Care System Reform
Information Needs
Framework

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Introduction
Globally, countries are striving to reform their child protection and care systems to ensure appropriate support for children at risk of or currently living without a parent. Domestic investments are being made in policies and mechanisms to strengthen families, reduce reliance on residential care facilities, and promote family-based solutions. Such investments are guided by several instruments and global commitments, including the 1990 UN Convention on the Rights of the Child (CRC), the 2008 UN Convention on the Rights of Persons with Disabilities, the 2009 UN Guidelines for the Alternative Care of Children, and the 2019 Resolution on the Rights of the Child. They are also spurred by a growing body of evidence illustrating the benefits of family-based care on children’s development and the adverse impacts of institutionalization.

Care System Reform Data and Information Needs
Accurate and reliable data are important for ongoing reforms. Such information is necessary to evaluate progress and effectiveness of reforms, monitor conditions for children in alternative care, understand risks and protection gaps that children face, and inform funding, policy, and program decisions. Increasingly, countries are taking steps to improve care system reform monitoring and oversight through better data collection, analysis, and use. Nonetheless, guidance around appropriate data sources to address the varied information needs for care system reform monitoring and evaluation is not always clear and application not straightforward.

To aid decision makers in tracking their efforts on national care system reforms, the Data for Impact (D4I) team developed a care system reform logic model and completed an indicator mapping exercise. This resource presents a shared conceptual and measurement framework along with indicators that can be used to gauge the progress and outcomes of reforms at the country level. To supplement this logic model and indicator mapping, D4I has produced the following care system reform information needs framework. Through easy-to-reference tables on the different and distinct information sources that can be used, alongside scenarios illustrating their use, this framework is intended to help decision makers, program designers, and implementers in identifying the most appropriate data for answering key questions around care system reform and in their broader monitoring and evaluation activities.

What are care systems and care system reform?
Care systems encompass the legal and policy framework, structures, and resources that prevent family separation; determine and deliver alternative care for children living outside of family care; and support families to care for children well.

Care system reform is defined as 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 reintegration of children, and ensure appropriate family-based alternative care options are available. Successful reform means that there is a lasting and functional care system in place that ensures that all children are well cared for.

1 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).
Each data source is defined, with key characteristics and questions that it can be used to answer. Additional background is provided on how data are usually collected and by whom, the typical frequency of data collection, with reference to real-life examples. By referencing this framework, those responsible for reporting on care system reform will be able to clearly define strategies for data collection and analysis based on the questions they need to answer, which source of data is most appropriate and how to identify it, improving the efficiency of these planning efforts and clarifying the overall data landscape for care system reform.

**Data Sources and Use Scenarios**

Data on care system reform at the country level are drawn from a range of sources: administrative data, population- or household-based surveys, system assessments, program monitoring, outcome/impact evaluations, budget tracking and analysis, and legal/policy analysis. Quick reference tables are available on each of these different sources. Further detail, specifically on how the source is defined and data can be analyzed and used, is below, followed by a scenario illustrating use of this data source in practice.
Administrative Data

Administrative data are usually collected by governments or organizations when implementing ongoing programs and can include case management records, registration and vital records, and routine facility inspection results. These data can support monitoring and quality improvement of service delivery at the district, provincial, and national levels. They are gathered on a continuous or routine basis, either through a permanent system (e.g., case management information system) or a temporary, short-term system (e.g., refugee registration or distribution of support to disaster victims). These systems are typically large scale, covering the entire population and multiple delivery points or sites. Many administrative data systems at the national level provide—or could potentially provide—data relevant to supporting health and development outcomes for children. While core systems may vary from country to country, they are likely to include civil registration and vital statistics systems, national identity systems, population registers, information management systems for child protection, health, education, social welfare, and payment systems.

Administrative data use scenario: Estelle is a program administrator within the Department of Children’s Services in Kenya. To prepare for upcoming budget meetings with the department of finance, Estelle and her supervisor are reviewing the different sources of data available on the status of children receiving assistance from the department, including health, economic, education, and protective services. Their goal is to justify this month’s requests for vehicles for program officers to conduct community visits, targeting those administrative units where most children are receiving some form of assistance, as well as beginning to make a case for additional funding to expand this assistance in these high-need areas.

