



photo by Anthony Nyandiek, CRS

## FINAL REPORT

### *Changing the Way We Care; Year 5 Evaluation*

Submitted to *Changing the Way We Care*

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Prepared by Anna Martin and Jennifer Compton of Picture Impact



MacArthur  
Foundation

**Changing**  
THE WAY WE  
*care*

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# Executive Summary

## Introduction

The following report outlines findings from the year-five evaluation of Changing The Way We Care<sup>SM</sup> (CTWWC), an initiative designed to promote safe, nurturing family care for children: those reunifying from different kinds of residential care facilities or those at risk of child-family separation. The evaluation was designed to answer six key evaluation questions for the following two purposes:

1. To consider how CTWWC's approaches have influenced change within the care sector and contributed to stronger national care systems / national care reform;
2. To assist CTWWC in planning for future implementation which is responsive to progress made thus far, defines and integrates a process for adapting and scaling, and is sustainable vis a vis upcoming funding changes.

Additionally, the evaluation was designed to be highly participatory, creating dedicated time and space for actors within and partners to CTWWC to collectively pull forward lessons learned over these past five years.

As such, the evaluation methodology included peer-to-peer site visits in CTWWC's demonstration countries (Guatemala, Kenya, Moldova) and an evaluation core group with membership from CTWWC which participated in synthesis sessions throughout the evaluation. Other data collection methods included secondary analysis of CTWWC documentation and key informant interviews, including two conversations with experts to gather relevant viewpoints from outside of the care reform sector specifically.

The evaluation used case studies to answer two evaluation questions pertaining to five approaches that CTWWC has implemented both in demonstration countries and with global and regional partners. The selected approaches were chosen based on geographic/contextual representation and the variety of contribution/role(s) that CTWWC played in catalyzing systems and sector change. They inform the overall evaluation findings, and are also crafted into separate, stand-alone case studies available as an appendix to this report.

## Key Findings

The following evaluation questions were answered as part of this exercise:

1. *How have the global and regional care sectors changed over the last 5 years? How has CTWWC contributed to these changes?*

**Over the last five years, the global and regional care sectors have seen:**

- a continued growing interest in care reform,
- greater diversity and inclusivity of actors and messaging,
- increased collaboration and shared learning,
- greater consensus on tools and practices of implementing care reform.

**CTWWC placed considerable focus on the documentation and transfer of learning, as well as increasing overall engagement and contribution of a wide variety of actors. CTWWC has contributed to this work by:**

- connecting and convening key actors,
- documenting and sharing the initiative's own learning and expertise,
- shaping the conversation to make it more relevant and approachable for various audiences.

2. *How have the Guatemala, Kenya and Moldova care sectors and national care systems changed over the last 5 years? How has CTWWC contributed to these changes?*

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## Guatemala

**Over the last five years, the Guatemala care system has seen:**

- strengthened case management and pathways for reunification and reintegration in the foster care system,
- increased municipal coordination and uptake of local family strengthening approaches,
- increased public and political awareness of care system actors and care reform practices,
- growth of awareness of and support for care reform among faith actors,
- the creation of organizing spaces for Persons with Lived Experience (PWLE).

**CTWWC's overall strategy in Guatemala has been one of municipal-level demonstration of care reform while working toward greater national-level coordination. CTWWC has contributed to care reform in Guatemala through:**

- creating and designing tools and programs,
- demonstrating and training what care reform can look like at local and policy level,
- evidenced-based advocacy and coordinating government actors.

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## Kenya

**Over the last five years, the Kenya care system has seen:**

- Strengthened national policies,
- Increased community understanding of and action toward family-based care,
- Increased awareness and participation of faith-based actors,
- Strengthened Kenya Society of Care Leavers.

**CTWWC Kenya has built national-capacity and policy for care reform while growing support among local actors. CTWWC has contributed to care reform work in Kenya by:**

- Building capacity and understanding of care reform through training,
- Convening key actors and providing technical support,
- Raising awareness and sensitizing communities to care reform with an inter-faith approach,
- Conducting mass campaigns,
- Partnering with and supporting PWLE.

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## Moldova

**Over the last five years, the Moldova care system has seen:**

- The launch of the National Program for Child Protection and Action Plan for 2022-2026,
- An increase in foster families and decrease in children in residential care,
- Strengthened assessment practices for children in residential care,
- Increased attention to and understanding of case management approach,
- Deepened collaboration across care reform actors, government, academia.

**CTWWC has adopted a collective impact approach in Moldova, working in all aspects to involve key stakeholders and support national government policies in care reform. CTWWC has contributed to care reform work in Moldova by:**

- Serving as a source for reliable technical and implementation expertise,
- Providing evidence, training on assessment and case management,
- Increasing communication within and promotion of care reform agenda.



*In service of answering questions 3 & 4, the evaluation looked at five selected approaches using a case study methodology.*

Case studies as Appendix C of this report. The selected approaches are:

1. Promoting Kafaalah as a formal alternative family care option in Kenya
2. The Moldova Social Service Workforce Strengthening Working Group
3. Establishing and strengthening Municipal Offices for Children and Adolescents (OMNAs) in Guatemala
4. Eastern and Southern Africa Regional Learning Platform on Care Reform (in partnership with UNICEF and the work of Child Frontiers)
5. Transforming Children's Care Collaborative, its Transition Working Group and Spanish-speaking Subgroup (in partnership with Better Care Network)

*3. How effective have selected CTWWC approaches been at contributing to change in national care systems and the care sector (nationally, regionally, globally)? How has this varied across contexts?*

A cross-analysis of the five case studies lifts up insights into the overall components of effective approaches in care reform:

- In achieving objectives, each approach uses **highly consultative** methods that prioritize collaboration and engagement among diverse stakeholders.
- In addition to various perspectives, there is a shared emphasis on being **data-driven**, ensuring decisions and strategies are informed by reliable, contextual, and relevant data.
- Related to having a firm basis in empirical evidence, effective approaches **harmonize theory and practice**. This union of shaping high level technical expertise with practical applications and local contextual factors was key to navigating the complexities of care systems and the care sector and driving change effectively.
- Finally, the cases leverage a strategic interplay between **bottom-up and top-down approaches**, working to bridge local community and civil society actors with overarching policies, agreed definitions and frameworks, ensuring that change has buy-in and coherence at all levels.

#### *4. What lessons have been learned about affordability of selected CTWWC approaches?*

Each case study lifts up the elements of time, relationships, and expertise needed to accomplish the approach. What we observe across these elements is that the efficacy of these approaches is inherently tied to the investment in these resources—both tangible and intangible.

Determining whose responsibility it is to allocate these resources and at what juncture remains beyond the scope of this evaluation, yet, a crucial component to acknowledge in understanding where, when, and for whom care reform approaches can be affordable.

#### *5. What lessons have been learned, through successes and failures, about the transfer of learning within and between demonstration countries/from demonstration countries to surrounding regions/to global forums?*

Relationship, time and resources correspond to application of learning. Higher touch approaches to transfer of learning correlated more strongly with changes in practice as a result of new information. Stronger relationships and accompaniment meant greater uptake of information.

The data indicated the following elements contribute to successful transfer of learning:

- **A credible source;** Successful knowledge transfer and application is less likely to happen if it is being conveyed by someone who just has technical expertise (the knowledge), but who does not have positional authority or a stake in the situation.
- **Trust and vulnerability;** learning involves documenting both what works and what does not work. It can be hard to admit what has not worked, but doing so strengthens learning.
- **Be consultative, not prescriptive;** The power dynamics of any kind of helping require humility and reciprocity—recognition that each party brings something to the table. This impacts the transfer of learning via the perception of ownership, sustained engagement, and contextualized information and solutions.
- **Collaboration;** More specific perspectives in a room increase what is available to learn from. The hard work of collaboration also increases buy-in and ownership which can lead to better uptake and spread of tools and work products.

## 6. *What should CTWWC consider in future implementation plans, strategies and approaches?*

The evaluation team found the arising themes to pair across three overarching categories: that which still needs demonstrating and further learning, what stakeholders felt CTWWC is well-positioned for, and where there are particular bottlenecks to addressing care reform globally.

### Still needs demonstrating

- **Deinstitutionalization of children with disabilities:** This is a particular area for learning and problem-solving with which many care systems are struggling, even in places where the care reform efforts are relatively advanced. There is a need for developing successful models of how to do this.
- **How to fund care reform:** In nearly every interview conducted at the country level funding was named as a barrier to ongoing efforts for reform. Resources are needed not just for reformed systems, but for the migration and transformation processes themselves. How to do so is an open question.

### CTWWC is well positioned to...

- **Support increased involvement of PWLE in the movement and reform efforts:** This is a strength of CTWWC and can continue to lead on this issue both through modeling and via practical advice, as well as direct support to PWLE.
- **Support broader campaigns for awareness raising around care reform, particularly among faith communities:** In order to reach the type and scale of change CTWWC envisions, increased awareness of care reform is still necessary. In particular, CTWWC's connection to CRS (Catholic Relief Services) and related Catholic communities and its record of working with faith communities in demonstration countries make it well poised to especially deepen influence within faith community audiences.

### Bottlenecks to scaling reform

- **Lack of investment in global advocacy and system-level change:** Unlocking how to fund care reform, funding for more global advocacy and collaborative work, and shifting funding among faith actors would have substantive impact.
- **Lack of people power:** People who have expertise in the delicate and complex issues of care reform and intersecting issues are key to transfer of learning and changes in practice. Right now, it is also one of the limiting factors in realizing care reform on a practical basis country by country. This bottleneck is also relevant regarding workforce within countries—the need for trained and aware professionals is vital to transforming care for children.



# Acronyms and Figures

## *Acronyms*

ANAS: National Agency for Social Assistance (Moldova)

CCI: Charitable Children's Institutions

CNA: National Adoption Council (Guatemala)

CRS: Catholic Relief Services

CTWWC: Changing the Way We Care

D4I: Data for Impact

DCS: Directorate of Children Services (Kenya)

DSD: Directorate of Social Development (Kenya)

ESA RLP: Eastern and Southern Africa Regional Learning Platform

ESARO: Eastern and Southern Africa Regional Office

HOCAl: Holistic Organizational Capacity Assessment Instrument

ILE: Influence, learning, and engagement

KESCA: Kenya Society of Care Leavers

LAC: Latin America and the Caribbean

MLSP: Moldova Ministry of Labour and Social Protection

MOU: Memorandum of Understanding

NCCS: National Council for Children's Services (Kenya)

NGO: Non-governmental Organization

NPCP: National Program for Child Protection 2022-2026

OECD DAC: Organization for Economic Co-operation and Development Development Assistance Committee

OJ: Judiciary (Guatemala)

OMNA: Municipal Offices for Children and Adolescents

PGN: Attorney General (Guatemala)

PWLE: Persons with lived experience

SBS: Secretariat for Social Welfare (Guatemala)

SitAn: Situational Analysis

SOP: Standard Operating Procedure

TCCC: Transforming Children’s Care Collaborative

UN: United Nations

UNICEF: United Nations International Children’s Emergency Fund

USAID: United Nations Agency for International Development

WG: Working Group

### *Figures*

Figure 1. The Kolb model of experiential learning

Figure 2. A successful “demonstration” of learning

Figure 3. CTWWC activities mapped to Kolb experiential learning model

Figure 4. CTWWC’s roles in the transfer of learning

Figure 5. Path toward care reform systems change

# Introduction and Background

## *Overview of the Initiative*

Changing The Way We Care<sup>SM</sup> (CTWWC) is an initiative designed to promote safe, nurturing family care for children: those reunifying from different kinds of residential care facilities or those at risk of child-family separation. This includes strengthening families and reforming national systems of care for children, including family reunification and reintegration, and development of alternative family-based care (in keeping with the United Nations Guidelines for the Alternative Care of Children). CTWWC was launched in 2018 as a five-year initiative under a Global Development Alliance funded by USAID (United States Agency for International Development), the MacArthur Foundation and the GHR Foundation, and implemented by Catholic Relief Services, Maestral International and other key partners such as national governments, Lumos Foundation, Better Care Network and Faith to Action.

CTWWC is operating in a context of growing interest in care reform, and as a result of a growing global understanding that institutional care of children is a significant problem that will be best addressed through collaboration between sub-national, national, regional and global stakeholders to strengthen families and develop alternative care systems supportive of family care. Grounded in the work of demonstration countries (currently Guatemala, Kenya and Moldova), as well as regional and global engagement and influence, CTWWC intends to help advance government and non-government care systems, civil society and faith-based initiatives, and resourcing, public attitudes and behaviors focused on keeping children in safe and nurturing families.

## *Background and purpose of the evaluation*

CTWWC is finishing its fifth year of operations (FY23) and is therefore undertaking an evaluation which presents an opportunity for more in-depth data collection, analysis and reflection. Part of the context of Year 5 is that it is the final year of the MacArthur Foundation's investment and is expected to be a year that transitions the CTWWC initiative into new ways of thinking and operating. Year 5 is a critical marker within the process and will ultimately lay the groundwork for continuing this work via alternative (and potentially more constrained) funding streams. Actors within the initiative are therefore interested in learning from past experience to shape and inform the strategy of moving forward.

Thus, the purpose of the Year 5 Evaluation is two-fold:

1. To consider how CTWWC's approaches have influenced change within the care sector and contributed to stronger national care systems / national care reform;

2. To plan for future implementation which is responsive to progress made thus far, defines and integrates a process for adapting and scaling, and is sustainable vis a vis the upcoming funding changes.

Additionally, the evaluation was designed to be highly participatory, creating dedicated time and space for actors within and partners to CTWWC to collectively pull forward lessons learned over these past five years and, in doing so, create mechanisms for distilling these learnings that can then inform future collective action.

# Year 5 Evaluation Overview and Design

## Scope

This evaluation considers the full first five years of CTWWC, focusing on work in the demonstration countries of Kenya, Guatemala, and Moldova, as well as global and regional efforts.

The focus of the evaluation is the system- and influence-level work, as opposed to direct work with children and families. A concurrent household survey captured direct service impact data separate from this evaluation. Additionally, this evaluation was not intended to assess national care systems, but focus on changes that have occurred specifically in collaboration with CTWWC and the related pathways for influence and change.

The evaluation methodology included a case study approach looking deeply at five approaches to change that CTWWC has implemented with key partners over the course of the initiative thus far. The selected approaches were chosen based on geographic/contextual representation and the variety of contribution/role(s) that CTWWC played in catalyzing systems and sector change. They inform the overall evaluation findings, and are also crafted into separate, stand-alone case studies (see Appendix C). The selected approaches are:

1. Promoting Kafaalah as a formal alternative family care option in Kenya
2. The Moldova Social Service Workforce Strengthening Working Group
3. Establishing and strengthening Municipal Offices for Children and Adolescents (OMNAs) in Guatemala
4. Eastern and Southern Africa Regional Learning Platform on Care Reform (in partnership with UNICEF and the work of Child Frontiers)
5. Transforming Children's Care Collaborative, its Transition Working Group and Spanish-speaking Subgroup (in partnership with Better Care Network)

## Questions

The following set of questions served as the container to inform the design and reporting for this evaluation:

1. How have the global and regional care sectors changed over the last 5 years? How has CTWWC contributed to these changes?

