Changing THE WAY WE care℠

CARE SYSTEM STRENGTHENING LEARNING SYNTHESIS:

Evaluation Summary

A realist evaluation of the Changing the Way We Care initiative in Guatemala, India, Kenya and Moldova

GHR FOUNDATION | Changing THE WAY WE care | CRS CATHOLIC RELIEF SERVICES | Maestral

Introduction

Changing the Way We Care℠ (CTWWC) is a global initiative aimed at promoting safe, nurturing family care for children through collaboration between families, communities, governments and other stakeholders. Since 2018, CTWWC has focused on reforming national care systems, strengthening family care, reunifying separated children and transitioning care services in Guatemala, India, Kenya and Moldova, with a smaller project in Haiti. The initiative has contributed to increased momentum and learning around care reform and a growing interest in long-term system strengthening.

CTWWC promotes sharing of good practices at local, national, regional and global levels. This includes subnational demonstrations of support to children and families, national system reforms, regional networking and sharing, and global collaboration. Demonstration countries were chosen based on criteria such as geographic diversity, socioeconomic status, governmental commitment and civil society engagement. Evaluations in year three and year five assessed the initiative's success in informing and influencing care reform. This evaluation aims to synthesize learning from the four demonstration countries to inform future care system strengthening efforts and support governments and their partners.

Methodology

The evaluation aims to gather data from each demonstration country, reflect on these experiences, and identify commonalities and differences to develop a theory of care system strengthening. Using a realist framing, the evaluation seeks to understand what works for care system strengthening (i.e., how, for whom, and why). Realist evaluations seek to understand how context influences hidden change processes, known as mechanisms, to reach outcomes. This evaluation uses context-intervention-mechanism-outcome (CIMO) configurations to present the findings. The evaluation also uses care system components—legislation, workforce, financing, monitoring and evaluation (M&E), social norms and service delivery – as a frame for analysis, as well as the Six Conditions of Systems Change model to look for hidden factors like relationships, power dynamics and mental models. The methodology follows a realist evaluation process of highlighting original theories of change from document reviews, reviewing Outcome Harvesting data, conducting interviews, and refining theories through group analysis and discussion.

Roby Fiesser for CRS

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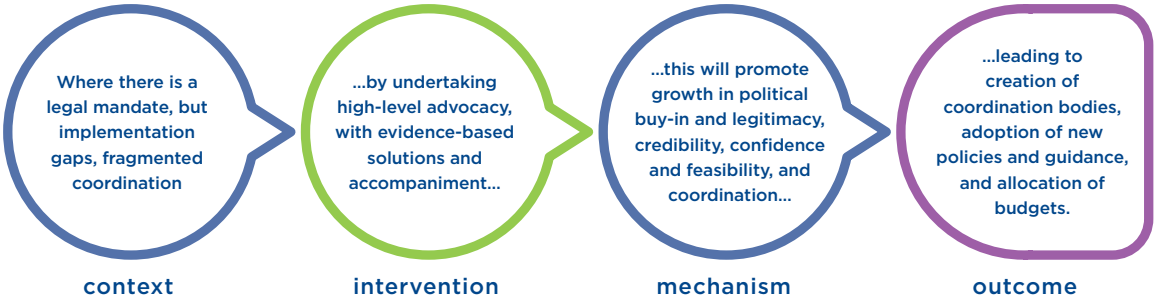
Findings

Legislation, policy and coordination

Legislation supporting family-based care existed in the demonstration countries, but had gaps in policy, guidance and implementation. High-level advocacy, evidence and strategic partnerships were crucial for achieving change in policies and strategies. Government coordination at national and subnational levels was crucial for reforms to gain traction. In Moldova, legal and policy reform tied to European Union (EU) accession led to significant progress in deinstitutionalization planning. In Kenya, the National Council of Children's Services formed a Care Reform Core Team, and Guatemala's Foster Care Working Group exemplified shared accountability across multiple agencies. Subnational leadership in Guatemala, such as in Río Hondo, demonstrated the power of local data and models to motivate policy adoption. Changes in legislation and policy were closely linked to service delivery changes, with many outcomes dependent on shifts in legal and regulatory frameworks. The synthesized change process across countries related to legislation, policy and coordination is summarized in the CIMO in figure 1.

