



# INSIGHT

## Scaling Family Care Through System Strengthening

**Systems change**, sometimes called **systems strengthening**, transforms laws, policies, structures, interactions, services, social norms and practices, the workforce and/or financing to address a given issue.

### SCALING THROUGH SYSTEM STRENGTHENING

Simply put, scaling is about increasing impact to more people over time. For example, scaling-up food production to provide more diverse nutrients to a growing population. Originally, in development, scaling focused on pilot projects which often showed positive results on a small scale. However, pilot projects tend to have high levels of support that often cannot be resourced and/or sustained at a large scale. This results in impact that is limited to the original geographic area and often unsustainable. To overcome this, it is now more common to “begin with the end in mind”, planning for scale at the start of a project or intervention.<sup>i</sup>

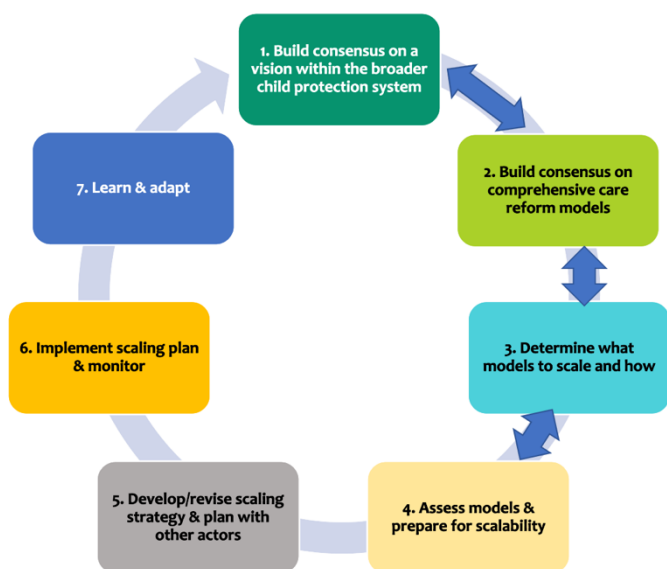
Developing and implementing interventions that successfully scale-up and are sustainable requires a different mindset compared to pilot testing<sup>ii</sup>. There is now common agreement that systems change should be part of scaling, however recently scaling experts have been debating the role of systems change in scaling.

**Should scaling start with changing a system, or should it start with an intervention? Should scaling an intervention have explicit objectives and activities to strengthen a system? How should systems change be done? And, how much systems change is needed?**<sup>iii</sup>

It is easier to think about changing a system that is addressing clearly defined problems and has clear solutions. For example, changing a health system to deliver a new immunization has a clear problem (a new virus) and solution (health workers administer vaccines). A child protection system does not have the luxury of being so linear. Problems that children need care and support face are because of a range of reasons,

requiring solutions based on the needs of their specific circumstance, which come from different types of service providers. For example, if there is domestic abuse in a home, a child who is unsafe may need to be temporarily placed in foster care, while the biological parents receive counseling (from a therapist), parenting classes (from a community organization) and economic support (from a government social service office). Further, the way children are treated and cared for is often deeply rooted in established social norms and practices. All of this, requires a perspective of effecting change through changing the way people think, reflect, participate, and interact instead of offering a single solution (vaccine) with more predictable objectives, activities and timelines.

**Interventions to strengthen the system** are explicit and intentionally linked to interventions for children and families. Examples include: working with government actors to develop new guidelines, advocating for changes in laws and policies, training actors on new programs and services, raising awareness through community outreach, etc.



## Scaling Up Family Care through Care Reform: A Conceptual Framework for Countries

The framework developed by CTWWC suggests that if a coalition of actors in a country to apply an iterative scaling process, and if the care system is strengthened, children across the country will be kept in safe, nurturing families.

The framework proposes a 7-step iterative process, underpinned by intentional system strengthening. These seven steps emphasize: building a coalition and aligning towards a common vision; strengthening the system; reaching consensus on priority interventions to support children and families; continuous strategizing, planning, monitoring, learning and adapting across settings and over time.

