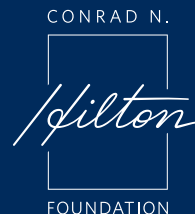


# YOUNG CHILDREN AFFECTED BY HIV AND AIDS



2019

MONITORING, EVALUATION AND LEARNING REPORT

SUBMITTED BY STELLENBOSCH UNIVERSITY

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# Glossary of Terms

<b>HIV</b>	Human immunodeficiency virus
<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>YCABA</b>	Young children affected by AIDS
<b>ECD</b>	Early childhood development
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>ECDAN</b>	Early Childhood Development Action Network
<b>NGO</b>	Non-governmental organization
<b>INGO</b>	International non-governmental organization
<b>CBO</b>	Community-based organization
<b>MICS</b>	Multiple indicator cluster surveys
<b>CREDI</b>	Caregiver Reported Early Development Instruments
<b>ART</b>	Antiretroviral treatment
<b>MDAT</b>	Malawi Development Assessment Tool
<b>GSED</b>	Global Scales for Early Development
<b>PCI</b>	Project Concern International
<b>ERD</b>	Episcopal Relief and Development
<b>CRS</b>	Catholic Relief Services
<b>ToC</b>	Theory of Change
<b>NCF</b>	Nurturing Care Framework
<b>ANC</b>	Antenatal Care
<b>PNC</b>	Postnatal Care
<b>LMIC</b>	Low-and middle-income country
<b>IYCF</b>	Infant and young child feeding
<b>MoH</b>	Ministry of Health
<b>AfECN</b>	Africa Early Childhood Network
<b>AKU IHD</b>	Aga Khan University's Institute for Human Development
<b>MoHCDGEC</b>	Ministry of Health, Community Development, Gender, the Elderly and Children
<b>WHO</b>	World Health Organization
<b>RMNCH</b>	Reproductive, maternal, newborn and child health
<b>KMET</b>	Kenya Medical and Education Trust
<b>CHMT</b>	County Health Management Team
<b>PIH</b>	Partners in Hope
<b>HIC</b>	High-income countries
<b>UCLA</b>	University of California Los Angeles
<b>CHWs</b>	Community health workers
<b>CHVs</b>	Community health volunteers

# Foreword

A strength of philanthropic funding is its capacity to respond quickly to emergent needs. Unencumbered by the institutional requirements of national funding bodies, philanthropy can fund innovations, respond to a crisis, and provide leadership in rapidly evolving issues fast and without the need for a substantial review process. Beth Breeze outlines what she describes as the three core components of philanthropy that speak to this issue – innovation, speed and risk-taking. The capacity of philanthropy to be innovative, to take risks and do this fast facilitates the support of community demand-created research and implementation that may not be happening elsewhere, as well as support grantee partners to test promising solutions to complex problems. This speed and flexibility for example allowed the Conrad N. Hilton Foundation to fund the widely-utilised and much-praised Countdown to 2030 Country ECD Profiles.

Equally however, philanthropic funding has the potential to fund projects at a large (and sometimes regionally unprecedented) scale, and take the long view in terms of output and impact. System change does not happen overnight and chasing short term metrics and outcome ‘successes’ is largely antithetical to any system change project. It involves a vision and commitment to periods without great progress (at least easily measurable ones). Funding system change requires a type of commitment, vision and endurance, which may not offer the kinds of quick, highly visible wins (the ‘warm glow’ of philanthropy) that funders often need to legitimate the resources they provide.

The Hilton Foundation’s funding system-level change speaks to a commitment to the best that philanthropy can achieve – sustained progress over the long term. I would suggest that the Siaya County funding is one of the Initiative’s greatest strengths. The vision and commitment has shown that long term engagement with district and national policy makers is not only possible, but also desirable, and that relationships with such leadership is fundamental to the longevity and sustainability of programming for YCABA. The Initiative’s recognition that good local leadership is key to the widespread uptake of programs, has resulted in learnings which can lead to the modification of current practices by grantees who, in the past, may have battled to insinuate themselves meaningful in the communities which they seek to help.

Over and above its programmatic contributions, the Foundation’s funding efforts have played a substantial role in shifting the paradigm within ECD, from a focus on 3 to 5-year olds and pre-schools, to younger children. Through their investments in nurturing care, the Foundation has led a sea-change which has seen the field place much greater emphasis on younger children 0 to 3 years. Through its funding of the Nurturing Care Framework, the Countdown to 2030 Country ECD Profiles (which increase country level accountability for meeting children’s needs), and support of population-based measurement with the World Health Organisation, the Foundation and its partners have demonstrated that integrating responsive caregiving for young children into programming previously concerned with older children is not only possible, but crucial.

The Initiative is in a unique position – deeply embedded at several levels within countries (community-based organisations and systems), over a significant amount of time, and across five African countries (as well as globally). The impact is increasingly clear, but importantly there are lessons that we are learning that can inform programming in the field of nurturing care, and children affected by HIV/AIDS that are resonating throughout the region and globally.

Professor Mark Tomlinson  
Institute for Life Course Health Research || Stellenbosch University, South Africa

# Executive Summary

This report presents a synthesis of the key Monitoring, Evaluation and Learning (MEL) reflections on the activities of the Conrad N. Hilton Foundation's Young Children Affected by HIV and AIDS Initiative over the first two years (2017 and 2018) of the current five-year Phase II commitment. This report summarises key areas of progress, as well as those that need strengthening.

## STRATEGIC APPROACH

The aim of the Hilton Foundation's Young Children Affected by HIV and AIDS Initiative is to improve the developmental outcomes of all young children (0 to 5 years) affected by HIV and AIDS in Kenya, Malawi, Mozambique, Tanzania and Zambia by 2030, in alignment with Sustainable Development Goal 4.2. Evidence indicates that a critical pathway to improve early childhood development (ECD) outcomes is to build the capacity and skills of caregivers to provide nurturing care (which includes good health, adequate nutrition, responsive caregiving, early learning and safety and security). Phase II of the Initiative is identifying, testing and delivering quality program approaches to improving caregiving in communities with high HIV prevalence. Phase II of the Initiative focuses on three primary objectives-- advancing programs, strengthening systems, and building the evidence base.

## EVALUATION AND LEARNING QUESTIONS

In April 2018, Stellenbosch University joined the Initiative as its MEL Partner to examine the Hilton Foundation's role and influence in improving developmental outcomes for young children (ages 0 to 5) affected by HIV and AIDS. Its evaluation efforts focus on both grantee and Foundation progress with respect to the following sub-questions:

- To what extent are there improvements in the quality and reach of caregiving programs and practices and improvements in the developmental outcomes of young children?
- To what extent has the capacity of community based organizations and government systems been strengthened to deliver quality services, measure progress, and scale principles of nurturing care?
- What are we learning from these efforts to improve nurturing care and what is the evidence?

## HIGHLIGHTS FROM INITIATIVE PROGRESS

The Foundation has maintained a strong presence on the global ECD stage and has played a substantial role in shifting the paradigm, from an initial focus primarily on 3 to 5-year-olds and pre-schools, to include younger children aged 0 to 3 years reached through other sectors with emphasis on the health system. This has been impactful given the multiple touch points that the health system has with pregnant women and young children during the first few years of life and the opportunity to strengthen these efforts to include responsive caregiving and early learning. Through grantmaking and direct engagement, the Initiative convenes a range of stakeholders, supports capacity building and program innovation, leverages and aligns public and private funding and disseminates research and best practices. Through its support for the Nurturing Care Framework, the Countdown Country Profiles (which aim to increase country-level accountability for meeting the needs of young children) and support for development of population-based measurement tools with the World Health Organization, the Foundation and its partners have demonstrated that integrating responsive caregiving for young children into existing health and nutrition programming is not only possible but crucial for lifelong positive development outcomes.

The Initiative has exceeded its target, reaching over 348,000 children and 90,000 caregivers with ECD services. Notable improvements in caregiving practices have been documented and good progress to improve program quality across metrics of program fidelity, training, supervision and staff capacity development have occurred. At the country level, many notable achievements have been made in national health systems and in communities by Initiative-supported partners. One hundred and forty health facilities have been supported to now provide ECD services, and ECD is being integrated into health management information systems and various policies and guidelines. We have seen a positive increase in political will and leadership, evidenced by newly established National ECD Multi-sectoral Taskforces in Kenya and Tanzania. A significant accomplishment of the Initiative, has been its approach to place-based investment via partnership with Siaya

County, Kenya. Several milestones have been achieved in Siaya, including the formation of a multi-sectoral nurturing care taskforce, and the incorporation of nurturing care into the Siaya Health Bill passed in late 2018.

Another notable accomplishment of the initiative in this phase is that, where programs are being rigorously evaluated, it is possible to see improvements in HIV care retention and child physical health, caregiving quality, and child development. Advocacy efforts have resulted in the production of a Donor Score Card, highlighting limited bilateral donor commitments for pre-primary education and calling for governments to dedicate 10% of education funding to support pre-primary education. Additional advocacy wins include the elevation of ECD by the G20 and African Union and the commitment to increased funding by the Global Partnership for Education.

## CONCLUDING COMMENTS AND RECOMMENDATIONS

The Young Children Affected by HIV and AIDS Initiative is in a unique position - deeply embedded at a number of levels within five African countries (Mozambique, Kenya, Malawi, Tanzania and Zambia). This year's MEL report reviews several important lessons. Specifically, the Foundation should continue to ensure that partners place greater emphasis on how interventions are implemented, and as part of grantee monitoring, focus on supportive supervision for frontline workers, who are typically volunteers. Additionally, there is a need to address challenges faced by rigorous research investments. The Foundation has subsequently increased oversight of ongoing research studies to ensure quality and to begin to plan for results dissemination.

Over the past two years the Initiative has learned that when policymakers attend sensitization workshops regarding the importance of the early years, that they are more willing to pass legislation, dedicate resources and lead multi-sectoral action to improve the lives of young children. The Foundation is learning that by partnering with local government, its resources are leveraging significant capacity and sustainability. This is a new model for philanthropy and one that the Foundation should continue to document and share. A few key recommendations for the Initiative are as follows:

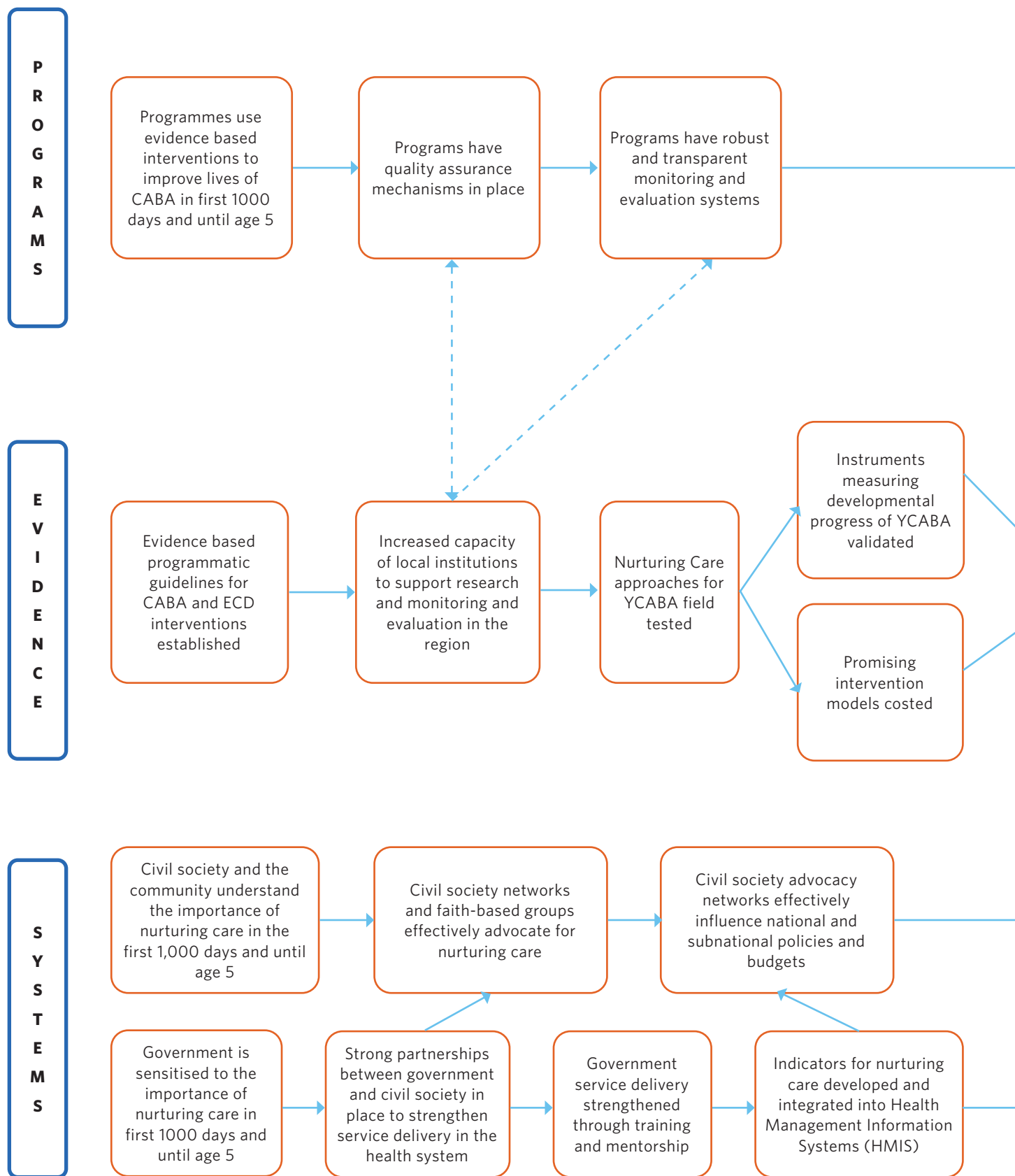
1. Continue encouraging partners to ensure programming acknowledges local contexts and existing caregiving practices
2. Continue to stress the need for more supportive supervision of frontline workers, including mentorship and collective problem-solving
3. Continue encouraging partners to include government leaders in capacity building efforts as well as the continued inclusion of Nurturing Care within the health care system through policy development, workforce strengthening and responsive services
4. Increase support to community based organizations to strengthen community engagement and ensure that international NGOs partnering with local CBOs provide adequate resources and are recognized for their efforts
5. Continue to work with partners to understand and practice the collection of implementation and process data so that it becomes routine and supports research efforts

# Structure of the report

Figure 1 (overleaf) shows the Theory of Change (ToC) for the Initiative, which includes three streams of work corresponding the Initiative objectives; *programs* (testing approaches), *evidence* (building evidence), and *systems* (strengthening systems). The ToC proposes that, if certain distal conditions are met, then other proximate conditions can begin to make progress (from left to right), and as these layers of conditions progress and are met, child development will improve. Our Monitoring, Evaluation, and Learning (MEL) framework is based on the ToC, and so we will use this visual to guide our discussion. In the sections of this report which follow, we discuss progress which has been made across each of the individual elements (blocks) of the ToC. We report on the ongoing movement of the Initiative towards its goal; of contributing to the fulfilment of Sustainable Development Goal 2.4 by 2030. Before we engage in a detailed report on change over the past year, we briefly lay out the following:

1. What are the goals of the Initiative?
2. What are the key questions which the MEL seeks to answer?
3. How does the MEL answer these key questions?

The rest of the report, focuses on addressing which key questions can begin to be answered now, based on the MEL activities of the past year.