Figure 1 Legislation, policy and coordination CIMO



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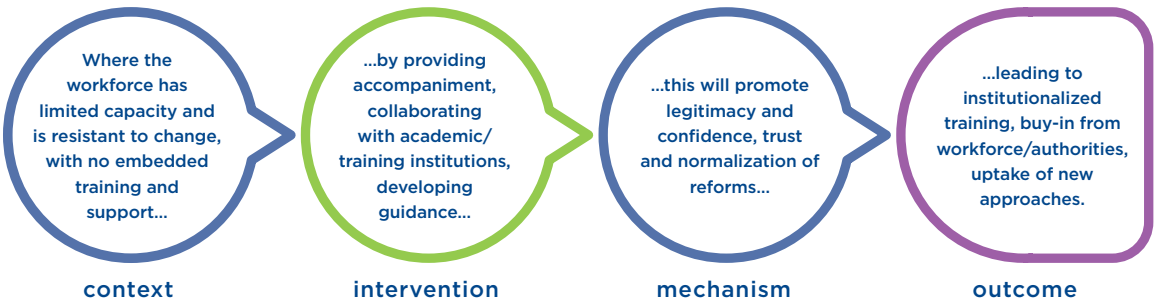
Social service workforce

Systemic changes in the social service workforce for children's care emerged through capacity-building, partnerships and demonstrating success, which reduced resistance, shifted beliefs and established new norms. In Guatemala, Kenya and Moldova, initial resistance from key workforce members was addressed through targeted capacity-strengthening interventions, including multi-stakeholder working groups, training, advocacy and peer learning exchanges. For example, in Kenya, CTWWC collaborated with the Directorate of Children's Services to deliver case management training and supportive supervision. These efforts built confidence, shifted beliefs, and established trust and legitimacy through government engagement. In Moldova and Guatemala, the workforce experienced changes and expansions in roles, with new specialized roles created to match changes in services. Successful outcomes included initiating specialized services, adopting or improving care guidelines, and transitioning residential care providers to community-based services. Joint interventions with government, academia and practitioners embedded knowledge and practice within formal systems, enabling long-term adoption focused on family-based care and family strengthening aligned with national strategies and plans. Changes in the workforce were closely linked to changes in service delivery, financing and M&E outcomes. The synthesized change process across countries related to the social service workforce is summarized in the CIMO in figure 2.

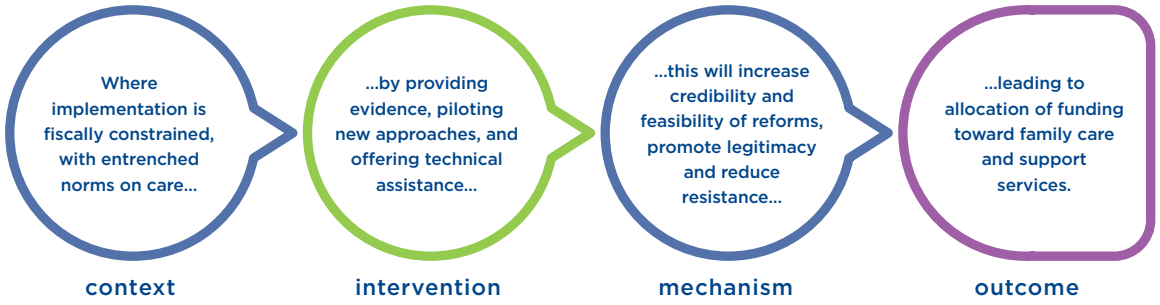
Figure 2 Social service workforce CIMO



Financing

Change began with evidence-based advocacy, technical assistance, demonstration pilots, and engagement with financial authorities and private, faith-based donors. In Moldova, cost–benefit analyses and EU-aligned advocacy convinced decision-makers that family-based care was economically efficient and politically advantageous. The Ministry of Labor and Social Protection increased allocations for family support services, foster care and disability-focused programs. In Odisha, India, simplified tools and communication materials helped district officials allocate funds toward prevention and family-based alternative care. In Kenya, technical assistance to subnational governments created a model for localizing national mandates, enabling dedicated funds for care reform. In Guatemala, data-driven advocacy reduced perceived risks for municipal leaders, leading to budget allocations for child protection offices. In Tamil Nadu, India, engagement with faith leaders legitimized new approaches, leading parish committees to provide support for vulnerable families. Shifts in financing took longer, illustrating the importance of policy, workforce and M&E changing first. The synthesized change process across countries related to financing across countries is summarized in the CIMO in figure 3.

