

Conrad N. Hilton Foundation

Program Strategy for Children Affected by HIV/AIDS

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Executive Summary

In May 2011, the Board of Directors of the Conrad N. Hilton Foundation reaffirmed the importance of children affected by HIV/AIDS as a priority for Foundation grantmaking and requested that Foundation staff develop a strategy for achieving measurable impact in this area. This briefing outlines a strategy informed by substantial input from content experts and practitioners in the field. In November 2011 the Board of Directors approved the strategy for the next five years.

THE STARTING POINT: Landscape Research Findings. Initial research completed in May 2011 surfaced five major findings including:

1. All children living in regions of high HIV/AIDS prevalence experience increased vulnerability in nearly every aspect of life
2. Children are best served in their families and communities rather than institutions
3. Children from birth to five have the most critical development needs
4. Eastern and Southern Africa bear the greatest HIV/AIDS burden
5. The health dimension of HIV/AIDS receives the most funding, leaving other issues, such as attending to the early development needs of children affected by HIV/AIDS, in need of far greater attention

These findings have directly informed the final strategy presented through this document.

THE CHALLENGE: In many parts of sub-Saharan Africa, HIV/AIDS destroys lives, families, and communities. Children are especially vulnerable. They face many barriers with life-changing consequences: poor nutrition, sickness, inadequate access to health services, and unstable family structure. In addition, young children have fewer of the experiences they need for successful development, such as opportunities to learn and grow by playing and exploring, to develop language and thinking skills by learning songs and stories, and to establish social and emotional skills by playing games and interacting with caregivers and others.

Research is conclusive in pointing to the first five years as critical to a child's ability to be able to learn and gain life skills. As a result, there is a significant amount of societal attention and services focused on early childhood development in countries around the world, although resources are lacking to deliver needed programs in hard-hit regions such as sub-Saharan Africa.

Children in any society who lack early development supports face a lifelong gap in education and income compared to their peers, and struggle to achieve their full potential. For children in sub-Saharan Africa who are affected by HIV/AIDS, the absence of early development supports is more acute, and the consequences are more critical.

ADDRESSING THE CHALLENGE: Investments in essential services for young children affected by HIV/AIDS provide them with the foundation to break out of the cycle of poverty and create an environment for them to grow and thrive. One of the greatest gaps in meeting the needs of young children (birth to five years) affected by HIV/AIDS is holistic development support. Most international, bilateral, and multilateral funders (such as the President's Emergency Plan for AIDS Relief [PEPFAR], U.S. Agency for International

Development [USAID], and UNICEF) place a heavy emphasis on health and nutrition services for children affected by HIV/AIDS in sub-Saharan Africa. Fewer funds are available for early childhood development, although this area is increasingly recognized as necessary to optimize health and nutrition outcomes. Brain development is most rapid in this period, when children gain all the basic brain and physiological structures upon which later growth, development, and learning are dependent. Targeting early childhood development therefore presents an opportunity for the Foundation to make a significant difference in improving the quality of life for a large population of the most vulnerable children: those affected by HIV/AIDS.

THE FOUNDATION'S ROLE: The Foundation will work to directly impact the lives of hundreds of thousands of young children affected by HIV/AIDS by supporting their development. This can best be done through assisting parents and caregivers, enhancing the ability of community-based organizations to deliver quality programs and services, and encouraging country-level and global stakeholders to leverage investments and resources, ultimately offering more young children what they need to develop critical cognitive, social, and physical skills that lay the groundwork for success in learning and life.

The Foundation is well-positioned to leverage a series of exploratory grants that have been made since 2009 to Save the Children/CARE and a consortium of international non-governmental organizations and civil-society organizations to provide early childhood development for children affected by HIV/AIDS. The program strategy that follows represents an expansion and deepening of several grants for the development and testing of the *Essential Package*, a set of guidelines and standards for best early childhood development practices for children affected by HIV/AIDS in sub-Saharan Africa.

SUMMARY OF STRATEGIC APPROACH: The Foundation's approach to changing the lives of children affected by HIV/AIDS focuses on improving the ability and capacity of families and communities to create the environment children need for healthy development. The approach is based on helping parents and caregivers gain skills to support the developmental needs of these children, and on strengthening community-based service providers to deliver quality childhood development services. A parallel dimension of this work involves informing practitioners and policymakers to share knowledge globally and nationally, and to advance the application of best practices.

The Foundation will undertake this work in a strategic way that connects to and leverages existing health, nutrition, and related services in areas of high HIV/AIDS prevalence. A key feature of our approach is to share knowledge and encourage networks of service providers, funders, and governments to increase their collective ability to identify and apply best practices in a manner that improves the efficacy of their work. This allows Foundation investments to be leveraged through sustainable proven practices and programs in the geographies we serve, and through replication of these approaches by other parties in additional geographies—thereby generating a greater scale of impact.

