

# Supporting Countries to Measure Progress and Outcomes of National Care Reforms

Development of Care System Reform Logic  
Model and Indicator Mapping Activity

**November 2021**

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## Development of Care System Reform Logic Model and Indicator Mapping Activity

### **Data for Impact**

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**D4I is committed to local partner engagement and individual and institutional strengthening. Local authorship is important, and we urge you to engage local partners in analysis and reporting.**



# Contents

- Introduction .....4
- Care reform measurement .....4
- Care system reform logic model.....5
  - Impact.....7
    - Impact: All children grow up in safe, nurturing, and stable family environments. ....7
  - Outcomes.....7
    - Outcome 1: Prevention of unnecessary family separation.....7
    - Outcome 2: Children without parental care are appropriately placed in family and community-based alternative care or adoption. ....8
    - Outcome 3: Safe and sustainable reintegration of separated children. ....9
  - Outputs .....10
    - Input and Processes .....11
- Indicator mapping .....12
- Next steps .....14
- References .....15
- Appendix A: Examples of child and family outcome measures and tools .....16
- Appendix B: Indicator resources.....19
- Appendix C: List of indicators, organized by system component .....21

## Introduction

The United States Agency for International Development (USAID) works in countries around the world to improve the lives of the most vulnerable children in keeping with the objectives established in the U.S. Government Strategy for Advancing Protection and Care for Children in Adversity (APCCA). In support of country priorities and in line with APCCA objectives, USAID-funded activities advance partner countries on their journey to self-reliance (<https://www.usaid.gov/selfreliance>) by helping governments build and strengthen their capacities to support, manage, and finance their child protection and care systems, using the best available data for decision making and employing research, implementation science, and programmatic learning to design evidence-based and evidence-informed policies, programs, and practices.

The USAID-funded Data for Impact (D4I) project builds on and reinforces current U.S. government support for priority countries to realize the power of data as actionable evidence that can improve policies, programs, and outcomes (<https://www.data4impactproject.org>).

## Care reform measurement

Globally, countries are striving to reform their child protection and care systems to ensure appropriate care for Children without or at risk of losing parental care. The care reforms<sup>1</sup> are informed by several international legal instruments and global commitments, including:

- (a) The UN Convention on the Rights of the Child (CRC), 1990
- (b) The United Nations Guidelines for the Alternative Care of Children, 2009
- (c) The UN Convention on the Rights of Persons with Disabilities (CRPD), 2008<sup>2</sup>
- (d) The Resolution on the Rights of the Child adopted by the United Nations General Assembly (UNGA) on 18 December 2019

The reforms are also informed by growing evidence illustrating the benefits of family-based care on children's development and the negative impacts of residential care. However, there is a lack of a shared conceptual and measurement framework to guide planning and enable decision makers to accurately track progress and performance in strengthening national care systems, evaluate impact, and ensure accountability at country and global levels. Because of this, the Palladium D4I team has undertaken a review of existing measurement frameworks and tools and has developed a draft logic model and mapped global and national indicators to the model. The logic model draws heavily on existing guidance and research evidence on care reform. The logic model and indicators are expected to inform efforts to measure the progress and outcomes of reforming care systems.

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<sup>1</sup> Care reform refers to the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote the reintegration of children, and ensure appropriate family-based alternative care options are available.

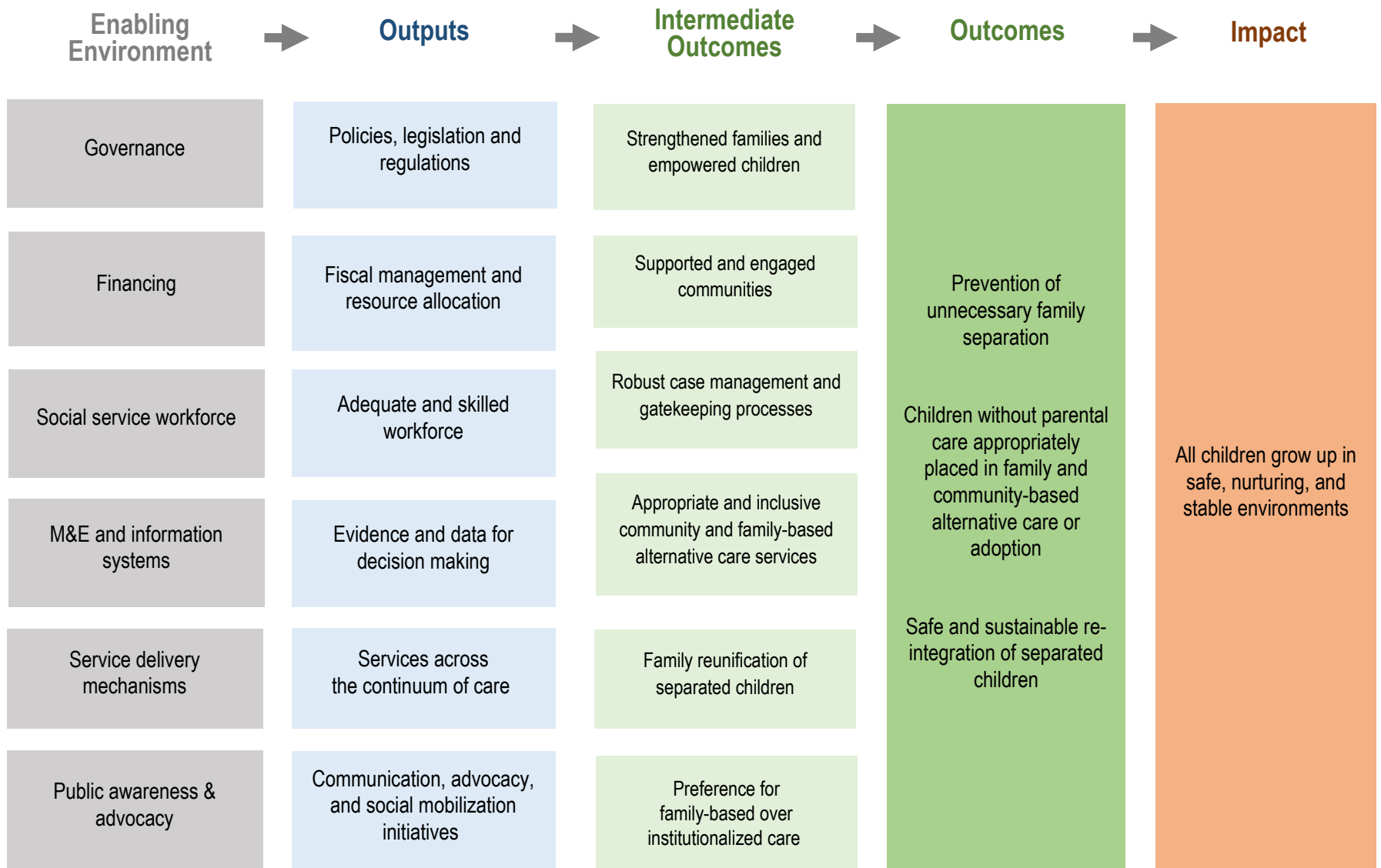
<sup>2</sup> The UN Convention on the Rights of Persons with Disabilities (CRPD) safeguards the rights of children with disabilities to live in the community, to inclusion and participation in the community (UNCRPD, Article 19), and to respect for their home and family life (UNCRPD, Article 23).

The D4I team elicited feedback on the draft logic model and indicators from key stakeholders including representatives from U.S. Agency for International Development (USAID), United Nations Children’s Fund (UNICEF), the Better Care Network (BCN), and the Global Social Service Workforce Alliance (GSSWA). In addition, it was presented to and revised based on feedback from the Evidence for Impact Working Group. This group, chaired by representatives of the Better Care Network and Lumos Foundation, brings together researchers, measurement experts, and practitioners working on establishing data systems on children’s care to foster a strategic and well-coordinated approach to research and data in the sector, with a focus on generating and applying “evidence for impact” on policy, systems, and practice globally. D4I has worked closely with this working group to advance the overall measurement framework by capturing existing indicators and data sources and collectively identifying gaps.

