



MacArthur
Foundation

Scaling Up Family Care through Care Reform

A Conceptual Framework

Changing
THE WAY WE
*care*SM

2023

Introduction

Globally, *Changing the Way We Care*SM (CTWWC) prioritizes scaling family care as part of care reform. To support global efforts, CTWWC developed a conceptual framework to scaling within the countries that we work. The country-level conceptual framework presents scaling as a seven-step process. Scaling approaches vary across contexts and countries with there being no one-sized fits all approach. As such, CTWWC's conceptual framework can and should be adapted to the context and available resources.

Overview of Scaling Conceptual Framework

A national family-centered care system prioritizes family care for all children through preventing unnecessary separation of children from their families, reintegrating children who are currently separated from family care (i.e., those in residential care) into families, and providing alternative family care (e.g., kinship care, foster care and adoption) as an option for children who cannot remain with their primary caregiver.

Building a strong national care system is the focus of the scaling approach. This is a large goal that can only be achieved by working in a coalition with other actors that share a common vision. As such, CTWWC defines scaling as an **iterative process** whereby a **diverse coalition of actors** realize a strong **family-centered care system** across geographic space and overtime.

It is not easily predictable how the system will gradually evolve. This calls for an iterative scaling process which means that we continuously leverage successes and opportunities as they arise. Working with other actors is critical in the effort to develop, scale and sustain this system. The result is that a system is in place that will, over time, serve all children within a specific country.

CTWWC Scaling Theory of Change



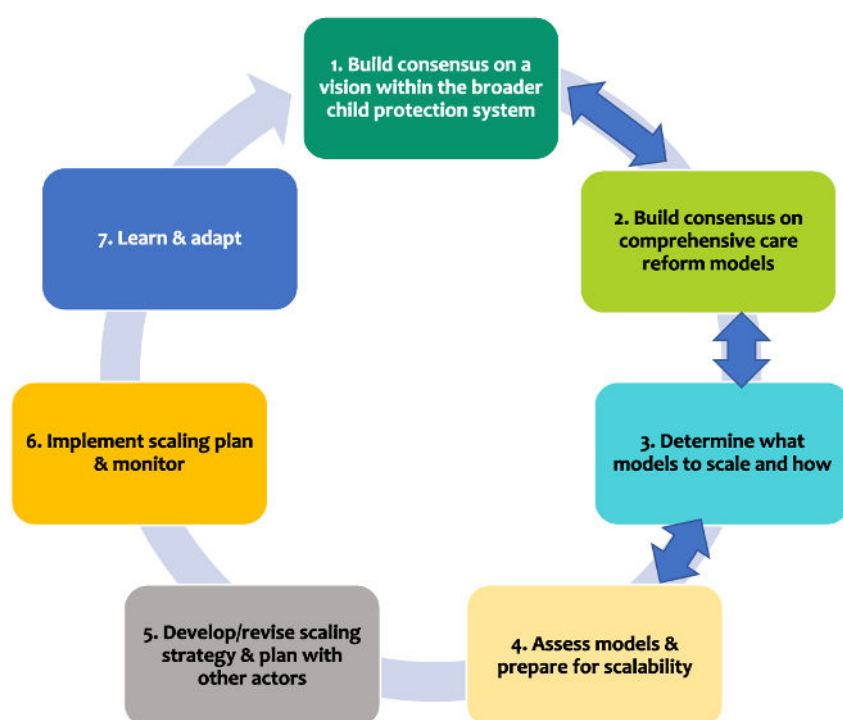
To achieve this vision, CTWWC presents seven non-linear steps to scaling (see Figure 1). This iterative process is adapted from *Scaling up Child Protection: A Framework for the Future*,¹ which is a discussion paper commissioned by UNICEF and is based on the MSI Scaling framework.²

¹ UNICEF and Maestral International. (2021). Accessed from: <https://www.unicef.org/documents/scaling-child-protection-framework-future>

² MSI. (2020). Third Edition. Accessed from: <https://www.msiworldwide.com/additional-resources/msi-scaling-framework>

The first two steps focus on building a national vision of the care system and the interventions needed for that system to function. Steps 3 and 4 acknowledge that different interventions may be ready to scale-up before others and that decisions about what to scale and how to scale should be made based on the intervention's readiness to scale. Steps 5 and 6 support the details of planning and monitoring the scaling process, including coordinating plans and monitoring with other relevant actors. Step 7 is the backbone of the iterative process. As actors move through all steps, an environment of learning and adapting helps build a care system that is responsive to the context and needs of children and their

Figure 1: CTWWC's Country Scaling Conceptual Approach: 7 non-linear steps



Step 1 - Build consensus on a vision for care reform within the broader child protection system



Child protection is the prevention of, and response to, all forms of exploitation, abuse, neglect, harmful practices and violence against children. In most countries a government ministry or lead agency is assigned the function of coordinating and executing child protection by a statute – e.g. the Constitution of the country or a Child Protection Act. These statutes often domesticate the UN Convention of the Rights of the Child (UNCRC), carrying weight towards compliance with international policy. Alternative care, gatekeeping, and prevention of separation and family strengthening, are a part of the child protection system and therefore, **any strategy to prioritize family care must be driven by the vision of child**

For care reform to be successful and reach scale there is a need to co-create the future vision for the provision of services to children whose families are unable to protect and care for them.

protection within that country. As such, it is imperative that the child protection vision for the country prioritizes family care and this vision is shared with all relevant actors at national and subnational levels. Such a vision must also be crafted with and known by those who play an ancillary government role in child protection programming³ such as the health, education, justice, safety and security sectors, other role players such as community-based organizations,

faith-based organizations, associations of people with lived experience, disability networks and funders of community-based programs. All these role players are critical to the provision of holistic and comprehensive protection and care and need leadership, guidance, support and coordination to be able to act in concert with one another. Government being the custodian of this function has the authority to lead and ensure co-ordination and collaboration in crafting and achieving the vision of child protection that is inclusive of a care system that prioritizes family care.

