A Manual for Routine Monitoring
of the Alternative Care System in Ghana

February 2020

A Manual for Routine Monitoring
of the Alternative Care System in Ghana

February 2020

FOREWORD

In Ghana, the Care Reform Initiative (CRI), under the National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC) was established in 2007 as a partnership between the Government of Ghana and UNICEF, the United States Agency for International Development, and OrphanAid Africa.

This manual serves as an important reference document for monitoring the Care Reform Initiative in Ghana. It provides detailed and easy-to-use directions for data collection, as well as data tools to measure priority indicators of alternative care in Ghana. It also provides important information on data flow from district to national level, as well as mapping data tools to various information sources.

I am pleased with the invested efforts that have made the development of this manual possible and I am confident that Ghana will realise an improvement in the measurement of progress of alternative care reform, thereby enhancing efficiency in our work and providing every child the best family-based environment for growth and development.

Daniel Nonah Gbeawu
Director, Department of Social Welfare
Ministry of Gender, Children and Social Protection

ACKNOWLEDGMENTS

CONTENTS

FIGURES

TABLES

BOXES

ABBREVIATIONS

CAA	Central Adoption Authority
DA	district assembly
DCOF	Displaced Children and Orphans Fund
DP	development partner
DQA	data quality assessment
DSW	Department of Social Welfare
DSWO	district social welfare officer
IRS	indicator reference sheet
M&E	monitoring and evaluation
MOGCSP	Ministry of Gender, Children and Social Protection
NGO	nongovernmental organisation
OHLGS	Office of the Head of Local Government Service
PAP	prospective adoptive parent
PFP	prospective foster parent
RCC	regional coordinating council
RHC	residential home for children
SOP	standard operating procedure
SRME	Standard, Research, Monitoring and Evaluation (Division)
SWO	social welfare officer
USAID	United States Agency for International Development

KEY TERMS

Data — The raw facts that are collected and form the basis for what is known

Data analysis — Transforming raw data into a summarised format of useful information

Data capture or data entry — The process of entering data in a paper-based or electronic system using input devices, e.g., paper forms and data entry screens

Data cleaning — The act of checking for and correcting errors in a dataset

Data management — All processes for data collection, storage, analysis, synthesis, and dissemination

Data quality — The extent to which data are accurate, reliable, timely, complete, precise, have integrity, and are stored confidentially

Data quality assurance — The process of reviewing and assessing data to discover inconsistencies and other anomalies in the data (e.g., removing outliers, missing data interpolation) to improve the data quality. This includes data quality assessments (DQAs) and data quality audits.

Data use — Using data in a decision-making process

Evaluation — The systematic collection and analysis of information about the characteristics and outcomes of strategies, projects, and activities as a basis for judgments to improve effectiveness and/or to inform decisions about current and future programming

Monitoring — The systematic process of collecting and analysing information to track implementation of activities or interventions and the achievement of results

Reporting — The systematic and timely provision of information at periodic intervals OR the process of providing regular feedback to help organisations inform themselves and others (stakeholders, partners, donors, etc.) on the progress, challenges, successes, and lessons of program or project implementation

CHAPTER 1: INTRODUCTION

Background and Context

The United Nations Convention on the Rights of the Child stresses the centrality of a family environment for children and the responsibility of states to provide proper and adequate alternative care for children deprived of a family environment (Article 20). To reinforce and realise the rights enshrined in the Convention on the Rights of the Child, in 2009 the United Nations General Assembly endorsed the Guidelines on Alternative Care for Children. Alternative care may take one of the following forms:

(a) Informal care: Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents, or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

(b) Formal care: All care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measure (United Nations, 2010).

In Ghana, the legal and policy framework on alternative care references many of the provisions required in the United Nations Guidelines on Alternative Care for Children. Formal alternative care options articulated include foster care, residential care, and legal guardianship. Adoption[1] (both in-country and intercountry) is also recognised as a care option for children deprived of parental care.

Globally, there are multiple efforts to reform child welfare systems to promote better care for children, with attention to preventing unnecessary separation of children from their families and ensuring the provision of alternative care for children deprived of parental care. In Ghana, the need for a strong monitoring and evaluation (M&E) system has been identified as necessary to provide timely, reliable, and accurate information to assess whether approaches and interventions are effective, to improve accountability and learning, and to inform planning and monitoring decisions about policies and programs. For example, data on children in formal alternative care can help identify the need for new childcare services and allow policymakers and service providers to make evidence-based decisions about care to better design and manage care reform programs, resulting in better outcomes for children.

Purpose of the Manual

The purpose of this manual is to provide guidance on how to collect and report data on children in formal alternative care in a standardised way, and to analyse, present, and make the data available for use. The manual describes the necessary data management procedures, and the roles and responsibilities of different stakeholders for generating high-quality data on alternative care. The guidelines present a range of indicators for alternative care, the sources of information, the frequency of reports on alternative care, and monitoring and review structures. As with all M&E manuals, it is intended to be a working document; the manual will be changed and improved as the M&E system evolves. Updates will be made to the document on a periodic basis.

---

[1] Note: According to the United Nations, adoption is not a form of alternative care, because it establishes a complete parent-child relationship.

Intended Users of the Manual

These guidelines are intended for use by government and nongovernment stakeholders involved in the provision of formal alternative care services at national and subnational levels in Ghana.

Content of the Manual

The document is organised in five chapters, a conclusion, and several appendixes:

- Chapter 1: Introduction (context, purpose of the guidelines, and development process)

- Chapter 2: Monitoring the provision of alternative care, highlighting the prioritised core set of routine monitoring indicators

- Chapter 3: Data management and flow

- Chapter 4: Data quality management

- Chapter 5: Data analysis, dissemination, and use

- Conclusion

- Appendixes (indicator reference sheets [IRS], monitoring tools, and illustrative aggregation worksheets)

Development Process

Starting in 2017—with the support of UNICEF and the United States Agency of International Development (USAID) Displaced Children and Orphans Fund (DCOF) and the Department of Social Welfare (DSW)—Ghana has been working to strengthen routine monitoring for alternative care through core indicators that measure aspects of the residential homes for children (RHCs), foster care, and case management. Eight indicators were agreed on and were used through the creation of IRS, a defined data flow structure, and standard data collection tools to support reporting at each level of the system. Standard operating procedures (SOPs) for case management, including standard data forms, standards for RHCs, and SOPs for inspection, were also developed. There were four data collection tools to report data from the RHCs and for the foster care indicators. The RHC indicators and tools were piloted in ten districts in four regions (Ashanti, Greater Accra, Central, and Eastern) from August 2017 to January 2018.

During the same period, the DCOF engaged the USAID-funded MEASURE Evaluation project to build on and reinforce progress in advancing national efforts on behalf of children who lack adequate family-based care in Ghana. MEASURE Evaluation worked with a Country Core Team, led by the DSW in the Ministry of Gender, Children and Social Protection (MOGCSP), and consisting of government partners and other stakeholders, to design, plan, and conduct a participatory self-assessment of the national alternative care system (Hickman, Adams, & Ghana Country Core Team, 2018). Building on the assessment findings, MEASURE Evaluation prioritised support to the DSW to establish a solid foundation for routine monitoring of key areas of alternative care, including identifying a core set of indicators, and developing tools and processes to routinely collect data on key areas of alternative care. An M&E subgroup was established in 2017 to coordinate these efforts.

MEASURE Evaluation worked with the DSW, UNICEF, and USAID to assess the M&E system, which resulted in a mapping of indicators for routine monitoring of alternative care to identify gaps. Beginning in September 2018, the group conducted site visits to RHCs, regions, and districts to review current tools and processes for the routine collection, management, and reporting of data on alternative care. The site visits revealed significant alternative care data management gaps at national and subnational levels,

including the lack of standard data collection tools and reporting templates for different alternative care options and for adoption; the lack of clearly defined reporting lines and procedures; and inconsistent implementation of data quality assurance processes. Moreover, some of the data collected on alternative care were not always analysed and were rarely used to inform policy and practice.

Subsequently, a group comprising the MOGCSP's DSW head office and regional and district staff met to review the findings from the site visits, validate the indicator definitions, refine the data flow, and discuss the data collection tools.

In December 2018, MEASURE worked with the DSW and UNICEF to finalise a core set of routine monitoring indicators, including specific indicators on adoption and reunification.

The development of this manual has been characterised by a highly participatory and consultative approach. Overall coordination was provided by the DSW. Representatives from government ministries and departments, and participants from civil society organisations and development partners (DPs) reviewed and actively provided technical input to the process.

CHAPTER 2: MONITORING THE PROVISION OF ALTERNATIVE CARE

Routine Monitoring Indicators

An indicator is a variable that measures one aspect of a program or project. Indicators track *actual results* and measure specific aspects of a policy or program that are directly related to the policy or program's objective(s). Indicators work as benchmarks for achievements and can help program managers and decision makers understand what progress has been made, whether targets are being reached, and whether program or policy objectives have been met. Indicators allow stakeholders to regularly look at what is happening, highlight areas for possible improvement, and determine where there are gaps in services to adjust, correct course, or provide additional support for interventions.

The DSW has identified and prioritised 12 core routine monitoring indicators to guide the analysis of progress in care reform in Ghana (Table 1). Data for these standard monitoring indicators come from routine data sources and can provide information for rapid decision making at the facility, district, and national levels. They include indicators calculated based on data from the RHCs and from metropolitan, municipal, and district assemblies (DAs) that can be reported and used.

The information generated by these indicators can be used to:

- Monitor policy and practice improvements at the level of individual care services and at the national level.

- Help the government identify the needs of children in formal care.

- Monitor progress in the deinstitutionalisation process and the implementation of Ghana's five-year roadmap (2017–2021) for the licensing and closure of RHCs.

- Monitor progress in the development of family-based care options, in general, and in foster care and adoption, in particular.

- Provide policymakers and managers with information to guide program development and budgeting.

- Support advocacy to improve systems and services for children at risk or in alternative care.

- Demonstrate national commitment to globally accepted measures of formal care.

It is important to note that the 12 core indicators were not designed to provide complete information on all possible aspects of children in care. Additional indicators may be tracked in the future as the country continues to build capacity and systems for M&E of alternative care.

Indicator Reference Sheets

IRS are useful to ensure consistency and replicability in defining and calculating indicators. IRS provide detailed descriptions of indicators, including the purpose and reason for the indicator, method of measurement, measurement frequency, exact method of calculation, data sources, and brief notes on challenges using the indicator. The IRS for the 12 prioritized routine monitoring indicators in Ghana can be found in Appendix C.