2. How have the Guatemala, Kenya and Moldova care sectors and national care systems changed over the last 5 years? How has CTWWC contributed to these changes?
3. How effective have selected CTWWC approaches been at contributing to change in national care systems and the care sector (nationally, regionally, globally)? How has this varied across contexts?
4. What lessons have been learned about affordability of selected CTWWC approaches?
5. What lessons have been learned, through successes and failures, about the transfer of learning within and between demonstration countries/from demonstration countries to surrounding regions/to global forums?
6. What should CTWWC consider in future implementation plans, strategies and approaches?

## *Data Collection Methods*

The following evaluation methods were selected to make use of CTWWC's extensive existing data collection, learning, and outcome harvesting efforts, as well as to be highly participatory in helping CTWWC facilitate a process for internal reflection of the last five years and to systematically mine the lived experience of staff involved for the wisdom held collectively. Finally, the Picture Impact evaluation team also sought to include methods of both data collection and analysis for noticing and injecting outside ideas.

### **Secondary data**

The evaluation team reviewed a number CTWWC's existing documents, inclusive of background and staffing information, annual workplans, strategy documents, Theory of Change, monitoring data, a recent future visioning exercise conducted with external key partners, key learning products, and drew strongly from the initiative's annual reports and Outcome Harvest methodology, including outcome database, outcome chains, and outcome substantiation report.

### **Demonstration country peer-to-peer site visits (Guatemala, Kenya, Moldova)**

Site visits in Kenya, Guatemala, and Moldova were designed by the evaluation team but led and facilitated by two visiting team members from a different demonstration country. Structured and facilitated activities designed for data collection and reflection lasted three days each and took place in July and August 2023. Participants in each site visit included CTWWC staff and key



collaborators for that site (partner organizations, civic actors, governmental actors, and people with lived experience).

### **Key informant Interviews (14 interviews with 15 individuals + 3 recorded responses)**

A total of 14 key informant interviews (including one dyad interview) were conducted with key stakeholders identified by CTWWC from Guatemala, Kenya, Moldova, and at the global and regional levels. Informants were selected who could add external perspectives on both the role and contribution of CTWWC in each context, as well as in regard to specific case studies. The evaluation team also reviewed two recorded interviews and one written response from CTWWC's Outcome Harvest substantiation report.

### **Core evaluation group synthesis sessions (3)**

CTWWC identified a core group of internal stakeholders to be more deeply involved in the evaluation and participate in three group synthesis sessions occurring over the course of the evaluation. Each meeting consisted of joint data collection, analysis, or validation and explored in particular the Transforming Children's Care Collaborative, CTWWC's role in contributing to care reform (evaluation questions 1 and 2), and lessons about the transfer of learning (question 5).

### **Expert peer conversations (2)**

The evaluators hosted two conversations with CTWWC team members and experts from [Expand Net](#) and [Alliance for Peacebuilding](#) about scaling, systems strengthening and movement building. The conversations generated ideas and learning about the landscape of systems strengthening, the long-term resourcing of initiatives, and other communities of practice with similar goals in different content areas.

## **Analysis**

The evaluation team undertook a detailed and layered approach to ensure a comprehensive and in-depth understanding of the collected data. Documents were coded using a qualitative coding software according to both CTWWC's Theory of Change and evaluation questions. The evaluators used a similar thematic analysis with interview data, drawing out insights and highlighting viewpoints related to the evaluation questions. This data was then analyzed again together with additional data and inputs from the in-country peer-to-peer site visits. Initial findings were also checked via evaluation core group meetings.

From document review, the evaluation team created case study templates which were used in peer-to-peer site visits for validation and additional data collection. The evaluation team then

further synthesized case study information, analyzing each case individually as well as conducting a cross-case analysis.

Finally, a series of three validation workshops were held with:

1. a group of approximately 20 CTWWC staff and leadership;
2. CTWWC's Senior Management Team; and
3. a handful of CTWWC staff and two external partners involved in the two global and regional case studies.

These workshops helped check for and correct any inaccuracies and added nuance to final reporting, as well as ensured findings resonated with CTWWC staff and leadership, the primary users of the evaluation. During each workshop, attendees were asked to contribute with agreement or disagreement on different aspects of the evaluation findings (namely evaluation questions five and six) as well as findings from the case studies relevant to their position. A draft of this full written report and corresponding cases was also checked for accuracy with CTWWC staff.

We know that conclusions arising from qualitative methods have credibility and validity stemming from: prolonged engagement, persistent observations, triangulation, member checking and peer debriefing.<sup>1</sup> The combined methods cover each of these areas. CTWWC has had the benefit of prolonged engagement and persistent observations, reflected in its existing documentation. Triangulation of these observations comes via key informant interviews, peer-to-peer site visits, and cross-analysis by the external evaluation team. Member checking and peer debriefing are functions of sharing analysis with participants of the subject matter and checking evaluation documentation and meaning making along the way, which occurred in site visits, evaluation core group meetings, and final validation workshops.

## Limitations

While the peer-to-peer site visits were a significant value add for the CTWWC teams, the data captured from the visits did not have the richness and nuance it would have by having an evaluator in the room to take notes and contribute their experience to the sessions firsthand. While this drawback likely does not outweigh the benefit of having these visits remain largely internal to key local players, we note that it does limit the utility of the site visit activities for purposes of informing this final report. However, this method was only one of several informing the evaluation, with other sources triangulating data generated in peer site-visits.

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<sup>1</sup> Esposito, Jennifer, and Venus E. Evans-Winters. Introduction to Intersectional Qualitative Research. First Edition. Los Angeles: SAGE Publications, Inc, 2022. p. 153.

A challenge of evaluating the CTWWC initiative is the breadth of activities implemented across three very distinct country demonstration areas, spanning three regional contexts, and extending to a global level of influence. Staying within the bounds of the available time and resources meant to an extent limiting, both in data collection and reporting, the depth of the evaluation across this expansive scope.

While the evaluation team is confident that the findings generated in this report are evidence-based, take into account multiple perspectives, and have been validated with key actors, it is important to remember that the conclusions presented are still just one possible way to understand CTWWC's story, which was the core purpose of this evaluation. All data (quantitative and especially qualitative) is open to interpretation and takes on meaning only through our collective and social processes. This report captures the evaluation team's best interpretation and summation of the many data sources and conversations of which we have been a part, *and* necessarily remains a product of our own unique experience and positionality as external to many nuances of the initiative.

# Key Findings

## Evaluation Questions 1 and 2:

*How have national care systems and the care sector changed over the last 5 years? How has CTWWC contributed to these changes?*

In this section we present summaries of what the data highlighted as key changes in the global and regional (Latin America, East and Southern Africa and Eastern Europe) care sectors and the care systems of Guatemala, Kenya and Moldova; what role CTWWC played in this change; and what it might tell CTWWC and partners in care reform about the path ahead.

## Global and Regional care sectors

*What has changed at the global and regional level?*

### Continued growing interest in care reform

*“I’ve seen interest growing, and interest in countries that you’d never hear them talking about care for children before.”*

-Key informant, Regional Influence

Over the past years it has become clear there is now global momentum for family-based care.<sup>2</sup> CTWWC has witnessed and supported this growing momentum firsthand, helping to lead global and regional platforms and learning exchange to facilitate deepened conversation and action toward prioritization of family-based children’s care.

The increasing influence of the care reform movement is evidenced through instances of prioritization and policy surrounding family based care at the global (UN) level, greater discussion and interest among faith communities in understanding and working toward family-based care service delivery, and even internally to Catholic Relief Services, part of CTWWC’s consortium.<sup>3</sup> More coordinated care reform actors have been able to come together and ensure important child protection measures are considered in crisis situations, such as the COVID-19 pandemic, as well as the emergency response to the ongoing conflict in Ukraine.<sup>4</sup>

<sup>2</sup> Picture Impact, CTWWC Year 3 Review

<sup>3</sup> CTWWC Outcome Database, ILE Outcomes visuals, April 2023.

<sup>4</sup> CTWWC Outcome Database, Outcome 352

Over the past five years, CTWWC has documented 32 instances of behavior change<sup>5</sup> toward commitment to care reform, changes in policy, or changes in service delivery at the regional and global level across inter-governmental, government, civil society, faith-based, and other actors.<sup>6</sup> Key partners in hosting global and East South Africa regional learning platforms agree that there is a feeling of increasing demand for and interest in the care reform conversation from governments and NGOs alike, with both platforms seeing growing participation.

### **Greater diversity and inclusivity of actors and messaging**

In tandem with overall growing interest is more inclusive and diverse participation in the care reform movement. While in some spaces geared toward specific action (e.g. the Transforming Children’s Care Collaborative Transition Working Group) there is consensus and shared vision, in broader conversations there is also an increased interest in participation by those holding disparate viewpoints, in part because there is a large and influential enough collective body of actors.<sup>7</sup>

Additionally, there is reportedly greater acceptance, interest, and encouragement from within the care reform sector toward actors and organizations coming from an earlier starting point in their care reform journey. While the movement began with and is led by actors with a distinct understanding of the importance of family-based care, those actors are working to include additional perspectives and backgrounds in conversation, rather than excluding differing views.

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*“Ultimately we want the practitioners who are running children’s homes to be involved. How can we have more voices? They might not agree with the care reform movement...It’s a constant process. How can we give them space? That is key.”*

-Key informant, Global Influence

*“[In the past,] the language has been ‘you’re breaking the rules.’ [Now,] instead of being more defensive it’s more of a collaboration. [There is recognition of] what we can build with influence versus control.”*

-Key informant, Outcome Substantiation

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<sup>5</sup> CTWWC has instituted a monitoring method of [Outcome Harvesting](#) which collects evidence of what has changed (“outcomes”) and, then, working backwards, determines whether and how an intervention has contributed to these changes. An outcome is defined as a *change in behavior* of a relevant social actor.

<sup>6</sup> CTWWC Outcome Database, Quantitative Dashboard

<sup>7</sup> Key informant interviews, ILE global and regional partners, conducted by Picture Impact, July 2023.

## Increased collaboration and shared learning

According to key informants, the past five years has seen a notable increase in collaboration and a willingness to share experiences and learnings among care reform actors. Largely facilitated through the significant expansion of global exchange and collaboration on children's care through the Transforming Children's Care Collaborative,<sup>8</sup> there has been an increased connection of learning from demonstration countries to regional and global influence as well as an increase in learning and engagement activities.

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*"Over the last five years, there is a much greater willingness among actors to recognise, first of all, that they're not the only player and to share what they're doing with others. I know that sounds like a very low level, but it is quite an achievement that this community will actively collaborate...[Actors are more likely to be] asking the question of who else is doing this? Who else is working here? What are they doing? And even at times, proactively reaching out to see how things might align or at least not duplicate."*

-Key informant, Global Influence

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Additionally, there's been a significant emphasis on documenting and sharing the nuances of interventions and their impacts, fueled by an increased openness to capture and share learnings. Learning documentation has evolved to present a more complex and holistic picture of the process of care reform in various contexts.

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*"Up until [transition case studies] documentation was for advocacy purposes. It was a very two dimensional picture to inform donors. So there you're going to tell the early adopter story which is a misleading picture. [Now] we document learning but break out of that...We wanted to make the picture more 3D so that learning can influence practice in a way that was more helpful and not misleading. We broke learning out of a narrow mold which led to cross pollination across regional groups. That's what practitioners need."*

-Key informant, Global Influence

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<sup>8</sup> [The Transforming Children's Care Collaborative](#) is a platform to establish more strategic sector-wide collaboration spanning the global to the local level and inclusive of a wider range of stakeholders. For more information, see the corresponding case study in Appendix A of this report.



## Greater consensus on tools and practices of implementing care reform

Again fueled in large part by the technical working groups of the Transforming Children’s Care Collaborative, the field is gradually moving beyond theoretical frameworks and focusing more on the operational aspects—essentially transitioning from the “what” to the “how” of implementing care reforms.<sup>9</sup> Tools and methodologies are being systematically codified, such as case management protocols and transition guides; common policy framework and implementation guidance; clarifying the sector’s global measurement framework for implementation of care reforms; and mapping evidence gaps and priorities to support the development of a strategic research agenda for children’s care, among other activities.<sup>10</sup>

*What role has CTWWC played at the global and regional level?*

### Connecting and convening key actors

CTWWC has helped enable dialogue and exchange among various stakeholders, and facilitated regional exchanges in Latin America which have been instrumental in spreading the transition of faith-based residential care facilities to family and community support across the region. By spearheading conversations and interactions, as well as actively participating when other actors are at the helm, CTWWC is seen both as a leader and a team player in this field. Key informants interviewed did stress the importance of the latter, being a team player, and urged CTWWC to continue to participate in and lift up efforts outside of their own directly funded mandate but which can contribute to the movement.<sup>11</sup>

*“[CTWWC] has taken an important role in leading or supporting some of the conversations and discussions, which has been important. Whether convening or participating, it’s been a positive thing...people are seeing [CTWWC] as a leader in the sector and as a collaborator.”*

-Key informant, Global Influence

<sup>9</sup> Key informant interview, CTWWC global influence partner, conducted by Picture Impact, June 2023

<sup>10</sup> CTWWC Annual Report FY 2021, p. 3

<sup>11</sup> Key informant interviews, Global and Regional partners, conducted by Picture Impact, July and August, 2023.

## Documenting and sharing the initiative's own learning and expertise

Regional and global actors agreed that a key strength and role of CTWWC has been the documentation and sharing of demonstration country and other learning. CTWWC is well recognized as a technical expert in the field and has done significant work to make their processes, tools, and learning public and widely used.

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*"They will provide technical support, they share knowledge. . . Their wealth of knowledge in the area of care cannot be underrated."*

-Key informant, Regional Influence

*"[CTWWC] is showing the way on how we need to be working together and leveraging each other's work and learning. They have taken a fantastic role to document and share their stuff."*

-Key informant, Global Influence

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## Shaping the conversation to make it more relevant and approachable for various audiences

Over the past few years, the initiative has grown in its communication efforts, increasing the staffing of its communications team, developing internal brand guidance, and further documenting various channels and audiences. The communication work has been inclusive of internal communication and knowledge sharing, communicating and garnering support within CRS, finalizing and disseminating more technical learning products for external audiences, as well as working on more public campaigns and data collection to understand and influence US audiences, particularly faith-based audiences' opinions of family-based care.<sup>12</sup>

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*"We've realized the vastness and variety of messages and audiences...[For some] we can send them a transition plan, heavily technical material, and that's what they're interested in. But your average people in the pews- their messaging has to start with, 'Orphanages can be harmful. You've not done anything wrong, but let's learn more.'"*

-Key informant, CTWWC staff

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<sup>12</sup> Key informant interview, CTWWC staff, conducted by Picture Impact, July 2023.