Figure 3 Financing CIMO



Premananda Hessenkamp for CRS

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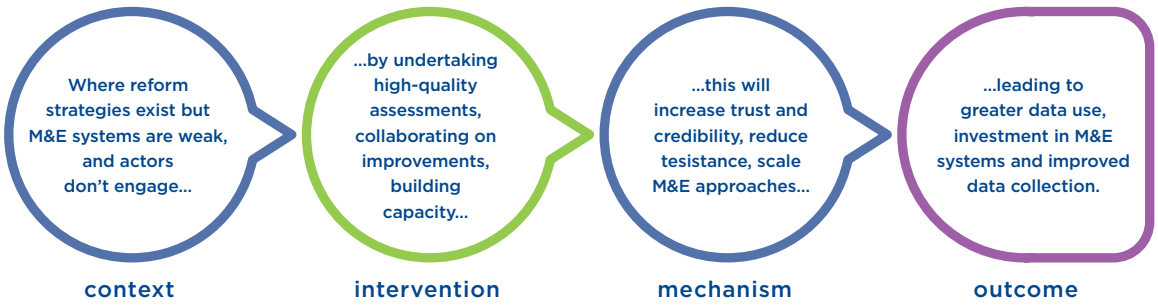
Evidence and M&E

Finding opportunities within wider reform efforts that required new or improved data was key to achieving change in evidence and M&E. In Kenya and Moldova, early assessments engaged stakeholders, especially government, in driving reforms. In Kenya, a situational analysis of residential care providers, conducted openly with government leadership, built trust and led to wide engagement and replication in other counties. In Moldova, deep-dive analyses and improved children's assessments led to further assessments and ongoing data collection. When senior officials requested new data, it allowed for prioritizing system improvements. In Kenya, rapid data collection during COVID-19 highlighted gaps, leading to improvements in the Child Protection Information Management System. In Moldova, high-level meetings led to significant decisions on deinstitutionalization and monitoring improvements. Embedding new data collection within official systems, with government input, legitimized reforms. Building awareness and providing training, supportive supervision, and peer learning opportunities all built confidence in using new methods. Pilots and joint problem-solving reinforced confidence and commitment to data collection and use, linking it to case management improvements. Changes in evidence and M&E were closely linked to shifts in policy, workforce and financing. The synthesized change process across countries related to evidence and M&E across countries is summarized in the CIMO in figure 4.