Table 1. Standard indicators for routine monitoring of alternative care in Ghana

	Indicator	Numerator	Denominator	Disaggregation	Level of data collection
1.	Number of residential homes for children (RHCs) operating in Ghana	Number of RHCs operating in Ghana at the time of reporting	N/A	Region District RHC type RHC status RHC setting RHC classification RHC capacity	District social welfare office (SWO) level
2.	Number and percentage of children living in residential care	Number of children living in RHCs at the time of reporting	Number of children in Ghana	Region District Age at time of reporting Age at time of entry Sex Parental status Disability status	RHC level
3.	Number and percentage of child deaths in residential care	Number of child deaths in RHCs during the last quarter	Total number of children living in RHCs in the last quarter (Indicator 2)	Region District Age at time of death, by age group Sex Disability status Parental status Cause of death	RHC level

	Indicator	Numerator	Denominator	Disaggregation	Level of data collection
4.	Number and percentage of children in RHCs with valid care orders	Number of children in RHCs with a valid care order	Total number of children living in RHCs (Indicator 2)	Region District Age at time of reporting, by age group Sex Parental status Disability status	RHC level
5.	Number and percentage of children leaving residential care for a family placement	Number of children leaving residential care for family placement in a quarter	Total number of children living in RHCs in the last quarter (Indicator 2)	Region District Age at time of departure from RHC, by age group Sex Disability status Parental status Destination on leaving residential care	RHC level
6.	Number and percentage of children in RHCs with a valid care plan	Number of children in residential care who have a valid care plan	Total number of living in RHCs (Indicator 2)	Region District Age at time of reporting, by age group Sex Parental status Disability status	RHC level
7.	Number of children reunified who received	Number of children reunified who received a follow-up visit	N/A	Region District	District SWO

	Indicator	Numerator	Denominator	Disaggregation	Level of data collection
	a follow-up visit in the last quarter	from a DSWO in the last quarter		Age at time of reporting, by age group Sex Parental status Date of reunification Disability status (disabled, not disabled)	
8.	Number and percentage of approved foster parents	Total number of approved foster parents	Total number of prospective foster parents screened	Region District Sex Age Marital status	National and regional levels (national level Foster Care Services Unit and Regional DSW – Foster Care Placement Committee)
9.	Number of children living in formal foster care	Number of children living in formal foster care	N/A	Region District Age at time of reporting, by age group Sex Parental status Disability status Type of foster care placement	District SWO
10.	Number of officially approved adoptive parents	Total number of approved prospective adoptive parents (PAPs)	N/A	Nationality Marital status of PAPs Type of adoption (	Central adoption authority (CAA)

	Indicator	Numerator	Denominator	Disaggregation	Level of data collection
11.	Number and percentage of children approved for adoption	Number of children declared adoptable by the CAA	Number of children proposed for adoption by the Foster Care Placement Committee or RHC	Region District Age at time of reporting, by age group Sex Parental status Disability status Type of adoption	CAA
12.	Number and percentage of adoptions made	Number of children adopted	Total number of children available for adoption (Indicator 11)	Type of adoption Region District Age at time of adoption, by age group Sex Parental status Disability status Care setting before adoption	National and regional levels (CAA and regional DSW)

CHAPTER 3: DATA MANAGEMENT AND FLOW

Data Collection Tools

Data on children in alternative care are often extracted from individual child records and/or administrative records. Data sources can also include official court documents, such as care orders, court orders, formal foster care applications, and adoption orders. Table 2 summarises the standardised forms, tools, and reports that have been developed to facilitate the flow of data from the source of collection to the generation of indicators for reporting. All actors who interface with children are mandated to apply the tools developed by the DSW, including state and nonstate service providers, civil society organisations, district SWOs, and RHCs.

Monitoring Tools

Although individual-level data forms (e.g., individual child records) can provide a wealth of information about the demographics of children in alternative care, and the types and quality of services that they receive, they are not easy to use for program monitoring and reporting. Table 2 provides a list of monitoring tools that should be used to support the process of aggregating data in a format for the purposes of reporting and analysis at different levels of the alternative care system. These tools can be used to easily track and summarise information for multiple units (e.g., children, RHCs). Find the complete set of the monitoring tools in Excel format, included as separate attachments to this manual.

The monitoring tools are set up such that each row represents an individual and each column represents indicators of the person's demographics or status over time. Completion of the monitoring tools at different levels should be done by competent, skilled, and well-trained officers, not by part-time volunteers or delegates who do not understand the relevance of the data to the M&E system. These officers will be responsible for transcribing the data from individual records to registers on a regular basis.

Data aggregation will occur at the district and regional DSW levels, and in the Standard, Research Monitoring and Evaluation (SRME) Division of the DSW at the national level.

Aggregation Worksheets

Once the monitoring tools are completed, the data should be aggregated for reporting:

- From the district level to the regional level (where relevant)

- From the regional level to the national level

The aggregation tools are also in Excel and have been automated to facilitate the calculation of indicators and to minimise computational errors. With an electronic database, these aggregation tools will be built into the system as separate "reports" at different levels. Find the complete set of aggregation tools in Excel format, included as separate attachments to this manual.

We recommend that these tools are sent as an attachment to quarterly reports submitted at district, regional and national levels as applicable.

Table 2. Summary of data sources and data collection tools

Focus area	Data source	Monitoring tools	Completion level	Aggregation worksheets	To generate data for the indicators
Residential care	Inspection reports Approval licenses	Monitoring Tool #1	District DSW level	RHC District, Regional, and National Aggregation Worksheets #1	Indicator 1: Number of RHCs operating in Ghana
	Several forms in the individual child case files, including: Case Registration Form (CM Form #1) Comprehensive Assessment Form (CM Form #3) Individual Childcare Plan (CM Form #5) and Care Plan Review Template (CM Form #6) Admission and discharge book at the RHC	Monitoring Tool #2	RHC level	RHC District, Regional, and National Aggregation Worksheets #2 RHC District, Regional, and National Aggregation Worksheets #3 RHC District Regional, and National Aggregation Worksheets #4 RHC District, Regional, and National Aggregation Worksheets #5 RHC District, Regional, and National Aggregation Worksheets #6	Indicator 2: Number and percentage of children living in residential care Indicator 3: Number and percentage of child deaths in residential care Indicator 4: Number and percentage of children in RHCs with valid care orders Indicator 5: Number and percentage of children leaving residential care for a family placement Indicator 6: Number and percentage of children in RHCs with a valid care plan
Family reunification	Reunification Certificate (CM Form #12) Case Management Notes (CM Form #8)	Monitoring Tool #5	District DSW level	Reunification National Aggregation Worksheet #1	Indicator 7: Number of children reunified who received a follow-up visit in the last quarter
Foster care	Foster care applications, foster care screening and training reports, foster care license	Monitoring Tool #3	Regional DSW and Foster Care Services Unit	Foster Care National Aggregation Worksheet #1	Indicator 8: Number and percentage of approved foster parents

Focus area	Data source	Monitoring tools	Completion level	Aggregation worksheets	To generate data for the indicators
	Individual case files (care order)	Monitoring Tool #4	District DSW level	Foster Care District, Regional, and National Aggregation Worksheets #2	Indicator 9: Number of children living in formal foster care
Adoption	To be developed form that confers the status on a PAP as approved Certificate of Child Adoptability (Adoption Regulations Form #6)	Monitoring Tool #6 Monitoring Tool #7 (Excel-based) Adoption Register	CAA	Adoption National Aggregation Worksheet #1 Adoption National Aggregation Worksheet #2	Indicator 10: Number of officially approved adoptive parents Indicator 11: Number and percentage of children approved for adoption
	Adoption Orders/Placement Authorisation Form	Monitoring Tool #8 (Excel-based) Adoptable Children Register Adoption Register of Prospective Adoptive Parents	CAA	Adoption National Aggregation Worksheet #3	Indicator 12: Number and percentage of adoptions made

* Find the complete set of the monitoring tools and aggregation workshop in Excel format, included as separate attachments to this manual.

Data Flow

This section describes the data flow process in more detail according to the type of alternative care area. Please refer to Figure 1 for more details.

Data on RHCs

- The district SWOs apply the approved DSW tools (for inspection and monitoring) to map and capture information on the status of the RHCs in their districts.

- Records on the children's homes are aggregated at the district DSW level using Monitoring Tool #1, capturing information on each RHC, including their point of contact, facility characteristics, and approval status. (Find the complete set of the monitoring tools in Excel format, included as separate attachments to this manual).

- The data from Monitoring Tool #1 is then aggregated using the District Aggregation Worksheet #1 and are reported quarterly to the regional DSW and the DA as part of the quarterly district report.

- The regional DSW will review, clean, and validate the data submitted by the district DSWs. The regional DSW is responsible for the timely entry of these data in Regional Aggregation Worksheet #1 to summarise the information on all RHCs in all districts. The data from RHC Regional Aggregation Worksheet#1 are reported quarterly to the SRME Division in the DSW at the national level and the Regional Coordinating Council (RCC) as part of regional quarterly reporting.

- The SRME Division will aggregate the data from all regions using the National Aggregation Worksheet #1. This data will be used to generate regular information and will be reported as part of national quarterly reporting, including trends and comparisons across regions and districts. All monitoring, aggregation and reporting tools in Excel format, included as separate attachments to this manual

Data on Children in Residential Care

- The RHCs apply the approved DSW case management tools to capture individual-level data on children and families (for example, the Case Registration Form, Comprehensive Assessment Report Form, and the Care Plan Template from the Case Management Standard Operating Procedures for Children in Need of Care and Protection, 2018).

- Relevant data are extracted from the different case management tools using Monitoring Tool #2. This tool includes information on the child's name, age, sex, location, family, birth date, entry date, and exit date. The RHCs also note a child who has exited the home. Information recorded includes exit date, reason for exit, and type of placement. Find the complete set of the monitoring, aggregation and reporting tools in Excel format, included as separate attachments to this manual

- The data in Monitoring Tool #2 are provided by the RHC and are reported quarterly to the district DSW.

- The district DSW will review, clean, and validate the data on children in the RHCs. The district DSW is then responsible for the timely entry of these data in District Aggregation Worksheets #2-6. The data from District Aggregation Worksheets #2-6 are summarised and then reported quarterly to the regional DSW and the DA as part of district quarterly reporting.

- The regional DSW will aggregate the data from all districts using Regional Aggregation Worksheets #2-6. The data from Regional Aggregation Worksheets #2-6 are summarised and then reported quarterly to the SRME Division in the DSW at the national level and the RCC as part of regional quarterly reporting.

- The SRME Division aggregates the data from all regions using the National Aggregation Worksheets #2-6. These data will be used to generate regular information and will be reported as part of national quarterly reporting, including trends and comparisons across regions and districts. All monitoring, aggregation and reporting tools in Excel format, included as separate attachments to this manual.

Data on Foster Care (Prospective Foster Parents and Child Placements)

Prospective Foster Parents

- Information on prospective foster parents (PFPs) is extracted from different data sources (foster care applications, foster care screening and training reports, foster care license) and are aggregated using Monitoring Tool #3 by the regional DSW. The regional DSW will then aggregate data from all districts using the Regional Aggregation Worksheet #8 and will send these data to the SRME Division and the RCC as part of the quarterly reporting process. Find the complete set of the monitoring, aggregation and reporting tools in Excel format, included as separate attachments to this manual.

- The SRME Division will work with the Foster Care Services Unit to review, clean, and validate the data on PFPs from all regions and aggregate these data using the National Aggregation Worksheet #8. These data will be used to generate regular information and will be reported as part of national quarterly reporting, including trends and comparisons across regions and districts. All monitoring, aggregation and reporting tools in Excel format, included as separate attachments to this manual.

Child Placements

- Relevant data on children placed in formal foster care are extracted from individual child case files at the time of placement using Monitoring Tool #4 at the district level.

- The data from Monitoring Tool #4 is then aggregated using the District Aggregation Worksheet #9 and are reported quarterly to the regional DSW and the DA as part of the quarterly district report.

