Changing THE WAY WE care SM

Outcome Harvesting within Changing the Way We Care

Report 1: Methodological Insights

GHR FOUNDATION | CRS CATHOLIC RELIEF SERVICES | Maestral.

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This report was written by Joanna Wakia, Monitoring, Evaluation, Accountability and Learning (MEAL) Director for Maestral International, and Alexandra Safronova, MEAL technical advisor for Catholic Relief Services (CRS) with Changing the Way We Care (CTWWC).

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Cover Photo: Schimbator Studio

Need to know more? Contact *Changing the Way We Care* at, info@ctwwc.org or visit changingthewaywecare.org

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Summary

Changing the Way We Care (CTWWC) is a global initiative launched in 2018 to promote safe, nurturing family care for children. The initiative focuses on supporting the reform of national care systems by strengthening family supports and transitioning care services to prioritize family-based alternative care when a child cannot remain safely with their own family. CTWWC's work is grounded in demonstration countries like Guatemala, Haiti, India, Kenya and Moldova, combining direct engagement with children, families and communities with robust learning, collaboration and advocacy with key government, civil society and faith actors.

Outcome Harvesting was adopted as a key methodology to monitor and evaluate the progress of CTWWC. This approach was chosen for its ability to handle complex and unpredictable outcomes, making it suitable for monitoring long-term processes of change. The methodology involves six steps: designing the harvest, formulating outcomes, reviewing outcomes, analyzing and interpreting data, substantiating outcomes, and using the findings.

- **Designing the harvest**: The design phase involved consultations with Outcome Harvesting experts and training for the Monitoring, Evaluation, Accountability, and Learning (MEAL) team. The methodology was initially used to monitor global commitments to children's care and later expanded to include government advocacy and national care system strengthening.
- **Formulating outcomes**: The heart of the methodology is the formulation of outcomes, which involved capturing changes in behavior among external actors relevant to CTWWC's objectives. Program team members played a key role in noticing and documenting these changes, which were then refined through discussions and peer reviews.
- **Reviewing outcomes**: The "ping-ponging" process, where outcomes are iteratively reviewed among team members, ensured that outcomes were specific, measurable and relevant. This collaborative review helped improve the quality of the outcomes.
- **Analyzing and interpreting data**: Finalized outcomes were transferred to an Excel database for quantitative analysis and visualization. The data was categorized and visualized using dashboards and Miro boards, providing meaningful insights for tracking progress and reflecting on learning.
- **Substantiating outcomes**: Substantiation involved obtaining views from independent individuals to validate the outcomes and enhance their credibility. This process was undertaken during the third and fifth years of implementation as part of wider evaluations.
- **Using the findings**: The results of Outcome Harvesting were used to celebrate successes, guide adaptive management, report to stakeholders, conduct deeper analysis for evaluations and inspire communications. The methodology provided a rich dataset that informed decision-making and supported the transformation of care systems.

Conclusions and recommendations: Outcome Harvesting has proven to be a useful monitoring methodology for initiatives supporting systems change and sector collaboration. Key learnings for using Outcome Harvesting include:

- Involve diverse team members to ensure comprehensive and accurate data collection.
- Provide continuous training and support to build capacity in the methodology.
- Use an iterative review process to improve the quality and useability of outcomes.
- Visualize and analyze data to provide meaningful insight.
- Substantiate outcomes to add rigor and credibility to findings.

Overall, the use of Outcome Harvesting within CTWWC has been instrumental in mapping and understanding how change unfolds in care systems and the wider international sector. Despite its time-consuming nature, the methodology has delivered valuable insights and supported the initiative's goals of promoting family-based care for children.

Introduction

CHANGING THE WAY WE CARE

Changing the Way We Care[SM] (CTWWC) is a global initiative designed to promote safe, nurturing family care for children that recognizes the need for collaboration between families, communities and governments, and regional and global stakeholders. Launched in 2018, the initiative has focused on supporting the reform of national care systems. This has included strengthening support for families and transitioning care services to prioritize family-based alternative care[1] for times when a child is not able to remain safely in the care of their own family. CTWWC has been grounded in demonstration country work in Guatemala, Haiti, India, Kenya and Moldova with a combination of direct engagement with children, families and communities along with robust learning, collaboration and advocacy with key government, civil society and faith actors. As a result, it has influenced a shift in support to families and the provision of alternative care for children. The use of lessons learned from these demonstration countries has enabled further influence of care systems within their surrounding regions and globally.

Measuring outcomes for Changing the Way We Care

From the very start, when CTWWC was conceived in response to the MacArthur Foundation's 100&Change contest, the initiative's ideas were bold: Convince governments to promote and support family care; provide robust and emotionally-compelling evidence on children staying in and returning to families to inspire communities, governments and global leaders; and champion a paradigm shift to create meaningful commitments toward family care around the world. CTWWC committed early to championing the importance of people with lived experience (PWLE) of care playing an active and meaningful role in transforming care locally, nationally, regionally and globally.

Recognizing the challenge ahead, CTWWC intentionally adopted a "design-build" project management style. The initiative's objectives and ways of working evolved over time as lessons were learned from progress, challenges and failures, and in response to changes in the diverse contexts of operation. A focus on continuous learning was critical to promoting adaptation within the initiative and supporting the transformation of care.

CTWWC's theory of change (ToC) highlights the nested nature of the initiative's work—aiming to drive change locally with children and their families, nationally within care systems, and regionally and globally in the care sector through the flow of learning and influence between levels. Similarly, the Results Framework originally had three strategic objectives (SO), each focused on one of these levels (Figure 1). After almost five years, internal discussions and an engaging evaluation process led to a revision in the Results Framework to focus more on national and subnational system strengthening alongside regional and global influence (Figure 2). This simple re-framing recognized the substantial learning that had happened and a renewed focus on supporting sustainable, long-term change.

The emphasis on adaptive management and the multi-layered nature of CTWWC's objectives required a monitoring methodology that could deal with a complex range of unpredictable outcomes and produce useful information to inform decision making. Outcome Harvesting was selected initially as a method suitable for use under SO3: Influencing regional and global commitments and collaboration, as this area of work was initially the hardest to define and set clear objectives around. It soon became clear that Outcome Harvesting was also suitable for monitoring the long-term processes of change under SO 1: Strengthening government-led care systems.[2]

[1] Alternative care refers to a formal or informal arrangement whereby a child is looked after, at least overnight, outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents (from Better Care Network Glossary of Key Terms).

[2] Outcomes linked to SO2 on children and families were measured with a range of monitoring approaches and periodic household surveys: https://bettercarenetwork.org/kenya-and-guatemala-household-survey-reports.

Figure 1: CTWWC's original strategic objectives

SO1: **Governments** in demonstration countries advocate for family-based care and residential care facilities transition/close; and lead, organize, manage and fund related policies and programs in alignment with United Nations (UN)-endorsed Guidelines on the Alternative Care for Children.	**SO2**: In demonstration areas (selected during SO1 activities), **children/youth** remain in or are reintegrated into safe and nurturing family care.	**SO3**: **Globally**, international development practices and resource redirection (financial, human, material) commitments are shifted toward promoting family care and reducing reliance on residential care.

Figure 2: CTWWC's revised strategic objectives from 2023

SO1: **National (and subnational) care systems** in demonstration countries are strengthened, along with government coordination, to provide care in alignment with UN-endorsed Guidelines on the Alternative Care for Children.	**SO3a**: In the wider **regions**, commitments from key government and civil society actors shift toward promoting family care and reducing reliance on residential care. **SO3b**: **Global** care sector actors collaborate more closely, informed by learning and evidence, to shift commitments toward promoting family care and reducing reliance on residential care.

Final reports

The final reports, written as the initiative wraps up in 2025, are designed to capture both the experience of using Outcome Harvesting for monitoring systems change and sector influence as well as to present a summary of the results and conclusions that the use of this methodology generated.

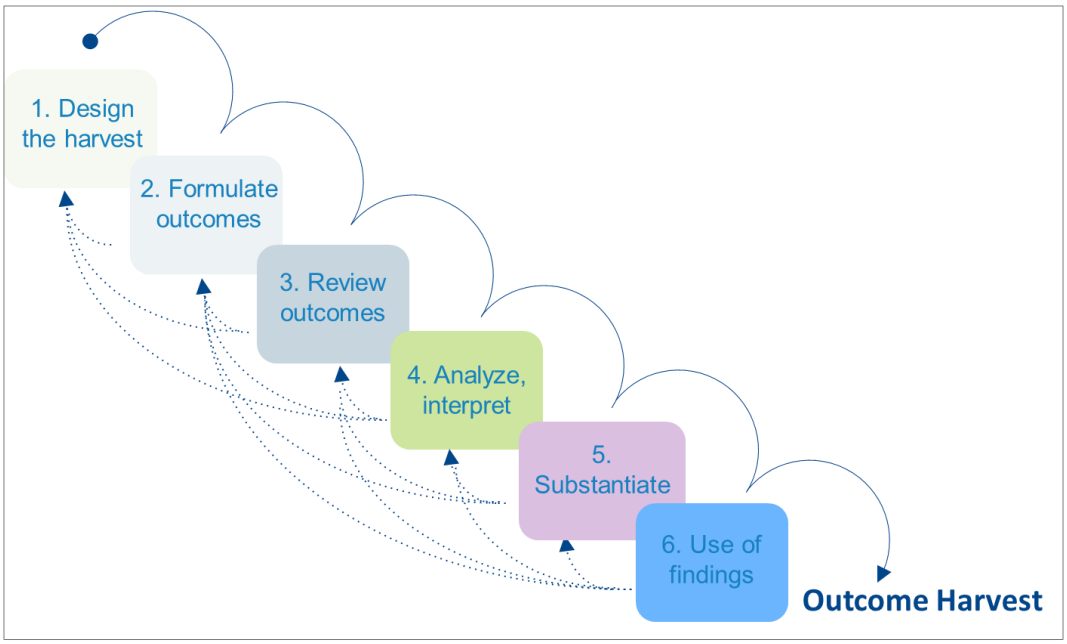
In this **first report**, a **deeper dive into the methodology** is used in the hopes that it will be of use to future initiatives that are looking for a suitable methodology to monitor complex projects. The report further aims to inform future system strengthening interventions, in care reform and beyond. The report outlines the steps CTWWC followed throughout the Outcome Harvest process and presents insights specific to implementing Outcome Harvesting within a global initiative. This is followed by a brief results section showing a few different ways to analyze, visualize and use Outcome Harvesting results. This report will be most useful to monitoring and evaluation (M&E) colleagues.