## **Care system reform logic model**

The Care System Reform Logic Model (Figure 1) is informed by the system perspective and draws heavily on existing guidance and literature on care reform. The document will further describe the impact, outcomes, intermediate outcomes, outputs, and enabling environment in more detail, and will explain the relationships among these as they relate to care system reform.

Figure 1: Care System Reform Logic Model



## Impact

Impact: All children grow up in safe, nurturing, and stable family environments.

**Safe, nurturing, and stable environments** are integral to the development of children. Research suggests that safe, stable, nurturing relationships and environments for children may help reduce the occurrence of adverse childhood experiences (ACEs) and improve physical, cognitive, and emotional outcomes throughout a child's life.

In the context of alternative care provision, having a range of options and identifying the right placement for each child is key to **stability** and **permanence**.

**Permanence** is having a “family for life” (Sinclair et al., 2007) and a sense of belonging and connectedness (Schofield et al., 2012). For some, permanence is seen as meaning either living in (or returning to) the parental home or being formally adopted by another family. However, the [United Nations Guidelines for the Alternative Care of Children](#) take a flexible view, emphasizing the “stable” (and of course appropriate) nature of the placement rather than the setting itself (§ 60).

Placement **stability** is an important element of permanence as it creates opportunities for children to develop these relationships, which may take time for children whose previous relationships have been characterized by adversity (Boddy, 2013).

Permanence for children can be reached through different pathways, including living in (or returning to) the parental home, permanent placement with an alternate family (e.g., kinship care, long-term foster care, guardianship), through supervised independent living (SIL), or domestic and intercountry adoption (ICA). However, ICA is either considered as a measure of last resort or outlawed in many countries.

**Safety:** The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.

**Stability:** The degree of predictability and consistency in a child's social, emotional, and physical environment.

**Nurturing:** The extent to which children's physical, emotional, and developmental needs are sensitively and consistently met.

## Outcomes

Outcome 1: Prevention of unnecessary family separation.

- Achieving this outcome requires the provision of a range of prevention/family preservation services<sup>3</sup> to families at risk. These services will vary by country context. Services may include parenting skills training, psychosocial support, household economic strengthening (HES) and livelihood interventions, early childhood development (ECD services), social protection programs, etc. For families with children with disabilities, this support might include a thorough needs assessment and provision of interventions such as physical therapy, occupational therapy, speech therapy, respite care, mobility devices such as wheelchairs, daycare, family support and counselling, and necessary medications.

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<sup>3</sup> Includes all measures to address the root causes of child abandonment, relinquishment, and separation of the child from his or her family.

- Intermediate outcomes include:
  - i. Strengthened families: At-risk families are empowered and supported to create a safe and nurturing home. Families are strengthened through the provision of tailored services to enable them to care for and provide for their children’s needs, enhance parental resilience, social connections, positive parenting skills and child development, etc. Measures of family outcomes may include family functioning, self-sufficiency and access to resources, social support, parenting behavior, parent well-being, and child treatment.<sup>4</sup> Child outcome measures include physical health, social and emotional well-being, learning and development, protection and safety, , nutrition, caregiver-child relations, etc. (see Appendix A).
  - ii. Empowered children: Children are empowered to make their own decisions and have a voice in placement decision making in line with the [United Nations Guidelines for the Alternative Care of Children](#).
  - iii. Supported and engaged communities: Children, families, and communities actively prevent unnecessary separation and promote the benefits of family-based care.

Outcome 2: Children without parental care are appropriately placed in family and community-based alternative care or adoption.

- Achieving this outcome requires the following intermediate outcomes:
  - i. Robust case management and gatekeeping <sup>5</sup> processes: There is a need to ensure a child without parental care has an appropriate and inclusive community and family-based alternative care services or adoption services.
  - ii. Appropriate and inclusive community and family-based alternative care services: Family-based alternative care options include kinship care, foster care, and guardianship. Community-based care options include supervised independent living (SIL), especially for children and young people exiting care (also referred to as care leavers).
  - iii. Reduced reliance on institutional care for children without parental care: Deliberate efforts are needed to transition from institutional care to family-based and community-based alternatives for children n. This process should be part of a wider deinstitutionalization strategy, with the overall goal of reducing reliance on institutional care for children (Goldman et al., 2020). Specific measures/indicators may include:
    - a) Number of children living in institutional care or rate of children in residential care at a specific date (per 100,000)
    - b) Number (or rate) of children who entered residential care during the year
    - c) Number (or rate) of children who left residential care during the year (disaggregated by Destination on leaving care)

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<sup>4</sup> Chapter 3: Strong Nurturing Families (oregonstate.edu)

<sup>5</sup> Gatekeeping refers to the decision-making processes and procedures that are put into place to prevent unnecessary family separation and to ensure that when separation does occur, each placement decision is based on the best interests of each child. Gatekeeping relies on careful assessment and individualized case management to inform decision-making processes at multiple points: (1) **Before family separation**: assessing the circumstances to determine what needs to happen, preventing separation through the provision of services when possible and appropriate; and (2) **After the family separation**: assessing whether supported family reunification is possible and if not, determining the best alternative care options for each child with preference given to family care.



- d) Proportion of children in residential care of the total number of children in formal alternative care at a specific date
- e) Number of illegal residential institutions and/or those that do not meet the minimum care standards closed

Outcome 3: Safe and sustainable reintegration of separated children.

We use the term reintegration here rather than reunification because *reunification* constitutes a point in time (physical reuniting of the child with his or her family) whereas *reintegration* is a longer-term, multidimensional process of ensuring the reunified child's and family's adjustment and long-term well-being. It is a process that includes careful assessment, planning, extensive interventions (to address the original causes of separation and re-establish broken relationships), and follow-up to ensure that the child is safely and effectively reintegrated back into his or her family and community.

- The Guidelines on Children's Reintegration <sup>6</sup> provide guidance on stages of reintegration (both emergency and non-emergency contexts), including the case management process, working with family, post-reunification support and monitoring, and reintegration within the wider continuum of child protection.
- Monitoring the well-being of children and families is an integral part of the reintegration process. Research suggests six key domains for assessing that a child is safely and effectively reintegrated back into his or her family and community (Goldman et al., 2020):
  - (a) Child health and development
  - (b) Psychosocial health and well-being
  - (c) Child protection and safety
  - (d) Caregiver-child relations
  - (e) Social and community belonging
  - (f) Education access, quality, and achievements
- The **intermediate outcome** is family reunification of separated children. Reunification is the process of transitioning a child back to his or her family of origin. Specific measures/indicators may include:
  - a) Number/percentage of children reunified with their parents during the reporting period.
  - b) Percentage of children who were reunified with their parents or extended families within 12 months of the latest removal
  - c) Percentage of children reunified in last 12 months that received follow-up visit in the reporting period

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<sup>6</sup> Guidelines on Children's Reintegration (2016). Retrieved from <https://bettercarenetwork.org/sites/default/files/Guidelines%20on%20Children's%20Reintegration%20DIGITAL%20.pdf> [Accessed May 2020].

