



# Young Children Affected By HIV and AIDS Strategic Initiative Convening Report 2018

12-14 March, 2018



**CONRAD N. HILTON FOUNDATION  
YOUNG CHILDREN AFFECTED BY HIV AND AIDS STRATEGIC INITIATIVE  
CONVENING REPORT 2018**



Participants at the 2018 Hilton Foundation Convening of partners funded under the Children Affected by HIV Strategic Initiative, held 12-14 March, at the Windsor, in Nairobi, Kenya

**ATTENDEES:**

Organization	Representatives
<b>Africa Early Childhood Development Network:</b>	Lynette Okengo, Elizabeth Gitonga
<b>African Population Health and Research Centre</b>	Patricia Wekulo
<b>Aga Khan Development Network:</b>	George Andima, Leonard Falex, Joyce Marangu, Kofi Marfo, Stella Mbugua, Ruth Muendo
<b>Anglican Development Services-Nyanza</b>	George Nyamor
<b>Catholic Relief Services:</b>	Sr. Pauline Acayo, Takawira Kapikinyu, Maureen Kapiyo, Elena McEwan, Tobias Opiyo
<b>ChildFund International:</b>	Melissa Kelly, Muunga Lubinda, Regina Mwsambo
<b>Conrad N. Hilton Foundation:</b>	Lisa Bohmer, Edmund Cain, Shalini Eragoda, Jennifer Ho, David Mascarina
<b>Elizabeth Glaser Pediatric AIDS Foundation:</b>	Josephine Ferla, Roland Van de Ven
<b>Episcopal Relief &amp; Development:</b>	Dawn Murdock
<b>Firelight Foundation:</b>	Nina Blackwell, Carolyne Ng'eny
<b>Government of Kenya, Siaya County Ministry of Health:</b>	Elizabeth Omondi

<b>Government of Zambia, Ministry of Health:</b>	Michael Silavwe
<b>The Guardian:</b>	Tracy McVeigh
<b>Harvard University:</b>	Joshua Jeong
<b>Kenyatta University and ECD Network for Kenya:</b>	Teresa Mwoma
<b>Kidogo:</b>	Sabrina Premji
<b>Luapula Foundation:</b>	Moses Zulu
<b>mothers2mothers:</b>	Fiona Burt, Chileshe Chilangwa
<b>Namwera AIDS Coordinating Committee:</b>	Saeed Wame
<b>Partners in Hope:</b>	Evelyn Udedi
<b>PATH:</b>	Matthew Frey, Oscar Kadenge, Monica Mutesa, Beatrice Oyugi
<b>Plan International:</b>	Caroline Linda Awuor, Caroline Ruoro,
<b>Project Concern International</b>	Mary Pat Keiffer, Prisca Msong'o
<b>Shining Hope for Communities:</b>	Hecky Odera
<b>Stellenbosch University:</b>	Xanthe Hunt, Sarah Skeen, Mark Tomlinson
<b>Tanzania Home Economics Association:</b>	Mary Kabati
<b>Theirworld:</b>	Fiona Duggan, Natalie Fawcett
<b>University of California Los Angeles:</b>	Laurie Bruns, Alan Schooley
<b>UNICEF</b>	Anurita Bains, Agnes Ngonyo
<b>UN Resident Coordinator's Office:</b>	Arif Neky
<b>World Bank:</b>	Phelesia Catherine Akasa Asira
<b>World Health Organization:</b>	Martin Chabi, Teshome Desta
<b>Zambian Anglican Council Outreach Programme:</b>	Kelvin Munsongo

Annually, the Conrad N. Hilton Foundation (CNHF) convenes partner organizations to discuss the progress of their collective work to improve the developmental outcomes of children affected by HIV and AIDS. This convening brings together partners, Hilton Foundation representatives, and other key stakeholders from the field to discuss the strategic initiative, and foster collaboration and idea-sharing.

The specific objectives for this year's convening were:

- Team Building of the Learning Community
- Discussing the Theory of Change and MEL Framework for the Phase Two Strategy
- Developing an agenda for improving program quality including review of the Program Guidance document
- Discussing measurement of changes in caregiving: approaches, tools and feasibility
- Supporting the learning community: providing space for small group discussions on common program issues (e.g. health systems, CBO capacity, faith-based approaches)

A summary of key points made in the presentations and discussions follows below.

