



Changing THE WAY WE *care*SM

Outcome Harvesting
within
Changing the Way We Care

Report 2:
Results and System Strengthening Learning

Acknowledgements

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).

The use of Outcome Harvesting within CTWWC was a large team effort. Initial training and design was led by Conny Hoitink and Carmen Wilson-Grau, Outcome Harvesting consultants, with Mari Hickmann from Maestral International. Throughout the use of the method, considerable effort was made by the whole MEAL team within CRS: Martin Kiandiko, Kiptum Atanus, Musa Musa, Alexandra Safronova, Cristina Cocieru, Oxana Gavrilita, Diego Salazar, Victor Sandoval, Gunjika Misra, Pia Sen, Ben Ace and Martina Lappo. The use of the method was championed by the members of the MEAL reference group, including, Chris Cuthbert, John Hembling and Philip Goldman.

CTWWC began as a global development alliance (GDA) of three donors (the MacArthur Foundation, the GHR Foundation and the United States Agency for International Development [USAID]), implementing partners (CRS, Maestral International, LLC and Lumos Foundation) and global partners including Better Care Network, and Faith to Action (F2A).

Cover Photo: Will Baxter for CRS

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

Changing The Way We CareSM (CTWWC) was implemented by Catholic Relief Services and Maestral International, along with other global, national, and local partners working together to change the way we care for children around the world. Our principal global partners are the Better Care Network and Faith to Action. CTWWC is currently funded in part by Catholic Relief Services and the GHR Foundation.

© 2025 Catholic Relief Services. All Rights Reserved. This material may not be reproduced, displayed, modified or distributed without the express prior written permission of the copyright holder. For permission, write to info@ctwwc.org. The photographs in this publication are used for illustrative purposes only; they do not imply any particular health, orphanhood, or residential care status on the part of any person who appears in the photographs.

Catholic Relief Services | 228 W. Lexington Street, Baltimore, MD, 21201, USA | crs.org | crsespanol.org

Maestral International | maestral.org

Contents

Acknowledgements	2
Summary.....	4
Introduction.....	5
Changing the Way We Care	5
Measuring outcomes for Changing the Way We Care	5
Final reports	6
Summary methodology	7
Step 1: Design the harvest	7
Step 2: Formulation of outcomes.....	7
Step 3: Review outcomes.....	7
Step 4: Analyze and interpret.....	7
Step 5: Substantiation	7
Step 6: Use the findings	8
Limitations in CTWWC's use of Outcome Harvesting	8
Results	10
How much change: Who, in what way, where and why	10
The stories of change: Chains of outcomes over time	13
Indicator results	24
Change through a system strengthening lens: Six Conditions of Systems Change	28
Conclusions.....	34

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 Methodology: CTWWC adopted the Outcome Harvesting methodology to monitor and evaluate its impact. This approach allowed the team to capture a wide range of outcomes and was instrumental in understanding how and in what ways CTWWC contributed to care system strengthening and sector influence.

Results: The quantitative analysis of outcomes harvested by January 2025 revealed that CTWWC influenced and recorded 454 examples of actors changing their behavior as a result of CTWWC interventions. These included changes among national and subnational government actors, regional actors, civil society actors and faith-based actors. The most common changes were in commitment, coordination, service delivery, and legislation, policy, and regulations.

Lessons Learned:

- **Importance of government commitment and coordination:** Government commitment and coordination are critical for driving care reform at both national and subnational levels. Investing in relationship building, convenings, training and supporting from behind are key strategies for shifting the dynamics of a care system.
- **Engagement with diverse actors:** Engaging with diverse actors, such as civil society, faith-based organizations and people with lived experience (PWLE), is essential for achieving systemic change. This engagement helps build a collective understanding and commitment to care reform.
- **Long-term, whole-of-system engagement:** Systems change takes a long time to emerge. While outcomes were harvested throughout the initiative, some types of change, and change among some actors, took longer to emerge. Long-term funding and adaptive approaches are crucial for supporting sustainable change.
- **Interplay between different levels.** Change flowed between regional, national and subnational levels, with CTWWC adapting strategies to context. Bottom-up, top-down and peer-to-peer influences interacted dynamically, showing that local progress often triggered national shifts while regional pressures reinforced country-level reforms.
- **The power of global and regional collaboration.** Collaborative efforts contributed to landmark initiatives like United Nations (UN) resolutions and pandemic response statements. By sharing learning, providing technical support and engaging coalitions, CTWWC helped shape policies and practices beyond demonstration countries, fueling wider reform momentum.

Introduction

Changing the Way We Care

Changing the Way We CareSM (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 to family and transitioning care services to prioritize family-based alternative care¹ 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 the support to families and the provision of alternative care for children. The use of lessons learned from these demonstration countries have 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 the 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 SO2: 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 SO1: 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, 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.

This **second report** provides a deeper look at CTWWC's Outcome Harvesting **results** and concludes with a summary of **lessons learned on system strengthening** and how they 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 first report provides a deeper dive into the methodology itself, which will be of use to future initiatives that are looking for a suitable methodology to monitor complex projects. It will inform future system strengthening interventions in care reform and beyond. It also outlines the steps CTWWC followed throughout the Outcome Harvest process and presents insights specific to implementing Outcome Harvesting within a global initiative. The first report will be most useful to monitoring and evaluation (M&E) colleagues.

Summary methodology

This section presents a summary of the methodology used by CTWWC, following the six steps of Outcome Harvesting 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 need to be followed in order. Users of the method can jump between steps at any time.

Step 1: Design the harvest

Outcome Harvesting was selected to monitor the strengthening national care systems and regional and global sector collaboration. The planned interventions were complex given that they involved influencing actors external to CTWWC, leaving a degree of uncertainty about what results would be achievable. Outcome Harvesting is designed for exactly this kind of uncertainty as it searches for outcomes or changes that have occurred among external actors and then utilizes a retrospective review to establish what the intervention's contribution was to that change.

Outcome Harvesting was planned 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?

Step 2: Formulation of outcomes

The CTWWC Monitoring, Evaluation, Accountability and Learning (MEAL) team lead the formulation of outcomes, which begins with noticing a change in an external actor that is relevant to CTWWC objectives. The MEAL team worked closely with program team members to draft outcomes with details they were familiar with. Once the change 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. Each of these elements had to be recorded in a particular way to ensure it was accurate, complete and could be analyzed and substantiated.

Step 3: Review outcomes

The global members of the MEAL team provided a review of each outcome to ensure it was SMART: "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."⁴ These reviews were followed by a "ping-pong" approach where the reviewer shared ideas and feedback with colleagues who then made suggestions and adjustments to bring clarity and completeness to the outcomes. These "ping-pong" reviews often went back and forth a few times before outcomes were finalized.

Step 4: Analyze and interpret

After outcomes were finalized, the global MEAL team transferred them to an Excel database. There, they were categorized and quantitatively analyzed and visualized. Additionally, outcomes were regularly added to a Miro board to provide a visual of the linkages between outcomes. The visuals were used during reflection meetings held every six months.

Step 5: Substantiation

Two substantiation processes were undertaken during years three and five (2021 and 2023) of implementation as part of wider evaluations. This process involved obtaining "views of independent individuals knowledgeable about the outcome(s)

³ Wilson-Grau, R & Britt, H (2013) *Outcome Harvesting*. Ford Foundation.

⁴ Wilson-Grau, R, 2019. Outcome harvesting principles, steps, and evaluation applications. p65.

and how they were achieved.”⁵ For CTWWC, this meant hearing from government counterparts and representatives of peer organizations through surveys, emails and interviews. Both substantiation processes largely confirmed the accuracy and quality of the outcomes collected and yielded only a few adjustments to the data.

Step 6: Use the findings

The Outcome Harvesting results were used to celebrate successes, guide adaptive management during regular reflection, report on progress to stakeholders, and as an inspiration for communication and in deeper analysis and research. Furthermore, the outcomes were a large part of the three evaluations undertaken during the project, including a final realist evaluation focused on understanding how system strengthening happened. This built on the analysis of the dataset through the lens of the Six Conditions of Systems Change model, which helped interpret the depth and sustainability of the changes observed (see the final part of the results section).

More details on the methodology, including tips on its use, can be found in Report 1.

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 fulltime 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, regular 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 had been 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 were provided.

⁵ Wilson-Grau, R, 2013, op cit, p18.

- 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.

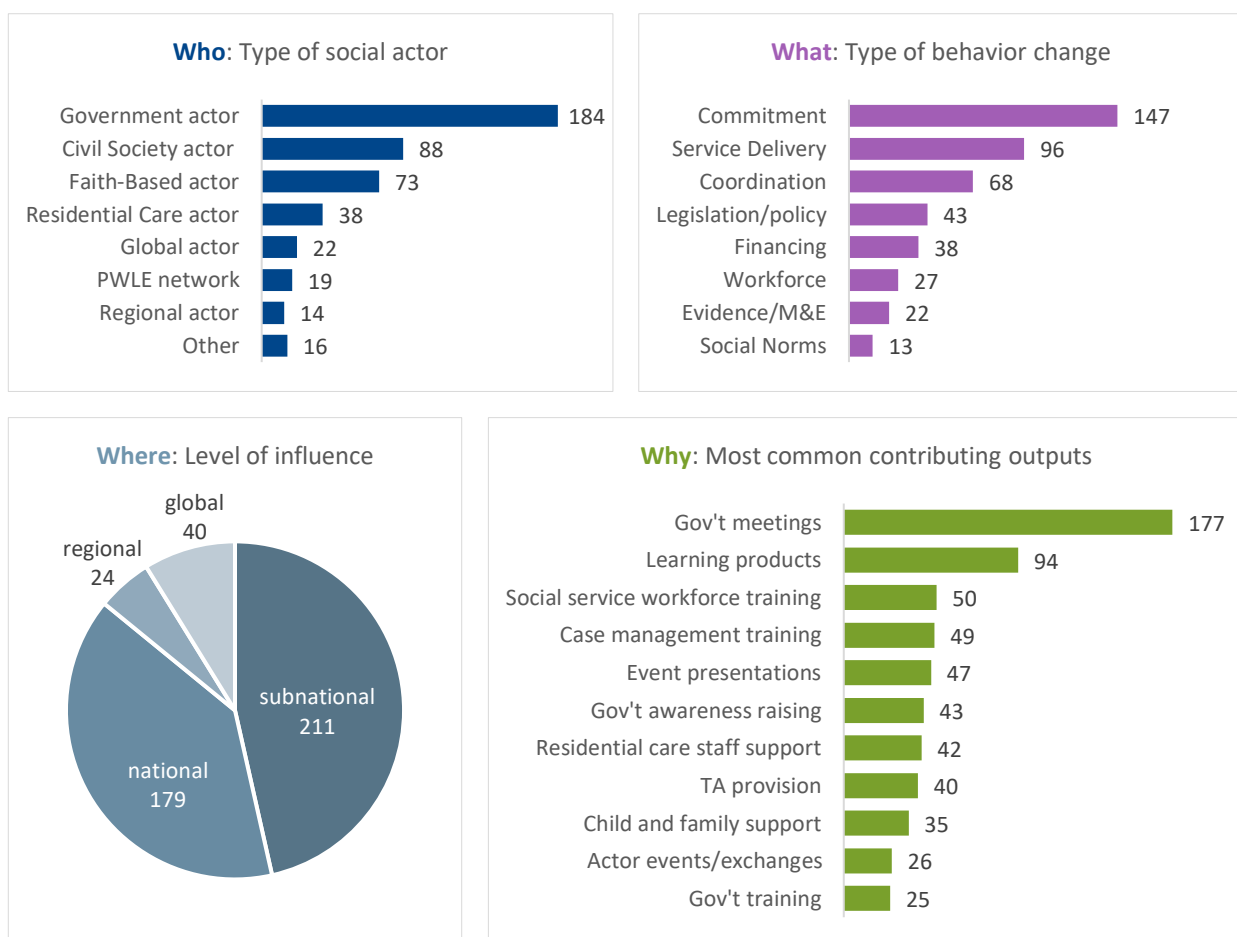
Results

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

The quantitative analysis of the full set of outcomes harvested by January 2025 revealed that CTWWC had influenced and recorded 454 examples of actors changing their behavior as a result, at least in part, of CTWWC interventions. These included (see Figure 3):

- **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 33: 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 (Table 1). 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 the care system context, actors and history.