Changing the Way We Care (CTWWC) is a global initiative working to change systems to care for children in safe and nurturing families. With focused work in select communities and countries, the initiative aims to influence increased numbers of children in safe and nurturing families around the world. While this approach includes targeted advocacy and influence with international and regional actors, this insight brief focuses on scaling by effective systems change within those select countries.

While CTWWC has focused on systems change since the beginning, it was not always underpinned by a conceptual framework. Even without applying the 7-steps, CTWWC has found that focusing on system strengthening alone has helped drive scale-up. The examples below describe how systems strengthening alone can lead to scaling of interventions, including interventions that already exist. CTWWC believes that strengthen systems are essential to scaling and doing so, while aligning the vision and interventions across a coalition of actors, will increase impact to more children and families.

## EXAMPLE: SCALING FAMILY CARE THROUGH KAFALAH IN KENYA

Kafalah is a form of alternative family care practiced in Muslim communities around the world. It is a commitment of an individual or family (Kafil) to voluntarily take care of children without parents care as if they were their own.<sup>iv,v</sup> Although this has long been a widespread practice in Kenya, and recognized by law<sup>vi</sup> in Kenya since 2018, it was not formalized nor regulated. This limited Kafil access to support services and potentially putting children in Kafalah at risk of harm because of inadequate monitoring and oversight. Over the past several years, CTWWC has been working with the Government of Kenya and Muslim Leaders in Kenya to change the system so that Kafalah is formalized and regulated to ensure more children are safely living in families. This started in Kilifi county in 2021 and by 2022 was scaled to a total of five counties.

**CTWWC Kenya supports the national government to reform care across the Kenya, with three demonstration areas demonstrating targeted community and family support.**

To achieve this, first, CTWWC supported the Department of Children's Services (DCS) to address Kafalah through new national standards of practice that were developed with participation from Muslim leaders and organizations. Working via a national working group, this process helped build a coalition around Kafalah care and improved coordination and collaboration both between government and Muslim leaders and amongst different Muslim groups. This led to several of the largest and most influential Muslim organizations and associations<sup>vii</sup> having a common understanding and vision of formalized Kafalah, which led to agreement to suspend Kafalah registration fees, removing an important barrier to more children being cared for through this family-based alternative.

## KAFALAH IN PRACTICE

In the towns of Malindi and Watamu in south-eastern Kenya, the Muslim community founded the Malindi Islamic Centre for Orphans (MICO), which currently cares for 200 children who have lost at least one parent. The children live with extended family members under a Kafalah arrangement, but each day go to the MICO facility to receive their schooling, as well as tea, lunch and bread to take home to the family. Twenty mosques in Malindi and Watamu are members of MICO and contribute financially to keep its work going.

*"These children belong to Allah," says MICO Chairman Imam Abdulrahman, "and we must find a way to help them."*

Children who have lost a parent are reported to the local mosque, and then formally registered through the mosque committee. This involves reviewing the child's birth certificate, as well as the parents' death, marriage, and/or divorce certificates, and then filling out forms which officially establish the child as an "orphan" under the Kafalah system.

*"At that point, the mosque committee members become parents to the child and must continue watching out for the child through his or her life."*