To set a foundation for scaling care, CTWWC will support stakeholder engagement that helps the government build a coalition to drive the vision of child protection across these sectors and actors.

A stakeholder mapping exercise followed by the development of a stakeholder management plan to manage stakeholder buy-in, engagement, and coalition building will assist with this process. Engaging all stakeholders results in building of the coalition, who, in turn, hear the same message, can understand the reason for the reform, as well as the outcomes to achieve it, and can positively influence the success of the effort.

Country example: In Namibia following a consultative process and assessment (2008) the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPSW) developed Alternative Care guidelines which prioritized family-based care and legislated this through the Child Care and Protection Act which was promulgated in 2015.

How can this be done? CTWWC considers using one or more of the six strategies in Figure 2, which are further described in Annex A. It is also recommended that these strategies to support scaling be considered through the lens of the socioecological model (see Annex B) as a framework for analysis to understand the multiple interrelated factors impacting on children and their families. The socioecological model looks at the interaction between individuals, relationship, community and societal factors to understand what factors put children at risk or make families stronger.

³ These government ministries are normally identified in the child protection legislation as child protection is multisectoral in nature.

Figure 2: Six Strategies to build consensus on the vision of care reform within a country's broader child protection system

1. Align care reform with child protection legal & policy framework, implementation & resources
2. Promote family strengthening in the national child protection framework
3. Improve coordination & accountability mechanisms for child protection
4. Mobilize community and decentralized government actors to adopt care reform and influence others
5. Contextualize care reform within an integrated continuum of care strategy
6. Build capacity and mobilize the social service workforce

Countries do not necessarily need to work on all 6, but rather choose which strategies are best suited for the country context and available resources.

Step 2 – Build consensus on comprehensive care reform interventions



CTWWC understands care reform as a process of systems change with three main pillars: 1) Prevention and family strengthening or preservation, 2) Alternative care and 3) Transformation or transition of residential services. These three pillars, as illustrated in Figure 2 have been nicknamed 'the Mercedes of Care Reform' and are widely agreed to be the categories of interventions that are required to reform the care system. Under each of these three pillars are a diverse range of possible interventions that will vary across contexts and countries. These interventions are key to scaling, but it is unlikely that any country will have sufficient resources to scale all

interventions under all 3 pillars simultaneously across the country. Instead, some interventions may be ready and able to scale even while other interventions are still being developed and/or refined and will be ready to scale later.

CTWWC should support and/or build coalition around the interventions for the country to adopt and prioritize through a broad range of actors. Such national interventions may align with and/or include interventions that CTWWC implements, but may also include additional interventions other actors are implementing. It is important for CTWWC to support building consensus around the interventions the country can and should adopt. Using the coalition described in Step 1, CTWWC can work towards building a vision and consensus around such interventions or, if such interventions already exist,

Country Example: In Kenya the National Care Reform Strategy was developed in consultation with a wide range of actors across sectors and outlines a national approach to care reform. This approach is operationalized through a national vision, goals and objectives and multi-sectoral activities and implementation arrangements. Through this national approach to care reform, actors have common understanding of terminology, know how their programs/interventions fit into the overall country goals and who else they should coordinate/collaborate with to reach national scale.

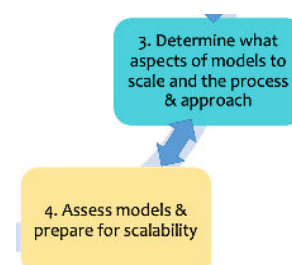
CTWWC can outline how our approach fits into national strategies. This may include establishing who to work with to further advance the national agenda.

Step 3 - Determine what aspects of interventions to scale, the process & approach

Step 4 – Assess and prepare for scaling

Step 3 and Step 4 work in tandem; as areas are assessed for scalability, the what and how interventions are scaled (or what is not) are influenced. **Determining what to scale is about the intervention itself, as well as about the enabling environment that is required to support the intervention over time.** Steps 3 and 4 help assess both to determine what and how to scale.

Before scaling an intervention, it is necessary to ‘define’ it. CTWWC suggests defining each intervention as a first step to assess and determine what and how to scale. This can be done by outlining what interventions are provided under each of the three pillars. It may also be important to consider interventions that do not yet exist but are part of the future vision⁴.



Once these interventions are listed, we suggest exploring how well they are defined by asking various questions – see Figure 4. These questions

Figure 3. Define the demonstration model to support scaling

Figure 4: Defining interventions

Questions to determine if the model is fully defined or more work is needed

What is it and why is it important?	General technical overview
How has it been contextualized?	The country-specific context
How was it done in demonstration country/areas?	Tools, guides, strategies, reflection
What are the best practices & lessons learnt?	Documented learning on implementation
What resources were required?	Cost analyses & individual and organizational capacity needed
What is the evidence of effectiveness and/or impact?	Monitoring results, evaluations, assessments
How is it embedded within the child protection system?	A description of how it fits into and strengthens the child protection system

help establish what the intervention is, why it's important, where it fits in the system, and how to do it. CTWWC should work with actors who have participated in the process to document all areas per Figure 4. Where these questions are not fully answered, prioritize activities to address the gaps.

It is also important to consider the enabling environment(s) that an intervention will be scaled into Assessing the enabling environment considers the existing political context (political will, alignment with national priorities and political opportunities including an ‘umbrella’ framework that can encompass child protection), the existing social context (physical and social settings, social norms, etc.) and the existing organizational context (organizational and

⁴ Although interventions that do not exist will not be “ready to scale” looking at steps 3-4 to determine how to design, build and implement the intervention will help make sure it is ready to scale in the future. In other words, you may find it useful to consider how to define and scale an intervention from the beginning.

technical capacity of government and/or non-governmental agencies). **Consider assessments to understand the enabling environment and/or advocacy to help improve the enabling environment, when needed.** This scaling conceptual framework does not cover these in detail, but situation analysis, political economy analysis or other assessments may be considered.