Part of Estelle’s job is managing a database of information about children who receive bursaries or grants to cover their secondary school fees. These data are collected by Children Services Officers at the sub-county level who receive referrals from Beneficiary Welfare Committees of children who are at risk of dropping out of school due to economic hardship or other issues at home. These applications are compiled every school term and feed up to the sub-county, then county, and finally to the national level to assess the scope and reach of the grants program. She runs data quality checks, such as cross-checking the compiled number of vulnerable households with one or more children with the reports submitted by the counties and the disaggregation by sex of the beneficiaries against the total beneficiaries reported, on a weekly basis, and follows up by phone and email to administrative units that have been delayed in submitting their reports.

Estelle knows that the data on the secondary school bursaries are up-to-date and reliable. At the budget meeting, she shares that 50% of the children receiving this assistance are coming from lower settlement areas. Allocating vehicles to support community visits to those areas is critical to ensure there are no other unaddressed needs that could contribute to them dropping out of school and to assess other children referred for the program. She provides additional data analysis to her supervisor to justify an increase in the overall secondary school bursary program, with a focus on the lower settlement areas, to enroll more children in the next fiscal year.
Population-Based Surveys

Population-based surveys collect information from a sample of people in a standardized way to better understand a larger group or society. Data are typically collected on a non-routine basis or as needed using questionnaires via phone, mail, email and in person. Trained enumerators or data collectors are engaged and employ mobile or manual data collection processes, or completely electronic means of data collection like web surveys are circulated via email or SMS. Surveys provide critical data to monitor population-level patterns and trends in relation to key sociodemographic indicators at national and subnational levels that can also be used to draw important comparisons between countries at both regional and international levels. Data from surveys such as Demographic and Health Surveys (DHS) and Multiple Indicators Cluster Surveys (MICS) have great potential to inform child protection policy and programming. These surveys provide particularly rich datasets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, livelihoods and economic wellbeing, and other key indicators of child and family well-being are being tracked on a five-year basis for a nationally representative sample of households.

Population-based surveys data use scenario: Ibrahim is an intern with the Ministry of Gender, Labor, and Social Development in Uganda. As part of his post-graduate degree studies in social work, he is doing his field placement with the statistics and planning office and providing research support to preparations for the next Medium Term Expenditure Framework (MTEF). This framework provides projected spending on social protection programs, including those serving children in vulnerable situations such as children with disabilities, orphans and other children not living with their biological parents, and children living in households below the poverty line.

Ibrahim’s field supervisor has asked him to contribute to a presentation summarizing the current situation of children in Uganda. He has directed him to draw on recent surveys such as the Demographic and Health Survey (DHS), multiple indicator cluster survey (MICS), Violence Against Children and Youth Survey (VACS), and other population-level data available through the national census. Ibrahim asks his supervisor why he should be referring to these sources, rather than the administrative databases tracking the different programs managed by the ministry, or by reaching out to organizations delivering social services to children for their most recent monitoring data. His supervisor explains, “because we want to be presenting trends that are representative of the country, not just those children enrolled in current programming. This framework must be informed by the vulnerabilities and risk factors across all children in Uganda, and present breakdowns according to age, sex, socio-economic status, and household- or population-based surveys are the best source for this kind of information.”

Once he analyzes the data, Ibrahim understands the wisdom of his supervisor’s words. He feels confident that his portions of the presentation, based on survey data, reflect the realities lived by children across the country. He includes an analysis of children’s living arrangements, socio-economic status of such households, and where they are more likely to be concentrated in the country. Ibrahim’s assistance helps the planning office in starting to determine where there may be a greater need for certain social protection programming in the future and contributes to a more data-informed approach to developing the expenditure framework.
System Assessments
System assessments involve using a variety of tools and techniques to obtain a wide-ranging understanding of children’s care and protection issues to inform the design of policy and/or programs with the aim of system-level improvements. They are usually one-off or point-in-time exercises that can be compared to identify trends over time. A mix of quantitative and qualitative methods can be employed such as review of existing documentation and literature, secondary analysis of existing data sets, key informant or in-depth interviews, and focus group discussions. The data generated can be used to identify the main country child protection risks, examine the scope and capacity of the existing child protection system, including infrastructure and human resources, accountability mechanisms, and resource mobilization approaches. Depending on the assessment objectives or questions, they can provide a deeper understanding of the underlying factors (cultural, political, legal, physical, and socioeconomic) affecting children’s care and protection in each country or context, as well as probe existing multi-sectoral services, their strengths, and weaknesses. Examples include child protection systems assessments, referral systems assessments, child protection in emergency or other specialized settings such as refugee or COVID-19, and rapid situation analyses.