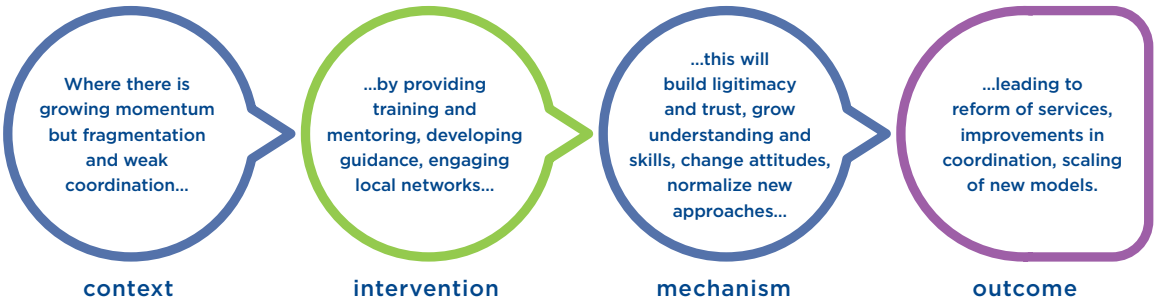
Figure 4 Evidence and M&E CIMO

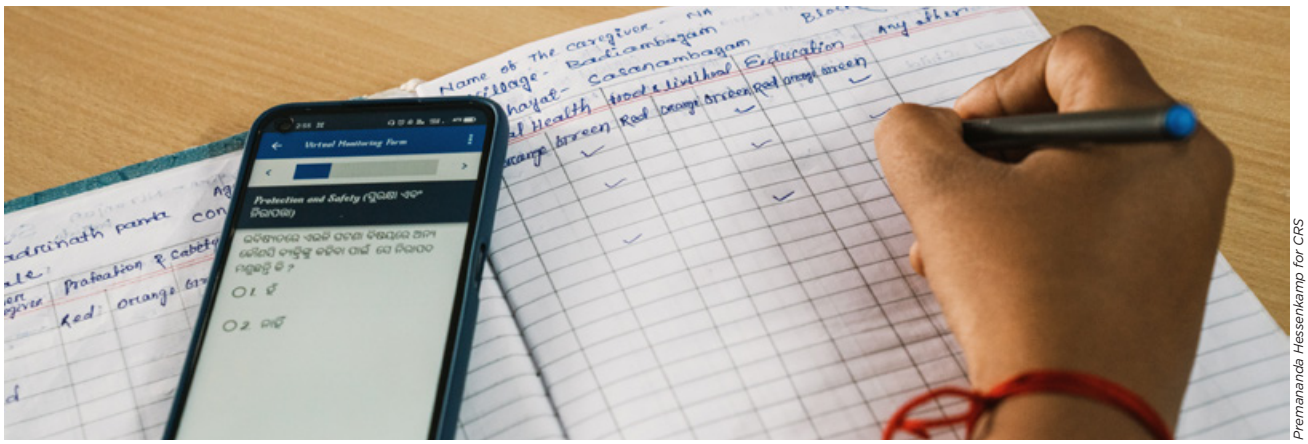


Service delivery

Change to service delivery was achieved in various ways across the four countries, most commonly by building the knowledge and skills of service providers through practical training and mentoring. Capacity strengthening in case management, reintegration, prevention and family support was universal and often an early intervention. Changing beliefs about alternative care was key to shifting practices. Standardized processes, clear tools and supportive supervision helped strengthen confidence, consistency and quality in service delivery. All of the demonstration countries pursued a subnational pathway first, using demonstration areas to showcase practices for future scale-up. This localized approach empowered actors, fostered ownership and created local champions – such as departmental leaders in Guatemala, children's officers in Kenya and nongovernmental organizations (NGO) in Moldova and India. Relationship building and networking were also critical to increasing trust, coordination and shared agendas. In Kenya, revitalized local networks supported multi-sector collaboration and uptake of improved services. In Guatemala, local commissions brought together the Secretariat for Social Welfare (*Secretaría de Bienestar Social* [SBS]) and civil society, improving referrals and legitimacy. In Moldova, conferences and task forces built shared commitment among ministries, authorities, NGOs and donors. Government buy-in was essential for institutionalizing new practices through embedded tools, policies and processes. Alignment between political and administrative levels enabled consistent service delivery, coordination and reallocation of resources, as seen in municipal prevention funding in Guatemala and deinstitutionalization planning in Moldova. Finally, evidence, international good practice and demonstration through local pilots persuaded stakeholders to adopt and sustain new approaches. Changes in service delivery were closely tied to shifts in financing and workforce capacity, emphasizing the interdependence of funding, skills and sustainable service improvement. The synthesized change process across countries related to service delivery across countries is summarized in the CIMO in figure 5.

Figure 5 Service delivery CIMO





Premananda Hessenkamp for CRS

Conclusions

When considering the findings all together, clear themes emerged on how systems strengthening unfolds across contexts, including:

- **Evidence and demonstration as catalysts:** In all components, evidence-based advocacy and pilot models or demonstrations were critical.
- **Government ownership as critical to reinforce, scale and sustain change:** Reforms gained traction when government actors assumed visible leadership roles and endorsed guidance and tools.
- **Partnerships and multi-stakeholder collaboration as foundations for legitimacy and accountability:** Across all areas, diverse coalitions created legitimacy, accountability and momentum.
- **Capacity building as an entry point:** Training, mentoring, technical accompaniment and peer learning were effective strategies that built skills, shifted attitudes and increased trust and confidence.
- **Alignment with broader agendas and values as frameworks for change:** Change was unlocked by framing reforms within existing priorities or norms. Aligning with what already mattered politically, economically and/or morally created powerful incentives for change and scaling of models.
- **Adaptive problem-solving in complex systems as critical for navigating challenges:** Progress often required navigating blockages, requiring flexibility, collectively seeking alternative pathways and engaging with champions or leaders.
- **Inter-linkage of system components as necessary for long-term change:** Changes in one component of the system affects others, highlighting the importance of a multi-component, long-term approach to system strengthening.

From the perspective of CTWWC, as an initiative seeking to support and inform care reform, it is clear that supporters of care reform need to embrace adaptive management and recognize that not all plans are feasible in practice. A suitable monitoring approach must be found to track and learn about systems change, and then to share that learning.

Karen Kasmauski for CRS

Recommendations

The following key recommendations are shared for governments leading care reform efforts and for agencies and organizations supporting system strengthening for children's care.

For **governments**:

- Embed family care in policy, budgets and broader agendas.
- Strengthen coordination structures.
- Institutionalize participation of people with lived experience.
- Invest in the social service workforce.
- Institutionalize evidence building and learning.
- Adopt a whole-of-system approach.

For **organizations** supporting governments:

- Align with government leadership and national strategies.
- Strengthen capacity and accompany.
- Facilitate and utilize the engagement of people with lived experience.
- Leverage demonstration and evidence generation.
- Mobilize and redirect private resources.
- Champion social norms and mindset change.
- Support integrated systems strengthening.

Premananda Hessenkamp for CRS

Lastly, for the wider care reform sector:

It is more critical than ever to continue to increase global understanding of what works, in what contexts, and why. Let's continue to contribute and share experience across contexts.

Change can happen for all children!

The full Changing the Way We Care Learning Synthesis report can be found at:
https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-system-reforms/care-system-strengthening-learning-synthesis

Changing The Way We Care℠ (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.

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