## Day One Summary

### Opening

Lynette Okengo opened the convening with a call to action to partners in the field to think differently about early childhood programming. Since the Lancet Series on ECD there have been gains, but they are small. She posed the question, "Is it time to think differently about our programming?" In answer, she suggested, we cannot do big things by thinking small. Representing the Hilton Foundation, Ed Cain spoke about the history of the Foundation, and current directions in the philanthropic field. He emphasized the Foundation's commitment to monitoring, evaluation and learning and to bringing partners together to facilitate this process. Lisa Bohmer then introduced the meeting objectives and presented the Phase Two Young Children Affected by HIV and AIDS Strategy – which aims to improve the developmental outcomes of all young children affected by HIV and AIDS in Kenya, Malawi, Mozambique, Tanzania and Zambia. The presentation mapped grantee partners against three strategic objectives:

- Advancing Programs – to emphasize caregiving during the first 1,000 days;
- Strengthening Systems – public health systems and civil society networks; and
- Building the Evidence Base – via implementation research and advocacy



Lisa Bohmer noted that key shifts in the phase 2 strategy are a greater focus on reaching the youngest children, a great focus on systemic change through the health system and a responsibility to contribute to the evidence base. To these ends, she noted that the Hilton Foundation will spend more time in 'co-design' with the partners, make greater investments in monitoring and evaluation and stronger metrics, and think more deeply about what it means to raise the quality of programmes. She discussed the need to concretise an agenda to improve program quality and outcome metrics and the importance of this convening as an opportunity to craft the agenda together. Finally, Lisa introduced the Foundation's new monitoring, evaluation and learning (MEL) partner – Stellenbosch University, led by Professor Mark Tomlinson.



### **Theory of Change Presentation**

Mark Tomlinson presented the draft Theory of Change (ToC) for the Young Children Affected by HIV and AIDS Strategic Initiative. A ToC is a theory of how and why an initiative works. It needs to be empirically testable, and needs to explain – via hypothesised or empirically proven pathways – how things work. This is the conceptual framework which guides the strategy as a whole. Mark noted that ToC-type thinking should inspire partners to think of their own work in terms of pathways from their actions, to their desired outcomes. This, he noted, tied in with Lisa's comments about quality and outcome measurement – a key focus, going forward, would be thinking about how program components, and program quality, are leading to desired outcomes (change) down the line. Following Mark's talk, country groups were formed. Each country group was then given the chance to discuss the ToC to consider what was applicable to their country setting and feed their comments back to the larger group.



### Theory of Change: Country Feedback

The Zambia group highlighted the promising fact that national governmental buy-in to ECD was substantial, and this needed to be capitalised upon. Malawi noted that the involvement of the Ministry of Health, local leadership and community as well as academic institutions would be necessary to invigorate institutional support for ECD efforts. Kenya noted that the ToC did not mention financing as part of the process. This group felt that the ToC was applicable to some extent at the county level, but would need to include peer learning and peer support among different partners, as well as strategies to improve efficiency and coordination at a country-level. Further, partners noted that the ToC is not simply linear but shows various interconnections. Partners also noted the importance of articulating learning as well as the need to include critical assumptions. A point was raised on how different ToCs can be articulated for the district/county and national levels. Further, partners questioned what multi-sectoral approaches look like and emphasized the need to avoid silos between civil society and government.

### Panel: HIV & ECD Linkages

In the first panel of the convening, Roland Van de Ven moderated presentations by Anurita Bains, Alan Schooley, and Moses Zulu on HIV and ECD. Anurita asked the question, *Where do we stand? HIV deaths are down, we have captured the low hanging fruit – but how do we get to the most vulnerable?* Only 6 out of 10 children living with HIV are currently accessing treatment. Anurita outlined key challenges and past learnings from programming for Orphans and Vulnerable Children (OVC). She said that we need to define OVC more broadly and need to be sensitive to HIV issues, need to tailor interventions to age groups, strengthen existing social welfare platforms, HIV sensitive social protection, use Community-based organizations (CBOs), and develop a comprehensive package of services for children affected or living with HIV. Alan discussed the overlaps and areas of synergy between prevention of mother-to-child transmission (PMTCT) and ECD programs. He noted the clinical importance of *doing more than just HIV* and the importance of peer support. Finally, Moses discussed future directions for OVC programming to meet children who need HIV services. He noted that collaboration between the primary health care system, volunteers, and caregivers is necessary, and that there is a need to think about community sensitivity to HIV as you think about intervention design, as practitioners.