In **Guatemala**, much of the focus was on bringing together national government actors to commit to and coordinate approaches to case management, reintegration from residential care and foster care, as well as on subnational governments (municipalities) to improve policies, funding and service delivery to strengthen families and prevent separation.

In Haiti, system strengthening was layered on top of direct work with children, families and residential care providers through engaging the lead government actor (i.e., IBESR - *Institut du Bien-Être Social et de la Recherche*) in service delivery to build understanding and commitment to wider reforms.

Two different approaches were undertaken in **India**. In the state of Odisha, the focus was on subnational government (districts) to improve commitment and local policy, and therefore, funding and services, in line with national strategies. In Tamil Nadu, the Catholic Church, who provides parish-level residential care and family support, was engaged to shift its practices toward gatekeeping, reintegration and the transition of residential care to family strengthening models.

In **Kenya** the focus was on select counties to support changes in commitment and practice of residential care providers, faith communities (both Catholic and Muslim) and subnational government (i.e., county) policies and funding, as well as supporting national changes through the adoption of policy changes, new strategies and guidelines. This top-down and bottom-up approach was mutually reinforcing.

In the highly government-led care system in **Moldova**, which had been working on care reform for many years, efforts focused on bringing together a “collective” of actors to drive further commitments and improvements to policies and service delivery both at the national level and through subnational government (raion) engagement.

It is interesting to note that for all five countries, social norms, evidence and M&E, and workforce were amongst the least recorded outcomes, all for different reasons.

- Whilst **social norms** are known to be a key part of a care system as they can be a barrier or an enabler to change, it is a difficult outcome to observe and record within the Outcome Harvesting methodology. A change in one person that can be observed is not a change at the society level.
- **Evidence and M&E** are essential to driving ongoing change in a system. The use of learning products is evident as a contributing output (Figure 3), yet the systematic collection and use of data is often a missing element. Only Kenya and Moldova, where management information system (MIS)/data collection systems existed to build on and where CTWWC resources were dedicated in order to show the impact of data collection, recorded outcomes in this area.
- **Workforce** changes were a focus of CTWWC’s interventions, as is seen through the number of times trainings and support to workforce is mentioned in contributing outputs (Figure 3). However, the impact of this training and support is more likely to be recorded as a change in service delivery. This is likely in part because it is hard to observe individual changes in workforce members

At the **regional and global** levels, the emphasis was on building collaboration, sharing learning around good practice and ultimately influencing systems change in countries beyond the demonstration areas. A total of 64 outcomes were harvested at regional and global levels, with 41% reflecting changes in commitments and 34% reflecting examples of collaborative efforts. Many are outcomes to which CTWWC contributed alongside other actors and that have had a significant impact on the global care reform sector. These include the UN General Assembly adoption of the 2019 Resolution on the Rights of the Child, which focused on children without parental care,⁶ joint statements around the response to the COVID-19 pandemic for children in alternative care,⁷ the launch of working groups on the transition of care for faith audiences, the African Committee of Experts on the Rights and Welfare of the Child adoption of a communique on children without parental care, a global virtual consultation on Children’s Rights and Alternative Care

⁶ UN Resolution adopted by the General Assembly, 18 December 2019, A/RES/74/133 <https://docs.un.org/en/A/RES/74/133>.

⁷ Open Letter from International Civil Society Organizations and Child-Focused Agencies: COVID-19 and the Impact of Pandemic Response Plans Threaten Immediate and Long-Term Risks to Public Health and Child Protection (2020) <https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/covid-19/child-protection-for-covid-19/open-letter-from-international-civil-society-organizations-and-child-focused-agencies-covid-19-and>.

that was undertaken as part of the Committee on the Rights of the Child's Day of General Discussion at the UN,⁸ and the launch of the first Spanish-language working group on the Transforming Children's Care collaborative platform.⁹

The outcomes also included more specific examples of how CTWWC's approaches and learning have directly influenced commitments and practice amongst other actors. For instance, residential care providers and funders have shifted their fundraising and service provision policies, care reform materials have been featured in an interfaith global summit on child safeguarding, and publications from CTWWC, or that CTWWC contributed to, such as the *Transition Toolkit*, *Disability Inclusion Toolkit for Care Reform*, various case management documents, care reform models and guidance on the inclusion of PWLE of care, have been adopted.

It is notable that close to 30% of the outcomes harvested at the global and regional levels are amongst faith-based actors, primarily from the Catholic Church. These include the Congregation of Our Lady of Charity of the Good Shepherd in Mexico and the Congregation of the Good Shepherd in Peru embracing and promoting the transition of residential care to family strengthening services and members of the Association of Member Episcopal Conferences in Eastern Africa promoting care reform amongst bishops. In addition, United States (U.S.) dioceses and organizations have changed their messaging to focus on support for vulnerable families and a media house highlighted the impact of the COVID-19 pandemic on many children's care arrangements.

The most common contributions from CTWWC across these global and regional outcomes were: publicly sharing learning and insights (42% of outcomes), training and support to attend events (38%), published learning products (34%), the provision of technical assistance (23%) and working within regional coalitions (17%).

Table 11: Number of outcomes by social actor, behavior change and level of influence, per country, 2019–2025 (bold shows highest occurrence for each country)

	Guatemala	Haiti	India	Kenya	Moldova
Social actor type					
Government actor	42 (59%)	11 (52%)	10 (36%)	42 (29%)	69 (76%)
Faith-Based actor	2 (3%)	0 (0%)	13 (46%)	20 (14%)	3 (3%)
Civil Society actor	4 (6%)	5 (24%)	4 (14%)	25 (17%)	4 (4%)
Residential Care actor	6 (8%)	3 (14%)	0 (0%)	53 (37%)	9 (10%)
PWLE network	11 (15%)	0 (0%)	0 (0%)	3 (2%)	3 (3%)
Other	6 (8%)	2 (10%)	1 (4%)	2 (1%)	3 (3%)
Behavior change type					
Commitment	17 (24%)	5 (24%)	6 (21%)	49 (34%)	31 (34%)
Coordination	13 (18%)	1 (5%)	4 (14%)	10 (7%)	13 (14%)
Legislation/policy	11 (15%)	2 (10%)	1 (4%)	8 (6%)	13 (14%)
Service Delivery	16 (23%)	12 (57%)	4 (14%)	43 (30%)	14 (15%)
Financing	7 (10%)	0 (0%)	10 (36%)	17 (12%)	2 (2%)
Workforce	4 (6%)	1 (5%)	0 (0%)	7 (5%)	8 (9%)
Social Norms	3 (4%)	0 (0%)	3 (11%)	3 (2%)	4 (4%)
Evidence/M&E	0 (0%)	0 (0%)	0 (0%)	8 (6%)	6 (7%)
Level of change					
National	45 (63%)	4 (19%)	7 (25%)	45 (31%)	58 (64%)
Subnational	26 (37%)	17 (81%)	21 (75%)	100 (69%)	33 (36%)

⁸ Better Care Network CRC Day of General Discussion (DGD) 2021 <https://bettercarenetwork.org/childrens-care-and-human-rights/international-policies-and-commitments/crc-day-of-general-discussion-dgd-2021>.

⁹ Transforming Children's Care collaborative, Transforming Residential Care working group: <https://www.transformcare4children.org/group/transitioning-residential-care-working-group/about>.

The stories of change: Chains of outcomes over time

A more visual and qualitative analysis, using mapped chains of outcomes harvested by CTWWC, reveals interesting patterns in terms of which outputs and outcomes link to each other and when change happened over the life of the initiative. The stories of change vary considerably between countries and between different focus areas. In this section, examples of chains of outcomes are shared, illustrating the diversity of patterns of change. The examples show the interplay between types of behavior change (across different care system components), actors and system levels over several years of ongoing support and guidance from CTWWC (Table 2).

Table 2: Stories of change with included social actors, behavior change and level of change

Story title (with link to jump to story below)	Social actor type	Behavior change type (listed in chronological order, colors link to story visuals below)	Level of change	Timeframe
Stories of change in government coordination, legislation/policy and financing				
The stories reveal: The importance of a whole-of-system approach to care reform, with change in one system component requiring or driving change in other components. - The need to engage with diverse actors who have differing, but often overlapping and complementary, roles and the power to influence change. - The to and fro interplay between regional, national and subnational change, combining bottom-up, top-down and peer-to-peer influence. - The need for long-term engagement to see through change processes that often need many years to come to fruition. Story 1: Moldova and national government coordination, commitment, workforce and policy	Government actors Other (academia)	- Coordination - Workforce - Evidence/M&E - Commitment - Legislation/policy	National	Aug 2021–Jun 2023

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, the MLSP and the 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 <i>Financing for Better Care</i> 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. It is clear that effective coordination with government stakeholders can lead to tangible results and more high-level commitments. Story 2: Kenya and national and local government policy change	Government actors	- Commitment - Coordination - Evidence/M&E - Legislation/policy - Financing	National Subnational	Jun 2019– Nov 2024
Story 3: India and local government financing	Government actors	- Commitment - Coordination - Legislation/policy - Service Delivery	Subnational	Mar 2021– Apr 2024

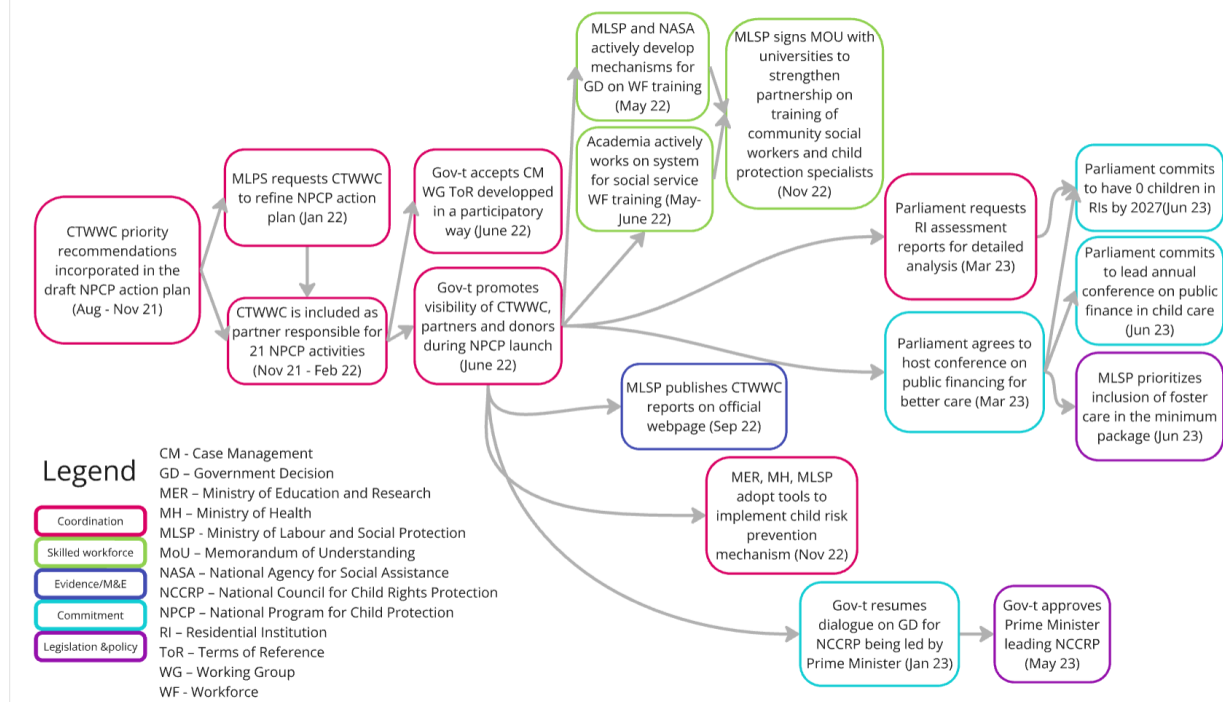
		● Financing		
Story 4: Guatemala and sustainable local government	Government actors Faith-Based actors Other (academia)	● Legislation/policy ● Financing ● Commitment ● Workforce ● Service Delivery	National Subnational	Jun 2019– Dec 2023
Story 5: Moldova and commitment, coordination and evidence for deinstitutionalization	Government actors	● Commitment ● Coordination ● Legislation/policy ● Evidence/M&E ● Service Delivery	National	May 2021– Apr 2025
Stories of change amongst faith actors				
Story 6: Kenya and commitment amongst faith actors	Government actors Faith-Based actors Civil Society actors	● Legislation/policy ● Commitment ● Coordination ● Financing ● Service Delivery	National Subnational	Mar 2021– Dec 2024
Story 7: Latin America and commitment and coordination amongst faith actors	Faith-Based actors	● Commitment ● Coordination ● Financing ● Service Delivery	Regional Subnational	May 2021– Oct 2024
Stories of change amongst residential care actors and networks of people with lived experience				
Story 8: Kenya and transitioning private residential care	Residential Care actors	● Workforce ● Service Delivery ● Commitment ● Financing	Subnational	Dec 2019– Mar 2023
Story 9: Guatemala and coordination for advocacy by people with lived experience of care (two stories of change)	PWLE network Government actors	● Coordination ● Commitment ● Financing ● Evidence/M&E	Regional National	Oct 2021– Dec 2023

