility loss

The CVI Methodology addresses this upstream diagnostic gap through a two-layer diagnostic approach. The CVI provides a globally comparable signal of minimum formal visibility conditions, while Pathway Assessment explains how vulnerability unfolds, where visibility gaps appear, and why systems may lose children and caregivers in a specific country context.

Child Visibility

02.

Within the Child Visibility Methodology, **Child Visibility** refers to the extent to which children, mothers, caregivers and early signs of family vulnerability can become visible to relevant systems before risks escalate into family separation. It is not limited to whether a child is counted, registered or served once. Rather, it refers to the minimum conditions under which a child, mother or caregiver can be recognised, reached, followed up and not lost between key systems or life-course contact points.

Within the Child Visibility Methodology, Child Visibility includes several layers. The first is **formal recognition**, such as civil registration, legal identity or official identification. The second is **institutional contact**, meaning contact with health, education, social protection, child protection or other relevant public systems. The third is **continuity of contact**, meaning that the child, mother or caregiver remains connected across stages, services or institutional transitions. The fourth is **risk visibility**, meaning that early signals of family vulnerability can potentially be noticed, connected and interpreted before they become acute. The fifth is **social visibility**, meaning that vulnerability may also be recognised within the surrounding social environment, including community actors, informal networks and social norms.

The current Child Visibility Index (CVI) operationalises this broader construct more narrowly. It measures population-level proxies of formal recognition, institutional contact and continuity of contact. It does not directly measure whether risk was detected, whether support was provided, whether referral mechanisms worked, or whether protection was effective. This distinction is central to the CVI Methodology: visibility does not mean that protection has occurred. It means that the system has at least a minimum opportunity to recognise the child or caregiver, maintain contact, connect signals and respond before vulnerability escalates into separation.

Child Visibility is therefore understood as a preventive system condition. CVI is not designed to evaluate the quality of care or the effectiveness of child protection response. It is designed to identify where systems may lose sight of children, mothers or caregivers before such a response can even begin. In this sense, child visibility is not an outcome measure of child well-being, nor a measure of child protection performance. It is a diagnostic construct that captures whether the enabling conditions for earlier preventive attention are present, weak or fragmented.

This focus echoes broader debates on administrative visibility and state legibility, where formal systems simplify complex social realities into categories that can be recorded, counted and acted upon (Scott 1998). In the Child Visibility Methodology, Child Visibility and institutional visibility are therefore treated as working constructs. They provide diagnostic language for prevention-oriented analysis, while requiring further conceptual refinement, expert review and empirical validation, including tests of whether proposed indicators function as plausible proxies for the intended visibility functions across different country contexts.