- The regional DSW will aggregate the data from all districts using Regional Aggregation Worksheet #9 and will send these data to the SRME Division and the RCC as part of quarterly reporting.

- The SRME Division will work with the Foster Care Services Unit to review, clean, and validate the data from all regions using the National Aggregation Worksheet #9. This data will be used to generate regular information and will be reported as part of national quarterly reporting, including trends and comparisons across regions and districts. All monitoring, aggregation and reporting tools in Excel format, included as separate attachments to this manual.

Data on Adoption

- The CAA maintains an Adoption Register[2] and an Adopted Children's Register.[3] These registers capture information children approved for adoption, and children placed in adoption. They do not currently capture information on approved PAPs, although this is necessary for reporting. When the CAA approves an adoption after a successful matching, adoption orders are issued at the subnational level.

- The regional DSW will report on the successful adoptions using Monitoring Tool #8.

- The data from Monitoring Tool #8 is then aggregated using the Regional Aggregation Worksheet #12 and are reported quarterly to the SRME and the RCC as part of quarterly reporting.

- The SRME Division will work with the CAA to review, clean, and validate the data from all regions. The SRME Division will aggregate the data from all regions using National Aggregation Worksheet #12. This data will be used to generate regular information and will be reported as part of national quarterly reporting, including trends and comparisons across regions and districts. All monitoring, aggregation and reporting tools in Excel format, included as separate attachments to this manual.

Data on Family Reunification/Reintegration

- The district SWOs apply the approved DSW case management tools (Case Management Notes – CM Form #8) to follow up on children reunified with their families. Relevant data are then extracted by the district SWOs from the different case management tools using Monitoring Tool #5.

- The data from Monitoring Tool #5 are summarised and then reported quarterly to the regional DSW and the DA using the District Aggregation Worksheet #7.

- The regional DSW reviews, cleans, and validates the data from the district DSW. The regional DSW is then responsible for the timely entry of these data in the Regional Aggregation Worksheet #7 to aggregate data on reunified children who have been followed up, from all districts. The data from Regional Aggregation Worksheet #7 are summarised and then reported quarterly to the SRME Division at the national level and the RCC as part of the regional quarterly reporting.

- The SRME Division will aggregate the data from all regions using the National Aggregation Worksheet #7. This information will be used to generate regular information and will be reported as part of national quarterly reporting, including trends and comparisons across regions and districts. All monitoring, aggregation and reporting tools in Excel format, included as separate attachments to this manual.

Figure 1 summarises how the routine data will be collected and reported from lower to higher levels.

---

[2] The Children's (Amendment) Act, 2016: The CAA shall have an adoption register in which shall be the specifics of the child and parents undergoing an adoption process.

[3] The Registrar General shall maintain an Adopted Children's Register in which shall be recorded the specifics of the adoption order or interim order.

Figure 1. Data flow diagram
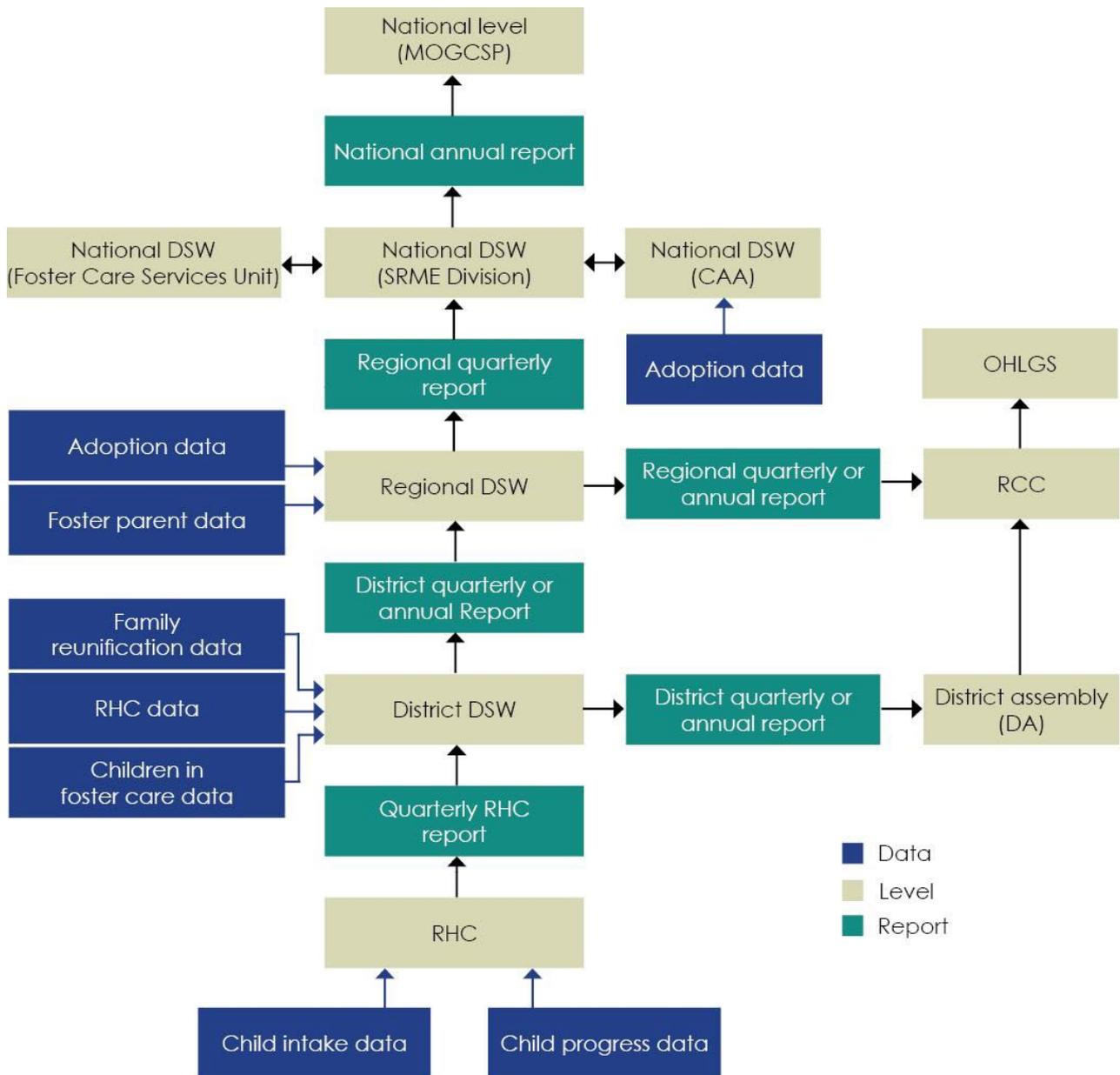
It is critical that all representatives at all levels in the data flow structure analyse the data and provide feedback to the lower levels that submit data to the higher levels. In addition to being motivational, feedback can contribute to improvements in data quality because the data producers become aware that their data are being used. This can help ensure that the data are subjected to quality checks before they are reported.

Data Storage

All paper-based documentation (e.g., case files) should be secured in a filing cabinet with a lock or passcode. Only appropriate staff should have access to these files. Ideally, all RHCs, and district and regional offices will have computers on which they can store data electronically using simple electronic databases (Microsoft Word, Excel, Access, and Google drives/sheets). Electronic systems should be backed up on a monthly basis to a hard drive that is also securely stored for privacy assurance.

Data Reporting

Subnational DSW offices operate under the OHLGS and legally submit their reports through the local government system. However, efforts are being made to ensure the flexibility of this system to aid reporting to national DSW offices. Regional reports are submitted to the RCC under the local government system, but the same report is also submitted to the national DSW office.

The data will be reported electronically using the standard templates approved by the DSW. Table 3 summarises the types of reports, the frequency of reporting, and timelines.

Table 3. Types of reports and reporting timeframes

Report	Frequency	Submitted to	Deadline	Responsible persons
RHC register	Quarterly	District SWO	Last week of the last month in a quarter	Managers/ administrators of the RHC
District quarterly report	Quarterly	Regional SWO and DA	First week of the ensuing month after a quarter	District DSW director
Regional quarterly report	Quarterly	SRME Division and the RCC	Second week of the ensuing month after a quarter	Regional DSW director
National quarterly report	Quarterly	SRME Division	In the ensuing month after a quarter	Deputy director in charge of the SRME Division
Annual national report	Annually	Senior management committee, DSW, and MOGCSP	By November of the year. Updates are provided by the first week of the ensuing year, if necessary	Deputy director in charge of the SRME Division

CHAPTER 4: DATA QUALITY MANAGEMENT

Ensuring the quality of data is an essential part of the data management process. Data need to be of high quality so that decisions can be made based on reliable and valid data. Decision makers will only use data to make decisions if they have confidence that the data they are using are correct. This chapter provides guidance on how to ensure that the data generated are of high quality, accurate, reliable, complete, and are reported in a timely manner. Specific guidance is provided on effective data management and the criteria for assessing data quality. We recommend the development of an accompanying data quality assurance guide to complement this manual.

Data are considered of poor quality if they are incomplete, inaccurate, late, or inconsistent due to insufficient capacity and inadequate system design. In Ghana, the poor quality of data on alternative care often results from:

- Inconsistent and unstandardized forms for data capture.

- Lack of standard indicators and detailed definitions/IRS to calculate them.

- Lack of effective guidance, support, or supervision to fill out reporting forms (including definitions for indicators).

- Inconsistent implementation of data quality assurance processes, partly due to the lack of procedures for data quality assurance to enforce the monitoring of data quality.

- Lack of procedures and mechanisms to periodically validate reported results.

- Lack of M&E standards and guidelines for alternative care programs, including roles and responsibilities for data management, reporting, and quality.

Dimensions of Data Quality

Table 4 summarises the key dimensions of data quality. These dimensions will guide efforts to assess and improve data quality for alternative care at the national and subnational levels in Ghana.

Table 4. Key dimensions of data quality

	Dimension	Operational definition
1	Accuracy	Also known as validity. Accurate data are considered correct; the data measure what they are intended to measure. Accuracy is more likely to be secured if the data are captured as close to the point of activity as possible.
2	Completeness	Completeness is defined as expected comprehensiveness.
3	Timeliness	Timeliness refers to whether information is available when it is expected and needed. Data are timely when they are up-to-date (current) and when the information is available on time. To be considered "timely," the data should be collected frequently enough and should be current. The data should also be released in a timely and punctual manner, the periodicity of which considers user's requirements.
4	Precision	This means that the data have enough detail.
5	Reliability	Data should reflect stable and consistent data collection processes across collection points and over time. Data should be collected, grouped, structured, and stored in a consistent and standard way.

	Dimension	Operational definition
6	Relevance	Refers to the extent to which the data meet the defined purpose that initiated their collection or creation.

Data Quality Control

Data control measures should be applied at every level. Data quality control can be done before and during data collection, during data entry and processing, and when analysing, interpreting, and using the data. The two main types of data quality control are:

- **Data verification:** Refers to a process in which different types of data are checked for accuracy and consistency. Data verification includes checking for data omissions, errors in calculations, inconsistencies in tables, etc. In most cases, it involves checking the data entered against the original document.

- **Data validation**: Data validation is vital to ensure that the data are clean, correct, and useful. Validation checks include blank or missing responses, out of range or invalid responses, and inconsistent responses.