The stories reveal:

- The importance of a whole-of-system approach to care reform, with change in one system component requiring or driving change in other components.
- The need to engage with diverse actors who have differing, but often overlapping and complementary, roles and the power to influence change.
- The to and fro interplay between regional, national and subnational change, combining bottom-up, top-down and peer-to-peer influence.
- The need for long-term engagement to see through change processes that often need many years to come to fruition.

Story 1: Moldova and national government coordination, commitment, workforce and policy

Figure 4: Moldova—the story of effective coordination with national government



Successful **coordination** (Figure 4, pink boxes) in Moldova started with engagement and advocacy efforts in early 2021 alongside a comprehensive situational analysis¹⁰ that led to key recommendations being incorporated into the draft National Program for Child Protection (NPCP). By November, this partnership between 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).

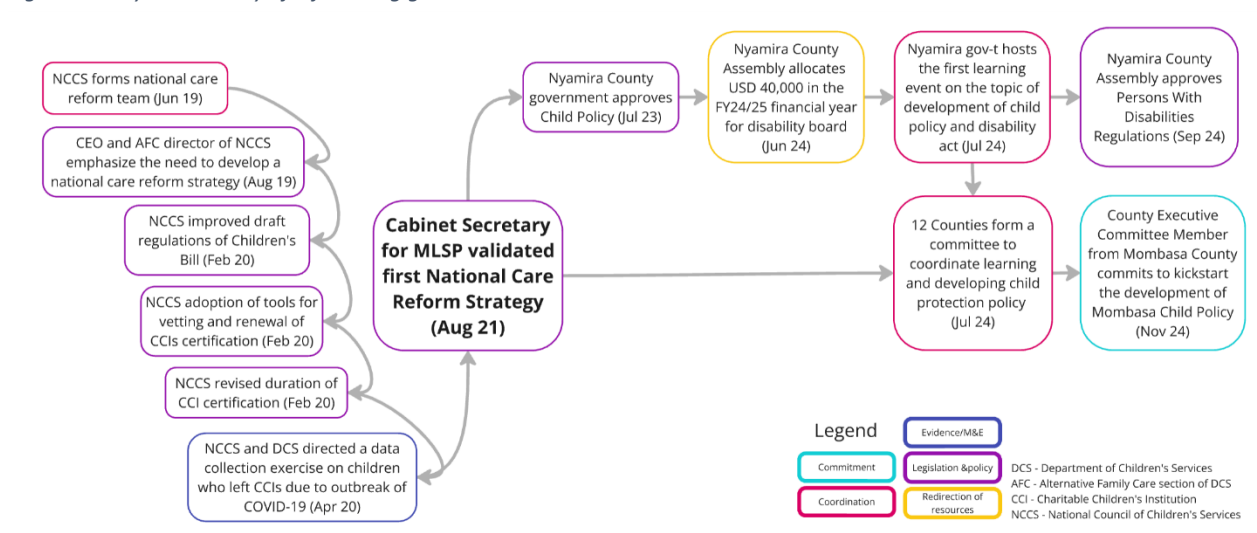
The launch of the NPCP¹¹ also created an opening for significant outcomes in **workforce** capacity (green boxes) and **commitments** (turquoise boxes) to further reforms. In May 2022, the MLSP and the National Agency for Social Assistance (NASA), with technical support from CTWWC, began developing mechanisms 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. It is clear that effective coordination with government stakeholders can lead to tangible results and more high-level commitments.

¹⁰ CTWWC (2021) Situational Analysis of Care Reform in the Republic of Moldova, <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/situational-analysis-of-care-reform-in-the-republic-of-moldova>.

¹¹ Ministry of Labour and Social Protection, 2022, The priorities of the National Programme for Child Protection for 2022-2026 were presented at an event organized on International Day for Protection of Children <https://social.gov.md/en/communication/the-priorities-of-the-national-programme-for-child-protection-for-2022-2026-were-presented-at-an-event-organized-on-international-day-for-protection-of-children/>.

Story 2: Kenya and national and local government policy change

Figure 5: Kenya—the story of influencing government decisions at national and subnational levels



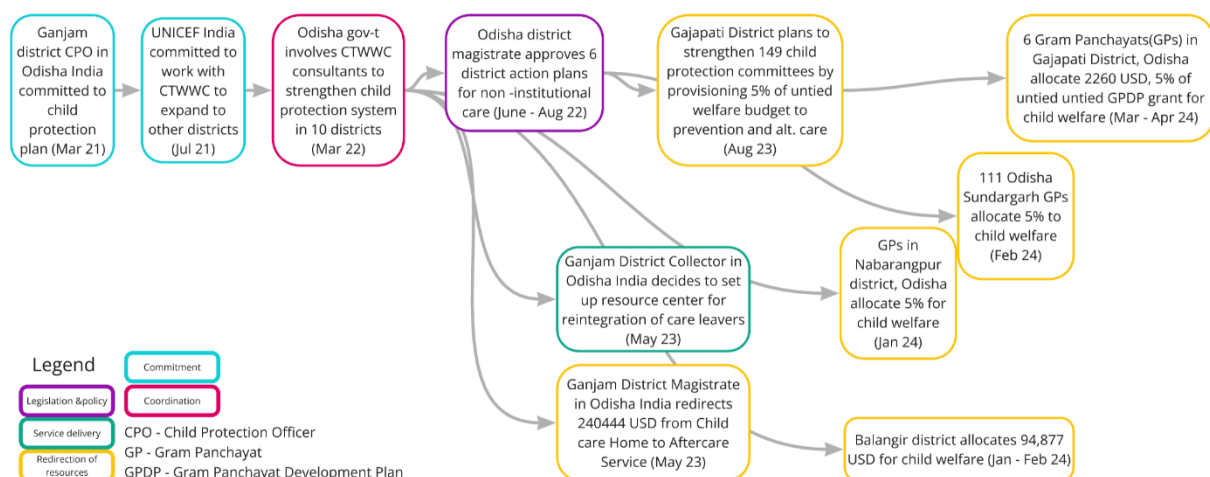
One of CTWWC's first aims in Kenya was to support the National Council for Children Services (NCCS) to become more active and establish a core team on care reform that could work toward a national strategy (Figure 5). This team included representatives from various government departments related to children's issues, such as social development, education, health and the council of governors, as well as other care reform actors. This milestone marked the beginning of a **coordinated** effort to develop a national strategy on care reform in which CTWWC played an active role by providing technical guidance and sharing resources. By February 2020, NCCS had made significant progress on **policy** updates by adopting tools for vetting and renewing provisional certificates for Charitable Children Institutions (CCI) and aligning CCI regulations with the Children Act. After several more collaborative **data collection** exercises and workshops, in August 2021, the Cabinet Secretary for the MLSP validated the first National Care Reform Strategy.¹² In his address, he called upon partners and stakeholders to unite in complementing the government's efforts to transform the care system from institution-based to family- and community-based.

The influence of national care reform efforts then began to enable subnational **policy** change. By early 2024, the Nyamira County Government had approved the Nyamira County Child Policy, providing a legal framework for welfare schemes to support families. CTWWC accompanied this process by providing training, technical support and actively participating in collaborative forums. By the end of 2024, the Nyamira County Assembly had approved Persons with Disabilities regulations, paving the way for the implementation of the Persons with Disabilities Act. In 2024, Nyamira hosted learning events on child policy and disability acts, emphasizing the importance of sharing knowledge to direct resources toward disability inclusion and child protection. The success in Nyamira County significantly influenced Mombasa County. In November 2024, the Mombasa County Executive Committee Member for Youth, Gender and Social Services praised the inspiration gained from a learning visit to Nyamira, which CTWWC facilitated. The following month, further **commitment** was seen at a stakeholders' forum in Mombasa where the child policy development process was shared, a technical working group was formed and resources for the policy's development were mapped.

¹² Government of Kenya (2022) National Care Reform Strategy for Children in Kenya: 2022-2032, https://bettercarenetwork.org/sites/default/files/2022-06/kenya_national_care_reform_strategy_web_version.pdf.

Story 3: India and local government financing

Figure 6: India—the story of funding redirection in Odisha

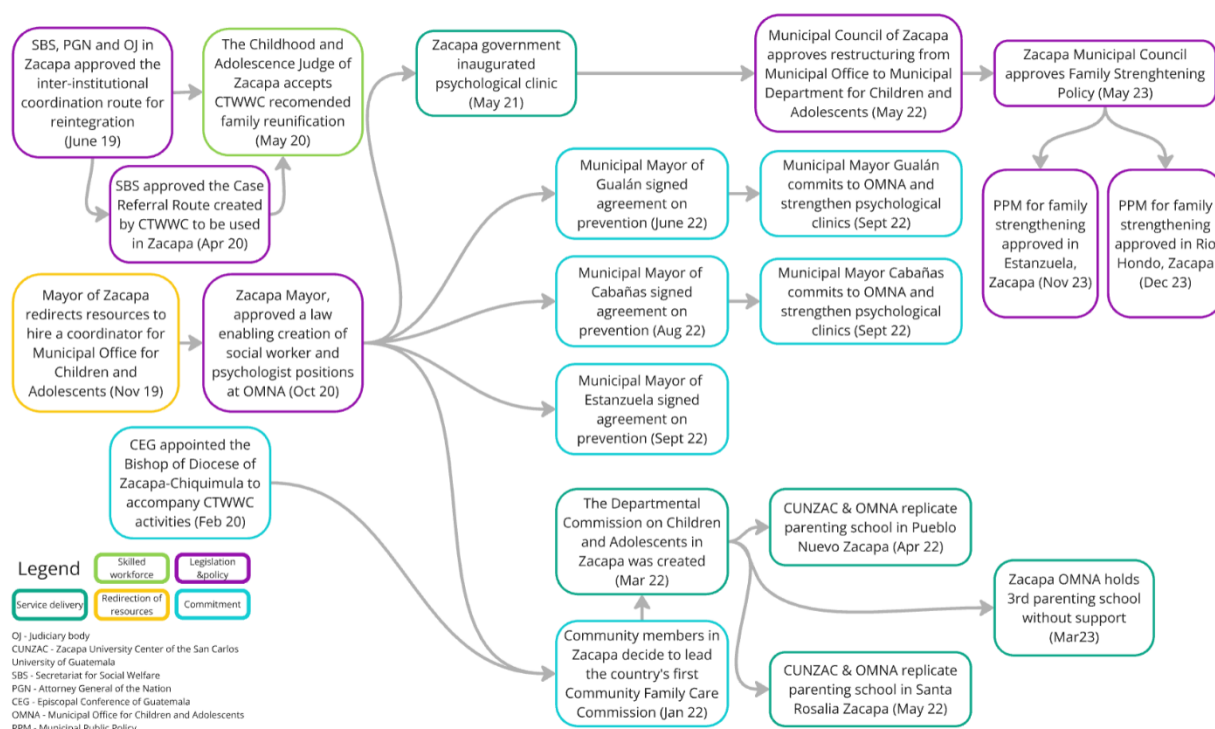


The systemic change in Odisha (Figure 6) began with critical shifts in **commitments** (turquoise boxes) leading to changes in district **policies** (purple) and to local **financial** (yellow) reallocations by Gram Panchayats (GP, i.e., village government structure). Everything started with advocacy efforts by CTWWC to develop District Child Protection Plans in 2019. Later, when CTWWC engaged with local authorities in Ganjam in 2020, the team supported multi-stakeholder consultations for the development of a plan. Together with UNICEF, CTWWC began to scale this experience to 10 more districts through consultants placed within district authorities.