Hilton Foundation Strategy Summary

Vision	Children affected by HIV/AIDS can survive and thrive in the communities where they live.
Initiative areas	<p>We are investing to create an environment for successful early development through:</p> <ol style="list-style-type: none"> 1. Skilled parents and caregivers able to meet children’s developmental needs 2. Strong community-based service providers delivering quality childhood development services 3. Effective practice and policy informed through global and national knowledge-sharing
Key outcomes	<ul style="list-style-type: none"> • Young children (birth to five) meet key milestones for cognitive, social, and physical development • Parents and caregivers have improved knowledge and use skills that support children’s development • Community-based organizations are strengthened through technical and organizational capacity building • Children and families affected by HIV/AIDS have increased access to coordinated health, social, and other developmental services • Best practices for meeting the needs of young children affected by HIV/AIDS are developed and adopted by participating stakeholders • National capacity is enhanced for quality programs meeting child development needs in high-prevalence areas • Public and private resource investment is leveraged to create sustainable programming • Delivery of early childhood development services for children affected by HIV/AIDS is expanded in five target countries • Other key stakeholders (funders, governments, agencies, and community workers and caregivers) adopt best practices
5-year results	<ul style="list-style-type: none"> • 500,000 children benefit from early childhood services resulting in better birth to five developmental outcomes • 300,000 caregivers receive knowledge and resources to help them enhance their children’s development • 100,000 community workers are trained to help parents and caregivers develop and practice support skills • 1,000 community-based organizations receive resources to improve technical and organizational capacity to deliver early childhood development services • 150,000 families affected by HIV/AIDS have measurably increased access to government, civil society, or private sector services (precise measure to be determined through evaluation planning) • Knowledge transfer has taken place to inform practice and policy in and beyond target countries—i.e., findings are published and presented and other geographies have adapted/adopted best practices
Ultimate result	Young children in high-prevalence areas are able to better realize their cognitive, social, and physical development.

Strategy Overview

Commitment to Addressing Children Affected by HIV/AIDS

Care and service for the most vulnerable have been a central component of the Conrad N. Hilton Foundation’s mission since 1944. Conrad N. Hilton’s last will and testament specifically stated his desire to “...shelter little children with the umbrella of [charity].” Given the tremendous suffering, poverty, and death that HIV/AIDS causes across sub-Saharan Africa, providing support and resources to children living in communities severely affected by HIV/AIDS certainly fits within the Foundation’s core mission and was identified by the Board in 2008 as a strategic area of focus.

The Foundation entered this space with a \$1 million grant to CARE in 2006 to enhance early childhood development in six Zambian communities. This was followed by a series of exploratory grants, including \$1.18 million to CARE and Save the Children in 2009 to develop and test an *Essential Package*, a set of guidelines and standards for development services and interventions for young children affected by HIV/AIDS.

The Foundation’s identification of children affected by HIV/AIDS as a most vulnerable population has been validated through research and practical experience. By increasing funding in this area, we can make a substantial impact on the lives of hundreds of thousands of children and their families, and communities. Core to the Foundation’s grantmaking approach are long-term commitment and leverage, and both are key components of the strategy. A focus on early childhood development leverages the much larger funding going to health and nutrition support by providing services crucial to children’s long-term success. Working through and building the capacity of community-based organizations enables both immediate and long-term strengthening of communities. Ultimately we seek to leverage funding resources and to advance the scale and adoption of best practices.

*Early childhood development encompasses what happens **within a child**—brain and body development that lay the foundation for later growth and acquisition of physical and motor skills like walking or hand-eye coordination—and **the care that a child needs to thrive**, such as emotional and social interactions like storytelling, playing with others, exploring, or playing games.*

These opportunities contribute to a child’s ability to be intellectually ready, emotionally capable, and physically healthy to learn.

Strategy Development Process

In May 2011, the Foundation’s Board of Directors reaffirmed children affected by HIV/AIDS¹ as a high-priority area, and instructed the staff to review and refine the Foundation’s strategy to achieve measurable outcomes. The Foundation engaged FSG: Social Impact Consultants to research the issue of children affected by HIV/AIDS and to develop a strategic approach for large-scale, sustainable change.

¹ The priority area was originally approved as “AIDS orphans,” but was then modified to “children affected by HIV/AIDS”.

This work has included:

- *Landscape Assessment*: outlining the scope and dimensions of the problem and identifying successful models for change
- *Stakeholder Interviews and Convenings*: compiling the perspectives and suggestions of international experts and major funders on trends and opportunities to improve the impact, sustainability, and scale of interventions for children affected by HIV/AIDS
- *Site Visits*: seeing and researching HIV/AIDS, as well as early childhood development, program best practices in Africa, and speaking with families, children, program staff, and implementers
- *Strategy Development*: synthesizing the above information to identify key levers for change that can maximize the Foundation's impact on children affected by HIV/AIDS

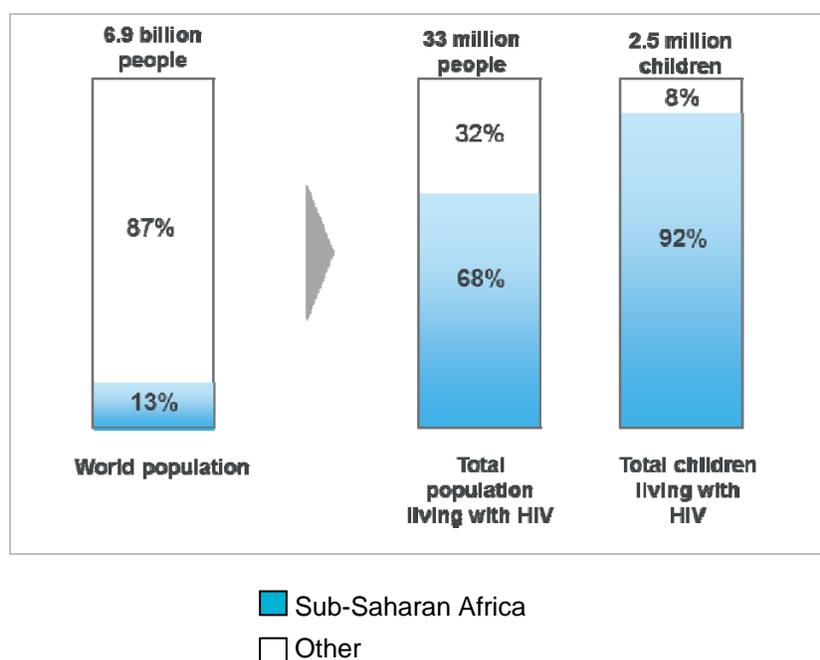
The sections that follow outline the findings and strategy resulting from this exploration.