For example, applying the questions to the intervention area of family strengthening may show that there are gaps in documenting what family strengthening is, why it is important for family care, what resources are required to implement it and how family strengthening sits within the broader child protection system. This would mean that to support scaling of family strengthening (including through the coalition of actors from Step 1), these areas would need to be further developed. Activities could include writing an overview of family strengthening, and estimating the costs using financial data from implementing it in one district. These additional pieces of documentation and learning will support scaling-up family strengthening, including by other actors adopting the intervention. Annex C presents a simple assessment matrix for teams/actors to discuss to what degree each of these questions are answered or need further work.

Finally, we recommend assessing each intervention for its ‘scalability’. This is a best practice of the global scaling field of practice across sectors and programs. The purpose is to determine the intervention’s readiness, capacity and likelihood to scale. Conducting an assessment that factors in the six categories (see below), will help determine what interventions scalable. Or alternatively, the assessment may show the intervention needs additional support or documentation before it is ready to scale. Annex D presents matrix to reflect on each of the six categories, as well as to determine priorities to improve scalability if necessary.

To assess the readiness, capacity and likelihood of the intervention scaling, consider the following:

1. **Credibility** of the intervention: *is the evidence sound?*
2. **Transferability** of the intervention: *is documentation comprehensive including guidance, theory of change, standards of practice, training/capacity building programs and reporting templates to monitor and evaluate?*
3. **Organizational, technical and leadership capacity** to implement and own the intervention: *do adopting organizations have capacity and/or experience implementing the intervention?*
4. **Environment** for the intervention to grow, expand and be in demand: *is there strong commitment or political will to make the change?*
5. **Cost estimation** for scaling, resource mobilization and financial viability and sustainability: *are there cost estimations for starting up, maintaining and growing the intervention?*
6. **Data collection mechanisms** to monitor and ensure quality: *are there agreed upon indicators to monitor and evaluate the intervention and its scaling process?*

As you look at the degree to which interventions are defined and ready to scale, it is easier to determine what and how to scale. This is somewhat subjective; there is no precise formula to determine if something is ready to scale or not. Instead, we recommend assessing each intervention against each of the scalability criteria using a system of scoring (see Figure 4 and Annex E).

By reviewing if the intervention is fully defined or will be soon (Annex C), alongside the scalability scores (Annex E), priorities (or interventions more ready than others) should start to emerge. The next step is determining how – the method – to scale it.

As interventions are defined and prioritized for scaling, CTWWC must determine the method to scale-up. Scale-up methods fall into three

categories: expansion, replication, and collaboration. These three methods, and variants of each, are displayed in Table 1. It is important to weigh which method, or combination of methods, are appropriate to scale up the particular intervention given the context. For example, if prevention of family separation through parenting programs is prioritized for scaling, will this be scaled through replication, or through a combination of expansion and replication? Each type of intervention will require a scaling method to define how to advance its scaling. These scale-up methods work in tandem with system strengthening, which cuts across all CTWWC interventions and is critical to achieve national scale (see Step 5 for more details about how system strengthening activities contribute to achieving scale).

Figure 4: Score each scalability criteria for intervention using the following scores:

Based on the scalability areas, rank each intervention:



1 = ready to scale with little to no improvements


2 = potential to scale, with moderate improvements

3 = scalability uncertain / substantial improvements required

Average the scores together across all criteria to determine the degree to which the intervention is ready to scale.

Table 1. Scale-Up Methods

Methods	Definition	Examples
 <p>Expansion of the model by the organization that developed the intervention</p> <ul style="list-style-type: none"> Growth Restructuring or Decentralization Franchising Spin-off 	<ul style="list-style-type: none"> Branching out to new locations Used with “growth” method to allow the team to expand Other organizations operating as agents or clones of the originating organization Other organizations take on parts of the intervention so that the originating organization can focus on core aspects 	<ul style="list-style-type: none"> Expands to new counties/districts or residential care homes Restructures the team and/or decentralizes efforts to counties/districts to support growth Allows other organizations to replicate approach tools and resources Focuses on transition (for example) while other organizations take on community mobilization and faith engagement
 <ul style="list-style-type: none"> Policy Adoption 	<ul style="list-style-type: none"> The intervention becomes a program or practice mandate 	<ul style="list-style-type: none"> Intervention (or part of the intervention) is adopted into national policy and/or law

Methods	Definition	Examples
Replication of the intervention by public sector, private sector and/or development partners	<ul style="list-style-type: none"> Grafting <ul style="list-style-type: none"> Incorporating the intervention into another organization's services 	<ul style="list-style-type: none"> Intervention (or part of the intervention) is built into another organization's services/approach
	<ul style="list-style-type: none"> Diffusion and Spillover <ul style="list-style-type: none"> Marketing new ideas to individuals who then 'spillover' the ideas to organizations. (e.g. social media, communities of practice, etc.) 	<ul style="list-style-type: none"> Advocates for the demonstration intervention (or parts of it) to individuals and organizations to take on
 Collaboration	<ul style="list-style-type: none"> Formal Partnerships, Joint Ventures and Strategic Alliances <ul style="list-style-type: none"> Organizing/mobilizing collaborative efforts through formal partnerships, ventures, alliances of who will take on part or all of the intervention 	<ul style="list-style-type: none"> Establishes MOUs (for example) with other organizations to provide part of the intervention
	<ul style="list-style-type: none"> Networks and Coalitions <ul style="list-style-type: none"> Builds or supports networks/coalitions that support/adopt the intervention (or part of the intervention) 	

Step 5 - Develop or revise scaling strategy and plan

Now that you have determined what is prioritized for scaling and the method to scale it, it is time to develop a plan that considers roles and responsibilities across actors and estimated available resources for scaling. Developing a strategy and plan for scale up involves determining **organizational roles** to ascertain **who performs the key functions**.⁵ Deciding who needs to do what for scaling - and operating at scale - is necessary to be successful and involves the following types of actors:

- **the originating organization** that develops and pilots the intervention,
- **the adopting organization, agency or institution** that will take up the intervention, and
- **a neutral third-party or intermediary organization**⁶ specifically charged with assisting in the scaling up process.