In Ghana, different levels of the departments/agencies/institutions involved in the provision of alternative care have specific roles in the data quality control processes, including the review and verification of data for accuracy and completeness (Table 5).

Table 5. Data quality roles and responsibilities

Level	Roles and responsibilities
RHC level	Data verification, validation, and cleaning
District DSW	Review and verification (including checking for data collation/aggregation errors) of data collected at the RHC Level
	Review and verification of data submitted by the RHCs for accuracy and completeness
	Provide feedback on completeness, reliability, and validity of the data to the RHCs
Regional DSW	Review and verification of the data submitted by the district DSWs for accuracy and completeness
	Provide feedback on completeness, reliability, and validity of the data to the district DSWs
Foster Care Services Unit	Data verification, validation, and cleaning at the organisational level
Central adoption authority	Data verification, validation, and cleaning at the organisational level
SRME	Data verification and validation (i.e., checking the accuracy and consistency of data submitted by the different actors)
	Provision of routine feedback on completeness, reliability, and validity of data from the regional DSWs, Foster Care Services Unit, and the CAA
	Data quality assessments (DQAs)

Data Quality Assurance and Improvement

The following measures should be taken to ensure that the data collected are valid and of high quality.

Build the Foundations for Routine Monitoring

This includes developing useful indicators that are well-defined and understood across all reporting units and levels and ensuring the standardisation and consistent application of data collection forms, monitoring tools, and reports. In addition, the DSW will develop or adapt adequate M&E-related guidelines and reference materials for actors at different levels. The aim is to ensure that users have enough guidelines and are adequately trained to effectively perform their M&E functions. The materials will include DQA guidelines, data demand and use guidelines, and existing government M&E-related guidelines on filing systems, data retention, etc.

Train Data Providers

It is important to ensure that all staff are regularly trained in M&E and data quality, using standard guidelines, how to complete and appropriately use data collection tools, reporting, and basic data quality concepts. Building capacity in data collection and management will be a regular component of induction training for new staff, and in on-the-job training and mentoring. The OHLGS will be responsible for organising such training as part of its annual training plan, with technical support from the DSW.

Build In Automated Calculations and Data Quality Checks

Build automated calculations and data quality checks into computer software applications (such as Microsoft Excel) that are used to enter, store, and transmit data to check the reliability and accuracy of data at the point of entry, where possible. For example, an automated system can flag whether values are outside a specified range for certain indicators or whether only numeric or character values can be entered. Validation rules can be designed to ensure that entered data follow logical rules (e.g., the birth date of a child cannot be after his/her date of entry in an RHC). Where possible, automated calculations can be used to sum data collated from routine program monitoring tools to facilitate the aggregation of information for reporting purposes.

Conduct Data Verification

All data should be reviewed and verified for completeness and accuracy at the point of data collection and collation and before reporting to the next level. At the lowest levels, staff should be responsible for routinely validating and cleaning the data. RHC administrators and all administrative officers (e.g., District Social Welfare Officers [DSWOs]) are responsible and accountable for the quality of the data that they report.

Implement Supportive Supervision

The aim of supportive supervision is to review and validate the reports received and to identify any challenges in the routine monitoring of alternative care provision. Supportive supervision visits will be conducted as follows:

1. From the district level to the RHC level: The DSWOs will conduct supportive supervision visits to the RHCs on a quarterly basis. A supportive supervision checklist, which includes items on M&E and quality improvement, will be developed and used. At the district level, supportive supervision reports will be shared during Social Services Subcommittee meetings.

2. From the regional level to the district level: The regional SWO and other technical staff will conduct supportive supervision visits to a selected number of districts on a quarterly basis.

3. From the national level to the regional level: Ongoing technical support will be provided to regional DSWs and staff in the Foster Care Services Unit and the CAA by the SRME Division in the national DSW. Supportive supervision reports will be shared at the national, regional, and district levels during review meetings and other avenues, as shown in Table 7.

Note: Supervision reports will be produced quarterly at national, regional, and district levels. The reports will provide feedback on any challenges in data collection and management processes and will help identify early remedial measures.

Provide Regular Feedback

Timely and informative feedback based on simple data analysis exercises should be provided at all levels of the M&E system by the SRME Division. The regular analysis of data can often lead to the discovery of data inconsistencies and data quality issues. The identification of these issues and prompt feedback provided down to the point of data collection will allow for improvements in data quality at all levels.

Conduct Data Quality Assessments

A DQA is an institutional process that involves the regular review of data quality for a select set of indicators to identify issues in data collection, aggregation, and transmission. Understanding the problems identified helps inform the development of data quality improvement interventions. With technical support from members of the Alternative Care M&E Sub-Working Group, the SRME Division will coordinate and conduct routine DQAs once a year in selected districts. The following data quality issues will be considered:

- Accuracy: To what extent are the data reported correct?

- Reliability: Are the data collected in a consistent manner?

- Completeness: Have all reporting units reported data? Have they reported all required data?

- Timeliness: Are data reported when they are needed? Are the reported data current?

Following each DQA round, a plan of action will be developed to address M&E gaps identified to strengthen the M&E system. Detailed guidelines describing the standardised tools and protocols to be used in routine DQAs for alternative care will be developed by the DSW in subsequent documentation. These guidelines will include the following best practices:

- The DQAs are decentralised to the lower levels of the alternative care system where data quality issues originate (e.g., at the district and site levels).

- The DQAs cover multiple aspects of data quality, including the verification of recounted source data (e.g., primary data collection forms, tally sheets, registers, reports) to reported data; reviews of the timeliness, completeness, and availability of reports; and assessments of the M&E system and enabling environment for data quality.

- SOPs include clear actions to be taken and the people responsible when data quality is found to be poor.

- The data quality reviews and assessments are integrated in ongoing routine supportive supervision visits. Regular data quality checks that compare reported values with a recounted or validated value are conducted during each visit.

- Results of the DQAs are recorded. Data quality improvement plans are developed, implemented, and monitored for progress in data quality performance indicators.

CHAPTER 5: DATA ANALYSIS, DISSEMINATION, AND USE

The purpose of an M&E system is to produce information that can be used for decision making. Data-informed decision making is essential to ensure efficient and high-quality services—for example, the improved allocation of resources, distribution of the social service workforce, and provision of priority services targeted to underserved populations—to ultimately improve outcomes for children. For this to happen, the data first need to be converted into strategic information that is relevant to decision makers and then packaged in understandable formats that are disseminated to various management levels.

Data Analysis

Data analysis involves reviewing and examining the data and transforming them into useful information to answer priority questions of interest. For example, consider the following question: Has there been an increase in the number of children placed in adoption in the past year? To answer this question, one must look at the aggregate of number of children adopted last year versus prior years.

In general, descriptive analysis (with the appropriate disaggregation) will be carried out at different levels for reporting purposes and to support decision making. Information on indicators will be analysed as follows:

- Overall indicator for the national level (total counts or proportions), that is, the total number of children leaving RCHs for family placement during the reporting period.

- Disaggregation of indicators by region, district, age group, sex, parental status, and disability status.

Examples of relevant analyses for the core indicators are provided in Appendix B.

Questions of Interest

To ensure that stakeholders routinely demand data for decision making, M&E systems should generate data that are relevant to decision makers. It is important to first understand the priority questions that decision makers at all levels of the alternative care system have to effectively make decisions. The national DSW should regularly identify the priority questions of interest among key stakeholders at national and subnational levels, and consider the frequency that information is needed, the availability of information, and the quality of the data. The information needs can be identified during performance review meetings at national and subnational levels, and at partner meetings, stakeholder coordination meetings, and capacity building workshops for data analysis and use. Responding to the questions of interest may require the analysis of one indicator or the triangulation of several different indicators from multiple data sources.

Table 6 illustrates some of the programmatic questions and decisions that can be made using routine monitoring data at the different levels.

Table 6. Linking data with questions and decisions

Level	Data can be used to...	Sample questions of interest
RHC level	• Monitor and improve care for children/families • Identify children/families in need of interventions, referrals, or care (case management) • Site infrastructure, equipment, human resources	How many children are reintegrated with their families? How many children are leaving for family-based placement?
District and regional levels	• Acquire and allocate resources • Plan interventions and monitor activities • Advocate for alternative care activities to be included in district budgets and plans (e.g., Annual District Workplan) • Assess performance compared with district targets; examine where problems exist and identify corrective actions • Identify/plan areas for training and supervision • Feedback to lower levels	How many children are living in formal alternative care? How many children are in residential care versus family-based alternative care? Do all children in formal care have an up-to-date individual care plan? Number of approved RHCs versus unapproved? Pool of suitable foster parents is available for foster care placements
National level (DSW, MOGCSP. CAA)	• Advocate for resources (formulate and justify budget requests) • Inform strategies and policies • Prioritise and target services and interventions • Assess performance compared with national, regional, and district targets; examine where problems exist and identify corrective actions • Strengthen advocacy and social norm campaigns • Provide feedback to lower levels • Demonstrate accountability for programs	How many children are in residential care versus family-based alternative care? Is there a change (increase or decrease) in the number of children leaving residential care for a family-based setting over time? Is there a decrease in the number of RHCs in Ghana?

Information Products

For data to be used in decision making, relevant information should be made available and easily accessed by decision makers. Relevant information products need to be customised and account for the needs of stakeholders at various levels of the alternative care system. Information products for alternative care should be customised and disseminated appropriately to different stakeholders and fed back down to data users and producers at lower levels. This is necessary to share information about progress and underperformance, provide feedback on the efforts and resources committed, and to communicate lessons learned and best practices. The timing of information dissemination should align with the planning cycles and decision-making needs of the users.

Information products will be both regular and periodic reports that summarise progress in the routine monitoring indicators for alternative care, interpret indicator values, and offer recommendations to prompt action. They should be user-friendly and should include visual aids, such as charts, graphs, and maps. The M&E system for alternative care will produce the information products listed here. They will be disseminated to key stakeholders at national, regional, and district levels through periodic reporting and avenues for the provision of feedback.

- **District and regional quarterly and annual reports**: Progress on alternative care reform implementation will be reported as part of quarterly and annual reports produced by district and regional DSWs and will inform stakeholders about district and region-specific progress. These district and regional reports will be submitted to the DA and the RCC, respectively, and will also be shared with the national DSW.

- **National quarterly and annual reports:** These quarterly and annual reports produced by the SRME Division will provide a comprehensive overview of alternative care in Ghana, will summarise all routine indicators for each quarter and year, and will provide analytical information derived from the quarterly reports submitted, including trends over time and comparisons across regions and districts.

- An **alternative care bulletin** will be produced every six months, with visualisations of key monitoring indicators for information sharing with other units in the national DSW office, with partners, and with the general public.

- **MOGCSP or DSW website:** Reports can be routinely published online for public access and review.

The National DSW will develop routine procedures for the dissemination of and feedback on data from higher to lower levels, concerning both data quality (accuracy, completeness, timeliness, availability) and performance. The procedures should include the standardisation and production of regular feedback reports containing analysed data and information on performance specific to the site or district to help drive performance improvement.