### Panel: Community Caregiving Practices & Experience with Care for Child Development

In this panel chaired by Kofi Marfo, Regina Mwasambo, Mary Kabati, and Evelyn Udedi, shared insights from their work with caregivers and other community members. Mary highlighted the need to acknowledge existing family culture and schedules when implementing, and warned against undermining existing cultural practices. *ECD is a new name for an old practice*, she said, and we need to recognise that caregivers have been doing caregiving, without aid, for years. Regina spoke about using existing practices of caregiving (culturally driven) as an entry point into delivering content. Evelyn raised the issue that it is very likely that a lack of male involvement in HIV programming and ECD programming is due to the fact that programs are designed for women. Kofi concluded the session by suggesting that ECD practitioners *need the courage to be learners even as we are in the position of teacher*.



## Day One: Key Takeaways

- It is time to think differently about our programming – we cannot do big things by thinking small.
- ToC-type thinking should inspire partners to think of their own work in terms of pathways from their actions, to their desired outcomes.
- Context matters.
- We need the courage to be learners even as we are in the position of teacher.
- Reinforce positive parenting and address caregiver wellbeing.
- Support families in HIV care as part of ECD activities:
  - Ask if they are going to appointments.
  - Set up referral systems for families that drop out of care.
  - Work with health facilities and identify families at risk.
  - Know the testing schedules for infants (DNA-PCR) and follow up rapid HIV testing.
  - Address HIV stigma.



## Day Two Summary

### Program Guidance Presentation

Day Two began with Mark Tomlinson presenting a talk on the programmatic guidance developed for Hilton partners in partnership with Linda Richter. He also discussed the necessity of improving program quality across the strategy, and introduced ways of thinking about program quality. Highlights from the discussion of the programmatic guidance include the observation that, for programs to become sustainable and scalable, they must change from open-ended companionship activities to being better targeted, defined by clear goals and targets, and built on prior learning through programme cycles that enable progressive improvement. Recommendations from the program guidance follow:

### Recommendations

#### Home visits

1. Despite the fact that benefits have been reported from a few untargeted programmes, there is little evidence that generalised universal home visiting programmes are effective. For this reason, home visits should be reserved to address specific challenges of high-risk groups over a defined period. In very low income settings, some families are still at greater risk than others and efforts should be directed at assisting these families.
2. To be effective, home visits should have clear goals and targets, and occur at least fortnightly for an hour or more over a period of about a year.
3. Staff conducting home visits should be carefully selected, and properly trained and supervised in the field.
4. Well trained para- and non-professionals may be as effective as professional home visitors
5. Intervention aids and supporting materials such as counselling cards, posters and pamphlets may make home visits more effective.
6. Where it has been examined, the inclusion of fathers in home visiting programmes is associated with greater parent and child benefits.

#### Parent groups

1. To be effective at achieving parental and child benefits, parent groups should occur at least fortnightly for about 2 hours for a period of 6 months to a year.
2. Staff selection, training and supervision of home visiting staff apply also to parent groups.
3. Demonstrations, role play and other activities are more effective ingredients of parent groups than lectures to convey information.
4. Parents stop attending groups that no longer serve their purpose and therefore maintaining interest and fitting in with family schedules will help to keep parents in groups.

#### Early child care and education

1. Little published literature is applicable to community-based childcare centres in eastern and southern Africa.
2. Effective early care and education programmes are of high quality and long duration, delivered by well-qualified staff.
3. Structured programmes achieve the best cognitive gains for children.
4. Systematic improvements to community-based child care centres in eastern and southern Africa are needed to improve early child development and school readiness

### Additional recommendations

1. Given the positive evidence of book sharing and reading interventions, current family toy making activities should be expanded to include 1-4-page simple homemade books.
2. Interventions should have closer links to available health, nutrition and social services.
3. Given the inter-dependence of healthy growth and development in young children, a few health outcomes, including anthropometry, should be routinely collected.
4. Programmes should collect and report on systematic implementation information.