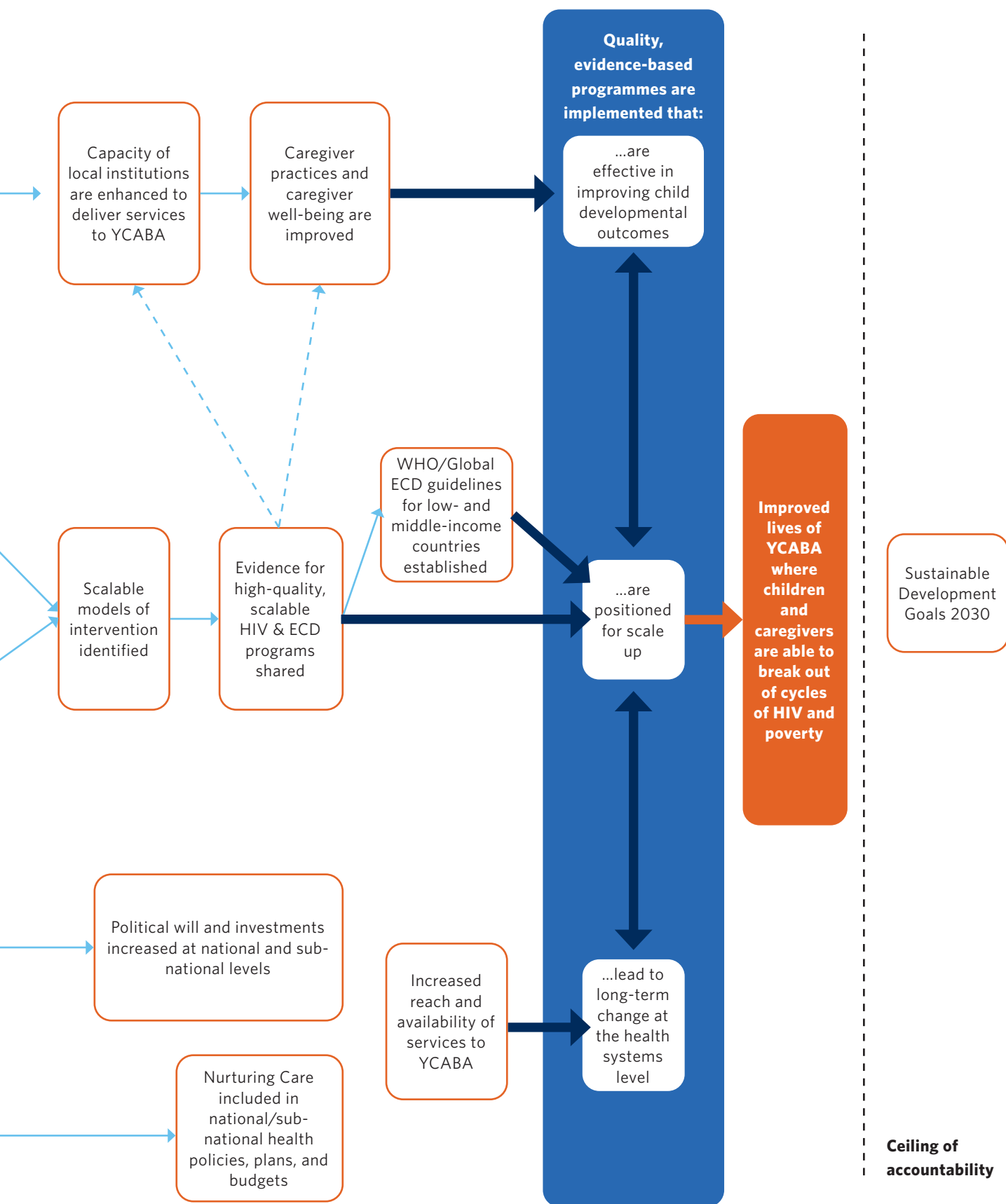


Figure 1: Conrad N Hilton Foundation Young Children Affected by HIV and AIDS Initiative Theory of Change

# Introduction: The Initiative and our MEL Questions

In April 2018, Stellenbosch University, led by Mark Tomlinson, partnered with the Conrad N. Hilton Foundation's Young Children Affected by HIV and AIDS Initiative to carry out Monitoring, Evaluation and Learning (MEL) for the second phase (years 2017-2021). This MEL report lays out:

1. The Initiative's key activities over the past two years, as they relate to its progress towards its strategic aims;
2. Our framework for the Initiative's MEL, and our metrics for success; and,
3. Assessments, based on these metrics, on how the Initiative is progressing, and what needs to be brought into focus in the second half of the 5-year phase.

## Goals of the Initiative

The aim of this Initiative is to improve the developmental outcomes of all young children (0 to 5 years) affected by HIV and AIDS in Kenya, Malawi, Mozambique, Tanzania and Zambia by 2030, in alignment with the 2030 Sustainable Development Goal 4.2. Over the five years of this Phase, the Initiative will identify, test and deliver quality program approaches to improving caregiving to create the conditions for program delivery as part of existing systems at scale. The arrows below clearly delineate segments of action, or conditions within the ToC which lead to meeting the next condition and are required for the goal of the Initiative to be fulfilled. As evidenced in the ToC, the Initiative is focussing its efforts, in this Phase, on the following streams:

1. **Testing approaches to improve caregiving and child development:** The Initiative is focused on adapting evidence-based programs to low-resource HIV-affected areas > ensuring that programs have sufficient quality > so that caregiver practices and well-being are improved > so that caregivers can successfully meet the developmental needs of young children affected by HIV and AIDS;
2. **Strengthening systems:** The Initiative is simultaneously working to strengthen partnerships and networks at district, county, and national levels to > improve and increase policies, planning, resources, delivery capacity and measurement of ECD services and > integrate these specific ECD practices into maternal and child health systems, which will lead to > the increased reach and availability of these proven-effective services to young children affected by HIV and AIDS at scale; and
3. **Building evidence:** The Initiative is also focusing on developing measurement tools and funding research to evaluate and cost out promising ECD interventions to > ensure evidence informs policy and > position effective programs for scale-up.

# What are the key questions which the MEL seeks to answer?

The corresponding MEL questions by the Initiative's objectives are the following:

## **1. Initiative objective:** Testing approaches to improve caregiving and child development

### **a. Corresponding MEL questions:**

- Has the Initiative contributed to the capacity of community-based organizations (CBOs) and government health systems to deliver quality ECD services for young children affected by HIV and AIDS as part of existing systems at broader scale?
- To what extent has the Hilton Foundation's Phase II strategy identified, tested, and delivered interventions to improve quality caregiving for young children affected by HIV and AIDS?

### **b. Has the strategy improved caregiving and the developmental outcomes of young children? Indicators for these MEL questions include:**

- Number of children and caregivers reached (Goal: Reach 100,000 children and 60,000 caregivers)
- Improved caregiving practices (Examine the % programs with improved caregiving practice)
- Selected programs are improving child developmental outcomes? (The % of children meeting minimum cut-offs for motor, cognitive, and socio-emotional development (drawing on evidence from selected partners))
- Improved program quality

## **2. Initiative objective:** Strengthening systems

### **Corresponding MEL questions:**

- Where the Foundation's Phase II strategy partners are involved in district-wide programs, how might learnings from these inform scaling of interventions at national level in the five countries?
- Has the Foundation's Phase II Strategy contributed to improved policy frameworks, measurement systems and commitment to improving developmental outcomes for children affected by HIV and AIDS in the five focus countries?

### **a. Indicators for these MEL questions include:**

- *Improved technical and/or organizational capacity of civil society groups to address the development needs of YCABA*
- *Evidence of models showing promise in reaching these groups? (The # of CBOs demonstrating improved capacity to address the developmental needs of children affected by HIV/AIDS (Target: 200))*
- *ECD services at the county/district level scaled up in two country settings with a strong government leadership role, resulting in increased coverage for YCABA*
- *Learnings shared to inform scale up to other counties/districts*
- *Stimulation and responsive care integrated as part of health systems in one or more country setting (Health sector guidelines and training curricula include stimulation and responsive care and the # of health facilities providing caregiver coaching on stimulation and responsive care)*
- *Increased district/county budget allocation for ECD*
- *Is the strategy responding to community needs?*
- *The % of relevant national health policies integrating stimulation and responsive care*

## **3. Initiative objective:** Building evidence

### **Corresponding MEL question:**

- Has the Foundation's Phase II Strategy built and disseminated evidence to improve policy and practice, both within the programs and externally?

**a. Indicators for these MEL questions include:**

- *Population-based measurement tools tested and adopted*
- *Two ECD models been rigorously evaluated and shared*
- *Key research gaps and information needs of policy makers and funders addressed*
- *The developmental needs of young children show up on the HIV & AIDS agenda*

A final key question which we set out to answer is more overarching, and corresponds to all three of the Initiative's objectives:

- Is the Foundation maximizing the impact of its investments and using its leadership platform to advance the field?

**Indicators for this MEL question include:**

- *Foundation resources leveraged additional public and private resources for ECD in the focus countries and globally?*
- *Political will and the policy environment changed with respect to an enabling environment for young children (including those affected by HIV and AIDS)?*

# Big wins in the first two years

## 1. The Nurturing Care Framework for Early Childhood Development

In May 2018, the World Health Organization, UNICEF and the World Bank collaborated with the Early Childhood Development Action Network (ECDAN) and many other partners to produce the Nurturing Care Framework for Early Childhood Development. The Framework was supported generously by the Initiative. Launched at the 71st World Health Assembly, the Framework outlines the importance of providing nurturing care for children – a type of care that extends beyond basic health, education and safety. To grow and develop optimally, children require care and consistency from responsive adults, along with opportunities for interaction and learning. Caregivers are central to provide nurturing care to children, and therefore policies and programs that support caregivers and communities in this role need to be prioritized. Towards this aim, the Framework provides strategic actions, along with milestones to be achieved in the next five years (by 2023). The Foundation has provided ongoing support to, and engagement of partners to inform the Nurturing Care Framework via case studies and consultations.

## 2. The G20 Initiative for Early Childhood Development

In November 2018, the Group of 20 (G20) summit brought together decision-makers from the world's leading economies, where for the first time ECD was prioritized through the launch of the G20's Initiative for Early Child Development. Their ECD initiative calls for action in three priority areas: financing and investment in ECD programs; monitoring and evaluating the impact of ECD programs; international cooperation and knowledge sharing to encourage scale-up. Another highlight from the G20 summit was the declaration acknowledged Initiative-supported partner ECDAN as a key entity in driving this initiative forward, through identifying best practices from LMICs and facilitating sharing of this knowledge across countries. The Foundation has been a key supporter of ECDAN both in terms of grant-making, but also in serving on the interim Executive Group to guide ECDAN's initial strategic plan and governance framework, and significantly advocating for the value of such a network.

## 3. Siaya County

Siaya County in Western Kenya continues to be a flagship site of nurturing care integration. A brand new Siaya County Health bill has been approved by the Parliament of Kenya and sent on to the Governor for his signature. The bill, which will be signed into law, was developed in collaboration with Initiative partners. This is the first ever addition of child development content into a Kenyan health bill. Her Excellency Rosella Rasanga, the First Lady of Siaya County, has been appointed by the Governor as a patron for ECD. She travels throughout the county speaking on the importance of responsive caregiving. Through sharing her own experiences, she has shown that “soft power” has made politicians recognise ECD as a key and non-negotiable issue. A multi-sectoral committee now sits within the Governor's Office to promote Nurturing Care. The committee has developed a multi-sectoral work plan (that includes the work of civil society partners) and coordination has already paid off in terms of social welfare and health working together to register children for birth certificates. Members of the County Assembly have been briefed on the science of ECD in a special tailored 2-day session supported by the Hilton Foundation. The multi-sectoral committee are being replicated at the sub-county level. The First Lady is also working with her existing First Ladies' group, to disseminate messaging about nurturing care. The hope is that this network will allow for the ECD patronage model for First Ladies to be replicated in other countries. Finally, a Kenyan delegation attended the Scaling Up ECD course, held at the John F. Kennedy School of Government at Harvard University in April 2018. The seven-person delegation included the Siaya CHMT ECD focal point, the governor of Siaya County, and representatives from WHO Kenya, and Initiative supported partners, the Kisumu Medical and Education Trust and PATH. The team developed a county-wide strategy for ECD scale-up in Siaya by drawing on lessons learned from scaling up efforts around the globe. A key achievement arising from this course was the nomination of the First Lady of Siaya to be the patron of the Siaya Smart Start! ECD Campaign.

#### **4. Improvements in caregiving and child development outcomes visible**

Where programs are being rigorously evaluated, it is possible to see improvements in caregiving quality. Often, baseline findings from studies where partners programs have not yet been delivered show relatively poor practices. Yet, where endline evaluations of programming have been done, child and caregiver outcomes are more positive, pointing to program effect. For instance, Initiative partner, ChildFund, capacitated CBOs to integrate curricula on stimulation and responsive care into their existing community group activities for holistic ECD knowledge, skills, attitudes and caregiving practices to be understood and employed in the homes of children and caregivers affected by HIV and AIDS. Their closing survey study of 667 caregivers of children aged 0-5 (334 from Zambia, 333 from Kenya) showed that at endline 92% of caregivers responded that the group parenting sessions or home visits influenced how they cared for their child. At least 59% said that they now play more with their child, while 50% said that their child now has play toys. Other areas of change included spending more time with their child, communicating with their child, using positive discipline with their child, and taking their child to the health facility immediately if the child becomes ill.

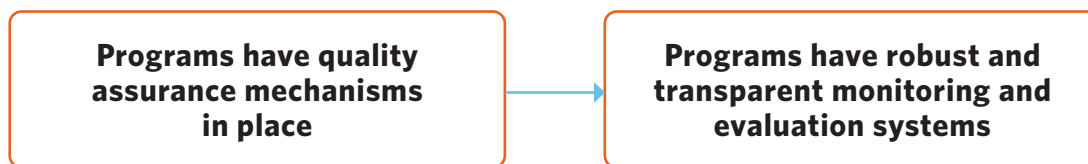
#### **5. HIV-targeted programming strengthened**

Although all partners are working in high HIV prevalence contexts, some programs are specifically working with people living with HIV, as opposed to those otherwise affected. In these programs, we can see an impact of child development-focused programming on HIV outcomes. For instance, a UCLA study of Partners in Hope in Malawi, found that mothers accessing the Partners in Hope program (ECD/Option B+) had a 92% ART retention (15% higher than district level Option B+ retention), and 50% of the 10 ECD/Option B+ cohorts achieved 100% retention levels at three months post-graduation. Post-graduation retention on ART in Nkhotakota was 84% (13% higher than district level Option B+ retention), and four out of ten cohorts reached 100% ART retention at three months post-graduation. This is a strong indication that integrating a child development component into HIV programming for women improves retention in care.

# Evaluation of Programs

In this first section, we discuss progress in the ToC elements related to programming.

Do programs have quality assurance mechanisms in place and do programs have robust and transparent monitoring and evaluation systems?



The first ToC element relevant to our discussion of progress, are blocks two and three in the top row of the Initiative ToC highlighted above. To address the issue of quality assurance and monitoring and evaluation at the project level, we present data and key learnings from a survey of partner quality assurance practices. Key learning is pulled out here. For the full report on quality, see **Appendix A**.

## FOCUS ON: QUALITY AND IMPLEMENTATION

Public health interventions are conducted under real-world conditions, which result in complex systems for management and monitoring and evaluation. Programmatic quality includes the appraisal of pre-determined quantitative indicators, as well as more qualitative, relational/interpersonal aspects of implementation. The quality and ultimate success of an intervention is determined by how it is implemented and through whom. Emerging literature has demonstrated that human resources and process features of implementation are as important as the programmatic features<sup>1</sup>. For frontline workers, their ability to deliver quality services is determined by the quality of their selection, training and monitoring, and whether they are motivated and empowered to deliver quality services.

In March 2019, 10 partners were surveyed in the region who were implementing programs on the ground over the past year - Elizabeth Glaser Pediatric AIDS Foundation, Kidogo Early Years, Project Concern International, UCLA/ Partners in Hope, Catholic Relief Services, mothers2mothers, ChildFund International, Episcopal Relief & Development, Tanzania Home Economics Association (on behalf of Firelight), and PATH. The purpose of this survey was to compare partner practices to evidence-based best practices in program implementation in the region. In 2017, Linda Richter and Mark Tomlinson conducted a comprehensive review of the literature regarding implementation best practices from sub-Saharan Africa. Drawing on this Programmatic Guidance<sup>2</sup> (written in 2017 by Linda Richter and Mark Tomlinson with Hilton Foundation funding) as well as the broader literature in the field, we wanted to position the partners' current practices in relation to quality assurance and best implementation practices, for nurturing care.

<sup>1</sup> Yousafzai, A. K., Aboud, F. E., Nores, M., & Britto, P. R. (Eds.). (2018). Implementation Research and Practice for Early Childhood Development. Wiley Subscription Services.

<sup>2</sup> Richter, L., & Tomlinson, M. (2017). Towards Programmatic Guidance for the Effective Implementation of Interventions to Improve the Developmental Outcomes of Young Children Affected by HIV and AIDS in eastern and southern Africa. Report presented to the Conrad N Hilton Foundation.

Partners spoke of quality during implementation in various ways, stating; “A well-thought [out] intervention with dosage provided in set standards”, as well as “targeting, specific indicators, mentoring and supervision to support quality of service provided”.

But quality was also understood to be something a bit more qualitative than purely how a program is implemented. Partners spoke of “achieving high standards of early childhood care and environment... we consider quality to embody all elements that support a child’s healthy growth and development, including safe, stimulating environments, trained caregivers, play-based approach to learning and a comprehensive nutrition, health and protection program”.

The responsibility for measuring quality was largely situated as an activity of the M&E team, although most partners mentioned that it was a diffuse activity, requiring work by a variety of organizational personnel. However, most partners did not situate responsibility for quality with frontline workers.

Second to quality assurance as practice, implementation processes hinge largely on the types of workers doing implementation (see Figure 2 below).

#### Does your organisation work with professional or non-professional staff in the implementation of your programs (your frontline staff)?

10 responses

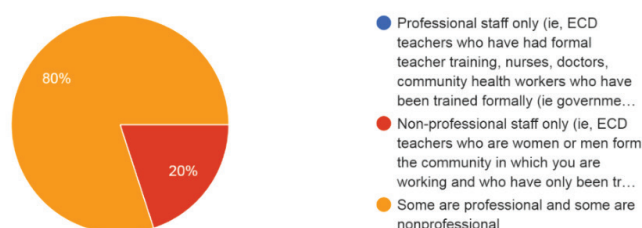


FIGURE 2: Staff type by level of training

In the survey findings, where there is a mix of professional and non-professional staff, community workers and other frontline personnel tended to be non- or para-professionals, and higher-level personnel tended to be professionals. Most program capacity development efforts are targeted at improving the capacity of non- or para-professional workers.

## PAYMENT

Typically in the case of program implementation through frontline workers, the degree of payment is dependent on country-level specifications, previously or recently implemented programs utilizing the same workers, and organization delivering the program and/or services. Mostly, more senior staff are paid, and “frontline workers at facilities are provided with a small stipend”. Most partners explain that “professional staff are paid, and community-based workers or volunteer staff receive a stipend”. On average, frontline workers who were paid, were paid \$49.50 a month. Payment ranged from \$21-119 per month, with most partners paying on average \$21-\$35 per month (see Figure 3 below). We asked partners whether they worked with paid or volunteer staff in the implementation of their programs. Payment was defined as monetary remuneration that is more than a stipend. Many partners are working through existing community health worker government systems, and thus follow government protocols regarding payment. As such, payment procedures at the country level are reflective of national norms for remuneration, rather than by design of the partners.