## *What opportunities are ahead?*

As CTWWC continues its global and regional influence work will continue to be central to its efforts, particularly in thinking of scaling beyond the current demonstration countries as a key part of strategy development. [Question six](#) of this evaluation addresses what the data says relevant to looking ahead at this level. Further recommendations from the evaluation team in [Appendix A](#) make explicit some additional opportunities relevant to global and regional work.

## *Guatemala care system*

### *What has changed in Guatemala?*

In Guatemala, the main child protection activities and functions are divided across four institutions – the Secretariat for Social Welfare (referred to as SBS, its Spanish acronym), the Attorney General (PGN), the Judiciary (OJ), and the National Adoption Council (CNA).<sup>13</sup> CTWWC's approach has thus been incremental, focusing on small, strategic shifts within and across governmental entities to collectively bring about larger change.<sup>14</sup> While there hasn't yet been a broad structural transformation reflected in national policy, noticeable and targeted changes in specific programs are steering the overall system toward family strengthening, prevention of separation, reunification, and family-based care.

### **Strengthened case management and pathways for reunification and reintegration in the foster care system**

A key piece of system-reform over the past five years has been, in close collaboration with the SBS, strengthening Guatemala's foster care referral and reintegration routes. This work has in part included:

- SBS, PGN and OJ approving the inter-institutional coordination route for reintegration in the Zacapa department (*CTWWC Outcome 35; June, 2019*)
- The launch of a Working Group for Strengthening Foster Care (*CTWWC Outcome 76; April, 2020*)
- SBS's commitment to implementing case management standards (*CTWWC Outcome 40; May, 2020*)

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<sup>13</sup>Learning Brief: Influencing How Governments Care for Children in Moldova and Guatemala Written by Britton Buckner, Guillermo Cuevas and Alexandra Safronova, October 2021.

<sup>14</sup> CTWWC Guatemala staff interview, conducted by Picture Impact, August, 2023.

- SBS and PGN approving a specialized route for reintegration in light of the COVID-19 pandemic (CTWWC Outcome 36; August, 2020)
- Government requests for an investment case comparing the costs of residential care and foster care (CTWWC Outcomes 47 and 48; October, 2020)
- The recognition from the OJ underscoring the importance of case management for successful reintegration (CTWWC Outcome 77; March, 2021)
- Implementing positive parenting as a transversal component and strengthening the SBS's "Educating in Families" parenting program (CTWWC Outcomes 326, 327, 342; April and May, 2022).

Overall, a key informant from SBS described this period as a "change in mindset" from mere deinstitutionalization to one of providing for children and families such that they have, "the capacity, knowledge, and skills to make sure children do not return to the system."<sup>15</sup> The SBS official also noted the importance of systematizing this work:

*"Changing the Way we Care changed the way we placed children. . . Before, systematization was not considered as important in improving our situation. I think that in the end, part of the work that was being carried out to systematize allowed us to be able to be better prepared for a pandemic that no one expected."*

-Key informant, Guatemalan Government Actor

## Increased municipal coordination and uptake of local family strengthening approaches

A key aspect of CTWWC's approach in Guatemala was for local government to get involved in identifying at-risk families and building family strengthening programs, starting in the municipality of Zacapa, and spreading throughout the Zacapa department.<sup>16</sup> CTWWC staff and partners have identified that while change at a local level is still difficult and not always linear, there is more political will within local child protection agencies and municipalities than at the national level, and that local work demonstrates changes that can impact both replication and larger scale reform.<sup>17</sup> In the Zacapa municipality, the past few years have seen the creation of Municipal Offices for Children and Adolescents (OMNAs), Family Care Commissions, parenting

<sup>15</sup> Key informant interview, Guatemala SBS, conducted by Picture Impact, August, 2023.

<sup>16</sup> Guatemala has 22 departments consisting of 334 municipalities. Zacapa is the name of both a department as well as a municipality within that department.

<sup>17</sup> Key informant interview, CTWWC staff, conducted by Picture Impact; Guatemala peer-to-peer site visit, July 2023

schools and psychological clinics, all of which now have commitments for replication in additional municipalities.<sup>18</sup>

### **Increased public and political awareness of care system actors and care reform practices**

In addition to its case management work and system strengthening, CTWWC also initially supported Guatemala's National Adoption Council (CNA) with its Mothers in Conflict program to prevent unnecessary separation and an awareness campaign called "Abre tu corazón" ("Open your heart") which successfully spurred families in certifying for both foster care and adoption.<sup>19</sup> Care reform gained national media attention, with nine main media outlets running stories on the need for alternative family care in March 2020.<sup>20</sup>

Care sector stakeholders in Guatemala also note an increase in awareness of and political will in favor of care reform among government actors, including greater willingness to collaborate across agencies and interest in learning more about the various facets and practices of care reform exhibited in other countries.<sup>21</sup>

### **Growth of awareness of and support for care reform among faith actors**

Just over ninety percent of private protection homes in Guatemala are run by faith based-organizations, with roughly a third of those being Catholic organizations, making faith actors a key stakeholder in the national care sector.<sup>22</sup> The Catholic Church appointed the Bishop of the Diocese of Zacapa-Chiquimula to work alongside CTWWC, an inroad and signal of increasing support. Additionally, two private, faith-based residential care facilities committed to and proceeded with family reunification supported by case management.<sup>23</sup>

### **The creation of organizing spaces for Persons with Lived Experience (PWLE)**

A key development in Guatemala has been the founding of the first Guatemalan care leaver group, "Unidos por el Cambio" (United for Change), founded by nine care leavers in September 2021. A shift over the course of the initiative was a broader understanding that PWLE are not only care leavers, they also include families who have a vested interest in an improved care

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<sup>18</sup> CTWWC Outcome Database and GT Outcomes Visuals, April 2023

<sup>19</sup> Key informant interview, Guatemala CNA, conducted by Picture Impact, August, 2023.

<sup>20</sup> CTWWC Outcome Database, Outcome 38

<sup>21</sup> CTWWC Guatemala Site Visit, July 2023

<sup>22</sup> CTWWC Estrategia de Participación con el Sector Basado en la Fe y Cambiando la Forma en que Cuidamos, December 2021

<sup>23</sup> CTWWC Outcome Database, Outcomes 78, 284, 323, 328

system.<sup>24</sup> In summer 2022, CTWWC organized the first meeting of Guatemalan foster carers in order to create a space for shared experiences and network building.<sup>25</sup>

### *What role has CTWWC played in Guatemala?*

#### **Creating and designing tools and programs**

Much of CTWWC's work in Guatemala has been developing and codifying programs and services, including the inter-institutional coordination mechanism, case referral route, case management methodology, Educating in Family program, community level Family Care Commissions, a proposal for a national program of children's daycare facilities, etc. This work combined technical knowledge and tools with deep consultation and collaboration to localize and place specific care practices within the Guatemalan context.

CTWWC refers to this work as technical support or technical assistance. It is often done with government partners and supported via cooperation agreements or Memorandums of Understanding (MOU). This is highly relational and collaborative work, and takes an element of coaching, or accompaniment, in creating something together.

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*"They don't say, here's what I come with, apply this. Instead, it's more like, we have this experience, what do you think about it? What can you do, what can't you do? So, the implementation is inside of the processes we already had and, in the end, we were able to unify them and make them sustainable. . . You need to have some programs already established. That's how it was when CTWWC started sharing information with us. They had their modules, their exercises, and all we had to do was localize it."*

-Key informant, SBS Guatemala

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#### **Demonstrating and training what care reform can look like at local and policy level**

Supporting the creation and system-design work, CTWWC has provided significant training and learning opportunities for both government and private actors, assisting in building the capacity and knowledge for implementation of new ways of working among care sector actors. At the

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<sup>24</sup> CTWWC Peer-to-Peer Guatemala site visit, July 2023.

<sup>25</sup> CTWWC Learning Brief: Family-Based Alternative Care, 2022.



government level, this work has included learning exchanges with other countries (Costa Rica, Peru, and through the peer site-visit for this evaluation, Moldova)<sup>26</sup>; training of social workers, psychologists, lawyers, representatives of residential care facilities, and government officials from the SBS, CNA and PGN<sup>27</sup>; and importantly, engaging academic institutions as care reform actors.<sup>28</sup>

*“If you start with the training at a university level, [social workers] will already understand that it’s important to maintain family unity and view the strength of families and not the defects...We should continue doing the work in the region with universities and partner with the academies to try to incorporate the family strengthening methodologies.”*

-Key informant, CTWWC staff member

## Evidenced-based advocacy and coordinating government actors

CTWWC brought key data to government actors, including completing or coordinating:

- Public finance review of public spending on children’s care;
- Baseline National Care System Assessment;
- Opinion survey and review of foster criteria;
- Data around families in the Western Highlands and the mapping of basic and specialized services and referral mechanisms;
- With Better Care Network, a Latin America regional study on care leaver associations and activities;
- Situational status of children with disabilities in residential care administered by the Secretary of Social Welfare;
- Study of perception regarding the challenges for decentralization at the sub-national level of the Family Foster Care Program.<sup>29</sup>

In addition to gathering and presenting evidence, CTWWC advocated and actively worked to convene stakeholders to put data to work for meaningful action, improving communication and making it “more fluid.”<sup>30</sup> This happened most notably at a national level with the National

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<sup>26</sup> Key informant interview, Guatemala SBS, conducted by Picture Impact, August, 2023.

<sup>27</sup> CTWWC Outcome database and Annual Reports

<sup>28</sup> CTWWC Peer-to-Peer Guatemala site visit, July 2023.

<sup>29</sup> Selected list from CTWWC Annual Reports.

<sup>30</sup> Key informant interview, Guatemala SBS, conducted by Picture Impact, August, 2023.

Foster Care working group and the inter-institutional coordination route for reintegration, but also with faith community actors and residential care institutions, PWLE, and academic actors.

### *What opportunities are ahead?*

Increased coordination among different governmental institutions continues to be a priority for care reform actors in Guatemala; ultimately, care sector stakeholders suggest that greater structural reform at the national level is required to move permanently away from institutionalization and toward fostering and family reunification, particularly in moving outside of CTWWC's demonstration areas within Guatemala to have a further reaching, nationally implemented effect.<sup>31</sup> The challenge of government coordination is often underscored by the multiple national institutions for child protection, lack of political will, and frequent staff turnover in government jobs, necessitating a continuous process of training and awareness-building.<sup>32</sup>

Even where progress is made toward structural or legal and policy change, care reform needs to be supported by robust social service supports, such as further family strengthening and parent education, violence prevention programs, awareness raising, strong health and education systems, and more.<sup>33</sup> Establishing proper budgets and workforce skills needed for such services at a community level and across a broader national scale provides a significant challenge. Although the case can be made that these measures to prevent separation are more cost-effective in the long run, the cost needed to transition to such systems is prohibitive. Continued redirection of resources should balance reintegration with these services imperative to prevention and family strengthening.<sup>34</sup>

## *Kenya care system*

### *What has changed in Kenya?*

CTWWC staff facilitating the evaluation peer-to-peer visit in Kenya were impressed that “everyone was speaking the same language, they were all on board toward the same goal.” This growing common vision is an overarching theme of Kenya's care reform process over the

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<sup>31</sup> CTWWC Peer-to-Peer Guatemala site visit, July 2023

<sup>32</sup> CTWWC Peer-to-Peer Guatemala site visit, July 2023; CTWWC Annual Report FY 2022, p. 13.

<sup>33</sup> CTWWC Peer-to-Peer Guatemala site visit, July 2023

<sup>34</sup> CTWWC Peer-to-Peer Guatemala site visit, July 2023

past five years, a story involving significant awareness raising as well as moving beyond talk into concrete action.<sup>35</sup>

*“CTWWC came in when things were at the theoretical level and there wasn't much going on at the ground. The soil was ready, but nothing had really happened. It was time to move things from rhetoric to action. . . Since then, the country hasn't really looked back. We see a lot of progress, and are showing that care reform is doable. There are policies and regulations, now, so many kids now end up in families and in communities there is a lot of awareness.”*

-Key informant, Kenya Care Reform Actor

## Strengthened national policies

The past five years have seen increased coordination among key national government actors including the National Council for Children's Services (NCCS), the Directorate of Children Services (DCS), and the Directorate of Social Development (DSD). Kenya has passed an updated Children's Act (2022) which prioritizes family-based alternative care over institutionalization. It also now has a national care reform strategy (2022), national gatekeeping guidelines and standard operating procedures for alternative care (2022), and national framework for Kafaalah (awaiting final approval, 2023). These overarching documents are supported by a number of Standard Operating Procedures (SOPs) and tools for data collection, assessment, and case management.

## Increased community understanding of and action toward family-based care

While national policies and SOPs are critical, they are only effective when they are actually implemented at the local community level. Here, too, the last five years in Kenya has seen some progress in this regard, particularly in CTWWC's demonstration counties. A number of charitable children's institutions (CCIs) have committed to, begun, or fully transitioned to community-based service delivery; CTWWC reported 41 positive documented outcomes (instances of behavior change) with residential care actors in its demonstration areas.<sup>36</sup>

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<sup>35</sup> CTWWC Peer-to-Peer Kenya site visit, July 2023

<sup>36</sup> CTWWC Outcome Database, Quantitative Dashboard

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*“[CTWWC] did a lot of work in making sure this was a collaborative effort so that whatever was developed was used and would continue to be used. The government has been using [these tools] and anyone who comes in, they let them know we have tools. The actors involved in the demonstration work are using those tools and even orphanages and institutions who have started embarking on reform have used those tools. It’s common that many documents end up on shelves and gathering dust, but I wouldn’t say that’s the case for care reform. Whatever was done was vital to getting people to understand we have everything we need.”*

-Key informant, Kenya Care Reform Actor

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### **Increased awareness and participation of faith-based actors**

There has also been an increase in awareness, dialogue, and training on care reform within various faith communities, including Muslim communities and within local outfits of the Catholic Church. This is evident particularly in the increased awareness, acceptance, and standardization of Kafaalah (see more on this in the case study in Appendix A). According to one key informant, bishops, clergy, and lay people are now more receptive to discussions around reforming care systems, and more connected to partnerships with global institutions, furthering the reach and impact of faith-based initiatives in Kenya.<sup>37</sup>

### **Strengthened Kenya Society of Care Leavers**

CTWWC has collaborated with the Kenya Society of Care Leavers (KESCA) since it started work in Kenya in 2018. This partnership has included development of guidance on care leavers engagement, development of a life skills manual and training of trainers on life skills, joint advocacy efforts, the completion of a Holistic Organizational Capacity Assessment Instrument (HOCAI) exercise, and most recently, support in the development of a strategic plan for the organization.<sup>38</sup> Over this time and through this work, KESCA has evolved as an organization and grown its networks with additional people and organizations outside of its headquarters in Nairobi.<sup>39</sup> According to a key informant from Kenya, people with lived experience of care are more confident and self aware as a result of KESCA and CTWWC’s efforts.