The real measure of success came when, in Ganjam, officials approved a new aftercare program and redirected more than USD 240,000 from institutional care to aftercare services. Simultaneously, Gram Panchayats began formally allocating portions of their untied funds to child protection, embedding these commitments in official budget documents. This financial institutionalization created a self-reinforcing cycle: as more districts saw colleagues implementing funded programs, more adopted the model. CTWWC's technical support evolved accordingly, training government staff in budget advocacy and helping integrate child protection expenditures into routine planning cycles.

Story 4: Guatemala and sustainable local government family strengthening policy and services

Figure 7: Guatemala—the story of multi-level and multi-stakeholder influence

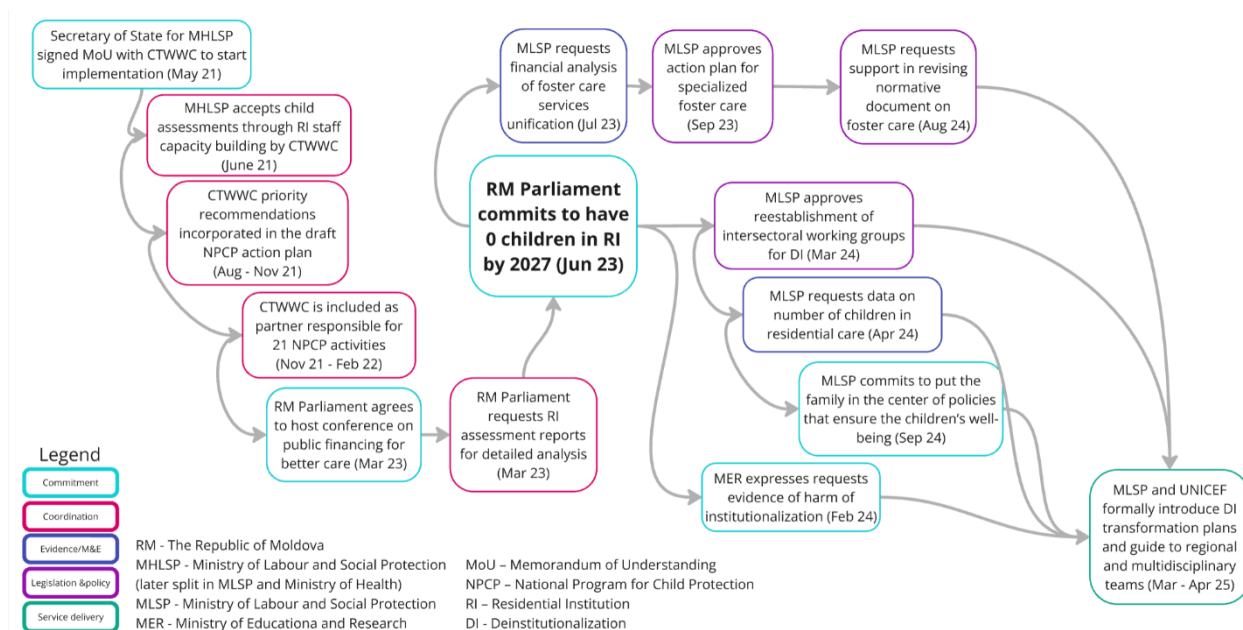


In early 2019, CTWWC began working in the demonstration area of the department of Zacapa, Guatemala, securing inter-institutional coordination among the Social Welfare Secretariat (SBS), the Attorney General's Office (PGN) and the Judicial Body (OJ) for a **policy** on family reintegration (Figure 7, purple boxes). This was followed in 2020 by the approval of a case referral route and a landmark legal ruling that poverty alone was insufficient grounds for family separation. In 2019 and 2020, with guidance from CTWWC, the municipality of Zacapa established a Municipal Office for Children and Adolescents (OMNA), providing new **service delivery** and **redirecting public finances** for family strengthening support to prevent separation of children from their families. In the following three years, ongoing engagement and technical assistance from CTWWC led to a new law for social workers and psychologists, the opening of a psychological clinic and the OMNA becoming the Municipal Department for Children and Adolescents (DEMNA) and in so doing, gaining an independent budget. Furthermore, in 2023, three municipalities of Zacapa, Estanduela and Rio Hondo approved the Family Strengthening Policies, institutionalizing prevention of unnecessary separations.

Simultaneously, CTWWC launched a new **service delivery** approach through the launch of the Educating in Family program, training local teams and holding workshops on positive parenting. Community Family Care Commissions formed, and by 2023, local institutions independently ran their own parenting schools, ensuring sustainability. The third such school, led entirely by OMNAs, marked the program's lasting impact.

Story 5: Moldova and commitment, coordination and evidence for deinstitutionalization

Figure 8: Moldova—the story of deinstitutionalization plans



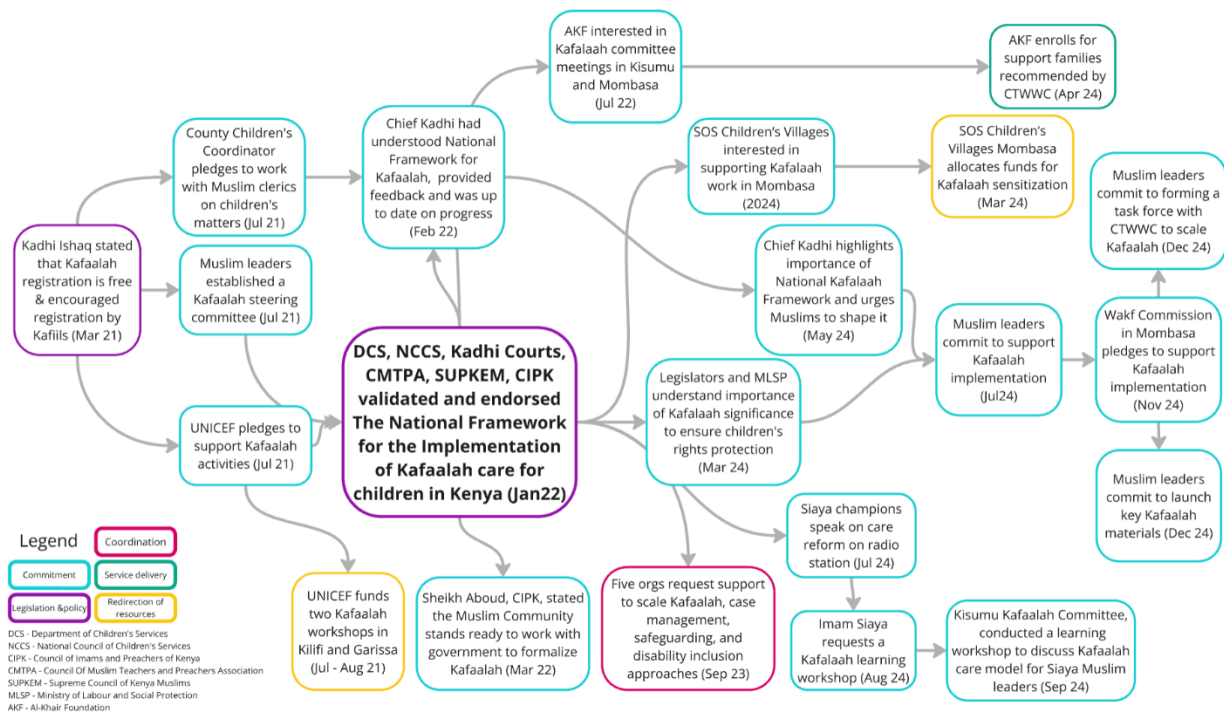
Moldova's journey toward a national level plan for deinstitutionalization (DI) came from a combination of **commitment** and **coordination** amongst key care reform actors, both the government and nongovernmental actors such as CTWWC and its partners (Figure 8, turquoise and pink boxes). Through a combination of agreements to work together and joint actions, including during the COVID-19 pandemic, there was continuous progress made to reintegrate children in residential care and transition facilities into family- and community-support structures. This was followed by the co-design of priority recommendations for the NPCP and the engagement of CTWWC and others as development partners responsible for different parts of the NPCP action plan. In 2023, the head of the Parliamentary Committee on Social Protection, Health and Family requested reports on the assessment of two residential institutions, driven by CTWWC's evaluations.

Collaboratively building a clear **evidence-base** was also critical, as seen in the international conference on public financing, co-hosted by CTWWC, the MLSP and UNICEF in June 2023, to discuss solutions for family-based care. This led to the President of the Parliament of the Republic of Moldova expressing a public commitment to guarantee children's right to grow in protective and nurturing families and to have zero children in residential institutions nationwide by 2027. This commitment to DI was reaffirmed through ongoing dialogue and efforts to provide updated data regarding the number of children in residential care.

Ultimately, this coordinated, evidence-based approach led to the MLSP adjusting **policies** relating to foster care in August 2024 and presenting national and regional DI plans and transformation guides, developed by CTWWC, in March 2025 to inform future **service delivery**.

Story 6: Kenya and commitment amongst faith actors

Figure 9: Kenya—the story of promoting Kafaalah

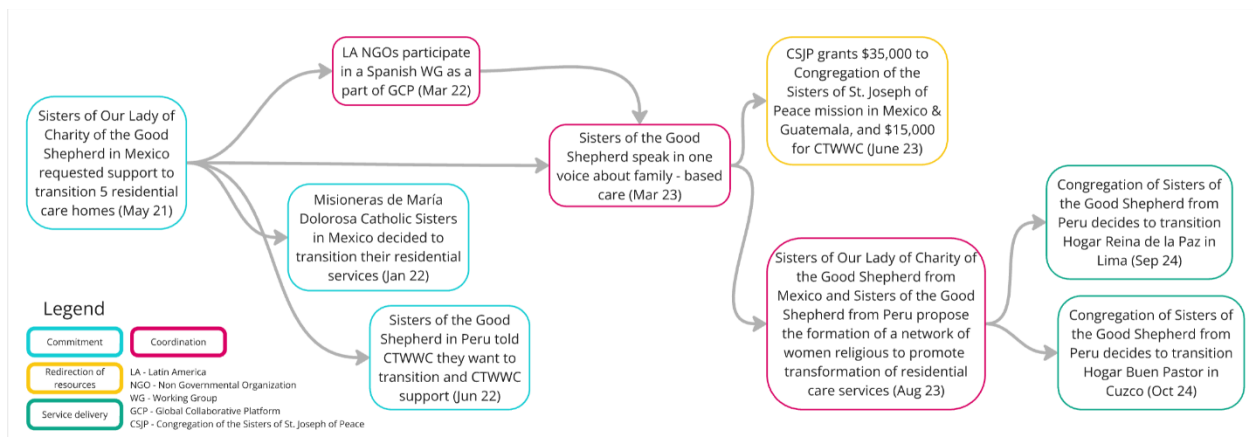


The incorporation of Kafaalah (i.e., an Islamic alternative care practice) into the national care system began in March 2021 with clear **policy** guidance (Figure 9, purple boxes) from senior Kadhi Ishaq, after much engagement and discussion with CTWWC. He publicly clarified that Kafaalah registration was free and encouraged Kafiils (caregivers) to formalize their arrangements. With ongoing support from CTWWC, by July 2021, **commitment** (turquoise) grew from different actors, including a County Children's Coordinator pledging to collaborate with Muslim clerics, Muslim leaders establishing a Kafaalah Steering Committee and UNICEF pledging financial support for workshops.