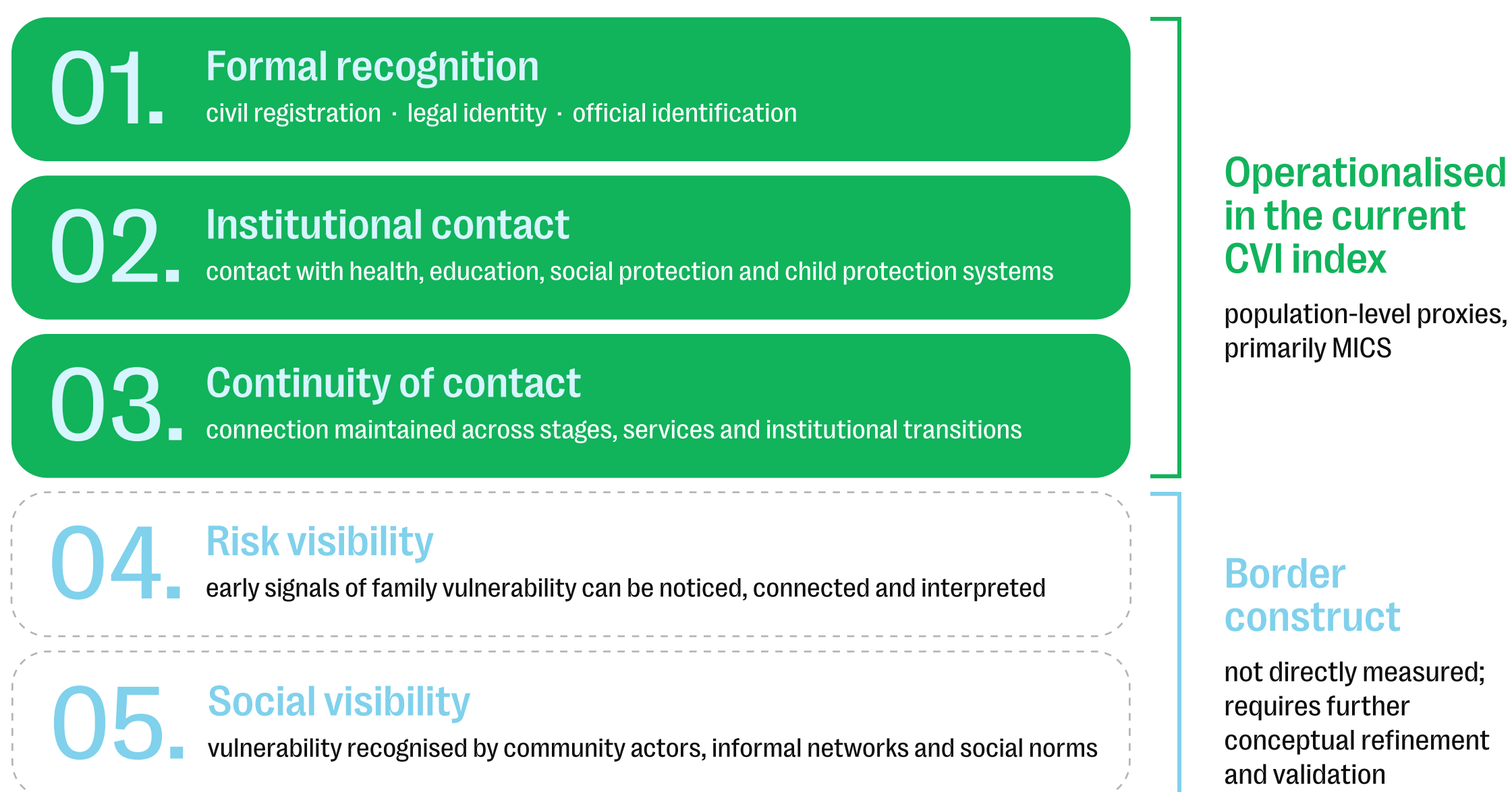


Figure 3. Five layers of the child visibility construct; the current CVI Index operationalises the first three through population-level proxies

Theoretical Foundation

03.

The Continuum of Care provides one of the key theoretical foundations for the CVI Methodology. Borrowed from maternal, newborn and child health, it shows that prevention depends not on isolated service contacts, but on a connected sequence across pregnancy, birth, the postnatal period, immunisation and early childhood (Kerber et al. 2007). The CVI Methodology extends this logic into a broader life pathway: these contacts are interpreted not only as health or education services, but as institutional visibility checkpoints where the system can recognise, reach and retain contact with the child and caregiver. When families drop out of this sequence, the issue is not only reduced service coverage; it may signal that accumulating vulnerability is becoming institutionally invisible.

The concept of effective coverage further clarifies the methodological boundary of the CVI Methodology. Following Tanahashi's model of health service coverage, service contact should be distinguished from effective coverage: a person may reach a service without receiving adequate, high-quality, respectful or protective support (Tanahashi 1978). CVI deliberately operates at the earlier level of this chain. It does not claim that contact with health, registration, immunisation or education systems equals protection; rather, it treats basic contact as the necessary precondition for protection to become possible. Without initial recognition, access and continuity of contact, the system has limited opportunity to identify vulnerability, connect signals or trigger preventive support.

The concept of Pre-Risk Accumulation explains why early visibility matters: risks affecting children and caregivers often do not emerge as a single event, but accumulate across multiple social, economic and family stressors over time. Cumulative risk research shows that exposure to multiple risk factors can have stronger adverse developmental effects than isolated risks, while Sameroff et al. found that child outcomes were closely associated with a cumulative environmental risk index rather than with any single factor alone (Sameroff et al. 1987; Evans, Li and Whipple 2013). The Family Stress Model similarly explains how economic pressure can translate into caregiver distress, family conflict and disrupted parenting processes (Conger and Donnellan 2007). For CVI, this means that preventive systems need visibility before accumulated vulnerability becomes visible as separation risk.

Administrative legibility provides an important ethical boundary for CVI. Scott's work on state legibility shows that making populations more visible to institutions can support coordination and service delivery, but can also become a tool of simplification, control or coercive oversight when local context and lived experience are ignored (Scott 1998). Child welfare scholarship raises a similar concern: systems designed to "see" families may reproduce surveillance and punitive intervention, especially when visibility is linked primarily to investigation or removal rather than support (Keddell 2015; Keddell 2019). The CVI Methodology therefore treats visibility as a rights-aware and prevention-oriented diagnostic condition, not as an argument for expanded surveillance.

Methodological Architecture

04.

The CVI is designed as a layered diagnostic framework. The CVI Methodology separates global comparability from country-specific explanation, allowing CVI to identify formal visibility gaps at the macro level while avoiding overinterpretation of the CVI as a full child protection or social welfare assessment.