A second report is also available, which provides a deeper look at CTWWC's Outcome Harvesting results and concludes with a summary of lessons learned on system strengthening and how this might inform future interventions. This report will be more useful to practitioners and managers interested in learning about how system strengthening and sector influence outcomes were achieved.

The six steps of Outcome Harvesting

CTWWC followed the six steps of Outcome Harvesting (Figure 3) as proposed by the originator of the method, Ricardo Wilson-Grau,[3] and shared with CTWWC by two Outcome Harvesting experts, Conny Hoitink and Carmen Wilson-Grau. These steps are a guide to the process and do not have to be followed in order. Users of the method can jump between steps at any time.

Figure 3: Outcome Harvesting process[4]



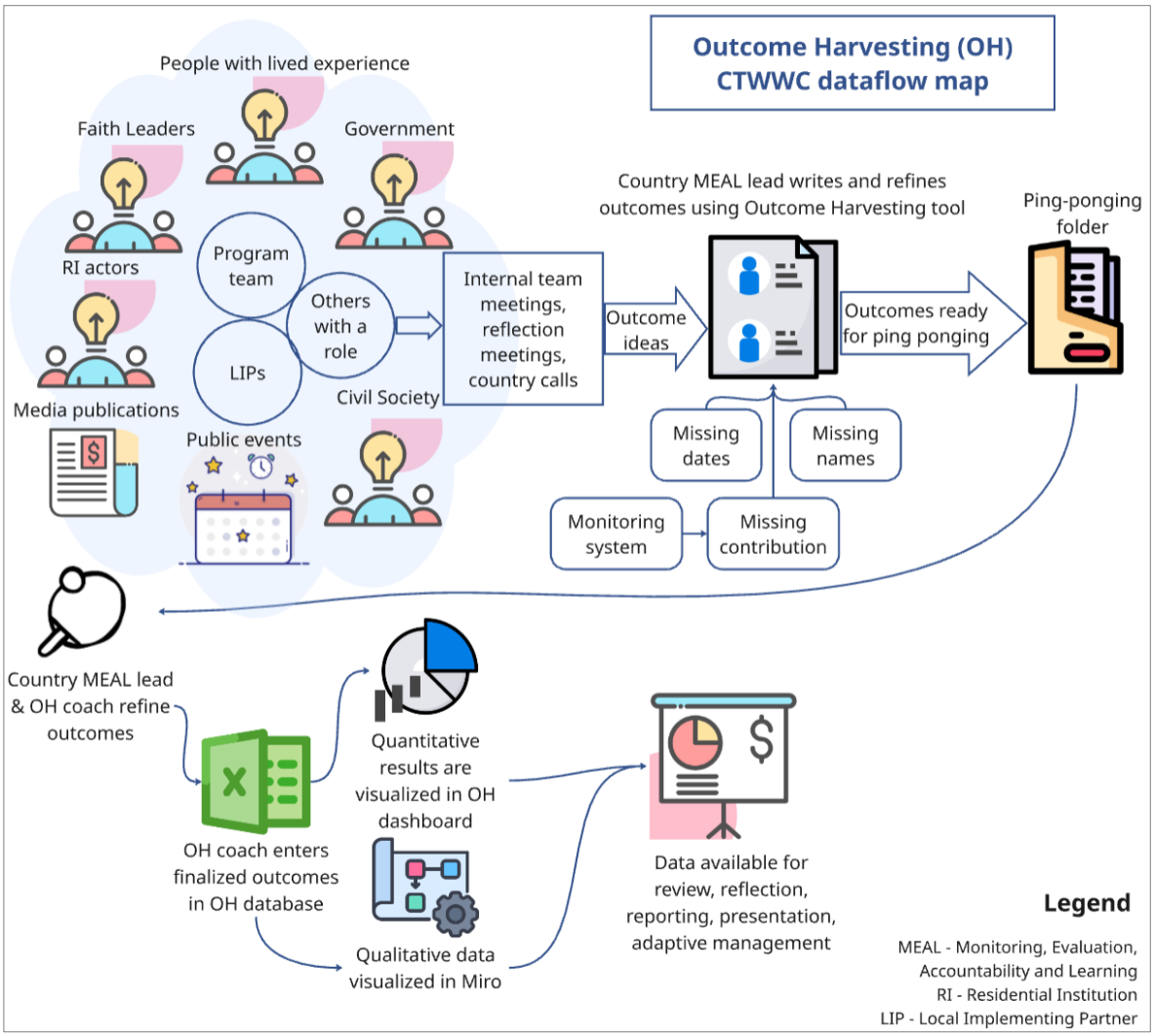
Across the six steps, members of both CTWWC and the Monitoring, Evaluation, Accountability and Learning (MEAL) teams were involved at different stages. This allowed the Outcome Harvesting data to flow through systems, leading to its ultimate use (Figure 4). The process began with program teams, including local implementing partners, observing changes in behavior of actors that CTWWC was hoping to influence, including: PWLE of care systems, faith leaders, government, civil society organizations, academia, media and wider society. These observed changes were then discussed and harvested as outcomes during internal meetings, reflection sessions, country calls and narrative reporting. MEAL leads collected initial outcomes, which often lacked complete details such as dates or names. Using the CTWWC Outcome Harvesting tool (Annex 1), they drafted preliminary outcomes, which were refined through direct engagement with colleagues and other key informants as needed. One-on-one discussions helped clarify the most significant behavior changes, while simultaneously building local capacity for outcome identification. Once refined, outcomes were stored in a shared "ping-ponging" folder for iterative review with members of the MEAL team who acted as coaches, ensuring outcome accuracy and completeness. Finalized outcomes were entered into a database by the MEAL team, where they were categorized and processed into two complementary formats: quantitative metrics visualized in dashboards for performance tracking and qualitative narratives mapped in Miro to preserve connections between outcomes. This structured data then fed into reflections, donor reporting, advocacy presentations, evaluations and adaptive management decisions.

The following section describes in more detail how CTWWC undertook each step in the process, who was involved, and how data flowed and was utilized.

[3] Wilson-Grau, R & Britt, H (2013) *Outcome Harvesting*. Ford Foundation https://www.betterevaluation.org/tools-resources/outcome-harvesting-0.

[4] As CTWWC planned to use Outcome Harvesting as a monitoring method on an ongoing basis, regular analysis became Step 4 and less frequent substantiation became Step 5.

Figure 4: CTWWC Outcome Harvesting dataflow map



Step 1: Design the harvest

The design of the methodology within CTWWC was undertaken in consultation with, and as part of training from, Outcome Harvesting experts Conny Hoitink and Carmen Wilson-Grau. The planned interventions to strengthen national care systems and shift global commitments (Figure 1 and Figure 2) were complex in nature as they required the influence of actors outside the control of CTWWC's implementing partners. The initiative's ToC relied on promoting collaboration and learning, providing evidence and demonstrating good practice in order to change the behavior of governments, actors involved in care systems and the whole sector globally. At the time of designing the MEAL plan, there was a high-level ToC in place, a workplan for the first year and a commitment to "design-build" as the initiative progressed. This left quite a degree of uncertainty about how progress would unfold and what results would be achievable. Exactly the kind of uncertain, complex scenario that Outcome Harvesting is designed for. One of the key features of Outcome Harvesting is the identification of outcomes or changes that have occurred among relevant social actors followed by a retrospective review to establish what the intervention's contribution was to that change.

With a focus on two objectives of national systems change and regional and global sector collaboration, CTWWC planned to use Outcome Harvesting to answer the following questions:

- What demonstrated behaviors have changed among the social actors CTWWC is working with and/or aims to influence?
- How has CTWWC contributed to these outcomes?

- How do the observed changes demonstrate CTWWC's success in reaching its objectives?
- How might CTWWC shift its ToC, strategy and/or activities based on the observed outcomes?

After the initial, intensive training for the MEAL team, further capacity was built through training for program teams, including local implementing partners. The training approach began by distinguishing between outcomes and outputs, as well as how to observe and document behavior changes among external actors in their daily work. Program team members were supported during the trainings to draft outcomes that were peer-reviewed and discussed, with guidance from the MEAL team. Using real examples during training sessions was found to be an effective way of helping team members understand the key elements that make up the outcomes and format needed within the methodology.

Step 2: Formulate outcomes

The heart of the Outcome Harvesting methodology is the formulation of outcomes, involving four parts: outcome, relevance, contribution and source (Figure 5). This begins with noticing a change in an external actor relevant to CTWWC's objectives. Program team members were key to noticing when outcomes had occurred, since these people often had the most interaction with external stakeholders and knowledge of the details needed for the outcomes. It was important to keep highlighting the need to look for, and note, outcomes when they were observed or disclosed. A culture of discussing outcomes within teams was fostered during weekly staff meetings and quarterly reflection meetings. In addition, monthly virtual meetings with each country team, as well as reporting and data analysis, were found to be great sources of outcome ideas.

Some teams kept track of outcome ideas as they appeared in their day-to-day work in order to discuss them during dedicated Outcome Harvesting sessions. It was also helpful to ensure that during annual reporting, time was set aside to ensure outcomes had been adequately captured.

