



Transforming
Children's Care
COLLABORATIVE

REFORMING CARE SYSTEMS:
EVIDENCE FROM PRACTICE

Ground-Level Systems Change and National Realities

22 April 2025

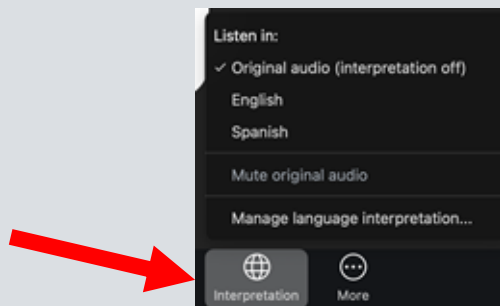


Welcome

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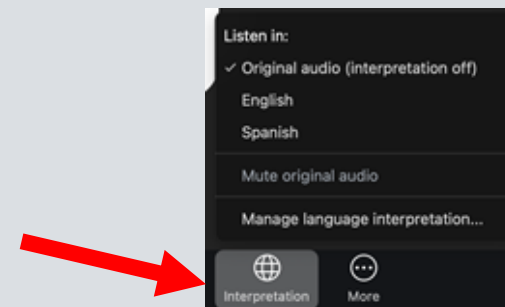


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WELCOME

- This webinar is part of a series of webinars from the Transforming Children's Care Collaborative focused on exploring innovative approaches and promising practices to strengthen child care and protection systems.
- The collaborative establishes more strategic sector-wide collaboration from global to local levels to strengthen children's care and care systems.
- Sign up at the link in the chat to join the platform and receive updates about future webinars

HOUSEKEEPING

- This webinar is being **recorded** and will be made available to you in English and Spanish.
- Introduce yourself in the **chat** (select “Everyone” when sending a message so everyone can see it)
- Remember to select the **interpretation** icon and choose the correct language channel.
- Use the **Q & A** function to ask questions.

AGENDA

- **System Strengthening Learning Overview**
- **Ground-level Systems Change Country Deep Dives**
 - South Africa
 - Rwanda
 - Bulgaria
- **Synthesis of Learnings**
- **Q&A**

REFORMING CARE SYSTEMS: EVIDENCE FROM PRACTICE

Ground-Level Systemic Change
& National Realities

THIS WEBINAR IN CONTEXT

CREATE CONDITIONS

Build enabling environment: policy, financing, workforce, coordination

(Phase 1 of Roadmap)

IMPLEMENT CHANGE

Active deinstitutionalisation, transition, service development

(Phase 2)

SUSTAIN CHANGE

Monitoring, accountability, preventing regression

Each country in today's session occupies a different stage — and some are managing all three simultaneously.

5.4 MILLION CHILDREN. LOCKED AWAY. NOT ORPHANS.

5.4 MILLION

children in orphanages worldwide

80% ARE NOT ORPHANS

they have families

**ORPHANAGES EXPOSE
CHILDREN**

to abuse, trafficking, and trauma
that lasts a lifetime

THE HHC GLOBAL ROADMAP TO CHILD CARE REFORM

KEEP FAMILIES TOGETHER

Prevention of separation.
Family and community
strengthening.

REUNITE FAMILIES

Return children from
institutions to family-
based care.

CREATE NEW FAMILIES

Family-based alternative
care. High-quality,
bespoke services.

Three implementation levels: National
Programmes → Regional Partnerships → Global
Capacity-Building

HOW DO WE MEASURE SYSTEM STRENGTH?

POLICY & LEGISLATION

Enabling legal and policy environment

COORDINATION

MECHANISMS
Inter-agency and multi-actor governance

STANDARDS & SERVICES

Quality and coverage of alternative care and family support

WORKFORCE DEVELOPMENT

Professional and community-level social service workforce

FINANCING & GOVERNANCE

Sustainable financing architecture and accountability

DATA, EVIDENCE & M&L

Monitoring, learning and evidence systems

The Roadmap Index (RMI) is a diagnostic tool that asks: how strong is each of these six dimensions in your system?

Today's country snapshots illuminate how each national experience strengthens — or reveals gaps in — these six dimensions.