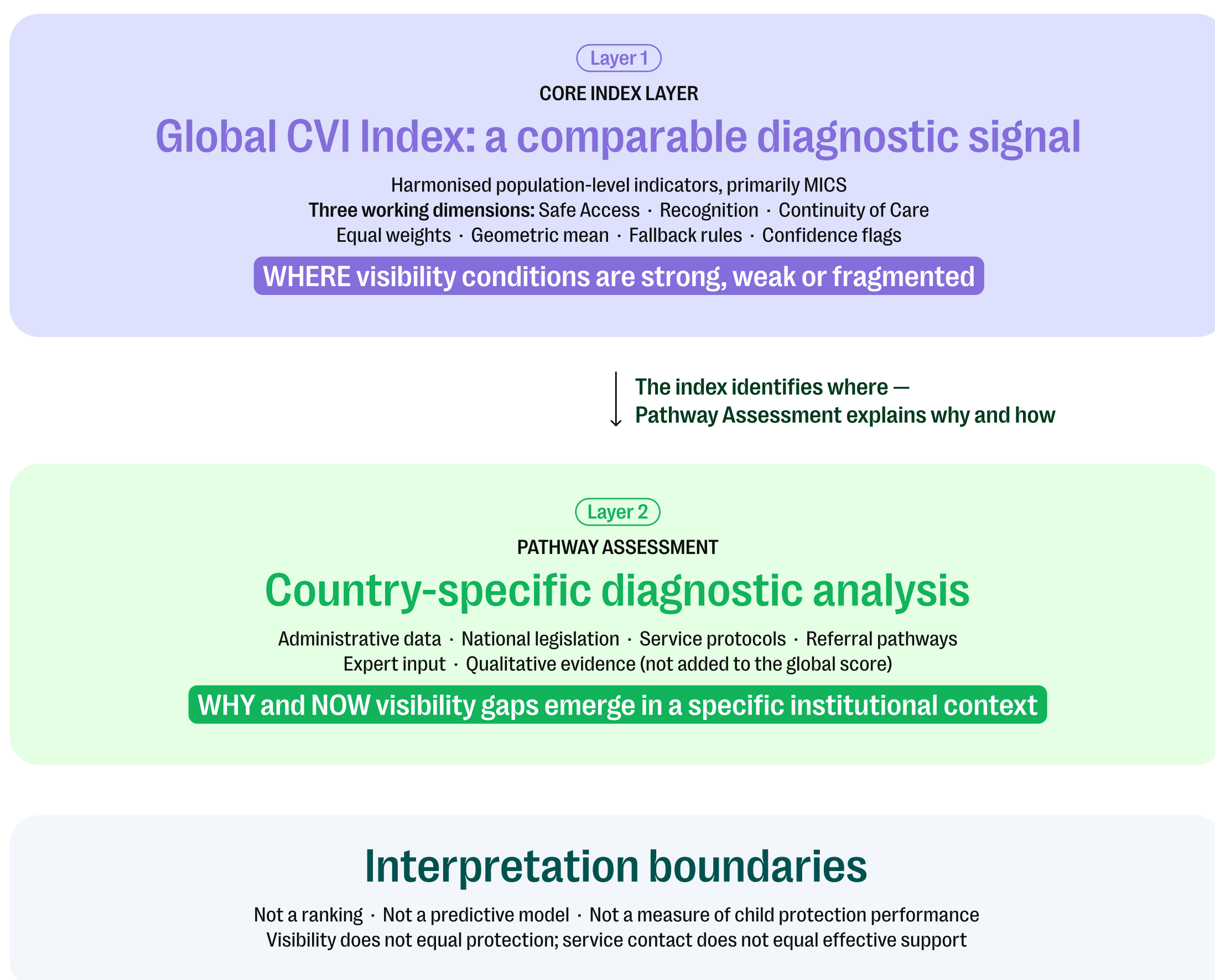


Figure 4. The two-layer diagnostic architecture of the Child Visibility Methodology

The first layer is the Child Visibility Index (CVI). It is based primarily on harmonised population-level indicators from MICS. Its purpose is to generate a country-level signal of where minimum formal visibility conditions appear strong, weak or fragmented. CVI does not explain why these gaps exist; it identifies where further diagnostic attention is needed.

The second layer is Pathway Assessment, a country-specific diagnostic analysis that builds on the CVI but goes beyond it. Its purpose is to assess how children, caregivers and early signs of family vulnerability move across social, institutional and system stages in a specific country. When CVI identifies a weak or fragmented visibility profile, Pathway Assessment investigates why this weakness exists and how it appears within the country's institutional context. It examines what social and institutional conditions shape visibility before risk becomes acute, where vulnerabilities accumulate before they are recognised as a case or crisis, which formal checkpoints make children and caregivers visible to systems, where they may become lost between systems, where responsibility for response becomes unclear, and what happens after risk becomes visible.