Figure 5: Elements needed in formulating an outcome

Outcome = start with a date and the social actor's name. Then describe the observed change of behavior (in the past tense) of that social actor.

- Be concise.
- Be specific: Include exact date, names and titles of people, locations, etc.
- Avoid using passive constructions and always start with saying who exactly did what.
- Sometimes behavior changes are learned from a third person. Make sure outcome, relevance and contribution refer to the change agent, but not the intermediary individual.

Contribution = what we did to contribute to change. In great detail, explain the effort put into the change.

- Start with the date, who was involved (us and others) and activities.
- All included activities must have been completed before the date of the observed change in behavior.
- Do not use passive voice. Be specific.
- Use meeting minutes, reports, monitoring data and previous outcomes to search for details
- Use artificial intelligence (AI) to transform monitoring database extracts in contribution statements.

Relevance = how the observed outcome is relevant within the program's ToC.

- Refer to the ToC and Results Framework. Find a strategic objective or an intermediary result the outcome best contributes to.
- Explain why changing behavior of this social actor is important in achieving bigger change.
- Imagine your reader does not know anything about the field of work or the context.

Sources = the specific person/s and/or the document that provided the information as well as the associated date.

- Where possible, save emails, scan printed invitations and save other documents in the sources folder.
- Documenting outcome sources is super helpful during substantiation.

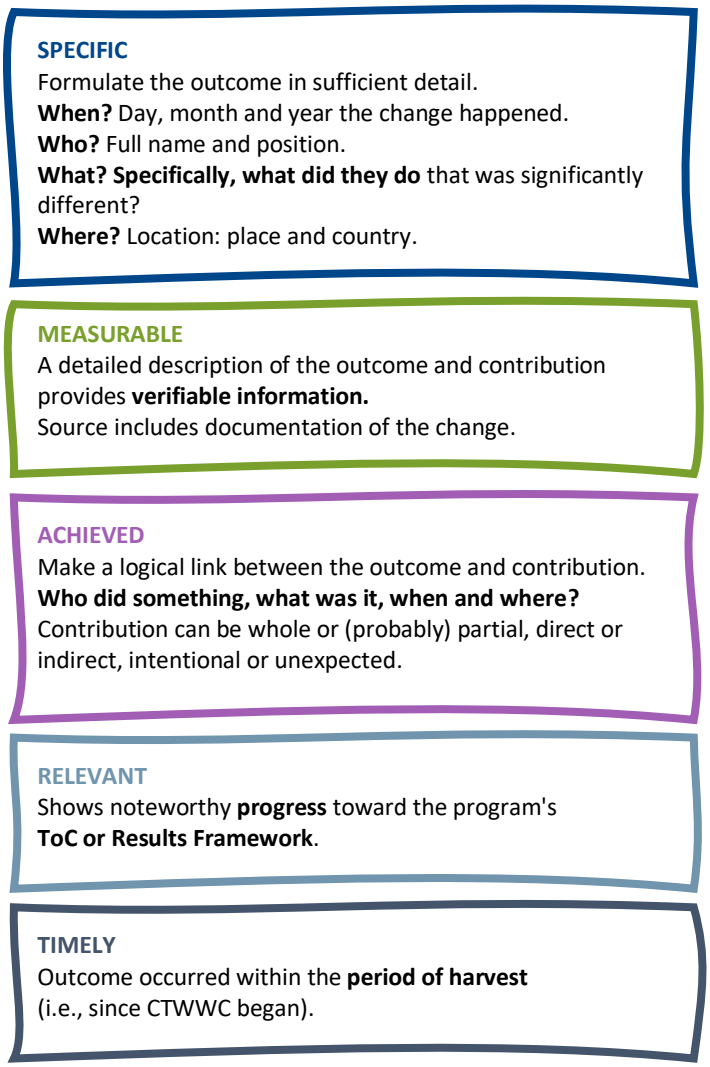
Team members often neglected to consider small changes important enough to be harvested and waited for bigger changes to arrive. MEAL leads helped colleagues understand that harvesting outcomes such as commitments and coordination was important for building chains of outcomes that ultimately tell the full story of how change unfolded as implementation progressed.

Once the outcome was captured in an outcome statement, it was then accompanied by a statement on relevance to CTWWC's objectives, a list of contributing activities and a source (see Figure 5). Each of these elements had to be recorded in a particular way to ensure it was accurate and complete so that it could be analyzed and substantiated. Team members often struggled with the formulation of each element, but with practice and support, the quality improved. Regular refresher training sessions and clear guidance documents helped build capacity in the methodology.

Step 3: Review outcomes

Reviewing, or "ping-ponging," outcomes is designed to ensure the outcomes are SMART (Figure 6): "specific, measurable outcomes that have been plausibly achieved by the intervention, are relevant to the intervention's goals and occurred in the time period covered by the harvest."[5] It is referred to as "ping-ponging" because it should involve sharing ideas and feedback back and forth between team members to bring clarity and completeness to the outcomes. In CTWWC, this process was found to be time-consuming, but it was recognized as valuable in ensuring high-quality, relevant outcomes for analysis, substantiation and use.

Figure 6: Making outcomes SMART



In the early stages, or when a new MEAL lead joined the team, a series of discussions were held to provide coaching on the ping-ponging process. Outcomes were refined in a simple Word document tool (Annex 1), which allowed for suggested edits and targeted comments on specific parts of each element. At times, coaches provided examples of how to restructure statements—such as inserting "XXX" as placeholders for missing details—to guide the refinement process. One-to-one conversations were also often needed to help team members identify relevant information to tell the story of change and to build a better sense of understanding of the process by program team members who were harvesting the outcomes.

It was found that team members new to the methodology frequently needed support with:

- Distinguishing between **outputs and outcomes.**
- Including all necessary **details** (e.g., dates, names and places) and not using passive construction in both outcome statements and contributions.
- Avoiding the use of **technical terms** and **acronyms** that make the text hard to understand for outsiders, including external evaluators.

[5] Wilson-Grau, R, 2019. Outcome harvesting principles, steps and evaluation applications. p65.

- Avoiding including the program's **contribution in the outcome statements.**
- Not including **more than one behavior change** per outcome statement,
- Ensuring all activities in contribution statements happened **before the date of the outcome.**
- Clearly articulating the **link between contribution and outcome** (Table 1 shows a useful way to explain this link).
- Connecting the outcome to CTWWC's objectives, Results Framework and ToC within the context of operation in the **relevance statement.**
- Noting and filing all relevant **source documents**.

Attempts to claim contribution to outcomes not resulting from CTWWC interventions was not experienced. In fact, it was more likely that CTWWC underreported rather than overreported results.

A collaborative ping-ponging process helped to reach consensus on outcome formulations, ensuring all critical details were properly included and articulated and that the outcome could be understood even to those unfamiliar with the sector.

Table 1: Establishing causal contribution inference through detective work[6]

Three criteria of crime solving…	…interpreted for establishing contribution inference…	…to establish the plausibility of a contribution to an outcome.
Motive—The prime suspect must have had a reason to commit the crime.	The intervention must have had a reason to influence the societal actor, even when the result was unintended.	The outcome, whether positive or negative, corresponds to the purpose of the intervention.
Means—The prime suspect must have had a way to commit the crime.	The intervention must have done something that could have influenced the societal actor.	The intervention's activities and outputs likely influenced the outcome.
Opportunity—The prime suspect must have had the chance to commit the crime.	The intervention must have had the chance to influence the societal actor.	The intervention carried out those activities prior to the societal actor changing their behavior.

Step 4: Analyze and interpret

After outcomes were finalized and agreed upon, they were transferred to an Excel database (see Figure 7 and Annex 1). Here, they were categorized and quantitatively analyzed and visualized. The database included the four elements of outcomes, as shown above, as well as:

- **Additional outcome details**
  - Links to source documents filed on SharePoint.
  - Shortened outcome, keeping month and year.
- **Process data**
  - CTWWC team.
  - Harvester.
  - Submitter.
  - Whether the outcome is considered final or not.
  - Whether the outcome has been included in the Miro board visualization or not.
  - Whether the outcome has been included in a substantiation exercise or not.
  - Whether the outcome has been reported against a Catholic Relief Services (CRS) Key Performance Indicator or not.
- **Categories for analysis**
  - Type of social actor (e.g., national government actor in demonstration country, faith-based actor in demonstration country, etc.).

[6] Ibid. p182

- Type of behavior change (e.g., commitment, policies, workforce, etc.).
- Level of influence (global, regional, national, subnational).
- Five most important output contributions.
- SO to which the outcome has contributed.
- Year and quarter in which the outcome occurred.
- Year and quarter of the first contribution activity.