## Does your organisation work with paid or volunteer staff in the implementation of your Hilton-funded p...eration which is more than a stipend.

10 responses

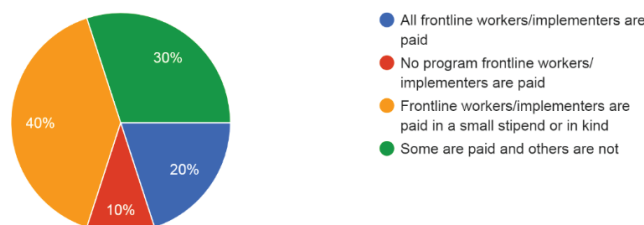


Figure 3: Staff payment structures

## TRAINING

In the broader literature, the training of CHWs is poorly regulated and varies dramatically in duration, content and quality. Training models include rapid, on the job training as well as multi-year certification programs. Extended certification programmes are the more traditional approach to training CHWs, and usually involve months to years of clinical and/or knowledge-based training prior to deployment. In the survey findings, we saw that most training is delivered by Initiative-supported partner staff and their implementation partners, although in some instances, trainings are delivered by government or other agency staff. Most of trainings occur near the sites where implementation is going to happen, although four out of the ten reporting noted that they still centralise training. The trainings were largely focused on Care for Child Development, or integrated health and stimulation curricula. Only two of the ten programs were exclusively training on HIV-related content.

The average time spent training by the partners surveyed was six hours, although seven partners trained for five hours or less. The inflated average is due to three partners who train for 8, 10, and 15 days, respectively. Almost all training included top-up training or additional coaching. In the Programmatic Guidance, positive outcomes are associated with longer duration of training. Although the numbers of papers reporting on programs in LMICs are small, higher rates of positive parent and child outcomes are associated with staff training for more than two weeks, in both high-income countries (HICs) and LMICs. Only two of the Hilton Foundation partners reported training for longer than two weeks. However, it is not simply the case that longer duration of training is necessarily better; training quality is pivotal. Indeed, under the conditions of training encountered by most partners – including training of staff who are full-time employees of the health sector – it is unlikely that more than two weeks training is going to be possible or desirable for all partners. Instead, efforts should be made to ensure that that training which does happen is high quality, and that there are continued efforts to support staff following the completion of the training period.

## SUPERVISION

Different models of CHW supervision exist; these include facility-based supervision; direct observation of home visits and group sessions; reflective feedback sessions and debriefing sessions or counselling. Whatever the modality, the main goals of supervising CHWs are three-fold:

- a. improving the quality of services;
- b. exchanging information; and
- c. creating a supportive work environment for the CHW.

Supportive supervision is critical in improving quality, productivity and motivation and retention of health workers. Amongst the partners, 252 supervisors were trained during this period. However, some partners lacked clarity about the amount of supervision that was happening. Whilst some could specify the exact number (300 out of a planned 384), others were unsure about the frequency of supervision sessions. Supervision sessions were, on average, two hours long, although some

partners were missing data values and could not specify the length. The content covered in these supervision sessions was broad. When asked to describe the nature of supervision sessions, partners characterized supervision sessions as mostly focused on program content, although many partners were also focussing on skills necessary for doing the work (for instance, counselling and interpersonal skills, identifying families at risk, and how to manage groups). Few partners mentioned an explicit focus on soft skills and relationship building as key concerns of supervision sessions. However, when asked explicitly whether they focused on various supervision components, partners more readily identified their approach as involving a focus on soft skills. During discussions at the Initiative Convening in 2019, there was consensus that supervision is primarily administrative and that not enough emphasis is placed on soft skills and the supportive aspects of this process. Most partners were implementing group supervision, which may mean that inadequate attention is being paid to individual members of staff and their concerns (see Figure 4 below). It is very important, particularly in settings in which staff are paraprofessional, that supervision provide adequate support. Staff burnout and fatigue can be minimised through supportive relationships, and so going forward it may be important to see this capacity of organisations – to support their workers holistically – developed.

### What is the nature of these sessions?

10 responses

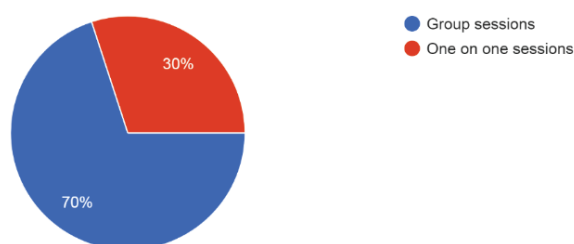


Figure 4: Supervision structure

All partners had quality control forms which were completed when observations were done on-site. Field supervisors can provide ongoing motivation, training and supervision of CHWs. Through direct observation of the CHW's service delivery, supervisors can gather real time data such as the numbers of patients seen, home visits made, or target individuals in the catchment area, and receive feedback on the quality of programme activities.

## TARGETING

The resource-poor settings in which health programming in low and middle income countries takes place is characterized by governments and health organisations that typically do not have the capital or human resources to provide universal health coverage. Targeting thus focuses the intervention on those at risk, producing more constrained and cost-effective programmes.

Does your program have any targeting? That means, do you select people for the program based on an existing vul... a certain vulnerability or risk factor?

10 responses

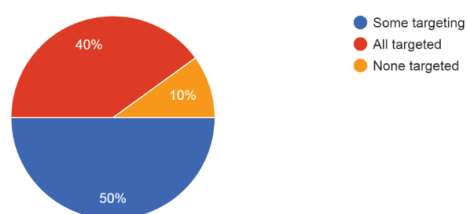


Figure 5: Proportion of programs using targeting

Most programs (90%) use a targeted approach, with half doing some targeting, and 40% being entirely targeted (see Figure 5 above). In their Programmatic Guidance<sup>3</sup>, Richter and Tomlinson noted that children with higher levels of risk (such as a caregiver with HIV, or a very young caregiver) appear to benefit more from early intervention than children with fewer risk factors. As such, the authors concluded in their review of the implementation literature, targeting was imperative for program effect to be maximal. According to the findings of our survey, targeting was done based on various risk factors, including developmental delay, HIV, and young parenthood. Richter and Tomlinson, highlight home visiting, as a promising avenue for targeted support. However, many of the Foundation partners are using this strategy as a universal intervention.

FACTOR	NUMBER OF PARTNERS (OUT OF 10) TARGETING INDIVIDUALS FOR ADDITIONAL SUPPORT BASED ON THIS FACTOR
Socio Economic Status	2
HIV	4
Single parents or very old/young parents	2
Disability	3
Targeting but criteria not specified	1
Low birth weight	1

Table 2: Risk factors by which recipients are targeted

## CHILD-TEACHER RATIOS

Child-teacher ratios are key quality indicators. Low ratios – referring to a smaller number of children per ECD practitioner/teacher – enhance ECD quality through facilitating better developmental outcomes in children. When there are fewer children per teacher in the classroom, children have more opportunities for individualised interactions and instruction from teachers. The following minimum standards for pupil to teacher ratios are highlighted in UNICEF’s Guideline for ECD services<sup>4</sup>:

- For toddlers 1-3 years old: 1 adult caregiver for every 10 or 15 children
- For children 4-8 years old: 1 adult caregiver for every 20 or 25 children

<sup>3</sup> Richter, L., & Tomlinson, M. (2017). Towards Programmatic Guidance for the Effective Implementation of Interventions to Improve the Developmental Outcomes of Young Children Affected by HIV and AIDS in eastern and southern Africa. Report presented to the Conrad N Hilton Foundation.

<sup>4</sup> Busana, M. (2013). UNICEF Education Kit Handbook: Early Childhood Development Kit Guidance. Copenhagen: Water, Sanitation and Education Centre, UNICEF. Retrieved from [https://www.unicef.org/supply/files/Education\\_Kits\\_User\\_Manuals\\_Module\\_3.pdf](https://www.unicef.org/supply/files/Education_Kits_User_Manuals_Module_3.pdf)

Half of Hilton Foundation partnering Early Childhood Care and Development centres had a teacher to child ratio of 1:20, and half had a ratio of over 1:50. These ratios, however, fall within country regulations, as pupil to teacher ratios recommended by country governments are far higher: Tanzania (25:1); Kenya (28:1); Mozambique (54:1); Malawi (61:1); and Zambia (56:1). When teachers and teachers' assistants are responsible for a smaller group of children, they are found to be more supportive, have the time and capacity to pay individual attention to children and can foster caring and responsive interactions with those children. Higher ratios, conversely, result in poorer teacher-child interactions and higher stress levels for teachers. They are no longer able to individualise the attention given to each child, and they engage in more restrictive and routine communication rather than positive and affirming dialogue. When staff-child ratios are higher, children tend to be less cooperative in activities and perform more poorly in cognitive and linguistic assessments. However, ECD centres play a child protection function in many of the contexts in which Hilton Foundation partners work, enabling parents to leave their child under adult supervision where they will be cared for, and given a meal, while the caregiver works to generate income. The Hilton Foundation partners are all operating in accordance with their governments' recommendations, and – in their pursuit of child safety more broadly – may not achieve the small ratios possible in other contexts. As such, the findings presented here must be seen in context.

## DOSAGE

For some programmers, dosage is not specified, and varies a great deal. In the **Programmatic Guidance**, Richter and Tomlinson (2017) note the following:

*“In [home-visiting] programs reporting positive outcomes for either parents or children: 1. families receive more than 80% of intended home visits; 2. families receive a visit of just over an hour every week for at least a year, and 3. there is a high rate of follow up of families when the home visiting program ends. In parenting group studies, dose and duration associated with positive benefits from parent groups are similar in HICs and LMICs. There are high levels of attendance (at least 70% of sessions), and parent groups are held at least once a week for close to 2 hours for 6-10 months. Finally, positive outcomes for children in ECCE programs seem to be associated with roughly the same factors in HICs and LMICs: high levels of attendance; 1-1.5-hour sessions at least 3 times a week (4 times in LMICs), delivered by trained professionals, for about a year (shorter in LMICs).”*

Clearly, some partners' programming is well within the recommended dosage. For instance, Kidogo's contact with children at their ECCE centres are above the recommended 1-1.5 hours 3 days a week (they deliver 10 hours per day, 5 days per week). Also, ERD's 128 contacts over 24-month period with parents in their program is well above the recommendation of 6-10 months of contact for parenting groups, and an hour a week for a year. However, projects may still need support – where they are working with the health system – to support greater frequency of contact.

Importantly, given that dosage, fidelity and other implementation feature monitoring needs to be undergirded by a strong framework, it is encouraging that all partners have a formalised M&E framework and completes formalised outcome evaluation on the people they reach. The measures used for outcome evaluation include the following:

TOOL	NUMBER OF PARTNERS (OUT OF 10) UTILIZING TOOL
Home Observation Measurement of the Environment (HOME)	2
Multiple Indicator Cluster Surveys (MICS)	2
Family Care Indicators (FCI)	1
Child environment scales	2
Growth monitoring	1
Care for Child Development tools	1
Nurturing Care Framework indicators	1

Table 3: Outcome evaluation tools used by partners in 2018 and 2019

Nearly half of all partners (40%) are delivering fully manualised programs, while all partners are delivering programs with some manualised content. Detailed instruction manuals can enhance fidelity of implementation because they allow for greater rigor in delivery and allow evaluators, managers and researchers to assess whether providers adhere to programs. Yet, delivery agents need to be able to adapt to the local community's needs and unforeseen circumstances, while maintaining a certain level of consistency and accuracy in the delivery of the programme content. To accommodate differences in context, human resources, and populations, program implementers should utilize manuals as far as possible, while maintaining some flexibility and adaptability in their service delivery.

## TAKEAWAY LEARNINGS

There are some interconnected facets of implementation, and human resources, which could inform our messaging about what it will take to improve quality. Quality is situated as an activity of management and M&E, and there is inconsistent attention to what it means for frontline workers – the face and heart of interventions – to be quality workers; to delivery high quality services. The focus of quality assurance is on the content of programming, rather than how programming is delivered (for instance, there is a focus on training for manual content, and anxiety about not measuring fidelity, but there is still little attention to counselling and soft skills). This raises the issue of how to facilitate a focus on quality – through the development of, amongst other things, human resources – and how a real shift in how we think about quality might mean that we engage more openly about support for frontline workers. Furthermore, it is important that partners' notions of quality consider the well-being of front line workers. At the moment, supervision practices centre on content knowledge. Yet, supportive supervision is key to frontline staff being able to engage in their work with sustained capacity, and so going forward there is a need for partners to foreground supportive supervision as practice. A key direction for the ongoing MEL may include inquiry into supervision quality.

As presented in the traffic lights below, some progress has been made in this domain of the ToC. However, more attention is needed going forward to supportive supervision for frontline workers if the Initiative's goals of improved programmatic quality are to be realised.

### PROGRESS ASSESSMENT: Do programs have quality assurance mechanisms in place and do programs have robust and transparent monitoring and evaluation systems?



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

# Are local institutions' capacity enhanced to deliver services to Young Children Affected by HIV and AIDS?

## Capacity of local institutions are enhanced to deliver services to YCABA

Any discussion of the Initiative's progress must consider both reach and depth, and/or scope and quality. Breadth of service delivery is imperative: in the countries in which the Hilton Foundation is funding work. In these contexts, service penetration is often limited, and so often simply expanding provision is a vital and significant first step. A key finding of the first Phase of the strategic Initiative, concerned the necessity of examining program quality. The suggestions of the last MEL report were that this could be achieved through a focus on implementation in relation to monitoring and evaluation (see the previous section), as well as a more focused examination of the learnings which can be distilled from partners' challenges and successes in the field.

To orient the reader to our thinking about scope, we briefly present progress to date, including progress on human resources capacity building (including trainings), on individuals reached (including children and parents, communities and families), and on dissemination events and other activities which impact project scope. Thereafter, we share some key findings regarding the qualitative aspects of implementation, as presented in a recent report by Dr. Sheila Manji, a consultant commissioned by the Initiative to provide an external assessment of implementation challenges and successes amongst community-based partners.

### FOCUS ON: REACH AND DEPTH

In this section, we focus on describing the numbers reached by the partner programs. As described in the introduction to this report, the targets for numbers reached are as follows:

- 100,000 children reached
- 60,000 caregivers reached
- 200 CBOs demonstrating improved capacity to address the developmental needs of children affected by HIV/AIDS

Given that this is the first MEL report, reporting on the period 2017-2018, these numbers are somewhat without context. However, in future reports, trends will be described. In this report, we simply note 'where we are now', in relation to the targets which the Hilton Foundation has set, where applicable. Indicator definitions can be found at **Appendix 2**. These indicators are tracked routinely in partner reports and mined from those reports and collected from partners.

Findings from the first reporting period indicate good training capacity amongst partners (see Figure 6 below). Given that this reporting period entails the majority of project start up for many partners, these training figures are likely larger in this reporting period than they will be in subsequent reporting periods, and this level of training may not be sustained due to the diminishing requirements for staff capacity-building as programs move through subsequent implementation phases. That said, the focus of partners' capacity building efforts on Ministry of Health staff, Community Health Workers, and Master Trainers, is promising.

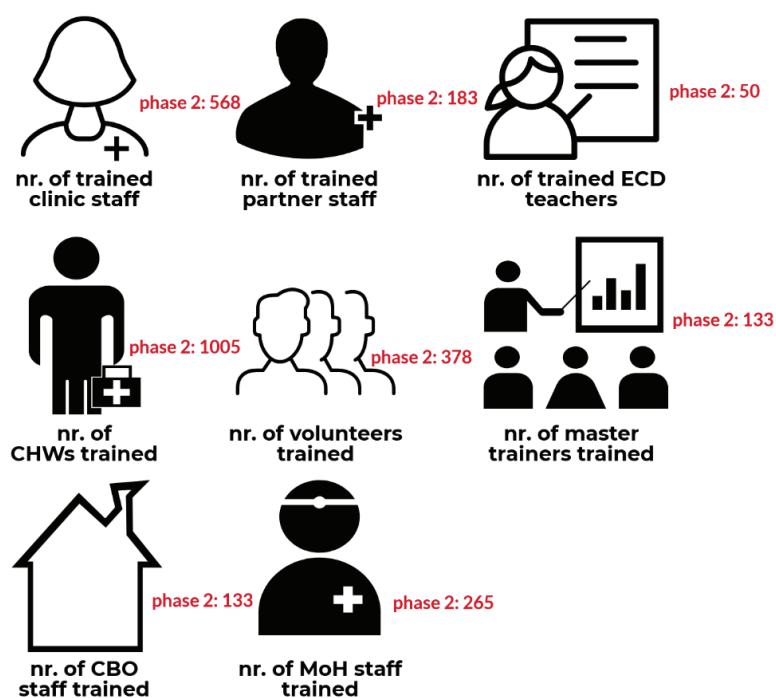


Figure 6: Training indicators for Phase II

Regarding the group of indicators summarised in Figure 7 below, three points are worth noting. The first concerns the use of radio as a dissemination and demand-creation tool, the second on the penetration of home-visiting programs, and the third, the role of ECD centres in high HIV prevalence settings.