## Outputs

Broad outputs linked to specific care reform processes include:

1. **Policies, legislation, and regulation** supportive of effective care, coordination, and oversight mechanisms to ensure appropriate care for children without or at risk of losing parental care.
2. **Fiscal management and resource allocation:** Includes funding commitments to transform care systems for children, addressing the drivers of institutionalization, and supporting the strengthening of social service workforce.
3. **Adequate and skilled workforce:** An adequate and well-trained social services workforce<sup>7</sup> is required to develop and deliver a range of services to vulnerable children and families. For example, developing alternative family-based care requires the availability of social services at the community level and a skilled social service workforce to implement them.
4. **Evidence and data for decision making.** This relates to the availability of data and evidence for decision making. For example, comprehensive and reliable data on children in alternative care can help articulate the need for new child protection and care services and allows policy makers and providers to make evidence-based decisions to better design and manage care reform programs, resulting in better outcomes for children.
5. **Services across the continuum of care:** This includes services to prevent unnecessary family separation, strengthen families, and ensure appropriate care for separated children/children without parental care. Regarding the latter, existing guidance suggests that a range of alternative care options, primarily family based, must exist in order to respond to children’s individual needs and circumstances. Family-based care options for children without parental care include placement with a relative (kinship care), foster care, guardianship, and adoption.<sup>8</sup> Residential care should only be an interim, short-term option with the goal of placing children in protective and permanent family settings as soon as possible. Within the continuum of alternative care, it should only be utilized as a last resort.
6. **Communication, advocacy, and social mobilization initiatives:** This includes specific outputs related to activities seeking to promote positive social norms related to alternative care, including the promotion of wider societal awareness of the importance of family-based care.

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<sup>7</sup> The social service workforce in child protection includes a variety of workers—formal and informal, paid and unpaid, professional and paraprofessional, governmental and nongovernmental—that make the social service system function and contribute to promoting the rights and ensuring the care, support, and protection of children (Better Care Network and Global Social Service Workforce Alliance. 2014).

<sup>8</sup> Faith to Action Initiative. (2014). A Continuum of Care for Orphans and Vulnerable Children. Retrieved from [Faith2Action.ContinuumOfCare.pdf\(faithtoaction.org\)](http://Faith2Action.ContinuumOfCare.pdf(faithtoaction.org))

## Input and Processes

The enabling environment relates to system inputs and processes that can potentially enable or hinder reform efforts. These inputs and processes include governance, financing, social service workforce, M&E and information system, service delivery mechanisms, and public awareness and advocacy activities:

- **Governance:** This includes policies, legislations, and regulations supportive of effective care; standards and enforcement mechanisms; structures, functions, and capacities; coordination and oversight mechanisms; and gatekeeping mechanisms.
- **Financing:** This involves Medium-Term Expenditure Framework (MTEF) budget allocations and expenditure, service cost estimations, and funding contributions from development partners for care system strengthening and provision of service for children without or at risk of losing parental care.
- **Social Service Workforce**<sup>9</sup> (professional and para-professional). Planning for and building the capacity of all levels of the workforce is critically important.<sup>10</sup> This includes developing a workforce-supportive legal or regulatory framework, curricula development and standardization, training and technical assistance programs, putting in place supervision mechanisms, developing professional associations, and mechanisms/platforms for peer-to-peer support.
- **Monitoring and Evaluation (M&E) and Information System:** This includes robust data collection, information management, and reporting systems; systems for tracking children across the continuum of care; M&E-related policies and frameworks; high-quality research and analytical work; project/program-specific M&E; information and knowledge sharing.
- **Service Delivery Mechanisms:** This includes family centered case planning and case management<sup>11</sup> processes, service coordination, and quality assurance<sup>12</sup> mechanisms to ensure appropriate care for children without or at risk of losing parental care.
- **Public awareness and advocacy activities:** This includes all activities aimed at addressing negative norms and/or shaping norms that are conducive to the prevention of unnecessary separation and child institutionalization.

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<sup>9</sup> Includes a variety of workers—paid and unpaid; governmental and nongovernmental—who staff the social service system and contribute to the care, support, promotion of rights, and empowerment of vulnerable populations served by the social service system.

<sup>10</sup> Better Care Network and Global Social Service Workforce Alliance. (2014). Working paper on the role of social service workforce development in care reform. Washington, DC: IntraHealth International. Retrieved from [The Role of Social Service Workforce Development in Care Reform\\_0.pdf \(bettercarenetwork.org\)](#)

<sup>11</sup> Case management is a process practiced by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need. Case management involves a social service worker or paraprofessional social service worker who collaboratively assesses the needs of a client (and when appropriate the client unit) and arranges, coordinates, monitors, evaluates and advocates for a package of services to meet a specific client's needs.

<sup>12</sup> Quality assurance (of services): A systematic process of checking whether a service is meeting and maintaining a desired level of quality as stipulated in official standards or practices of minimum quality standards.

## Indicator mapping

After the finalization of the Logic Model, the focus moved to mapping existing indicators to measure the progress and outcomes of national care reforms. This involved a series of steps, including:

1. Identification and extraction of indicators from key resources, including indicator manuals, M&E frameworks, and toolkits, (See Appendix B).
2. Development of an Excel-based database of indicators from different sources (Figure 2 shows a screenshot of the database). A total of 501 indicators were gleaned from the various sources and included in the database. The database is available upon request from D4I.
3. Development of an initial classification criterion, and categorization of indicators by system component, care domain (residential care, foster care), and indicator type (output, outcome, impact)
4. Review of indicator database and elimination of duplicated indicators or indicators perceived to measure the same construct, culminating in a reduction from 501 to 170 indicators.
5. Re-classification indicators in the database in accordance with the Care System Reform Logic Model (see Figure 1).

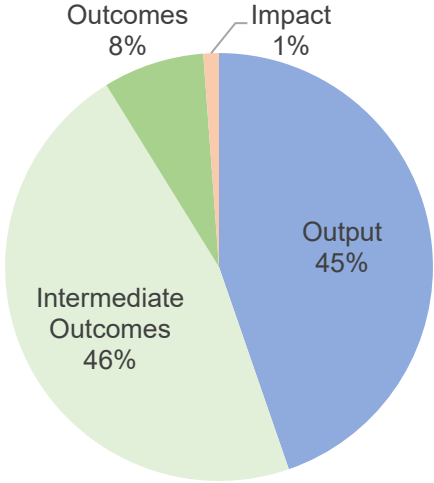
Figure 2: Indicator Database

	A	B	C	D	E	F
	Indicator Name	Tool #	Care Domain	System Component	Indicator type	Sub-type
1	Percentage of institutions closed in the last 12 months	4	Residential Care	Governance	Int Outcome	Deinstitutionalization
43	Percentage of children in formal care who have an up-to-date individual care plan	8	Crosscutting	Service delivery	Int Outcome	Case management
63	Number of residential institutions or other children homes operating in country	8	Residential Care	Service delivery	Output	Service reach/Coverage
64	Number of newly approved foster care parents during the reporting period	8	Foster Care	Service delivery	Output	Service reach/Coverage
65	Number of children newly adopted during the reporting period	8	Adoption	Service delivery	Outcome	Appropriate placement
66	Percentage of children in formal care with a valid care order	8	Crosscutting	Service delivery	Int Outcome	Case management
67	Mortality rate of children in formal care	8	Crosscutting	Service delivery	Impact	
68	Number and percentage of children leaving residential care for a family placement	7	Residential Care	Service delivery	Int Outcome	Deinstitutionalization
69	Number of children reunified who received a follow-up visit in the last quarter	7	Family reunification/Rei	Service delivery	Int Outcome	Case management
70						
73						

The list of indicators, after the initial classification criterion, is provided in Appendix C. The remaining 170 indicators are focused on the six components presented in the Care System Reform Logic Model as the “enabling environment.” More than half of the indicators (52%) focused on service delivery. The remaining indicators focused on governance (15%), social service workforce (14%), financing (9%), M&E and information management (8%), and public awareness and advocacy (<1%).