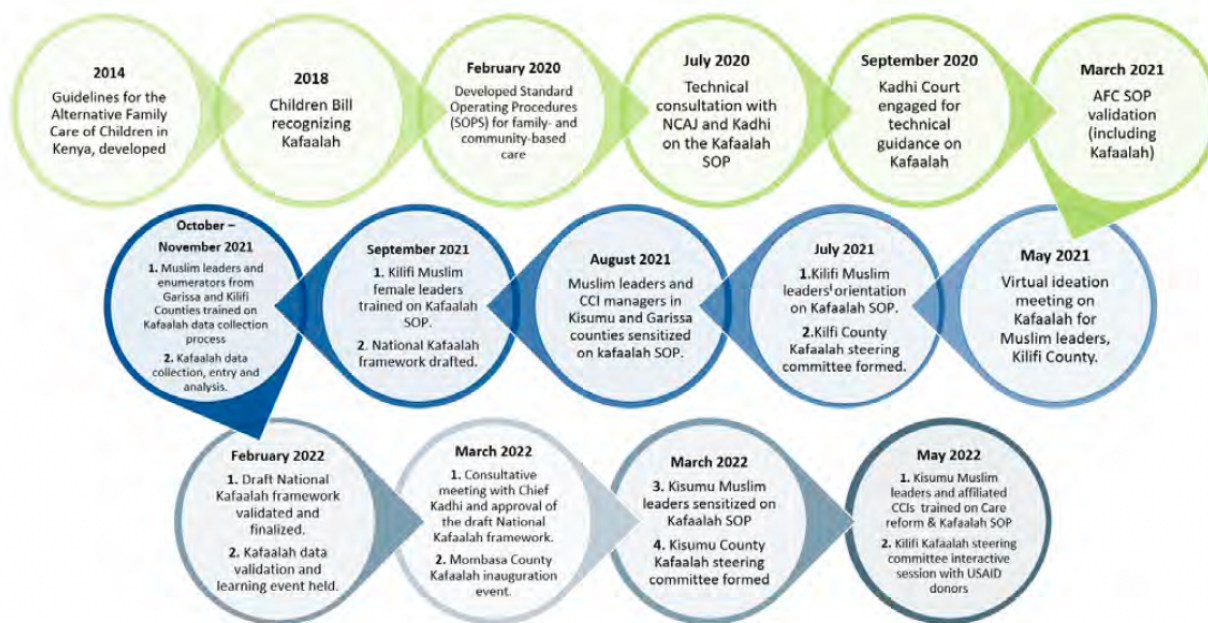
MICO funds the children's education until they finish primary school, or Standard 8, and then seeks individual Muslim sponsors to continue funding the children's secondary and even tertiary education.

*"We have managed to produce even doctors from among the children that we support."*

MICO is setting up an endowment to support more children. CTWWC provides trainings on safeguarding and organizational strengthening.

After finalizing the standards of practice, the DCS, with support from CTWWC, oriented and trained government and Muslim leaders in Kilifi county. During the training, Muslim leaders proposed rolling out formal Kafalah in Kilifi through the following three focus activities: i) identifying, documenting and registering all existing Kafalah arrangements, ii) training all Kadhis and Ustadhat (female Muslim teachers), and iii) sensitizing the community around Kafalah and the benefits of registration.

## The Journey of Kafaalah in Kenya



While this scale-up was happening, DCS and CTWWC documented best practices and lessons learned to inform the development of a National Framework for the Implementation of Kafaalah in Kenya, to guide additional counties to also formalize Kafaalah. The documentation contributed to UNICEF Kenya agreeing to support further rollout and scale-up to additional counties. By mid-2022, DCS, with support from CTWWC, oriented additional counties in formal Kafaalah, which now spans five counties (Kilifi, Kisumu, Garissa, Mombasa and Nakuru) plus Nairobi.

Success in seeing Kafaalah grow came from interventions aimed at changing the system and environment to allow for scale-up. CTWWC did not create a new intervention, nor was much done to change the existing intervention. Instead, we focused on supporting the development of national standards and policy, training relevant actors, and improving coordination and collaboration, which lead to a wide range of actors accepting, promoting and implementing the intervention.

### EXAMPLE: CREATING MUNICIPALITY OFFICES FOR CHILDREN & ADOLESCENTS IN GUATEMALA

Providing counseling support to families who are at-risk of being separated prevents violence, abuse and neglect of children. It also helps keep families together. From 2019-2021, CTWWC supported the Municipality of Zacapa to establish a Municipal Office for Children and Adolescents (OMNA) to support at-risk families. In 2022 it started scaling-up through replication in four additional Municipalities.

**In Guatemala, CTWWC supports the Government of Guatemala to reform care across the country. CTWWC has one demonstration areas with targeted community and family support in the Department of Zacapa.**

In 2019, after establishing a close working relationship with Municipal government staff in Zacapa, CTWWC advocated for the Municipal government of Zacapa to establish and staff the



## Ruta de prevención de la separación familiar innecesaria y derivación a servicios sociales y especializados

**Cambiando**  
LA FORMA EN QUE  
*cuidamos*



Pathway for prevention shows the five roles that OMNA offices engage in: case identification, evaluation, implementation of the case plan, service delivery & referrals

Municipal Office for Children and Adolescents. After the office was established, the coordinator asked CTWWC to help develop the “positions and functions” manual, a foundational document that establishes government service structures and staffing in Municipalities. CTWWC and the Municipality discussed an office structure staffed by a coordinator, a social worker, and a psychologist, which was presented and approved by the Municipal Council of Zacapa in October 2020. In May 2021, after additional advocacy, sensitization and dialogue with the government, the Mayor of Zacapa and the Municipal psychologist inaugurated the Municipal Psychological Clinic.