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<sup>37</sup> CTWWC Kenya key informant interview, Outcome Harvest Substantiation, conducted by Maestral.

<sup>38</sup> CTWWC Kenya Society of Care Leavers Strategic Plan Validation Workshop, February 25, 2023.

<sup>39</sup> CTWWC Kenya key informant interview, conducted by Picture Impact, Summer, 2023.

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*“Care leavers can actually tell you, ‘I don’t have to share [my story]’ ...They don’t have to be at the beck and call of any actor”*

-Key informant, Kenya Care Reform Actor

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### *What role has CTWWC played in Kenya?*

#### **Building capacity and understanding of care reform through training**

CTWWC has provided training to government agencies, religious actors, community members, and CCIs, on topics such as case management for reintegration, cash transfer SOPs, disability inclusion, and safeguarding.<sup>40</sup> Training has included both direct service providers as well as a Training of Trainers approach and largely carried the aim of increasing use and proper implementation of key child protection and case management tools and practices.

Related, but also slightly distinct from typical training, is the role CTWWC has played in accompanying the transitioning CCI’s towards the reintegration of children using the case management approach in Kenya. This approach includes both the transfer of technical knowledge as well as trusting relationships and an overarching mindset and cultural shift to past ways of working and caring for children.<sup>41</sup>

#### **Convening key actors and providing technical support**

Meetings and convening partners at various levels (national, sub-national, etc.), along with key technical assistance, helped to create the national policies and helped them to have buy-in and validation at local levels. This often included deliberate consultation with NCCS and DCS, as well as the facilitation of cross-country learning with Rwanda and the UK.<sup>42</sup> Meetings and convening ultimately spanned two key aspects of work: the labor of helping create the needed tools with the appropriate technical considerations in place, as well as the advocacy to create awareness among various stakeholders.<sup>43</sup>

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<sup>40</sup> CTWWC Annual Reports FYs 2019-2022.

<sup>41</sup> CTWWC Peer-to-Peer Kenya site visit, July 2023

<sup>42</sup> CTWWC Kenya Peer-to-Peer site visit, August 2023.

<sup>43</sup> CTWWC Kenya partner key informant interview, conducted by Picture Impact, Summer, 2023.

## **Raising awareness and sensitizing communities to care reform with an inter-faith approach**

CTWWC has played an important role in fostering awareness and initiating dialogues and training on care reform within various faith communities, providing an “entry point” for faith communities and actors genuinely invested in children’s well-being.<sup>44</sup> Through specific forums and broader campaigns, CTWWC worked with trusted messengers in both Catholic and Muslim communities to connect care reform efforts to tenets of each faith.

Sensitization via community engagement was key to CTWWC’s approach. The initiative conducted workshops with clergymen and women on care reform and the importance of family and community-based care for children based on the social teachings of the Catholic Church, as well as identified actors to coordinate the rollout of messaging within county-level Church structures.<sup>45</sup> Community engagement sessions and the establishment and capacity building of county-level Kafaalah steering committees raised awareness in Muslim communities in the demonstration counties.<sup>46</sup> CTWWC also assisted faith communities with data collection, including a situational analysis with Catholic-affiliated CCIs and facilitated data-collection processes in Muslim communities around the practice of Kafaalah.<sup>47</sup> This helped translate new awareness into greater understanding of where and how to direct action.

### **Conducting mass campaigns**

CTWWC used radio campaigns to spread messages to the public on care reform and garner support for family-based care for children. Messages included the advantages of institutional care for children, alternative care options, Kafaalah, and skillful parenting. Contact information for local child services staff were also shared for the public to gain additional information and inquire about adoption.<sup>48</sup> In at least one case, a radio campaign led to an organization requesting assistance in moving from institutional to family-based care.<sup>49</sup>

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<sup>44</sup> CTWWC Kenya key informant interview, Outcome Harvest Substantiation, conducted by Maestral.

<sup>45</sup> CTWWC Annual Report FY 2022. p. 15.

<sup>46</sup> CTWWC Annual Report FY 2022, p. 15

<sup>47</sup> CTWWC Annual Report FY 2022, CTWWC Kenya Peer-to-Peer site visit, August 2023.

<sup>48</sup> CTWWC Outcome Database, outcomes 28, 84, 308.

<sup>49</sup> CTWWC Outcome Database, outcome 84.



## Partnering with and supporting PWLE

*“There hasn't been any other organization that has so massively involved people with lived experience...The fact that CTWWC has supported care leavers and that they create space at the national and local level has really helped push this forward.”*

-Key informant, Kenya Care Reform Actor

CTWWC has encouraged and supported care leavers and others with lived experience of the care system to participate in activities such as the Transforming Children's Care Global Collaborative, the East South Africa Regional Learning Platform, and other learning webinars and events. CTWWC has reportedly both learned and been thoughtful about what meaningful participation looks like, translating into unique contributions of PWLE to guidelines and policies, rather than mere tokenism.<sup>50</sup>

### *What opportunities are ahead?*

Kenya is at a crucial stage in care reform, seeking to expand local demonstrations to nationwide implementations, but this expansion is hampered by resource constraints and uncertainty about sustainable funding and prioritization from the national government.<sup>51</sup> Continuous advocacy is needed for increased government involvement and commitment to uphold its responsibilities in child protection. Advocacy and movement building, particularly among faith-communities, also helps to ensure that resources are redirected to family-based care. Deeper and sustained dialogue must include all care reform stakeholders, and particularly continue to bridge faith communities, civil society, and government actors.<sup>52</sup>

*“We need to engage the government more...To bring the change we're looking for we need scale.”*

-Key informant, Kenya Care Reform Actor

*“There has been a lot of advocacy for government investment.. Hopefully that*

<sup>50</sup> CTWWC Kenya key informant interview, ILE key informant, conducted by Picture Impact, Summer 2023.

<sup>51</sup> CTWWC Peer-to-Peer Kenya site visit, August, 2023; CTWWC Kenya key informant interview, Outcome Harvest Substantiation, conducted by Maestral.

<sup>52</sup> Key informant interview, CTWWC Kenya partner, conducted by Maestral for outcome substantiation,

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*happens, but I'm not so sure...I'm hoping the government is serious enough that they stick to this subject...They [can] drop the ball, going to where the money is."*

-Key informant, Kenya Care Reform Actor

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As in other CTWWC demonstration countries, fulfilling the need for sustainable and diverse care options for children with disabilities who have not been fully included in care reform is a complex but clear gap in Kenya's current care landscape, providing opportunity for further demonstration and learning.<sup>53</sup>

## Moldova care system

### *What has changed in Moldova?*

Overall, the story of change in the past few years in Moldova is one of increased use of effective, evidence-based and collaborative methods to advance family and child care reform that has been ongoing in Moldova before CTWWC's presence. CTWWC has become a trusted partner, technical and implementation expert for government, faith-based, civil society, and academic actors working to improve the functioning and sustainability of the social services sector across the country.

### **The launch of the National Program for Child Protection and Action Plan for 2022-2026**

The National Program for Child Protection and Action Plan, officially launched in June 2022 by the Moldova Ministry of Labour and Social Protection (MLSP), is a strategic policy document that will organize activities and prioritize investments in child protection in Moldova through 2026.<sup>54</sup> CTWWC, along with Data for Impact (D4I), was uniquely asked to participate in the creation and refinement of the action plan and as such, it incorporates priority actions to improve care reform through strengthening in the areas of legislation and funding, workforce, family strengthening, prevention, deinstitutionalization, recommended by CTWWC, as well as recognized monitoring and evaluation indicators.<sup>55</sup> Implementing this plan represents a

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<sup>53</sup> Key informant interview, CTWWC Kenya partner, conducted by Picture Impact, Summer 2023.

<sup>54</sup> CTWWC Annual Report FY 2021, p. 13.

<sup>55</sup> CTWWC Outcome Database, Outcomes 109, 122.

significant opportunity to advance care reform activities and influence changes in the sector in Moldova at a national level.<sup>56</sup>

*“Moldova can serve as an example of successful policy development...specifically the legal and regulatory framework in developing children’s care, children’s rights, and interests.”*

-Key informant, Moldova Government Care Reform Actor

## **An increase in foster families and decrease in children in residential care**

While beginning before CTWWC’s work in Moldova, the past few years have continued to see an increase in foster family care and decrease in the number of children in residential care, with a political commitment from the MLSP to further reduce the number of children in residential care to zero.<sup>57</sup> From October-December 2021, for example, specialists and community social workers in three raions (counties) reported having reunified or placed 18% more children in family-type services compared to the same period in 2019.<sup>58</sup>

## **Strengthened assessment practices for children in residential care**

Key to the continued care reform efforts mentioned above was enhancing the assessment process of children in residential care, refined during the pandemic in response to the limitations posed by COVID-19.<sup>59</sup> Further refinements in the assessment processes included introducing clearer documentation requirements and more focused individual assistance plans, which has led to a clarity regarding the necessary documents needed in a child’s file, and ultimately better service delivery and coordination across various authorities.<sup>60</sup>

## **Increased attention to and understanding of case management approach**

In June, 2022, a government-led working group was launched to review Moldova’s case management regulation, tools, and guidance.<sup>61</sup> Additionally, a number of residential institutions which have worked with or been trained by CTWWC in Moldova have reported realizing the importance of case management and raising children in family environments, even some

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<sup>56</sup> CTWWC Outcome Database, Outcome 122 significance.

<sup>57</sup> Key informant interview, Moldova MLSP, conducted by Picture Impact, June, 2023.

<sup>58</sup> CTWWC Outcome Database, Outcome 319.

<sup>59</sup> CTWWC Outcome Database, Outcome 86.

<sup>60</sup> CTWWC Outcome Database, Outcome 103, 104.

<sup>61</sup> CTWWC Annual Report FY 2022, p. 19; CTWWC Outcome Database, Outcome 289.

originally resistant to change.<sup>62</sup> Social workers trained by CTWWC also reported increased understanding of the role of community social workers in the process of child reintegration, and importance of registering children for receiving family support alongside with the development of individual care plans.<sup>63</sup>

### **Deepened collaboration across care reform actors, government, academia**

Key among changes in Moldova over the past few years is the increased collaboration and coordination between different actors, including civil society organizations, faith-based actors, local communities, government ministries, and academic institutions. Referred to as the “collective impact approach,” the emphasis has been on using and institutionalizing a participatory and inclusive process that seeks to bring together all stakeholders under one umbrella to develop joint solutions to common issues.<sup>64</sup>

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*“The initiative helped build partnerships between civil society organizations dealing with children's protection. Until then, there was an unhealthy competition between us. [CTWWC] helped create and build a dialogue. Now we have a much better working relationship.”*

-Key informant, Moldova Care Reform Actor

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A key development using this approach has been strengthening the system for training the social service workforce, in collaboration with the MLSP, the National Agency for Social Assistance (ANAS), and four universities with social assistance programs.<sup>65</sup> This collaboration helped to fill a gap between the MLSP and training institutions and has led to signed Memorandums of Understanding between each of the universities and the MLSP.<sup>66</sup> For more on the related Social Service Workforce Working Group, see the relevant case study in Appendix A of this report.

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<sup>62</sup> CTWWC Outcome Database, Outcome 87, 288, 333.

<sup>63</sup> CTWWC Outcome Database, Outcome 297.

<sup>64</sup> CTWWC, *Insights from Moldova: Role of Collective Impact in Workforce Strengthening*, March, 2023.

<sup>65</sup> CTWWC Annual Report FY 2022, p. 20.

<sup>66</sup> Key informant interview, CTWWC partner organization, conducted by Picture Impact, Summer, 2023.

## *What role has CTWWC played in Moldova?*

### **Serving as a source for reliable technical and implementation expertise**

CTWWC developed a strong working relationship with Moldova's MLSP, providing critical input on the National Program for Child Protection 2022-2026 (NPCP), as well as advice for sustainable and proper implementation. The MLSP credits CTWWC's ability to work in close coordination with the Ministry and take into account the office's needs and considerations.<sup>67</sup> Through strong participation in working groups, coordination meetings, and other care reform events, CTWWC established credibility as a reliable and trusted partner for technical and implementation advice and support.<sup>68</sup>

*"Colleagues from the initiative supported our ministry with various projects, regulations, and recommendations for children's protection. I would specifically mention the development of our policies and adjusting the legal and regulation framework...Like I said, though, it's not just about tangible technical assistance. It's about supporting the implementation of various activities and actions: providing expertise, helping with policy development, and creating working groups and being involved in their activities."*

-Key Informant, Moldova Government Care Reform Actor

Similarly, CTWWC's key partners said they were always present in key meetings and able to provide useful feedback and serve as a strong supporter of alternative family care systems.<sup>69</sup>

It is important to note that CTWWC was able to leverage the existing political will already present around care reform at the national level in Moldova, focusing on supporting a largely well-established common goal to enhance family and child protection.<sup>70</sup>

### **Providing evidence, training on assessment and case management**

In the first half of 2021, CTWWC completed a situational analysis (SitAn) with support from MLSP, especially in the assessment of children from six residential institutions. The results of

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<sup>67</sup> Key informant interview, Moldova MLSP, conducted by Picture Impact, June, 2023.

<sup>68</sup> CTWWC Outcome Database, Outcome 109 contribution statement.

<sup>69</sup> Key informant interview, CTWWC partner organization, conducted by Picture Impact, Summer 2023.

<sup>70</sup> Key informant interviews, Moldova MLSP, conducted by Picture Impact, June, 2023, and CTWWC partner organization, conducted by Picture Impact, Summer 2023.

the SitAn were reviewed with key stakeholders, including the MLSP and Ministry of Education and Research. Resulting recommendations were incorporated into the NPCP action plan, and CTWWC also conducted a discussion on case management which was later incorporated into the NPCP action plan as well.<sup>71</sup> CTWWC facilitators then trained teams from the six residential institutions and provided training and mentoring to staff, developing close consulting relationships with institution managers.<sup>72</sup>

### Increasing communication within and promotion of care reform agenda

As noted above, a key part of CTWWC’s strategy in Moldova has been the use of the collective impact approach, working to convene stakeholders and increase cooperation across disparate actors within care reform. Regular meetings of working groups at the national level have been, “a key ingredient to successful and sustainable change.”<sup>73</sup>

Supporting the collective impact approach, communication staff in Moldova have been instrumental in promoting and sharing CTWWC Moldova’s work to a broader national and regional audience. Monthly newsletters and additional distribution materials are shared for feedback and supporting reporting channels with local implementing partners, which has successfully grown a network contact list.<sup>74</sup>

*“[The CTWWC Moldova communications team] liaise with social media... Things are shared by multiple donors and partners, [often including USAID-Moldova]. The quality of the events they have are exceptional because they have a team to make everything professional. They have a bigger budget and dedicated professionals and because of that have created a significantly higher number of professional learning products that are widely shared and seen.”*

-CTWWC staff member

Recently, CTWWC Moldova has played a role in developing and promoting guidance for response to the unfolding emergency situation in Ukraine and related refugee crisis in Moldova, in collaboration with CTWWC Senior Technical Advisors and Better Care Network.<sup>75</sup>

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<sup>71</sup> CTWWC Outcome Database, Outcome 280 contribution statement.