When sorted by indicator type, 45 percent were classified as output indicators and 46 percent were classified as intermediate outcome indicators. Eight percent and 1 percent were outcome and impact indicators, respectively (see Figure 3)

**Figure 3: Indicator Type**



**Figure 4: Indicator Number by Component**

System Component	Classification	Total No. of indicators
<b>Governance</b>	Policies and legislation	9
	Oversight and quality assurance (regulations, practice standards, and other procedures for authorizing and ensuring quality of care)	12
	Gatekeeping	2
	Institutional capacity and coordination	1
<b>Finance</b>	Fiscal management	5
	Financial resource allocation and expenditure	10
<b>Workforce</b>	Workforce size and distribution	7
	Performance support (retention, performance/productivity, wages, and incentives)	4
	Workforce development (pre- and in-service training, regulation, and HR policies and standards)	12
	Others	1

System Component	Classification	Total No. of indicators
Information systems	Data availability and quality	8
	Others	4
Service delivery	Service reach/coverage and quality	9
	Service quality	2
	Effective case management	13
	Appropriate placement	18
	Deinstitutionalization/reduced reliance on institutional care	4
Service delivery (continued)	Family and child well-being (strengthened families, empowerment children, child well-being)	25
	Reintegration and reunification	8
	Others	9
Public awareness and advocacy	Public attitudes and values	3
	Other	2

## Next steps

The first step of the process was to develop the Care System Reform Logic Model and then move to the mapping of existing indicators to measure progress and outcomes of national care reforms. As the work continues, the focus will move to:

**(1) Define a core indicator set and detailed indicator definitions to inform the measurement of care reform progress.** The next crucial step is to develop a prioritization criterion and build consensus on a core indicator set, reflecting the Care System Reform Logic Model above. In addition, indicator reference sheets (IRSs) will be developed for all prioritized indicators. The IRS will provide a full description of each indicator, including the definition of the terms used in each indicator, the numerator and denominator, the method of measurement, the data source, and data disaggregation.

**(2) Develop a care reform information needs infographic for categorizing different types of information for care reform monitoring and evaluation.** The framework will include a list of illustrative questions relating to different information use scenarios (case management, program monitoring, process evaluation, outcome monitoring, etc.), suggested data collection methods, and frequency of data collection. Armed with this knowledge, countries and donors can identify information required to inform care reform processes and guide decisions around ad-hoc data collection and evaluation efforts. The infographic and accompanying materials will also help program staff and donors to more clearly define information-collection strategies based on the information needed, why it is needed, and by whom it is needed. This will improve the efficiency of data collection efforts and improve the availability of appropriate data for various decision-making processes.

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## Appendix A: Examples of child and family outcome measures and tools

Tool/Framework	Type	Well-being Domains (Outcome measures)
<b>Thrive Scale</b>	Rating scale for observations/ interviews	The Thrive Scale™ focuses on five well-being domains: physical & mental health, education, family & social relationships, home finances, and living conditions.
<b>Family Assessment Form (FAF)</b>	Rating scale for observations/ interviews	<p>The Family Assessment Form (FAF) focuses on six well-being domains:</p> <ul style="list-style-type: none"> <li>• Living conditions (adequacy, safety, cleanliness)</li> <li>• Financial conditions (income adequacy, financial management, etc.)</li> <li>• Support to the family (adequacy of childcare, family/informal support, other)</li> <li>• Caregiver/child Interaction (understanding of child development, daily routines, discipline methods, bonding, other)</li> <li>• Developmental stimulation (opportunities and guidance for age-appropriate play and interaction)</li> <li>• Interactions between caregivers (problem-solving, conflict/stress, support, other)</li> </ul> <p>The FAF helps practitioners assess families at the beginning of service, develop individualized family service plans, monitor family progress, and assess outcomes for individual families.</p>
<b>Active Family Support (AFS) - Family Status Assessment Tool (Hopes and Homes for Children)</b>	Rating scale for observations/ interviews	The assessment tool covers the following six well-being domains: living conditions, family and social relationships, behavior, physical and mental health, education, and household economy.
<b>Nurturing Care Framework</b>	Framework	The framework outlines five inter-related and indivisible components of nurturing care that are necessary to enable children to reach their full potential: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for learning. These should inform the basis for any measurement efforts.
<b>Nurturing Family Resource Checklist (NFRC), 1997</b>	Rating scale for observation &/or interviews	<p>The NFRC allows service providers to quantify information gathered through observation, case records, and/or family interviews. Similar to the FAF (above), the NFRC assesses the adequacy of family resources in five areas:</p> <ul style="list-style-type: none"> <li>• Basic resources (parents' education, income, employment, housing, transportation, nutrition, and childcare)</li> <li>• Health and health care (physical and mental health needs, insurance, and relationships with providers)</li> <li>• Parenting and family relationships (child-parent interactions, family routines, guidance, support, and conflict)</li> </ul>



Tool/Framework	Type	Well-being Domains (Outcome measures)
		<ul style="list-style-type: none"> <li>• Social support (community services, advocacy skills, and family and informal support)</li> <li>• Children’s education (social skills and well-being, and school behavior and performance)</li> </ul> <p>Items in each scale are rated as three (thriving), two (safe), or one (at risk). Scales may be used together for full assessment or separately to focus on specific areas of family life</p>
<b>Child Status Index (CSI)</b>	Rating scale for observations/ interviews	The Child Status Index (CSI) provides a framework for identifying the needs of children, creating individualized goal-directed service plans for use in monitoring the well-being of children and households, and program-level monitoring and planning at the local level. Assessment areas include food and nutrition, shelter, protection from abuse and exploitation, legal protection, education, emotional health, and social behavior and wellness (personal well-being).
<b>North Carolina Family Assessment Scale for Reunification (NCFAS-R)</b>	Psychometric	The North Carolina Family Assessment Scale (NCFAS) measures family functioning from the perspective of the worker most involved with the family. It includes five domains that measure family functioning: environment, parental capabilities, family interaction, safety, and child well-being.
<b>Strengths and Difficulties Questionnaire (SDQ)</b>	Questionnaire	The Strengths and Difficulties Questionnaire (SDQ) is a screening tool for measuring psychological adjustment in children and aims to detect any emotional or behavioral problems.
<b>Child Post-Traumatic Stress Disorder Symptom Scale or CPSS-5</b>	Screening tool	The Child PTSD Symptom Scale (CPSS-5) is a 27-item measure that evaluates post-traumatic symptom severity in children and adolescents based on DSM-5 diagnostic criteria for post-traumatic stress disorder.
<b>Depression Self-Rating Scale for Children (DSRC) (Birlleson 1978)</b>	Self-report questionnaire	Depression self-rating scale for children. The DSRS is a useful tool for screening depressive symptoms.
<b>International Child Abuse Screening Tool (ICAST)</b>	Questionnaire	Instrument to measure the extent of child maltreatment. There are three versions of this tool: one for adults with children, the ICAST-P; one for young adults, the ICAST-R; and one for children, the ICAST-C. The Parent Version (ICAST-P) is administered to parents for the assessment of child maltreatment.
<b>Conflict Tactic Scale (CTS) - Standardized tool</b>	Questionnaire	<p>The Conflict Tactics Scales (CTS) has been used for decades to evaluate violence within families and intimate relationships.</p> <ul style="list-style-type: none"> <li>• Revised Conflict Tactics Scales (CTS 2) for assessing partner violence.</li> <li>• Conflict Tactics Scales: Parent-Child Version (CTS PC) for evaluating child maltreatment and parent-to-child violence.</li> </ul>

Tool/Framework	Type	Well-being Domains (Outcome measures)
<b>Family Functioning Scale (FFS)</b> (Tavitian, et al., 1987)		The 32-item FFS measures family functioning. Each item is rated on a 7-point scale from “never” to “always.” Five subscales of the FFS are: positive family warmth, family communication, family worries, family conflict, and family rituals/support.