⁵ MSI Scale-up Framework. 3rd Addition

⁶ The functions of the intermediary organization include performing or supporting: strategic planning, evaluation and documentation, fundraising, investment packaging and placement, advocacy and marketing, convening and coordinating stakeholders, change management, organizational development, process management, and systems strengthening.

PUTTING TOGETHER THE PLAN FOR SCALE UP

The final stage of scale-up planning should therefore also include preparing a detailed timeline and documenting all aspects of the scale up process, specifically including the below elements which are further described in Annex F:⁷

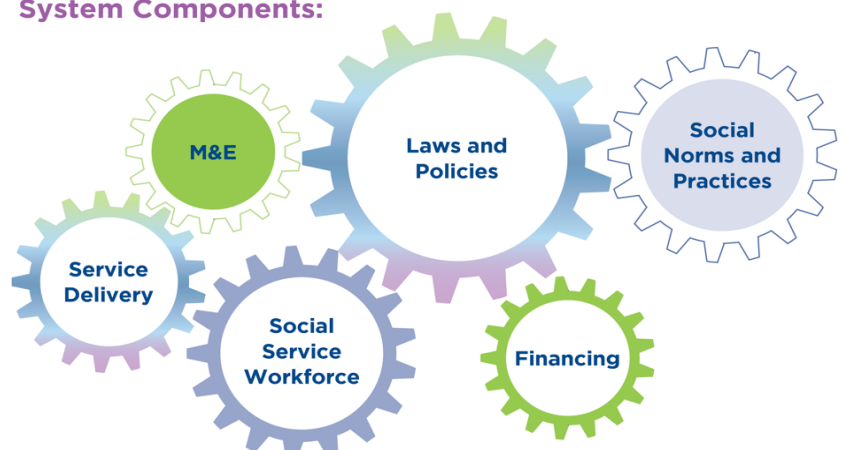
1. **A scaling plan or roadmap** which fully describes the intervention including but not limited to the theory of change, standards and delivery protocols, required inputs (e.g. personnel), etc.
2. **A training / capacity building program** a training and/or mentoring program with training materials and a core team of trainers/mentors.
3. **A framework for managing data and quality assurance** agreed upon indicators, procedures and roles and responsibilities to collect, report, analyze and use data to evaluate the intervention.
4. **A description of the mechanics of the scaled-up intervention** such as staff ratios (e.g. supervisor to staff or frontline staff to beneficiary), organigrams, job descriptions, management tools, supplies and equipment.
5. **A description of the mechanisms for disbursing funds** that is feasible given the funding source and its organizational procedures and norms.
6. **An intervention implementation and risk management plan** key steps in the roll-out process and generic risks to look out for with suggestions for how to manage such risks.
7. **Measures to monitor scale-up progress and success**

Step 6 - Implement plan and monitor

Activities to support scaling up, should always apply a system strengthening approach. This means that as we work with other actors to expand, replicate and collaborate, CTWWC will build the capacity of the system. For example, if a country prioritizes scaling-up a gatekeeping intervention, it should consider how to do so in a way that promotes an existing national mandate to create and maintain gatekeeping mechanisms (or create such a mandate if it does not already exist). In other words, which ministry is

Figure 5: System Strengthening Components

System Components:



⁷ Barberton, Conrad. Conceptual framework for thinking through the scaling-up of ECD interventions.

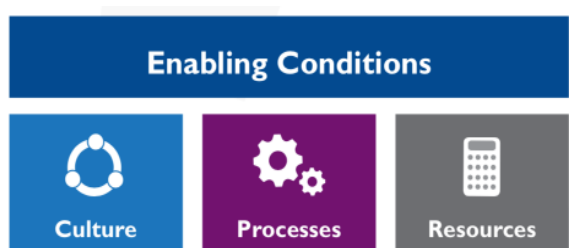
mandated to create and maintain gatekeeping and how will we work with others to build the capacity required to fulfill this mandate? This is an example of how to apply the system strengthening approach illustrated in Figure 5. Scaling up usually involves multiple agencies and requires **coordination** among organizations that are not necessarily in the habit of working with one another. It is recommended to create or strengthen **intermediary organizations to facilitate the process of scaling up** by establishing agreed upon metrics to monitor the scaling process, described as the following:

- **Outcomes:** are the actual or intended changes seeking to support, and are important to track to monitor if the intervention maintains its impact as it is scaled. There may be variation as the intervention is implemented in different contexts, which are important to take note of and work on adapting/optimizing the strategy for new contexts.
- **Outputs:** are key activities that each organization participating in the scaling will report on.
- **Process:** monitoring the scaling process may include tracking if goals and targets delivered by each organization participating in the scaling, which can help hold actors accountable.

Step 7 - Learn and adapt

Learning and adapting is not a final step to scaling but rather an iterative and continuous process.

There will be countless opportunities for learning during the scale-up process. As scale-up occurs and learning is generated, it is important to disseminate that learning and also keep pulse of the evidence base globally. As one country program is scaling, adapting and learning about a topic, other countries may be doing the same. It is important to identify, track and facilitate routine sharing and learning across relevant stakeholders. Generating learning does not automatically translate in to use and adaptation, however. Adapting interventions based on evidence should be intentional and a



Source: USAID Collaborating, Learning and Adapting Framework

management norm (aka 'adaptive management'). This can be achieved by creating purposeful opportunities for staff and other actors to pause and reflect, review and interpret evidence together, and discuss specific details of how to adapt the intervention. Annex F includes suggestions to create an enabling environment for learning and adapting throughout the scaling process.