Demand generation – particularly through the dissemination of messages via large media – is becoming increasingly important. Particularly in regions where donor support is shifting from small intensive NGO-funded programs, to supporting local service systems, there is a need to ensure that those requiring services are recognising their need, the availability of services, and seeking intervention. Radio serves a prominent role in this respect, and it is promising to see so many partners engaging with mass media for demand generation. Partners who are using radio for public health literacy initiatives, however, will face challenges in measuring project impact, and a project of future MEL work will be on conceptualising outcome frameworks for partners employing on place-based and multimedia for behaviour change.

Another note here is on the scale of home visiting. From a “numbers reached” perspective, the community health worker numbers have exceeded partner targets. Many of these health workers are home visitors. Current evidence in implementation research and programmatic guidance is suggesting that home visiting may not be the most useful model for low-income communities, and that this mode of intervention could be usefully reserved for smaller reach but more intensive intervention for families in need of targeted support. PATH, who are responsible for the most CHWs trained, have opted for a much more diffuse model, where they are focussing on improving services’ penetration with the use of CHWs who conduct only brief, generalist home visits. Going forward, it may be important to think critically about optimising the home visiting model using a tiered, targeted approach, so that those families most in need, receive more intensive support. However, given that partners are often working with existing primary healthcare cadres and systems of care, it may not be within partners to make such changes. Still, where partners have capacity to lobby for shifts in national mechanisms of service delivery, this would be a valuable avenue for change.

Finally, it is important that partners are still training so many ECD centre teachers. In high HIV prevalence contexts, large numbers of children are in child day care because their parents are working or, for some other reason, unable to take care of them during the day. ECD centres (which are often informal, and not truly centres) have access to large numbers of

young children, many of whom are younger than preschool age but are attending the centre in lieu of alternative childcare arrangements in the community. Such centres are important because they provide near universal support to all children (and their caregivers) in high-prevalence affected communities.

It is true that as a targeted intervention, community-based ECD centres seem limited however, certain opportunities exist in ECD centres for Nurturing Care integration in high burden communities. For example, ECD centres can involve parents in centre-based activities and can provide opportunities for developmental monitoring and surveillance for developmental delay, while providing nutritional support. CBO-owned ECD centres can also serve as strong advocacy partners,

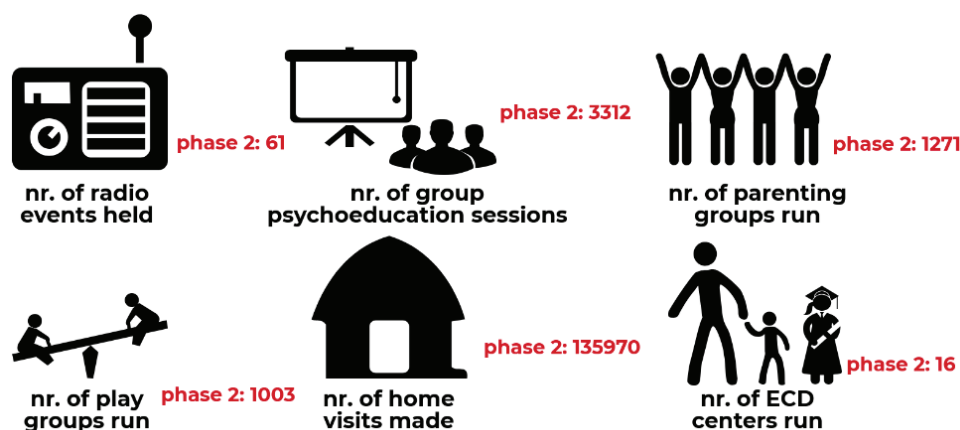
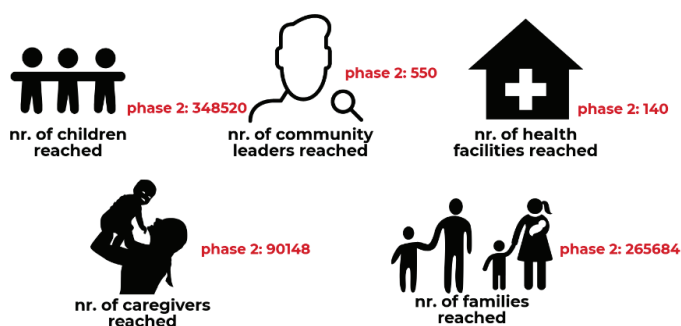


Figure 7: Reach indicators for Phase II

The Hilton Foundation's five-year target for children reached is 100,000, and for caregivers reached is 60,000. As seen in Figure 8 below, these targets have already been met and surpassed to a great degree. As such, it is fitting that the focus of this Phase of the Initiative is on 'going beyond numbers reached'. In the section below, we discuss the way program quality, and the capacity of community-based organisations and other grass-roots partners to support implementation, is faring.



## IMPLEMENTATION BEYOND NUMBERS REACHED

Current directions in Nurturing Care programming include two primary foci for sustainability: working with existing government (including health) systems and working with existing community-owned and community-led structures. Later

in this report, we will further review the ways in which collaborating with existing government systems – particularly in the health sector – is working to great effect for some grantee partners – partners whose efforts in this space are at the forefront of efforts globally. In this section, concerned as it is with reach and depth, we consider some of the factors which are influencing the depth of partners' programming. We define depth as the capacity of programming to be sustainable, or Nurturing Care content to be owned and delivered with ownership, and for CBOs to be capacitated to take the Nurturing Care Agenda forward in the long term.

In 2018, Dr. Sheila Manji, a Nurturing Care Consultant, whose work spans all the key implementation and programmatic areas of the partners, was commissioned by the Firelight Foundation through funds from the Hilton Foundation, to provide an evaluation of current implementation challenges and successes experienced by CBO partners. At the program level, there are a vast number of grass roots activities providing care and support in different ways for young children living with or affected by HIV. CBOs are one important component of this grass roots network and are able to access marginalized families that may be inaccessible to health workers and allow for support to occur within the home (although they are not necessarily home visiting programs) and not just in clinics and hospitals [78]. CBOs are often serving the most vulnerable and difficult to reach children in communities – typically the children missed by the health system and more formal interventions.

Combining community need with evidence-based interventions is the gold standard, but this is difficult to operationalize with community-based initiatives. There are numerous interventions for HIV prevention but very few of these have been evaluated. A systematic review of evaluated community interventions did not find a single intervention that met the rigorous inclusion criteria [6]. Studies that review CBOs suggest that children who are HIV+ are facing difficulties and that there are community-level programs that are mitigating the impact of developmental difficulties associated with HIV [79, 80]. It is essential that these become standard practice to ensure that vulnerable children, especially those affected by HIV do not continue to be marginalized. Ongoing efforts to support community-based programs and their work to improve the psychosocial well-being of children are key in this regard.

The benefit of CBOs is their embeddedness in communities, and consequent responsiveness to community needs, understanding of childcare norms and mores, and ability to be sustainable. Programs run by CBOs, beyond centre-based programs, which could support HIV affected children, include universal and more targeted types of interventions. These organisations often run income generation or microfinance programs, and parenting groups, and both can be leveraged as organic opportunities to provide messaging, and create platforms for thinking, about Nurturing Care.

Manji's report focused on key challenges and lessons learned from an in-depth qualitative study conducted with CBO-Grantee partners in Malawi, Tanzania and Zambia, Manji made several points relevant to our thinking about programming. Key findings from her report include the following:

1. CBO input in programme planning is too limited. It is unclear the extent to which those with contextual knowledge are being leveraged to optimise programming to suit local needs.
2. Program theories of change may not be clearly articulated amongst frontline workers.
3. There are clear successes amongst community-based partners; specifically, ECD centres are reaching more children. However, there is a need for capacity-building amongst CBO staff, as many child care centres run by community structures lack professional ECD staff.
4. Community-based partners should be supported to measure their success with metric outside of reach, as simply 'tracking the numbers' in terms of reaching children and families may pressurise them to overcommit on service provision, and under-deliver in quality.

## TAKEAWAY LEARNINGS

Many of the reach targets for the Initiative have already been met or surpassed. This is a substantial achievement in its own right, and should be celebrated. Furthermore, the focus of partners' training efforts has been on Ministry of Health staff, Community Health Workers, and Master Trainers, and this evidences a commitment to sustainable programming and capacity building. Furthermore, demand generation – particularly through the dissemination of messages via large media such as radio – is becoming increasingly important in public health in Africa, and it is good to see partners, including EGPAF, utilising these methods. However, partners' who are using radio for public health literacy initiatives may face challenges in measuring project impact. Other practices in programming which will require consideration going forward concern the balancing of a focus on programmatic reach, versus intervention depth, particularly for home visiting programs using community health workers. Finally, Sheila Manji's report highlights that capacity building amongst frontline workers and community-based partners is still much-needed, and this work should focus, also, on capitalising on local partners' knowledge of context to strengthen programming.

As presented in the traffic lights below, progress in this domain of the ToC is good. However, there are clear areas which can be brought into focus concerning local capacity and program quality, given clear gains in reach.

### PROGRESS ASSESSMENT: Are local institutions' capacity enhanced to deliver services to YCABA?



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

# Are caregiving practices and caregiver wellbeing being improved?

## Caregiver practices and caregiver well-being are improved

### INTRODUCTION TO MEASURING CAREGIVING

To answer the important question of “Is caregiving quality improving in the context of the Initiative-funded projects?” we have focused, in this MEL period, on assisting partners to rigorously measure caregiving quality and practices by way of the development of the RISE tool and the training of partners. In the section which follows, we briefly outline the rationale for this focus, as well as the development of RISE, training of partners, preliminary findings, and expected results in the future. An ever-increasing body of neuroscientific and developmental literature has demonstrated the importance of the early years of life for childhood development. When children do not meet their developmental milestones, they are more likely to suffer from a cascade of negative effects that begins with learning difficulties and poor school performance, and results in reduced future earnings, impacting the well-being and prosperity of their families and societies. However, nurturing care during early childhood can attenuate the negative effects associated with low socioeconomic status by protecting early brain development. Caregiving involves the provision of basic needs for the health, welfare, maintenance, and protection of an individual child. While food, sanitation, access to healthcare, shelter, and schooling promote survival, adequate care and support are also necessary for optimal development.

The daily care and support of children is primarily the responsibility of parents (most typically the mother) or other primary caregivers. Children live within an environment of relationships, which begin in their immediate family and extend out to other community members and caregivers in early childcare centres, playgroups and schools. Adequate caregiving requires this entire system of relationships to be focused on the healthy development of the child and should be anchored in nurturing care. Nurturing care is a concept which entails the conditions that create a stable home environment that is sensitive to children’s health and nutritional needs, provides protection from threats, creates opportunities for play and early learning, and promotes interactions that are responsive, emotionally supportive, developmentally stimulating and appropriate (NCF, Science to Scale 1 and 2). The Nurturing Care Framework, launched at the World Health Assembly in May 2018 describes nurturing care as the provision of the conditions necessary for healthy brain growth and development. Nurturing Care thus entails inter-related behaviours, attitudes, and knowledge regarding caregiving, and consists of five main components:

- Good Health
- Adequate Nutrition
- Responsive Caregiving
- Security and Safety
- Opportunity for Early Learning

The partner theories of change often have the following premise: 1. If ECD activities are deployed ‘upstream’ when children are still developing, and 2. All the components of nurturing care are promoted, then 3. the targeted children later reach their developmental milestones and achieve good outcomes. By measuring caregiving, we are assessing whether the middle link the chain of change is coming to fruition. If we do find evidence of improved nurturing caregiving, then if we also find improved child outcomes in later assessments, we can assume that nurturing care has attenuated the harmful effects of adversity, improved the children’s capacity to cope with stress and supported thriving. Our caregiving tool is

called RISE, developed to measure how caregivers support aspects of children's Relationships, Illness/Health, Safety, and Early Learning. Each letter in the acronym corresponds to a domain in the Nurturing Care Framework.

### Focus on: The RISE tool

The RISE caregiving tools presented here were developed following a thorough review of existing tools. The Stellenbosch University team examined over 200 tools employed in caregiving research, before selecting the most suitable tools for use in the present settings, including the Family Care Indicators, the Multiple Indicator Cluster Survey (MICS), and the Home Observation Measurement of the Environment (HOME). Items from existing measures of caregiving were then selected and categorized based on their relevance to the caregiving domains outlined in the Nurturing Care Framework. The most suitable items for each Nurturing Care Domain were then selected, adapted if necessary, and compiled into the two versions (one for caregivers, one for ECD centres) of the new caregiving measure. Items' response options and scoring have in many cases been simplified to facilitate easy administration and scoring. The RISE caregiving tool combines two methods of collecting data:

1. Evaluation based on observations made by a person who has been trained to systematically score and capture the information obtained during the observation period.
2. Evaluation based on the report of an informant who is administered a survey or an interview.

Implementing different forms of measurement will provide more nuanced data and greater precision. During 2018, the SU MEL team travelled to Malawi, Kenya, Tanzania and Zambia to conduct trainings on the RISE tool with all implementation partners. It was determined to have PATH Mozambique receive training from the Kenyan PATH team. During these trips, the RISE tool was reviewed and validated for cultural and contextual specificity and appropriateness. In each of the four iterations of adaptation and training, the tool was refined. In each country, teams were supported to develop detailed implementation plans for the tool. During this process, the SU MEL team also worked with those teams for whom RISE was not imminently suitable, to discuss how their metrics of caregiving quality could be gathered and managed. That is, although most projects are encouraged to use this tool as part of their internal M&E, we acknowledge that, where there is already ongoing rigorous measurement being done by partners, using validated tools such as the HOME or FCI or Early Childhood Environment Rating Scale, we will draw on that data and not request for RISE to be used. For these partners, during the in-country visits, we discussed how their own RISE-comparable data will be collected, at what time points, and how this will be shared with SU.

ORGANIZATION	PLAN RECEIVED
CRS	Modified plan using own data
EGPAF Tanzania	Modified plan using own data
Firelight	Modified plan using own data
ADS Nyanza / ERD KENYA	RISE
Childfund Kenya and Zambia	RISE
UCLA/PIH Malawi	RISE
Kidogo Kenya	RISE
ZACOP / ERD Zambia	RISE
PATH Kenya	Modified plan using own data and RISE
Mothers2Mother Malawi	RISE
PCI Tanzania	Modified plan using own data

Table 4: Manner of collecting data on caregiving quality by implementation partner

Examples of the types of data which are being collected at baseline, regarding caregiving by partners who are not using RISE, are presented in Table 5 below.

ORGANISATION	BASELINE FINDINGS
<p>Catholic Relief Services SCORE ECD Phase II Study – in Malawi, Kenya and Zambia</p>	<p><b>Stimulation and engagement</b></p> <ul style="list-style-type: none"> <li>Beneficiaries exhibited low levels of early stimulation and engagement during pregnancy, with only 23% of mothers and caregivers in Zambia reported having received prenatal counselling on interacting with their unborn child.</li> <li>Only half of respondents are aware of the importance of talking or singing to their baby during pregnancy for the promotion of brain development. However, most study participants reported actively engaging with their infant in a gentle manner for the child's first six months.</li> <li>Across all countries, the availability of books and toys was low.</li> <li>In Malawi, nearly 50% of women reported that they engaged in at least two stimulation activities during pregnancy, such as singing or talking to the unborn child, or encouraging other siblings to touch the belly of the pregnant woman. Additionally, stimulation and learning activities in Malawi are high with 100% of the interviewed women reporting that they had engaged in early stimulation activities with their children as infants, and 70.5% having engaged in four or more activities that promote learning among children under two years of age. (Indicates the importance of tailoring interventions to the specific needs of a country)</li> <li>Many participants showed signs of maternal depression and anxiety: In Zambia, 52% of caregivers said they sometimes or always experienced feeling sad, hopeless or depressed during their last pregnancy, and 16% reported that thoughts of ending one's life affect them "quite a bit" or "extremely".</li> </ul>
	<p><b>Safe environments</b></p> <ul style="list-style-type: none"> <li>Physical discipline seems to be a common practice in all three countries, with nearly half of mothers and caregivers in Zambia agreeing with the use of physical punishment. However, non-violent discipline appears to be used more frequently than physical punishment.</li> <li>Children in Kenya and Zambia are often left alone or in the care of another child: 84.7% and in 67.7% of children were left alone or in the care of another child under 10 for more than 1 hour in the previous 7 days, respectively.</li> <li>Caregivers are the victims of verbal abuse and are at risk of potential intimate partner violence: 13% of Zambian women disclosed that their husband/partner has threatened to hurt them or someone they cared about.</li> </ul>
	<p><b>Male involvement</b></p> <ul style="list-style-type: none"> <li>Engagement of fathers in both the care of the child and in accompanying the mother to pre- or post-natal visits is low: 14.6% of men in Kenya and 19.4% in Zambia report accompanying their spouses for ANC and PNC visits.</li> <li>Only 3.4% to 12.7% of children had their fathers engage in at least one activity to promote learning in the past 3 days.</li> <li>Only 9.2% of primary caregivers in Malawi reported that the child is cared for by the father or male caregivers when they are away.</li> </ul>

ORGANISATION	BASELINE FINDINGS
Project Concern International-Harvard EFFECTS in Tanzania	<ul style="list-style-type: none"> <li>▪ Quite a great deal of self-assessed involvement of fathers in children's lives</li> <li>▪ The most common activities which mothers do with their children are; Play with child, take child out, and sing with child, whilst reading books and telling stories were seldom reported</li> <li>▪ Mothers' average number of stimulation activities was 0.9 out of 7</li> <li>▪ Fathers' activities followed a similar pattern, but their average number of stimulation activities was 0.7 out of 7</li> <li>▪ Regarding play materials, most children either played with home objects or objects in nature</li> <li>▪ Mothers were found to engage in more harsh discipline than fathers (66% vs 45%)</li> <li>▪ Regarding parents' behaviours in interaction with the child, both fathers and mothers were most likely to show positive affect, and be sensitivity, and then – to a lesser degree – ask questions to the child. Fathers engaged in little scaffolding of child learning.</li> <li>▪ 12% of mothers and 9% of fathers reported any depressive symptoms</li> </ul>
APHRC-PATH in Kenya	<p><b>Caregiving capacity</b></p> <ul style="list-style-type: none"> <li>▪ Between 42-59% of caregivers across sites felt overwhelmed by parenting responsibilities</li> <li>▪ Between 84-97% felt confident in handling parental responsibilities</li> </ul> <p><b>Play</b></p> <ul style="list-style-type: none"> <li>▪ Regarding play, less than half of all caregivers reported 'always' playing with children</li> <li>▪ The findings also show that language and motor skill development activities are less frequently done with children, than are emotional, social and cognitive development activities.</li> <li>▪ Further, for all domains, the time spent doing these activities was far less for fathers</li> </ul> <p><b>General</b></p> <ul style="list-style-type: none"> <li>▪ Baseline findings include data on caregivers' knowledge, attitudes, and practices for ANC, breastfeeding and responsive caregiving. There was baseline equivalency between groups which means that any future differences among the arms can be attributed to the intervention.</li> </ul>

Table 5: Types of caregiving data being collected

Where programs have measured and reported on caregiving, prior to the development of RISE, we can make some initial observations regarding the impact of programming on caregiving quality. Whilst baseline findings from studies where partners programs have not yet been delivered show relatively poor practices, where endline evaluations of programming have been done, child and caregiver outcomes are more positive. For instance, ChildFund capacitated CBOs to integrate curricula on stimulation and responsive care into their existing community group activities for holistic ECD knowledge, skills, attitudes and caregiving practices to be understood and employed in the homes of children and caregivers affected by HIV and AIDS. Their closing survey study of 667 caregivers of children aged 0-5 (334 from Zambia, 333 from Kenya) showed that, at endline, 92% of caregivers responded that the group parenting sessions or home visits influenced how they cared for their child. At least 59% said that they now play more with their child, while 50% said that their child now has play toys. Other areas of change included spending more time with their child, communicating with their child, using positive discipline with their child, and taking their child to the health facility immediately if the child becomes ill.