## Appendix B: Indicator resources

Resource No.	Name	Author/s	Year	Website	Type
1.	Manual for the Measurement of Indicators for Children in Formal Care	Better Care Network	2009	<a href="https://resourcecentre.savethechildren.net/library/manual-measurement-indicators-children-formal-care">https://resourcecentre.savethechildren.net/library/manual-measurement-indicators-children-formal-care</a>	Indicators (Manual)
2.	Child Protection Outcome Indicators	Save the Children	2014	<a href="https://resourcecentre.savethechildren.net/document/child-protection-outcome-indicators/">https://resourcecentre.savethechildren.net/document/child-protection-outcome-indicators/</a>	Indicators
3.	A Manual for Routine Monitoring of the Alternative Care System in Ghana	MEASURE Evaluation	2019	<a href="https://www.measureevaluation.org/resources/publications/ms-19-169">https://www.measureevaluation.org/resources/publications/ms-19-169</a>	Manual (Indicators)
4.	Measuring the Strength of National Social Service Systems for Orphans and Vulnerable Children	MEASURE Evaluation	2018	<a href="https://www.measureevaluation.org/our-work/ovc/measuring-the-strength-of-national-social-service-systems">https://www.measureevaluation.org/our-work/ovc/measuring-the-strength-of-national-social-service-systems</a>	Framework and Tool
5.	National Guidelines for Routine Monitoring of Alternative Care in Uganda	MEASURE Evaluation	2019	Not available.	Manual (Indicators)
6.	A Minimum Set of Child Protection Indicators for Europe and Central Asia	UNICEF	2019	<a href="http://transmonee.org/wp-content/uploads/2019/09/Minimum-set-of-CP-Indicators-for-ECA_Draft-for-Consultation_EN.pdf">http://transmonee.org/wp-content/uploads/2019/09/Minimum-set-of-CP-Indicators-for-ECA_Draft-for-Consultation_EN.pdf</a>	
7.	A Statistical Manual for a Core Set of Child Protection Indicators for Europe and Central Asia	UNICEF	2020	<a href="https://www.unicef.org/eca/statistical-manual-core-set-child-protection-indicators-europe-and-central-asia">https://www.unicef.org/eca/statistical-manual-core-set-child-protection-indicators-europe-and-central-asia</a>	Manual (Indicators)
8.	Measuring and Monitoring Child Protection Systems: Proposed Regional Core Indicators for East Asia and the Pacific	UNICEF East Asia and Pacific Regional Office (EAPRO)	NA	<a href="https://www.unicef.org/eap/reports/measuring-and-monitoring-child-protection-systems">https://www.unicef.org/eap/reports/measuring-and-monitoring-child-protection-systems</a>	Manual (Indicators)
9.	Transformative Monitoring for Enhanced Equity (TransMonEE)	UNICEF Innocenti Research Centre	NA	<a href="http://transmonee.org/">http://transmonee.org/</a>	Web-Based Database
10.	Indicator Manual, 2018	UNICEF	2018	<a href="https://www.unicef.org/media/55526/file/UNICEF%20Strategic%20Plan%20Goal%20Area%203%20Indicator%20Manual%20Ver.%201.7.pdf">https://www.unicef.org/media/55526/file/UNICEF%20Strategic%20Plan%20Goal%20Area%203%20Indicator%20Manual%20Ver.%201.7.pdf</a>	

Resource No.	Name	Author/s	Year	Website	Type
11.	Community Action for Quality Alternative Care and Protection	SOS Børnebyerne Denmark	2016	<a href="https://webbase.cisu.dk/PubliceredeDokumenter/%7BEA718D4E-EAA3-F87D-025F-86B9B9C8AA8A%7D_2954.pdf">https://webbase.cisu.dk/PubliceredeDokumenter/%7BEA718D4E-EAA3-F87D-025F-86B9B9C8AA8A%7D_2954.pdf</a>	Program Document
12.	Administration for Children and Families (ACF) Performance Indicators (Metrics)	US Department of Health, Children's Bureau	NA	See Indicators reported via the Adoption and Foster Care Analysis and Reporting System (AFCARS)	Indicator Handbook
13.	Monitoring and Evaluation of Reintegration Toolkit	RISE Learning Network	2016	<a href="https://riselearningnetwork.org/resource/monitoring-evaluation-of-reintegration-toolkit-2/">https://riselearningnetwork.org/resource/monitoring-evaluation-of-reintegration-toolkit-2/</a>	
14.	Measurement framework of the Minimum Standards for Child Protection in Humanitarian Action (CPMS)	Alliance for Child Protection in Humanitarian Action	2019	<a href="https://emergency.unhcr.org/entry/80339/minimum-standards-for-child-protection-in-humanitarian-action">https://emergency.unhcr.org/entry/80339/minimum-standards-for-child-protection-in-humanitarian-action</a>	Measurement Framework

## Appendix C: List of indicators, organized by system component

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
Governance	1.01	Existence of legal and policy framework for formal care	1	Crosscutting	Output	Policies and Legislation
	1.02	Existence of a system of registration and regulation for those providers of formal care for children	1	Crosscutting	Output	Oversight and Quality Assurance
	1.03	Number of local authorities who implement referral and gatekeeping procedures as part of their monitoring framework	2	Crosscutting	Intermediate Outcome	Gatekeeping
	1.04	Ratification of relevant UN convention salient to children's rights (Benchmark: Number of conventions ratified)	8	Crosscutting	Output	Policies and Legislation
	1.05	Policy and legislative framework provisions on child rights, consistent with Convention on the Rights of the Child (CRC) and other global and regional covenants and instruments	8	Crosscutting	Output	Policies and Legislation
	1.06	Availability and effectiveness of policy coordination structures	8	Crosscutting	Output	Oversight and Quality Assurance
	1.07	Consistency of policy guidelines across levels of government	8	Crosscutting	Output	Policies and Legislation
	1.08	Regulatory framework for civil society in child protection includes the following: <ul style="list-style-type: none"> <li>An entity within the government that oversees civil society organizations working in child protection</li> <li>A mandatory procedure to license or register civil society organizations that directly care for children</li> </ul>	8	Crosscutting	Output	Oversight and Quality Assurance

System Component	Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	<ul style="list-style-type: none"> <li>Regular monitoring of the quality of services for children provided by civil society</li> <li>A mechanism at the national level for the government and civil society to coordinate for child protection policy, legislation, and programming</li> </ul>				
	1.09 Existence of gatekeeping and referral system for children detected as being at risk of harm, neglect, and violence	8	Crosscutting	Output	Gatekeeping
	1.10 Percentage of entities responsible for child protection in social welfare services, labor, and juvenile justice that are inspected at least once every two years	8	Crosscutting	Output	Oversight and Quality Assurance
	1.11 Comprehensiveness of surveillance mechanisms for preventing and detecting children at risk of abuse, neglect, and violence	8	Crosscutting	Output	Oversight and Quality Assurance
	1.12 Number of countries with alternative care policies in line with the 2009 Guidelines for the Alternative Care of Children	10	Crosscutting	Output	Policies and Legislation
	1.13 Existence of a good-quality national strategic plan that includes child-sensitive social protection	4	Crosscutting	Output	Policies and Legislation
	1.14 Evidence that a national strategic plan that addresses child protection and care is being implemented	4	Crosscutting	Output	Policies and Legislation
	1.15 The ministry responsible for social services (or equivalent) has the basic organizational capacity	4	Crosscutting	Intermediate Outcome	Capacity
	1.16 Number and percentage of regions (or equivalent) with a good-quality strategic plan that includes child-sensitive social protection	4	Crosscutting	Output	Policies and Legislation
	1.17 Number and percentage of regions with a good-quality strategic plan that includes child protection	4	Crosscutting	Output	Policies and Legislation