Critical success factors to enable scaling. Scaling of family care is an approach that should intentionally be planned for from the start of an intervention/initiative of care reform. The following factors identified below will improve or enable a scaling approach:

- Document as much of the implementation as possible to build evidence to support scaling. Plan for such documentation through staffing (e.g. a part time scaling or learning advisor), staff job descriptions (technical staff must help document), staff key performance metrics, staff meetings, staff reflection exercises and other forms of management. Consider what types of training or tools will support staff to document (e.g. adaptive management training, writing skills training, ethical storytelling, or progress tracking tools).

- Define and document interventions from the beginning, but acknowledge that these are likely to need regular revision as part of adaptive management and/or piloting. This includes using this document to guide how to define the interventions.
- Apply systems thinking. Strengthening a system is in itself an approach to scaling. Designing and implementing interventions that support the system components is critical to reaching scale in family care.
- Always look for opportunities to build evidence and invest in doing so. This means including assessments/research in work plans and budgets, adapting monitoring and evaluation approaches/indicators to evolve alongside interventions, having data use meetings to review existing evidence and determine what additional data is needed, committing to and documenting reflection exercises, and “softer” evidence like capturing case stories, etc.
- Consider the risks of working with scaling in mind and make plans to mitigate them. For example, working with a scaling lens requires more time and resources than simply implementing interventions that do not intentionally aim to scale. If there is pressure to work under a tighter timeline than necessary (e.g. from funders or government counterparts), there is a risk that scaling the intervention may not be as successful. This risk can be mitigated by advocating for and explaining why longer timelines are necessary, and/or by identifying other organizations to collaborate with and achieve greater cost-efficiency.

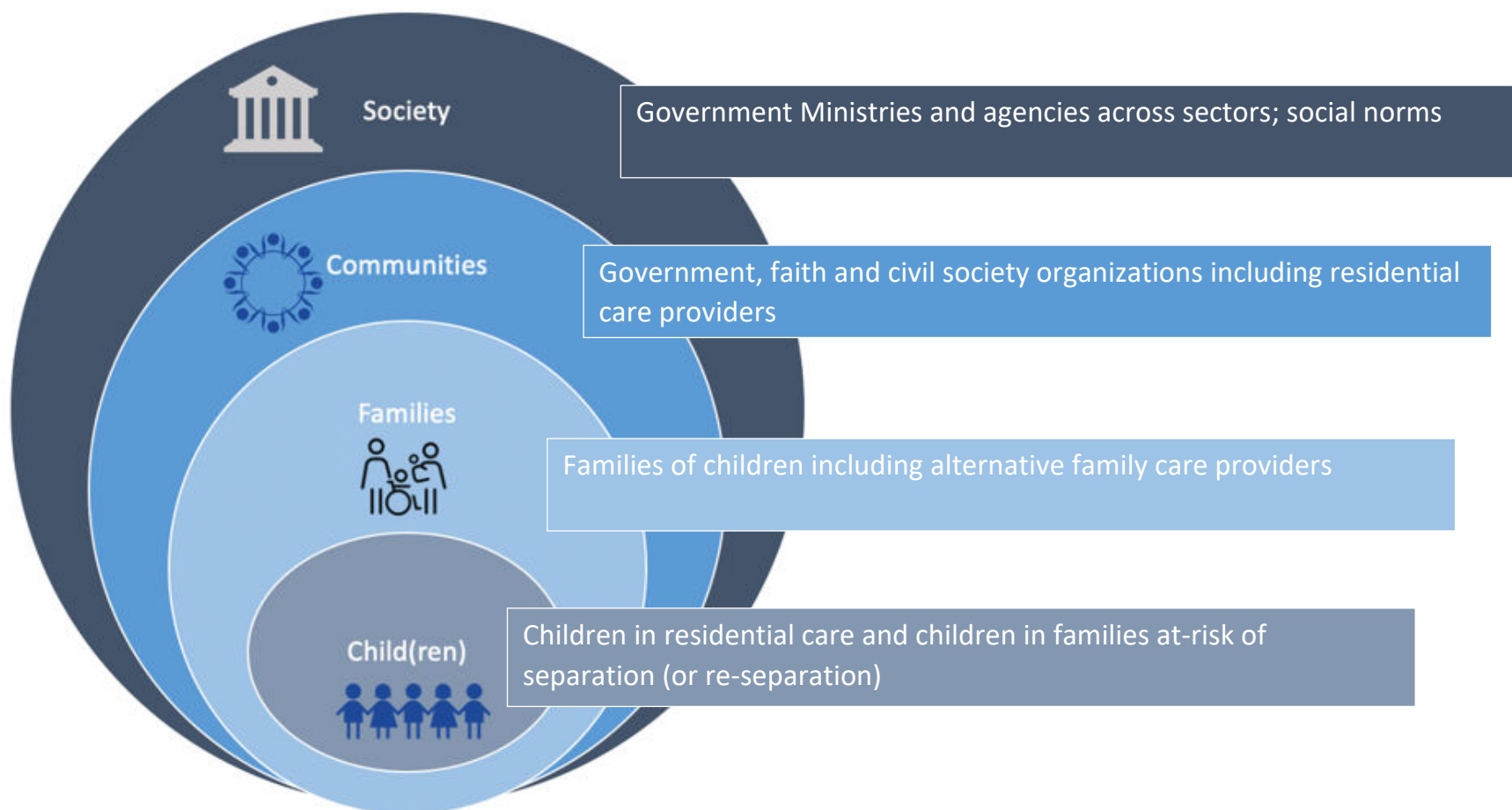
Annex A: Six strategies to build consensus on the vision of care reform within the broader child protection system