System assessments data use scenario: Sokhom is a provincial child protection officer in Battambang, Cambodia. She ensures that residential care facilities in the province are inspected annually and have the required authorization to operate and report on progress to return children to these facilities as part of Cambodia’s national action plan for improving childcare. As of the last assessment released in 2017, 639 residential care facilities were in operation nationally, with a total of 35,374 children. From 2016–2019, immense efforts in implementing the plan resulted in a 43% reduction in the number of facilities and a 59% reduction in the number of children living in them.

However, in an environment with more than 3,000 non-governmental organizations involved in social services, maintaining up-to-date information on facilities that may have opened, or are operating without authorization, is challenging. Sokhom wants to be certain that she has accurate information on the residential care facilities in her province so annual inspections are completed as required and that the work by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY)—alongside local and international organizations to return children to their families—is documented and contributes to reaching national targets. The data she has access to—administrative data from facility inspections, case management and child protection case files, even program monitoring data from organizations registered and working in Battambang—do not provide a comprehensive picture, and facilities (and children) are missed. She is also curious if, since the 2017 assessment, the risk factors for children being placed in residential care have changed, and if any of the interventions undertaken to date have amplified protective factors for children most at risk. Such information would more likely be part of a needs assessment than a population-based survey or administrative data.

Sokhom learns that MOSVY is conducting a follow-up assessment of residential care facilities to inform revised targets for the implementation of the National Policy for the Child Protection System 2019–2028. She requests and is granted access to preliminary data from her province. Sokhom uses these data to update her facility directory and to assign staff to complete inspections and intensified follow-up of children in certain facilities for reintegration before the end of the year. She also investigates the qualitative findings from the assessment’s focus group discussions with children and caregivers and flags the need to revise her team’s risk assessment tool to reflect the heightened vulnerability of children with disabilities to violence and human trafficking in residential care facilities.
Program Monitoring

Monitoring of a child protection project or intervention involves the collection of routine data that measures progress toward achieving program objectives, tracks changes in program outputs and performance over time, and examines adherence to program quality standards. Data can be sourced from registration forms, service forms, training rosters, and client satisfaction surveys, to name a few. Continually using qualitative and quantitative monitoring data to track the efforts of a program can allow implementers to make real-time adjustments and address gaps. Project-level indicators are set and accompanied by reference sheets that outline data sources, data collection methods, frequency and roles and responsibilities for data collection. These data are collected and reviewed at predetermined intervals (often monthly or quarterly) and presented in routine reporting such as quarterly, semi-annual, and annual reports. Data presented in routine reports are shared with donors, partners, and government, and can feed into country or global reporting. Global reporting can occur with pre-determined indicators set by donors and/or partners, and data may also feed into country-specific partner-level information management systems.

Program monitoring data use scenario: James, a supervisor of community case workers at an NGO in Tanzania, was asked by his program manager to find out how many children had received health services when referred to the Bukoba Regional Referral Hospital in the last quarter for an upcoming quarterly report. These data would indicate whether the referrals from James and the workers he supervises in the surrounding communities were being completed, and if not, enable the NGO to investigate and respond to any barriers to health services being experienced by its clients.

James refers to program monitoring data that he and his fellow caseworkers maintain in case files for each client, which they update monthly after conducting home visits. This data source is often the most recent, up-to-date, and routinely collected compared to one-off system assessment, survey, or evaluation data. He sends a request via his team’s WhatsApp group for the number of referrals made to Bukoba Regional Referral Hospital for the last three months. James also calls the Bukoba Regional Referral Hospital’s director and asks for a report of the number of referrals from community case workers received in the last three months. Since the NGO has an official agreement in place with the hospital as part of their referral system, the director can consult the intake registry and provide the number of patients who were referred by community case workers.