## TAKEAWAY LEARNINGS

One of our key learnings from developing the RISE tools and developing capacity for measurement of caregiving quality, has been that existing tools for the measurement of this outcome lacked contextual specificity. During our work to contextualise and adapt the tools, partners contributed greatly to the refinement of items drawn from validated, widely used tools. They expressed their sense of the unsuitability of other measures, and are optimistic to gather data which reflects the impact of their work. Secondly, we have found that many partners have ongoing efforts to measure caregiving quality which meet the current requirements of evaluation. Although in the future it would be desirable to provide uniform, comparable data across programs, given that this is a new measurement initiative, we will be focussing in many instances on optimising existing measurement rather than developing capacity to use RISE. Going forward, new grants should make budgetary provision to use RISE in a rigorous evaluation. It is difficult, with only baseline data, to assess the degree to which caregivers are interacting with and appropriately stimulating young children. However, there does appear to be uptake of some key behaviours, including play, and it will be interesting to see whether the endline findings evidence a sustained uptake of some of the other nurturing care behaviours which Hilton Foundation partners endorse in their programming.

As presented in the traffic lights below, some progress has been made in this domain of the ToC; caregiving quality appears to be good in some baseline descriptions, and we expect to see it improve over time; and there are more concerted efforts to measure caregiving quality, across projects. The utility of the RISE measurement exercise will depend on the data generated, which we expect to begin to receive from June 2019 going forward.

### PROGRESS ASSESSMENT: Are caregiving practices and caregiver wellbeing being improved?



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.

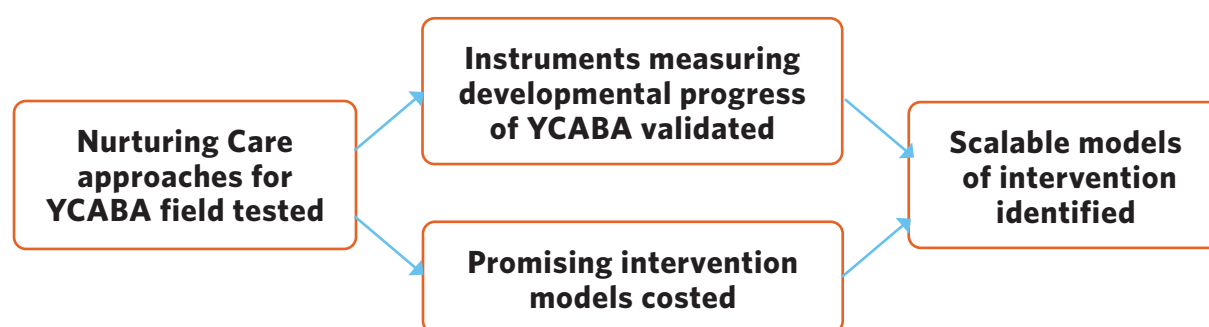


**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

# Evaluation of Evidence

In this section, we discuss progress in the ToC elements related to evidence.

Nurturing Care approaches for YCABA field tested, instruments measuring developmental progress of YCABA are validated, promising intervention models are costed, and scalable approaches are identified



## FOCUS ON: POPULATION-LEVEL MEASUREMENT

The Hilton Foundation is supporting the World Health Organisation (WHO) to develop a standard tool for use with caregivers. The tool provides a standardized method for measuring development in young children across cultures to inform program design and global tracking of progress. The first phase pilot studies have been successfully completed. The overall goal of this project is to develop globally valid and psychometrically strong instruments to assess children's development and standards for the development of children from 0 to 3 years of age. This goal is in line with current efforts globally, to improve population-level measurement of early child development outcomes, and the qualitative aspects of caregiving. The tool is extremely important, as it could be used to monitor the proportion of children who are reaching their developmental potential.

The instrument, called the Global Scales for Early Development (GSED), is an open-access caregiver reported instrument. The WHO has also been leading the collaboration with the two other groups that were working in the field of measuring development among children under age three years: The Caregiver Reported Early Development Instruments (CREDI) group, and the Global Child Development Group (GCDG). A first meeting was convened (Leiden Jan 22-23, 2018) to reach consensus on a methodology to develop harmonized tools to allow regional, national and global monitoring as well as programmatic evaluations among children in specific populations of interest. A second technical meeting was organized (with support from the Bill and Melinda Gates Foundation in November 2018) to review the results of the item-level analysis conducted on existing datasets following the agreed methodology. Since then the Global Scale for Early Development tools have been created. The prototypes are now ready for field testing in three countries (Pakistan, Bangladesh and Tanzania).

WHO has had conversations with multiple partners regarding the development of a guidance framework for measurement of child development. The identification of indicators for tracking progress in early childhood development is an essential part of the NCF.

Through this grant, the Hilton Foundation may be able to convene and coordinate with other relevant initiatives to further refine and validate the tool; to create a package for field testing, capacity building and implementation of the instrument in countries, especially low- and middle-income; to support implementation in selected countries; and to mark the Hilton Foundation as a key contributor to global measurement progress.

## FOCUS ON: RIGOROUS RESEARCH STUDIES

At present, there are five rigorous research studies ongoing within the Initiative. Given the focus of the Initiative on working in the real-world conditions of health systems, rigorous Randomized Controlled Trials and other research evaluations of programming are not always necessary or possible. However, given the Initiative's commitment to evidence-based intervention, key investments are made in identifying programmatic approaches which work. In the sections which follow, we summarise the current research efforts, and comment on the nature and quality of evidence which they have provided or can be expected to provide. We then briefly comment on directions for future evidence generation by the Initiative.

## CATHOLIC RELIEF SERVICES AND DUKE UNIVERSITY – IMBC



Figure 8: CRS iMBC/ECD study

The Integrated Mothers and Babies Course & Early Childhood Development (iMBC/ECD) curriculum is an intervention which aims to support pregnant women and mothers with children under two years of age to become more resilient, and in so doing decrease risk for future depression, and help women to manage daily stressors effectively. The program, which has its basis in cognitive-behavioural therapy (CBT) integrated with selected early childhood development (ECD) messages. The integration of these messages is intended to increase mothers' knowledge of the stressors associated with pregnancy and parenting young children and promote early stimulation behaviors and bonding to support child development. Catholic Relief Services (CRS) are implementing the iMBC/ECD intervention within the SCORE-ECD Project in Siaya County, Kenya.

A research team from Duke will be working with Catholic Relief Services to lead the design and implementation of a study in Kenya to assess the impact of the iMBC/ECD intervention on the mental wellbeing of mothers of young children and their children's social-emotional development. The research aims to understand the extent to which the intervention, when implemented by lay health workers, affects the mental health (depression/anxiety) of mothers of young children and the social-emotional development of young children in rural Kenya.

## ELIZABETH GLASER PAEDIATRIC AIDS FOUNDATION – MALEZI II

Malezi II is a quasi-experimental study designed to evaluate the effect of exposure to various ECD communication channels on ECD knowledge and early stimulation behaviours of caregivers of children under 3 years of age. Malezi II is also concerned with evaluating the quality of community health worker (CHW) ECD support during household visits. The study will include 10 clusters of intervention districts in Tabora (Nzega, Tabora Municipal, Igunga), and comparison facilities/communities will be selected from two non-Malezi districts (potentially Uyui or Urambo). The Malezi II study seek to answer the following research questions:



Figure 9: EGPAF Malezi II study

1. What is the effect of adding ECD messaging through radio communication and short videos at facility and community levels to a health systems ECD intervention on caregiver ECD knowledge and early stimulation behaviours compared to radio communication alone?
2. What are the observed changes following the introduction of ECD messaging through radio communication and short videos at facility and community levels to a health systems ECD intervention on the quality of CHW interactions with caregivers during household visits to new clients following the addition of ECD short videos to the CHW toolkit of materials?

The study will include prospective cohorts of Malezi II recipient caregivers, and Malezi II CHWs. It is expected that participants enrolled in Malezi program facilities with integrated short videos used by facility and community health workers, and mass media (radio) exposure, will demonstrate greater change in parenting knowledge and behaviours from baseline to endline.

Issues and assessment: The Malezi II study has not yet begun, due to changes in the PI's employment. However, EGPAF have a well-developed internal research capacity as an organisation, and so the decision for an EGPAF staff member to oversee the study has been deemed appropriate and suitable to the ends of the research. The staff member in question is aware of the challenges and competing interests which could arise from her position and can deal with these, by dividing project management tasks and research tasks between staff and leadership. Additional consultative support – in methodology and oversight – has also been sought for the project, in the form of Dr Amina Abu-Baker who has agreed to be a consultant on the research component.



Figure 10: PCI-Harvard EFFECTS study

Project Concern International, in collaboration with the Harvard T.H. Chan School of Public Health, Purdue University, and the African Academy of Public Health, is currently implementing a rigorous implementation research project in the Mara region of Tanzania. The EFFECTS study consists of two components:

**EFFECT:** Engaging Fathers for Effective Child Nutrition in Tanzania, and

**EFFECT Plus:** The Design and Evaluation of an Integrated Evidence-Based Nurturing Care Strategy for Families with Young Children in the First Three Years of Life in Northern Tanzania.

EFFECT is a three-year research study that engaged caregivers, including men, in promoting optimal infant and young child feeding (IYCF) and water, sanitation, and hygiene (WASH) practices in their household. In addition to facilitating the adoption of IYCF and WASH practices among caregivers, EFFECT Plus, funded by the Hilton Foundation, will build upon the original study by facilitating the adoption of nurturing care practices among caregivers, while also creating an enabling environment for behaviour change and promoting the well-being of caregivers. This study aims to test the impact of an integrated “family and community-cantered approach to the delivery of nurturing care and nutrition interventions, with the goal of increasing knowledge, self-efficacy, and strengthening caregiver desire and capacity to provide responsive, nurturing, safe, and developmentally appropriate care and support to their child.”

The study is a cluster randomized controlled trial with five trial arms:

1. EFFECT 1: Nutrition (IYCF) intervention only, targeting mothers.
2. EFFECT 2: Nutrition (IYCF) intervention only, targeting mothers and fathers.
3. EFFECT Plus 1: Integrated Nutrition and ECD intervention, targeting mothers.
4. EFFECT Plus 2: Integrated Nutrition and ECD intervention, targeting mothers and fathers.
5. CONTROL: Group receiving Standard of Care (No intervention)

This will allow the researchers and Hilton Foundation to determine whether the integrated early childhood care interventions (IYCF, responsive care, provision of early learning) are more effective for improving child outcomes than

the IYCF intervention alone and the 'standard of care'/control. It will also allow researchers to determine whether children have better outcomes with or without male caregiver engagement. What is promising about the EFFECTS trial is that it has rigorous, comprehensive outcome measurements, and will be able to provide data about:

1. Increased positive, developmentally appropriate caregiving interaction and support by caregivers to children
2. Increased frequency and quality of communication during child feeding
3. Increased play, stimulation, and communication outside of child feeding
4. Increased frequency and quality of responsive interactions between child and caregiver
5. Increased caregiver well-being and reduced parental stress
6. Increased adoption of optimal breastfeeding practices
7. Increased complementary feeding initiated in children 6- 8 months of age
8. Increased minimal meal frequency among young children
9. Increased adoption of handwashing and safe cooking practices
10. Increased preparation and provision of nutrient-dense foods to young children.
11. More informed and shared household decision-making about children's care and development
12. Increased father support to caregiving
13. Increased social support for caregivers of young children
14. Increased linkages to child and caregiver health, nutrition, psychosocial, and other social services
15. Improved safe and clean environment for young children
16. Improved developmental status, as measured by the Bayley's

Baseline findings indicate that there is quite a great deal of self-assessed involvement of fathers in children's lives. The most common activities which mothers do with their children are; Play with child, take child out, and sing with child, whilst reading books and telling stories were seldom reported. Mothers' average number of stimulation activities was 0.9 out of 7, indicating very low knowledge of and engagement in, appropriate stimulation for young children. Similarly, fathers' activities followed a similar pattern, but their average number of stimulation activities was 0.7 out of 7.

Regarding play materials, most children either played with home objects or objects in nature. Mothers were found to engage in more harsh discipline than fathers (66% vs 45%). Regarding parents' behaviours in interaction with the child, both fathers and mothers were most likely to show positive affect, and sensitivity, and then – to a lesser degree – ask questions to the child. Fathers engaged in little scaffolding of child learning. Finally, significant proportions of caregivers (12% of mothers and 9% of fathers) reported depressive symptoms.

Issues and assessment: EFFECTS is research in which we have much confidence. Part of the reason for this is the presence of a skilled research head (Professor Aisha Yousafzai), but, most equally, the budgeting for and employment of a full-time Post-Doctoral student, Dr Joshua Jeong, who can provide high-level oversight, data monitoring and quality assurance for the assessment points. A key learning from the Harvard-PCI model is the necessity of having a skilled, permanent or near-permanent manager on-site to oversee studies.



Figure 11: PATH-APHRC Cluster RCT

PATH, in collaboration with the African Population and Health Research Centre (APHRC), is conducting an evaluation of the feasibility and effectiveness of their integrated health facility-based and home-based early childhood development (ECD) intervention in Siaya County, Western Kenya. The intervention aims to improve caregiver sensitivity and responsiveness, childcare practices, and consequently child developmental outcomes by integrating ECD into the health system through targeting existing maternal and child health (MCH) and nutrition services.

The overall objective of this study was to evaluate the feasibility and effectiveness of the combined ECD intervention in Siaya County. Specifically, it aimed to determine the effect of the ECD intervention on mother/caregiver ECD knowledge, attitudes and practices and on child growth and developmental outcomes, as well as the operational feasibility, costs and cost-effectiveness of the intervention. The study was designed as a cluster-randomised controlled trial, with three arms, utilizing both qualitative and quantitative methodologies. In the first arm, mother/caregiver-child dyads receive the health facility-based ECD intervention only; in the second, mother/caregiver-child dyads receive the health facility-based ECD intervention combined with the home-based ECD intervention that is integrated into routine CHV home visits. The third arm is the control arm, receiving the current MoH's standard of care only.

The study had an embedded qualitative component which focused on current childcare practices, perceptions on how children grow, current service provision and related challenges, ECD policies, and the training needs of health care providers. The study also provided a comprehensive baseline profile of the caregivers across study arms. The outcomes of interest which will be reported on include caregiving practices, caregiver knowledge, attitudes, and practices in relation to nurturing care, and child outcomes.

Issues and assessment: The study is novel in the fact that will be providing evidence of effectiveness and not efficacy – that is, it will be able to say whether, under the real-world conditions of public health implementation, the system-strengthened ECD intervention works. This kind of evidence is increasingly valuable in LMIC: there is a substantial amount of evidence about what works for child development in the context of well-controlled, heavily-financed studies, the time has come to focus on what works in real life. However, with effectiveness studies in the context of a working public health system, there

are challenges. In the PATH study, personnel power has been increased in the months leading up to the next assessment point, simply to ensure optimal delivery of the intervention.