### Group Work: Crafting an Agenda for Improving Program Quality

During this session, participants broke into small groups to discuss the recommendations for their class of intervention: ECD centres, parenting groups, and home visiting. A representative from each group then delivered a summary of each group's work. Below are key points made by each group:



**ECD centres:** The ECD centres group noted that, often qualified teachers leave rural areas for urban opportunities leaving the rural centers to be run by community members without training, and that there is a gap for para-professionals that need to be recognized and supported. Teacher-child ratios are often too high as is staff turnover. Cognitive gains are important but so are motor skills. This group also noted the need to create sensitization programs on the differences between ECD centres (which often function as daycare) and pre-primary education.

**Parenting:** The parenting small group raised the issue of graduation of participants (recommended 9-12 months), noting that sometimes people want more. They also raised questions around sustainability. At what point do you stop with parenting content when groups are going to graduate to savings and loans groups for sustainability? How do you tailor content for different age groups as well as manage sessions for grandmothers as caregivers vs. teens? Regarding the two hours fortnightly recommendation – people questioned whether this is realistic given that caregivers are often busy.

**Home visiting:** The home visiting group noted that in some programs the targeted approach is already in use, perhaps because the model leverages an existing program, but even in these contexts, targeting vulnerability was a key component in program success. How do you target within a universal context?

Dosages will vary by universal vs targeted approaches. It was acknowledged that home visiting efforts vary depending on whether one is working with community health workers that are part of the existing health system vs. stand alone volunteers. Further the challenges of balancing care and stimulation with health messages and responding to what children need on the day of the visit were highlighted.

### **Research for Advocacy/Communications**

In this session, Teresa Mwoma shared preliminary findings from a study examining community perceptions of ECD in Kenya, conducted by Frameworks in collaboration with UNICEF. This cultural models study found that there is a popular misconception that ECD just refers to learning in the pre-primary schools, and that fathers are not considered to have a primary role in child development. Agnes Nyonyo indicated that UNICEF intends to use the results in their *Early Moments Matter* campaign. Fiona Duggan presented Theirworld's #5for5 media campaign – which is both global and Kenya specific – and discussed data-driven advocacy and how providing an understanding of the issue at hand and instilling a need to act amongst audiences could spur support for an issue.

### **Monitoring, Evaluation, and Learning Presentation**

Mark Tomlinson presented Stellenbosch University's plan to work as the Hilton Foundation's MEL partner. The overarching goal of the MEL activities is assessing the extent to which the phase 2 strategy has been successful in addressing the key challenges in delivering high quality interventions which are effective, scalable and sustainable. The team will be developing a more detailed plan for monitoring, evaluation and learning that will include an interactive web-site to enable sharing of tools and best practices.

Lisa briefly discussed past measurement metrics – mostly output measures, like number of children reached – aggregated across all partners during the first phase of the strategy (2012-16). She highlighted the need to have aggregate measures for impact to provide the Foundation with a sense to what extent the portfolio as a whole has reached its goals. Mark presented possible tools which could be used by partners in order to standardize the measurement of parenting practices and caregiving quality across programs and partners. Overall, a total of 147 measures of parenting and caregiving were reviewed, and the tools were narrowed down to: 1) The HOME-Short Form and 2) The Family Care Indicators. Professor Tomlinson presented plans to develop a uniform series of 24 questions to guide this effort – with a minimum set of ten that all partners will be expected to utilize.

Partners appreciated the need to increase efforts to report on changes in the well-being of children. Several partners will be able to directly measure the developmental status of children as part of rigorous research efforts. All partners agreed that we have the opportunity to uniformly report on the degree to which caregiving and the home environment for young children improves as a result of Foundation support, as nearly every partner seeks to improve caregiving. Partners also emphasized the need to ensure that the caregiving metrics are aligned with other measures including the MICS and SDG targets. Stellenbosch indicated a commitment to work with partners to provide a final set of questions that can be utilized by the end of 2018. This will enable more meaningful aggregate reporting across the majority of grantee partners within the portfolio.