Policy development accelerated in January 2022 when the Department of Children's Services, National Council for Children's Services, Kadhi Courts, Supreme Council of Kenya Muslims, Council of Imams and Preachers of Kenya (CIPK), and the Council of Muslim Teachers and Preachers Association collectively validated and endorsed the National Framework for the Implementation of Kafaalah Care for Children in Kenya, which CTWWC drafted with other actors. The Chief Kadhi, who had been briefed on the framework in February 2022, later reinforced his commitment and the framework's importance in May 2024, urging Muslim communities to actively engage with the process. Further **commitments** came with Sheikh Aboud (representing the CIPK) declaring that the Muslim community was ready to work with the government to formalize Kafaalah, the Al-Khair Foundation (AKF) participating in Kafaalah committee meetings and several local Islamic and other civil society organizations requesting technical support and committing funding to embed and scale Kafaalah. By the end of 2024, Muslim leaders committed to form a task force to scale Kafaalah and to launch key Kafaalah materials, developed with guidance from CTWWC, ensuring standardized dissemination.

Story 7: Latin America and commitment and coordination amongst faith actors

Figure 10: Latin American—the story of regional influence

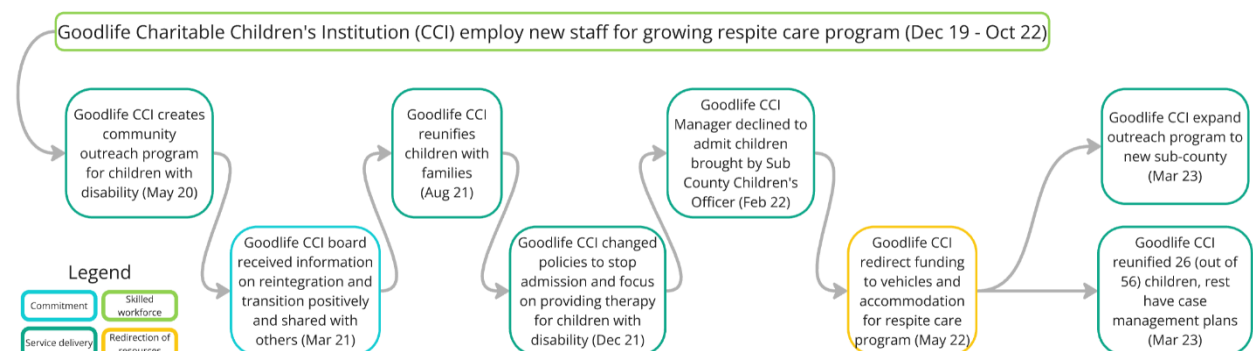


The story of regional influence (Figure 10) for the Sisters of the Good Shepherd begins in May 2021 when Sister Celia De Loera, the Coordinator for Mission Development of the Congregation of Sisters of Our Lady of Charity of the Good Shepherd, Mexico, showed **commitment** (turquoise boxes) to care reform by reaching out to CTWWC for support in transitioning their five residential care facilities following a period of engagement between CTWWC and the Congregation through meetings, emails, desk reviews and presentations. The influence of the transition support provided by CTWWC extended beyond the Sisters of Our Lady of Charity of the Good Shepherd in Mexico. In 2022, the *Misioneras de María Dolorosa* Catholic Sisters in Mexico, inspired by the support received by the Sisters of Our Lady of Charity of the Good Shepherd, decided to transition their residential care facilities, and the Sisters of the Good Shepherd in Peru requested technical assistance from CTWWC to transition their residential care facilities for children. This request was inspired by the successful transition process in Mexico and the changing mindsets of the Sisters from one focused on residential care to one that prioritizes family-based care.

Through greater **coordination** (pink boxes) in the region, the Sisters shared their experiences and advocated for family-based care. This led to the creation of a regional support and exchange network of women religious who promote the transformation of residential care services into family and community-based services. This network, proposed by Sister Kela Esteban from Peru and Sister Josefina López from Mexico, was the first of its kind in Latin America and aimed to foster collaboration and learning among faith-based congregations in the region. The network has seen further **commitments** to transition residential facilities to family support models.

Story 8: Kenya and transitioning private residential care

Figure 11: Kenya—the story of supporting residential care transition



In August 2019, CTWWC began sensitization meetings with key stakeholders, including area advisory councils, sub-county children officers and managers of CCIs, setting the stage for transitioning Goodlife CCI from institutional care to family- and community-based care (Figure 11). In 2020, CTWWC and the Department of Children Services (DCS) trained

participants on case management, including children officers and social workers from CCI. The manager of Goodlife Orphanage played a significant role in this training, focusing on reintegration and drafting a joint work plan. By March 2021, the board of the Goodlife Orphanage committed to transition, and the organization began changing its services by supporting the reintegration of children, stopping the admission of new cases and focusing on services for children with disabilities. Between December 2019 and October 2022, the CCI operations manager announced six new members of their workforce to support a respite care outreach program. By mid-2022, Goodlife scaled services through a community outreach program and by March 2023, the manager reported that nearly half of the children had been successfully reunified with family, with the remaining children actively preparing for reunification. Throughout this period, CTWWC supported Goodlife by organizing workshops focused on reviewing transition plans and conducting disability inclusion training. By the end of 2023, Goodlife redirected resources to improve transport facilities and reallocated buildings for caregiver accommodations and, in early 2024, expanded its services to support children with disabilities in a new area due to high demand.

Story 9: Guatemala and coordination for advocacy by people with lived experience of care

Figure 12: Guatemala—the story of care leaver influence at national and regional levels

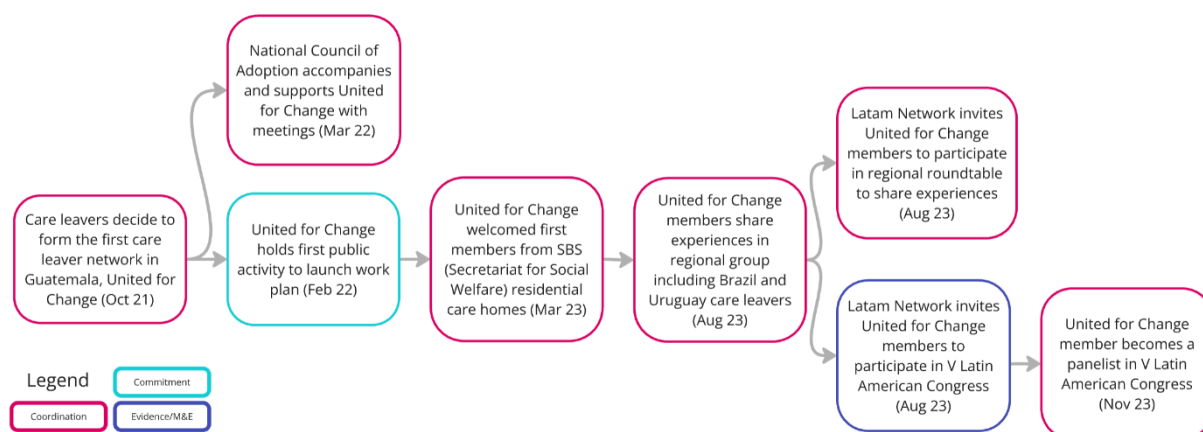
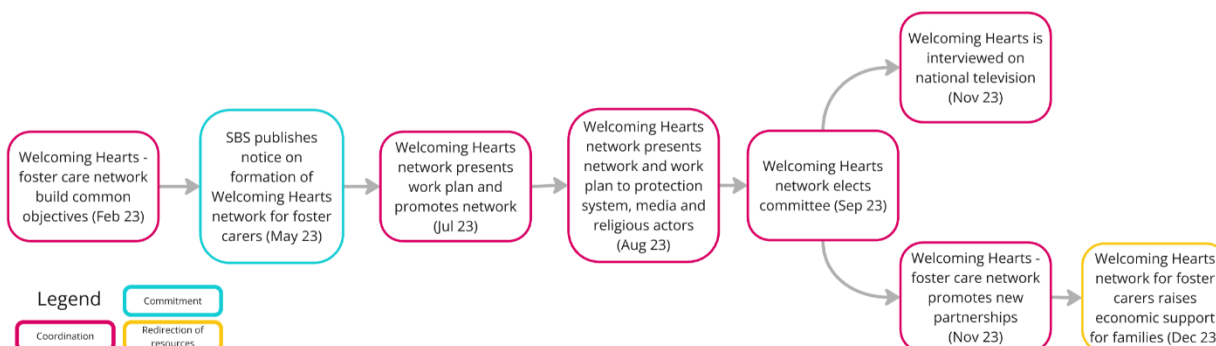


Figure 13: Guatemala—the story of building a network of foster carers



The power of coordination of lived experience is evident in Guatemala. Firstly, in 2021, a group of care leavers started the country's first peer-led network for youth leaving residential care, United for Change (Figure 12). The network was developed with support from CTWWC and drew on methodologies from Argentina's DONCEL program.¹³ United for Change created opportunities for members to share experiences and develop skills related to independent living. Their workshops and mentorship programs focused on housing, education and employment. By February 2022, the group had formalized its work plan, and institutional recognition followed in March 2022 when Guatemala's National Council of

¹³ See <https://doncel.org.ar/>.

Adoptions committed to providing meeting spaces and logistical support. This partnership enabled the network to expand its reach, including young adults transitioning from state-run residential facilities. In May 2023, United for Change connected with the Latam Network, joining a regional movement of care-experienced youth. One young leader was selected to represent Guatemala in a cross-country exchange with Brazil and Uruguay, sharing evidence, challenges and solutions. Her advocacy reached a turning point at the 2023 Latin American Congress in Chile where she spoke on “The Right to Live in a Family,” highlighting Guatemala’s need for better transition policies. Prepared through discussions with foster families and CTWWC mentors, her voice amplified the call for systemic reform at the regional level.

Guatemala’s second story (Figure 13) began when CTWWC, without a pre-packaged solution, convened 10 foster families in Guatemala City. A space was created where parents could share their real challenges raising vulnerable children, from navigating bureaucracy to healing trauma. These families evolved from participants to leaders, driving the coordination of their network’s activities. With CTWWC support, they shaped their own identity as "Welcoming Hearts" with the motto, "Coloring hearts to transform lives with love." They developed practical tools including peer support guidelines and advocacy strategies and formed a democratically-elected leadership committee to sustain their work. By 2023, the SBS understood that foster families are not just providers of foster care, but experts with invaluable insights. The SBS committed to the network with formal recognition. That year, Welcoming Hearts trained new foster families, advised government officials on policy improvements, raised funds that helped 62 foster homes celebrate Christmas together and secured national media coverage to promote family-based care. Welcoming Hearts’ experience proves that systems strengthening benefits from being centered on those closest to the care of children.

Indicator results

As part of the CTWWC MEAL plan, outcome indicators were developed to look at changes within national care systems and within the regional and global care sector. Given that the desired 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, indicators were adjusted. Consequently, by the close of the sixth year, there were five indicators under SO1 and four under SO3 pulling from Outcome Harvesting data (see Annex 1).

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. These could have been better aligned if the categories had been in place at the time of designing the MEAL plan and the initial drafting of indicators.