These information products will be disseminated during various forums at national and subnational levels, such that key stakeholders are able to review progress and use the information to make program decisions about alternative care. Some of the meetings will include the M&E subgroup meetings, MOGCSP and DP monthly meetings, meetings during field visits, and DP-initiated meetings, which could be conferences or workshops (Table 7).

Table 7. M&E information products and dissemination plan

Forum	Participants/members	Information products	Mode of dissemination	Frequency
M&E subgroup meetings	M&E focal officers from line ministries, M&E officers from DPs and implementing organisations	Periodic reports, supervision reports, DQA reports, quarterly summary reports	PowerPoint presentation and discussion	Quarterly
MOGCSP and DP monthly meetings	Representatives of DPs for the MOGCSP Heads of divisions, agencies, and departments	Updating DPs on progress made on the Annual Plan of the Ministry and its Departments and Agencies	PowerPoint presentations and discussions	Monthly
DP-initiated conferences and workshops	DPs MOGCSP DSW Stakeholders from government institutions, academia, civil society organisations, etc.	Special events, such as the launch of documents, conferences, etc.	PowerPoint presentations Speeches, brochures, booklets	Throughout the year
Sharing district- and regional-level feedback during joint USAID/DSW field visits or any other visits	USAID staff DSW national officers DSW regional officers DSW district officers	None currently	Discussion (verbal)	Quarterly

Performance Review Meetings

In addition to forums for data dissemination, quarterly performance review meetings at national and subnational levels will allow data producers and data users to analyse the data, review performance, and apply the data in programmatic decision-making processes. When data users and data producers work together, they become more aware of the data collection process and methods, the available data sources, and the quality of the data.

The regular review of data will enable DSW staff at all levels to understand the prevalent issues, through a focused analysis of available data, and to make informed decisions about how best to provide services for children. These meetings will also offer an opportunity to clarify data quality issues, identify additional requests for data and analyses, and clarify questions and issues about existing data sources. These review sessions should be aligned with decision-making opportunities, such as work planning processes and strategy planning, and should result in detailed action plans that are continually monitored for progress. General guidelines for implementing a data-driven review meeting are given in Box 1. The national DSW will develop detailed guidelines for planning and facilitating performance review meetings, along with standard reporting templates for presentation during the review meetings.

At the central level, performance reviews will be organised by the SRME Division in the DSW, in collaboration with DPs and other stakeholders. The timing of these meetings should align with other

strategic planning and budgeting review meetings. For example, a quarterly performance review meeting could be convened to review indicators and assess progress made on action plans from previous quarterly reviews and to propose strategies to address challenges in subsequent quarters. At the regional and district levels, alternative care should be included as a regular area for discussion during quarterly performance reviews meetings. The timing of these meetings should align with strategic regional or district implementation planning and budgeting processes.

Box 1. Steps to implement a data-driven review meeting

Advocacy

- Engage the leadership and decision makers to obtain buy-in for data reviews and representation

- Establish how frequently the meetings will be conducted

- Identify data users and data producers who will attend the meeting and define their roles (the maximum number of participants should be 30)

Identify the drivers of the meeting (one to two weeks before the meeting)

- Identify and prioritize the key questions of interest

- Identify information needs, data sources, and indicators relevant to these issues

- Develop a presentation template (with tables/dashboards)

- Define the appropriate analysis and transform the data into information, identifying key messages (e.g., Are we meeting our targets? Do the results make sense given what we know about the activities we implemented?)

Meeting preparation (at least one week before the meeting)

- Organise a planning meeting to agree on the structure of and agenda for the review meeting

- Outline the key messages to be communicated to team members

- Clarify the roles and responsibilities of facilitators and the meeting structure

- Circulate the meeting agenda

Facilitate the meeting

- Communicate findings from the analysis and visualisation of information

- Facilitate interpretation and draw conclusions, (e.g., what are the causes that contribute to the problem?)

- Craft solutions to address priority problems, (e.g., for each cause, what actions can be taken to address the problem?)

- Develop action plans based on the interpretation of the data, including a review of previous action plans (e.g., which actions will have the biggest impact on improvements? Which actions will be easiest to implement? Who needs to be involved to implement the actions?)

Monitor implementation of the action plan, (e.g., what progress has been made after implementation of the actions?)

CONCLUSION

The purpose of this manual is to provide guidance to relevant sectors in Ghana on how to collect and report data on children in formal alternative care in a standard way and to analyse, present, and make the data available for use. This document is critical for the provision of formal alternative care services at national and subnational levels.

It is intended to be a working document that will be changed and improved as the M&E system evolves. We applaud the current intensive efforts to strengthen alternative care and monitor its provision in Ghana.

REFERENCES

Hickman, M., Adams, B., & Ghana Country Core Team. (2018). *Assessing alternative care for children in Ghana*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina. Retrieved from https://www.measureevaluation.org/resources/publications/tr-18-251.

United Nations. (2010). Guidelines for the Alternative Care of Children, Sixty-fourth Session, Agenda Item 64, A/RES/64/142*. Retrieved from https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

APPENDIX A: KEY M&E CONCEPTS

Monitoring Versus Evaluation

Although the words "monitoring" and "evaluation" are often used interchangeably, their functions are quite different. <u>Monitoring</u> is the ongoing process by which stakeholders obtain regular feedback on progress being made toward achieving the goals and objectives of a specific project, program, strategy, or action plan. It is used to track changes in program performance over time and to inform actions and decisions during implementation.

<u>Evaluation</u> is a rigorous and independent assessment of either completed or ongoing projects, programs, action plans, or strategies to determine the extent to which they are achieving or have achieved their stated objectives and planned results. Evaluation is used to inform policymaking and planning of future interventions and funding, or to improve the implementation of ongoing projects, programs, action plans, or strategies.

Overall, program or policy monitoring and evaluation allow program managers and decision makers to:

- Make informed decisions about program operations and service delivery.

- Assess whether a program has been effective, to what extent, and where improvements or scale up can be made.

- Better manage risks and opportunities.

- Be accountable and responsible: meet reporting deadlines, inform donors about program impact, and share knowledge with relevant stakeholders.

- Learn from experience.

Inspections Versus Audits

Like M&E, inspections and audits are oversight activities, but they each have a distinct focus and role and should not be confused with M&E.

- **Inspection** is a general examination of an organisational unit, issue, or practice to determine the extent to which it adheres to normative standards, good practices, or other criteria, and to make recommendations for improvement or corrective action. It is often performed when there is a perceived risk of non-compliance. For example, in Ghana, the Children's Act and the Standard Operating Procedures for Inspection, Licensing, and Monitoring Residential Homes for Children (2018) provides for the inspection of all RHCs. Inspections are conducted at RHCs for licensure (or renewal of a license) and to evaluate whether the RHC meets the minimum required standards for operation. Inspection reports are also used to earmark RHCs for closure.

- **Audit** is an assessment of the adequacy of management controls to ensure the economical and efficient use of resources; safeguarding of assets; reliability of financial and other information; compliance with regulations, rules, and established policies; effectiveness of risk management; and the adequacy of organisational structures, systems, and processes. For example, all RHCs are required to submit audited financial reports (audited by external auditors) to the DSW along with their annual report.

Data Management and Flow

Data flow is the process of moving data from the point where they are collected (the source) to the point where they will be processed into usable formats for stakeholders at different levels. A simple, functional system for the transmission of data is fundamental to timely reporting.

Data flow encompasses several data managements processes (data collection, collation, analysis, reporting, and data use) and involves the use of several tools.

Data **collection** involves obtaining data from primary data sources, such as child records and case intake forms, and using standardised tools to aggregate and format the data such that they are relevant for later stages of the data flow. Next, the data are **aggregated.** Data aggregation or collation involves assembling the data (using paper tallying forms or automated computer processing tools) into summarised (often standardised) formats to be reported to the next level. Data aggregation happens at multiple levels to provide the data to stakeholders at each level. This information should be properly stored in a password-protected or locked safe, and in a clean (physical or virtual) environment to prevent any potential breach in confidentiality or damage to important documentation. Next, the data should be **analysed** and transformed into information that can assist decision making. This can include presenting trends over time, comparing information from different reporting units, or using more advanced statistical methods. An additional use for M&E data is to **report information** to various stakeholders to communicate progress, problems, successes, and lessons learned during program implementation. Information can then be applied to make **timely and appropriate decisions** to manage programs more effectively and inform policies. These decision points and questions can be fed back to those collecting the data at the source through feedback mechanisms.

APPENDIX B: EXAMPLES OF DATA ANALYSIS USING CARE REFORM INDICATORS FROM GHANA

Residential Homes for Children

- Calculate the percentage of RHCs by RHC type.

- Conduct trend analysis to see how the types of RHCs change over time (e.g., is there an increase in a particular type of RHC compared with another, or in the number of RHCs that are closed, by type of RHC?)

- Calculate the percentage of children in RHCs by sex, age categories, parental status, and disability status.

- Assess the percentage of deaths where the cause of death can be attributed to poor care and other factors.

- Conduct trend analysis to see how child deaths change over time or how deaths vary by location.

- Assess descriptive statistics of children leaving residential care for family placement (e.g., by age, sex, parental status) to see whether there are any types of children who are more likely to leave for family placement.

- Assess descriptive statistics of children with valid care orders to see whether certain types of children are more likely to have valid care orders or a valid care plan.

Reintegration

- Assess the proportion of children exiting residential care who are reintegrated with families.

- Calculate the mean time from entry in residential care to exit from residential care.

- Assess descriptive statistics of children reunified who receive follow-up visits to improve planning and implementation of these visits.

Foster Care

- Comparison of the number of approved foster parents with the number of children in need of foster care (e.g., by district) to better target the promotion of foster care.

- Assess descriptive statistics of foster parents to see whether there are types of people more likely to consider fostering children in need.

- Conduct trend analysis to see how patterns in foster care are changing over time.

- Assess descriptive statistics of children in foster care to understand whether children most in need of family care are being placed in foster care (e.g., children with disabilities, children ages 0 to 3 years).

Adoptions

- Calculate the ratio of in-country to international adoptions.

- Assess descriptive statistics of children who are adopted for better "targeting" (males versus females, age, disability status).

- Comparison of the number of officially approved adoption families and the number of children ready for adoption.

For All Proposed Analyses

- Compare the data among the districts in a region.

- Compare the data among the regions in the country.

- Review the average data across districts and regions to see whether there are districts or regions that are outliers when compared with the mean.