THREE COUNTRIES. THREE ENTRY POINTS. ONE ROADMAP.

SOUTH AFRICA

Prevention & community strengthening

→ **KEEP FAMILIES TOGETHER**

RWANDA

Dedicated workforce & family-based transition

→ **REUNITE FAMILIES + KEEP FAMILIES TOGETHER**

BULGARIA

Gatekeeping & baby home closure

→ **REUNITE FAMILIES + CREATE NEW FAMILIES**

Each national experience illustrates how the HHC Global Roadmap operates in practice — different contexts, same principles.

TODAY'S SPEAKERS

SOUTH AFRICA



Lourenza Steytler Foghill

Senior Programme Lead, HHC

RWANDA



Imaculee Vidivi Karangwa

Executive Director Rwanda, HHC

BULGARIA



Galina Bisset Pourcheva

Technical Consultant DI, Europe,
HHC

SOUTH AFRICA

Prevention as the Primary
Gateway to Care Reform

Lourenza Steytler Foghill

Senior Programme Lead, HHC

THE REFORM LANDSCAPE

KEY ENABLERS

- Existing child protection legislation
- Extensive NGO ecosystem (300,000+ organisations†)
- National social protection system
- Political will at national level

THE STARTING POINT

- Children Count Assessment (2015–2016) established a national baseline.
- Identified systemic gaps and reform entry points.

THE BOTTLENECK: CHILDREN ENTERING CARE INSTEAD OF BEING SUPPORTED AT HOME

The Children Count Assessment revealed a system oriented toward residential and institutional responses — rather than preventing family separation in the first place.

Strategic decision: target prevention as the entry point — keeping families together before separation occurs.

→ HHC Global Roadmap Pillar: KEEP FAMILIES TOGETHER

THE AFS-KHUSELA MODEL: COMMUNITY-BASED FAMILY STRENGTHENING

THERAPEUTIC COUNSELLING

NUTRITIONAL SUPPORT & CLOTHING

**HOUSEHOLD ECONOMIC
STRENGTHENING**

IDENTITY DOCUMENTATION SUPPORT

**PARENTING SKILLS & SUBSTANCE
ABUSE TREATMENT**

HEALTH AND EDUCATION LINKAGES

A community-based, holistic approach to strengthening families before separation occurs — applied across multiple provinces.

THE EVIDENCE BASE

AFS-KHUSELA: 7% average increase in child wellbeing over 2 years†

Hanover Park programme: 5% average increase in wellbeing over 18 months†

Statistically significant reductions in risk factors across multiple domains. Even under difficult conditions, children thrive better when families remain together.

MOBILISING THE WIDER SYSTEM

Prevention cannot succeed in isolation. South Africa required active engagement across sectors:

GOVERNMENT

- National/provincial departments
- Policy alignment
- Dedicated budget lines

NGO ECOSYSTEM

- 300,000+ organisations
- Coordinated referral pathways
- Community reach

CRITICAL PATHWAYS

- Three pathway programmes
- Enabling simultaneous transitions
- Children leaving institutions

WHAT WE ADJUSTED ALONG THE WAY

No reform unfolds as planned. South Africa's experience included:

- Contextualising case management tools – localisation is key.
- Embed SA National Deinstitutionalisation Policy as Apex Policy within existing Policy Documents; White Paper on Families + White Paper on Persons Living with Disabilities + Child Care and Protection Policy
- Align Care Reform programming, messaging and outcomes with the broader national development plan and objectives (Agenda 2030 and 2063)
- Traditional Leadership is a key element because they are the custodians of 'family' in South Africa and they also hold significant longitudinal power in the country – politicians are elected, whereas traditional leadership is life-long.

Documenting what didn't work is not failure — it's the learning asset that accelerates the next reform effort.

SOUTH AFRICA: KEY SYSTEMIC LESSON

"Prevention works — and the evidence proves it. When families are strengthened before separation occurs, children have better outcomes and systems spend less."