Situation Analysis: Current Problem and Funding Landscape

Scope of the Problem

HIV/AIDS has a global impact, but this impact is most highly concentrated in Eastern and Southern Africa. Global progress has been made in limiting the spread of HIV/AIDS; the number of new infections has fallen by 19% since 1999.² In addition, an increase in the availability of effective antiretroviral (ARV) treatments in both the developed and developing worlds has contributed to a decline in AIDS-related deaths.³ While the world has witnessed substantial progress in the fight against HIV/AIDS, the burden of the disease worldwide remains significant. This is particularly true in sub-Saharan Africa, where 1.3 million of the 1.8 million people worldwide that died from AIDS-related causes in 2009 lived.⁴ In addition, in the same year there were 22.5 million adults and children living with HIV/AIDS in sub-Saharan Africa,⁵ and many millions more affected by the disease's devastating impact on families, communities, and economies.

Sub-Saharan Africa represents 13% of the world's population, yet represents a disproportionate number of people affected by HIV/AIDS



* Based on 2004 World Bank report. Includes children orphaned by AIDS, separated from parents, living with dysfunctional caretakers, or with needs beyond parental care. 2009 UNICEF data on vulnerable children suggests there are over 70 million vulnerable children (due to factors including but not limited to AIDS) within Sub-Saharan Africa. Sources: UNAIDS 2010 Global Report. Population Reference Bureau, 2010 World Data Sheet; 2004 World Bank report entitled

² Joint United Nations Program on HIV/AIDS (UNAIDS), *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010*.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

Orphans and Vulnerable Children (OVC); number of vulnerable children is a directional figure calculated by multiplying UNICEF' child population statistics (414 million in 2009) by the average of regional percentages of children in African countries that are vulnerable (19.05%) compiled in UNICEF's 2009 Progress Report.

Children are particularly vulnerable to the effects of HIV/AIDS and can be affected in a variety of ways. While poor health outcomes are an obvious result of the disease, the impact of HIV/AIDS goes far beyond health. Families often face financial strains as income-earning adults are often weakened by HIV/AIDS and are less able to work and provide for themselves and those who depend on them. Thus, many children do not get the nutrition, care, and other services they need. Adult attention and focus is diverted from children to sick adults; thus, children lack the adult support and attention they need to grow and thrive. Family structures are stretched or weakened as children are orphaned by the disease. Many are forced to lead households or be taken in by new caregivers that may also have limited resources. HIV/AIDS can impoverish entire families and communities, resulting in children not receiving the emotional care, social interaction, proper nutrition, or early opportunities they need to be fully prepared for learning and life.

The problems children face are wide reaching and perpetuate a continuous cycle of poverty and disease. For children, HIV/AIDS can lead to persistent poverty over a lifetime, devastating health outcomes, barriers to education, and severe emotional distress. The presence of these challenges at a young age can set children back for the rest of their lives and enforce a lifecycle of disadvantage and poverty. In sub-Saharan Africa, HIV/AIDS has reinforced the cycle of poverty that prevents children and families from achieving their full potential.

The failure to provide early childhood development services has profound economic costs on individuals and countries. These costs are becoming increasingly well documented. For example, increasing preschool attendance (a common aspect of early childhood development programming, although not a focus of the Foundation strategy) has long-term economic impacts on individuals, families, communities, and nations. Research showed that raising preschool attendance to 25% in 38 low- and middle-income countries in one year would produce an estimated \$10.6 billion in economic savings due to increased future productivity and earnings.

Landscape of the Funding Environment

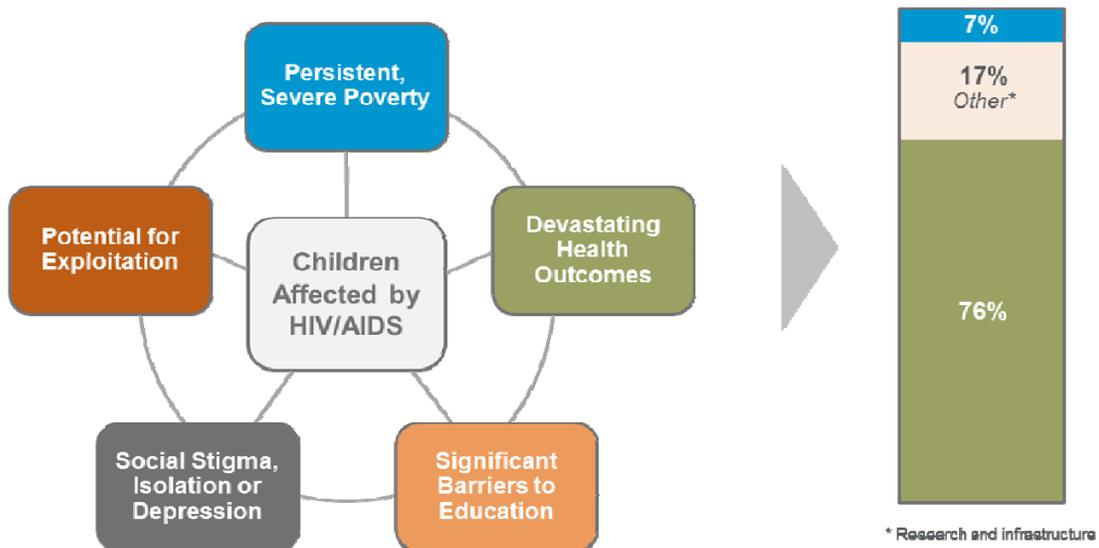
Funding for early childhood development for children affected by HIV/AIDS is small relative to other areas of HIV/AIDS funding. While health-related activities, including prevention and treatment, receive a sizable proportion of all HIV/AIDS funding (from both public and private funders), other types of critical support for vulnerable children receive far fewer resources. The European HIV/AIDS Funders Group and American-based Funders Concerned About AIDS track the amount and use of HIV/AIDS funding coming from corporations and private foundations in the United States and Europe. Their reports showed that in 2009, private European and American funders provided US\$575 million for international-focused HIV/AIDS efforts; however, only ~3% of this (~\$17 million) went to programs focused on vulnerable children or orphans.⁶ Meanwhile,