## EPISCOPAL RELIEF & DEVELOPMENT



Figure 12: ERD-APHRC Program Evaluation

Moments that Matter (MTM): Strengthening Families So Young Children Thrive is an early childhood development program for children affected by HIV and AIDS in rural Zambia and Kenya. It is a joint initiative by Episcopal Relief & Development and its implementation partners the Zambia Anglican Council Outreach Programmes and the Anglican Church of Kenya Development Services-Nyanza. The African Population and Health Research Centre is conducting an evaluation of the effectiveness of MTM, a community-led integrated ECD program that empowers parents to improve nurturing care of young children in Zambia and Kenya.

The intervention itself is holistic and community-led, and aims to support caregivers through parenting groups, ECD home visitors and community ECD promoters who provide nurturing care guidance to caregivers and referral where it is required, and economic strengthening support through savings and loan groups. The program reach includes vulnerable families in high HIV-prevalence rural areas, with pregnant women and/or children 0- 3 years old. The study employs a cluster-randomized control design and uses a mixed-methods approach combining quantitative and qualitative methodologies. It is a two-arm study, with the first arm participating in MTM, and the control arm receiving no intervention. The goal of the evaluation is to assess the impact of the program on child development outcomes and the impact on caregiver's wellbeing and uptake of responsive care and stimulation practices with their children aged 0-3 years. The study will also evaluate the impact on families economic well-being through the savings and loan group and business education. Finally the study will also assess the efficacy of leveraging faith leaders to deliver child development messaging and provide information on the cost effectiveness of the program. In total, 246 families, with mother/primary caregiver-child dyads or pregnant caregivers were recruited from Kenya and – in Zambia – 399 families.

The baseline findings from this study show that despite nearly half of all participant caregivers feeling overwhelmed by their parenting responsibilities, they are confident in their abilities to take care of their children. Most caregivers understand the importance of play and stimulation for young children, although caregivers vary significantly in the amount of time they spent playing with their children. Traditional gender roles are entrenched in these rural communities. The perceived roles

of the primary caregiver – typically the mother or another woman – include feeding, stimulation, preventing disease and taking the child to hospital when they are ill, while fathers’ roles include feeding and providing for the family. Engagement in responsive care and stimulation activities by primary caregivers and by fathers were measured for five developmental domains: cognitive, language, motor skills, social and emotional. At baseline primary caregivers and fathers engaged in predominantly in stimulating activities that promote children’s emotional skills and cognitive development, and less frequently in activities that promote children’s language, social and motor development. In addition, caregivers report that their children typically have very few toys and on average each household has only 3 play materials.

Corporal punishment for children under the age of two appears to be limited. However, there is widespread acceptance of physical punishment, especially among fathers and male caregivers. With regards to essential health and nutrition practices, most caregivers reported that they visited ANC services as scheduled. Most women also reported having exclusively breastfed their babies during the first 6 months, and thereafter practised complementary feeding. However, most women did not initiate breastfeeding immediately after birth, citing non-medical advice and cultural practises as reasons. Caregivers also demonstrated poor uptake of immunization services. Results on the economic wellbeing of families indicate that a few caregivers engage in income-generating activities and save their earnings either in banks or chamas (groups). Most children scored slightly above the cut-off points (the recommended average score) on the ASQ-3 measurement of their developmental outcomes.

Issues and assessment: The ERD-APHRC study was initiated prior to the start of the current MEL, and so our assessment of the study is limited. However, the reports generated by the study have yielded important findings thus far regarding communities’ capacity to support ECD, and the study can be expected to continue to contribute to the evidence regarding the use of community health volunteers in low-resource settings.

## TAKEAWAY LEARNINGS

The PATH study will provide important insights regarding whether an integrated ECD intervention, delivered through the health system, improves caregiver ECD knowledge and practices, and whether such an intervention also improves child development outcomes. This study will also tell us whether this mode of integrated intervention is operationally feasible and cost effective. The PCI-Harvard study will shed light on whether it is possible to integrate pathways and common behaviour change strategies for positive nutrition and nurturing care practices, and whether the involvement of fathers improves mothers’ well-being and caregiving. Finally, the ERD study will provide us with information about what works to improve caregiving, and whether faith leaders can be leveraged to deliver child development messaging in a way which improves parents and child outcomes. The study will also provide data on the cost and implementation requirements of this sort of program. Importantly, the EGPAF study will allow us to discern the impact of ECD messaging through radio communication and the use of multimedia at health facilities on caregiver ECD knowledge and early stimulation behaviours. There have been issues in design and implementation which point to a need for ongoing rigorous input and oversight from the Hilton Foundation and allied research consultants in future work. A set of stipulations could be set forth by the Hilton Foundation regarding requirements for partners seeking research funding.

Implementation research is complex and notoriously difficult. Capacity limitations with the implementers and research partners has the potential to impact on the evidence produced. However, we are confident that implementers and research partners are aware of these challenges, and are prepared for the significant degree of commitment and attention needed going forward.

**PROGRESS ASSESSMENT: Nurturing Care approaches for YCABA field tested, instruments measuring developmental progress of YCABA are validated, promising intervention models are costed, and scalable approached are identified**



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

## Evidence for high-quality, scalable HIV & ECD programs shared

### Evidence for high-quality scalable HIV and ECD programs shared

Through its investments, the Hilton Foundation has supported the dissemination not only of outcomes from intervention studies, but, crucially, regarding the subtle features of implementation which make wide-scale programming work or flounder in real world settings.

#### FOCUS ON: THE ANNALS OF THE NEW YORK ACADEMY OF SCIENCES AND OTHER KEY PUBLICATIONS

There is a growing body of evidence on interventions that effectively support the development of young children, but less so on how to implement effective programs at scale. To address this gap, the Harvard T.H. Chan School of Public Health (HSPH), was funded \$100,000 over one year to disseminate a Special Issue of the journal *Annals of the New York Academy of Sciences* on implementation research and practice for early childhood development programming, published May 2018. The series was published in partnership with the New York Academy of Sciences and edited by Dr. Aisha Yousafzai of the HSPH and intended to “advance evidence on implementation in order to accelerate the scale-up of high-quality interventions for nurturing care that promote ECD, as well as call for further evidence on the implementation of nurturing care interventions.”

Articles in the journal were authored by a variety of global researchers and practitioners in the field, including academics, funders, think tanks, United Nations agencies, and non-government organizations. The topics covered in the series include costing and finance of interventions, shaping demand, capacity building, supporting ECD in fragile contexts, transitioning to scale, implementation results of effectiveness trials, with global programmatic experience from Malawi and South Africa, among others. In addition to the hard copy publication of the journal and an open access online portal, further dissemination of the research was key to reaching a larger audience, particularly those individuals who shape practice and policy. The HSPH hosted several launch events- including key launches in the US in partnership with the New York Academy of Sciences and in Nairobi, Kenya, in coordination with the regional conference organized by AfECN, to recognize and capitalize on the implementation research and practice being conducted in the region.

The series has made an important contribution and builds upon both the earlier Lancet series on ECD as well as the Nurturing Care Framework. The continued dissemination of this journal issue is likely to be very successful - the *Annals of the New York Academy of Sciences* has had 2,335 citations in 2017 alone. The journal's significant reach, and a holistic dissemination strategy, will advance and promote effective implementation research, practice, scale-up of and reporting on quality nurturing care interventions.

Other funded programs are also contributing to the evidence base: PATH Regional ECD Advisor, Svetlana Karuskina-Drivdale, together with Nami Kawakyu (Consultant, Kawakyu Consulting / Faculty, Lake Washington Institute of Technology, USA), and Félix Mulhanga (Pedagogic University, Mozambique) recently published an article entitled “A playbox intervention in health facility waiting rooms in Mozambique: Improving caregivers’ knowledge, skills and communication with health professionals” in the *International Journal of Birth and Parent Education*. The article describes the successes of a pilot low-cost playbox intervention in ten health facilities in Maputo Province that began in November 2014, in collaboration with

Mozambique's Ministry of Health and with support from local community-based organizations. Playboxes are positioned in the health facility (HF) waiting room and filled with age-appropriate, handmade toys, picture books, and household items for children aged 0 to 5 years. Most of the toys are made by community activists from easily available, low-cost or recycled materials.

An evaluation of the intervention found that the playboxes were well-received by children, caregivers and clinicians. They allowed for better engagement between children and their caregivers while they played, and acted as a point of entry for health facility staff to engage with parents on the importance of ECD. This had a cascade of positive effects which included:

- Improved waiting experiences for both children and caregivers motivating them to return for follow-up consultations.
- Increased caregiver awareness and knowledge of child development, particularly the importance of play, and better understanding of how to make toys from easily available materials and how to integrate play into daily activities.
- Increased stimulation of children by caregivers which produced a noticeable positive change in caregiver-child interactions.
- Increased caregiver engagement during HF consultations - caregivers had increased knowledge of developmental milestones; they were thus more aware of developmental problems in their children and empowered to be more engaged during the HF consultations.
- Increased detection of developmental problems as clinicians could more effectively detect and address developmental delays.

Overall, playboxes improved the HF visit experiences of children and caregivers alike, promoted interaction between caregivers, and improved communication between health providers and caregivers. The playbox seems to be a promising family-centred approach in low-income settings to improve child and caregiver satisfaction with and adherence to health services, and to impact caregiver parenting practices, an essential element in improving child development outcomes.

## TAKEAWAY LEARNINGS

The Initiative's ongoing contributions to the evidence base in the form of large-scale publications and widespread dissemination of key learnings, is one of its strengths. By focussing not only on the dissemination of individual project findings, but also on supporting the growth of the wider evidence base, the Initiative is able to sustain a meaningful presence in global knowledge networks.

The Initiative's contribution to building the evidence base through dissemination of key documents is substantial.

### **PROGRESS ASSESSMENT: Evidence for high-quality, scalable HIV & ECD programs shared**



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

# Evaluation of Systems

In this section, we discuss progress in the ToC elements related to systems-strengthening.

Civil society and the community understand the importance of nurturing care in the first 1,000 days and until age 5

**Civil society and the community understand the importance of nurturing care in the first 1,000 days and until age 5**

A strength of the Hilton Foundation's Initiative is its sensitivity to the importance of behind-the-scenes advocacy and policy work in the region. Aside from funding vital implementation and support to systems, the Hilton Foundation's funding of regional, country-specific, and then also international – advocacy for ECD and Nurturing Care is fundamental to its effect.

In November 2018, the Group of 20 (G20) summit brought together decision-makers from the world's leading economies, where for the first time ECD was prioritized through the launch of the G20's Initiative for Early Child Development. This new ECD initiative calls for action in three priority areas: financing and investment in ECD programs; monitoring and evaluating the impact of ECD programs; international cooperation and knowledge sharing to encourage scale-up.

Another highlight from the G20 summit was that the declaration acknowledged Initiative-funded partner ECDAN as central to the promotion of this ECD agenda, and as an important partner in identifying best practices from LMICs and sharing evidence. The recognition of ECDAN by such a prominent global body is extremely significant. The endorsement of the G20 will mean increased prominence for the network, and as such, a possible key role for a key Initiative partner in steering the global ECD agenda.

Moving from the global to the local, and from key knowledge networks to key community ways of knowing, Initiative-supported projects are seeking to provide evidence of what works for evidence communication at the level of individual communities.

The first example of such an initiative was by The Frameworks Institute (FrameWorks), a non-profit think tank that advances the capacity of organisations to better frame the public discourse on particular social and scientific issues by elucidating the worldviews and widely held assumptions of target communities. They offer empirical guidance on “what to say, how to say it, and what to leave unsaid”. FrameWorks, in collaboration with UNICEF, the Centre on the Developing Child at Harvard University and AfECN, with funding from the Hilton Foundation, conducted a series of research activities “that aim to deepen knowledge about children's early development among members of the Kenyan public and those who work in the early childhood development (ECD) field”. They conducted in-depth interviews with ECD experts, members of the public and ECD decision-makers in Kenya to identify a shared scientific account of ECD, cultural models of understanding of ECD, and trends in ECD decision-making. The research identified numerous overlaps in understanding of various topics

related to ECD – such as what ECD is, when and how ECD happens, who is responsible for ECD, and what factors hinder/promote child outcomes. From this they developed a framing strategy (set of communication tools and strategies), to help the public and ECD professionals better understand the importance of children’s early learning and brain development and the inputs and practices that best support it.

The ‘child development frame’ emphasises a focus on early development, particularly during the pre- and postnatal period, and advances a broad understanding of child wellbeing, and how the systems, supports and environments that surround children and families during the early years of life can and should play a critical role in supporting children’s development. It underscores the notion that brains are built over time, through an active and intentional process, with early periods of development establishing a crucial foundation for later outcomes. It articulates that there are many role players responsible for children’s development, and that more than just basic needs and physical health are needed for optimal development. The framework recommends the following set of framing guidelines:

- Make it clear: Before introducing specific developmental concepts, remind people to focus on early childhood with the phrase Early Means Early.
- Share the science: Explain the process of early brain development using the metaphor Brain Architecture.
- Distribute responsibility: Use the phrase Circle of Responsibility to widen the scope of actors responsible for children’s developmental outcomes, including early childhood professionals as well as the public sector.
- Make it concrete: Focus discussions on early learning with the term Born to Learn.

Through this child development frame, ECD communicators can more effectively shape and affect the way the Kenyan public and ECD decision-makers and experts understand and respond to child development. It engages them in an evidence-based narrative that makes the science of ECD more accessible, and stimulates more effective and sustainable programming that supports children’s brain development. In the coming year, the work of Ideo.org will contribute to this space, too, with a more focused perspective on what it will take to communicate effectively about ECD in Siaya.

The work of the FrameWorks Institute had certain limitations (beyond the scope of this evaluation). However, this investment has laid the groundwork for the Hilton Foundation funded, social behaviour change campaign currently being led and implemented by the Government of Siaya County and Ideo.org. The work of FrameWorks was a necessary step towards better understanding what needs to be done in place-based, knowledge and communications work, for the sensitisation of civil society.

## TAKEAWAY LEARNINGS

From the international recognition of ECDAN as a key knowledge network, to the movement of the Initiative towards the funding of participatory, community-oriented research to understand the cultural frameworks of the community and civil society, the Initiative is making good progress. The Hilton Foundation’s investments in this space are building the evidence which will be necessary for efforts to sensitize this sector to the importance of Nurturing Care to be successful.

Initiative activities contributing to this ToC element are on track and substantial gains have been made over the past two years.

**PROGRESS ASSESSMENT: Civil society and the community understand the importance of nurturing care in the first 1,000 days and until age 5**



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

## Government is sensitized to the importance of nurturing care in first 1000 days and until age 5

**Government is sensitized to the importance of nurturing care in first 1000 days and until age 5**

Given the focus of the Initiative on programs, evidence, and systems, many of the grantee partners are working to sensitize government on the importance of nurturing care. A great number of partners have policy or systems-strengthening goals built into their work (see Figures 13 and 14 below for a summary). These policy and systems-strengthening goals take numerous forms such as advocacy or direct support to government in integrating Nurturing Care. In the sections which follow, we outline key progress which has been made in Initiative-supported efforts in both of these spaces. We focus particularly on articulating the changes which have been taking place at the country-level, in operationalising the Nurturing Care Framework, and making progress towards integrating ECD and Nurturing Care agendas into national policy, plans and systems.

A key element of the Hilton Foundation's strategy entails bringing together key stakeholders in the private sector and government, to systematically leverage relationships and resources for the promotion of key health agendas for children. Given the critical importance of enabling children to have the best start in life, the health sector plays a critical role in supporting nurturing care for early childhood development. Many interventions for reproductive, maternal, new born, child and adolescent health (including new born care, nutrition, mental health, HIV prevention and care responsive caregiving and opportunities for early learning) have a direct impact on child development. Moreover, the health sector is in a unique position to reach out to families and caregivers during the early years. The Nurturing Care Framework provides a roadmap for action. It lays out five strategic actions for how to promote early childhood development. It builds on efforts that are already ongoing in countries and seeks to strengthen the role of the health sector together with that of other sectors in supporting nurturing care.