HHC GLOBAL ROADMAP → KEEP FAMILIES TOGETHER

RWANDA

Workforce Development as the Entry Point for Care Reform

Imaculee Vidivi Karangwa
Executive Director Rwanda, HHC

RWANDA: WHERE REFORM BEGAN

3,323 children

33 institutions

2012 national baseline

**30% had lived in
institutions 10+ years**

Rwanda's reform journey began with an honest assessment of the scale of institutionalisation — and a political commitment to change it.

The question then became: how do you reach every child, in every community, across a whole country?

REFORM STARTS WITH CHANGING MINDSETS

Deinstitutionalisation in Rwanda began not with policy, but with a fundamental shift in how communities and government understood children's needs.

COMMUNITY MOBILISATION

Grassroots engagement before formal programmes

MALAYIKA MURINZI PROGRAMME

Community-based awareness and family identification

GOVERNMENT COMMITMENT

Political ownership from the outset

THE WORKFORCE: TWO-TIER, NATIONWIDE

PROFESSIONAL WORKFORCE

Social workers and psychologists | District and sector level | National Case Management Framework | Standardised tools

IZU COMMUNITY VOLUNTEERS

Community volunteers across Rwanda | Village level pairs | Household visits, early identification, parenting guidance

29,000+

→ HHC Global Roadmap Pillars: KEEP FAMILIES TOGETHER + REUNITE FAMILIES

TUBARERERE MU MURYANGO

"Let's Raise Children in Families"



The TMM plan provided Rwanda's operational architecture for deinstitutionalisation at scale — accountability from national government to the individual family.

FROM PILOT TO NATIONAL POLICY

1. 2012

National baseline
assessment

2. PILOT

Kicukiro District proof
of concept

3. FRAMEWORK

National Child
Protection Case
Management
standardised

4. SCALE-UP

TMM across all
districts

Assess → Pilot → Standardise → Scale. The Kicukiro pilot proved deinstitutionalisation was achievable.

WHAT SUSTAINED REFORM REQUIRED

Scaling deinstitutionalisation across Rwanda revealed challenges that required real-time policy adjustment:

- Law n° 71/2024 of 26/06/2024 governing persons and family is revised and provides terms, conditions and requirements for kinship care, guardianship and the adoption of children.
- Adoption of Law No. 71/2018 relating to the protection of the child, which provides legal safeguards on care, including around foster care.
- Adoption of the National Social Protection Policy (2020), which provides a framework for income support to vulnerable households, including persons with disabilities, through social protection programmes such as cash transfers, VUPs

Sustainability requires continuous learning, not a fixed plan.

RWANDA: KEY SYSTEMIC LESSON

"Deinstitutionalisation at scale is impossible without a skilled workforce at every level — from national policy to the village household. Rwanda proves it can be built."

HHC GLOBAL ROADMAP → KEEP FAMILIES TOGETHER + REUNITE FAMILIES

BULGARIA

A National Strategy, a Government Plan
& HHC's Focused Contribution

Galina Bisset Pourcheva

Technical Consultant DI, Europe, HHC

BULGARIA: A LEGACY OF INSTITUTIONAL CARE

35,000+ children in institutions in the 1990s

137 institutions / ~7,600 children by 2010

32 baby homes for children aged 0–3 years

In 2010, Bulgaria adopted a National DI Strategy and fully costed Action Plan for the simultaneous closure of ALL 137 institutions — covering children with disabilities, children deprived of parental care, and babies.

HHC chose to focus exclusively on baby homes — not because the government prioritised them above others, but because of the acute developmental harm to the 0–3 age group and the absence of expertise on deinstitutionalising this age group.

EU pre-accession process created both political pressure and financial opportunity for reform.

HHC'S ENTRY POINT: BABY HOMES

Of all institutional forms, baby homes — for children aged 0 to 3 — represented the most acute harm and the clearest opportunity for HHC's focused contribution.

EVIDENCE

Brain development in the first 3 years is irreversible. Institutional care causes permanent harm at this age.

GATEKEEPING

Controlling entry at 0–3 prevents institutionalisation from becoming entrenched. Stop the pipeline.

PROOF OF CONCEPT

HHC's Teteven pilot demonstrated that baby home closure was achievable. This methodology was then applied across three further tranches as funding and political will allowed.