APPENDIX C: INDICATOR REFERENCE SHEETS

Indicator 1	Number of residential homes for children operating in Ghana
Definition	Residential homes for children (RHCs) include all facilities that provide alternative care in any non-family-based group setting, including: • Shelters for emergency or temporary care • Places of safety • Transit centres in emergency situations • Orphanages • Children's homes • Children's villages • Homes for children with disabilities in need of alternative care and/or any other special needs They include RHCs that are licensed, unlicensed, earmarked for closure but are still taking care of children pending their reintegration, and closed facilities. • <u>Licensed RHCs</u> are "duly authorised" to operate based on procedures and criteria for approval outlined under Section 105 of the Children's Act, 1998. • <u>Unlicensed RHCs</u> are homes that are operating illegally without the necessary approval from the Minister, as specified under Section 105 of the Children's Act, 1998. This includes RHCs that were officially closed but were illegally reopened and those that have never applied for approval. • <u>RHCs earmarked for closure</u> are homes that have been deemed to be below the minimum required standards for residential homes, based on inspection reports.
Unit of measurement	RHCs
Numerator	Number of RHCs operating in Ghana at the time of reporting
Denominator	N/A
Calculation	Aggregation of the number of RCHs, with appropriate disaggregation (see below).
Purpose	The number of RHCs in Ghana has grown significantly since 1996. Information from this indicator can be used to inform the DSW and its partners about progress in (1) reducing the number of RHCs in Ghana and (2) reducing the number of unlicensed RHCs in Ghana. This is intended to ensure that only an optimal number of licensed RHCs are operating to meet the needs of children for whom residential care is a last resort and in their best interests. Information from this indicator can also be used to inform regular follow up, assessment, and inspection of RHCs.
Method of measurement	District SWOs should, through the application of approved DSW tools (for inspection and monitoring) map and capture information on the status of RHCs in their districts. Records on children's homes should be aggregated at the district DSW level using Monitoring Tool #1 (capturing information on each RHC and their point of contact, facility characteristics, and approval status) and are sent to the region and the DAs as part of the quarterly reporting process. Monitoring Tool #1 is then used to aggregate information at the district level into the RHC District Aggregation Worksheet #1. The regional office then aggregates data from all the RHC District Aggregation #1 forms and sends these data to the SRME Division in the national DSW and the RCC using the RHC Regional Aggregation Worksheet #1

	as part of routine reporting. The SRME Division will aggregate the data from all regions using the RHC National Aggregation Worksheet #1 and will analyse the data, with proper disaggregates. Data on licensed and unlicensed RHCs will be verified by the Care Reform Initiative Unit.
Primary data sources	Inspection reports Approval licenses
Monitoring tool	Monitoring Tool #1
Aggregation Worksheets	RHC District Aggregation Worksheet #1; RHC Regional Aggregation Worksheet #1; RHC National Aggregation Worksheet #1
Disaggregation	- Region - District - RHC type (government, private/nongovernmental organisations [NGOs], private - Registrar General only) - Licensing and operational status (licensed, unlicensed, earmarked for closure) - RHC setting (family-type homes, dormitories/ group homes. mix of family-type homes and dormitories) - RHC classification (temporary/emergency care, long-term care, short- and long-term care) - RHC capacity (small: < 15 children; medium: 15–30 children, large: > 31 children)
Reporting frequency	Quarterly
Issues	RHCs are run predominantly by nonstate providers. Many RHCs operate without government approval; therefore, the total number is unknown. Getting information on unapproved or unregistered homes may be difficult. This problem may be solved through the USAID/DCOF-funded National Census on Residential Homes to be conducted by the Ghana Statistical Service and UNICEF in 2019.
References	Standard Operating Procedures for Inspection, Licensing, and Monitoring Residential Homes for Children in Ghana, 2018 The Children's Act (Act 560), 1998; Children's Amendment Act (Act 937), 2016; and Child Care Regulations

Indicator 2	Number and percentage of children living in residential care
Definition	An RHC (also described as children's homes, orphanages, special homes for children with disabilities, and transit/crisis centres) is an institution or facility that has the purpose of providing care and supervision for children on a 24-hour basis.
Unit of measurement	Children (<18 years)
Numerator	Number of children living in RHCs at the time of reporting
Denominator	Number of children in Ghana

Calculation	Number: Sum of all children in residential care
	Percentage: (number of children in residential care)/(total child population in Ghana) x 100
Purpose	The DSW's priority is to reduce the number of children living in residential care by preventing family separation, where possible, and providing alternative family-based care for children deprived of parental care.
	Collected data on the total number of children in residential care can be used to inform government policy and measure progress toward deinstitutionalisation.
	Further disaggregation (described below) will help identify disparities in the use of residential care for different groups of children, including children with disabilities.
Method of measurement	RHCs should apply the DSW-approved case management tools to capture individual- level data on children and families (for example, the Case Registration Form, Comprehensive Assessment Report Form, Care Plan Template). Relevant data will be extracted from the different case management forms/tools using Monitoring Tool #2. The data from Monitoring Tool #2 should be summarised by the RHC and then reported quarterly to the district DSW. The district DSW will review, clean, and validate the data from the RHCs. The district DSW is then responsible for the timely entry of these data in RHC District Aggregation Worksheet #2. The data from RHC District Aggregation Worksheet #2 should be summarised and then reported quarterly to the regional DSW and the DA. The regional DSW will aggregate and send these data using the RHC Regional Aggregation Worksheet #2 to the SRME Division in the national DSW as part of routine reporting and to the RCC. The SRME Division will aggregate the data from all regions using the RHC National Aggregation Worksheet #2 and will analyse the data, with proper disaggregates. The percentage of children in residential care will be calculated using census or population projection data on the total number of children in Ghana as the denominator.
Primary data sources	Admission or discharge registers from the RHCs (primary)
	Other documents in individual child case files (Case Registration Form - CM Form #1, Comprehensive Assessment Report Form – CM Form #3])
Monitoring tool	Monitoring Tool #2
Aggregation Worksheets	RHC District Aggregation Worksheet #2; RHC Regional Aggregation Worksheet #2; RHC National Aggregation Worksheet #2
Disaggregation	- Region - District - Age at time of reporting, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) - Age at time of entry, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) - Sex (male/female) - Parental status (both parents living, one parent living, no parents living, unknown) - Disability status (disabled, not disabled, special needs, disabled & special needs)
Reporting frequency	Quarterly

Issues	The assessment of the actual number of children living in residential care depends on complete, accurate, and timely documentation, record keeping, and reporting by the RHCs and SWOs. The quality of reporting may vary across the sources depending on the type of RHC; therefore, data quality assurance mechanisms need to be developed to verify the data reported.
References	Standard Operating Procedures for Inspection, Licensing, and Monitoring Residential Homes for Children in Ghana, 2018 The Children's Act (Act 560), 1998; Children's Amendment Act (Act 937), 2016; and Child Care Regulations

Indicator 3	Number and percentage of child deaths in residential care
Definition	Number and percentage of child deaths in RHCs during the last quarter
Unit of measurement	Children (<18 years)
Numerator	Number of child deaths in RHCs during the last quarter
Denominator	Total number of children living in RHCs during the last quarter (Indicator 2)
Calculation	Number: Sum of all child deaths in RHCs Percentage: (number of child deaths in RHCs)/(total number of children in residential care) x 100
Purpose	This indicator is a measure of the mortality rate of children in residential care. A high mortality rate (relative to the number of deaths among children of the same age in the general population) can be an important potential indicator of a higher risk of accidents, violence, disease, neglect, and/or lack of access to medical care among children in the care system. Moreover, the disaggregation of data by cause of death can provide a proxy measure of the quality of care at RHCs. The data will help the authorities to determine whether acceptable standards of protection are being met in the RHCs and identify where there is a need for further investigation.
Method of measurement	Relevant data will be extracted from the individual child case files and/or discharge register using Monitoring Tool #2. The data from Monitoring Tool #2 should be summarised by the RHC and then reported quarterly to the district DSW. The district DSW will review, clean, and validate the data from all RHCs. The district DSW is then responsible for the timely entry of these data in the RHC District Aggregation Worksheet #3. The data from RHC District Aggregation Worksheet #3 should be summarised and then reported quarterly to the regional DSW and the DA. The regional DSW will aggregate and send these data using the RHC Regional Aggregation Worksheet #3 to the SRME Division in the national DSW and the RCC as part of routine reporting. The SRME Division will aggregate the data from all regions using the RHC National Aggregation Worksheet #3 and will analyse the data, with proper disaggregates.
Primary data source	RHC discharge register (supported by death certificate/case file)
Monitoring tool	Monitoring Tool #2

Aggregation Worksheets	RHC District Aggregation Worksheet #3; RHC Regional Aggregation Worksheet #3; RHC National Aggregation Worksheet #3
Disaggregation	- Region - District - Age at time of death,* by age group (0–3, 4–6, 7–10, 11–14, and 15–17) - Sex (male/female) - Disability status (disabled, not disabled, special needs, disabled & special needs) - Parental status (both parents living, one parent living, no parents living, unknown) - Cause of death (accidental injury, abuse, neglect, illness, AIDS, disability, conflict, unknown) * Use the "age at time of reporting" category on the form
Reporting frequency	Quarterly
Issues	Child deaths in formal care cannot always be attributed to non-compliance with standards or to neglect. Many children who are in critical condition due to illness, abuse, neglect, or deprivation may be admitted to RHCs. Some RHCs may be reluctant to report deaths due to fear of prosecution. The accuracy of cause of death data may be circumspect.
References	Standard Operating Procedures for Inspection, Licensing, and Monitoring Residential Homes for Children in Ghana, 2018 The Children's Act (Act 560), 1998; Children's Amendment Act (Act 937), 2016; and Child Care Regulations

Indicator 4	Number and percentage of children in RHCs with valid care orders
Definition	This indicator counts the number of children currently living in RHCs who have a care order in their case file. In Ghana, a child's placement in residential care is dependent on a care order issued by the court. The care order authorising the placement of that children in the home is preceded by a social inquiry report prepared by a DSWO. The duty to enforce the care order shall be vested in the DSWO who applies for the order. Care orders are issued with an expiration date. To be counted in this indicator, the care order should be valid per the expiration date issued on the care order.
Unit of measurement	Children (<18 years)
Numerator	Number of children in RHCs with a valid care order
Denominator	Total number of children living in RHCs (Indicator 2)
Calculation	Number: Sum of all children in RHCs with valid care orders Percentage: (number of children in RHCs who have a valid care order)/(total number of children in RHCs) x 100

Purpose	This indicator is a measure of gatekeeping mechanisms for children entering formal care. Gatekeeping is an essential tool for diverting children from unnecessary initial entry into alternative care and reducing the number of children entering residential care. Information from this indicator will help the DSW understand to what extent children are placed in residential care through an established procedure and by a competent authority. This indicator also tracks whether the DSWOs are successfully obtaining and providing care orders authorising the placement of children.
Method of measurement	RHCs should complete Monitoring Tool #2 based on the review of the care orders in the individual child case file. Data from Monitoring Tool #2 should be summarised by the RHC and then reported quarterly to the district DSW. The district DSW will review, clean, and validate the data from all RHCs. The district DSW will then aggregate the data from all RHCs using RHC District Aggregation Worksheet #4. The data from RHC District Aggregation Worksheet #4 should be summarised and then reported quarterly to the regional DSW and the DA. The regional DSW will aggregate and send these data using the RHC Regional Aggregation Worksheet #4 to the SRME Division in the national DSW and the RCC as part of routine reporting. The SRME Division will aggregate the data from all regions using the RHC National Aggregation Worksheet #4 and will analyse the data, with proper disaggregates.
Primary data source	Care orders (found in each child's case file at the RHC)
Monitoring tool	Monitoring Tool #2
Aggregation Worksheets	RHC District Aggregation Worksheet #4; RHC Regional Aggregation Worksheet#4; RHC National Aggregation Worksheet #4
Disaggregation	- Region - District - Age at time of reporting, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) - Sex (male/female) - Parental status (both parents living, one parent living, no parents living, unknown) - Disability status (disabled, not disabled, special needs, disabled & special needs)
Reporting frequency	Quarterly
Issues	This indicator does not adequately measure the quality of the assessment process. Although gatekeeping processes aim to divert children from unnecessary initial entry into alternative care, this indicator cannot be used to measure whether placements are appropriate. The existence of a care order also does not mean that there is a care plan for each individual child as required in the United Nations Guidelines on Alternative Care.
References	UNICEF/Better Care Network's Manual for the Measurement of Indicators for Children in Formal Care; Case Management Standard Operating Procedures for Children in Need of Care and Protection, MOGCSP, Ghana