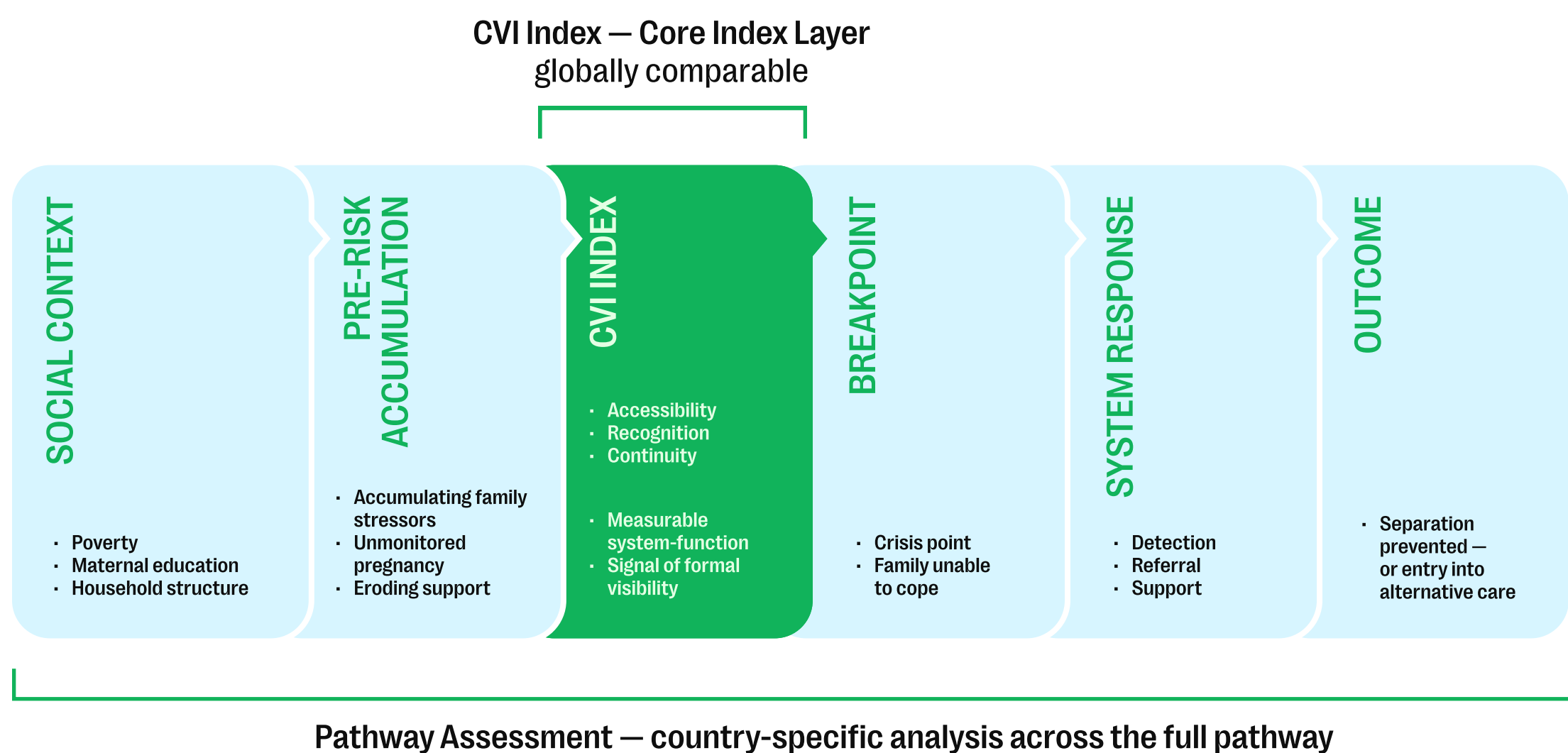
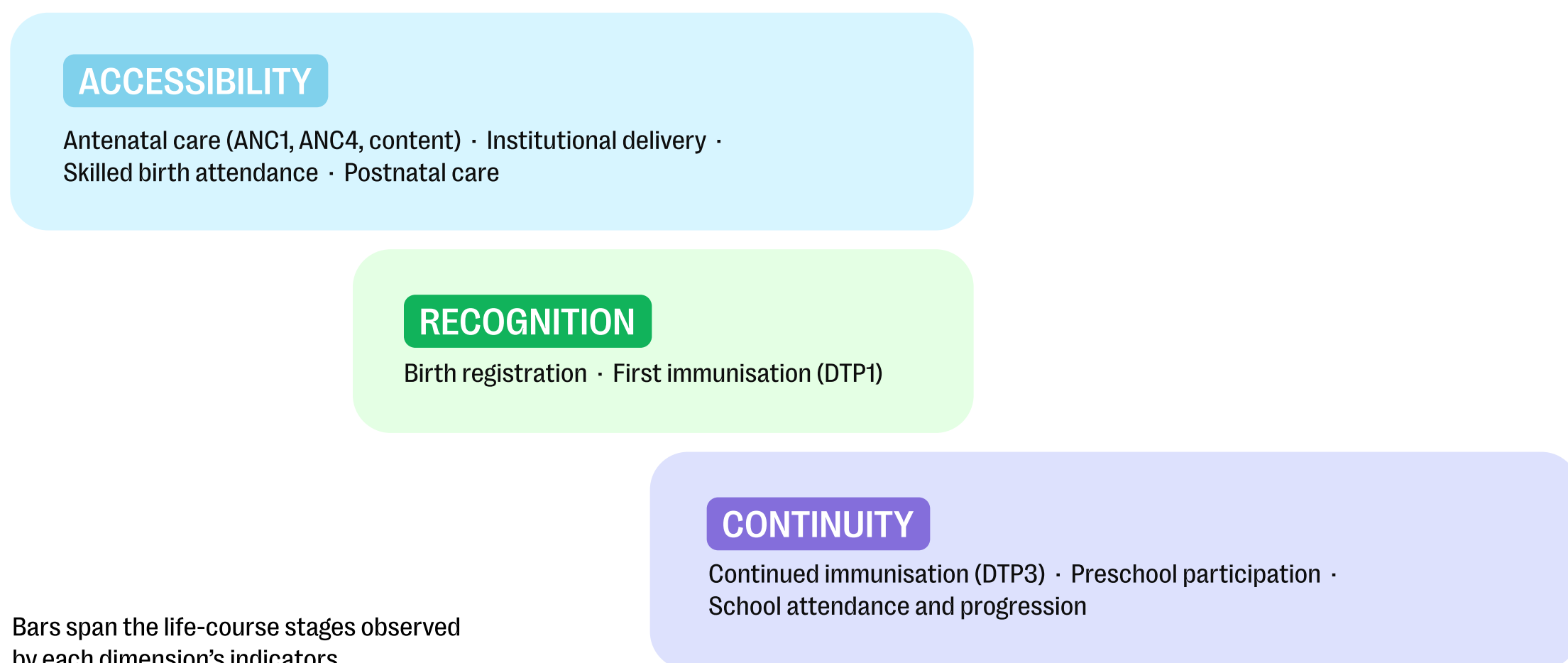