The national reform ran simultaneously — the government closed disability and parental care institutions independently. HHC's contribution was exclusively in the baby home category.

→ HHC Global Roadmap Pillars: REUNITE FAMILIES + CREATE NEW FAMILIES

FINANCING THE TRANSITION: EU FUNDS AND PERSISTENCE

The 2010 National Action Plan estimated €100M[†] for closure of ALL 137 institutions. EU structural funds financed portions of the baby home closures — but not all.

PHASE 1: TETEVEN PILOT

- 1 baby home
- HHC-funded proof of concept
- Methodology established

PHASE 2: EU TRANCHE 1

- 8 baby homes
- EU structural funds secured
- HHC extensively supported closure

PHASE 3: NO EU MONEY

- 8 baby homes
- HHC relocated children
- Forced MoH to close empty buildings

PHASE 4: EU TRANCHE 2

- 10 baby homes
- EU funding resumed
- HHC-supported closure

ENABLING THE TRANSITION: LEGISLATION AND SERVICES

LEGISLATIVE REFORM

- Enabling policy environment
- Inter-ministerial coordination
- Legal gatekeeping for institutional placements
- Family-based care as legal default

COMMUNITY ALTERNATIVES

- 760+ community-based services developed (national provision, including non-HHC)
- Foster care, kinship care, family support
- Transition support for children leaving institutions

FROM 137 INSTITUTIONS TO 2

2 institutions remaining | 85 children

25 DISABILITY INSTITUTIONS

Closed by 2015

Government-led, no HHC involvement

80 PARENTAL CARE INSTITUTIONS

Closed by 2020

Government-led, no HHC involvement

32 BABY HOMES

2 remain open

*Past Bulgaria's 2025 Strategy deadline —
HHC's focus area*

Bulgaria's national DI Strategy committed to being free of institutions by 2025. The disability and parental care sectors met that goal. Two baby homes remain — the ones where HHC has been most active.

THE CHALLENGES THAT REMAIN

WORKFORCE

Shortages and high turnover in community-based services

RE-INSTITUTIONALISATION RISK

Small-scale residential care expanding to fill the gap

MONITORING GAP

Weak accountability for quality of alternative care

2025 DEADLINE MISSED

2 baby homes remain open despite Bulgaria's national commitment to institution-free care. Political will for the final closures is the outstanding challenge.

Acknowledging what didn't work, or wasn't prioritised, is how the field learns.

BULGARIA: KEY SYSTEMIC LESSON

"A national strategy and costed Action Plan can close almost all institutions within 15 years — but the hardest cases remain. HHC's contribution was focused, persistent, and indispensable in the baby home category where government lacked know-how. The lesson: national reform needs specialist partners for specific cohorts."

HHC GLOBAL ROADMAP → REUNITE FAMILIES + CREATE NEW FAMILIES

LESSONS FROM THE GROUND: WHAT THREE REFORMS TAUGHT US

A large, bright yellow diagonal stripe runs across the lower half of the image, starting from the left edge and extending towards the right, creating a strong visual contrast against the black background.

SOUTH AFRICA

Prevention & Community Strengthening

- AFS-Khusela community model: 7% average increase in child wellbeing over 2 years†
- Intersectoral coordination with 300,000+ NGO ecosystem
- Three critical pathway programmes for safe institutional transition
 - Hanover Park: 5% wellbeing increase over 18 months with statistically significant risk reduction†

RWANDA

Workforce & Scale-Up Pathway

- Two-tier workforce: professional social workers + 29,000 IZU community volunteers
- Pilot-to-national pathway: Kicukiro District → TMM across all districts
- Village-level architecture with dedicated volunteer pairs per village
- Government-integrated workforce from 2013, not parallel structure

BULGARIA

Phased Institutional Closure

- Strategic focus on baby homes (0–3) as highest-harm entry point
- Clear methodology: Teteven pilot → phased national rollout
- 760+ community-based alternative services developed nationally
- EU structural funds + HHC persistence through 4 political phases