Strategy	Description	Example activities to strengthen	Illustrative outcomes
<i>Align care reform with child protection legal & policy framework, implementation & resources</i>	An enabling environment for child protection is created through strong legal and policy framework, and is critical for ensuring sustainability of interventions and programs. Therefore, inclusion of promotion of family care as a principle, and as a strategy, in the legal framework can have a twofold outcome namely, the creation of a platform for advocacy of resources from government and support changing knowledge, attitudes and the practice of child protection.	<ul style="list-style-type: none"> • Analyze gaps in child protection laws & policies • Advocate for revised laws and policies, including through political champions • Identify allies (including NGO and faith-based actors) and form partnerships to support advocacy efforts 	A child law that prioritizes family care over residential care (e.g. prohibits residential care or defines in terms of being temporary, shortest duration and as a measure of last resort), supports kinship care, foster care, adoption and other contextually relevant family-based care alternatives. Multi-sectoral policies align with these objectives.
<i>Promote family strengthening in the national child protection framework</i>	Family preservation should be the first response as a preventative measure. It is crucial to build a response that will strengthen the families' capability and skills to mitigate against drivers for residential care. In addition, strengthening family-based care helps reintegrate children from residential care with their families. The socio-ecological model ⁸ should guide the interventions for the child, the family and the community as they are inter-related.	<ul style="list-style-type: none"> • Map existing government and non-governmental family strengthening services to determine types of services, coverage, best practices, etc. • Advocate for actors (gov and NGO's) to strengthen the integration of family strengthening services and care 	National family strengthening programs are defined for preventing unnecessary separation and supporting reintegration in policy/national guidelines and align with the socio-ecological model. Such policies/guidelines are supported by a national training program.
<i>Improve coordination & accountability mechanisms for child protection</i>	Child protection is multi-sectoral in nature with key government actors being responsible for building strong child protection systems for improved child outcomes (social welfare and justice sectors). They are supported by other sectors responsible for essential child protection programming such as health, education, and social protection. In addition, there are non-governmental actors including groups of people with lived experience, community and faith-based organizations, who play a key role in influencing child outcomes. Undertaking reforms with such a large number of stakeholders calls for strong co-ordination and collaboration to ensure that all these actors are engaged, informed, and plan together to improve child outcomes.	<ul style="list-style-type: none"> • Identify existing accountability structures and assess their functionality to determine areas of support • Support relevant actors to come together to discuss issues, and strategize and plan together 	Child protection programs are being designed, planned, implemented and reviewed across relevant actors (including across sectors) (and including for care reform). The government budgeting for child protection is coordinated across relevant sectors.

⁸ UNICEF child protection strategy (2021-2030) pg19

Strategy	Description	Example activities to strengthen	Illustrative outcomes
<i>Mobilize community and decentralized government actors to adopt care reform and influence others</i>	Change does not always happen through policy (top-down); change can be supported through communities or subnational governments and used to influence other communities, subnational governments and eventually national government actors (bottom-up). Grassroots community- defined and led interventions have potential to go to scale at a macro level through local commitment and ownership and grassroots scaling. The success of any programme will be directly related to the sense of ownership therefore community and/or subnational government leadership and participation is essential.	<ul style="list-style-type: none"> • Define and implement community awareness raising • Advocate for subnational government systems change • Collect evidence and develop an approach for subnational government and community actors to influence peers in other geographic areas 	Subnational governments are planning for care reform within local planning and budgeting processes (if decentralized). Subnational government representatives are connected and sharing care reform experiences with peers/colleagues. Community leaders are advocating for care reform and supportive of transition.
<i>Contextualize care reform within an integrated continuum of care strategy</i>	Continuum of care refers to an integrated system of care that guides the provision of a comprehensive array of child protection services. The continuum includes promotive, preventative and responsive services. Care reform interventions therefore, must seek to work with both the demand and supply of residential care. The demand side can be managed through advocacy for the increase of promotive, prevention and early intervention services at community level that will decrease the need by the child for alternative residential care. The supply side and be managed by engaging governments to change their policy frameworks that identify residential care as a last resort for care of children, as well as engaging donors to redirect funding towards strengthening the community - based prevention and early intervention services. This will require working across sectors – namely health, education, justice and welfare – to ensure care reform is integrated into child protection responsibilities and services.	<ul style="list-style-type: none"> • Build capacity of multisector government and non-government actors to understand the continuum of care and how to apply this to care reform. • Map existing interventions using the socio-economic model as a guide to identify existing prevention and early intervention programs • Identify multisectoral government and non-governmental actors involved in each part of the continuum of care, and advocate for integration of care reform into specific services/interventions 	A continuum of care for care is defined for the country, it aligns with the socio-ecological model and is cross-sectoral.

Annex B: Socio-ecological Model



Annex C: Assessment - Defining an intervention

Defining intervention								
<i>Instructions: fill in each box with a red, yellow or green square using the color key below.</i>								
Intervention	Importance of intervention	Contextualization of intervention	How to implement the intervention	Best practices and lessons learned	Resources required (HR and financial)	Evidence of effectiveness/ impact	Linkage to child protection system	Notes
Family Strengthening								
Residential Transformation / Transition								
Alternative Care								

Color key – degree of intervention being defined

Red = not yet started

Yellow = partly completed

Green = completed

Annex D: Assessing and enhancing scalability – methods to improve scalability in context of six different scalability categories

Scalability categories		Methods to improve scalability	Priorities to improve scalability
1. Credibility	<ul style="list-style-type: none"> ▪ Is the evidence sound? ▪ Does the evidence show the strategy will work in diverse contexts? ▪ Is the strategy supported by ‘eminent’ institutions and individuals? ▪ Does the evidence have ‘emotional appeal’? ▪ Is the evidence from independent sources? ▪ Does the evidence show superiority to existing strategies? ▪ Are the results visible and clearly associated with the intervention? 	<ul style="list-style-type: none"> ▪ Document/summarize results in clear and concise ways that can be readily shared with key stakeholders. ▪ Collecting further evidence through a desk review, key informant interviews, or a special study ▪ Testing the intervention in a smaller, realistic setting ▪ Discuss the intervention with respected individuals/institutions 	
2. Transferability	<ul style="list-style-type: none"> • Is the intervention simple enough to integrate into existing systems and structures? • Are there ways to further simplify the intervention without sacrificing effectiveness? • Is the intervention well documented, including guidance, a theory of change, defined beneficiaries and 	<ul style="list-style-type: none"> • Simplify/streamline the intervention without sacrificing the essential components • Develop and get feedback from end-users on documentation of the intervention 	