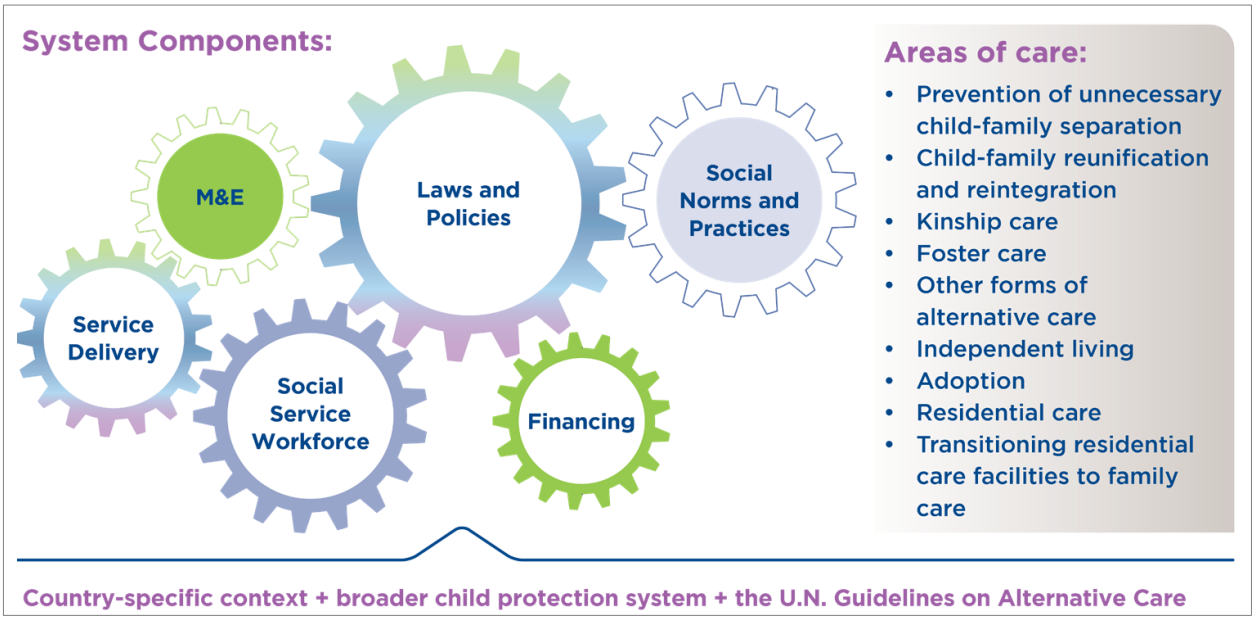
Figure 7: CTWWC Outcome Harvesting database screenshot as of April 2025

CTWWC Outcome Harvesting Database										
Description	SMART outcomes that include the date, name of the social actor, change of	Outcomes should be relevant to the CTWWC theory of change, but also	Contribution describes specific activities that CTWWC did to	The source document or event or person from which	Shortened outcome statements will be used to visualize the	Name of CTWWC team member who	Name of MEAL team member	MEAL team	This is the CTWWC team
Instructions	In 1–2 sentences please specify when did who do what, and where, that potentially or	Please describe why the outcome represents progress towards fulfilling	Describe how and when CTWWC activities or outputs influenced the	Enter name of person or document who provided the	Provide a one sentence sumarry of the outcome, with date and	Who reported this outcome	Who collected the outcome	Pick from drop	Pick from drop down menu
Outcome #	Positive or Negative Outcomes	Relevance of the Outcome	CTWWC's contribution to the Outcome	Sources	Outcomes (shortened)	Harvester	Submitter	Finalized ?	CTWWC Team
142	On May 19th, 2021, Natacha Joseph, the CRS Haiti family care education and health project	Disability inclusion is an important aspect of CTWWC's commitment to preventing	On April 27th, 2021 Beth Bradford CTWWC Technical Director, and Leia Isanhart, CRS		CRS Haiti integrates disability training into care programs (May 21)	Beth Bradford	Erica Dalh-Bredine	Yes	Haiti
313	On September 2, 2021, Beth Carroll the Head of Programs from CRS-Haiti, stated in a virtual meeting to	Influencing CRS/Haiti's emergency response strategy aligns very clearly with our	Changing the Way We Care Technical Director, Beth Bradford, led regular monthly	Drew Rodgers	CRS Haiti included child protection and family strengthening to Hairi	Beth Bradford and Erica Dahl-Bredine	Mari Hickmann	Yes	Haiti

The categories evolved somewhat over time. Social actor categories were drawn from the Results Framework, which did not change too much, but there was some overlap (such as between faith-based actors and residential care providers) that made their use a challenge.

The behavior change categories reflect the care system components (Figure 8), which is a helpful framing for thinking about a care system. These components are often depicted as "cogs" or "gears" that interact with each other. This meant that sometimes it was hard to decide on a category since, for instance, a shift in funding would go along with a change in services, or a change in workforce could be hidden within a service delivery outcome. The categories of commitment and coordination were added even though they are not system components. They were seen as important pre-cursors to change, and CTWWC's approach included an emphasis on building support for change and bringing diverse actors together.

Figure 8: Care system components[7]



[7] CTWWC (2023). National Care System Assessments: Guidance to conduct a participatory self-assessment to inform national strategic planning. https://bettercarenetwork.org/toolkit/individual-assessments-care-planning-and-family-reunification/assessment-forms-and-guidance/care-system-assessment-framework.

The database was accompanied by a dashboard that made the most recent results available in a user-friendly format. The visuals included initiative totals as well as results per region and country. In the dashboard, a user could find visuals on outcome completeness, quarterly harvest rate, type of social actor, type of behavior change, level of influence and relevance to SOs (Figure 9).

These data visuals were useful for tracking progress, reflection and learning. However, Outcome Harvesting data is very rich, so the quantitative diagrams do not convey the full meaning of the dataset. Therefore, a visual representation of the linkages between outcomes and outputs was developed that could also be useful for reflection and learning, as well as for preserving institutional memory. This was achieved through a Miro board, but any tool enabling map creation or similar would suit this need. Figure 10 provides an example of how outcomes were visualized for CTWWC India.

Visualizing outcomes was a challenging task. As such, a system of shapes with color-coding to represent different categories was used to bring more meaning to the visuals (see legend in Figure 11). The outcome visuals were grouped according to location and SO and were placed on a timeline. Some outputs were also included to visualize their contribution to outcomes. Not all contributing outputs were included to avoid the board becoming unreadable and distracting from outcomes that needed to be the main focus.