<sup>72</sup> CTWWC Outcome Database, Outcome 106, 108.

<sup>73</sup> CTWWC Annual Report FY 2020, p. 20.

<sup>74</sup> CTWWC Annual Report FY 2022, p. 21; CTWWC staff key informant interview, conducted by Picture Impact, June 2023.

<sup>75</sup> CTWWC Outcome Database, Outcomes 335, 340.

### *What opportunities are ahead?*

Key informants in the evaluation mentioned that a needed next step in Moldova is to develop specialized foster care services for children with disabilities, and in disability inclusion work more generally, bringing a multi-sectoral approach.<sup>76</sup> Funding for these aspects, as well as redirection of resources overall remains key, particularly in the wake of upcoming government reforms, which may leave some social services under or un-funded.<sup>77</sup>

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*“We have 700 children in residential care that we want to put into foster families. But I’m not sure we can do that with public funds... Moldova is now in full implementation of care reform and at the same time we are thinking about how to ensure the sustainability of this reform and the accessibility of services for all beneficiaries.”*

-Key Informant, Moldova Government Care Reform Actor

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A challenge for CTWWC Moldova has been adjusting to changes in government priorities and vision along the journey; however, two important upcoming changes favor care reform, Moldova’s push to join the European Union, and a transition government poised to implement broad reform, defining and funding various social services, providing a “golden moment” for CTWWC to tap into.<sup>78</sup> A key part of this work lies in workforce strengthening and training, upskilling and creating specialized workers to carry out new services demanded by government regulation.<sup>79</sup>

CTWWC and key partners in Moldova also agree there is room for increased involvement of those with lived experience in care reform, including integrating the views of youth and care leavers into essential governmental decisions and facilitating their participation in all levels of reform, as well as to develop networks of support for both children and parents involved in alternative care systems. Stakeholders acknowledge that capacity building and inclusive participation must move quickly, as care reform milestones are currently advancing rapidly.<sup>80</sup>

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<sup>76</sup> Key informant interviews, Moldova MLSP, conducted by Picture Impact, June, 2023, and CTWWC partner organization, conducted by Picture Impact, Summer 2023. Moldova MLSP, CTWWC Moldova Peer-to-Peer Site Visit, August 2023.

<sup>77</sup> Key informant interview, CTWWC partner organization, conducted by Picture Impact, Summer 2023.

<sup>78</sup> CTWWC Moldova Peer-to-Peer Site Visit, August 2023.

<sup>79</sup> Key informant interview, CTWWC partner organization, conducted by Picture Impact, Summer 2023.

<sup>80</sup> CTWWC Moldova Peer-to-Peer Site Visit, August 2023

## Evaluation Questions 3 and 4:

*How effective have selected CTWWC approaches been at contributing to change in national care systems and the care sector (nationally, regionally, globally) and what lessons have been learned about the affordability of selected CTWWC approaches?*

### *Defining key terms*

The evaluation used the following definitions and considerations for these terms:

1. **Effectiveness:** The case studies adopt a definition of effectiveness from the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Revised Evaluation Criteria, looking at “the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.”

Each case study attempts to understand effectiveness at this point in time, five years into the CTWWC initiative. Systems change is a long journey, and, therefore, high-level objectives are not met in totality; rather, there are pieces and parts of the goal which have been met and pieces and parts that are continuing to move towards long-term systems change.

2. **Lessons on Affordability:** While originally termed “affordability,” the case studies take an approach of lifting up lessons on what *resources* are needed for implementation. Ultimately defining affordability is complex and largely dependent on the audience who might pick up and resource the approach and in what specific context. For example, an approach might be affordable for a national government but not a private NGO, and also might *not* be affordable for a different nation’s government. Further, resources needed are likely to change over time, and the cost (and therefore affordability) of transitioning to a new approach or system may be much different than the cost/affordability of sustaining an approach over time. Budgetary information was also outside of the scope of the evaluation.

Given highly variable considerations and factors outside of the scope of this evaluation, the evaluation team instead looked at lessons learned about the resourcing needed (time, human, expertise, financial, material) to implement each approach with quality.

### *Key findings from evaluation case studies*

#### **1. Approach: Promoting Kafaalah as a formal alternative family care option in Kenya**

Since 2020, CTWWC aided in convening and mobilizing religious organizations, government officials, and local community members to promote and create structure around the Muslim



practice of Kafaalah as an appropriate alternative family care option. Due to the informal operation of Kafaalah within Kenya, it has generally not been monitored by the social service workforce, increasing risk that both preparation of and follow-up on placement occurs less frequently and often does not prioritize the child's best interest in the placement process. CTWWC defined the following three goals to guide the formalization process, all of which have seen significant progress:

- **Goal:** Raise awareness and mobilize communities to understand Kafaalah as an appropriate alternative family care option
  - Thus far, Muslim leaders across three counties have engaged in sessions to integrate Kafaalah into national family care practices, and community engagement sessions have led to increased acceptance within Muslim communities and more Islamic institutions adopting Kafaalah.
- **Goal:** Formalize and regulate Kafaalah as a legal alternative family care option.
  - Accomplishments toward this goal include the development and validation of Alternative Family Care and Kafaalah Standard Operating Procedures (SOPs) for children, the establishment of the National Kafaalah Framework, and the integration of Kafaalah indicators into the national reporting system. Additionally, the recognition of Kafaalah in the Children Act 2022 marks a critical milestone in the formal acceptance and implementation of its practice.
- **Goal:** Support national dissemination of the guidance and messaging for Kafaalah as well as local implementation in key demonstration areas.
  - Engagement in Kenya has led to the formation of steering committees, identification of Kafaalah sponsors and families, an increase in data collection and analysis around the practice, and the integration of key indicators into Kenya's national reporting system.

The Kenyan experience highlights the need for substantial investments in relationship-building, time allocation, and expertise to effectively promote Kafaalah as a formal alternative family care option. Building and maintaining relationships requires collaboration at various levels, particularly among religious leaders, state and non-state agencies, and within families and communities, with trust in Islamic leaders being crucial. A comprehensive timeline is necessary, not only for data collection and the development of procedures and frameworks, but also for these key aspects of community development, awareness-raising, and validation to secure local buy-in. Expertise is needed in several areas, including training for community leaders on data

collection and analysis, technical support, and expertise in working both with national government and local community stakeholders.

## 2. Approach: Moldova Social Service Workforce Strengthening Working Group

To address ongoing training and sustainability of the social service workforce, CTWWC and the Moldovan Ministry of Labor and Social Protection (MLSP) initiated the Workforce Strengthening Working Group (WG) in March, 2022. Facilitated with CTWWC's partner Keystone Moldova, the WG implemented CTWWC Moldova's Collective Impact Approach, a participatory and inclusive process whereby all relevant stakeholders are brought together to collaborate. While there has been progress toward each defined goal of the WG, it is still too early to demonstrate many of the eventual impacts in contributing to these goals:

- **Goal:** Establish continuous training of social workers and upskill case management practices.
  - Progress is being made, beginning with defining content to be taught and development of evidenced based curriculums.
- **Goal:** Shift the paradigm of professional supervision, ensuring its functional professionalization and standardization as well as emphasizing prevention of professional burnout, toward sustainable care infrastructure.
  - Resources have been allocated to enhance supervisor training systems, with a focus on preventing burnout. Specialist qualification rankings were also introduced and an overall positive shift in the recognized value of the social service workforce has been reported.
- **Goal:** Strengthen partnerships between government regulatory agencies creating policy and the universities responsible for training social service workers to carry out policy.
  - Universities are actively involved in the working group to provide ongoing consultation and feedback. Additionally, there are now cooperation agreements between the Moldovan government and four universities with social work training programs.

Funding is crucial for implementation, operations, and fostering relationships and partnerships, despite volunteer efforts of WG contributors. A lead organization, such as Keystone Moldova, plays a key role in coordinating communication and providing structure and guidance. Building relationships is vital for establishing credibility and buy-in, encompassing activities like formalizing agreements, engaging in one-on-one discussions with stakeholders, creating partnerships, and training trainers. Working in this collective manner takes time—to understand needs, to encourage inclusive feedback, as well as for shared leadership tasks and fostering engagement. Additionally, expertise in developing implementation frameworks, content for workforce upskilling and training, and a paid facilitator with experience are crucial

for convening the WG and ensuring effective collaboration among various stakeholders, thus legitimizing the WG and motivating joint decision-making.

### **3. Approach: Establishing and strengthening Municipal Offices for Children and Adolescents (OMNAs) in Guatemala**

The absence of a single convening structure for child protection in Guatemala, in addition to limited budget and human resources, impacts agencies' capacities to invest in children and families and support children. To help bridge this long-standing challenge with immediate action, CTWWC worked initially with the municipality of Zacapa to establish a Municipal Office for Children and Adolescents (OMNA). The purpose of the office was to streamline and localize implementation of defined child protection responsibilities, including financial and human resources, in support of prevention of separation, reunification, and family strengthening at the local level in ways that could be replicated in other municipalities. The following goals were defined as measures for effectiveness, again all of which have seen significant progress:

- **Goal:** Increase inter-institutional coordination to promote planned and thoughtful family reintegration utilizing a structured and standardized case management methodology, mainly for prevention and family strengthening.
  - Coordination between Zacapa and three key government child protection bodies resulted in an inter-institutional pathway for reintegration of children and coordinated pathways for family referrals to social and specialized services. Commissions for children and adolescents were established at departmental, municipal, micro-regional, and community levels.
- **Goal:** Prevent family separation through the identification of families at risk of separation and coordinate assessments and referral pathways to needed services for children and families.
  - CTWWC Guatemala worked with the Zacapa OMNA to successfully reunite 56 children from residential care in Zacapa with their families or caregivers, serve 185 families at risk of separation, and engage 243 caregivers in parental skills training through positive parenting schools. Newly established partnerships with universities and Community Family Care Commissions support family strengthening programs, raise public awareness, and refer at-risk families to necessary services.
- **Goal:** Regularly document and discuss this experience to demonstrate success of this approach and to provide a template for replication in other municipalities.

- As of 2023, five municipalities have opened and funded OMNAs and all municipalities within the Zacapa department have signed collaboration agreements for future work with CTWWC. CTWWC also has collaboration agreements with four more municipalities in western Guatemala. Further, Guatemala’s Judicial Branch decided independently to replicate the reintegration process of cases of children residing in residential care for five years or more in municipalities beyond Zacapa with a vision of implementing it at the national level in the long-term.

In the case of OMNAs, a number of local governments have demonstrated a commitment to care reform by reallocating funds and taking responsibility for sustained funding and effort. To get to that point required a wide network of actors, including child protection agencies, local government officials, academic institutions, and community leaders. A successful OMNA needs intensive coordination between local and national government agencies which requires designated time and resources—for example resource mapping to strengthen referral pathways. Technical assistance is helpful in establishing common definitions, visions, operational structures, and budgets for care reform and family strengthening. OMNAs also need the recruitment and training of skilled psychologists, social workers, and case management staff to carry out this work at a local level.

#### **4. Approach: Eastern and Southern Africa Regional Learning Platform on Care Reform**

Initiated in response to the COVID-19 pandemic in 2020 by UNICEF and CTWWC with implementation support from Child Frontiers, the Eastern and Southern African Regional Learning Platform (ESA RLP) on care reform serves as a hub for learning exchange among government and UNICEF officials, as well as NGOs and academics. The platform facilitates cross-country learning and capacity building through various remote and online resources and events, with the aim of improving the understanding, delivery, and sustainability of care reform initiatives. Progress toward these objectives includes:

- **Goal:** Governments/UNICEF exchange learning on care reform.
  - With notable increases in engagement and comfort with digital participation over the past few years, it has remained a challenge to engage and receive feedback from government actors. Additionally, challenges in measuring full participation and engagement on the platform exist due to anonymous interactions and indirect engagement. A comprehensive evaluation of the platform is currently underway to further assess progress toward this objective.
- **Goal:** NGOs and academics share learning with government/UNICEF on care reform.

- The ESA RLP has engaged NGOs and academics in various capacities throughout its phases, seeking their participation and contributions to enrich the learning and input for government and UNICEF actors. Again, further data is required to comprehensively understand their participation dynamics and outcomes.
- **Goal:** A sustainable platform for the exchange of learning on care is established.
  - The platform has successfully implemented various activities for regional learning exchange, such as virtual site visits, webinars, and a resource library, and has a substantial newsletter distribution network. The continuation and growth of its initiatives depend on sustained funding and active participation.

Key aspects of the ESA RLP that encouraged engagement on the platform included a consultative and responsive approach which leverages local solutions and contextual knowledge. Furthermore, having UNICEF as an in-country presence to encourage government participation and follow up with resources, particularly with things like webinars and virtual events is important for meaningful engagement and utility of the platform. For the application of this learning to translate into practice, consistent internal advocacy and funding, including cross-sectoral budgeting, were identified by key informants of this case as essential components. These elements indicate the need for sustained efforts, strong relationships, and collaborative approaches to enhance the effectiveness of government care reform initiatives.

## 5. Approach: Transforming Children's Care Collaborative, its Transition Working Group and Spanish-speaking Subgroup

Launched in late 2020 by Better Care Network and partners including CTWWC, the Transforming Children's Care Collaborative (TCCC) provides a collaborative, non-competitive platform for discussion on care reform, consensus-building, tool development, and sharing among a global community of diverse care reform stakeholders. The platform is accessible in over 100 languages. The TCCC facilitates direct communication among members about their work; provides access to resources; and hosts webinars, online training, and other learning events. Members have the opportunity to join one or more of four thematic working groups, including a group on transitioning residential care, which has more recently developed a Spanish-speaking subgroup.

The progress made toward the Transition Working Group's four objectives, in particular, demonstrate the TCCC's effectiveness in building collaboration and scaling care reform. The Transition Working Group and Spanish-speaking subgroup have:

- **Developed resources and disseminated learning** on care reform to increase its scale, including documenting transitions and lessons learned. The Spanish-speaking subgroup

has developed case studies about transition within different LAC countries, translated tools and case studies created in the wider Transition Working Group from English into Spanish, and has put together process and costing tools for transition.