⁶ Calculated by FSG using data from FCAA's *U.S. Philanthropic Support to Address HIV/AIDS in 2009* report and EFG's *European Philanthropic Support to Address HIV/AIDS in 2009*; the data includes almost all major private funders, but does not include data from the Children's Investment Fund Foundation, the

prevention and treatment-related activities (for all ages) received ~42% of private international HIV/AIDS funding (US\$239 million), and research (mainly medical) received ~32%.⁷ The health challenges inflicted by HIV/AIDS are dire, and are a worthy target of funders, but the availability of other types of support is crucial for the long-term educational and livelihood success of individuals and communities. Unfortunately, many of these auxiliary support areas, including early childhood development, remain underfunded.

A review of USAID-funded programs in sub-Saharan Africa revealed 31 targeting health, 24 targeting nutrition, and only 19 targeting early learning or psychosocial issues.⁸ Private funders have an opportunity to fill key gaps and leverage other funders' major investments in health by funding additional services, such as early childhood development.

Programmatic spending related to HIV/AIDS



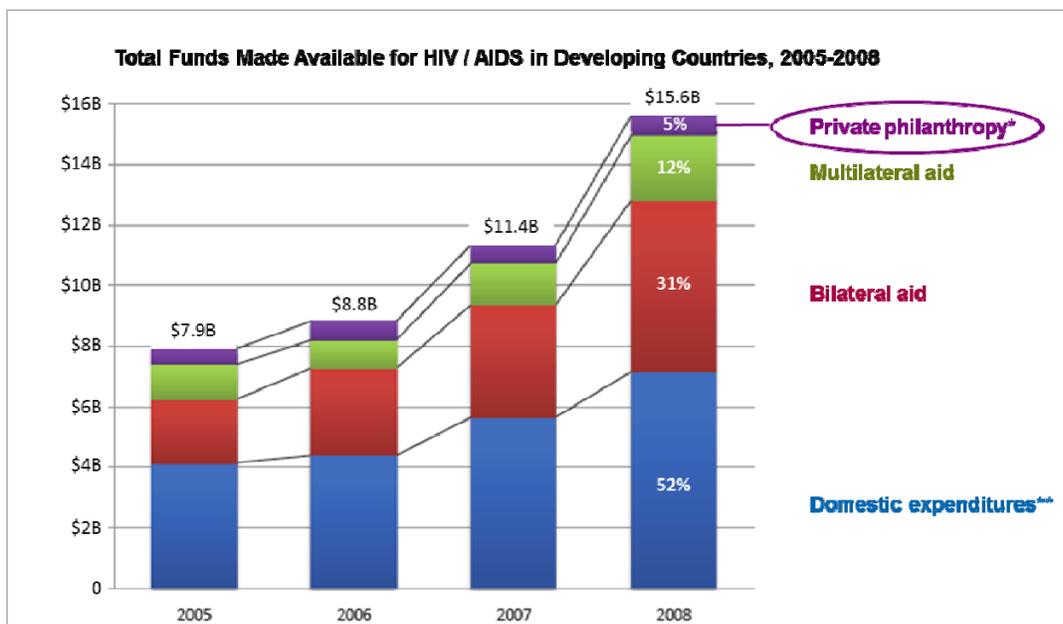
* Health outcomes includes funding for “care and treatment,” and for “prevention.” Other includes “Program Management and Administration Strengthening,” “Incentives for human resources,” “Enabling environment,” and “Research.” Source: UNAIDS

Firelight Foundation, or the Gilead Foundation, as their data did not meet the timeline for publication in the reports.

⁷ Ibid.

⁸ USAID Report

Bilateral and multilateral funding for HIV/AIDS is massive; therefore, private funders need to leverage their comparably small contributions. The scale of private funders' contribution to HIV/AIDS is small compared to that of international governments, multilaterals, and bilaterals (e.g., The U.S. President's Emergency Plan for AIDS Relief and the Global Fund). In 2008, private philanthropy contributed \$780 million to fighting HIV/AIDS in developing countries, while bilateral and multilateral funders contributed \$7.7 billion.⁹ To maximize the impact they can create, private funders have been urged to support areas that leverage the investments made by the larger public donors for needs that do not receive enough resources. Early childhood development programming provides a highly leveraged opportunity to bring other funder attention to the field. Because the Foundation's annual investment in this issue area is a small piece of total private HIV/AIDS funding, the Foundation seeks highly leveraged opportunities such as this.



*The Bill & Melinda Gates Foundation provides a significant portion of all private philanthropic funding (e.g., its 2008 disbursements totaled ~\$380M out of ~\$780M in total private funding).

**This data represents average sources of funds in low- and middle-income countries. Low-income countries receive only 12% of funding from domestic sources.

Source: *Costs and Choices: Financing the Long-Term Fight Against AIDS*, Results for Development Institute, 2010. Accessed at:

<http://www.resultsfordevelopment.org/sites/resultsfordevelopment.org/files/resources/aids2011%20Cost%20&%20Choices.pdf>.