Figure 9: CTWWC Outcome Harvesting dashboard screenshot as of April 2025

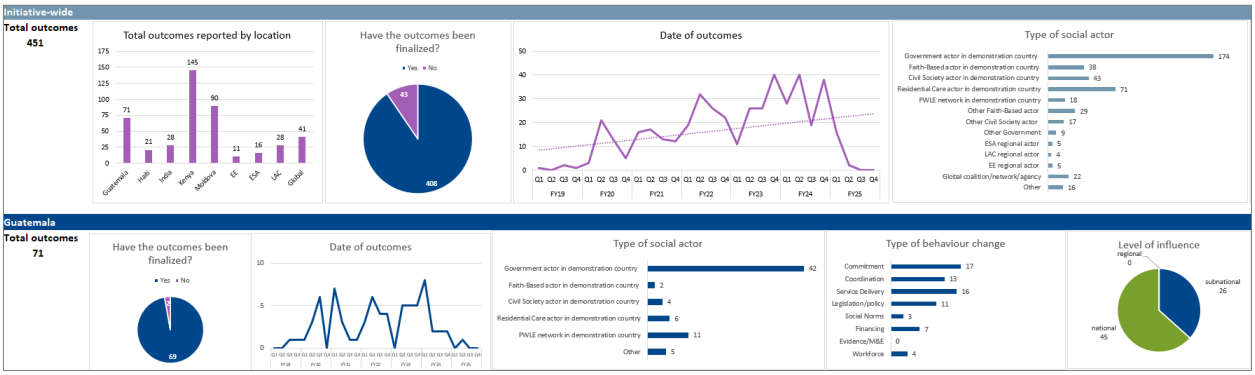


Figure 10: Example of Outcome Harvesting visual for CTWWC India

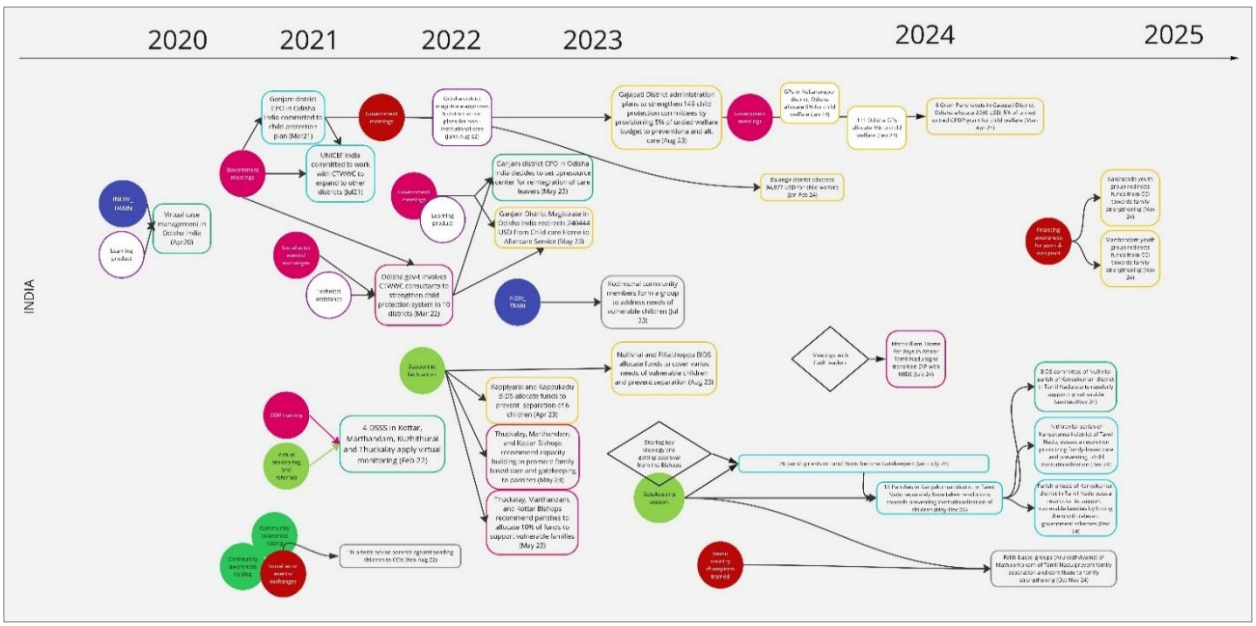
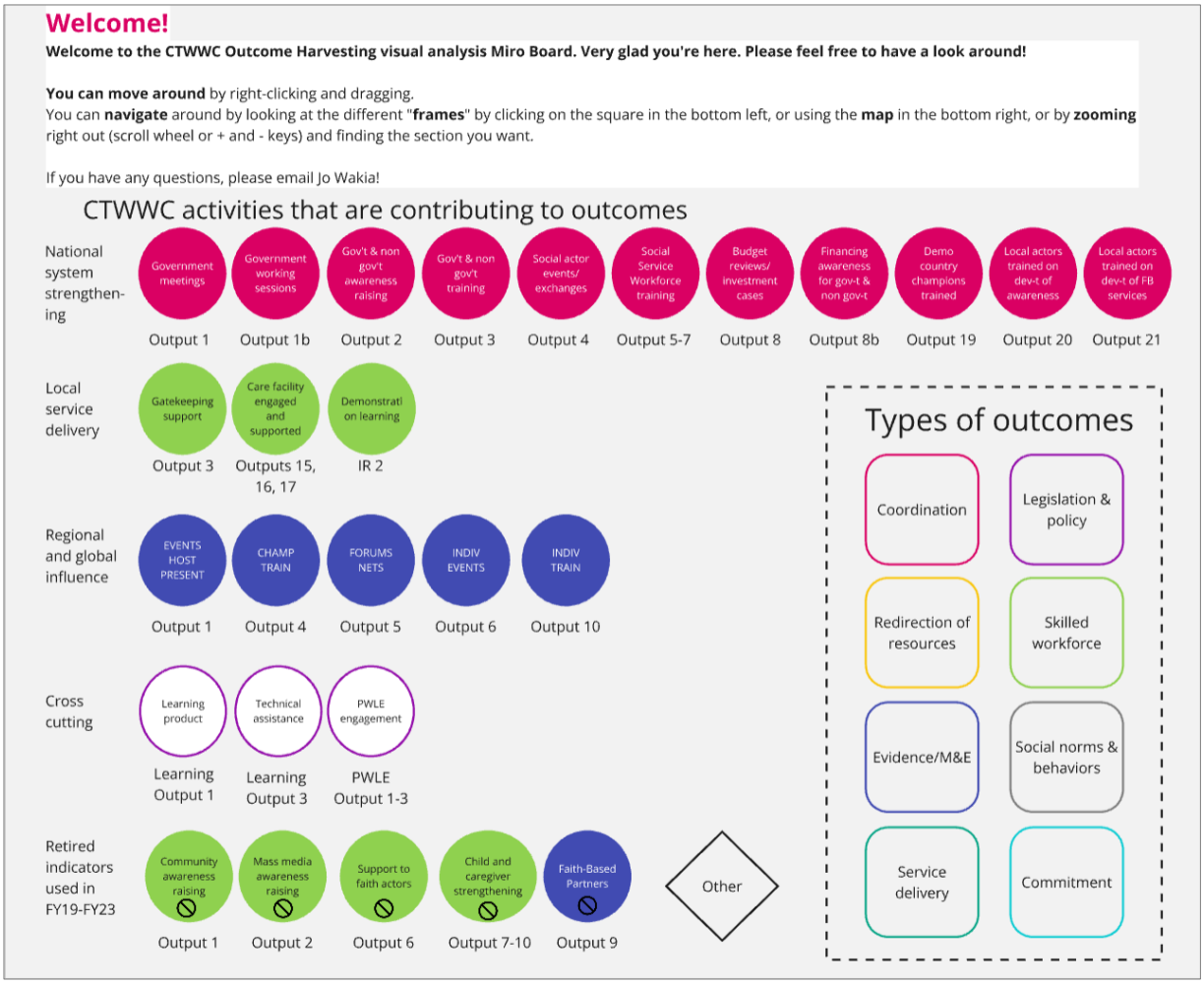
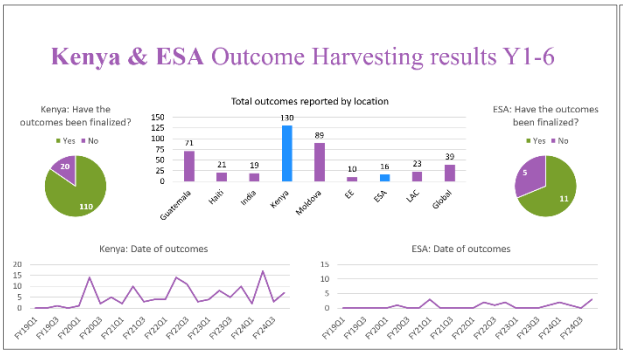


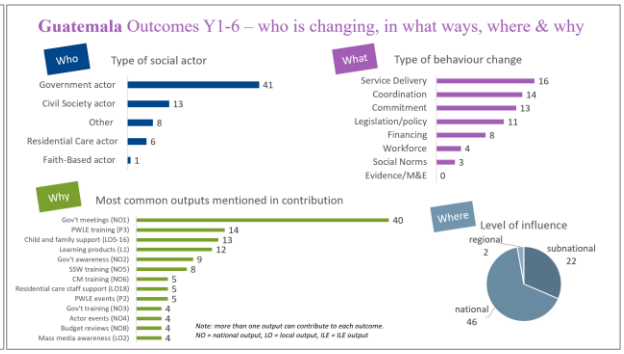
Figure 11: CTWWC Outcome Harvesting visualization legend



Presentations combining the quantitative and qualitative analysis of CTWWC's Outcome Harvesting data were created on an annual basis as part of the reflection and reporting cycle (see Figure 12). Opportunities were created in meetings and webinars to review the analysis together to draw out new insights into how change was progressing. Since it is an unusual dataset, it took practice to become familiar with the visuals and to be able to draw out meaning. The MEAL team was instrumental in guiding these sessions and helping team members explore the meaning so it could feed into planning and adaptation.

Figure 12: Examples of presentation slides showing Outcome Harvesting results for team reflections





Step 5: Substantiate

Substantiation is the process of obtaining "views of independent individuals knowledgeable about the outcome(s) and how they were achieved; this validates and enhances the credibility of the findings."[8] This validation can deepen

[8] Wilson-Grau, R, 2013, op cit, p18.

understanding of harvested outcomes and reduce the subjectivity of the harvest, adding a level of rigor to the method. Two substantiation processes were undertaken during the third and fifth years (2021 and 2023) of implementation as part of wider evaluations. The first round of substantiation was undertaken by external evaluators contracted to undertake a midterm assessment. Whilst this successfully substantiated the harvested outcomes, it was felt that it was too time consuming and restricted the focus of data collection. Therefore, for the second round of substantiation, a separate assessor was contracted ahead of the main evaluation with the data from the substantiation (interview recordings, notes, etc.) and the adjusted outcomes were shared with the evaluators. This had other limitations, such as evaluators having less familiarity with outcomes, but overall, it felt like a better balance of time and resources.

As shown in Figure 13, both rounds of substantiation started with a participatory process to select the outcomes to be reviewed. This involved discussions with MEAL and program teams on which outcomes would be most useful to substate because they held the most significance, had the highest or lowest level of contribution from CTWWC, or had an element of uncertainty about the change or contribution. A range of outcomes across countries, actors and SOs was also considered important. Substantiation was achieved through a mix of document review, where possible, and interviews, emails or surveys with stakeholders linked to the outcome (Table 2). The goal was for each outcome to be substantiated by more than one source, however, this was not always possible.

Once complete, the assessor suggested revisions to outcomes or contribution statements, where necessary, and the findings were discussed with MEAL and program teams to consider any implications. Both substantiation processes largely validated the quality of the data collected and yielded only a few adjustments (Table 2). Some of these adjustments were to provide further information or to make minor changes (such as correcting names or titles). Any adjustments were made in the database with the reason noted.

Figure 13: Substantiation process

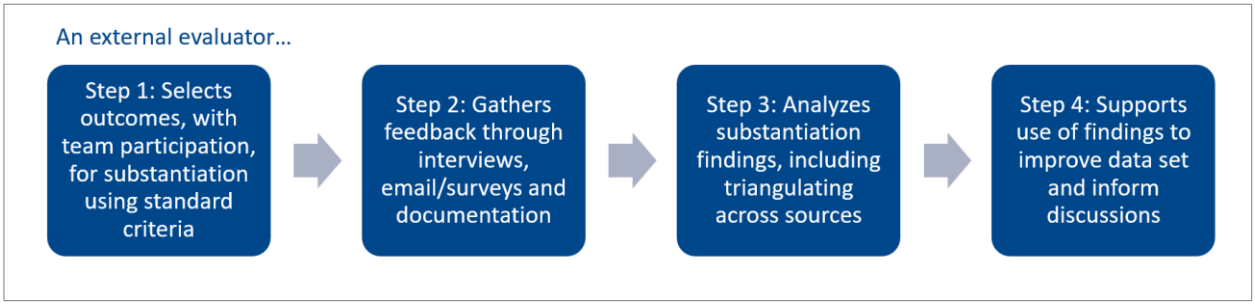


Table 2: Outcome substantiation methods

Substantiation round	Outcomes selected for substantiation	Outcomes verified by			Outcome not verified (unable to apply chosen method)	Outcomes requiring adjustments
		Document	Survey	Interview		
Year 3 (2021)	67	16	22	27	16	9
Year 5 (2023)	23	5	20	11	2	4