James shares this information with the program manager, which shows that only 78% of the referrals made by community case workers were being received by the hospital. He also reports the result to his supervisees and asks for their thoughts on why some clients are not making it to the hospital. Most of the community case workers respond that transportation costs are an issue for their clients and that in some cases, they pay out of pocket to get clients to the hospital. Upon hearing this explanation, the program manager requests short-term funds to be provided to James and his team to pay for clients’ transportation to Bukoba Regional Referral Hospital over the next quarter.
Outcome/Impact Evaluation

Outcome and impact evaluations measure program effects in the target population and in some cases, examine a program process and activities to better understand how outcomes are achieved. These evaluations most often occur at the mid- and endpoints of a program or activity and use experimental or quasi-experimental designs drawing on quantitative and/or qualitative methods. Evaluation data can aid in assessing changes in key program or beneficiary indicators over time, making them a valuable source of information for decision makers, program designers, and implementers seeking to justify the continuation of a certain program or propose changes to future programming.

Outcome/impact evaluation data use scenario: Timothée is a project manager for a community-based organization in Haiti that receives funding from the government and the United States President's Emergency Plan for AIDS Relief (PEPFAR). He oversees activities to increase the capacity of families and communities to care for children who have been orphaned and children affected by HIV. Some of these activities include organizing psychosocial support groups for pregnant women living with HIV, payment of school fees for children, and livelihood support programs like cash savings groups and kitchen gardens. His project reports progress on targets on a high frequency basis, as well as quarterly and annual basis to the donor, and has worked diligently to address areas of underperformance.

However, as the project nears its midpoint, Timothée, his fellow project managers, and the project’s leadership team are keen to assess whether the activities have been implemented as intended, as well as to better understand the wellbeing of its beneficiaries and how to improve implementation. They contract with a local research firm to conduct a survey of beneficiary households and caregivers. The findings indicate that many children are enrolled in school but few are attending school regularly, that there is a high acceptance of harsh physical punishment of children, and a limited ability of households to cover expected expenses.

Timothée is eager to apply these findings to the activities that he oversees. He investigates the possibility of integrating positive parenting messaging and education into the existing psychosocial support groups and cash savings groups. He joins discussions with technical experts on whether to make school fees dependent on regular attendance, which they decide against based on the potential to increase the administrative burden and lack of evidence in support. Instead, they develop an advocacy brief based on the outcome evaluation data related to school attendance to argue for additional funding that would support focus group discussions with beneficiary households on the barriers to and facilitators of school attendance so that those can be more holistically addressed in case management home visits. Timothée is hopeful that these evidence-informed adjustments will accelerate progress toward the project’s targets, and ultimately, a more lasting impact on the children and families it serves.
**Data Quality Checks**

To encourage use of care system reform data, decisionmakers, program designers, and implementers must trust the sources. Data quality checks should therefore be integrated in the collection process for all the sources defined in this framework. Such checks may include high frequency checks, back checks, and spot checks by those supervising collection, either manually or built in if using electronic means of data collection. Use of standardized tools, qualified and well-trained data collectors, and security measures for protecting data are also important quality assurance measures that can be taken during this phase. Automating these processes, where possible, is also recommended to minimize errors during manual data entry into spreadsheets or other templates for reporting and analysis. Finally, conducting routine data quality assessments using an established methodology or tool can help verify the quality of reported data and assess the systems for management and reporting for needed action or improvements.