Scalability categories		Methods to improve scalability	Priorities to improve scalability
	<p>audiences, a results framework?</p> <ul style="list-style-type: none"> • Is documentation specifically to transfer and implement the intervention sufficient? This includes standard operating procedures, service quality standards, training/capacity building programs, reporting templates to monitor and evaluate? • Is there criteria that describes how under-performing sites will be identified and corrective actions that will be taken (including to close persistently under-performing sites if necessary)?⁹ 		
3. Organizational, technical and leadership capacity	<ul style="list-style-type: none"> • Is there a designated and agreed-upon authority of the organization that will adopt and implement the intervention? • Is there operational capacity of the adopting organization to implement on a larger scale? • Does the adopting organization have experience implementing the intervention? 	<ul style="list-style-type: none"> • Seek (or advocate for) high-level, official authorization for the government entity to adopt and implement the intervention • Support government to integrate the intervention into their strategic plans, annual work plans and annual budgets • Support government to determine required staff and develop a staff orientation and recruitment plan • Recruit required technical assistance to support the government throughout the scale-up process 	

⁹ Barberton, Conrad. Conceptual framework for thinking through the scaling-up of ECD interventions.

Scalability categories		Methods to improve scalability	Priorities to improve scalability
	<ul style="list-style-type: none"> Is there an intermediary organization with experience that will provide technical assistance? Does the adopting organizations organogram reflect staffing requirements, including plans to recruit for vacant positions? Is the adopting organization familiar with monitoring, evaluation and data-use to inform and adapt interventions? 	<ul style="list-style-type: none"> Orient the government's statistics/M&E arm to the required data collection and use Do all of the above with non-governmental actors, such as international NGOs, civil society organizations, associations and networks. Build coalitions and partnerships within non-governmental actors and between government and non-governmental actors. 	
4. Environment for growth	<ul style="list-style-type: none"> Is the intervention supported by existing domestic policies, laws and regulations? Is there a sense of urgency to resolve the problem? Is there strong commitment to make the change? Is the issue aligned to broader social agenda priorities? 	<ul style="list-style-type: none"> Document how the intervention is supportive of national legislation and policy and international instruments that the country adheres to Develop a business case for why the intervention is important and how it supports the government's priorities Advocate with key government authorities and civil society actors, including to make alliances across sectors Find better ways to communicate to policymakers and stakeholders about the intervention's relevance and importance 	
5. Cost Estimation, Resource Mobilization & Financial Sustainability	<ul style="list-style-type: none"> Is there a description of funding flows for the existing care system that includes private and public funds? Is there a description of all components of the intervention that are required inputs (including 	<ul style="list-style-type: none"> List out detailed intervention requirements and their unit costs Establish costs both for start-up and routine maintenance Assess cost-effectiveness (if possible) Identify where and how much resources can be mobilized 	

Scalability categories		Methods to improve scalability	Priorities to improve scalability
	<p>management, staffing, supervision, etc.)?</p> <ul style="list-style-type: none"> • Are there cost estimations for starting-up, maintaining and growing the intervention? • Is financing available to support part or all of the scale-up? • Is there a resource mobilization strategy to fill financial gaps? 		
6. Data Collection Mechanisms	<ul style="list-style-type: none"> • Are there agreed upon indicators to monitor and evaluate the intervention? • Are there agreed upon indicators to monitor the process of scale-up? • Is there a data flow chart to show when and to whom data should be submitted? 	<ul style="list-style-type: none"> • Build consensus on standard indicators to monitor the intervention • Integrate indicators into existing monitoring systems to assess the intervention • Develop or adapt existing data flow diagrams, data collection tools, reporting formats, etc to accommodate data related to the intervention • Develop a reporting and communication plan that describes how data will be shared across key actors • Assess barriers to using and sharing information and develop solutions to overcome them 	

Annex E: Scoring an intervention for scalability: is it ready to scale?

Intervention name:	
Score the intervention in each criteria of scalability.	Write 1, 2, or 3 based on the scoring key.
1. Credibility of the intervention: <i>is the evidence sound?</i>	
2. Transferability of the intervention/: <i>is documentation comprehensive including guidance, theory of change, standards of practice, training/capacity building programs and reporting templates to monitor and evaluate?</i>	
3. Organizational, technical and leadership capacity to implement and own the intervention: <i>do adopting organizations have capacity and/or experience implementing the intervention?</i>	
4. Environment for the intervention to grow, expand and be in demand: <i>is there strong commitment or political will to make the change?</i>	
5. Cost estimation for scaling, resource mobilization and financial viability and sustainability: <i>are there cost estimations for starting up, maintaining and growing the intervention?</i>	
6. Data collection mechanisms to monitor and ensure quality: <i>are there agreed upon indicators to monitor and evaluate the intervention and its scaling process?</i>	
Calculate the average of all scores:	
Scoring key: <i>1 = ready to scale with little to no improvements</i> <i>2 = potential to scale, with moderate improvements</i> <i>3 = scalability uncertain / substantial improvements required</i>	

Annex F: Description of each element of a scaling plan

1. **A scaling plan or roadmap** which fully describes the intervention and specific implementation measures, including:
 - the purpose;
 - the intended beneficiaries or target group/s;
 - the political will and multi-stakeholder engagement in scaling the child protection intervention;
 - high-level description of the key parameters of the intervention – what does delivery look like?
 - process map of the intervention that shows the different role-players and processes involved in implementation;
 - the theory of change that underpins the intervention;
 - detailed norms and standards for key aspects of the intervention;
 - delivery protocols or standard operating procedures (SOPs);
 - a list of input requirements: infrastructure, personnel and materials; and
 - sample programs, menus, activities etc. as relevant.
2. **A training / capacity building program**, including:
 - a tested training / mentoring program;
 - a training manual, and associated training materials; and
 - a core team of trainers / mentors.