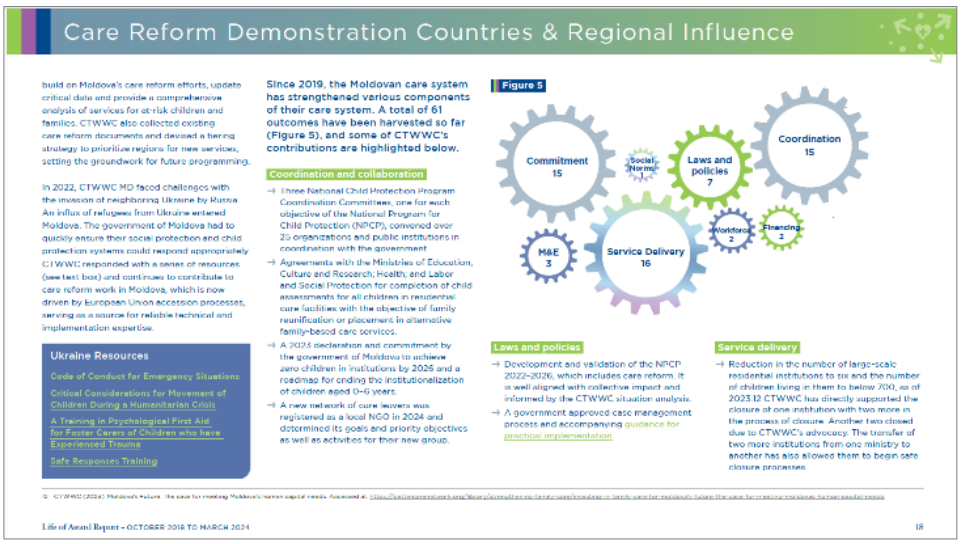
Step 6: Use the findings

The Outcome Harvesting results were used in the following ways:

- **To celebrate successes**: Examples of outcomes were often shared during team meetings, over email or posted in Teams channels to mark a successful achievement and to encourage the whole team. Someone commenting, "Harvest that outcome" in a meeting chat became a simple, but encouraging way to highlight that progress was being made.
- **In reflections to guide adaptive management**: Guidance for quarterly reflection meetings included outcome prompts to look out for and note during discussions and, every six months, to share Outcome Harvesting results and visuals (quantitative and qualitative) to inform discussions on progress, and if desired, whether results were being achieved as expected or if adjustments might be needed.

- **As results in reports to stakeholders**: Outcome Harvesting featured in presentations to stakeholders within implementing organizations, donors and wider partners, and within narratives. They were also a focus of reports both as indicator results in monitoring tables, and as visuals of amounts or examples of change (Figure 14).
- **In deeper analysis for evaluations and research**: Once a significant number of outcomes had built up and the classifications were developed, it was possible to see that the dataset could provide insights into the results of the initiative. Therefore, the dataset became the basis for both external evaluations (in year three and five).[9] The evaluators were able to use the outcomes to learn about what was achieved and how, and to inform further data collection with key informants. In addition, once the prominence of findings around care system strengthening became clear, the MEAL team began exploring its potential to aid our learning about how system strengthening happens (see Report 2).
- **As inspiration for communications**: The outcomes often captured significant moments and could be used as the basis for communication products. Sometimes, stories of individuals were offered for the harvest, but did not meet the criteria to be included. Those were instead diverted for consideration in reports or through CTWWC's ethical storytelling approach.

Figure 14: Example of Outcome Harvesting data in CTWWC's Life of Award report in 2024[10]



[9] The evaluation in year three was not externally published, but is available internally. The year five evaluation is available at: https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-system-reforms/final-report-changing-the-way-we-care-year-5-evaluation.

[10] Full Life of Award report is available at: https://bettercarenetwork.org/life-of-award-report-october-2018-march-2024.

Limitations in CTWWC's use of Outcome Harvesting

As with any methodology, Outcome Harvesting has some limitations that are important to be aware of. In using the methodology within the CTWWC initiative, the following limitations were experienced.

- Outcomes had to be known or observed by a member of the CTWWC team. This meant that outcomes occurring at a distance or through the knock-on effect of CTWWC's efforts were unlikely to be included in the harvest. It also meant that less observable outcomes did not feature as much. For instance, although influencing attitudes and social norms was an objective of the initiative, these changes were not always immediately obvious to team members. It was hoped that sharing and discussing outcomes within and between teams would help team members identify similar outcomes and have a broad view of the outcomes they were looking for or could ask others about.
- Describing outcomes in a manner consistent with the methodology was a challenge for many team members. It therefore often felt like a hard and time-consuming task to capture outcomes. Further, the process of "ping-ponging" outcomes to improve their quality could be demotivating and led to some outcomes waiting a long time to be finalized. When country teams had a change in their MEAL lead or didn't have full-time MEAL support, the time-consuming nature of Outcome Harvesting was felt even more keenly. Clear guidance, regular refresher training, strong leadership and persistence all helped to build skills in Outcome Harvesting. Skills were further helped once the harvest was large enough for meaningful analysis, which allowed the team to see the benefit of the method more easily.
- Since outcomes were recorded by members of the CTWWC team, there was a risk of bias, both in terms of understanding the outcomes themselves and in the contribution that CTWWC made. This was partially overcome by the inclusion of substantiation processes where the content of outcomes and contribution statements were reviewed by actors external to CTWWC but knowledgeable of the events described. It was also found that some team members did not consider smaller scale outcomes to be important enough for harvesting, or they wrote contribution statements with different degrees of detail, including how much the work of other actors was mentioned. This caused losses in data as well as asymmetric data collection between colleagues and teams, ultimately affecting the analysis and comparability of the data. Again, sharing between teams was one way to try to combat this.
- Often outcomes were only discovered, harvested and finalized several months after the behavior change happened. This created challenges during annual reporting because a considerable number of outcomes were harvested that actually corresponded to earlier reporting periods. In later reports, "life of initiative" totals were created for all indicators. This approach was also employed for Outcome Harvesting indicators so that multi-year, more comprehensive results could be provided.
- The process of substantiation was impacted when there was no written record of the events described and/or the individuals included as sources had changed roles and organizations. After the first substantiation exercise, a greater emphasis was placed on documenting sources.
- Although the classifications used were initially thought to be clear and straightforward, over time it became clear that there were inconsistencies in their use between team members. This was due to different understandings of the classifications, different interpretations of the emphasis of the outcome details and overlap between the classifications. It was found to be important to discuss the classifications and to involve more colleagues in this process, however, this added to the time burden. Clearer definitions and ensuring mutual exclusivity would have been helpful from the start.

Summary of results

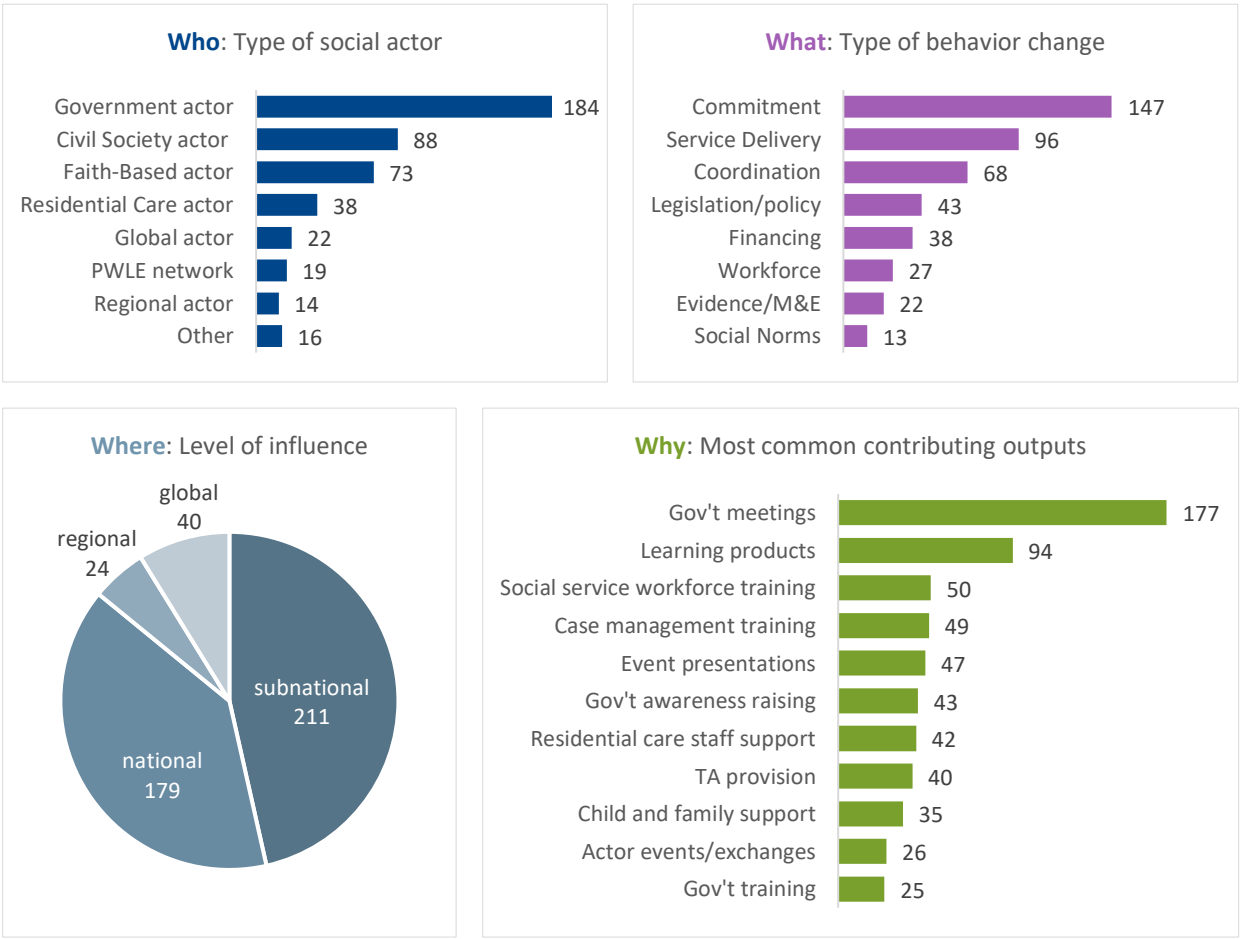
How much change: Who, in what way, where and why

In response to the first two questions, which were set to guide the use of Outcome Harvesting—"What are the demonstrated behaviors that have changed among the social actors CTWWC is working with and/or aims to influence?" and "How has CTWWC contributed to these outcomes?"—a common visual was created to show how many outcomes had been harvested, who had changed, where, in what way and what had CTWWC contributed to that change.