⁹ Kaiser Family Foundation, *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2010*, FCAA's U.S. Philanthropic Support to Address HIV/AIDS in 2009 report and EFG's *European Philanthropic Support to Address HIV/AIDS in 2009*.

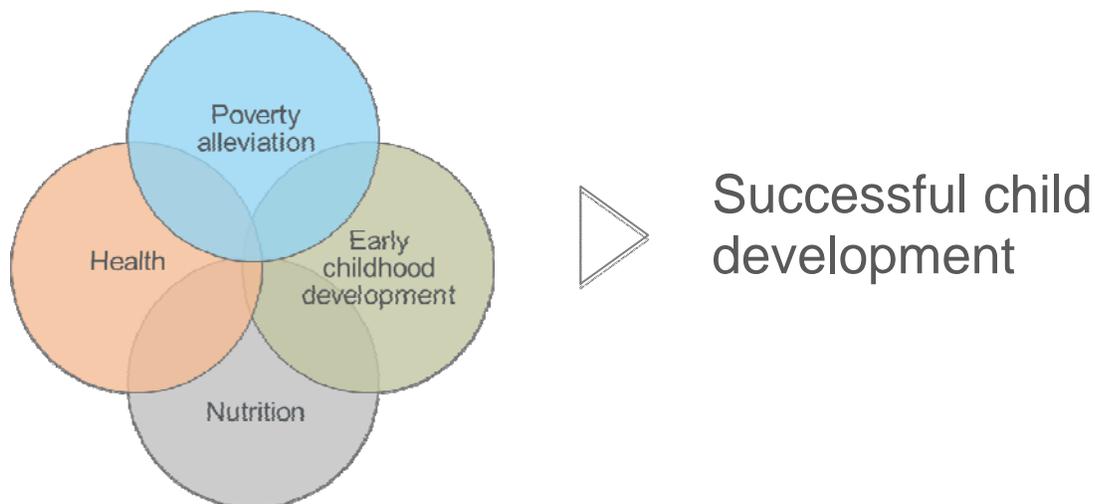
Effective Solutions and Geographic Focus

The Foundation will work to impact early childhood development in communities with a high prevalence of HIV/AIDS.

Effective Solutions Require a Holistic Approach

Young children living in high-prevalence areas are profoundly affected by HIV/AIDS. One of the most devastating effects of the disease for these children is how it can trap them in a cycle of poverty and sickness that perpetuates poor developmental outcomes, preventing them from growing to their full potential. Four interdependent factors must be addressed for children to develop successfully.

Factors required for successful development



When provided along with other essential services, early childhood development can play a critical role in breaking the cycle of poverty. Although considerable funding is focused on healthcare for HIV/AIDS, early childhood development interventions have been shown to be essential in preparing children for success in school and life, creating a great need for these services. Interventions in early childhood are especially critical given the significant amount of brain development that occurs within the first five years of a child's life. What happens during these years sets the stage for growth, development, and learning for the rest of a person's life. For example, research has shown that an adult's ability to contribute to society is strongly impacted by childhood family structures and interactions.¹⁰ A lack of interaction with and stimulation from caregivers early in life can affect a child's cognitive, social, and physical growth, and prevent the development of skills crucial for later academic and employment success. Opportunities to play, learn, explore, and interact with others during early childhood have been found to be crucial for proper brain development and improved education and life success.¹¹

¹⁰ Patrice Engle, et. al, "Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world," *The Lancet*, Vol. 369 Iss. 9557, Pages 229-242, 20 January 2007.

¹¹ Ibid.

Essential Components and Specific Techniques of Early Childhood Development

Early childhood development programs can be formal or informal, home-based or center-based, rural or urban. They share a commitment to both child-level and family-level outcomes.

Essential components of childhood development



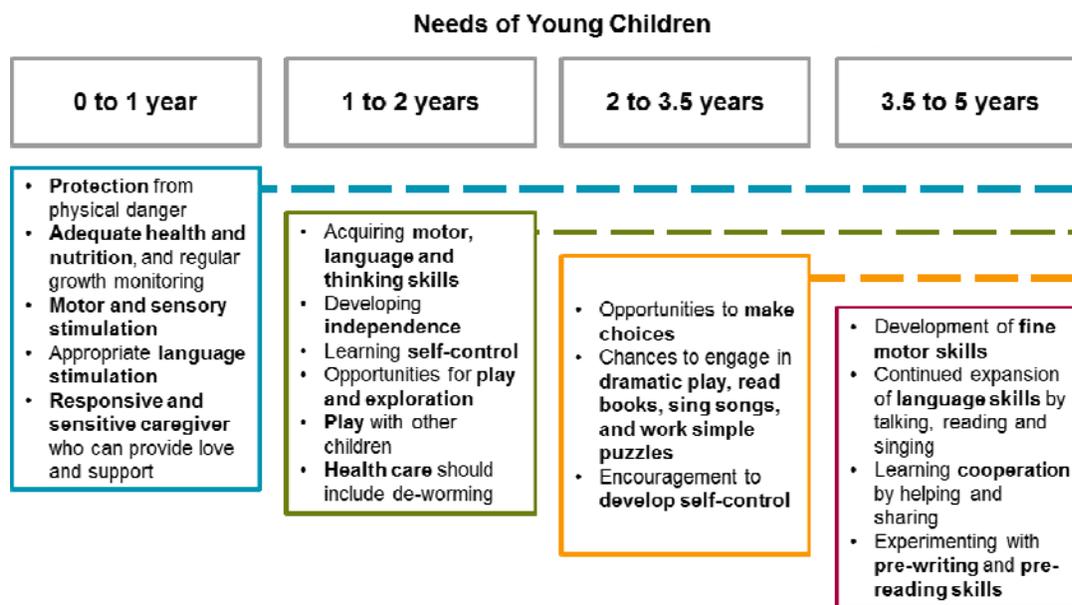
Children living in high HIV/AIDS prevalence regions are particularly vulnerable to poor development outcomes. The effects can be devastating. Limited opportunities to learn through play and exploration, as well as infrequent stimulation from caregivers that is crucial for language growth and development, can lead to poor cognitive development, lower intelligence, and more frequent language impairments. Frequent emotional suffering and psychological distress, reduced attention and support from caregivers, and greater isolation from the community lead to poor emotional health, reduced social interaction, and prolonged psychological challenges. Furthermore, reduced and imbalanced diet and limited opportunities for play and physical exploration lead to poor growth, stunting, and reduced body dexterity.