## Nurturing Care Framework Presentation

Finally, the Nurturing Care Framework was presented by Teshome Desta and Matthew Frey, and its implications for the partners' work were considered. This framework is a road map for action supported by the latest science of brain development, to address the needs of children from birth to three years. It brings together responsive caregiving, child protection, social welfare, health and nutrition, and early learning. The framework was presented as a road map for action supported by latest science of brain development, impact on human potential and tested and proven approaches to implementation.



What is implied in the framework, the presenters noted, is that:

- Early means early;
- A Life course approach is imperative to intervention; and
- Multi-sectoral actions are necessary if child development is to be improved

Equally, vulnerabilities exist at every level, and there is a need to be aware of these and their interactions. Thus, universal approaches have relevance, however, indicated approaches are also needed. The framework also highlights strategic action areas, which include the need to:

1. Provide leadership and create commitment and investment in nurturing care
2. Recognise centrality of families and communities
3. Create enabling environments
4. Monitor progress in implementation results and impact
5. Look at scale up

Commentary following this session, led by Kenyan governmental representative Elizabeth Omondi, highlighted the need to work with and through governmental institutions in order to achieve reach and longevity of programs.

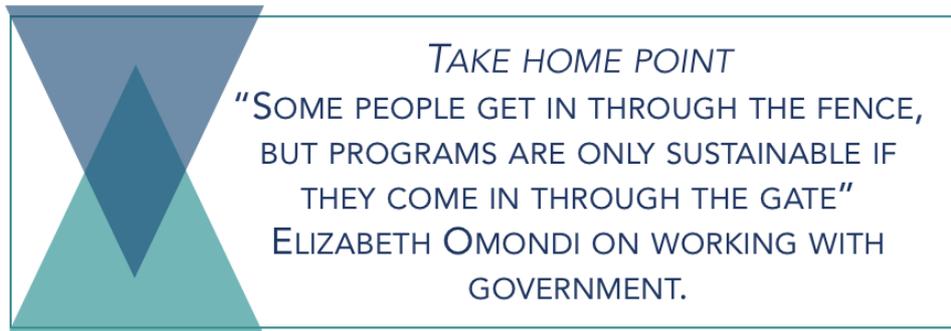
## Day Two: Key Takeaways

### Program Quality

- Need to always think about quality and tweaking programs
- Program Guidance document needs to be operationalized
- Dosage, targeting, and supervision are part of a broader constellation of quality constructs
- Hilton Foundation to communicate expectations regarding the program guidance document within the next quarter
- One size does not fit all

### Measuring Caregiving

- Caregiving tools: 10 minimum questions (with additional 14 for partners that can do more)
- Need to align with MICS/SDGs WHO caregiving measurement at population level/nurturing care M&E framework
- Need to test the questions to see if they work in our contexts
- Stellenbosch will come back with modified tools and discuss with partners
- Specific timeline is to be determined – goal is to roll out by the end of 2018



## Day Three Summary

Day Three allowed for reflection and consolidation of themes discussed during the preceding two days, as well as smaller group discussions on key topics of interest.

During the first session, country groups discussed the Nurturing Care Framework (NCF), and discussed its implications for their work in their respective countries. Key actions for each country to take in order to further the agendas outlined in the NCF, were also put forward during a large group discussion, by a representative from each group. Malawi noted the need to launch the NCF formally, and that the Malawi ECD network, UNICEF, and WHO will need to be involved in this. Equally, this group felt that it would be necessary to launch it at the district and national levels – there are executive committees for ECD at the district level to bring ECD stakeholders together, and so there is need to sensitize people to the framework before its launch. Zambia saw their own national launch as an advocacy opportunity. Over time, financing, and monitoring and feedback strategies on implementation of the framework will become important. Tanzania noted that there is momentum in the country with the Care for Child Development Framework, and that this could be used as a platform to introduce nurturing care. Kenya spoke of the need to raise awareness about the framework, and engage national advocates. They also noted policy opportunities – the Integrated Early Childhood Development Framework (IECDF) is not finalized, and policy input cycles are not common. As such, there is opportunity to use the IECD to get nurturing care recognised in policy.