The indicators were reported on annually, during the close of the financial year (FY) report. Toward the end of the Global Development Alliance funding period, life of initiative summaries were also introduced. The results from the middle of the seventh year of operation (FY25) are provided below in Tables 3 and 4. They provide a quick summary of the number and type of changes that were harvested to date. Although very high level, they highlight which parts of the care system or sector, and which actors, were effectively influenced. These indicators complemented the quantitative output indicators showing the contributions to these outcomes and the outcome measures looking at child well-being and family strengthening status that resulted from more direct service delivery, reintegration and alternative care interventions.

Table 2: Outcome Harvesting SO1 indicators and results for Years1–7Q2, per country

SO1 Indicators		Guatemala	Kenya	Moldova
Outcome 1b	Description of change in care reform policies, public commitments and coordination as reported by CTWWC partners	CTWWC Guatemala harvested 46 outcomes reflecting changes in commitments, coordination and policy (including related changes to workforce) that occurred between Y1 and 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 4 in workforce , reflecting changes in training and case management practice.	CTWWC Kenya harvested 79 outcomes reflecting changes in commitments, coordination and policy (including related changes to M&E and workforce) that occurred between Y1 and Y7. These include: 49 changes in commitment and 9 in coordination from a range of actors amongst national and local government, faith leaders, residential care managers and donors, and nongovernmental organizations (NGO); 8 changes in policies , including a new national Children's Act, National Care Reform Strategy, and multiple standard operating procedures (SOP) and regulations, as well as local legislation for children and people with disabilities; 9 in M&E on new data collection exercises and improvements to Child Protection Information Management System (CPIMS); and 4 in workforce training, including an improvement to a certified course at the Kenya School of Government.	CTWWC Moldova harvested 71 outcomes reflecting changes in commitments, coordination and policy (including related changes to M&E and workforce) that occurred between Y3 and Y7. These include: 30 changes in commitment and 13 in coordination , reflecting growing agreement in varied government agencies, nationally and locally, on the need for care reform and a commitment to joint action; 14 policy changes , including a new National Child Protection Program and linked regulations, approaches, commissions and intersectoral working groups; 6 changes in M&E , reflecting an increased demand and use from government and others for accurate data; and 8 changes in workforce , reflecting national decisions on key workforce positions, and local administration gaining new understanding and becoming more involved in reintegration and foster care.
Outcome 2b	Description of declarations of funding directed (away from institutions) toward support for family-based care as reported by CTWWC partners	CTWWC Guatemala harvested seven outcomes on changes in financing that occurred between Y2 and Y7. These included four outcomes on municipalities allocating finances to Municipal Offices for Children and Adolescents (totaling more than GTQ 330,000 [i.e., over USD 43,000]). Other outcomes include national government investments in training and foster care and resource mobilization of a network of PWLE.	CTWWC Kenya harvested 17 outcomes reflecting changes in financing that occurred between Y2 and Y6. These ranged from local community groups and local government representatives supporting families and groups to redirection of resources by donors to residential care and local government investment in services.	CTWWC Moldova harvested two outcomes reflecting changes in financing that occurred between Y5 and Y6. These outcomes were government changes in workforce financing at the local and national levels.
Outcome 4	Description of changes made toward	CTWWC Guatemala harvested three outcomes on changes in social norms that	CTWWC Kenya harvested three outcomes on changes in social norms that occurred	CTWWC Moldova harvested three outcomes on changes in social norms that

SO1 Indicators		Guatemala	Kenya	Moldova
	communities having positive attitudes toward family-based care in a demonstration areas	occurred between Y1 and Y3. These include changes in thinking amongst government actors, the media and families, reflecting common understanding of care reform and a positive view of family care.	between Y2 and Y4. These include changes in abandonment of children and increased interest in foster care.	occurred between Y3 and Y6. These include local changes amongst professionals and families in attitudes and actions around alternative family-based care and children with disabilities.
Outcome 5	Description of change in the availability of a range of support services in the demonstration area	CTWWC Guatemala harvested 16 outcomes reflecting changes in service delivery that occurred between Y4 and Y6. These include changes in adoption, case management, psychosocial care and positive parenting through the creation of new departments or commissions, implementation of new methodologies, and transition of residential care providers to new family strengthening service models.	CTWWC Kenya harvested 43 outcomes reflecting changes in service delivery that occurred between Y2 and Y7. These include 26 examples of residential care facilities beginning to use case management, stopping admissions, supporting the reintegration of children with their families and shifting their service model. Other outcomes reflect local changes in, or creation of, new support groups and services for families.	CTWWC Moldova harvested 14 outcomes reflecting changes in service delivery that occurred between Y3 and Y6. These include improvements in child assessments and case management within residential care, increases in reintegration and follow-on support to families, closure of residential care facilities, improvements to foster care services, and creation of a network and support groups for PWLE of care.
Outcome 6	Description of changes in residential care staff holding positive attitudes toward, and gaining capacity in, provision of family care and strengthening	No outcomes were harvested on changes in workforce in residential care in Guatemala , although the transition of residential care providers implies changes in this part of the workforce.	CTWWC Kenya harvested three outcomes reflecting changes in workforce capacity within residential care that occurred between Y4 and Y6. These were in relation to changes in staffing structure and training to support the transition of residential care providers.	No outcomes were harvested on changes in workforce in residential care in Moldova , although the transition of residential care providers implies changes in this part of the workforce.

Table 3: Outcome Harvesting SO3 indicators and results for Years1–7Q2, whole of initiative

SO3 indicators		Whole of initiative
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.
Outcome 2	Description of change in new/revised care reform policies approved/in place as reported by CTWWC partners	CTWWC harvested 28 outcomes on direct changes in policies and the implementation of policies through changes in services, workforce and M&E in all three regions and globally. All outcomes occurred between Y1 and Y7. The seven policy changes include adjustments to guidance, strategies, action plans and manuals at the UN and the African Charter on the Rights and Welfare of the Child (ACERWC) and in Panama and Ukraine. The seven changes in services include uptake of case management and closure of residential care facilities in Peru, safeguarding and disability inclusion in Zambia, and ending orphanage volunteering across CRS globally. The seven workforce changes all include new trainings building on CTWWC materials on reintegration, case management, transitioning residential care, disability and child participation in Burkina Faso, Nicaragua, Peru, Ukraine and Zambia. The seven M&E changes include actors sharing and using CTWWC materials in China, Hungary, Ukraine, Latin America and globally.
Outcome 3	Description of change in new public commitments to support family-based care instead of institutions as reported by CTWWC partners	CTWWC harvested 39 outcomes on commitments that occurred between Y2 and Y6. These include public statements (verbal and written) in support of care reform from governments, civil society and faith-based actors, and regional and global agencies covering moves toward closing residential care facilities, changing funding and highlighting good practices in case management, positive parenting, safeguarding, and the response to COVID-19 pandemic in countries such as Cambodia, Colombia, Ethiopia, Honduras, Mexico, Nepal, Peru, Uganda, Ukraine, US and Zambia, as well as regionally in Latin America and Africa, and globally.
Outcome 4	Description of change in the coordination and collaboration sector	CTWWC harvested 26 outcomes on coordination that occurred between Y2 and Y6. These include 14 examples of global coordination, especially amongst civil society, to promote transition of residential care facilities and wider care reform and in response to the COVID-19 pandemic. Regional coordination examples include forming working groups, new convenings and collective approaches to care reform efforts.

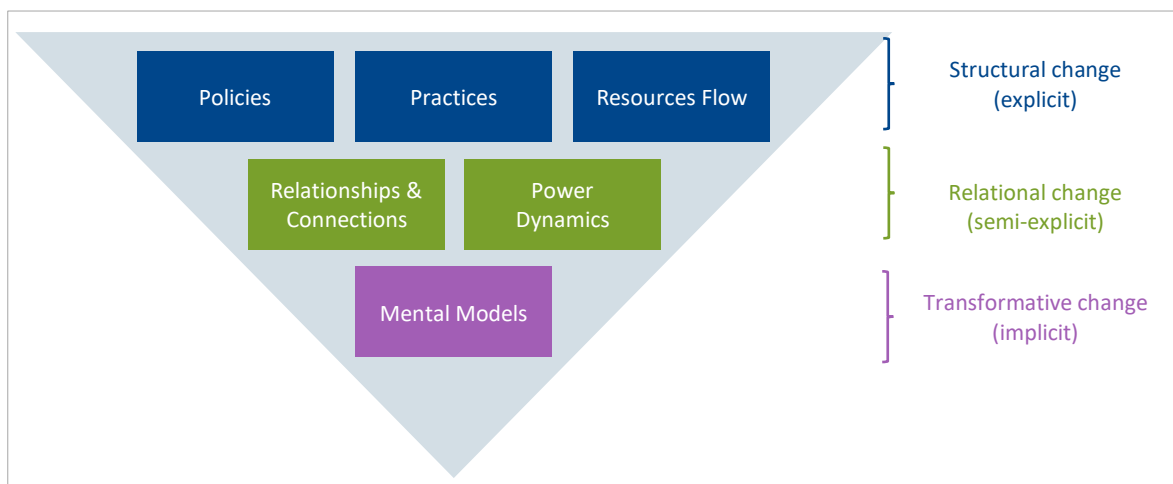
Change through a system strengthening lens: Six Conditions of Systems Change

As CTWWC's analysis of the Outcome Harvesting data progressed, interest grew in how patterns in the dataset matched wider thinking about systems change. A rapid desk review was undertaken to learn more about relevant models that might help deepen analysis and understanding. The review revealed several models that were of interest and resonated with the patterns seen in CTWWC's data.

Systems change modeling has gained prominence in recent years as a promising approach to achieving greater and more sustainable impact in the social sector. Even though the concept is becoming increasingly popular, there is no set definition of systems change. One definition used in relation to achieving the Sustainable Development Goals focuses on: "transforming structures, customs, mindsets, power dynamics and policies by strengthening collective power through the active collaboration of diverse people and organizations. This collaboration is rooted in shared goals to achieve lasting improvement to solve social problems at a local, national and global level."¹⁴

Several explanations of systems change use an iceberg image¹⁵ to show that efforts to shift policy, practices, and human and financial resources need to attend to dynamics and processes of change that may be hidden beneath the surface of a system. The Six Conditions of Systems Change is a model that builds on this idea and identifies the hidden pieces to include: relationships and connections, power dynamics and mental modes, noting that if these are not addressed then "shifts in system conditions are unlikely to be sustained."¹⁶ Similarly, the ABLe Change Framework emphasizes the interplay between content (what needs to change) and process (how change occurs).¹⁷

Figure 14: Six Conditions of Systems Change model¹⁸



The Six Conditions of Systems Change model, in particular, is designed to be an actionable model for creating systems change. It resonates with the analysis already presented, and therefore, was selected as a lens through which CTWWC's Outcome Harvesting data could be analyzed. The model is represented as an inverted triangle (Figure 14), highlighting six critical conditions that influence systemic transformation that are defined as:

- **Policies:** Government, institutional and organizational rules, regulations and priorities that guide the entity's own, and others', actions.

¹⁴ Catalyst2030, About Systems Change, <https://catalyst2030.net/what-is-systems-change/>.

¹⁵ The Iceberg Model, developed by systems thinker Donella Meadows, see: <https://donellameadows.org/systems-thinking-resources/>.

¹⁶ Kania, J., Kramer, M. and Senge, P. (2018) The Water of Systems Change. https://www.fsg.org/resource/water_of_systems_change/.

¹⁷ Foster-Fishman, P.G. and Watson, E.R. (2012), The ABLe Change Framework: A Conceptual and Methodological Tool for Promoting Systems Change. American Journal of Community Psychology, 49: 503-516. <https://doi.org/10.1007/s10464-011-9454-x>.

¹⁸ Kania et al, op cit.

- **Practices:** Espoused activities of institutions, coalitions, networks and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines and informal shared habits that comprise their work.
- **Resource flows:** How money, people, knowledge, information and other assets, such as infrastructure, are allocated and distributed.
- **Relationships and connections:** Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.
- **Power dynamics:** The distribution of decision-making power and authority, and both formal and informal influence among individuals and organizations.
- **Mental models:** Habits of thought—deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.