Indicator 5	Number and percentage of children leaving residential care for a family placement
Definition	Number and percentage of all children leaving RHCs for a family placement during the last quarter. Family placement includes family reunification, kinship care, formal foster care, and in-country and intercountry adoption.
Unit of measurement	Children (<18 years)
Numerator	Number of children leaving residential care for family placement in a quarter
Denominator	Total number of children living in RHCs in the last quarter (Indicator 2)
Calculation	Number: Sum of all children leaving residential care for a family placement Percentage: (number of children leaving residential care for family placement)/(total number of children living in residential care) x 100
Purpose	Moving children in RHCs through family reunification, foster care, and adoption (domestic and intercountry) is important for protecting the well-being of children who have been separated from family care. This indicator allows the authorities to track to what extent children are leaving residential care for a family-based setting. Disaggregation by type of family placement can also help the DSW plan and budget for supportive services for specific types of family-based care (e.g., prioritisation of family reunification efforts). If a small number of children are leaving residential care for a family placement, efforts to place children with families may need to be strengthened.
Method of measurement	RHCs document the destination of individual children as they exit residential care in individual case files, discharge registers, reunification certificates, foster care agreements, and adoption orders. Relevant data will be extracted from these records using Monitoring Tool #2. The data from Monitoring Tool #2 should be summarised by the RHC and then reported quarterly to the district DSW. The district DSW will review, clean, and validate the data on children in the RHCs. The district DSW will then aggregate the data from all RHCs using RHC District Aggregation Worksheet#5. The data from RHC District Aggregation Worksheet #5 should be summarised and then reported quarterly to the regional DSW and the DA. The regional DSW will aggregate and send these data using the RHC Regional Aggregation Worksheet #5 to the SRME Division in the national DSW and the RCC as part of routine reporting. The SRME Division will aggregate the data from all regions using the RHC National Aggregation Worksheet #5 and will analyse the data, with proper disaggregates.
Primary data sources	Individual child case files at the RHCs, discharge registers, reunification certificates, foster care agreements, adoption orders
Monitoring tool	Monitoring Tool #2
Aggregation Worksheets	RHC District Aggregation Worksheet #5; RHC Regional Aggregation Worksheet #5; RHC National Aggregation Worksheet #5
Disaggregation	• Region • District

	• Age at time of departure from the RHC, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) • Sex (male/female) • Disability status (disabled, not disabled, special needs, disabled & special needs) • Parental status (both parents living, one parent living, no parents living, unknown) • Destination on leaving residential care (family reunification, kinship care, foster care, in-country [relative], in-country [non-relative], intercountry [relative], intercountry [non-relative])
Reporting frequency	Quarterly
Issues	The documentation of family reunification from RHCs and NGOs is weak. This indicator also does not capture the quality of assessment and decision-making processes that are used to determine the best family placements for children leaving residential care. This makes it difficult to determine whether decisions about children's family placements (e.g., reunification or alternative family care) protect children and are well matched to their individual circumstances and needs. Children who age out of residential care and leave for independent living are not counted by this indicator.
References	UNICEF/Better Care Network's Manual for the Measurement of Indicators for Children in Formal Care; Case Management Standard Operating Procedures for Children in Need of Care and Protection, MOGCSP, Ghana

Indicator 6	Number and percentage of children in RHCs with a valid care plan
Definition	Care plans are informed by initial intake, screening, and assessment of children when they enter RHCs. Care plans are documents that outline the interventions for each child depending on the child protection concerns and should follow the standards in the National Case Management Guidelines. Valid care plans are those that have been reviewed in the last six months, or sooner, before reporting.
Unit of measurement	Children (<18 years)
Numerator	Number of children in residential care who have a valid care plan
Denominator	Total number of children living in RHCs (Indicator 2)
Calculation	Number: Sum of children in RHCs with a valid care plan Percentage: (number of children in RHCs who have a valid care plan)/(total number of children in RHCs) x 100
Purpose	A holistic care plan articulates the needs of each child and family and outlines a response to every aspect of a child's development by identifying the support services and resources they need. For example, the care plan outlines the RHC's plans for the child's placement and permanency, health and physical development, education and life skills development, psychosocial development, and the child's reintegration with the family and community.

	Care plans are informed by the initial intake, screening, and assessment of children when they enter RHCs. The existence of the care plan is evidence that an assessment of a child and the family was conducted by an authorised social worker. This indicator allows districts to track the quality of care of children in RHCs and regions and allows the national level to monitor this indicator and conduct subnational analyses of RHC supervision performance.
Method of measurement	This indicator requires the collection of snapshot information about a child's individual care plan. Care plans should be developed and regularly reviewed (every six months) using the Care Plan Template (CM Form #5), and the Care Plan Review Template [CM Form#6], respectively.
	Relevant data will be extracted from these records using Monitoring Tool #2. The data from Monitoring Tool #2 should be summarised by the RHC and then reported quarterly to the district DSW. The district DSW will review, clean, and validate the data on children in RHCs with valid care plans. The district DSW will then aggregate the data from all RHCs using RHC District Aggregation Worksheet #6. The data from RHC District Aggregation Worksheet #6 should be summarised and then reported quarterly to the regional DSW and the DA. The regional DSW will aggregate the data from all districts using the RHC Regional Aggregation Worksheet #6 and send these data to the SRME Division in the national DSW and the RCC as part of routine reporting. The SRME Division will aggregate the data from all regions using the RHC National Aggregation Worksheet #6 and will analyse the data, with proper disaggregates.
Primary data source	Care plan (found in each child's case file)
Monitoring tool	Monitoring Tool #2
Aggregation Worksheets	RHC District Aggregation Worksheet #6; RHC Regional Aggregation Worksheet #6; RHC National Aggregation Worksheet #6
Disaggregation	• Region • District • Age at time of reporting, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) • Sex (male/female) • Parental status (both parents living, one parent living, no parents living, unknown) • Disability status (disabled, not disabled, special needs, special needs and disabled)
Reporting frequency	Quarterly
Issues	This indicator does not adequately assess the quality of a care plan. Because care plans reflect a child's needs over time, they are organic and evolving. Therefore, a plan drawn up for a child when s/he is first admitted to a formal care placement but which then remains static over the years cannot reasonably be cited as a care plan. Care plans should be updated every six months (biannually) or when there is a significant change in the child's needs or circumstances as part of an overall case management system.
	It is also important that children are only considered to have a care plan when a written care plan exists. Care plans should follow the standards in the National Case Management Guidelines. Care plans should be prepared before a child's first placement and reviewed regularly (at least every six months). A care plan is considered up-to-date if it has been developed or reviewed in the preceding

	six months. Data quality checks can review whether this indicator is being reported correctly and whether the review is comprehensive.
References	Case Management Standard Operating Procedures for Children in Need of Care and Protection, MOGCSP, Ghana

Indicator 7	Number of children reunified who received a follow-up visit in the last quarter
Definition	Reunification refers to the physical return of the child to the family. Reuniting children with their birth families, if and when deemed safe and appropriate, is considered the best option for children leaving residential care. The indicator measures the number of reunified children that the DSWO visited and provided with counselling/ psychosocial support, education referrals and support, medical support, financial support, and/or referrals to NGOs providing similar services during the last quarter. Follow-up visits should be tracked using the National Case Management Guidelines.
Unit of measurement	Children (<18 years)
Numerator	Number of children reunified who received a follow-up visit from a DSWO in the last quarter
Denominator	N/A
Calculation	Sum of total children reunified who received a follow-up visit in the last quarter
Purpose	The process of reunification requires careful and often intensive work with children and families to determine whether reunification is appropriate, to prepare the child and the family, to reunite the child with the family, and to provide follow-up support. It is especially critical that each child's safety and well-being are monitored carefully after reunification to determine whether benchmarks are being routinely met and whether additional action is required. Therefore, follow up should also be a standard component of reunification work. It is recommended that children who are reunified are visited once in the first month and again in the third month to confirm that there are no care or protection issues.
	This indicator allows the authorities to track the number of children benefiting from post-reunification follow up, which supports quality care for children. Use of this indicator calculated with the number of children reunified with the family (Indicator 5) as the denominator provides an estimate of the proportion of children reunified that received a visit in the last quarter.
Method of measurement	This indicator is calculated by counting the number of children reunified with their families who are followed up by a DSWO in the last quarter.
	DSWOs should use the Case Management Notes Form (CM Form #8) during quarterly follow-up visits to children reunified with their families. Relevant data will be extracted from CM Form #8 at the district DSW level using Monitoring Tool #5. These data should be aggregated using the Reunification District Aggregation Worksheet #1 and submitted to the regional DSW and the DA as part of the quarterly reporting process. The regional DSW will aggregate the data from all districts using the Reunification Regional Aggregation Worksheet #1 and send these data to the SRME Division and the RCC as part of routine reporting. The SRME Division will aggregate the data from all regions using the

	Reunification National Aggregation Worksheet #1 and will analyse the data, with disaggregates.
Primary data source	Case Management Notes (CM Form #8)
Monitoring tools	Monitoring Tool #5
Aggregation Worksheets	Reunification District Aggregation Worksheet #1; Reunification Regional Aggregation Worksheet #1; Reunification National Aggregation Worksheet#1
Disaggregation	- Region - District - Age at time of reporting, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) - Sex (male/female) - Parental status (both parents living, one parent living, no parents living, unknown) - Date of reunification - Disability status (disabled, not disabled, special needs, disabled & special needs)
Reporting frequency	Quarterly
Issues	This indicator does not track the number of visits to each individual child or the frequency and the quality of the follow-up visits. It also does not track the support services that are the most received by reunified families. In its current form, it also does not give an indication of the proportion of reunified children who received a visit in the last quarter, although additional calculations based on the number of children reunified with the family (Indicator 5) as the denominator can provide this information.
References	Case Management Standard Operating Procedures for Children in Need of Care and Protection, MOGCSP, Ghana

Indicator 8	Number and percentage of approved foster parents
Definition	The total number and percentage of approved foster parents available for placement of foster children. Approvals are a result of the following processes: recruitment, application, orientation, screening (medical, criminal, home study, etc.), training, and certification/license. Approvals should be made by the Regional Foster Care Committee.
Unit of measurement	Foster parent
Numerator	Total number of approved foster parents
Denominator	Total number of prospective foster parents screened