Early childhood development is best nurtured through parents and caregivers because of their frequent and sustained contact with children, yet most parents and caregivers need support and education to meet children’s early development needs. Parents and caregivers in high HIV/AIDS prevalence regions face particular challenges that make meeting these needs all the more crucial. Breakdowns in family structures and community services in these communities have prevented the transfer of knowledge on how to best raise and care for young children. The scale of health and livelihood challenges can make it difficult for caregivers to focus on and respond to the needs of their children. While research is conclusive in showing the importance of early stimulation on children’s long-term outcomes, some caregivers do not understand the importance of certain elements crucial for development, including play and exploration, emotional support, or early learning opportunities. For example, one review of different interventions providing cognitive stimulation in developing countries found that children in 15 of 16 programs studied had significantly higher cognitive functioning than control groups, and that the gap between the two groups could last as long as 17 years.¹² Parents and caregivers are the best and most naturally positioned to provide this type of stimulation.

¹² Susan Walker, et. al, “Child development: risk factors for adverse outcomes in developing countries,” *The Lancet*, Vol. 369, 13 January 2007.

Parents and caregivers can be equipped with greater knowledge of best practices and actionable steps for good development practices, such as attending play groups, or practicing language skills through singing and stories. They are often not linked to community services that can assist them in providing these types of support, or provide them directly. Lastly, services that support parents and caregivers (such as peer support groups, early childhood development training groups, livelihood support programs, etc.) and that directly reach children (such as childcare groups) can be strengthened through increased resources, improved facilities, and better training.

The Needs of Young Children Vary by Age:



Source: “What is Early Child Development?” prepared by The World Bank; The Essential Package; “Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world,” Patrice Engle, et. al.; *The Lancet* Child Development Series.

Existing health systems, community childcare centers, and home visitations are effective channels to provide parents and caregivers with the instruction they need. Health systems, such as health clinics and Prevention of Mother-to-Child Transmission programs, and community-based organizations are well-positioned to equip parents and caregivers. Health systems are an effective channel because they receive significant international funding, are a touch point for children and families, and have educated staff providing services. There are a range of types and structures of community-based organizations present in local areas. More established community-based organizations, such as preschools, microfinance groups, and community-based care centers are formally structured, have ongoing local activities that are generally registered with local authorities, and usually have at least some paid staff. These established community-based organizations can deliver training and build awareness around early childhood development for parents and caregivers that they directly interact with, or

strengthen early childhood development delivery by more informal community groups. Informal community-based groups, such as adult literacy groups or loosely-structured childcare co-ops, are usually staffed by volunteers, but have a broad presence in communities. Established community-based organizations seem to offer the greatest opportunity to build sustainable early childhood development interventions.

Community-based organizations (CBOs) provide a mechanism for extending geographical coverage, have deep local knowledge, and are a cost-effective channel to reach parents. Community-based organizations are well-positioned to deliver services because they are located within communities and understand local needs. These organizations are also highly resource-efficient because of the involvement of community members and volunteers. Finally, community-based organizations can have a far-reaching presence into their communities because they are composed of community members.

Most community-based organizations have very limited capacity and their ability to promote early childhood development activities will depend on increasing their effectiveness; community-based organizations can most effectively deliver services when they have strengthened capacity. These organizations need significant support in order to strengthen their existing early childhood development-related activities, or expand their focus to include early childhood development. National and international non-governmental organizations (NGOs) are positioned to build the capacity of community-based organizations and provide training, resources, and expertise in the area of early childhood development. Established community-based organizations are more likely to have the capacity to interact with non-governmental organizations directly, while informal community-based organizations can be better supported by established community-based organizations in their communities. Areas in need of support identified by practitioners and experts include increased knowledge of best practices around early childhood development and organizational capacity in program management, budgeting and financial planning, monitoring and evaluation, and human resources management. The types of support required will vary based on the organization's structure and needs, and individualized approaches should be taken to assess and support those needs.

In order to reach hundreds of community-based organizations on the ground, funders need to work through national and international organizations. International and national organizations, which often have established relationships with community-based organizations, can effectively and efficiently support them on the ground. In addition, many of these international and national organizations are already working to strengthen the capacity of community-based organizations and have proven programs in place. Finally, these organizations have processes in place to manage the sometimes hundreds of small grants needed to support less established organizations (i.e., community-based organizations) over the long term. The diagram below illustrates how the Foundation might work through international and national non-governmental organizations, community-based organizations, and informal community groups to reach parents and caregivers.



The Foundation will select partners based on the following criteria. International or national NGOs must have an established history within the launch country or countries. Strong ties with local CBOs or national NGOs will be important as well as a demonstrated successful model in channeling resources to CBOs. The organization must have expertise in ECD; experience in other health systems or PMTCT programs, and integrated services, is a plus. A strong reputation with relevant stakeholders (community members, government, etc) will also be a criteria for determining partners.