- Members share tips with one another regularly, **increasing peer-learning**, particularly during the process of co-creating guidance and new tools for transition. This is an area key informants deemed as more nascent, with progress being in the works with a Training of Trainers event held in August, 2023. The Spanish-speaking subgroup has specifically led to more active participation and input from LAC members.
- **Built consensus** among members, which was in large part needed first to frame the other objectives. Questions addressed within the group include when transition starts and stops, and what level of change is required to consider transition vs. reintegration. According to Transition Working Group leadership, it is difficult to gain support (political, funding, etc.) for transition without these definitions.

Establishing and sustaining the TCCC overall has required a mix of strong interpersonal relationships, experienced facilitators, and ongoing technical support. The platform depends on clear communication of its benefits and active participation from its diverse membership. Maintaining international accessibility requires strong technical assistance and the robust multi-language capabilities it currently hosts. The TCCC faces challenges of a collectively run global body, including establishing operational procedures, ensuring collective ownership, and diversifying funding streams. Articulating the platform's unique value, fostering ownership through smaller task-oriented groups, incentivizing active engagement, and exploring diverse funding models are initial suggestions, some of which are already employed, that may help to ensure the Collaborative's sustainability.

### *Cross case analysis*

#### **How are the cases shown to be effective?**

A cross-analysis of the five case studies lifts up insights into the overall components of effective approaches in care reform:

- In achieving objectives, each approach uses **highly consultative** methods that prioritize collaboration and engagement among diverse stakeholders.

For example, in Moldova, the WG engaged a variety of voluntary actors, including government and universities, to play a key role in developing ongoing social work training. Likewise, consultation was central to the work of the ESA Regional Learning Platform, which consistently

sought input and feedback to define both the platform’s channels for learning delivery as well as key learning topics.

- In addition to various perspectives, there is a shared emphasis on being **data-driven**, ensuring decisions and strategies are informed by reliable, contextual, and relevant data.

In the case of formalizing Kafaalah, for instance, gathering data on current Kafaalah practices and children in care was a key part of the approach and included training both Muslim leaders and enumerators. In the case of the TCCC, global data and evidence helps to document lessons learned from various approaches and applied tools, as well as identify gaps in knowledge.

- Related to having a firm basis in empirical evidence, effective approaches **harmonize theory and practice**. This union of shaping high level technical expertise with practical applications and local contextual factors was key to navigating the complexities of care systems and the care sector and driving change effectively.

This is particularly evident in the TCCC’s Transition Working Group, which has worked to build consensus around key definitions to inform how the work of transitioning to family care happens, as well as document lessons learned from existing cases of transition. In Guatemala, expertise in theories of family strengthening and reintegration were contextualized and applied within the work of the Zacapa OMNAs. The Zacapa demonstration site implemented work which drew from extensive preparation, research, and technical expertise.

- Finally, the cases leverage a strategic interplay between **bottom-up and top-down approaches**, working to bridge local community and civil society actors with overarching policies, agreed definitions and frameworks, ensuring that change has buy-in and coherence at all levels.

In Guatemala, emphasis was put on care reform action at the municipal level, bringing local actors together to move change forward, as a way to encourage and while also focusing on building cohesiveness across the four national agencies involved in care reform. The approach of formalizing Kafaalah in Kenya oscillated between work completed with national stakeholders (i.e., the creation of SOPs and a National Framework) and key local leaders and stakeholders for validation and sensitization. Finally, the TCCC illustrates how information and resources should reflect both bottom-up and top-down approaches, with enough information available to customize learning to an array of local contexts balanced with evidence and solutions that can apply across these contexts and which reflect top-down care reform approaches.

## What lessons have been learned about resourcing needed for quality approaches?

Each case study lifts up the elements of time, relationships, and expertise needed to accomplish the approach. What we observe across these elements is that the efficacy of these approaches is inherently tied to the investment in these resources—both tangible and intangible. The need for **time** (in collecting data, documenting, learning, building relationships, bringing key stakeholders along, getting various levels of input and approval), **connection** (including trust, credibility, and access) and **skills and knowledge** (technical knowledge on aspects of care reform, yes, but also facilitation, training, communications, knowledge management, learning product design, etc.) invariably all demand a level of financial investment. Determining whose responsibility it is to allocate these resources and at what juncture remains beyond the scope of this evaluation, yet, a crucial component to acknowledge in understanding where, when, and for whom care reform approaches can be affordable.

## Evaluation Question 5:

### *What has CTWWC learned about the transfer of learning?*

#### *Kolb model of experiential learning*

In order to answer question five it is important to consider what is included in the process of the transfer of learning. CTWWC has defined this in the following manner—learning is:

- A **process** that **changes** our knowledge and skills
- Through the taking in of **new information** and **making sense** of it
- Resulting in the ability to do something **new and better** in the future.

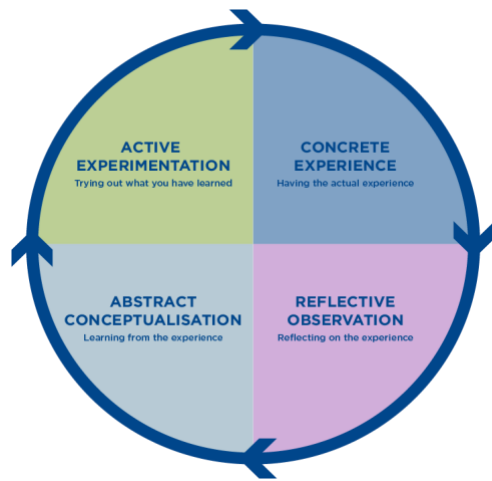
In coding the substantial set of secondary data by actions taken by CTWWC, we found that CTWWC put a considerable amount of effort toward helping actors exercise new information and practice a new ability—going seemingly one step beyond this definition of learning. Accompanying care reform actors, leading working groups, and providing technical assistance are all activities that complete the transfer of learning through the application of new information. Ultimately we found the data and theory behind using a demonstration country approach fit more tightly into the widely recognized Kolb (1984) experiential learning model<sup>81</sup> that describes the process of experiential learning.

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<sup>81</sup> Mcleod, S. Simply Psychology, [Kolb's Learning Styles And Experiential Learning Cycle](#), June 16, 2023.



Figure 1. The Kolb model of experiential learning



This model identifies four stages, which each emphasize different aspects of learning. Briefly, the model begins with a **concrete experience** that involves direct, hands-on experience. This is followed by **reflective observation** that involves learners analyzing and considering their experiences from different perspectives. In **abstract conceptualization** learners attempt to form generalizations and develop theories or concepts based on their reflections. This is how they integrate their experience with their existing knowledge, theories, and principles so it can be applied in the future with a new experience. Finally, a learner applies this new knowledge in **active experimentation**, taking what they've learned and putting it into action, testing their hypotheses and ideas in real-world situations.

### *Using demonstration as a strategy for transfer of learning*

CTWWC set-up three demonstration countries with the explicit intent of generating and transferring learning from these specific experiences, both within each country and to regional and global audiences. Key informants were complimentary about CTWWC's efforts to document learning—which includes efforts to generate data, tell the story of what happened, and to pull forward lessons learned for others.

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*"I think in the last two years, [CTWWC] has really upped their strategy and their work around documenting the work that is happening and different levels of sharing. . . I think they've demonstrated really good practice and [have been] strategic as well."*

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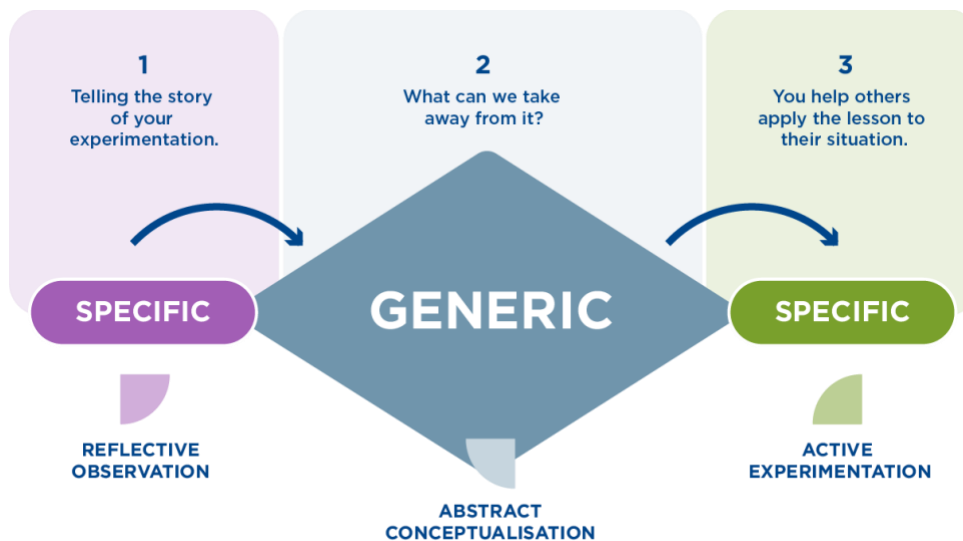
-Key Informant, Global Influence

*“The thing CTWWC has gotten right is they’re documenting learning as much as possible. It’s a lot, a little challenging to keep up with everything that comes out, but more than anything there’s transparency. We’ve learned some things about what’s been great and not great and we’re going to share the tools.”*

-Key informant, Global Influence

It is important to highlight that after the **concrete experience** (step 1 of the learning cycle) of implementing reform approaches within the demonstration countries, a successful transfer of learning requires all subsequent steps of the learning cycle. It is not enough to simply tell the story of the demonstration country alone (See Figure 2 below).

**Figure 2. A successful “demonstration” of learning**



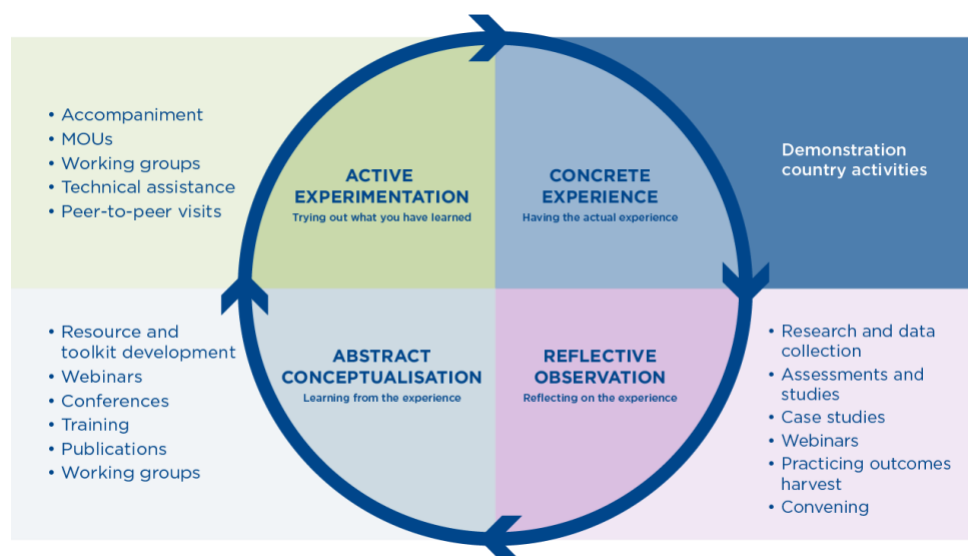
One key informant interviewee naturally articulated this process:

*“It is bottom up and top down. [There are] concrete things from different countries, evidence and solutions. [Then] It has to be customized based on a different context. We have the learning, and customize it, testing it and working based on local context.”*

-Key Informant, Global Influence

CTWWC has meaningfully put resources and effort across this learning cycle (see figure 3 below which draws examples from activities coded in CTWWC’s annual reports). Nearly the whole of CTWWC’s tactics are included in efforts to transfer learning.

**Figure 3. CTWWC activities mapped to Kolb experiential learning model**



### ***Relationship, time and resources correspond to application of learning***

Across the coded data, the most prominent three roles CTWWC played across types of intervention were training, convening or coordinating, and coaching. Convening was clear in actions to coordinate and bring together key government actors, events for advocacy and education, establishing and/or leading working groups, and taking time to collectively reflect and learn. Training was provided to a vast array of actors (government officials, NGOs, residential care providers, social workers, community members, PWLE), mostly in short-term or one-off settings. Lastly the role of coaching was prominent and leveraged CTWWC’s evident technical expertise.

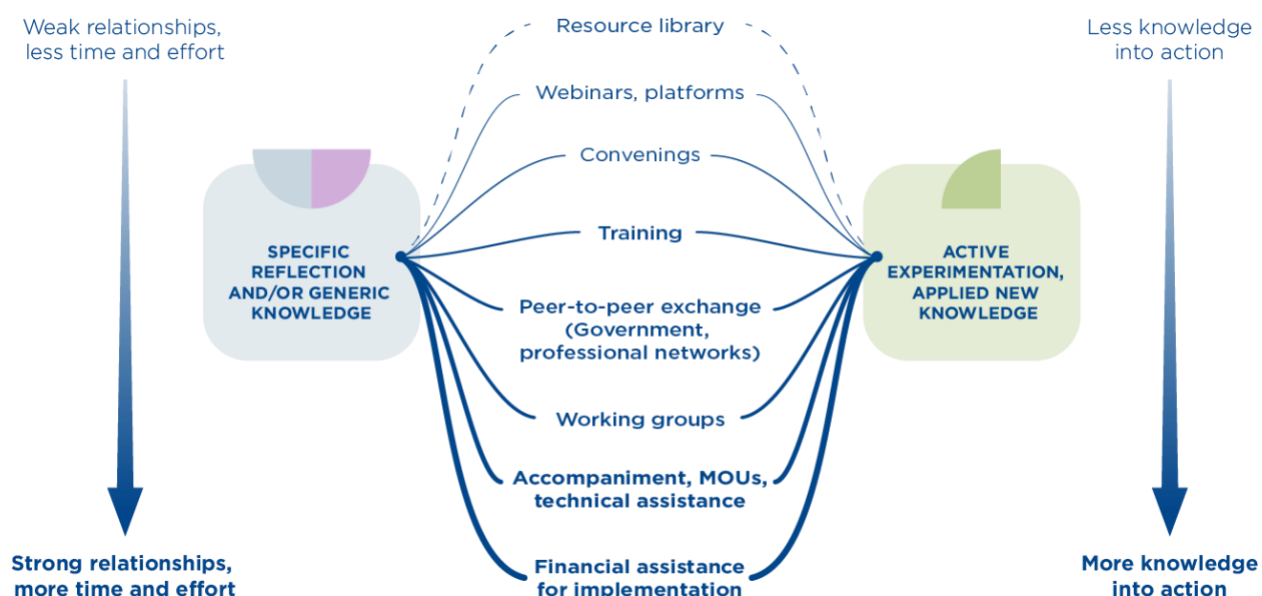
Based on interview, outcomes, and annual report data, these higher touch approaches to transfer of learning correlated more strongly with evidence changes in practice as a result of new information. Stronger relationships and accompaniment meant greater uptake of information. This pattern was also substantiated in key informant interviews and checked with the evaluation core group.