Figure 5. The CVI Index within the full life pathway

CVI is currently structured around three working dimensions. Accessibility captures whether mothers, caregivers and children can reach key formal service contact points during pregnancy, birth and the early postnatal period, such as antenatal care, skilled birth attendance, institutional delivery and postnatal care. Recognition captures whether children become formally or institutionally visible to the system, for example through birth registration and early health-system entry. Continuity captures whether contact is maintained beyond the first point of recognition or access, using indicators such as DTP3 vaccination and education participation as proxies for continued connection to health and education systems.



CVI Index — three working dimensions, each observing its segment of the early life-course pathway



CVI uses transparent aggregation rules to preserve the diagnostic logic of the CVI Methodology. Indicators are normalised to a common scale and coded so that higher values represent stronger visibility conditions. Dimension scores are aggregated using a geometric mean, reflecting the assumption that visibility conditions are partly non-substitutable: strong performance in one dimension should not fully compensate for a major weakness in another. Equal weighting is used as a transparent baseline assumption until further expert validation and sensitivity testing are completed. These choices follow general principles for composite indicator construction, including explicit theoretical framing, transparent indicator selection, normalisation, weighting, aggregation and sensitivity analysis (Nardo et al. 2008).

Because CVI relies on international household survey data, missing or uneven data availability is expected. The methodology therefore requires explicit fallback rules, missing data documentation and confidence flags. Fallback rules allow reduced calculations only when conceptual coverage remains sufficient. Confidence flags indicate whether a country-year score should be interpreted with high, medium or low confidence, based on indicator completeness, data recency, source consistency and the use of fallback calculations. These safeguards support interpretation of CVI as a diagnostic profile rather than a country judgment.

4.1 Indicator Logic

CVI indicators are interpreted as proxies of formal visibility, not as direct measures of protection, care quality or child outcomes. An indicator is included only if it represents a meaningful institutional contact point, can be linked to one of the CVI dimensions, has clear directionality, and is available in a comparable form across countries. For example, birth registration is interpreted as a proxy for administrative recognition, antenatal care as a proxy for maternal entry into formal systems, immunisation as a proxy for continued health-system contact, and school participation as a proxy for continued institutional visibility through education. This proxy logic prevents service coverage indicators from being over interpreted as evidence of effective protection.