Based on the experience in Zacapa, CTWWC coordinated with the Zacapa Municipal government to talk to Mayors in four other Municipalities. In March 2022, the Mayor of Usumutlán inaugurated the Municipal Psychological Clinic. By September 2022, CTWWC established technical assistance agreements with three more municipalities to replicate the approach and strengthen or establish services, including additional Municipal Office for Children and Adolescents.

**CTWWC’s approach to scaling prevention services focused on establishing and/or strengthening a government structure to support children, adolescents and families.**

CTWWC worked with government to strengthen their capacity to support children and families, through advocacy, coordination, building capacity of the workforce, and supporting development of



Parents sign up for parenting classes organized by OMNA.  
Photo credit: Gabriela Avila, student, CUNZAC

government laws and policies. By strengthening the system, psychological support is now available to more children and families. It is also authorized by

government regulations with partial funding directly from the government making the change more sustainable.

## CONCLUDING INSIGHTS

Systems change has always been at the core of CTWWC's approach to scaling family care. There are several successes to-date, including the examples shared in this brief. There is still a lot to learn about achieving greater scale in care reform. *Can being even more intentional about scaling achieve greater results? Do the 7-steps proposed in the CTWWC scaling framework lead to scale and/or sustainability?*

### More learning to come...

The approach to systems strengthening has led to some degree of scaling already. It has also been highly flexible, adapting to the context and emerging opportunities. In some cases, CTWWC has advocated with government actors to change policies, standards, training programs. In other cases, the precise intervention to effect system change is not predicted, but rather responding when the opportunity arose led to change. Having the flexibility to support the priorities of other actors leading in delivery of services, has allowed CTWWC to contribute to scaling up critical services that align with our vision and that of governments.

### More insights to come...

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<sup>i</sup> WHO. (2011). Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up. 2011. Accessed: <https://www.who.int/publications/i/item/9789241502320>

<sup>ii</sup> Ghiron, Laura; Shilling, Lucy; Kabiswa, Charles; et al. (2014). Beginning with sustainable scale up in mind: initial results from a population, health and environment project in East Africa. Accessed: <https://pubmed.ncbi.nlm.nih.gov/24908459/>

<sup>iii</sup> Kohl, Richard. (2021). Scaling and Systems: Issues Paper. Accessed: <https://www.scalingcommunityofpractice.com/wp-content/uploads/2021/05/Scaling-and-Systems-Change-11-May-2021.pdf>

<sup>iv</sup> CTWWC. Promoting Kafaalah as an Alternative Family Care System within the Muslim Community. 2022. Retrieved from: [https://bettercarenetwork.org/sites/default/files/2022-08/349\\_kafaalah\\_two\\_pager\\_18july2022.pdf](https://bettercarenetwork.org/sites/default/files/2022-08/349_kafaalah_two_pager_18july2022.pdf).

<sup>v</sup> The difference between Kafaalah and adoption is that in Kafaalah the child continues to keep the birth family name and ties, and their right to inheritance from the birth family. The child, however, has no automatic inheritance right from the kafiil unless it is granted through Wasiya (will) or Hiba (gift).

<sup>vi</sup> By the Kenya National Children's Bill, since replaced in 2022 by the Children's Act.

<sup>vii</sup> Such as the Kadhi Court, Council of Muslim Teachers and Preachers Association, Supreme Council of Kenya Muslims and Council of Imams and Preachers.

**Need to know more?** Contact *Changing the Way We Care* at, [info@ctwwc.org](mailto:info@ctwwc.org)  
or visit [changingthewaywecare.org](http://changingthewaywecare.org)

The Changing *The Way We Care*<sup>SM</sup> (CTWWC) consortium of Catholic Relief Services and Maestral International have partnered with other organizations to change the way we care for children around the world.