**Budget Analysis and Tracking**

Budget analysis and tracking involves calculating the proportion of funding allocations (by sector or subject) for targeted population groups and monitoring what is spent. Such exercises rely on accounting or other sources of financial data, like annual budgets and expenditure reports. They can be conducted annually or more frequently, depending on the accounting systems in place and availability of staff to review budgets and expenditure documents. Analyzing trends in budget allocations can draw attention to the relative importance given to child protection activities compared to other social welfare and protection programming or within the wider public sector. Such analysis can be pursued further to compare budgeted amounts to actual spending, or to assess changes in financial investments over time, and help in future planning or budgeting cycles. Insights gained from budget analysis and tracking can contribute to better understanding of available resources, optimal allocation of those resources, and exploration of different budget scenarios that can enable more efficient and effective programming (e.g., fixed and recurrent costs to implementing specific child protection interventions, costs incurred per worker trained in preventing and responding to violence against children).
Budget analysis data use scenario: Valeria is an accounting officer with Moldova’s Territorial Social Assistance Structure (TSAS) in the Stefan Voda district. She has been contacted by an emergency task force led by the Ministry of Labor and Social Protection, formed in response to the increased numbers of refugees and displaced children and families resulting from conflict along the country’s borders. The task force recently completed a rapid needs assessment of children and families in refugee and internally displaced persons (IDP) camps. Findings from the assessment underscored concerns that the district-level budget allocations developed for social services, such as shelter and food, psychosocial support, and violence prevention and response, were inadequate considering surges in demand due to the current conflict. Additionally, administrative staff in the districts affected did not feel equipped to prepare estimates of funds needed for social services should the conflict continue, given the many factors involved in modelling those costs.

Valeria is asked to participate in collecting and analyzing expenditure data for the social services provided to refugees and IDPs in Stefan Voda and to contribute to the creation of different scenarios and budget projections. She accesses previous expenditure reporting to calculate actual spending on these services at different time points before and during the conflict. She also disaggregates these data across the different types of services, as well as different types of beneficiaries such as children under five, living with disability(ies), or without parental care. Since the majority of the TSAS’ budget is for staff, she also liaises with the human resources department to gather data on the current number of frontline social service workers who are assessing children and families for assistance needs, and to determine if there has been higher than usual turnover of these staff since the conflict started.

The task force compiles data from Valeria, alongside other affected districts, and brings together stakeholders from across the health, education, and social welfare sectors to validate assumptions for a costing model. With consensus on this model and the expenditure data from the districts, the task force can forecast the necessary financial support for a variety of scenarios. In particular, the task force makes an evidence-informed submission to the Ministry of Finance for emergency support, which enables rapid allocation of additional funds to the affected districts. Thanks to the budget analysis undertaken by Valeria and her colleagues, these funds are accompanied by clear guidance to district-level TSAS on how to apply the financial projections to their short- and longer-term financial planning and track spending so that this exercise can be repeated in the next fiscal year.
Legal/Policy Analysis

Legal/policy analysis involves a review or evaluation of the extent of related results and impact of various laws or policies on a target population and/or the alignment of specific laws or policies with regional or global best practices, instruments, or commitments. Data are gathered by reviewing relevant documents and legislation, key informant or expert interviews, and surveys. Analysis can occur before or after a law or policy’s implementation to anticipate the results of different policy options and enable decisionmakers to choose between them, or to describe the consequences of a policy once in place. There is no set frequency for this analysis, although it is encouraged to engage in or review existing legal and policy analysis in preparation for a new five- or ten-year strategic plan for care system reform to prioritize areas for advocacy and action.

Legal/policy analysis data use scenario: Miriam is a policy advisor with the Ministry of Local Government and Rural Development in Botswana. As part of her work, she has been collaborating with donors like UNICEF and USAID to develop and apply a partnership framework between government and non-governmental organizations (NGOs) for the delivery of social services to vulnerable children and families. With a shortage of staff in the district social welfare offices, NGO staff are often relied upon to assess and follow up with children and families in need of support and refer cases of potential child maltreatment to the statutory authority. However, a major concern affecting the adoption of the partnership framework is the perceived lack of quality assurance systems for social service workers engaged by NGOs. There is no legislation regulating who can practice social work in Botswana, so it is difficult to guarantee that workers in these roles meet the minimum criteria for education or training or adhere to a code of ethics and conduct that will enable them to interact appropriately with children and families facing adversity and to handle highly complex situations sensitively and professionally.