SOUTH AFRICA

- Case management tools needed deep localisation — international models didn't fit without adaptation
- Traditional Leadership had to be embedded as custodians of 'family' and holders of community authority
- National DI Policy repositioned as apex policy within existing frameworks (White Paper on Families, CYCC Act)
- Reform messaging realigned with national development plan objectives (Agenda 2030, AU Agenda 2063)

RWANDA

- Mindset change had to precede formal programmes — community mobilisation came before policy instruments
- Reintegration quality required ongoing family strengthening, not just one-time reunification

BULGARIA

- Non-involvement of children, parents, and communities in early planning phases
- Over-reliance on small-scale residential care as 'alternative' — risk of re-institutionalisation
- Workforce shortages and high turnover in community-based services throughout
- Political will fluctuated across 4 distinct phases — Phase 3 had no EU funding, forcing HHC to act alone

Documenting what didn't work is not failure — it's the learning asset that accelerates the next reform effort.

COMPARING ADJUSTMENTS ACROSS CONTEXTS

SOUTH AFRICA

RWANDA

BULGARIA

WORKFORCE GAPS

Leveraged existing 300K+ NGO ecosystem for community reach

Built IZU volunteer corps (29K) from scratch within government systems

Struggled with turnover; workforce constraints slowed final closures

POLITICAL WILL

Built incrementally through MOUs over 10 years; national summit commitment 2025

Strong government ownership from start; 7th Children's Summit 2012 catalyst

Navigated 4 phases: high → low → medium → unstable; EU deadlines as leverage

SUSTAINABILITY

Embedded in national development plan; aligned with existing policy architecture

Integrated into government systems at every level; TMM is government-owned

Dependent on EU funding cycles; Phase 3 gap forced HHC to act without EU money

Similar challenges, different solutions — context determines the path, not a template.

1 Start where the system breaks

SA chose prevention because separation was the bottleneck; Bulgaria chose baby homes because early harm was irreversible.

2 Workforce is the reform

Rwanda's 29K volunteers made national scale possible; Bulgaria's workforce gaps slowed the final closures.

3 Localise everything

SA contextualised international case management tools; Rwanda adapted global DI expertise to community mobilisation traditions.

4 Political will is not constant — manage it

Bulgaria navigated 4 phases of shifting political commitment. SA built incrementally over 10 years through MOUs.

5 Document the detours

Every course correction is the learning asset for the next reform. These teams were honest about what didn't work.

“The next reform effort will be faster because these teams were honest about their detours.”

Across South Africa, Rwanda, and Bulgaria, every course correction — every plan revised, every barrier not anticipated — is now a shared asset for the field.

SA: Even under difficult conditions, children supported in families had measurably better outcomes.

Rwanda: National-scale deinstitutionalisation achieved through workforce investment at every level.

Bulgaria: 135 of 137 institutions closed within 15 years — but the final 2 show why political will must be sustained.

FAMILIES. NOT INSTITUTIONS.

QUESTIONS & ANSWERS



OTTO SESTAK

Moderator



LOURENZA STEYTLER

South Africa



IMACULEE VIDIVI

Rwanda



GALINA BISSET

Bulgaria

Submit your questions using the Q&A function.

LEARNING FROM THE DETOURS

Every reform effort hits unexpected barriers. Every plan gets revised. Every course correction is a lesson.

This series is building a shared learning asset from national experiences — what was tried, what failed, and what was learned.

If you redirected your approach, we want to hear about it. Share in the chat.

THANK YOU

HHC GLOBAL ROADMAP — A Roadmap to Child Care Reform:
<https://www.hopeandhomes.org/publications/families-not-institutions/>

Otto Sestak: Otto.Sestak@hopeandhomes.org | www.hopeandhomes.org

BACK TO FAMILY

**THANK
YOU FOR
JOINING!**

- Please see the chat box for a link to learn more about the **Transforming Children's Care Collaborative** and find out how to join.
- We will be sending you a link to the **webinar recording**, slides, and final report in a follow-up email. If you have questions, comments or recommendations for future webinar topics, please send them to:
contact@transformcare4children.org
- Be sure to fill out **survey** that will appear once webinar ends to help us improve future webinars.