## Policy-enabling objectives of partners in the Young Children Affected By HIV and AIDS Initiative

### Global objectives



### Regional objectives



### Country-specific objectives

Figure 13: Partner policy and systems goals

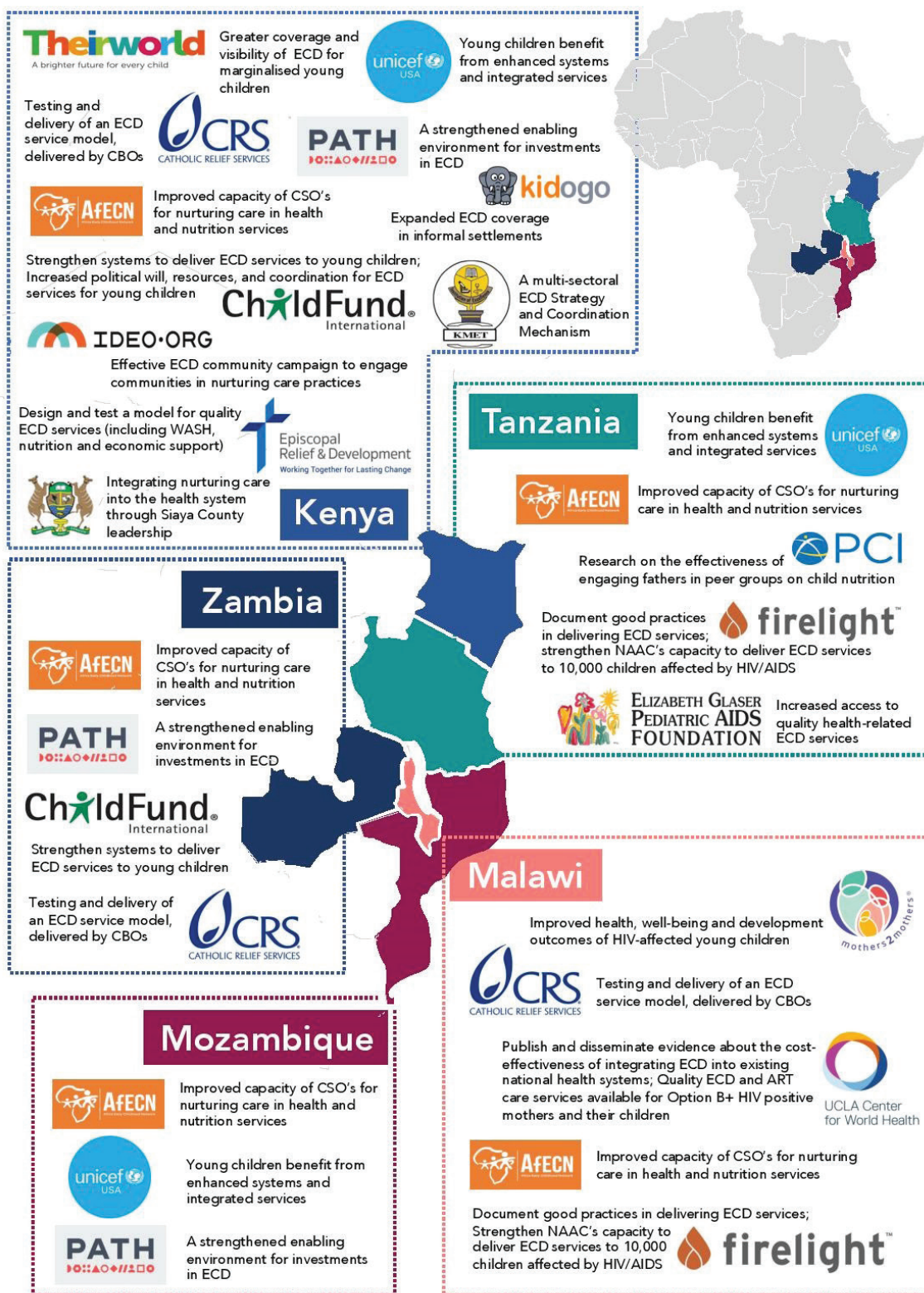


Figure 14: Partner policy and systems goals

## **FOCUS ON: SCIENCE OF EARLY CHILDHOOD FOR POLICYMAKERS BY AGA KHAN UNIVERSITY'S INSTITUTE FOR HUMAN DEVELOPMENT**

In order to keep nurturing care on the political and policy agenda, the continued sensitization of policymakers and government stakeholders to early child development, is imperative. A notable contribution to this project in sub-Saharan Africa, is the Science of Early Childhood (SECD) course produced by Aga Khan University's Institute for Human Development (AKU IHD). Recently, the AKU's IHD has developed a full policy-makers' version, integrating SECD materials with content from the Nurturing Care Framework.

The recent work by the Institute to develop the Policy Makers' course, which integrates SECD and the Nurturing Care Framework, has contributed to the training and sensitizing of policy makers in Kenya's Siaya County, and will continue to be rolled out to further counties to influence systems through increased political will. At the core of the course is developing a shared understanding of the place of Nurturing Care in a nation's development and agreeing on priorities and actions. This two and half day, interactive workshop was offered for Siaya County Government leaders, including the County First Lady and Members of the County Assembly in order to obtain buy-in towards inclusion of nurturing care into county policies and budgets. As a result, the assembly allocated 30 million Kenyan shillings for pre-school centres and has fully incorporated nurturing care into the Siaya County Health Act (2019) and Siaya County Annual Work plan for 2019/2020. Reaching such high-level officials and leaders who have the power to change policies and expand effective supports for young children and their families, particularly during the period between conception and age two, is a vital opportunity.

## **FOCUS ON: NURTURING CARE MEETING IN NAIROBI, 2018**

To operationalize the Nurturing Care Framework at the country-level, WHO, PATH and UNICEF organized a workshop to bring together key stakeholders from countries that have committed to strengthen the health system response and support nurturing care in the early years and invest in ECD in the broader sense. A full summary of the proceedings is at **Appendix 4**, and so we focus here on key learnings. The objectives of the meeting were:

- To orient countries on the Nurturing Care Framework for ECD
- To share country experiences, including lessons learned and challenges in strengthening the role of the health sector to support nurturing care at national and district levels
- To discuss a monitoring framework and draft indicators for assessing nurturing care, at population and individual levels
- To develop country specific action plans to integrate and institutionalize nurturing care into national policies and systems, with a specific focus on the health sector, and with attention to all five strategic actions of the nurturing care framework.
- To agree on next steps for facilitating the implementation of the country plans

Participants included focal persons for maternal and new born health, child health, Nutrition (Infant and Young Child Feeding) and Health Management Information System (HMIS) at the national Ministry of Health (MOH), and the child health focal person from each WHO and UNICEF country offices of Ethiopia, Kenya, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. In addition, some key NGOs from the above countries and key partners such as UNICEF, World Bank, UNAIDS, USAID, PMNCH, AKDN, CIFF, were in attendance.

The meeting began with country feedback on the integration of Nurturing Care in the countries. Given that this meeting took place prior to the Hilton Convening of 2019, these summaries are not repeated here, as updated information was provided during the convening and is reflected in this report. Following the country discussions, there was a detailed discussion about the possibilities and potential gains to be made from population-level surveys and monitoring to track child development and nurturing care. The discussion concluded with mention of the importance of also measuring program quality, and not only metrics of child development, as program implementation – particularly in real world settings and government systems – will be central to the effective delivery of NC content. During the rest of the meeting, the emphasis lay on implementation and integration, and the following discussion takeaways were noted:

- ECD is not new, and there are a number of opportunities to leverage existing work
- ECD is also not a standalone concept - the future lies in tight integration of nurturing and responsive care and stimulation within the health domain

- In all the countries there is work happening, and so going forward, what is needed is coordination to advance NC
- We are strengthening that which already exists - this is a framework which we are adapting to fit our contexts
- Quality matters
- Stimulation and responsive care are important, but they are not the whole picture - address specific adversities in your setting
- There is still a need to build government demand - develop plans and large donor funding

## **FOCUS ON: PROGRESS ON OPERATIONALISING THE NURTURING CARE FRAMEWORK SINCE NAIROBI**

During the 2019 Initiative Convening in Naivasha, Kenya, the following progress towards operationalising the Nurturing Care Framework was outlined. At the regional level, 15 countries have established ECD networks of their own to share, learn and advocate together. A regional cluster for ECD has been developed, as well as technical working groups focussing on policy and advocacy; access and quality services; governance and accountability; and knowledge dissemination. Each group is chaired by a government and convened by an agency. At the global level, ECDAN is doing great work on strengthening partnerships and communities of practice as well as coordination mechanisms. AfECN will co-author the T20 (technical side of G20) working document on ECD.

Kenya has developed policy on new born, child and adolescent healthcare which incorporates nurturing care; all curricula must include NC. There have also been efforts to conduct and scale research on nurturing care. Kenya has a NC technical working group for sharing best practices, as well as multi-sectoral coordinating committees at the county level. Champions are being identified at every level to champion NC and efforts are being made to measure and collect data via indicators (developmental milestones) in health facilities.

In Zambia, ECD is coordinated by the MoH. ECD and scale up of services are being supported by the private sector, including mining companies. Zambia is considering borrowing indicators from national demographic health survey to track ECD. The country is also drafting a national child health booklet, which includes ECD developmental assessments; this is a great success.

Mozambique is developing a roadmap for NCF implementation by the health sector. In April, the MoH asked for stimulation in acute malnutrition inpatient treatment, thus solidifying the role of nutrition department as a champion for ECD in the health sector. Mozambique does have an NCF integration plan, but this lost momentum due to the recent cyclone. The MoH has rolled out new child health registers with developmental monitoring indicators at Well and Sick child clinics and the ministry of gender is piloting a preschool initiative and attempting to harmonize parent education packages.

In Malawi, ECD falls under the ministry of gender, disability and social affairs. Parent group representatives and centre representatives have become more involved in action planning. A technical working group for ECD meets every quarter at the district level. The national ECD policy has been launched and expressed dedication of government to support coordination of ECD amongst sectors. The policy has several priorities areas: Parenting, growth, services, child rights and protection. There is also enhanced provision of health and stimulation and early learning.

Tanzania The ministry of health and ministry of gender, the elderly and children convened a forum on NCF in December (focusing on ages 0-8) which focused on the Lancet special issue and NCF, and provided an opportunity for stakeholders to identify areas for growth in coordination efforts. A multisectoral action plan for ECD is currently being developed, this is being facilitated by a task force. Further, TECDAN is being redesigned so that it can respond to the need for a network to guide multisectoral dialogue.

## TAKEAWAY LEARNINGS

Concrete actions are being taken by all target countries, to operationalise the Nurturing Care Framework, and put in place systems, coordinating mechanisms, and technical strategies which will allow the five domains covered by the Framework to be optimally supported by the public and private sectors. The Hilton Foundation's contribution in this respect is considerable, as evidenced by their leadership in the field and support of international and interagency meetings. Their presence in this space is bidirectionally beneficial: key stakeholders benefit from the Hilton Foundation's positioning, financial support, and capacity to make connections in the field, whilst the Hilton Foundation is able to stay at the forefront of current directions in research, practice and financing in Nurturing Care.

Multi-sectoral action is taking shape, and the Initiative is successfully leveraging its position and influence to play a key role in bringing the Nurturing Care Framework to governments' attention, into health systems.

### Progress assessment: Government is sensitized to the importance of nurturing care in first 1000 days and until age 5



**Strong Progress** to date, which meets or exceeds anticipated results.

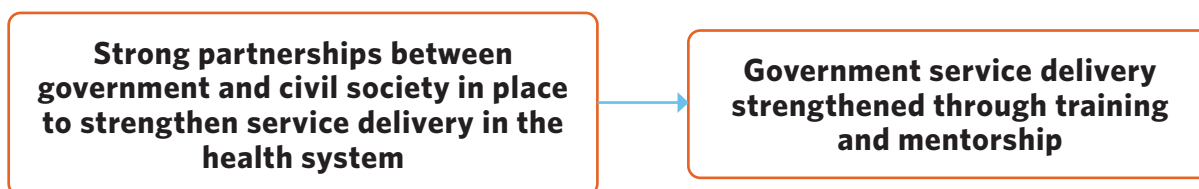


**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

Strong partnerships between government and civil society in place to strengthen service delivery in the health system and government service delivery strengthened through training and mentorship



### FOCUS ON: DISTRICT-WIDE SCALE UPS AND HEALTH SYSTEMS STRENGTHENING

The health and wellbeing of children depends on the services of multiple sectors, including health, nutrition, education, social development and security, executed within an environment of supportive policies and cross-sectoral coordination and financing. Thus, interventions which promote nurturing care and early childhood development (ECD) should ideally be carried out through integrated services within a multi-sectoral framework.

The health sector, in particular, has been established as a critical entry point for programmes that support ECD. Health systems have extensive reach to women and children from conception throughout early childhood, and are uniquely positioned for the integration of effective, feasible and affordable ECD interventions into existing reproductive, maternal, new born, and child health (RMNCH) services. This is evidenced by feasible and high-impact nutrition-specific programmes being delivered through the RMNCH platform, which significantly improve the nutritional status of populations and promote health and well-being. Further, these sectors aim to reduce morbidity and mortality in common target groups – namely women, adolescents and children. Therefore, many potential synergies can be harnessed in integrating ECD into health interventions.

One of the immense strengths of health facility-based service delivery for HIV affected populations, are the penetration which these facilities have at the national level. Due to the mandated time points at which caregivers must visit the clinic pre- and post-natally, and the relatively wide spread of national health services, government health facilities offer almost unprecedented early contact with caregivers. On the one hand, health facility-based services offer a number of opportunities to influence all prospective and current caregivers' behaviour; during routine touch points with parents, for instance, nurses can be trained to deliver counselling on responsive caregiving, nutrition, stimulation, and health. This can be integrated with relative ease into the course of their routine contact with parents, and if the clinic is in an area where routine home visiting is taking place, then the healthcare providers can echo messaging from home visiting during clinic visits. Health facilities also offer a number of opportunities for more informal Nurturing Care messaging to parents, including with posters, peer mentors who talk to parents in waiting spaces, and play boxes (see below).

Naturally, however, many of the caregivers who are visiting health facilities are doing so for reasons other than routine ANC or PNC: mothers on PMTCT, mothers of infants with HIV or sick infants, or caregivers referred to the facility by community health workers because their child is malnourished or developmentally delayed or ill, all also come into contact with health facilities. For these caregivers, health facilities can offer a more targeted, intensive support for Nurturing Care. For these caregivers, supportive counselling, nutritional support, and specialized supportive services can all be delivered, with integrated Nurturing Care messaging, with the understanding that these caregivers will need additional supports to deliver optimal care. These caregivers would be good candidates for targeted home visiting.

There are also HIV-specific health platforms which can be strengthened to reach caregivers and vulnerable children with nurturing care content. In most high-burden countries, HIV service delivery platforms offer an additional point of contact with those most affected. This section, highlights the key opportunities which exist to capitalize on HIV-services to deliver Nurturing Care interventions. Most of these platforms exist within the health facility, and we address these here (those which form part of community structures are discussed above):

- Specific touch points for children and caregivers living with HIV include:
- Antenatal care clinics
- Prevention of mother to child transmission of HIV
- Adult antiretroviral services
- Child antiretroviral services
- Child friendly health services

Caregivers attending treatment, specifically, can be targeted with more intensive supports for Nurturing Care, than those people who are attending the healthcare facility for other reasons. Here, individual counselling on the importance of nutrition, responsive caregiving, and early learning, can be delivered by healthcare workers trained on ECD. Hilton Foundation partners, including Partners in Hope, Mothers2Mothers, and PATH are working through such platforms.

The integration of ECD services into existing health systems can be cost-effective and sustainable. Targeting pregnant women, infants and young children who are already making use of RMNCH services increases access to ECD services. ECD interventions can feasibly build on these services at limited additional cost, utilising existing health infrastructure such as health facilities and skilled human resources. Caregivers value single point-of-call services, which provide caregivers with the opportunity to utilise time they otherwise would have spent waiting idly for long periods at overburdened clinics and HFs. The reduced participation costs for caregivers can also result in greater access and adherence to health services. Thus, integrated services offer potential efficiencies, cost-effectiveness, and synergistic effects, and prevent duplication of efforts.

Globally, integrated ECD interventions have been delivered through clinics, hospitals and other existing health structures in a number of settings. For instance, UNICEF's Care for Child Development (CCD) package has been delivered through centre-based and community-based programmes in China, Pakistan, and Turkey. The model has been found to be an effective method for supporting caregivers' efforts to provide a more stimulating environment for their children through facility-based interventions.

In Africa, parenting and responsive care and stimulation practices are not typically addressed by government health systems. Health systems, staff and volunteers are already heavily burdened by the overwhelming child health needs in extremely poor regions with high HIV prevalence. However, CCD is now receiving significant support for implementation throughout South and Eastern Africa, as will be discussed below.

## Malawi

In Malawi, several efforts are being made to integrate ECD into the health system. Partners in Hope and the University of California Los Angeles (UCLA) are delivering ECD services for women living with HIV and their children at three levels of care within the health care system in Malawi: hospitals, health centers and outreach clinics. The program is implemented in both government run hospitals and outreach clinics, and Christian Health Association of Malawi (CHAM) administered hospitals and health centers and their respective outreach clinics. Expert Clients, trained by PIH and UCLA deliver an intervention focused on ECD skills and knowledge through a combination of ECD sessions with mother-infant pairs and interactive play sessions designed to reach out to other non-enrolled men and women visiting the health facilities for services other than HIV care and treatment. In collaboration with other country partners funded by the Hilton Foundation, PIH and UCLA have been engaging with the Ministry responsible for ECD in Malawi.

Catholic Relief Services (CRS) and their partner organizations conducted the THRIVE II initiative (also in Kenya and Tanzania), to support children below the age of two to thrive in a sustainable culture of care and support. THRIVE II followed a Care Group Model to promote key ECD practices in 206 communities in Malawi. Pregnant women and caregivers of

children under two years of age were targeted during antenatal, child welfare and PMTCT visits at health facilities. They attended monthly one-hour group sessions followed by home visits, which were facilitated by trained community health volunteers (CHVs) and care group volunteers (CGVs). The volunteers implemented behaviour change communication sessions and delivered ECD messages on early stimulation, positive parenting, infant and young child feeding and water, sanitation and hygiene. The Care Group model was successful in strengthening mechanisms to promote ECD and creating a supportive environment for pregnant women and caregivers. The government of Malawi, through the The Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), has recognized THRIVE II as a key champion of CCD and has integrated some of its materials into Care Groups - part of the government's community health strategy under the National Scaling Up of Nutrition (SUN) movement to reach households for the first 1000 days for maternal child health and nutrition interventions.