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	1.18	Existence of a functional national body that provides multisectoral oversight of the implementation of the child protection policy framework	4	Crosscutting	Output	Oversight and Quality Assurance
	1.19	Percentage of institutions registered with the government system that are being regularly monitored in line with minimum standards	2	Residential Care	Output	Oversight and Quality Assurance
	1.20	Percentage of formal care providers that have a formal complaint mechanism allowing children in formal care to safely report abuse and exploitation	2	Residential Care	Output	Oversight and Quality Assurance
	1.21	Percentage or number of formal complaints safely reported by children that were addressed within three working days	2	Residential Care	Intermediate Outcome	Oversight and Quality Assurance
	1.22	Percentage of institutions closed in the last 12 months	2	Residential Care	Intermediate Outcome	Oversight and Quality Assurance
	1.23	Number and percentage of residential care facilities that meet minimum standards of care	14	Residential Care	Intermediate Outcome	Oversight and Quality Assurance
	1.24	Number of facilities and homes licensed	12	Residential Care	Output	Oversight and Quality Assurance
<b>Financing</b>	2.01	Share of total funds of child protection NGOs received from the national government based on transparent competition	8	Crosscutting	Output	Financial Resource Allocation & Expenditure
	2.02	Composition of expenditure out-turns compared to originally approved budgets on child protection-related programs (administrative and functional) over the last three years	8	Crosscutting	Output	Financial Resource Allocation & Expenditure

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	2.03	Robustness of budget expenditure classification: Use of (GFS/COFOG) administrative, economic and functional classification standards <sup>13</sup>	8	Crosscutting	Output	Fiscal Management
	2.04	Transparency and objectivity in the horizontal allocation of transfers linked to expenditures on child protection among sub-national governments	8	Crosscutting	Output	Fiscal Management
	2.05	Neutrality of financing framework with regard to types of child protection services and an absence of financial incentives that have detrimental effects on children	8	Crosscutting	Output	Fiscal Management
	2.06	Accuracy of reimbursement of financial costs imposed on sub-national budgets by the central government within decentralized spending programs related to child protection	8	Crosscutting	Output	Fiscal Management
	2.07	Preparation of multiyear fiscal forecasts and functional allocations	8	Crosscutting	Output	Financial Resource allocation & expenditure
	2.08	Existence of costed strategies for child protection	8	Crosscutting	Output	Fiscal Management
	2.09	The proportion of government resources (financial/human) committed to alternative care	11	Crosscutting	Output	Financial Resource Allocation & expenditure
	2.10	The national medium-term expenditure framework (or equivalent) includes child-sensitive social-protection policy and programming	4	Crosscutting	Output	Financial Resource Allocation & Expenditure
	2.11	The national medium-term expenditure framework (or equivalent) includes child protection policy and programming	4	Crosscutting	Output	Financial Resource Allocation & Expenditure

<sup>13</sup> The international standard for classification systems is the Government Finance Statistics (GFS) developed by the IMF (IMF December 2001) and the Classification of Functions of Government (COFOG) developed by the UN and included into the GFS Manual (IMF December 2001), which jointly provide the framework for the economic and functional classification of transactions. The functional classification (COFOG) is particularly helpful in analysing child protection policies since it presents public expenditures according to their purpose, independently of the government's structure.



System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	2.12	Total annual governmental budget allocation to child-sensitive social protection	4	Crosscutting	Output	Financial Resource Allocation & Expenditure
	2.13	Total annual governmental budget allocation to child protection	4	Crosscutting	Output	Financial Resource Allocation & Expenditure
	2.14	Total annual governmental expenditures on child-sensitive social protection	4	Crosscutting	Output	Financial Resource Allocation & Expenditure
	2.15	Total annual governmental expenditures on child protection	4	Crosscutting	Output	Financial Resource Allocation & Expenditure
<b>Workforce</b>	3.01	Percentage of (targeted) care institutions where staff are trained and are applying better care and child-friendly practices	2	Residential Care	Intermediate Outcome	Training and Continuing Education
	3.02	Percentage of senior management and staff/carers working with children in formal care with minimum qualifications in childcare and development	1	Crosscutting	Output	Workforce Size
	3.03	Percentage of staff/caregivers working with children who receive adequate supervision and support on a regular basis	2	Crosscutting	Intermediate Outcome	Supportive Supervision
	3.04	Regulation of requirements and standards for social work professionals	8	Crosscutting	Output	Regulation/Policies
	3.05	Professional training for personnel working in child protection service delivery (existence of education and continued development system)	8	Crosscutting	Output	Training and Continuing Education
	3.06	Average wage of staff working on child protection as percentage of average public sector wage	8	Crosscutting	Output	Wage
	3.07	Retention: Annual turnover within civil service/public sector jobs with responsibility for child protection	8	Crosscutting	Output	Retention

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	3.08	Absenteeism: Average absenteeism rates in representative samples of different cadres of staff working on child protection	8	Crosscutting	Output	Performance/Productivity
	3.09	Ratio of social workers with responsibilities for child protection (service delivery personnel) per head of child population	8	Crosscutting	Output	Workforce Size
	3.10	Number of SOS staff working according to standards and guidelines set for alternative care	11	Crosscutting	Intermediate Outcome	Regulation/Policies
	3.11	Number of SOS staff with substantial knowledge and skills to conduct policy/budget analysis and document best practice models for evidence-based advocacy on alternative care	11	Crosscutting	Intermediate Outcome	Training and Continuing Education
	3.12	Number of local partners demonstrating adequate skills and practices in regard to alternative care and protection	11	Crosscutting	Intermediate Outcome	Training and Continuing Education
	3.13	Number of SOS staff and local partners with substantial knowledge and skills related to alternative care and advocacy	11	Crosscutting	Intermediate Outcome	Training and Continuing Education
	3.14	Number of para social workers with substantial knowledge and skills related to alternative care	11	Crosscutting	Intermediate Outcome	Training and Continuing Education
	3.15	Percentage staff trained on alternative care	14	Crosscutting	Output	Training and Continuing Education
	3.16	Existence of a national regulatory framework for the social service workforce	4	Crosscutting	Output	Regulation/Policies
	3.17	Existence of a functional national regulatory body for the social service workforce	4	Crosscutting	Output	Regulation/Policies
	3.18	Availability of good-quality social-service workforce data	4	Crosscutting	Output	Workforce Information Systems
	3.19	Existence of a good-quality national strategic plan that includes strengthening the social service workforce	4	Crosscutting	Output	Regulation/Policies

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	3.20	Existence of a functional national professional association for social service practitioners	4	Crosscutting	Output	Regulation/Policies
	3.21	Number of certified social service workers, by cadre	4	Crosscutting	Output	Workforce Size
	3.22	Number of registered social service workers, by cadre	4	Crosscutting	Output	Workforce Size
	3.23	Ratio of social service workers with responsibility for child welfare per total child population	4	Crosscutting	Output	Workforce Size
	3.24	Vacancy rates of governmental social service workforce positions, by position type	4	Crosscutting	Output	Workforce Size
<b>M&amp;E and Information System</b>	4.01	Use of CDC, MICS, DHS, ILO-IPEC, national survey data, or other relevant surveys in national policy documents on child protection	8	Crosscutting	Intermediate Outcome	Data Demand and Use
	4.02	Data analysis and evidence-based research for child protection. <u>Benchmark</u> : Child protection policy development and planning is based on: <ul style="list-style-type: none"> <li>Regular provision to key decision makers of relevant evidence-based analysis and research</li> <li>Existence of a national research agenda on child protection issues that identifies priorities for improving data on child protection problems, and key risk factors</li> <li>Effective collection of information on children at risk for the purposes of collaboration between public and/or external agencies in emergency contexts</li> <li>Capacity building and training programs in key ministries with responsibilities in child protection for data management, statistical analysis, and evidence-based policy making.</li> </ul>	8	Crosscutting	Output	Data Demand and Use