While early childhood development has been proven to be essential for children, public and government responses are limited. There is increasing awareness of the importance of early childhood development within the international community (e.g., UNICEF, CARE, and Save the Children) and national governments. However, resources for child services are limited. Moreover, knowledge of the most effective and efficient early childhood development interventions, particularly for children affected by HIV/AIDS, remains incomplete. Several programs targeting these interventions have had limited monitoring and evaluation. Throughout the research and interview process, experts in HIV/AIDS and early childhood development noted the gaps in awareness and best practices, as well as the need for coordination.

- *“There is need for funders to see [early childhood development] as a **huge need** and to focus their attention on it; **early childhood development is underfunded** and does not receive adequate attention.”*
- *“We still **don’t have enough information on what works** for improving the social development for children affected by HIV/AIDS; we need to know how well different programs work.”*
- *“The **global audience is important**... it is important to complement the work that is being done by **identifying gaps in knowledge and advocacy** and [filling them]. It is important to strengthen understanding of who is doing what.”*

Geographic Focus

Target geographies should represent areas with pressing needs and significant gaps in the efforts to meet these needs. The consequences and costs of HIV/AIDS are heavy across sub-Saharan Africa, but are especially concentrated in southern and eastern African countries. However, the countries with the highest prevalence rates of HIV/AIDS (including South Africa) also have attracted the greatest amount of attention and funding for responses. The Foundation can have a more leveraged impact by targeting countries with large HIV/AIDS burdens and

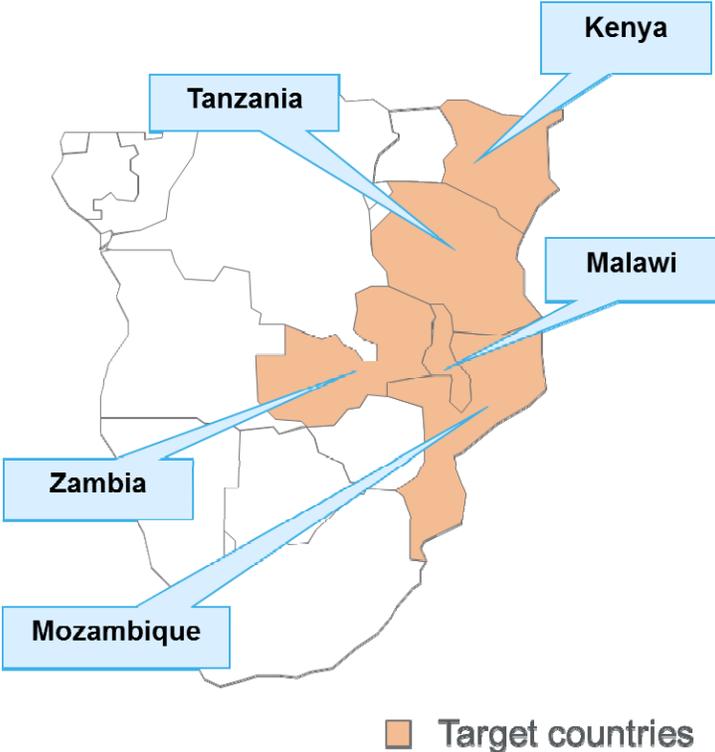
significant opportunities for strengthened early childhood development. This initial consideration led to a narrowing from 15-20 countries in sub-Saharan Africa to seven countries in southern and eastern Africa.

As part of the strategy development process, prospective countries were rated on a series of criteria that captured the prevalence of HIV/AIDS, opportunities to create linkages within health systems, the presence of strong partners and fit within existing efforts, and the overall civil society and community-based organization environment. Metrics used to rate these criteria include the percentage of children with HIV/AIDS, Prevention of Mother-to-Child Transmission (PMTCT) program coverage rates, under-5 child mortality rates, and qualitative findings from numerous experts on the political and community-based organization environment. Other indices measuring stability that were looked at include Worldwide Governance Indicators, which divides out indicators such as Political Stability/Absence of Violence, Government Effectiveness, Regulatory Quality, Rule of Law, Control of Corruption, and Voice and Accountability ratings, the Economist’s Political Instability Index, and Freedom House’s Freedom in the World Index, which includes political rights and civil liberties scores.

	HIV Prevalence	% of Children w/ HIV	Health System Strength	PMTCT Coverage	Int'l HIV/AIDS Funding per Capita*	Presence of Strong Partners	Civil Society Environment	Overall Rating
Kenya								
Malawi								
Mozambique								
Rwanda								
Tanzania								
Uganda								
Zambia								

Sources: Expert interviews, Measure DHS: Demographic and Health Surveys, <http://www.measuredhs.com/>; World Bank Development Indicators; Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector; UNAIDS Global Report 2010 and 2008; www.avert.org

Five target countries emerged. After compilation and analysis of these data points, five countries rose to the forefront as the focus for the Foundation’s investment: Kenya, Malawi, Mozambique, Tanzania, and Zambia. Within these countries, partner organizations will help funnel Foundation resources to areas that have similar severe needs and service delivery gaps around early childhood development for young children affected by HIV/AIDS. Also, the target geography may be further narrowed as more program components are developed and the program’s scale is finalized.



Strategy Overview

Building on this research, the Foundation board has approved a strategy to maximize the Foundation's impact on the lives of vulnerable children affected by HIV/AIDS in sub-Saharan Africa. The strategy will focus on young children birth to five in high HIV/AIDS prevalence regions of Africa.

The strategy is based upon six design principles:

Design Principles:

1. Reach a large number of the most vulnerable children affected by HIV/AIDS
2. Create the greatest possible impact relative to dollars spent
3. Promote evidence-based and resource-efficient interventions
4. Build upon existing Foundation experience
5. Pursue partnership opportunities with other key players
6. Leverage public and private funds

Based on the above, the following are the vision, three key initiative areas, and targeted outcomes.