The model also emphasizes three distinct levels of change, each with varying degrees of visibility:

- **Structural, explicit level:** At this level, changes are visible, formal and often codified. These include policy shifts, regulatory reforms and structural adjustments. Explicit changes are essential, but alone are insufficient for lasting transformation.
- **Relational, semi-explicit level:** Here, we delve into less visible conditions—cultural norms, unwritten rules and shared beliefs. These subtle factors significantly influence behavior and decision-making within a system. Paying attention to semi-explicit conditions is critical for sustained progress.
- **Transformative, implicit level:** The deepest and least visible level involves mental models, beliefs and ideology. Transformative change often hinges on shifting these underlying assumptions. Implicit conditions shape how people perceive problems and solutions, making them powerful drivers of systemic transformation.

Note that it is important to not only focus on explicit changes, but also to delve into the less obvious dynamics that shape our systems. To fully embrace systems change, it is essential to work across all three levels.

Table 4: CTWWC example outcomes allocated against the six conditions

Condition	Examples of CTWWC outcomes	Level
Policies	Government legislation, policy, regulation, resolution, etc. adopted, revised, updated, improved.	Structural Level (Explicit)
Practices	Use of case management, family and child support services, ceasing admission of children to residential care institutions (RCI), reunification of children, RCI transformation & transition plans developed, put into practice, etc.	
Resource Flows	Allocation of funds to hire new social service staff, fund social service workforce training activities, find opportunities for funding activities for/by PWLE; CTWWC learning included in documents, guidance, presentations; donors (re)direct funding, actors allocate funds to support children/families; authorities request investment cases, authorities conduct data collection; RCIs request technical Assistance (TA).	
Relationships & Connections	Working group formation and activities, actors cooperate in new ways.	Relational Level (Semi-Explicit)
Power Dynamics	Statements/declarations/decisions made by particularly important government, international nongovernmental organizations (INGO), faith leaders.	
Mental Models	Community members/political and faith leaders understanding, decisions, commitments, acknowledgements, expression of interest, community norms & shifting views.	Transformative Level (Implicit)

In order to contextualize the six conditions as a frame for analysis, the most common types of behavior change appearing in CTWWC’s Outcome Harvesting databases were allocated to the different conditions (see Table 5).

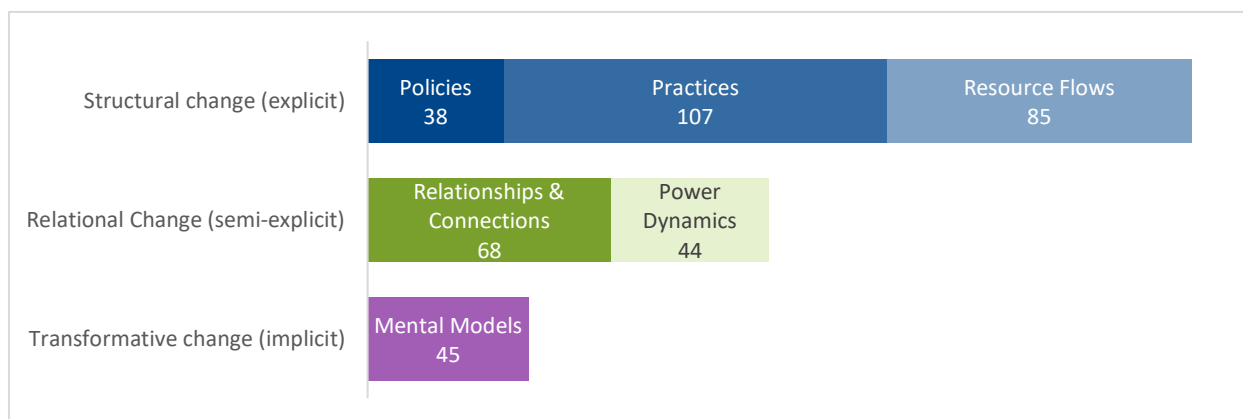
Analysis by levels and conditions

After this categorization, a quantitative analysis was undertaken that revealed differences between the number of outcomes in each of the levels and conditions (Figure 15). **At the structural level**, the largest number of outcomes were harvested under practices and resource flows, reflecting CTWWC’s efforts in capacity-building for the social service workforce, knowledge transfer, learning initiatives and technical assistance across care reform stakeholders. The comparatively smaller number of outcomes under policies can be attributed to the complexities of collaborating with national governments in demonstration countries and the inherently slow, long-term nature of policy change.

At the relational level, data shows that CTWWC was successful in strengthening relationships and connections and shifting power dynamics. The significance of change at this level was recognized early in the application of the Outcome Harvesting methodology when many outcomes were focused on commitment and collaboration. Although not part of the care system framework used to categorize outcomes, these types of changes were included in the harvest in order to track incremental behavioral changes that lead to structural changes.

At the transformative level, several shifts in mental models were noted. However, these kinds of outcomes remain the most challenging to harvest. The Six Conditions model acknowledges that deep-seated beliefs and norms are difficult to influence and observe, whilst the Outcome Harvesting method is designed to capture observable behavioral changes (see limitations section). This suggests that the actual number of transformative changes may be far greater than what has been recorded.

Figure 15: Number of subnational and national outcomes by level and condition (n=387)



Analysis by level and over time

An analysis by date of outcome reveals distinct patterns across structural, relational and transformative levels over the years (Figure 16).¹⁹ In the early years of the initiative, **structural changes** dominated from FY20 onward, with steady growth to FY24. This suggests that efforts focused on strengthening policies, practices and resources were successful even in the first few years, and over time, more outcomes in this area were achieved. It is also important to note that these explicit, structural changes are by nature easier to observe and are the main focus of CTWWC.

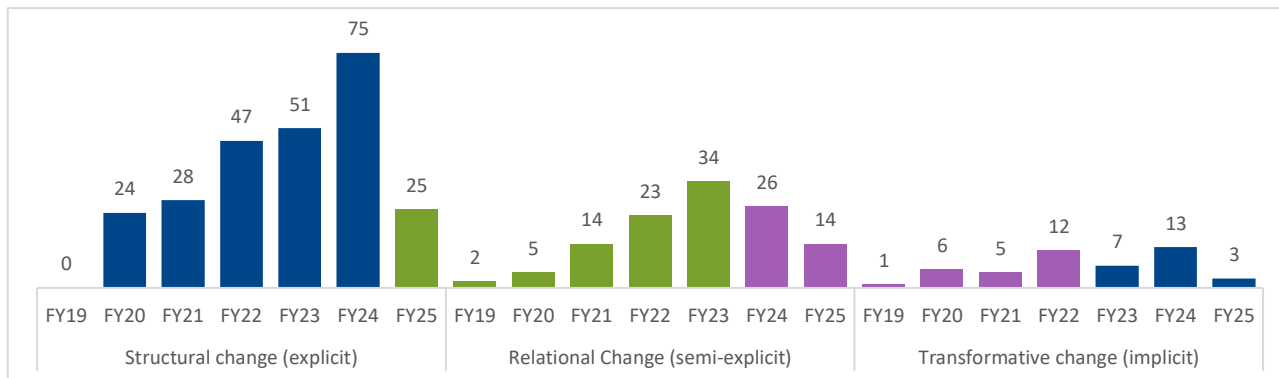
Relational changes showed a consistent upward trend, growing from just two in FY19 to 34 in FY23. This suggests that changing relationships and power dynamics most likely require a longer investment as trust is gained and belief in

¹⁹ Due to the termination of CTWWC’s award under the USAID restructuring in early 2025, the results for financial year (FY) 2025 are not comparable with previous years and have been excluded from this figure.

collaboration matures. It may also be that CTWWC team members learned from experience that these kinds of outcomes were important and so harvested more of these types of changes as time went on.

Transformative changes in regard to mental models remained relatively low and fluctuated over time, ranging between one and 13 annually. The lack of significant growth suggests that deeper, systemic shifts in mindsets, values and long-term institutional practices are more challenging to achieve. It also reinforces the idea that these implicit, and therefore, more buried, types of changes are harder to capture through an observation-based methodology such as Outcome Harvesting. This level of change may require further exploration to understand the barriers and necessary conditions for progress and/or more suitable monitoring approaches.

Figure 16: Number of outcomes by level over financial years (FY) of CTWWC's operation (n=387)

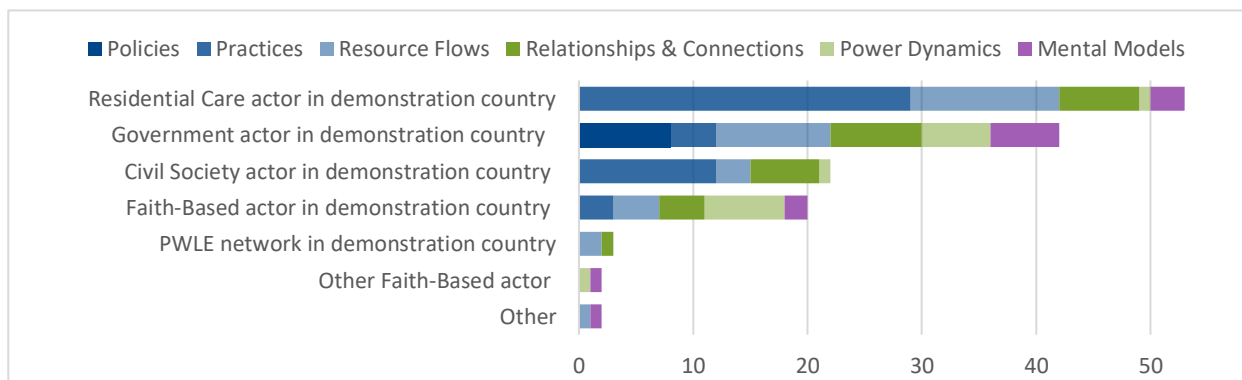


Analysis by country, condition and actor type

A consideration of the outcomes from Guatemala, Kenya and Moldova highlights the distinct, strategic approaches to care system reform in each location. A consideration by social actor, given their differing roles in each context and system, reveals variations that reflect deliberate prioritizations that address specific challenges in each location.

In **Kenya**, the original approach beginning in FY19 focused on residential care, civil society and faith-based actors, a strategic response to the fact that most Kenya residential care providers are NGOs. Many are linked to churches and many remained unregistered (329 institutions out of 910 in 2020).²⁰ The CTWWC team prioritized direct engagement with these actors, resulting in significant changes across five conditions of system change (Figure 17), including in transforming practices (29 outcomes) and improving resource flows (13 outcomes). Simultaneously, given CTWWC's focus on supporting sustainable, government-led improvements to care systems, CTWWC maintained robust engagement with national and subnational government stakeholders and harvested outcomes across all six conditions.

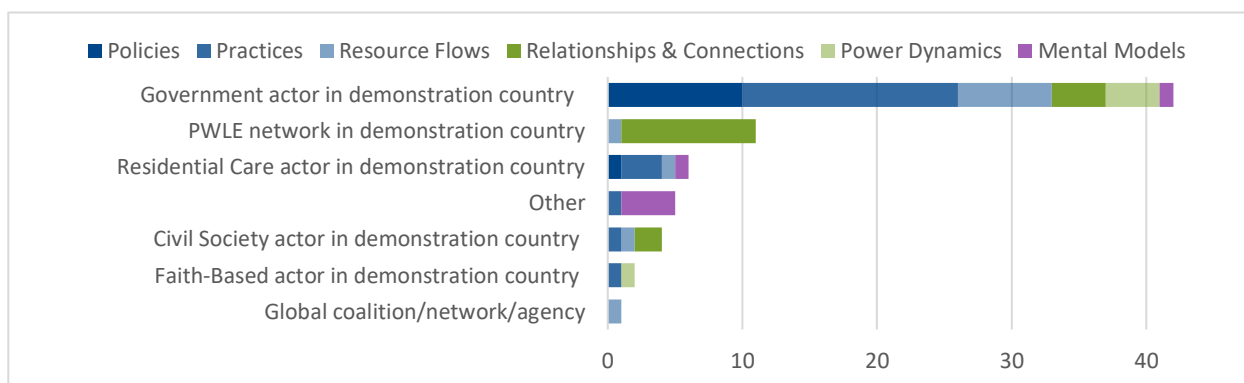
Figure 17: Number of outcomes in Kenya by condition and actor type (n=144)



²⁰ DCS, NCCS and Care Reform Core Team (2020) Kenya country page on Better Care Network <https://bettercarenetwork.org/regions-countries/africa/eastern-africa/kenya>.