Figure 4 below looks at the step in Kolb’s cycle moving from **abstract conceptualization** to **active experimentation**, this is where knowledge that has been generated through direct experience and demonstration is shared and someone else is learning it and applying it in their own context. Arguably, this step is crucial for the spread of new ideas and strategies in care

reform, reducing inefficiency (having people learn the same lesson again and again), and ultimately achieving care reform goals.

The figure shows the primary roles of CTWWC and methods for sharing knowledge that were used in the last five years and ordered them from top to bottom according to generalized level of relationship, time, and effort involved (all of which can vary). At the top—publishing to a resource library—takes almost no relationship between the publisher and the user, and little time and effort (in the act of posting or sharing electronically or in paper).<sup>82</sup> By contrast, the bottom two tiers—accompaniment/MOUs/technical assistance and financial assistance—involve strong relationships with individual people involved and significant time and effort (i.e. resources).

**Figure 4. CTWWC’s roles in the transfer of learning**



For example, a resource library appears at the top of Figure 4 because of comments like this one, which were common and which resonate with any busy professional:

*“I know there’s a collation of material somewhere, but I haven’t accessed the online library— we’ve contributed, I know it’s a resource that is there.”*

-Key Informant, Regional Influence

<sup>82</sup> Important note: this chart does not address the effort required to produce the knowledge that is being shared. That must also be well resourced, but focuses on a different portion of the learning cycle.

Webinars and platforms are next because although they are important for facilitating other types of collaboration, this collaboration does not happen on its own but only through active monitoring, inviting, and personal relationships exercised through a strong facilitator of the platform.<sup>83</sup> These types of opportunities for exchange were highly valued and many were able to see the application to their own context and make the leap to new practices.

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*“That’s what practitioners need—more practical transfer across contexts, it has to be action focused. Collaboration can be a value, but everyone is too busy for it just to be a value. There must be a direct implication for their own implementation.”*

-Key Informant, Global Influence

*“Sharing with people doing the same work you’re doing but in another place. You keep learning about what you are doing here and how it can be applicable in another context.”*

-CTWWC staff peer-to-peer site visit participant

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These methods are followed by channels that are primarily in person. While the response to the COVID-19 pandemic rapidly upskilled people’s use of digital connection tools, several interviewed informants brought up fatigue for on-line work. As one informant noted, “it’s harder to take action via Zoom because people prefer to keep working in person.”<sup>84</sup> Findings showed that in-person time is invaluable for expedited and meaningful transfer of learning. For example, another key informant reflected on one in person week in Mexico with a congregation that got more work done than the prior “one and a half years on Zoom.”<sup>85</sup> Even working on this evaluation, the CTWWC teams experienced the particular magic of what in-person work can unlock through the peer-to-peer site visit methodology.

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*“We see it in paper, we see it in a webinar, but when we see it in person that is another story!”*

-CTWWC staff peer-to-peer site visit participant

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<sup>83</sup> Transforming Children’s Care Collaborative and ESA Regional Learning Platform case studies.

<sup>84</sup> Key informant interview, ILE, conducted by Picture Impact, Summer, 2023.

<sup>85</sup> Key informant interview, ILE, conducted by Picture Impact, Summer, 2023.

In person exchange allows for human connection and attending to the emotional and spiritual aspects of care reform work, not just the cognitive. Caring for children and swimming in issues of violence and abuse can be exhausting and fraught. This cannot be overlooked when working on shifting practices and doing so in person is infinitely easier than other channels.

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*“Working with [children’s] homes brings up a lot of emotions and for the religious organizations it’s a big emotional challenge to leave the way they have been doing care for 100 years overnight. So, you lose out on moments to support them by touching their shoulder and saying let’s keep going. You can say it on Zoom, but it doesn’t land the same way.”*

-Key Informant, Regional Influence

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### *Additional ingredients that make transfer of learning successful*

Building on this notion that deeper relationship and resourcing leads to more applied learning, the following themes were also present in the data and help to answer the overall evaluation question, what has CTWWC learned about learning?

### **Learning needs a credible source**

Successful knowledge transfer and application is less likely to happen if it is being conveyed by someone who just has technical expertise (the knowledge), but who does not have positional authority or a stake in the situation. Positional authority could be either institutional or earned via lived experience.<sup>86</sup> This idea is central to CTWWC’s own commitment to and theory behind the involvement of PWLE. It is also relevant to government actors and regional actors, both of whom are seeking people with similar experiences to their own from which to learn.<sup>87</sup> For example, “creating a dedicated Spanish language space breaks down some barriers to collaboration” for those participating in the Spanish-speaking transition subgroup on the global collaborative platform.<sup>88</sup>

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<sup>86</sup> In the ESA Regional Learning Platform case study, for example, it was noted that “especially for government, they like to learn from another government.”

<sup>87</sup> Key informant interview, Global Influence, conducted by Picture Impact, August 2023.

<sup>88</sup> Spanish speaking subgroup to transition working group; Data collected during core evaluation group synthesis session, June 26, 2023.

## Learning needs space for trust and vulnerability

Learning involves documenting both what works and what does not work.<sup>89</sup> This can be difficult within current funding models where resources are dependent on perceived success. It can also be difficult in a resource-scarce environment where competition is present, this substantially decreases peoples' willingness both to share what leads to what they see as their competitive advantage or to be vulnerable with failings. One interviewee brought up that CTWWC modeled vulnerability by sharing what hasn't worked and felt that this leadership was powerful, inviting others to do the same. Another key informant noted that this has improved in the past five years via strong modeling from CTWWC, it still needs work across the movement as a whole.

*"I wouldn't want to overstate this, but to some extent. . . I think we're still not a learning community. Or at least we're not a trusting community. And of course, donors don't help in terms of enabling this kind of open discussion about what didn't work, but certainly a lot more has been done in terms of capturing, documenting what's happening. . . . [There's] a lot of work that needs to be done, but it's definitely improved."*

-Key Informant, Global Influence

## Learning is better when consultative, not prescriptive

The power dynamics of any kind of helping require humility and reciprocity—recognition that each party brings something to the table. Mutual respect and a peer-to-peer approach is not only good for relationships but it impacts the transfer of learning via the perception of ownership,<sup>90</sup> sustained engagement, and contextualized information and solutions.<sup>91</sup> The Transforming Children's Care Collaborative global platform is an excellent example of using peer-to-peer, consensus building and consultative practices. So too is the considerable consultation done to curate the learning content and opportunities as part of the Eastern and Southern Africa Regional Learning Platform. Many of the outcomes harvested throughout CTWWC's five years have contribution statements that acknowledge the importance of attending to relationship and power dynamics.

<sup>89</sup> Key informant interviews, Global influence, conducted by Picture Impact, Summer2023.

<sup>90</sup> Key informant interview, Global influence, conducted by Picture Impact, Summer 2023.

<sup>91</sup> Key informant interview, Regional influence , conducted by Picture Impact, Summer2023.

## Learning is stronger through collaboration

Collaboration correlates to increased learning by bringing more “specifics” into the room that can be used to learn about the generic. Expending the effort to engage more actors is worth the benefit of finding what’s been tried and what’s working. The interchange within the Spanish-speaking subgroup to the Transition Working Group on TCCC is an example of the importance of having a specific experience that enriches the learning for everyone. Staff involved in the subgroup acknowledged that without their work in Guatemala they would be unable to do the regional work—“it feeds the regional work.”<sup>92</sup> Increased collaboration is a key component of the platform overall, broadening the type of actors included in care reform conversations.

The hard work of collaboration increases buy-in and ownership which can lead to better uptake and spread of tools and work products. This was noted in the Transition Working Group of the TCCC.

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*“We'll have consultants that will come and work with the groups—how to brainstorm, help write the thing. . .that results in a product much more quickly, which is great. But actually, the experience is that the product is never owned, and is often not used because there hasn't been that kind of like, painful, but important process of sharing.”*

-Key Informant, Global Influence

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Moldova’s Social Service Workforce Working Group is aware of the risk of having an external consultant do the heavy lifting at the expense of having the final product not well used. As a result they have attempted to create a hybrid approach to this needed collaboration effort. While consultants play a key role in drafting documents, the working group is used to gather the feedback and buy-in needed for end products to be used and useful to group members.

Lastly, collaboration has the advantage of leveraging external perspectives. Fresh eyes on something help it come to light and move it from just an experience, to a concept which can be applied, exploited, and influenced. CTWWC experienced the power of a new perspective with something as simple as peer-to-peer site visits—even though staff already “knew” each other’s work, being external to the place and culture was enough to generate new insights for hosts.

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<sup>92</sup> Key informant interview, Global influence, conducted by Picture Impact, Summer, 2023.



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*“You won’t know what is nice unless someone else comes and points it out. What you see as normal, someone else can come over and say this is amazing. Seeing [the CTWWC Moldova team] go out of their way in how to plan the financing knowing that is their biggest challenge really moved us. Anyone from outside can open your eyes to things you consider normal.”*

-CTWWC staff peer-to-peer site visit participant

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## Evaluation Question 6:

### *What should CTWWC consider in future implementation plans, strategies, and approaches?*

The following themes came up across key informant interviews and peer-to-peer site visits as answers to the questions “what should CTWWC do next” and/or “what role can CTWWC play in care reform going forward to achieve its future vision of care reform at a global scale?”<sup>93</sup> This is a non-exhaustive list that highlights areas for consideration. In analysis, the evaluation team found the arising themes to pair across three overarching categories: that which still needs demonstrating and further learning, what stakeholders felt CTWWC is well-positioned for, and where there are particular bottlenecks to addressing care reform globally.

#### *Still needs demonstrating*

#### **Deinstitutionalization of children with disabilities**

This is a particular area for learning and problem-solving with which many care systems are struggling. It shows up even in places where the care reform efforts are relatively advanced, it is a challenge that has no simple solution. Kenya and Moldova both had specific questions about how to address special needs children and on a global level it also arose in conversations on further incorporating and building consensus with disability-rights actors within care reform.

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<sup>93</sup> This vision is adopted from CTWWC’s “Visioning Global ILE” documentation and themes were further triangulated with those from a visioning exercise that included information collected from different stakeholders across ILE and country-contexts, “CTWWC - emerging thematic areas,” (n.d.) which contains additional themes from that review.

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*“There is a problem we still have—this is how children with special needs should be treated in foster families. They are very different, children with behavior problems, delinquent children, older teenagers. These are unique groups and there should be different approaches to them. Still something we don't always know how to tackle. It would be good to have international expertise and support us in this.”*

-Key informant, MLSP Moldova

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## How to fund care reform

In nearly every interview we conducted at the country level funding was named as a barrier to ongoing efforts for reform.

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*“Funding. We can't talk about anything without funding... Private funding and public funding... If the government can increase the [financial and] human resources it would make a whole lot of difference. It's not sufficient to respond or to provide the needed case management services.”*

-Key informant, Regional Influence

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There has been some meaningful evidence of building demand for investment cases and overall understanding that once a care system is reformed it is cost-effective or on par with current spending.<sup>94</sup> This is useful, however it does not address the resources needed for the transition or reform processes themselves. Migrating or transforming a care system does not happen without addressing gaps that need resources to bridge; upskilling the workforce, implementation of new policy/regulation, recruitment and/or enrollment of foster families, coordination amongst government actors, communication to change hearts and minds, development of SOPs and other tools, etc. CTWWC has helped to take on this role in demonstration countries, however now the question is how to scale that work to other countries where CTWWC does not have a presence.

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<sup>94</sup> CTWWC Outcome Database, Outcomes 122, 338, 354.

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*“We can do storytelling for potential donors, new marketing materials, etc. that can show how amazing the work is. . . Even in demonstration countries, resource mobilization could really help the influence work in those regions.”*

-Key informant, Global Influence

*“What drives change? Consistent funding for this agenda. There hasn’t been a break in terms of keeping the conversation going and engaging.”*

-Key informant, Regional Influence

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*CTWWC is well positioned to...*

### **Support increased involvement of PWLE in the movement and reform efforts**

CTWWC has contributed to substantive work, over the last five years, regarding PWLE.<sup>95</sup> This is a strength of CTWWC, holding considerable expertise and experience in this area. CTWWC is positioned to continue to lead on this issue both through modeling and via practical advice, as well as direct support to PWLE. This means continuing to support the increase in capacity of nascent PWLE organizations. It also means working with key actors and advocacy efforts to create space for meaningful participation of PWLE within their work.

### **Support broader campaigns for awareness raising around care reform, particularly among faith communities**

Key informants on CTWWC’s influence work noted that In order to reach the type and scale of change CTWWC envisions, increased awareness of care reform is still necessary.

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*“Awareness raising builds demand for HOW to do it. No one is going to need to know how if they haven’t learned they need to do it.”*

-Key informant, Global Influence

*“Given that they’re global, they can be more innovative. How can they use innovation to reach more people? In addition to webinars it’s time to do other things—podcasts, radio drama. How can we reach more people through these*

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<sup>95</sup> CTWWC Outcome Database, outcomes 282, 283, 316, 320, 341, 343

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*devices? Run a global campaign with lots of partners and be strong and powerful. Get youth and young people engaged.”*

-Key informant, Global Influence

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Strong campaigns and mass communications will be vital to further behavior change, scale impact, and disseminate key information across various actors, requiring different messages and channels. This was a recommendation for CTWWC during its year three review and continues to arise in interview data as a natural tool to use given CTWWC’s positionality as well respected and globally connected with deep subject matter knowledge.

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*“The influence work is going on. . . the impact happens when the communications team can take this and run with it.”*

-CTWWC staff member

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In particular, informants felt that with CTWWC’s connection to CRS and related Catholic communities and its record of working with faith communities in demonstration countries made it well poised to especially deepen influence within faith community audiences.

Faith communities play a key role in care reform as powerful sources of funding for care, often anchored in the global north. On the one hand, this source of funding is external to government structures and can be challenging to integrate into sustainable reformed care systems at a national level. On the other hand, these sources of funding are sizable and influential and therefore cannot be ignored. There remains work to do in educating well-placed intentions toward children’s care as well as framework development regarding how to transition this source of funding effectively and what role it can/should play in reformed care systems moving forward.

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*“We have talked about reigniting Rethinking Orphanages US. There’s no one to really facilitate it and CTWWC would be the best ones to do that, but they don't have the mandate, the funding right now to really go, 'Ok what is the US contribution to residential care? What can we effect, whether its policy, messaging, collaboration in certain space.'”*

-Key informant, Global Influence

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*“It's time to deepen the conversation. The Catholic Church is a major contributor to institutionalized care...and it should include government...We need to have strong conversation in the church and with governments as well.”*

-Key informant, Global Influence

*“I would like to see them have more funding to be a rallying point for the promotion of family based care and care reform. Obviously I’m thinking specifically about the faith donor audience.”*

-Key informant, Global Influence

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Another key role faith communities play is within care systems themselves; faith communities act as gatekeepers, caregivers, and influencers. The case of Kafaalah shows clearly how important it can be to involve faith communities alongside government actors when attempting specific reform goals or even just seeking advocacy and support.