4.2 Data Architecture

The CVI Methodology separates comparable index data from country-specific explanatory evidence. CVI relies on harmonised population-level indicators, primarily from The Multiple Indicator Cluster Survey (MICS) to support comparability across countries. MICS data are used as the fundamental basis for constructing the Child Institutional Visibility Index. Initiated by UNICEF in 1995, this program is currently the largest and most standardized international data collection tool, covering over 120 countries. MICS provides data collected using rigorous methods and large samples. They are designed to be representative at the national, regional, and provincial levels. The methodology also takes into account the conceptual limitations of traditional household surveys, which tend to systematically exclude the most vulnerable groups from the sample—homeless children, children in institutions, nomadic groups, and residents of informal settlements (Carl-Hill, 2013). To compensate for this statistical bias and address the lack of surveys in some countries, we use MICS as a reliable starting point. Within the proposed methodology, we independently estimate institutional visibility parameters, taking into account hidden groups, and integrate alternative data sources into the calculation model to fill gaps in country coverage. This hybrid approach allows us to rely on a comparable international baseline while simultaneously enhancing the overall validity, robustness, and geographic coverage of the index.

Pathway Assessment may use a wider evidence base, including administrative data, national legislation, policy documents, service protocols, referral pathways, expert input and qualitative evidence. These evidence layers should not be collapsed: country-specific evidence can explain CVI signal but it should not be added directly to the global score unless it meets the same comparability and reliability criteria as CVI.

A key limitation of the CVI is that household survey data may not fully capture children who are already outside conventional household structures, including children in institutional care, informal care arrangements, street situations, displacement or undocumented migration. CVI therefore should not be interpreted as a direct measure of all invisible children. Rather, it assesses whether the formal systems that usually create early visibility — registration, maternal and child health, immunisation and education — appear sufficiently present and connected at population level. Children outside household survey coverage should be examined through Pathway Assessment and country-specific evidence.

Literature Review

05.

The methodological literature relevant to CVI points to four connected gaps: fragmented child data systems, the limits of existing child indices, the risks of algorithmic governance in child protection, and the ethical governance of children's data.

First, the CRVS and administrative data literature shows that children often become visible to systems through separate, weakly connected records: birth registration, health contacts, immunisation records, school enrolment, social protection registries or child protection case files. CRVS systems are essential for legal identity, accountability and population statistics, but many remain incomplete or weakly integrated with other service systems (AbouZahr et al. 2015). UNICEF's child-related SDG data architecture provides internationally comparable indicators across multiple domains, but these indicators are usually organised by sector rather than by the continuity of a child's institutional pathway (UNICEF Data n.d.).

Second, existing child-focused indices provide strong evidence on deprivation, risk and child outcomes, but they are not designed to measure visibility infrastructure itself. UNICEF child-related SDG monitoring tracks valid and comparable indicators across child well-being domains; Save the Children's End of Childhood Index uses indicators such as under-five mortality, stunting, out-of-school status, child labour, early marriage, adolescent birth, displacement and child homicide; and the Global MPI measures household deprivations in health, education and living standards (Save the Children 2017; OPHI n.d.; UNDP and OPHI 2024). These tools are analytically valuable, but their primary unit of interpretation is deprivation, outcome, risk exposure or child rights condition — not whether state systems have maintained a connected chain of contact with children and caregivers before harm becomes visible.

Third, the literature on predictive analytics in child protection highlights why CVI should remain diagnostic rather than predictive or case-classifying. Gillingham (2016) notes that child protection agencies increasingly use administrative data from multiple sources to identify risk, but this raises methodological concerns about data quality, interpretation and the "black box" nature of machine-learning tools. Keddell (2019) is especially relevant because she argues that child protection algorithms rely on administrative data that do not represent actual abuse incidence across the population and are shaped by socially patterned decisions about reporting, investigation and substantiation. Earlier work by Keddell (2015) also raises ethical concerns around predictive risk modelling, including privacy, use of information without consent and potential stigmatisation. For CVI, this literature creates an important boundary: the CVI Methodology should identify structural visibility gaps at system level, not assign predictive risk scores to individual children or families.

Finally, data ethics literature shows that children's data require stronger governance because children often cannot meaningfully consent to, challenge or control how their data are collected and reused. UNICEF's Responsible Data for Children initiative frames children's data governance around risks and opportunities across the data lifecycle, while UNICEF's Data Governance Fit for Children programme calls for child-rights-centred data practices across sectors and contexts (UNICEF and GovLab n.d.; UNICEF Data 2022). UNICEF Innocenti further argues that data governance for children requires clearer duties, standards and accountability because the misuse of children's data can expose them to discrimination, surveillance and other harms (UNICEF Innocenti 2021). This is particularly important for CVI because visibility can be double-edged: it may enable earlier support, but it can also become surveillance if connected to coercive or punitive systems.