Guatemala's strategy took a different path (Figure 18), concentrating intensely on national government stakeholders at first and then on subnational stakeholders while achieving remarkable engagement with PWLE. The government focus (42 outcomes) emphasized influencing changes in practices (16 outcomes) and policies (10 outcomes), crucial for reforming a system where over 4,000 children remained in residential care across 120+ institutions,²¹ with only 150 accredited foster families.²² This approach addressed the urgent need to formalize alternative family care and strengthen gatekeeping mechanisms. Notably, Guatemala stood out in achieving mental model shifts across the widest range of stakeholder groups (six outcomes), suggesting particularly effective strategies for influencing deep-seated attitudes. The country's exceptional results with PWLE (11 outcomes), primarily in relationships and connections, demonstrated successful incorporation of lived experience into reform processes, potentially offering valuable lessons for cross-country learning.

Figure 18: Number of outcomes in Guatemala by condition and actor type (n=71)



Moldova presented yet another strategic variation, with overwhelming focus on government stakeholders (69 changes) within its historically centralized system (Figure 19). The team's Collective Impact approach²³ proved especially effective in altering power dynamics (18 outcomes) and strengthening relationships and connections (11 outcomes) among government actors. This focus responded to the post-Soviet legacy of institutionalization,²⁴ where systemic change required fundamental shifts in government structures and processes. While engagement with residential care providers showed more modest results (9 changes), the team made notable progress in shifting mental models (four outcomes) despite institutional resistance. The limited changes among PWLE stakeholders (two outcomes) may reflect either measurement challenges or actual gaps in engagement, potentially representing an area for strategic development moving forward.

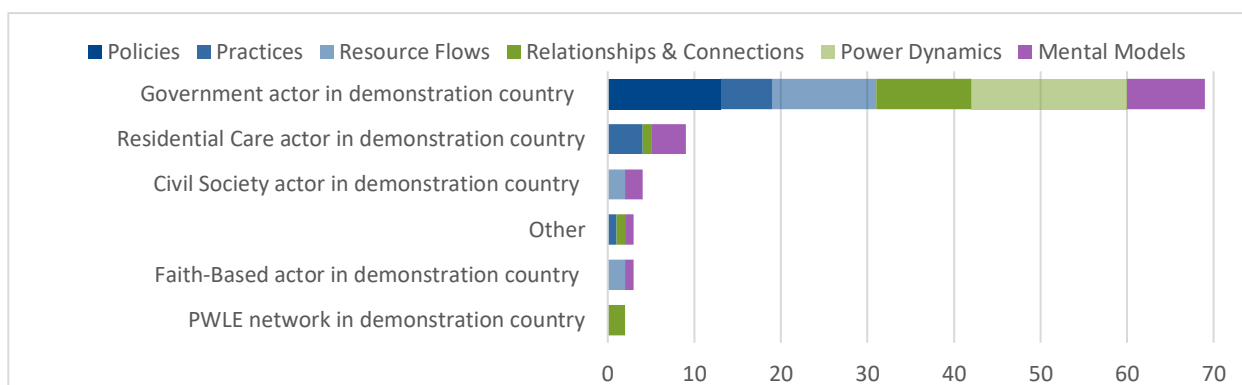
²¹ A summary of Alternative Care in Guatemala, CTWWC, 2022 https://bettercarenetwork.org/sites/default/files/2022-06/case_sudy_gt_v3.pdf.

²² Better Care Network, Guatemala country page <https://bettercarenetwork.org/regions-countries/americas/central-america/guatemala>.

²³ Insights from Moldova: Role of Collective Impact in Workforce Strengthening, CTWWC, 2023 https://bettercarenetwork.org/sites/default/files/2023-06/moldova_insights_role_of_collective_impact_in_workforce_strengthening_final.pdf.

²⁴ After the fall. The human impact of ten years of transition, UNICEF, 1999.

Figure 19: Number of outcomes in Moldova by condition and actor type (n=90)

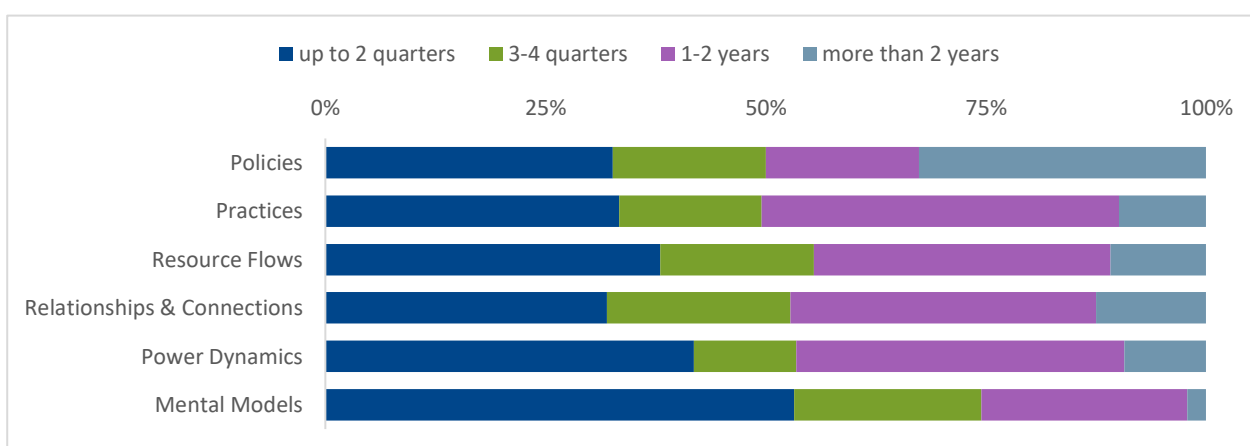


These distinct approaches highlight how each country tailored its strategy to address specific systemic barriers. CTWWC Kenya focused on residential care providers to address concerns in a fragmented residential care sector. CTWWC Guatemala's dual emphasis on government systems and engagement with PWLE tackled both policy frameworks and grassroots participation in a system transitioning from institutional reliance. CTWWC Moldova's government-centric approach recognized the need to transform the central decision-making apparatus in a historically centralized system. The variations in stakeholder focus and resulting change patterns underscore the importance of context-specific strategies in care reform, with each country's approach offering unique insights for cross-learning and adaptation.

Analysis of time between contributing output and outcome by condition

Analysis of the timing of outcomes reveals that while some changes occur relatively quickly, meaningful system transformation requires sustained, long-term effort. By looking at the time between the first activity mentioned in the contribution and the outcome itself, it becomes clear that nearly half (45%) of all outcomes emerged within the first six months of the intervention (Figure 20). This suggests that initial behavior changes can be observed relatively quickly across all conditions of change. Practices and resource flows show particularly rapid adoption, with 36 outcomes and 34 outcomes, respectively, documented within six months. However, the data reveals a more nuanced pattern when examining longer timeframes. While a steady decline in outcomes might be expected over time, the analysis shows that 18% of outcomes occurred in the second six months, and 23% occurred one to two years after the first intervention. Notably, 14% of outcomes only happened after two or more years of intervention. These longer-term changes are particularly evident in policy reforms (8 outcomes after two years) and power dynamics (four outcomes after two years), reflecting the extended timelines and ongoing engagement needed for structural and systemic shifts.

Figure 20: Percentage of outcomes occurring in different time periods after first contributing output, by condition (n=383)



Conclusions

Outcome Harvesting provided CTWWC with a rich dataset to understand how and in what ways the initiative was part of care system strengthening and sector influence. By its very nature, the use of this methodology captured examples of change and what CTWWC contributed to that change. The analysis of these changes allowed CTWWC to have regular opportunities to reflect on the amount of change that was happening, as well as the type of change, where it was occurring and amongst what actors.

When reviewed as a whole, the Outcome Harvesting dataset reveals that initiatives that seek to support care systems strengthening need to be mindful of:

- **The importance of government commitment and coordination in driving care reform.** This is true at both national and subnational levels, but the balance will depend on the structure of the care system. Government must be supported to lead and drive reforms. Investing in relationship building, convenings, training and supporting from behind are key strategies that shift the dynamics of a care system under the surface and allow for significant change to build.
- **The need to engage with diverse actors alongside government, such as civil society, faith-based organizations, and people with lived experience, in order to achieve systemic change.** This engagement helps build a collective understanding and commitment to care reform and facilitates the sharing of knowledge and best practices. Engagement can come in many forms. Creating spaces where actors can work together to co-create and develop policies and practice guidance are particularly effective. Accompaniment and tailored technical assistance can also allow actors to change at a speed that works for them and allows commitment to build gradually and with deep roots in adjusted mindsets and practical experience. These actors then can become champions for change and trigger further processes of change with minimal ongoing support.
- **Systems change, across all components, takes a long time to emerge.** Whilst outcomes were harvested throughout the life of the initiative, some types of change, and amongst some actors, took longer to emerge. By mapping the stories of change it is clear that there are many steps required to shift a care system away from reliance on residential care toward family and community supports. CTWWC had the privilege of committed, long-term funding partners who allowed for a longer perspective on change and the opportunity to be adaptive and learn as implementation progressed. Even so, after seven years, there remains a long journey ahead in many of the demonstration countries, with change in some system components only just beginning.
- **The significant to and fro interplay between regional, national and subnational changes.** CTWWC adapted its approach to systems change depending on the responsiveness of key actors and the nature of the system. This resulted in varying combinations of bottom-up, top-down and peer-to-peer influence. There is an indication within the Outcome Harvesting data that subnational change was facilitated by and led to national change, that national change encouraged change in countries within the wider region, and that regional pressures also led to national changes. Even at the most local level, networks of peers encouraged change amongst service providers and between local authorities. Being aware of these dynamics and looking for the openings and opportunities to adjust is valuable in system strengthening efforts.
- **The power of global and regional collaboration.** CTWWC, alongside many other actors, has played a key role in advancing global and regional care reform by fostering collaboration, influencing commitments and sharing learning that has shaped policies and practices well beyond the demonstration countries. Landmark initiatives such as UN resolutions, COVID-19 response statements and the launch of collaborative working groups have all fed the global momentum for care reform. Central to this impact has been CTWWC's sharing of learning, provision of technical assistance and engagement in coalitions.

Outcome Harvesting has proven to be a useful monitoring methodology for CTWWC's multi-year engagement in care system strengthening and sector influence. Routine, participatory collection of and reflection on outcomes was encouraging for team members and built a constant awareness of where, with whom and how change was happening.

This built the CTWWC team's ability to look for patterns in change, reflect on their approaches and inform ongoing decision-making. It was hard work and time consuming to invest in the methodology, and it took time for team members to fully understand and see the value of the approach, but once the volume of outcomes grew, its usefulness became more apparent.

CTWWC ensured that evaluations every two to three years made good use of Outcome Harvesting data. The evaluations provided an important opportunity to take a step back, look at the outcomes more deeply and alongside other data, and hold participatory meaning-making forums. This created the space required to impact the wider direction of the initiative. As a result of the evaluations, significant adjustments were made, such as revising the Results Framework, placing a greater emphasis on a sustainable system strengthening lens, and considering the role of learning, accompaniment and synthesis across locations.

The accompanying report on the methodology includes further recommendations for using Outcome Harvesting.