Calculation	(number of approved foster care parents)/total number of prospective foster care parents
Purpose	Monitoring the total number of approved foster parents provides an indication of the extent to which a pool of suitable foster parents is available for foster care placements as an alternative to residential care. For example, if a larger number of approved foster parents are available compared with the number of children in formal foster care, this would suggest that foster care is being underused and actions should be made to address this gap. It also provides useful information for planning and budgeting for the training of foster parents to help them meet the needs of the children in their care.
	The process of licensing foster parents takes approximately 12 weeks (three months) and begins with a recruitment drive at the district level, followed by applications. The application data are submitted to the national Foster Care Services Unit. An orientation of PFPs precedes a home study that is conducted at the district level. Recommendations are then made to the Regional Foster Care Placement Committee, leading to the approval of successful PFPs for training. The Regional Foster Care Placement Committee then recommends approved PFPs to the national Foster Care Services Unit for licensing. The licenses are sent to the regional offices to be distributed to successful PFPs through district offices.
	Monitoring the percentage of approved foster care parents will help determine the success of efforts to screen and approve foster parents and whether changes in approaches are needed.
Method of measurement	Information on PFPs should be extracted from the different data sources (see below), aggregated at the regional DSW level using Monitoring Tool #3 and the Foster Care Regional Aggregation Worksheet #1. The Foster Care Regional Aggregation Worksheet #1 is then submitted to the SRME Division and the RCC as part of the quarterly reporting process. The SRME Division will work with Foster Care Services Unit to review, clean, and validate the data on PFPs from all regions using the Foster Care National Aggregation Worksheet #1. The SRME Division will use these data to complete or update the Excel-based Foster Care Register. The data from the Foster Care Register will be summarised and then reported quarterly by the SRME Division as part of the quarterly report, with trends and comparisons across regions and districts.
Primary data sources	Foster care applications, foster care screening and training reports, foster care licenses
Monitoring tool	Monitoring Tool #3
Aggregation Worksheets	Foster Care Regional Aggregation Worksheet #1; Foster Care National Aggregation Worksheet #1
Disaggregation	• Region • District • Sex (male/female) • Age • Marital status (married/single)
Reporting frequency	Quarterly

Issues	The assessment of the actual number of approved foster parents requires complete and reliable documentation, record keeping, and reporting by the regional Foster Care Committee. There are currently no standard processes in place for the routine management and reporting of these data to the DSW, either through paper-based or electronic information systems.
References	Ghana Foster Care Regulations, 2017

Indicator 9	Number of children living in formal foster care
Definition	Foster care refers to situations where children are placed by a competent authority for alternative care in the domestic environment of a family other than the child's own family, which has been selected, qualified, approved, and supervised for provision of such care.
Unit of measurement	Children (<18 years)
Numerator	Number of children living in formal foster care
Denominator	N/A
Calculation	Sum of the total number of children living in formal foster care
Purpose	This indicator provides information on the number of children in formal foster care during a given timeframe. This indicator can help monitor overall trends in the use of foster care as a family-based care option for vulnerable children. Information on the flow of children into foster care can be used by decision makers to more effectively allocate resources and plan services for improvement of the well-being of children in foster care.
	Comparing this indicator with the number of children in residential care can also help show the extent to which formal foster care is used as a family-based option for alternative care.
	Comparing this indicator with the number of approved foster care parents can help understand the supply and demand for foster care.
Method of measurement	Relevant data on children placed in foster care will be extracted from individual child case files at the time of placement using Monitoring Tool #4 at the district DSW level. These data should be submitted to the regional DSW and the DA using the Foster Care District Aggregation Worksheet#2 as part of the quarterly reporting process. The regional DSW will aggregate the data from all districts using the Foster Care Regional Aggregation Worksheet #2 and send these data to the SRME Division and the RCC as part of routine reporting. The SRME Division will aggregate the data from all regions using the Foster Care National Aggregation Worksheet #2. These data will be summarised and then reported quarterly by the SRME Division as part of the quarterly report, with trends and comparisons across regions and districts.
Primary data sources	Foster care agreement form, case files (care order)

Monitoring tool	Monitoring Tool #4
Aggregation Worksheets	Foster Care District Aggregation Worksheet#2; Foster Care Regional Aggregation Worksheet #2; Foster Care National Aggregation Worksheet #2
Disaggregation	• Region • District • Age at time of reporting, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) • Sex (male/female) • Parental status (both parents living, one parent living, no parents living, unknown) • Disability status (disabled, not disabled, special needs, disabled & special needs) • Type of foster care placement (short-term, long-term)
Reporting frequency	Quarterly
Issues	The assessment of the actual number of children placed in foster care requires complete and reliable documentation, record keeping, and reporting by the Foster Care Placement Committee. There are currently no standard processes in place for the routine management and reporting of these data to the DSW at the national level, either through paper-based or electronic information systems.
References	Ghana Foster Care Regulations, 2017

Indicator 10	Number of officially approved adoptive parents
Definition	The total number of approved prospective adoptive parents (PAPs) available for placement and matching of children. PAPs are approved by the CAA based on training and review of the home study report/dossier.
Unit of measurement	Parents
Numerator	Total number of approved PAPs
Denominator	N/A
Calculation	Sum of the total number of approved PAPs in a specified period.
Purpose	Monitoring the total number of approved PAPs provides an indication of the extent to which a pool of suitable adoptive parents is available. In addition, comparing this indicator with the number of children placed in adoption can help show the extent to which adoption is being used as a family-based alternative care option. For example, if a larger number of approved PAPs are available compared with children in adoption, this would suggest that adoption is being underused and actions should be made to address this gap. This indicator will help measure the success of efforts to recruit PAPs and whether changes in approaches are needed.

Method of measurement	This indicator is determined by counting the number of newly approved PAPs in a specified reporting period. Currently the CAA maintains an Adoption Register and an Adopted Children Register, however the current forms do not include information on approved adoptive parents. The documentation does include information on children approved for adoption, and children placed in adoption.
	When the CAA approves an adoption after a successful matching, adoption orders are issued at the subnational level. The regional DSW will report on the successful adoptions made to the SRME Division and the RCC using Monitoring Tool #6 as part of quarterly reporting. The SRME Division will work with the CAA to review, clean, and validate the data from all regions. The SRME Division will aggregate the data from all regions using Adoption National Aggregation Worksheet #1 and will report on adoptions as part of national quarterly reporting.
Primary data sources	PAP approval letter, list of approved adoptive parents
Monitoring tool	Monitoring tool #6
Aggregation Worksheets	Adoption National Aggregation Worksheet #1
Disaggregation	- Nationality - Marital status of PAPs - Type of adoption (In-Country Relative, In-Country Non-Relative, Inter-Country Relative, Inter-Country Non-Relative)
Reporting frequency	Quarterly
Issues	Relevant government and nongovernmental actors need to be trained on the new adoption regulations. There are currently no standard processes in place for the routine management and reporting of these data to the DSW at the national level, either through paper-based or electronic information systems. Coordination with OHLGS will be vital in ensuring data flow from subnational levels to national levels.
References	Ghana Adoption Regulations (2018), LI 2360

Indicator 11	Number and percentage of children approved for adoption
Definition	Number and percentage of children approved for adoption at the time of reporting
Unit of measurement	Children (<18 years)
Numerator	Number of children declared adoptable by the CAA
Denominator	Number of children proposed for adoption by the Foster Care Placement Committee or RHC

Calculation	Number: Sum of children approved for adoption at the time of reporting
	Percentage: (number of children declared adoptable at the time of reporting)/(total number of children proposed for adoption by the Foster Care Placement Committee during a specific period) x 100
Purpose	Measuring the number of children approved for adoption may help the DSW and others to identify PAPs, and to conduct background checks and matching for a successful adoption to take place. Over time, and when calculated as a rate, these data can help identify whether the objectives of family preservation and adoption are being met. It also provides useful information for planning and budgeting of services.
Method of measurement	This indicator is determined by counting the number of children declared adoptable by the CAA in a specified reporting period.
	When the CAA approves an adoption after a successful matching, adoption orders are issued at the subnational level. The regional DSW will report on the successful adoptions made to the SRME Division and the RCC using Monitoring Tool #7 as part of quarterly reporting.
	The SRME Division will work with the CAA to review, clean, and validate the data from all regions. The SRME Division will aggregate the data from all regions using Adoption National Aggregation Worksheet #2 and will report on adoptions as part of national quarterly reporting.
Primary data source	Certificate of Adoptability (Form #6 in the Adoption Regulations)
Monitoring tool	Monitoring tool #7
Aggregation Worksheets	Adoption National Aggregation Worksheet #2
Disaggregation	• Region • District • Age at time of reporting, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) • Sex (male/female) • Parental status (both parents living, one parent living, no parents living, unknown) • Disability status (disabled, not disabled) • Type of adoption (in-country, inter-country)
Reporting frequency	Quarterly
Issues	There are currently no standard processes in place for the routine management and reporting of these data to the DSW at the national level, either through paper-based or electronic information systems. Relevant government and nongovernmental actors need to be trained on the new adoption regulations.
References	Ghana Adoption Regulations (2018), LI 2360

Indicator 12	Number and percentage of adoptions made
Definition	Number and percentage of children adopted during the last quarter
Numerator	Number of children adopted
Denominator	Total number of children available for adoption (Indicator 11)
Calculation	Percentage: (total number children adopted)/(total number of children available for adoption) x 100
Purpose	For children who have no possibility of remaining with parents or relatives, adoption can provide a permanent option for family-based care. Information on the flow of children into adoption allows monitoring of the overall trends in the use of adoption. Disaggregation of this indicator also makes it possible to measure and compare the number and proportion of children placed in in-country and intercountry adoption. The data collected by this indicator, when compared with information on the number of children leaving residential care for a family placement, will inform national authorities on the number of children being adopted from environments other than the formal care system.
Method of measurement	This indicator is determined by counting the number of children who are placed in adoption each year, irrespective of whether they were previously in formal care and summarizing in Monitoring Tool #8. This includes children placed in in-country and intercountry adoption. The CAA maintains an Adoption Register[4] and an Adopted Children's Register.[5] These registers capture information on approved PAPs, children approved for adoption, and children placed in adoption. When the CAA approves an adoption after a successful matching, adoption orders are given at the subnational level. The regional DSW will report on the successful adoptions made to the SRME Division in the DSW and the RCC using Adoption Regional Aggregation Worksheet#3 as part of quarterly reporting. The SRME Division will work with the CAA to review, clean, and validate data from all regions. The SRME Division will aggregate the data from all regions using the Adoption National Aggregation Worksheet #3 and will report on adoptions as part of national quarterly reporting.
Primary data sources	Adoption orders/Placement Authorisation Form
Monitoring tool	Monitoring tool #8
Aggregation Worksheets	Adoption District Aggregation Worksheet #3; Adoption Regional Aggregation Worksheet #3; Adoption National Aggregation Worksheet #3
Disaggregation	• Type of adoption (intercountry, in-country)) • Region • District

---

[4] The Children's (Amendment) Act, 2016: The CAA shall have an adoption register in which shall be specifics of a child and parents undergoing an adoption process.

[5] The Registrar General shall maintain an Adopted Children's Register in which shall be recorded specifics of the adoption order or interim order.

	• Age at time of adoption, by age group (0–3, 4–6, 7–10, 11–14, and 15–17) • Sex (male/female) • Parental status (both parents living, one parent living, no parents living, unknown) • Disability status (disabled, not disabled) • Care setting before adoption
Reporting frequency	Quarterly
Issues	There are currently no standard processes in place for the routine management and reporting of these data to the DSW at the national level, either through paper-based or electronic information systems. Relevant government and nongovernmental actors need to be trained on the new adoption regulations.
References	Ghana Adoption Regulations (2018), LI 2360