Conclusion

Within the broader Child Visibility Methodology, the CVI Methodology responds to a specific diagnostic gap in existing child-related measurement systems: the lack of a structured way to assess whether children, caregivers and early signs of family vulnerability remain visible to public systems before crisis-stage intervention becomes necessary. Existing indices and monitoring frameworks provide important evidence on poverty, deprivation, health, education, rights and protection outcomes, but they do not usually show where systems lose the ability to recognise, reach and retain contact with children and families along the early life pathway.

CVI addresses this gap through a two-layer diagnostic architecture. It provides a globally comparable signal of minimum formal visibility conditions, while Pathway Assessment explains how and why visibility gaps emerge within a specific country context. This separation is central to the CVI Methodology: CVI identifies where further diagnostic attention is needed, but it does not replace country-level analysis of policies, administrative systems, referral pathways, institutional responsibility or lived experience.

CVI should therefore be interpreted as a system-level diagnostic tool, not as a ranking, predictive model or direct measure of child protection outcomes. CVI does not claim that visibility equals protection, that service contact equals effective support, or that a low score proves family separation risk. Its contribution is more specific: it provides a framework for identifying whether the basic structural conditions for preventive visibility are present, weak or fragmented.

At this stage, the CVI Methodology should be treated as a concept-stage diagnostic methodology. Its contribution is to define the measurement problem, propose a two-layer diagnostic architecture and establish the main safeguards for interpretation. The CVI Methodology still requires further development and validation, including expert review, sensitivity testing, confidence flag design and country case validation. Until these steps are completed, CVI should be used for structured methodological discussion and diagnostic framing, not for definitive external assessment, country ranking or individual-level risk prediction.

References

- AbouZahr, C., de Savigny, D., Mikkelsen, L., Setel, P. W., Lozano, R. and Lopez, A. D. (2015). 'Civil registration and vital statistics: progress in the data revolution for counting and accountability', *The Lancet*, 386(10001), pp. 1373–1385. Available at: <https://pubmed.ncbi.nlm.nih.gov/25971224/>
- Carr-Hill, R. (2013). Missing millions and measuring development progress. *World Development*, 46, 30-44.
- Conger, R. D. and Donnellan, M. B. (2007). 'An interactionist perspective on the socioeconomic context of human development', *Annual Review of Psychology*, 58, pp. 175–199. Available at: <https://pubmed.ncbi.nlm.nih.gov/16903807/>
- Evans, G. W., Li, D. and Whipple, S. S. (2013). 'Cumulative risk and child development', *Psychological Bulletin*, 139(6), pp. 1342–1396. Available at: <https://pubmed.ncbi.nlm.nih.gov/23566018/>
- Gilbert, R., Fluke, J., O'Donnell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P., Janson, S. and Sidebotham, P. (2012). 'Child maltreatment: variation in trends and policies in six developed countries', *The Lancet*, 379(9817), pp. 758–772. Available at: [https://doi.org/10.1016/S0140-6736\(11\)61087-8](https://doi.org/10.1016/S0140-6736(11)61087-8)
- Gillingham, P. (2016). 'Predictive risk modelling to prevent child maltreatment and other adverse outcomes for service users: inside the “black box” of machine learning', *British Journal of Social Work*, 46(4), pp. 1044–1058. Available at: <https://doi.org/10.1093/bjsw/bcv031>
- Honneth A. (2001). Recognition: Invisibility: On The Epistemology Of 'Recognition': Axel Honneth. , 75(1), 111–126. <https://doi.org/10.1111/1467-8349.00081>
- Honneth, A. (1995). *The fragmented world of the social: Essays in social and political philosophy*. State University of New York Press. <https://books.google.je/books?id=h5mpYfNXqKIC&printsec=frontcover#v=onepage&q&f=false>
- Keddel, E. (2015). 'The ethics of predictive risk modelling in the Aotearoa/New Zealand child welfare context: child abuse prevention or neo-liberal tool?', *Critical Social Policy*, 35(1), pp. 69–88. Available at: <https://doi.org/10.1177/0261018314543224>