In the final session, groups were formed around key interest areas of practice.

### **Integrating stimulation and responsive care as part of health services**

The group discussing supporting ministries of health to integrate key elements of the nurturing care framework, concluded that 3 or 4 potential topic areas would be fruitful and relevant to engage government on. The group posed the question, “How do we support and work with government?” Key points included:

- Ask governments what is helpful and what they need as opposed to telling them what to do
- Governments rely on partners to link them to the latest advancements in ECD

- Participation of partners and sharing of vision and goals with government as partners
- Government led approach acknowledging that the government is a key resource in providing proper linkages
- Submit work plans to the ministry for them to identify potential trainees – this also helps in legitimizing the persons selected, since they are endorsed by government
- Documentation and sharing of the lessons helps other implementers learn best ways of engaging partners

This group as identified thematic areas for interaction/webinars between partners interested in this area, going forward:

- Technical guidance
- Processes of sharing learnings
- CCD adaptation and roll out

The group concluded that the way forward would include using a platform that focuses on quality and exchanges their ideas about emerging issues regarding governmental involvement. The community of practice will require a secretariat, PATH volunteered to take on initial leadership and then transition to a rotational basis.

### **Caregiver wellbeing**

Elena McEwan presented Catholic Relief Services' community based preventative maternal mental wellbeing intervention and ECD project in Kenya and Tanzania in collaboration with the George Washington University, which is testing a preventive intervention for maternal mental health. It uses an integrated curriculum for ECD called the Mothers and Babies Course (MBC). Caregiver wellbeing is measured using a mood scale. Partners indicated interest in caregiver well-being and in following the results of this research. There was also discussion about not reinventing the wheel – how do we as implementers identify and access excellent materials which are the gold standards and comparable? For instance, in the case of caregiver wellbeing, programs can also draw on WHO's Thinking Healthy Model practiced by Lady Health Workers in Pakistan and Paul Bolton in Uganda, and for which proof of concept has been demonstrated.

### **Strengthening CBO Capacities**

Regarding CBOs, participants noted that if we want to build capacity with CBOs, there are existing models but we have to use different strategies to implement them in new contexts. Participants noted the need to build and strengthen CBO systems for sustainability, and that this would include the need for networking and advocacy around ECD as an issue. UCLA speakers, as well as those from Partners in Hope raised the issue of risk. How do people manage risk at the level of CBOs, specifically, does one bring in paraprofessional or professional employees, or leave communities in charge of CBO management. The issue of sub-grant recipient Financial Assessments was also raised and participants noted the need to monitor sub-grantees on an annual basis, and then to provide mentoring and training until their capacity is strengthened.

## Day Three: Key Takeaways

- We must capitalise on opportunities to engage government, and influence policy, with the Nurturing Care Framework.
- There is a need for country-level and thematic communities of practice-level engagement, which will be facilitated by designated leaders from each region and thematic group.
- Partners are interested in more frequent interaction – in between convenings.
- Communities of practice will continue dialogue.
- Stellenbosch to facilitate periodic webinars on specific topics/sharing learnings.
- Stellenbosch University website coming – opportunity to share tools.
- Annual convenings are important.
- Additional partner groups decided to meet virtually on separate topics, including faith-based approaches, advocacy, supportive supervision, and community ECD parenting with volunteers.



## NEXT STEPS

Following upon the rich discussions that took place during this convening, key next steps include the following:

- Following launching of the Nurturing Care Framework in May, partners should seek opportunities to use the framework for advocacy at regional and country levels
- The Hilton Foundation will communicate with partners in order to develop grant protocols that draw upon the Program Guidance
- Stellenbosch University will share a revised set of caregiving questions for use by partners by the end of this year
- Partners to continue dialogue by engaging in thematic groups – with Stellenbosch University and the Hilton Foundation glad to provide support if needed
- Stellenbosch to be in touch regarding development of an interactive web-site to also facilitate the sharing of tools and other learning products across partners