By January 2025, CTWWC had harvested 454 outcomes as a result, at least in part, of CTWWC's interventions. These included (see Figure 15):

- **Who**: 174 changes amongst national and subnational government actors, 65 amongst regional actors, 83 amongst civil society actors and 49 amongst faith-based actors.
- **What**: 147 changes in commitment and 68 in coordination—key pre-requisites for further change and changes across all system components, most commonly in service delivery (96) and legislation, policy and regulations (43).
- **Where**: change at subnational (46%) and national levels (39%), as well as some regionally and globally.
- **Why**: change resulting from government meetings (mentioned in contribution statements of 177 outcomes, i.e., almost 40% of all outcomes), use of learning products, trainings, events, support and technical assistance (TA).

Figure 15: Number of outcomes by social actor, behavior change, level of influence and contributing outputs, 2019–2025



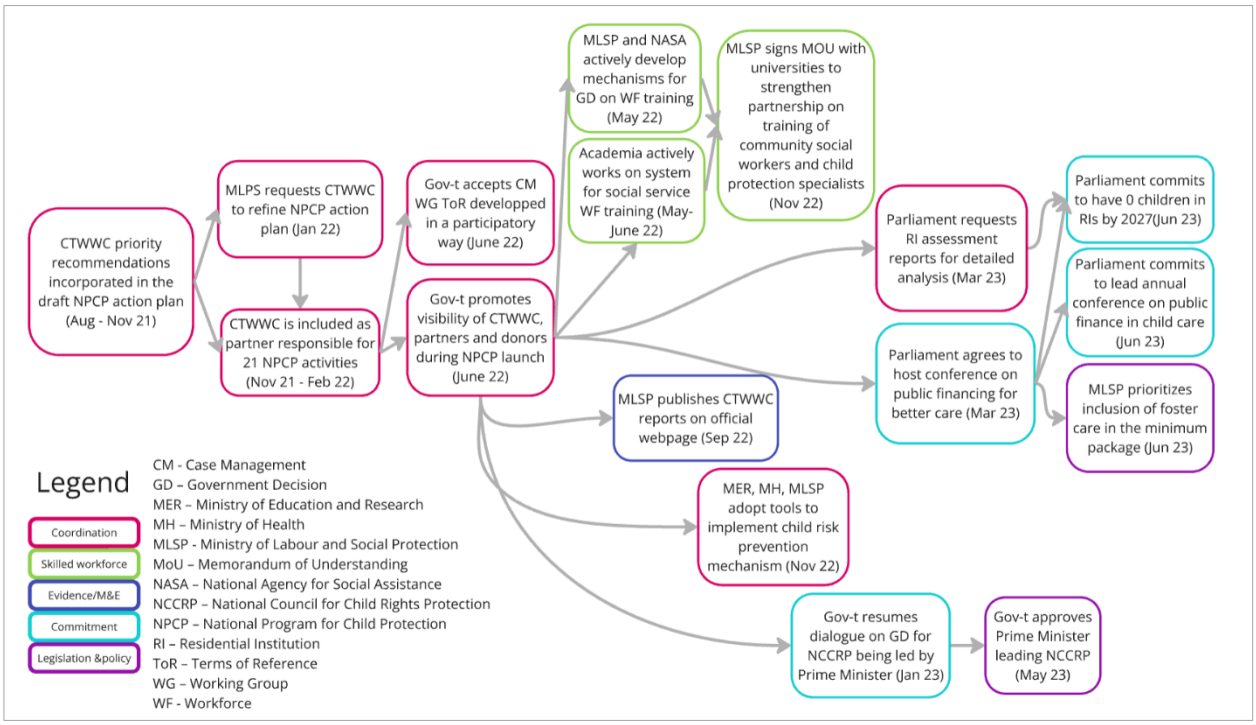
There was considerable variation in results between the countries. This was partly due to the length of time that Outcome Harvesting was used (it was introduced later in India and Haiti) and partly due to different approaches necessitated by differences in care system contexts, actors and history. These differences are explored further in the second report.

Stories of change: Chains of outcomes over time

A more visual and qualitative analysis using mapped chains of outcomes harvested by CTWWC was also used to reveal patterns in how outputs and outcomes linked to each other and when change happened over the life of the initiative. These chains better illustrate the interplay between changes in care system components across a variety of actors, levels and over time.

For examples, Figure 16 shows a chain of outcomes from Moldova focused on growing national government coordination and commitment, which led on to significant policy and workforce changes.

Figure 16: Moldova – the story of effective coordination with national government



In this example, successful coordination (Figure 13, pink boxes) in Moldova started with engagement and advocacy efforts in early 2021, alongside a comprehensive situational analysis that led to key recommendations being incorporated into the draft National Program for Child Protection (NPCP). By November, the partnership between the government and CTWWC was further formalized when CTWWC was named responsible for implementing 21 specific activities within the NPCP action plan. During 2022, the Ministry of Labor and Social Protection (MLSP) took an active role in shaping the reform, launching the NPCP action plan and adopting prevention tools. In January 2023, the government resumed dialogues on the National Council for Child Rights Protection (NCCRP), culminating in May with the approval for the Prime Minister to lead the Council, a significant policy shift (purple box).

The launch of the NPCP also created an opening for significant outcomes in workforce capacity (green boxes) and commitments (turquoise boxes) to further reforms. In May 2022, MLSP and National Agency for Social Assistance (NASA), with technical support from CTWWC, began developing mechanisms for implementing an important government decision on workforce training, while academia worked to establish systems for training social service professionals. In November, with CTWWC technical and convening support, MLSP signed Memorandums of Understanding (MOU) with universities to strengthen training programs for frontline workers (which CTWWC would later develop), while three key

ministries (Education, Health and Labor) jointly adopted tools to implement child risk prevention mechanisms. In June 2022, during the *Financing for Better Care* conference convened by CTWWC, lawmakers made their boldest commitment—to eliminate institutional care for children by 2027—while simultaneously committing to lead annual conferences on care financing. That same month, MLSP took another significant policy step, with guidance from CTWWC, by prioritizing the inclusion of foster care in Moldova's minimum social protection package. This is an example of how effective coordination with government stakeholders can lead to tangible results and more high-level commitments.

Indicator results

As part of the CTWWC MEAL plan, outcome indicators were developed to look at changes within national care systems (SO1) and within the regional and global care sector (SO3). As the hoped for outcomes were hard to predict and measure meaningfully with quantitative indicators, the initial design focused on qualitative, descriptive indicators, such as: "Description of progress made toward adoption of comprehensive alternative care policy, including vision to prioritize family-based care for children," "Description of declarations of funding redirected away from institutions toward support for family-based care as reported by CTWWC partners," and "Description of change in new public commitments to support family-based care instead of institutions as reported by CTWWC partner." Once Outcome Harvesting was adopted as a central methodology in the MEAL plan and its potential in tracking change was realized, the indicators were adjusted so that by the close of the sixth year there were five indicators pulling from Outcome Harvesting data (see examples in Table 5 and full list in Annex 1).

Table 3: Example Outcome Harvesting indicators and results

Indicator		Result
Strategic Objective 1: Outcome 1b	Description of change in care reform **policies, public commitments and coordination** and as reported by CTWWC partners	CTWWC **Guatemala** harvested **46** outcomes reflecting changes in commitments, coordination and policy (including related changes to workforce), which occurred between Y1–Y7. These include: 17 changes in commitment and 14 in coordination, many amongst senior government officials at the national and local level; 11 changes in policies both at the national level to guide practice in case management and foster care, and locally to establish Municipal Offices for Children and Adolescents; and four in workforce, reflecting changes in training and case management practice.
Strategic Objective 3: Outcome 1	Description of declarations of **funding redirected** away from institutions toward support for family-based care as reported by CTWWC partners	CTWWC harvested **two** outcomes on changes in financing, both occurring in Y5, one at the global level and one in Latin America. Both reflect new financing allocated to care reform efforts.

Since the indicators evolved over time and there was an effort to minimize the degree of change from the originals, some of the indicator wording does not fit exactly with the categories being used. If the categories had been in place at the time of designing the MEAL plan and the initial drafting of indicators this could have been better aligned.

The indicators were reported on annually, during the close of the financial year report. Toward the end of the Global Development Alliance funding period, life of initiative summaries were also introduced. The indicator results provided a quick summary of the number and type of changes that were harvested. Although very high level, they highlight which parts of the care systems or sector, and which actors, were effectively influenced. These indicators complemented the quantitative output indicators, showing the contributions to these outcomes as well as the outcome measures looking at child well-being and family strengthening status, which resulted from more direct service delivery, reintegration and alternative care interventions (SO 2).

Conclusion

Over the course of almost seven years of using Outcome Harvesting to monitor the CTWWC initiative, it has become clear that this is a very useful method for mapping and understanding how change unfolds within care systems and the wider international sector. Although it is an unusual method and can be time consuming to implement effectively, ultimately it has delivered a rich dataset that has fed reflection and learning within the initiative. Harvesting over 400 outcomes has also allowed sophisticated analysis from which the initiative gained insights into change processes that CTWWC influenced. It also provided a wealth of knowledge for the final evaluation on children's care systems strengthening across four diverse countries.