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	4.03	Use of equivalence scales to assess child poverty rates	8	Crosscutting	Output	Data Availability
	4.04	Child protection data disaggregated by age, ethnicity, sex, and disability status	8	Crosscutting	Output	Data availability
	4.05	Administrative data on child protection recorded in national Management Information System (MIS) using appropriate definitions and covering variables sufficient to support decisions on most of the special national child protection policy priorities	8	Crosscutting	Output	Data availability
	4.06	“Fitness to use” of the collected data on child protection	8	Crosscutting	Output	Data Quality
	4.07	Number of surveys over the last five years to assess and measure outcomes for children related to key specific child protection priorities in-country	8	Crosscutting	Output	Data availability
	4.08	Existence of a good-quality national monitoring and evaluation plan for the national strategic plan(s) that includes child-sensitive social protection	4	Crosscutting	Output	M&E planning
	4.09	Availability of good-quality child-sensitive social-protection data	4	Crosscutting	Output	Data Availability
	4.10	Existence of a good-quality national monitoring and evaluation plan for the national strategic plans that include child protection	4	Crosscutting	Output	M&E Planning
	4.11	Availability of good-quality child protection data	4	Crosscutting	Output	Data Availability
	4.12	Percentage of regions that submit timely and complete data on child-related social services to the national ministry responsible for social services (or equivalent)	4	Crosscutting	Output	Data Availability
<b>Service Delivery</b>	5.01	Percentage of children of school age in residential care who are attending school within the local community with other children who are not in residential care	1	Residential Care	Intermediate Outcome	Case Management

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	5.02	Percentage of children in residential care institutions who have regular contact with family members	2	Residential Care	Intermediate Outcome	Case Management
	5.03	Number of children who report an improvement in childcare practice within institutions where training has taken place	2	Residential Care	Intermediate Outcome	Service Quality
	5.04	Number of new entrants to residential care institutions (reference period is last 12 months), disaggregated by sex, age, disability	2	Residential Care	Intermediate Outcome	Deinstitutionalization
	5.05	Rate of children in formal residential care at the end of the year (per 100,000)	7	Residential Care	Intermediate Outcome	Deinstitutionalization
	5.06	Number of children in residential care with a use capacity of maximum 10 places at the end of the year, per 100,000 population ages 0–17, by sex and age	6	Residential Care	Output	Service Reach/Coverage
	5.07	Number of children in residential care over the total number of children in alternative care at the end of the year	6	Residential Care	Intermediate Outcome	Deinstitutionalization
	5.08	Number of residential institutions or other children's homes operating in-country	5	Residential Care	Output	Service Reach/Coverage
	5.09	Number and percentage of children leaving residential care for a family placement	3	Residential Care	Intermediate Outcome	Deinstitutionalization
	5.10	Percentage of parents and caregivers with children ages 0–18 years who report that they live in dwelling structures that are safe and durable, based on the condition and location of the dwelling	2	Prevention	Intermediate Outcome	Family Strengthened
	5.11	Percentage of children living in households supported by Save the Children livelihoods work who report increase or diversification of targeted assets	2	Prevention	Intermediate Outcome	Family Strengthened

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	5.12	Percentage of children living in households where one or more adults have been earning a stable income for the past year	2	Prevention	Intermediate Outcome	Family Strengthened
	5.13	Percentage of households with year-round access to sufficient nutritious food for the family's needs	2	Prevention	Intermediate Outcome	Family Strengthened
	5.14	Percentage of parents or caregivers who were able to cover the costs of their children's education and healthcare through their own financial means, without external assistance, in the past 12 months	2	Prevention	Intermediate Outcome	Family Strengthened
	5.15	Percentage of children who have three minimum basic material needs for personal care (food, clothes, medical care, shelter, etc.)	2	Prevention	Intermediate Outcome	Family Strengthened
	5.16	Percentage of children who report that local support services (for example child protection committees, child-friendly spaces, social workers, care staff, police, etc.) are child friendly	2	Prevention	Intermediate Outcome	Child Empowerment
	5.17	Percentage of children who feel supported within families and communities	2	Prevention	Intermediate Outcome	Child Empowerment
	5.18	Percentage of vulnerable children and families accessing counselling and support services, who have demonstrated an improvement in their well-being	2	Prevention	Intermediate Outcome	Family Strengthened
	5.19	Average coverage rates of existing child-focused cash transfer programs	8	Prevention	Intermediate Outcome	Family Strengthened
	5.20	Percentage of targeted caregivers who report increased knowledge of caring and protective behaviors towards children under their care following their participation in a family strengthening program	14	Prevention	Intermediate Outcome	Family Strengthened
	5.21	Percentage of targeted caregivers who report enhanced skills to fulfill their responsibilities towards their children	14	Prevention	Intermediate Outcome	Family Strengthened

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
		following their participation in a family strengthening program				
	5.22	Percentage of children ages 8–17 who report a positive change in their interactions with their caregivers following their caregivers' participation in a family strengthening program	14	Prevention	Intermediate Outcome	Child Empowerment
	5.23	Percentage of caregivers who report using positive coping skills within the past month following their participation in a family strengthening program	14	Prevention	Intermediate Outcome	Family Strengthened
	5.24	Percentage of children ages 8–17 who report feeling safe in their caregiving environment	14	Prevention	Intermediate Outcome	Family Strengthened
	5.25	Number of children in guardianship/curatorship	6	Other	Outcome	Appropriate Placement
	5.26	Proportion of children in formal kinship care of the total number of children in formal family-based care at the end of the year	7	Kinship Care	Outcome	Appropriate Placement
	5.27	Number of children who entered formal kinship care during the year	7	Kinship Care	Outcome	Appropriate Placement
	5.28	Number of children who left formal kinship care during the year, by destination upon leaving care/death of the child	7	Kinship Care	Intermediate Outcome	Other
	5.29	Number of children in kinship care at the end of the year, per 100,000 population ages 0–17, by sex and age	6	Kinship Care	Outcome	Appropriate Placement
	5.30	Percentage of children fostered within the community who express satisfaction over the quality of their lives	2	Foster Care	Intermediate Outcome	Family Strengthened
	5.31	Percentage of identified foster caregivers adequately trained and provided with supervision and support	2	Foster Care	Intermediate Outcome	Performance Support
	5.32	Number of children who entered formal foster care during the year	7	Foster Care	Outcome	Appropriate Placement

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	5.33	Number of children in foster care at the end of the year, per 100,000 population ages 0–17, by sex and age	6	Foster Care	Outcome	Appropriate Placement
	5.34	Number of newly approved foster care parents during the reporting period	5	Foster Care	Output	Service Reach/Coverage
	5.35	Number [of children] exited from foster care during the FY	12	Foster Care	Outcome	Appropriate Placement
	5.36	Percentage of children/youth in foster care receiving at least two visits per month from the social worker	12	Foster Care	Intermediate Outcome	Case Management
	5.37	Percentage of children reintegrated into family or community placements supported by Save the Children, who are still in a community-based care placement at follow-up (e.g., 18 months later)	2	Family Reunification/ Reintegration	Outcome	Safe Reintegration
	5.38	Percentage of children reintegrated into family or community placements supported by Save the Children, who can access relevant services	2	Family Reunification/ Reintegration	Intermediate Outcome	Safe Reintegration
	5.39	Percentage of children in identified families that are adequately fed, clothed, and cared for at follow-up (for example 18 months later)	2	Family Reunification/ Reintegration	Outcome	Safe Reintegration
	5.40	Percentage of (reintegrated and reunified) children and parents supported by Save the Children who state satisfaction with the process	2	Family Reunification/ Reintegration	Intermediate Outcome	Reunification
	5.41	Extent to which reintegrated children feel accepted into the community	2	Family Reunification/ Reintegration	Outcome	Safe Reintegration
	5.42	Percentage of children re-entering into State care as a result of unsuccessful reunification or placement	2	Family Reunification/ Reintegration	Intermediate Outcome	Reunification
	5.43	Number of children reunified who received a follow-up visit in the last quarter	3	Family Reunification/ Reintegration	Intermediate Outcome	Case Management