- Keddell, E. (2019). 'Algorithmic justice in child protection: statistical fairness, social justice and the implications for practice', *Social Sciences*, 8(10), 281. Available at: <https://www.mdpi.com/2076-0760/8/10/281>
- Kerber, K. J., de Graft-Johnson, J. E. A., Bhutta, Z. A., Okong, P., Starrs, A. and Lawn, J. E. (2007). 'Continuum of care for maternal, newborn, and child health: from slogan to service delivery', *The Lancet*, 370(9595), pp. 1358–1369. Available at: <https://pubmed.ncbi.nlm.nih.gov/17933651/>
- KidsRights Foundation (n.d.). Methodology of the KidsRights Index. Available at: <https://www.kidsrights.org/methodology/>
- Lonne, B., Higgins, D., Herrenkohl, T. I. and Scott, D. (2020). 'Reconstructing the workforce within public health protective systems: improving resilience, retention, service responsiveness and outcomes', *Child Abuse & Neglect*, 110, 104191. Available at: <https://pubmed.ncbi.nlm.nih.gov/31543276/>
- Nardo, M., Saisana, M., Saltelli, A., Tarantola, S., Hoffmann, A. and Giovannini, E. (2008). *Handbook on Constructing Composite Indicators: Methodology and User Guide*. Paris: OECD Publishing. Available at: https://www.oecd.org/en/publications/handbook-on-constructing-composite-indicators-methodology-and-user-guide_9789264043466-en.html
- OPHI (n.d.). What is the Global MPI? Oxford Poverty and Human Development Initiative. Available at: <https://ophi.org.uk/what-global-mpi>
- Sameroff, A. J., Seifer, R., Barocas, R., Zax, M. and Greenspan, S. (1987). 'Intelligence quotient scores of 4-year-old children: social-environmental risk factors', *Pediatrics*, 79(3), pp. 343–350. Available at: <https://pubmed.ncbi.nlm.nih.gov/3822634/>
- Save the Children (2017). *Stolen Childhoods: End of Childhood Report 2017*. London: Save the Children. Available at: <https://resourcecentre.savethechildren.net/document/stolen-childhoods-end-childhood-report-2017/>
- Scott, J. C. (1998). *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed*. New Haven: Yale University Press.
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J. and Wood, D. L. (2012). 'The lifelong effects of early childhood adversity and toxic stress', *Pediatrics*, 129(1), pp. e232–e246. Available at: <https://pubmed.ncbi.nlm.nih.gov/22201156/>
- SOS Children's Villages (n.d.). *Worldwide Orphan Statistics*. Available at: <https://www.sos-usa.org/childrens-statistics>

- Tanahashi, T. (1978). 'Health service coverage and its evaluation', Bulletin of the World Health Organization, 56(2), pp. 295–303. Available at: <https://iris.who.int/items/1dda7e39-2209-45ea-9dcb-f651fe200600>
- UNDP and OPHI (2024). Global Multidimensional Poverty Index 2024: Poverty amid Conflict. New York: United Nations Development Programme and Oxford Poverty and Human Development Initiative. Available at: <https://www.undp.org/publications/2024-global-multidimensional-poverty-index-mpi>
- UNICEF (2009). Progress for Children: A Report Card on Child Protection. New York: UNICEF. Available at: <https://data.unicef.org/resources/progress-for-children-a-report-card-on-child-protection/>
- UNICEF (2021). The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index. New York: UNICEF. Available at: <https://www.unicef.org/reports/climate-crisis-child-rights-crisis>
- UNICEF (2024). The Right Start in Life: Global Levels and Trends in Birth Registration, 2024 Update. New York: UNICEF. Available at: <https://www.unicef.org/press-releases/birth-registration-steadily-increases-worldwide-150-million-children-still-invisible>
- UNICEF and GovLab (n.d.). Responsible Data for Children. Available at: <https://rd4c.org/>
- UNICEF Data (n.d.). SDGs for Children. Available at: <https://data.unicef.org/sdgs/>
- UNICEF Data (2022). Data Governance Fit for Children. New York: UNICEF. Available at: <https://data.unicef.org/resources/data-governance-fit-for-children/>
- UNICEF Innocenti (2021). The Case for Better Governance of Children's Data: A Manifesto. Florence: UNICEF Office of Research – Innocenti. Available at: <https://www.unicef.org/innocenti/reports/case-better-governance-childrens-data-manifesto>
- WHO and UNICEF (2020). Measuring Children's Well-being: The Child Flourishing and Futures Index. Geneva: World Health Organization. Available at: <https://www.who.int/publications/i/item/measuring-children-s-well-being-the-child-flourishing-and-futures-index>
- Honneth, A. (1995). The Struggle for Recognition: The Moral Grammar of Social Conflicts. Cambridge: Polity Press.
- Honneth, A. (2001). 'Invisibility: on the epistemology of "recognition"', Aristotelian Society Supplementary Volume, 75(1), pp. 111–126.
- Scott, J. C. (1998). Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed. New Haven: Yale University Press.



Child Visibility Initiative

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