We highly recommend Outcome Harvesting as a monitoring methodology for those looking to understand system strengthening over multi-year initiatives. When picking up this methodology, we recommend:

- **Involving diverse team members**: Engaging both program and MEAL team members throughout the Outcome Harvesting process helps in capturing comprehensive and accurate outcomes.
- **Providing continuous training and support**: Regular training sessions and clear guidance are essential for building capacity in Outcome Harvesting, especially in distinguishing between outcomes and outputs and knowing the key elements that make up quality outcomes.
- **Pursuing an iterative review process**: The "ping-ponging" process, where outcomes are reviewed among team members, is crucial for refining outcomes and improving quality so that they can be easily analyzed and substantiated, and therefore be as useful as possible.
- **Visualizing data**: Using tools like Excel databases and Miro boards to categorize, analyze and visualize outcomes provides meaningful insights. Setting clear categories at the start, aligned with Results Frameworks or ToCs, will ensure analysis is smooth and generates consistent, useful findings.
- **Substantiation for credibility**: Substantiating outcomes through independent validation adds rigor to the methodology. This process involves obtaining views from knowledgeable individuals and reviewing relevant documents to ensure the credibility of the findings. Undertaking these processes alongside evaluations ensures that insights from wider stakeholders can be well used.

To conclude, we would like to leave you with our top tips for using this methodology from some of the final members of the CTWWC MEAL team:

- Oxana (CTWWC Moldova): "My golden rule is to pay attention to all discussions and listen for outcomes. During regular staff meetings, planning sessions and casual office conversations, colleagues often share updates and successes, but they might not be thinking about them as outcomes. In these situations, I try to ask questions about possible outcomes to encourage them to think about their updates from a different angle."
- Victor (CTWWC Guatemala): "First, hold monthly monitoring meetings on activity progress. These meetings provide a preliminary opportunity to identify potential outcomes that may emerge from the most significant achievements. Second, conduct field monitoring visits. These visits serve both as follow-up and validation of the potential outcomes identified in Step 1. Occasionally, new outcomes are also identified during these visits. Third, compile inputs to draft the Outcome Harvest. In this final step, all relevant inputs are collected and organized for drafting the Outcome Harvest."
- Musa (CTWWC Kenya): "We make Outcome Harvesting a role and responsibility for everyone. This allows us to collect different outcomes from various areas, which has been very helpful. We hold refresher sessions that build interest and motivation for the team to keep collecting outcomes. Lastly, in calls with our global colleagues, they are very keen on pointing out outcomes we might overlook. As the country team, we are so immersed in the work that we sometimes perceive significant changes as normal results. The external perspective helps us identify these outcomes."

The accompanying report on the results of CTWWC's Outcome Harvesting provides more insights on learning about care system strengthening and sector influence.

Annexes

Annex 1: Outcome Harvesting tool, form and database

Excel database

An Excel database allows outcomes to be brought together and to incorporate categorizing and analysis.

Access here: CTWWC-Outcome-Harvesting-Database-Template.xlsx

Text for a form

A form is good for ensuring you get all the details at the start of the drafting process. CTWWC's form included the following text and response options.

* - *Required*

1. Email address* [Text input field]

2. Do you have all or most necessary details (names, dates, etc.) for both outcome statement and contribution?* Yes / Maybe / No

3. If no, please briefly describe your idea* [Text input field]

General Information About the Outcome

4. What level does this behavior change/outcome impact?* Country (Tamil Nadu and Odisha states in case of India) / Region (other than Tamil Nadu and Odisha states) / Global / Other

5. If regional, please specify* Latin America & Caribbean / East & Southern Africa / East Europe / Other than Odisha and Tamil Nadu states in case of India / Other

6. If country, please specify* Guatemala / Kenya / Moldova / India states Odisha or Tamil Nadu /Haiti / Other

7. If country, please specify the level* National (state in case of India) / Subnational (district, block, etc. level in case of India) / Other

Outcome Statement

8. Do you know the date when the change happened?* Yes / No

9. When did the change happen?* [Date input field]

10. List up to five external actors who changed their behavior (include NAME, JOB TITLE, ORGANIZATION)* [Text input field]

11. What did external actor(s) say or do differently or for the first time?* [Text input field]

12. Where did the change happen?* [Text input field]

Outcome Relevance

13. Which Strategic Objective does this change contribute to?*

- Cross-cutting IR X.1: People with lived experience of care play an active role transforming care nationally, regionally and globally…
- Cross-cutting IR X.2: Learning supports transformation of care nationally, regionally and globally…
- SO1: Demonstration countries national (and subnational) care systems are strengthened...
- SO3a: In the wider demonstration country regions, commitments from key government and civil society actors are shifted...
- SO3b: Global care sector actors collaborate more closely...

14. If SO1, specify the Intermediary Result(s) it contributes to*

- IR 1.1: Policy, legislation and regulations are adopted...
- IR 1.2: Social service workforce is strengthened...
- IR 1.3: Government-led monitoring...
- IR 1.4: Governments and donors funding is (re)directed...
- IR 1.5: Communities hold positive attitudes...
- IR 1.6a: Residential care facilities are transitioned...
- IR 1.6b: Governments, CSOs and communities are strengthened...
- IR 1.6c: Governments, CSOs and communities are strengthened...

15. Why is this behavior change important to achieve the Strategic Objective?* [Text input field]

16. Why is the behavior change of this social actor important in care reform?* [Text input field]

Outcome Contribution

17. Contribution statement 1* [Structured input: *"On DATE, NAME, SURNAME, JOB TITLE from CTWWC/partner met/trained/... to NAME, SURNAME, JOB TITLE from EXTERNAL ORGANIZATION."*]

18. Contribution statement 2* [Same structured input]

19. Contribution statement 3* [Same structured input]

20. Do you know of any outcomes linked to this behavior change harvested earlier?* Yes / No / I am not sure and need more information. / This outcome is connected to another one or several in the process of harvesting.

Sources

21. Name(s), job titles, and affiliation of people who can prove the change* [Text input field]

22. List documented proofs (meeting notes, emails, web pages, videos, etc.)* [Text input field]

23. If you have a source document, upload and title it here* [Link input field]

Word tool

This table format in Word is good for ping-ponging as you can track changes and leave comments.

#	Outcome	Relevance of the Outcome	CTWWC's contribution to the Outcome	Sources	Type of behavior change
Tick when moved to database and enter ref#	In 1–2 sentences please specify **when** did **who** do **what**, and **where**, that potentially or actually represents progress toward safe, nurturing family care for institutionalized children or children at risk of child-family separation.	In another 1-2 sentences, please describe **why** the outcome represents progress toward fulfilling CTWWC's ToC.	Again, briefly describe **how** and **when** CTWWC activities or outputs influenced the outcome. What did you do that directly or indirectly, in a small to large way, intentionally or not, contributed to the change?	Name of person or document who/which provided the information for the outcome and the date.	Choose the area of care system strengthening or sector influence that the outcome primarily corresponds with.
1. ☐					Choose an item.
2. ☐					Choose an item.
3. ☐					Choose an item.
4. ☐					Choose an item.

Annex 2: Outcome Harvesting Indicators

Indicator		Related categories
Strategic objective 1		
Outcome 1b	Description of change in care reform **policies, public commitments and coordination** and as reported by CTWWC partners	Level: selected country Time period: annual or life of initiative Type of behavior: commitment, coordination, legislation/policy, evidence/M&E and workforce, but excluding any workforce outcomes where the actor type is "residential care provider" *Evidence and workforce are included as indicators of policy implementation.* *This indicator aligns with the SO3 outcome indicators 2–4, which look at the same changes at a regional and global level.*
Outcome 2b	Description of declarations of **funding** directed (away from institutions) toward support for family-based care as reported by CTWWC partners	Level: selected country Time period: annual or life of initiative Type of behavior: financing *This indicator aligns with the ILE outcome indicators 1 under SO3, which look at the same changes at a regional and global level.*
Outcome 4	Description of changes made toward communities having **positive attitudes** toward family-based care in a demonstration areas	Level: selected country Time period: annual or life of initiative Type of behavior: social norms *There is no equivalent SO3 indicator.*
Outcome 5	Description of change in availability of range of support **services** in the demonstration area	Level: selected country Time period: annual or life of initiative Type of behavior: service delivery *This indicator aligns with the ILE outcome indicator 2 under SO3, which look at the same changes at a regional and global level.*
Outcome 6	Description of changes in **residential care** staff holding positive attitudes toward, and gaining capacity in, provision of family care and strengthening	Level: selected country Time period: annual or life of initiative Type of behavior: workforce—where the actor type is "residential care provider" *This indicator aligns with the SO3 outcome indicator 2, which looks at the same changes at a regional and global level.*
Strategic objective 3		
Outcome 1	Description of declarations of **funding** redirected away from institutions toward support for family-based care as reported by CTWWC partners	Level: all regions and global Time period: annual or life of initiative Type of behavior: financing *This indicator aligns with the SO1 outcome indicator 2b, which looks at the same changes within the demonstration countries.*
Outcome 2	Description of change in new/revised care reform **policies** approved/in place as reported by CTWWC partners	Level: all regions and global Time period: annual or life of initiative Type of behavior: legislation/policy, plus services, evidence/M&E and workforce *Services, evidence and workforce are included as indicators of policy implementation.* *This indicator aligns, in part, with SO1 outcome indicator 1b, which looks at the same changes within the demonstration countries.*
Outcome 3	Description of change in new **public commitments** to support family-based care instead of institutions as reported by CTWWC partners	Level: all regions and global Time period: annual or life of initiative Type of behavior: commitment *This indicator aligns, in part, with SO1 outcome indicator 1b, which looks at the same changes within the demonstration countries.*
Outcome 4	Description of change in sector coordination and collaboration	Level: all regions and global Time period: annual or life of initiative Type of behavior: coordination *This indicator aligns, in part, with SO1outcome indicator 1b, which looks at the same changes within the demonstration countries.*