Miriam knows that the Botswana National Association of Social Workers—along with social work faculty from local universities and social workers practicing in a variety of settings—has long advocated for a draft law on social work and the establishment of a regulatory council to be considered by the Parliament. To learn from other countries’ experiences in advancing similar workforce policies, and how they can contribute to improving the care and protection of children and families, she turns to a colleague at UNICEF Botswana who recently shared some highlights from an internal report by its Eastern and Southern Africa Regional Office. This report presents the status of four pillars of quality assurance for the social service workforce: regulatory frameworks, licensing and registration, human resource information systems, and supervision and support systems. Legal analysis across 21 countries in the region showed that elements of a regulatory framework are more often found across a variety of sources such as child- or social welfare-specific legislation or policies, rather than in one overarching or umbrella law on social work. The report also points to several country examples available for adaptation to the needs and contexts of other countries, and the growing interest in the region for establishing such frameworks and bodies to legally implement them. With UNICEF’s permission, Miriam shares the legal analysis findings with her fellow collaborators in the ministry, donor, and implementer communities, and together they use it to inform advocacy-related activities in their planning for the finalization and launch of the partnership framework.
**Administrative Data**

**Definition:** Administrative data are usually collected by governments or organizations involved in service delivery for monitoring and documentation purposes such as civil registration and vital statistics, case management, child protection, health, and education MIS.

<table>
<thead>
<tr>
<th>Defining Characteristics</th>
<th>Examples of questions that can be answered</th>
<th>Method of data collection and who collects the data</th>
<th>Frequency of data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collection as part of service delivery functions</td>
<td>• How many vulnerable children and families are being served?</td>
<td>• Varies, from manually using paper forms to electronically using mobile data collection or a computer and are at times linked to national information system</td>
<td>Varies, depending on the level of need and the interventions or services provided</td>
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<tr>
<td>• Compiled at district, provincial, and national levels</td>
<td>• What services are vulnerable children and families receiving?</td>
<td>• Collected by case managers/community volunteers/social service workers</td>
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<tr>
<td>• Continuous/routine collection</td>
<td>• What are the key indicators of child wellbeing?</td>
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<td>• Multi-site, population coverage</td>
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Examples: Databases or logs tracking social services such as victim support services, shelters, legal and psychological counselling and helplines, and social welfare (such as child protection and social welfare benefits) • Databases or management information systems (MIS) on cases of violence against children, school attendance, etc.
### Population-based Surveys

**Definition:** Surveys are a means of collecting information from a sample of people in a standardized way to better understand a larger group or society.

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<td>• Non-routine data sources • Sample is used to understand the larger population • Monitor population-level patterns and trends</td>
<td>How are key outcome indicators of child and family wellbeing changing, i.e., household composition, living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty, and deprivation?</td>
<td>• Method varies from use of paper/manual, use of mobile data collection (MDC) process, or using computer-administered surveys, electronic mail surveys, and web surveys (online) • Data are collected by trained enumerators/data collectors.</td>
<td>Varies, depending on the survey. A census is conducted every 5–10 years, Demographic Health Survey (DHS) are conducted every 5 years, the Multiple Indicators Cluster Surveys (MICS) every 3 years, and Violence Against Children (VAC) surveys every 10 years.</td>
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</table>

**Examples:** Demographic and Health Surveys (DHS) • Multiple Indicators Cluster Surveys (MICS) • Violence Against Children (VAC) Survey

### System Assessments

**Definition:** System assessments involve a variety of tools and techniques to obtain a wide-ranging understanding of children’s care and protection issues to inform the design of policy and/or programs and systems-level improvements.

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<tr>
<td>• One-off or point in time data • Can include qualitative and/or quantitative methods • Can be compared to other assessments for trend analysis</td>
<td>• What are the underlying factors (cultural, political, legal, physical, and socioeconomic) affecting children’s care and protection in a given country or context? • What are the strengths and weaknesses of multi-sectoral services?</td>
<td>• Qualitative and quantitative approaches to collect data from sample population using surveys, KII, FGDs, individual and group self-assessments, review of previous studies and literature and extraction of data from various sources. Involves triangulating data from different sources.</td>
<td>No set frequency (depends on need and funding)</td>
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</table>

**Examples:** Child Protection in Emergencies Rapid Situation Analysis • Child Protection System Assessment • Social Service Workforce Assessment
### Program Monitoring

**Definition:** Monitoring of a child protection project or intervention involves the collection of routine data that measure progress toward achieving program objectives, track changes in program inputs, outputs and performance over time, and adherence to program quality standards.