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*“[CTWWC] has done a lot of work with religious leaders. Having faith based leaders be change agents really helps. . .If you want it sustained, the government has to be in the driving seat.”*

-Key informant, Global Influence

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### *Bottlenecks to scaling reform*

#### **Lack of investment in global advocacy and system-level change**

As noted above, throughout the analysis, on a country-level and for overall systems change, funding is a focal point and limiting factor. Unlocking how to fund care reform, funding for more global advocacy and collaborative work, and shifting funding among faith actors would have substantive impact. This kind of action involves specific relationship building, advocacy, model building and case making with funders and donors of all types.

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*“I feel like there’s more potential for CTWWC to be a global advocate to the donor audience. . . I want them to lead in awareness raising. And specifically for the donor audience.”*

-Key informant, Global Influence

*“There is need for evidence to support advocacy for increased funding, be it public or private. We need to show what the gap is, what the needs are.”*

-Key informant, Global Influence

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The conversation around funding systems change and sustained collaboration within philanthropy is growing, as are nonprofits’ appetite for collaborative work.<sup>96</sup> Unlocking resources specifically dedicated to long-term systems-change work including advocacy, collaboration, and learning is a strong strategy for scaling in care reform, and without further investment at this collaborative, cross-organizational level care reform will move much slower.

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*“CTWWC can invest in global movement advocacy.”*

-Key informant, Global Influence

*“How can CTWWC use its network to further the learning on care and really push the global agenda?”*

-Key informant, Global Influence

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## **Lack of people power**

It is clear in the data that transfer of learning and motivation for care reform are driven through relationships. This indicates that people who have expertise in the delicate and complex issues of care reform and intersecting issues are key. Right now, it is also one of the limiting factors in realizing care reform on a practical basis country by country.

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<sup>96</sup>Mcleod Grant, H., Wilkinson, K., & Butts, M. Stanford Social Innovation Review, [Building Capacity for Sustained Collaboration](#), May 27, 2020.

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*“One thing, we need to scale. It is in the capacity building road map... Part of the transition road map is about more human capacity...scaling up technical skills.”*

-Key informant, Global Influence

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At the country level, technical experts to accompany a transition process are needed. It is agreed that CTWWC has the premiere technical expertise in many areas of care reform<sup>97</sup> and is pre-eminently qualified to accompany actors in applying learning, establish and execute on MOUs with governments and other key actors for providing technical assistance, and other deep, technically demanding work related to operationalizing care reform. Yet, the CTWWC team is finite. Growing the pool of qualified technical experts in this field will be important for scaling and stands to increase uptake by training/upskilling credible sources of knowledge (regional actors, local actors, etc.).

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*“The accompanying thing is going to continue. We have learned this together, but haven't solved it—growing more capacity in our sector for people to journey with organizations in transition.”*

-Key informant, Global Influence

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This bottleneck is also relevant regarding workforce within countries. There are myriad professions that contribute to care reform and/or intersect with it. CTWWC’s attention to training throughout the initiative and case studies like the Moldova Social Service Workforce Working Group underline the importance of addressing relevant workers. Continuing to grow, train, and support this workforce is pivotal to the implementation of care in a family and child-centered manner—country by country, municipality by municipality.

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<sup>97</sup> Inception report phase 3 ESA care learning platform\_2023.

to successfully identify and move forward key aspects of care reform in response to various degrees of government, faith-community, and other actor involvement at local, sub-national, and national levels. Underscoring CTWWC's work was an overarching value to involve and make space for persons with lived experience of care reform.

As part of its demonstration country model, CTWWC has maintained a focus on documenting and sharing its own learning, and through this evaluation sought to deepen understanding about how the transfer of learning in care reform occurs and what makes it successful. We found that CTWWC was seen by key partners as a leader in demonstrating its work and creating a more open environment for sharing, leading to greater collaboration across the sector. CTWWC's technical expertise and data-driven approaches, combined with its consultative and collaborative nature meant that many of its tactics used in transferring learning were built around interpersonal relationships- coaching, training, and convening members in an ongoing fashion to apply and contextualize various approaches to strengthening families and promoting family-based care.

In going forward, collaborators of CTWWC feel there are certain aspects of care reform that require further learning and demonstration, including supporting family-based care for children with disabilities and unlocking national-level funding for care reform without the presence of an actor such as CTWWC. Those interviewed also suggested that CTWWC was well positioned to be a key actor in continuing its work supporting PWLE and influencing faith communities, in particular the Catholic Church. Underlying this work, and care reform broadly, is the need for continued funding of long-term, systems-change work which goes beyond direct service delivery to bolstering national care systems that can support families to prevent separation and offer strong pathways for reintegration and alternative family-based care.



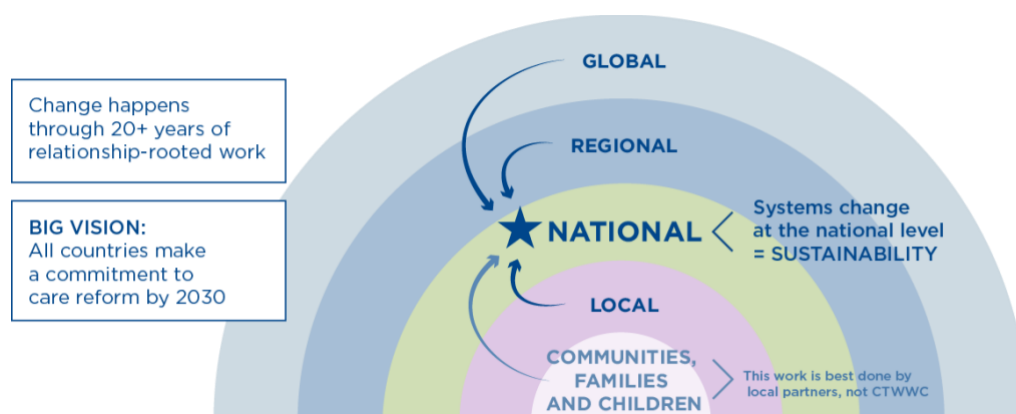
# Appendix A: Recommendations from the Evaluation Team

In addition to the themes for consideration for CTWWC that arose more directly from the data included in answering evaluation question 6, the evaluation team would also lift up the following considerations for CTWWC as noted in our own data analysis, synthesis, and reflection processes. These were conversations that came up among our team in going through CTWWC's data, as well as ideas brought forth in key informant interviews and expert conversations but not quite strong enough in the data to be considered a theme. We include them to spark insight and thought for CTWWC.

## 1. *Build a new theory of change.*

Given what the data says about CTWWC's country and regional demonstration successes and positioning, as well as what CTWWC staff have said about the initiative's future goals, CTWWC efforts are not best used in direct service delivery at the local community level with children and families, though this is still a focal point in CTWWC's current theory of change. Instead, CTWWC needs to be focused on scaling care reform to additional countries. As discussed in a working session with the core evaluation group, the locus of change to do so is the national level<sup>98</sup> (see figure 5).

**Figure 5. Path toward care reform systems change**



<sup>98</sup> Visioning Global ILE Consultation, March 8, 2023.

Change at the national level needs to be owned by the government and meaningfully penetrate to the local level. The nature of achieving this change is bespoke, long-term, and resource intensive.<sup>99</sup> We posit that anything CTWWC puts energy toward should be in service of driving change here. Although the initiative's current theory of change has elements of this, we think making the national focus more specific and identifying new tactics, specific roles, risks, and barriers to spreading care reform at a national level is needed and useful at this juncture.

## *2. Assess options for organizational type and structure moving forward.*

In several interviews and the expert peer conversations<sup>100</sup> the issue of organizational structure, affiliation and business model surfaced. There are both positives and negatives to the current positioning within CRS and partnership with Maestral. On the one hand, the initiative is supported by the full apparatus of a mature organization like CRS with premier consulting capacity via Maestral. On the other hand, some of CRS's procedures have impeded efforts and limited CTWWC's ability to speak out in line with its mission.

It is worth considering what type of entity and business model would best serve CTWWC's strategy moving forward and its access to ongoing support. For instance, a membership + grants model that Alliance for Peacebuilding uses aligns well with articulations from the TCCGCP case study that pointed out the importance of joint ownership and buy-in in order to accomplish key collaborative and consensus building goals. A membership model is very strong for field building, although it is a long-term undertaking. There are many other variations and cost-benefits to be considered. We encourage CTWWC to assess this aspect of the initiative and how the mission would best be served over the upcoming 10 years.

## *3. Prioritize cross-sectoral work.*

Your experience during the height of the COVID-19 crisis emphasized the potential that cross-sectoral work represents when we saw public health powerfully collide with the care sector.<sup>101</sup> Care reform can advance substantively when cross-cutting issues and crises occur and the resources, movement, and advocacy of another sector is brought to bear. Luckily, care reform is a natural topic for cross-sectoral work. It has elements that overlap neatly in most sectors. We recommend increasing collaboration outside of the sector, doing the work to build long-term relationships and coalitions that can mobilize on issues of mutual interest and are able to accomplish more together.

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<sup>99</sup> Core evaluation group synthesis session, July 18, 2023.

<sup>100</sup> [Expandnet](#) and [Alliance for Peacebuilding](#).

<sup>101</sup> CTWWC Outcomes Database, Outcomes 5, 6, 12, 27, 36, 46, 68, 71.

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*“It’s the continuous advocacy to elevate the issue at the highest level...Otherwise you have single issue work, on violence against children, on care... All these threads need to be connected and fed into the national development plan. Each development sector is advocating for government resources: health, education, etc. they may be in different ministries but it’s still the government...Helping people to see how all ministries are connected in caring for children.”*

-Key informant, Regional Influence

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4. *Increase care sector learning to also be cross-sectoral, drawing from lessons learned in others working toward global scale and systems-change.*

Through the expert conversations part of this evaluation, it was clear there are rich lessons to learn from others doing similar work to CTWWC in different sectors. Examples of places to learn:

**On systems change and building a global agenda:** Field building is a coalition-based approach to changing systems to realize equitable and durable outcomes at scale. Research by the Bridgespan Group shows that there are concrete actions in the following areas that accelerate a sector’s collective impact: knowledge base, actors, infrastructure, resources, and field-level agenda<sup>102</sup>. There is a lot to be learned from this body of literature and organizations attempting to implement a field building strategy for accelerating and achieving systems change.

**On scaling technical assistance:** One of the most impactful, time intensive, and common roles that CTWWC played over the last five years was providing technical assistance. CTWWC staff is a primary and precious resource for care reform. How can this expertise be scaled? In our expert conversation with ExpandNet we heard about their own attempt to apply scaling science to themselves (how do they scale the availability of their knowledge/expertise on scaling to more people?) by launching a training and certificate program. They know they need to spread the technical expertise so that it is more widely available and accessible as a resource to implementers seeking hands-on guidance. The same is true for CTWWC.

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<sup>102</sup>McHugh Farnham, L., Nothmann, E., & Daniels, C. The Bridgespan Group, [Field Building for Equitable Systems Change](#), March 27, 2020.

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*“We have to think about how CTWWC is mentoring others. We can tell them how to do it, how we can answer their questions. We need to be mentoring in the process and not doing in the process.”*

-CTWWC staff member

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**On transfer of learning:** There are many existing models (such as the Kolb experiential learning model introduced in the report) that illuminate how new information is generated, digested, and applied. Additionally, areas of research such as cognitive load<sup>103</sup> have direct application to choices CTWWC can make regarding learning products, training, and even overall strategy for transfer of learning. We strongly encourage the team to explore what is known about the processes of learning transfer to continue to hone your approach and to tighten execution.

**On making the case for funding systems change:** The field of philanthropy is increasingly turning towards systems thinking<sup>104</sup>, systems change<sup>105</sup>, and field building as core strategies beyond direct service and project implementation. This is a substantive shift and has been underway for some time. There are many funders who recognize the importance of the type of work<sup>106</sup> and ongoing approach CTWWC is taking and the role you would like to play in the care reform field. We suggest investigating who is funding others engaged in similar work in different sectors<sup>107</sup>, as well as familiarizing yourself with the language used by funders to think about their role in systems change. We see a lot of potential for CTWWC in equity-focused conversations, in cross-sectoral work, in field building and infrastructure of change conversations.

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<sup>103</sup> <https://www.educationcorner.com/cognitive-load-theory/>

<sup>104</sup> <https://www.rockpa.org/project/shifting-systems/>

<sup>105</sup> [https://ssir.org/articles/entry/better\\_philanthropy\\_through\\_systems\\_change](https://ssir.org/articles/entry/better_philanthropy_through_systems_change)

<sup>106</sup> We were able to find several examples. For instance, [Fund for Shared Insight](#) has a page on field building.

<sup>107</sup> [ExpandNet](#), [Movement for Community Led Development](#), [Alliance for Peacebuilding](#), [Community Health Impact Coalition](#),

# Appendix B: CTWWC Evaluation Team and Participants

## Evaluation Planning team

Jo Wakia, MEAL Director, CTWWC

John Hembling, Senior Technical Advisor for Health Evaluation and Research, CRS

Beth Bradford, Technical Director, CTWWC

Erica Dahl-Bredine, Influence, Learning and Engagement Director, CTWWC

## Core group

Anne Smith, Global Director, CTWWC

Beth Bradford, Technical Director, CTWWC

Erica Dahl-Bredine, Influence, Learning and Engagement Director, CTWWC

Barbra Aber, Regional Family Care Advisor, CRS

Sully Santos, LAC ILE lead, CTWWC

Mónica Mayorga, Protection and Care System Strengthening Coordinator, CTWWC

Guatemala

Khadija Karama, Deputy Director, CTWWC Kenya

Fidelis Muthoni, Positive parenting and SBC technical advisor, CTWWC Kenya

Viorelia Moldovan-Batrinac, National Coordinator, CTWWC Moldova

Cassandra Welch, Communication Manager, CTWWC Moldova

Jo Wakia, MEAL Director, CTWWC

## Peer-to-Peer Site Visit Leads

Moldova: Alividzah Kituku and Crispus Natala (CTWWC Kenya), and Viorelia Moldovan-Batrinac (CTWWC Moldova)

Kenya: Mónica Mayorga and Vanesa Guillermo (CTWWC Guatemala), and Khadija Karama (CTWWC Kenya)

Guatemala: Daniela Mamaliga and Natalia Semeniuc (Partnerships for Every Child, Moldova) and Roberto Tejada (CTWWC Guatemala)

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