Vision: Children affected by HIV/AIDS can survive and thrive in the communities where they live.

Three Initiative Areas: Investing to create an environment for successful early development through:

1. **Skilled parents and caregivers able to meet children's developmental needs.** Support direct service provision that will improve the knowledge of parents and caregivers to meet the development needs of young children affected by HIV/AIDS that ultimately result in better birth to five developmental outcomes.
2. **Strong community-based organizations delivering quality early childhood development services.** Build capacity of community-based organizations so they are better resourced, governed, managed, and organized to deliver and improve the quality of early childhood development services. Improve the network of services for young children by connecting and coordinating community-based organizations with local governments and other service organizations.
3. **Effective practice and policy informed through global and national knowledge-sharing.** Promote the continuous development of best practices through evaluation and learning in the sector. Enhance national capacity for quality programs meeting development needs in high-prevalence areas. Also, leverage and advocate for increased public and private investment to create sustainable programming.

With anticipated levels of strategic grants from the Foundation, we can expect the following results in our target countries in five years.

Expected 5-year Results:

- **500,000 children** benefit from early childhood services resulting in better birth to five development outcomes
- **300,000 caregivers** receive knowledge and resources to help them enhance their children's development.
- **100,000 community workers** are trained to help parents and caregivers develop and practice support skills
- **1,000 community-based organizations and faith-based organizations** receive resources to improve technical and organizational capacity to deliver early childhood development services
- **150,000 families affected by HIV/AIDS** have measurably increased access to government, civil society, or private sector services (precise measure to be determined through evaluation planning)
- **Knowledge transfer has taken place** to inform practice and policy in and beyond target countries—i.e., findings are published and presented and other stakeholders (including in other geographies) have adapted/adopted best practices

Ultimate Result: Young children living in high-prevalence HIV/AIDS areas are better able to realize their cognitive, social, and physical development.

Appendix 1: Experts and Stakeholders Included in Interviews

<i>Service Providers</i>	<i>Private Funders</i>	<i>Gov't. & Multilateral Officials and Other Experts</i>
<ul style="list-style-type: none"> • Bread for the World • CARE • Child Fund • FHI 360 • FXB (Association Francois-Xavier Bagnoud) • GAIN (Global Alliance for Improved Nutrition) • Management Sciences for Health • PATH • Perkins School for the Blind • REPSSI (Regional Psychosocial Support Initiative) • Save the Children 	<ul style="list-style-type: none"> • Aga Khan Foundation • Bernard van Leer Foundation • Children's Investment Fund Foundation • ELMA Philanthropies • Global Fund for Children • Hewlett Foundation • Firelight Foundation 	<ul style="list-style-type: none"> • Cal Poly State University, San Luis Obispo • Coalition on Children Affected by AIDS • The Consultative Group on Early Care and Childhood Development • Displaced Children and Orphans Fund • Human Sciences Research Council • Joint Learning Initiative on Children & HIV/AIDS • PEPFAR • RAND Corporation • UNAIDS • UNICEF • USAID • WHO • World Bank

Appendix 2: Key References

- Coordinator's Notebook: An International Resource on Early Childhood Development*, (2002), The Consultative Group on Early Childhood Care and Development.
- Engle, et. al, (2007), "Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world," *The Lancet*, Vol. 369.
- Hecht, ed., (2010), "Costs and Choices: Financing the Long-term Fight Against AIDS," Results for Development Institute,
<http://www.resultsfordevelopment.org/sites/resultsfordevelopment.org/files/resources/aids2031%20Cost%20&%20Choices.pdf>.
- Hunter, (2002), "Supporting and Expanding Community-Based HIV / AIDS Prevention and Care Responses: A Report on Save the Children Malawi COPE Project," Social Protection Discussion Paper Series, Human Development Network, World Bank.
- Kaiser Family Foundation, (2009), "KFF HIV/AIDS Policy Fact Sheet, "U.S. Federal Funding for HIV/AIDS: The President's FY 2010 Budget Request."
- Kates, Boortz, Lief, Avila and Gobet, (2010), "Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from the G8, European Commission, and Other Donor Governments in 2009" Kaiser Family Foundation and UNAIDS,
<http://www.kff.org/hivaids/upload/7347-06.pdf>.
- Kielland, (2004), "Orphans and Vulnerable Children," World Bank OVC Thematic Group.
- Population Reference Bureau, (2010), 2010 World Data Sheet.
- Richter, (2010), "An introduction to family-centered services for children affected by HIV and AIDS," Joint Learning Initiative on Children and HIV / AIDS.
- Richter, Manegold and Pather, (2006), "Family and Community Interventions for Children Affected by AIDS," funded by the W.K. Kellogg Foundation.
- Sherr, (2005), "Young Children and HIV/AIDS: Mapping the Field," Bernard van Leer Foundation.
- Texas Youth Commission, (2000), "Significant Benefits: The High/Scope Perry Preschool Study Through Age 27" Texas Youth Commission,
<http://www.tyc.state.tx.us/prevention/hiscope.html>.
- UNAIDS, (2010), *Global Report: UNAIDS Report on the Global AIDS Epidemic*, Joint United Nations Programme on HIV / AIDS.
- UNICEF, (2010), *Children and AIDS: Fifth Stocktaking Report, 2010*, UNICEF and UNAIDS.
- UNICEF, (2009), *Progress Report for Children Affected by HIV / AIDS*, UNICEF.
- USAID, (2010), Analysis of USAID Investments in Early Childhood Development (internal document).

Walker, et. al, (2007), "Child development: risk factors for adverse outcomes in developing countries," *The Lancet*, Vol. 369.

WHO, (2006), "Ecological model of human behavior in the context of development," Role of the Health Sector in Strengthening Systems.