3. A framework for managing child protection data and quality assurance

One of the main challenges when scaling up an intervention is data management and quality assurance of services across multiple sites. It requires more than just M&E. It means putting in place the institutional capacity and data management systems to track data on key child protection indicators as well as ensure meaningful service or performance monitoring and provide corrective support. This requires:

- a management information system (MIS) for management of child protection data as well as service delivery data
- trained M&E personnel, systems and procedures;
- clear input, process and output measures, and outcome indicators;
- training on gathering, reporting and interpretation of performance information;
- routine reporting and monitoring tools and procedures;
- centralized data consolidation and analytical capacity;
- a process for regular review of indicator and monitoring data and use of this data to inform decision making for ongoing program refinement and service quality improvement;
- risk-based criteria to identify sites that are under-performing and mechanisms to provide corrective support; and
- procedures to close down sites that persistently under-perform, or place beneficiaries at risk.

2. A description of the mechanics of the scaled-up intervention

The process of managing a pilot is very different to managing at scale. Therefore, when preparing for scale-up, one needs to describe not only the organizational roles of the key actors (see above:

Developing a Pathway for Scale Up) but also the ‘mechanics’ of the scaled-up intervention at local, regional and national levels, including:

- listing the main resources required for implementation per site and for managing implementation at local, regional and national levels – this may include workbooks, resource packs, computers and projectors for trainers, transport money, vehicles, office space etc.;
- developing a reach ratios table that sets out how many beneficiaries frontline delivery staff can reach at any one time and over a quarter, six months and a year – taking into account:
 - the nature of their contracts – volunteers, stipends, part time or full time;
 - time for training;
 - time for planning, reporting and supervision; and
 - factors such as public holidays, school holidays and annual breaks;
- developing a set of management ratios that present:
 - the ratio between frontline staff and supervisors;
 - the ratio between supervisors and management staff at local and regional levels;
 - the ratio of administrative and other support staff – including HR and finance staff – to frontline staff at local and regional levels;
 - the national head office staff responsible for managing the program; and
 - the ratio of trainers / mentors to other staff both for initial training and refresher training;
- specifying an organogram, based on the preceding ratios, that reflects the staffing requirements at local, regional and national levels; and
- specifying the roles and responsibilities of people at each level of the program, including job descriptions for all full-time or part-time positions.

3. A description of the mechanisms for disbursing funds

There needs to be clarity as to how funds will flow from the central level down to the frontline service delivery units. If national government is responsible for budgeting for the intervention and local government is responsible for implementing it, then an appropriate intergovernmental grant will need to be put in place. If the government subsidises non-profit organizations to do the implementation, then systems to manage these subsidies are required. The different funding mechanisms and the overall flow of funds should be shown in a funding flow diagram.

4. An intervention implementation and risk management plan

Implementing any intervention requires careful planning. It is therefore useful to have an intervention implementation and risk management plan that can be adapted to implementation initiatives in different local, regional and national contexts. This plan should:

- specify criteria that might be used to decide on the sequencing of rollout of services to areas;
- describe key steps in the roll-out process, e.g. setting up regional management capacity, providing training, setting up sites etc.;

- describe processes that can be put in place to use the rollout process in one area to prepare for rollout in another area, e.g. peer learning groups, joint training sessions, partnering etc.; and
- identify generic risks and propose strategies for mitigating or managing them.

5. Measures to monitor scale-up progress and success

Annex G: Enabling Environment for Learning and Adapting¹⁰

Organizations/initiatives seeking to scale should actively plan to enhance and promote the institutional **culture, processes and resources** available for learning and adaptation so that it is built into the way organizations work and achieve scale.

Culture: organizational culture that promotes learning and adaptation rests on the following three components:

6. Openness: making sure staff are comfortable sharing opinions and ideas, are sharing and listening to alternative perspectives, and are willing and able to take action on new ideas. In many organizations, this may relate to eliminating an “fear of failure”;
7. Relationships & Networks: encouraging staff to develop trusting relationships, exchanging up-to-date information and using their networks to understand and leverage situational awareness; and
8. Continuous Learning & Improvement: intentionally creating space for staff to take time to learn and reflect, incentivizing learning and encouraging trial and error to continuously improve implementation.

Processes: internal processes that allows for flexibility for learning and adaptation considering the following:

- I. Knowledge management: staff who are sharing knowledge with and source knowledge from other stakeholders;
- II. Institutional memory: mechanisms that allow easy access to institutional knowledge, particularly during staff transitions, including encouraging in-country staff to contribute to and share institutional knowledge with other colleagues; and
- III. Decision-making: making decision-making processes clear and allowing autonomous decision-making when appropriate, as well as including relevant stakeholders outside the institution to participate in decision-making

Resources: effective learning and adapting for scale-up requires a long-term investment of resources both from the organization transferring the intervention and the organization adopting the intervention.

- I. Financial resources: investing in continuous and long-term implementation and monitoring of the intervention being scaled (see Implement, Plan and Monitor above). This will often include committing to routine monitoring data systems and multiple studies to understand the effectiveness of the intervention as it goes to scale. Flexible pools of funding, when possible, will help respond to ad hoc learning needs and implementation adaptations;
- II. Technical resources: putting resources into routine monitoring and data-use, including investing in staff technical expertise will support learning and adaptation. Expertise is required

¹⁰ USAID CLA Framework

for planning, collecting, analyzing, interpreting and using information for decision-making; and

- III. Other human resources: additional technical expertise – internally or externally – may help design, implement and learn from scaling-up an intervention. The specific expertise required will depend on the type of intervention.



Changing The Way We CareSM (CTWWC) is a Global Development Alliance funded by USAID, the MacArthur Foundation and the GHR Foundation, and 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 Better Care Network, Lumos Foundation, and Faith to Action. CTWWC's vision is to be a bold global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others to build momentum towards a tipping point of change for children.

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

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