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<tr>
<td>• Collection of routine data</td>
<td>• Is implementation going as planned? • What are areas for improvement or adaptation? • How is the project contributing to changes for children and families?</td>
<td>Use of tools such as registration forms, service forms, training forms, satisfaction surveys, etc. Data collected in tools are used to review project-level indicators. At the beginning of the project, indicators are set and accompanied by reference sheets that outline data sources, data collection methods, frequency and roles and responsibilities for data collection.</td>
<td>Data are collected and reviewed at pre-determined intervals.</td>
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Examples: Project quarterly, semi-annual, and annual reports • Partner Management Information System (MIS)

### Outcome/Impact Evaluation

**Definition:** Outcome evaluation measures program effects in the target population and in some cases, examines a program process and activities to better understand how outcomes are achieved.

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<td>• Assess changes in program/intervention beneficiary across key indicators over time • Qualitative and/or quantitative methods used • Provide data on program’s results or effects on the target population</td>
<td>• Is the program achieving the desired outcomes and/or impact? • To what extent are activities associated with changes among beneficiaries?</td>
<td>Experimental or quasi-experimental designs using quantitative (survey, secondary analysis, costs) and/or qualitative methods (KII, FGDs, etc). Data collected by trained data collectors.</td>
<td>At the mid- and endpoints of a program or activity</td>
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Example: Monitoring Outcomes of Care System Reform Programs
### Budget Analysis and Tracking

**Definition:** Budget analysis and tracking involves calculating the proportion of funding allocations (by sector or subject) for targeted population groups and monitoring what is spent.

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<td>- Relies on accounting and other sources of financial data</td>
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<tr>
<td>- Can provide insights on relative importance of one program versus another based on investments or spending over time</td>
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<td>- What proportion of public sector expenditures related to child protection programming in the previous period?</td>
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<td>- What are the fixed or recurrent costs to implementing specific child protection interventions?</td>
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<tr>
<td>- How much was budgeted versus spent on training social service workers to prevent and respond to violence against children?</td>
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<td>Review of annual budgets and expenditure documents or accounting systems/reports. Data collection performed by program staff.</td>
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<td>On a yearly or annual basis, but can be more frequent depending on the budget tracking systems in place</td>
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**Example:** Expenditure analysis reports

### Legal/Policy Analysis

**Definition:** Legal/policy analysis involves a review or evaluation of the extent and impact of various laws or policies on a target population and/or the alignment of specific laws or policies with regional or global best practices, instruments, or commitments.

<table>
<thead>
<tr>
<th>Defining Characteristics</th>
<th>Examples of questions that can be answered</th>
<th>Method of data collection and who collects the data</th>
<th>Frequency of data collection</th>
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</thead>
<tbody>
<tr>
<td>- Draws primarily on legal or policy documents, supported by qualitative interviews</td>
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<td>- Analysis can be done before or after a law or policy's implementation, to anticipate the results of different policy options or to describe the consequences of a policy once in place</td>
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<td>- Which current laws or policies are in place to protect children from violence?</td>
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<td>- How do they align with regional and international best practices, instruments, and/or commitments?</td>
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<tr>
<td>Document review, key informant or expert interviews, surveys</td>
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<td>No set frequency</td>
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</table>

**Examples:** Report on the legal framework for child protection in a specific country • Review of the legislation and policies that support social service workforce
Discussion and Conclusion

As countries seek to improve their child protection and care systems, knowing the most appropriate source of data to consult for answering key questions and accurately assessing the progress and effectiveness of reform efforts is critical. This framework is designed to help decisionmakers, program designers and implementers in responding to their care system reform information needs. Each different data source—administrative data, population-based surveys, system assessments, program monitoring, outcome/impact evaluations, budget tracking and analysis, and legal/policy analysis—is defined, with key characteristics and example questions that it can be used to answer. By referencing this framework, those responsible for reporting on care system reform will be able to define strategies for data collection and analysis based on the questions they need to answer, what source of data is most appropriate, and how to identify it, improving the efficiency of these planning efforts and clarifying the overall data landscape for care system reform.