System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	5.44	Number and percentage of children in residential care whose families/caregivers have been successfully traced (i.e., family was located)		Family Reunification/ Reintegration	Intermediate Outcome	Case Management
	5.45	Number and percentage children and young people (CYP) placed into their own families, disaggregated by family member (e.g., mother, uncle)	13	Family Reunification/ Reintegration	Intermediate Outcome	Reunification
	5.46	Number and percentage of CYP placed into families who report that they feel loved	13	Family Reunification/ Reintegration	Intermediate Outcome	Family Strengthened
	5.47	Number and percentage of CYP placed into families who report that they feel supported and cared for	13	Family Reunification/ Reintegration	Intermediate Outcome	Family Strengthened
	5.48	Number and percentage of CYP placed into families who report that they feel happy	13	Family Reunification/ Reintegration	Intermediate Outcome	Family Strengthened
	5.49	Number and percentage of CYP placed into families who report that they feel safe	13	Family Reunification/ Reintegration	Intermediate Outcome	Family Strengthened
	5.50	Number and percentage of CYP who report that they have a good relationship with their primary parent/carer	13	Family Reunification/ Reintegration	Intermediate Outcome	Family Strengthened
	5.51	Number and percentage of parents and carers (P&C) that are “very satisfied” or “satisfied” with the support received from the organization	13	Family Reunification/ Reintegration	Intermediate Outcome	Family Strengthened
	5.52	Percentage of UNICEF-targeted unaccompanied and separated girls and boys registered with family tracing and reunification services, family-based care, or appropriate alternative services	10	Family Reunification/ Reintegration	Output	Service Reach/Coverage
	5.53	Percentage of children who were reunified within 12 months of the latest removal	12	Family Reunification/ Reintegration	Intermediate Outcome	Reunification

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	5.54	Number of children entering formal care during a 12-month period per 100,000 child population, disaggregated by sex, age (9–17), disability status	1	Crosscutting	Output	Service Reach/Coverage
	5.55	Ratio of children in residential versus family-based care	1	Crosscutting	Outcome	Appropriate Placement
	5.56	Percentage of children in formal care who have been visited by or visited their parents, a guardian, or an adult family member within the last three months	1	Crosscutting	Intermediate Outcome	Case Management
	5.57	Percentage of children placed in formal care through an established assessment system	1	Crosscutting	Intermediate Outcome	Case Management
	5.58	Percentage of children in formal care whose placement has been reviewed within the last three months	1	Crosscutting	Intermediate Outcome	Case Management
	5.59	Percentage of child-headed households supported by Save the Children who can access social services	2	Crosscutting	Intermediate Outcome	Family Strengthened
	5.60	Extent to which children are satisfied with the level of their participation in care decisions that affect them	2	Crosscutting	Intermediate Outcome	Family Strengthened
	5.61	Percentage of children and caregivers who are satisfied with the quality of the support they receive from the government and social work personnel working with them	2	Crosscutting	Intermediate Outcome	Service Quality
	5.62	Proportion of children in other forms of formal family-based care of the total number of children in formal family-based care at the end of the year	7	Crosscutting	Outcome	Appropriate Placement
	5.63	Proportion of children with disabilities in formal family-based care at the end of the year	7	Crosscutting	Outcome	Appropriate Placement
	5.64	Number of young people in formal family-based care at the end of the year	7	Crosscutting	Outcome	Appropriate Placement

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	5.65	Proportion of children with disabilities who left formal family-based care during the year	7	Crosscutting	Intermediate Outcome	Other
	5.66	Number of young people who left formal family-based care during the year	7	Crosscutting	Intermediate Outcome	Other
	5.67	Number of children who left formal foster care during the year, by destination upon leaving care/death of child	7	Crosscutting	Intermediate Outcome	Other
	5.68	Number of children who left other forms of formal family-based care during the year, by destination upon leaving care/death of child	7	Crosscutting	Intermediate Outcome	Other
	5.69	Number of children in residential care at the end of the year, per 100,000 population ages 0–17, by sex and age	6	Crosscutting	Output	Service Reach/Coverage
	5.70	Number of children in family-based care at the end of the year, per 100,000 population ages 0–17	6	Crosscutting	Outcome	Appropriate Placement
	5.71	Rate of children who left family-based care during the year, per 100,000 average population ages 0–17, by sex and age	6	Crosscutting	Intermediate Outcome	Other
	5.72	Percentage of children in formal care who have an up-to-date individual care plan	5	Crosscutting	Intermediate Outcome	Case Management
	5.73	Percentage of children in formal care with a valid care order	5	Crosscutting	Int Outcome	Case Management
	5.74	Mortality rate of children in formal care	5	Crosscutting	Impact	
	5.75	Rate of children in formal care (per 100,000 population)	9	Crosscutting	Output	Service Reach/Coverage
	5.76	Number of children in family-type care	9	Crosscutting	Outcome	Appropriate Placement
	5.77	Number of children without parental care placed into care during the current year	9	Crosscutting	Intermediate Outcome	Case Management

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
	5.78	Number and percentage of assisted CYP placed into an alternative, stable, safe, family-like setting (disaggregated by foster family, independent living, etc.)	13	Crosscutting	Outcome	Appropriate Placement
	5.79	Existing programs for child protection include a range of activities and (preventive, protective, and promotive) services for vulnerable children and families	8	Crosscutting	Output	Service Reach/Coverage
	5.80	Number separated children identified in the SOS location having their case registered and processed according to the guidelines for alternative care	11	Crosscutting	Intermediate Outcome	Case Management
	5.81	Percentage of children in alternative care who demonstrate well-being (physical health, development, and safety; cognitive development and education; psychological and emotional development; and social development and behavior)	11	Crosscutting	Impact	Child-Well-Being
	5.82	Percentage of children in interim alternative care who are placed in family or caregiving environment within 30 days of placement	14	Crosscutting	Outcome	Appropriate Placement
	5.83	Percentage of children in alternative care that have an agreed-upon case plan before placement	14	Crosscutting	Intermediate Outcome	Case Management
	5.84	Number of children remaining in out-of-home care for more than 12 months	12	Crosscutting	Intermediate Outcome	Other
	5.85	Rate of adoptions per 100,000 child population	1	Adoption	Outcome	Appropriate Placement
	5.86	Number of children newly adopted during the reporting period	5	Adoption	Outcome	Appropriate Placement
	5.87	Number of children available for adoption at the end of the year	9	Adoption	Output	Service Reach/Coverage
	5.88	Number of children adopted with public child welfare agency involvement during the FY	12	Adoption	Outcome	Appropriate Placement

System Component		Indicator Name	Resource No.	Care Domain	Indicator Type	Sub-Type
Public awareness & advocacy	6.01	Percentage of Save the Children supported families who believe that children need to grow up in a family environment as opposed to institutions	2	Prevention	Intermediate Outcome	Norms/Values
	6.02	Activities and programs underway to combat existing attitudes, customs, and practices that are contrary to a child's well-being, and that aim to promote open discussion with a view towards changing opinions	8	Prevention	Output	Stakeholders Reached
	6.03	Percentage of caregivers who do not approve of the use of corporal punishment against children following their participation in a family strengthening program	14	Prevention	Intermediate Outcome	Norms/Values
	6.04	Percentage of community members that state they believe family-based care is better for children than institutional care and are able to identify benefits of family-based care	2	Crosscutting	Intermediate Outcome	Norms/Values
	6.05	Number of barometric or other attitudinal national surveys conducted over the last five years to assess and measure public attitudes towards child abuse, exploitation, and violence	8	Prevention	Output	Other



**Data for Impact**

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