Finally, Mothers2Mothers are working in government health facilities to support women living with HIV to provide nurturing care to their children. Mentor Mothers trained by Mothers2Mothers staff communicate messaging about child development, parenting skills, and linkages to HIV health and other health services, while supporting HIV positive women to take care of their own health. Mentor Mothers conduct home visits to build parenting skills on child stimulation and responsive caregiving as well as to monitor developmental milestones of young children. Further, at health facilities, Mentor Mothers incorporate specific ECD messaging into their individual, couples-focused and group counselling and support sessions. Mothers2Mothers have also established child-friendly ECD corners in government health facilities, featuring age-appropriate, locally-made toys for young children.

## **Mozambique**

In Mozambique, a low-cost playbox intervention in health facility waiting rooms has shown potential for improving caregivers' knowledge, skills and communication with health professionals. The intervention was piloted in 2014, in collaboration with Mozambique's MoH and with support from local CBOs. Overall, playboxes improved the health facility waiting experiences of children and caregivers, promoted interaction between caregivers and children while they played, and provided a point of entry for health facility staff to engage with parents on the importance of age-appropriate play and developmental milestones. It also enhanced caregiver engagement during consultations which lead to the increased detection of developmental delays by health care providers. The playbox is a promising family-centred approach in low-income settings, which could be implemented nationally to improve child and caregiver satisfaction with and adherence to health services, and to impact caregiver parenting practices, an essential element in improving child development outcomes.

The Mozambican team are escalating their efforts to integrate Nurturing Care into the health system, with focal work being done in the Nutrition Department. Key achievements in this area are being tracked on the Mozambican dashboard for Nurturing Care (see below).

## **Kenya**

In Kenya, numerous efforts are in place to integrate ECD into existing health platforms and services. The MoH has expanded ECD through the integration of the CCD essential package in the health management strategy and Integrated Management of Childhood Illness. The MoH also promotes the Malezi Bora week (Swahili phrase for "good upbringing,") biannually, which includes health events around a particular theme. During this period, Plan International conducted community outreaches to expectant and lactating mothers in five health facilities. A national deworming exercise by the MoH was also conducted, in which all children under the age of 5 years at ECCD centres received deworming tablets and Vitamin A supplements. The national polio campaign is also ongoing, targeting 4.5 million countries wide.

Integrated nutrition and health services for children between 0-5 years of age, and concurrent education for their parents is also offered by past Initiative grantee, SHOFCO. Through their 7 clinics in Kibera and Mathare, they conduct regular check-ups, annual immunizations, ECD and nutrition education and supplements, and basic care when needed. Cumulatively, since January 2016, SHOFCO have enrolled 1,952 children in the nutrition program, and 1,104 (57%) have been cured and discharged. In addition, 36,881 patients were dewormed between January 2016 and June 2018.

Siaya Country is also a notable Kenyan achievement in this space, involving a number of Foundation partners. These partners' work includes long-term embedding within the health system, and partnership with local leaders. The Siaya

County model is demonstrating the vital role of subnational local high-level buy-in in promoting nurturing care for early childhood development (ECD). The Governor is leading the scale-up of policies, programmes and services in support of nurturing care and ensuring that caregivers have the tools and information needed to promote health, nutrition, safety and security, responsive caregiving and early learning.

The government of Siaya began to integrate nurturing care into the county's health system in 2014 in order to improve development outcomes for children. Siaya's County Health Management Team partnered with PATH to adapt the WHO and UNICEF's Care for Child Development (CCD) package and train a cadre of government staff. CCD master trainers continue to build the capacity of facility-based service providers and community health volunteers to integrate nurturing care into routine service delivery. Through the efforts of partners working in Siaya, immense political will has been fostered and leveraged, with both the Governor and the First Lady publicly endorsing Nurturing Care, and associated governmental activities. Political commitments to nurturing care have resulted in government-led coordination and mobilization, both between sectors and among the more than 100 civil society partners active in the health sector.

## **Zambia**

Zambia has made significant progress in integrating ECD services into the health system. UNICEF Zambia advocated for the integration of CCD into existing national programs, resulting in the integration of CCD in 30 rural health centres (in Katete, Chadiza and Petauke districts) as part of a pilot program. The MoH trained 150 Community Health Workers and 90 health officers in these rural health centres, which now provide ECD-CCD caregiver counselling as part of the health services package. In addition, they developed and distributed posters and videos with different ECD-CCD messages, presented in the local language to these facilities. The Information Education Communication materials complement the dissemination of audio-visual messages to parents/ caregivers and promote the transmission of key ECD messages via the health service delivery platform. The lessons learned from this pilot will be used to develop a national scale-up plan. The Zambian MoH has also revised the Nutrition and Safe Motherhood Guidelines and integrated ECD into Nutrition and Antenatal Service Guidelines. These guidelines will support service delivery and strengthen the capacity of trained personnel to provide integrated ECD services effectively. In Zambia, partners are working to strengthen institutional and health provider capacity to provide nutritional assessment, counselling, and support for HIV-affected children and adults, procure and distribute nutritional supplements, and build capacity of local distributors to sell such supplements. In Zambia, there is also partner involvement in the national Maternal, Newborn, and Child Health (MNCH) Alliance.

## **Tanzania**

Tanzania has received support from UNICEF for the integration of ECD services into the health system. UNICEF is working closely with the Ministry of Health, Community Development, Gender, the Elderly and Children (MoHCDGEC) and other ECD and parenting stakeholders to strengthen coordination mechanisms for parenting and child development at the national level and regional levels. The training, implementation and monitoring of CCD in Tanzania is a coordinated effort by ECD partners including UNICEF, the Elizabeth Glaser Pediatric AIDS Foundation, Agha Khan Foundation and Catholic Relief Service. EGPAF, for instance, conducts programming aimed to increase access and availability to high quality health-related ECD services in the Tabora Region for children under five through the integration of ECD into community-based and facility-based maternal, newborn, and child health /PMTCT and HIV services. The Malezi Project used the CCD package to support caregivers in play and communication activities with their children. UNICEF provided financial support to MoHCDGEC to monitor implementation of CCD interventions, while EGPAF provided technical support to the ministry for the adaption of the national CCD package.

UNICEF Tanzania has reported that progress on the National Parenting and Family Care Strategic Framework has engaged representatives from MOHCDGEC, Ministry of Education, Science and Technology and other stakeholders on parenting issues and progress is being made towards a coordinated approach to parenting interventions in Tanzania.

## TAKEAWAY LEARNINGS

The model of long-term, deep work with a geographically-defined area is providing evidence of the kinds of place-based approaches to systems- and behaviour- change which work. Hilton partners' efforts in Kenya, particularly, are exemplary of the huge benefits which can be reaped when political will is cultivated and leveraged. Going forward, it will be extremely important for these types of projects to be able to show in data and evidence of impact, what appears to be working in a social and qualitative sense. It is good to see that so many partners – regardless of size and capacity – are making effort to integrate their work, rather than build parallel services. In coming years, a key metric of success for this approach will be whether country health system sustain efforts to integrate parent coaching and child assessments, in the absence of Hilton Foundation-funded support. The question of whether these efforts will this be taken up and institutionalized, will be key in deciding the success of scaling efforts.

The Initiative's support of work in service delivery in the health system and partnerships with government is amongst its greatest contributions to the field, and making good progress in this phase.

**Progress assessment: Strong partnerships between government and civil society in place to strengthen service delivery in the health system and government service delivery strengthened through training and mentorship**



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

## Nurturing Care included in national/sub-national health policies, plans, and budgets

### **Nurturing Care included in national/sub-national health policies, plans, and budgets**

#### **FOCUS ON POLICY AND INTEGRATION PROGRESS: ONGOING MONITORING OF THE ENABLING ENVIRONMENT**

Given the amount of working being done by Initiative-supported partners in the health systems, policy and advocacy spaces, it is a priority of this MEL to provide internationally-comparable evidence of change in the countries. This evidence will not necessarily be directly attributable to the Hilton Foundation, but will provide evidence of their immense and ongoing contribution to the enabling environments in each target country. During 2018 and 2019, our MEL team worked with key Initiative partners to develop a list of indicators which would be used to track progress across the countries – many of these were drawn from the Countdown to 2030 Country ECD Profiles developed by Initiative-supported partner, Linda Richter and her team, in 2017.

However, the domains were also refined to speak specifically to the areas of contribution being made by Initiative-supported programs. Furthermore, the indicators proposed have been broken down into two groups: key demographic and coverage information for a then refined, extensive lists of indicators which will be used to create: a digital dashboard of the same indicators, but with additional levels of nuance and refinement, which will be hosted on the partner website, PLANT. More detail about these dashboards is provided in the coming sections (see Key MEL Products – Country Policy Dashboards in the appendix).

During the 2019 Partners Convening in Naivasha, Kenya, these dashboards were refined by partners, and extensive feedback is being integrated into the current versions of these documents.

#### **TAKEAWAY LEARNINGS**

Nurturing Care is being integrated at every level, and the progress being made in the Framework's operationalisation is good. Tracking and reporting this progress is the next challenge, and it is hoped that these dashboards will contribute in this respect. The dashboards are a key resource to reflect the systemic and policy knowledge of the partners, and to capture the progress being made in shifting the landscape of ECD in the target countries.

Where Hilton Foundation partners are working with local governments, progress towards the integration of Nurturing Care in national/sub-national health policies, plans, and budgets good.

## PROGRESS ASSESSMENT: Nurturing Care included in national/sub-national health policies, plans, and budgets



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

# Concluding comments

Clearly, the Initiative is supporting meaningful, successful, and in many instances novel work to improve the lives of children affected by HIV in Mozambique, Kenya, Malawi, Tanzania, and Zambia. The Initiative's reach also extends beyond these countries to the global community of practice, through the sharing of evidence, and the support of global efforts to promote Nurturing Care for optimal child development in the early years.

Clear shifts have taken place since the first Phase, in the Initiative's messaging, from focussing on numbers of children reached with services, to an emphasis on program quality and thinking about targeted support for those children most in need, including children most affected by HIV. These shifts are being mirrored and taken up by partners, and it is encouraging to see a growing dialogue around quality and implementation. This document has sought to provide a record and reflection upon key Initiative actions, and so progress and wins have been noted.

However, the purpose of any evaluation goes beyond reflection, and so we also note certain challenges which the Initiative and its partners must address in the coming year.

## RECOMMENDATIONS

### Programs:

- There is a need – which the Initiative has recognised and is acting to respond – to ensure that INGOs adequately ensure local partners' capacity is improved. Although many partners explicitly work to transfer project ownership from INGO to local partner through the course of their grant period, it may be important for the Hilton Foundation to also promote transfer of skills, capacity, funding, and programming power, to local actors.
- Next, as evidenced in the implementation survey, there is some variability in training times, and yet the evidence clearly indicates appropriate duration. Partners need to be supported to train for longer periods of time, even in contexts where staff have competing demands. Further, it is well-established that training on its own is not enough to ensure quality implementation of program content and optimal delivery. There appears to be a good degree of supervision taking place in the field amongst partners, however, supportive supervision – in which the capacity of frontline workers is really developed – is lacking. Partners should be encouraged to think about how to support frontline workers so that the qualitative aspects of implementation which make the tangible quality (the feel of the program, to recipients) of partners' work improves. A focus of training going forward could usefully include how to integrate responsive caregiving and early learning into existing programming with more practical examples and intensive (not necessarily longer duration) training.
- There is a need to continue to build awareness and capacity around responsive caregiving in communities.

### Evidence:

- There are some minor capacity and research quality limitations in the ongoing embedded research that is currently being solved. These have been elaborated upon above but will need to be a key focus over the next year, and future funding of research. We recommend that in future funding cycles, a set of key criteria for research partners and protocols must be met before projects are funded.
- Collection of implementation and process data needs to become routine to research efforts.
- There should be ongoing support efforts to finalize the GSED for use in population-based surveys so that country progress can be assessed.

### Systems:

- The language of ECD is changing, and this will need to be reflected in the way in which partners share their programmatic messages. Initiative partners are inconsistent in their use of key terminology: ECD is an outcome (child development being a thing which can happen if conditions are met) and Nurturing Care is a practice (being an attitude of caregiving which can cut across all aspects of a child's life to ensure the ECD occurs). Partners use the terms interchangeably, and at the level of higher order international discussion, this needs to change. However, given that the term ECD has been used in conversations with government, communities and other non-expert stakeholders, caution should be applied in trying to shift linguistic practices in these interactions, given that it could lead to confusion, given that common understandings have been hard won.

- The Hilton Foundation should continue encouraging partners to include government leaders in capacity building efforts.
- There is a need for investment in research concerning district-wide models to determine success factors and evaluation methodologies needed to guide replication efforts.
- There is also a need for increased support to CBOs to strengthen community engagement and ensure that international NGOs partnering with local CBOs provide adequate resources and credit for their efforts.

**Our overall assessments of the domains of the Initiative are presented below:**

Has the Initiative contributed to the capacity of community-based organizations (CBOs) and government health systems to deliver quality ECD services for young children affected by HIV and AIDS as part of existing systems at broader scale? (Programs)



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

To what extent has the Hilton Foundation's Phase 2 strategy identified, tested, and delivered interventions to improve quality caregiving for young children affected by HIV and AIDS? (Strategy)



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

Has the strategy improved caregiving and the developmental outcomes of young children? (Programs)



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

Where Hilton Foundation's Phase 2 strategy partners are involved in district-wide programs, how might learnings from these inform scaling of interventions at national level in the five countries? (Scale)



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

Has the Hilton Foundation's Phase 2 Strategy contributed to improved policy frameworks, measurement systems and commitment to improving developmental outcomes for children affected by HIV and AIDS in the five focus countries? (Systems)



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

Has the Hilton Foundation's Phase 2 Strategy built and disseminated evidence to improve policy and practice, both within the programs and externally? (Evidence).



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

Is the Hilton Foundation maximizing the impact of its investments and using its leadership platform to advance the field?



**Strong Progress** to date, which meets or exceeds anticipated results.



**Some progress** has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.



**Little to no progress** has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

# Appendices

## MEL Products: RISE, PLANT, and Country Dashboards

Central to the success of the MEL work, and our capacity to monitor the progress of partners and trajectory of the strategy, have been the creation of key MEL knowledge products. In the sections which follow, we briefly discuss each, focussing on their role in the MEL, and value for partners and the Initiative.

### PROGRAMS: RISE



Our caregiving tool is called RISE, and was developed to measure how caregivers of children served by Initiative partners' programs, support aspects of children's Relationships, Illness/Health, Safety, and Early Learning. Each letter in the acronym corresponds to a domain in the Nurturing Care Framework. The tool's focus is on the caregiver-child relationship, and the role of the caregiver in providing responsive care, safety and security, opportunities for early learning, as well as support for good health and adequate nutrition.

The RISE tools can be used in different settings, with different types of caregivers: Different versions of the tools can be used with different types of caregivers. The tools can be used with pregnant women, parents / caregivers with young babies (0-11mo) and parents / caregivers of slightly older children (12mo+). Lastly, another version of the tool be used in group care contexts, such as ECD centres.

RISE is a measurement tool designed to provide a brief, systematic measurement of the caregiving relationship. RISE is a caregiver-focused measurement system, and can be used to capture care experiences of children under the age of 5. The RISE caregiving tools presented here were developed following a thorough review of existing tools. The Stellenbosch University team examined a large number of tools employed in caregiving research, before selecting the most suitable tools for use in the present settings. Items from existing measures of caregiving were then selected and categorized on the basis of their relevance to the caregiving domains outlined in the Nurturing Care Framework. The most suitable items for each Nurturing Care Domain were then selected, adapted if necessary, and compiled into the two versions (one for caregivers, one for ECD centres) of the new caregiving measure. Items' response options and scoring have in many cases been simplified to facilitate easy administration and scoring.

MEASURE	KEY REFERENCE	AGE RANGE	TYPE OF TOOL	STRENGTH/LIMITATIONS
<b>HOME (Home Observation Measurement of the Environment)</b>	Bradley, R. H., & Caldwell, B. M. (1981)	0-14 years	Questionnaire and observational items	<ul style="list-style-type: none"> <li>Specifically, for children of female respondents</li> <li>Made in the US for US population</li> </ul>
<b>FCI (Family Care Indicators)</b>	UNICEF	0-14	Questionnaire and observational items	<ul style="list-style-type: none"> <li>Developed by collaborative group of global experts</li> <li>Looks at caregiving practices and caregiving resources</li> </ul>
<b>PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes)</b>	Roggman, L. A., Cook, G. A., Innocenti, M., Norman, V. J., Anderson, S., & Christiansen, K.	10-47 months	Observational items	<ul style="list-style-type: none"> <li>Limited age range</li> </ul>
<b>ECERS (Early Child Environment Rating Scale)</b>	Perlman, M., Zellman, G. L., & Le, V. N. (2004).	2-4 years	Observational items	<ul style="list-style-type: none"> <li>The scale does not address issues of curriculum or other classroom management strategies.</li> </ul>
<b>CIS (Arnett Caregiver Interaction Scale)</b>	Arnett, 1989	Preschool age	Observational items	<ul style="list-style-type: none"> <li>Attends specifically to relationship and quality of interactions</li> </ul>
<b>MITRCC (Missouri Infant/Toddler Responsive Caregiving Checklist)</b>	Bóo, F. L., Araujo, M. C., & Tomé, R. (2016). How is Child Care Quality Measured? A Toolkit. Inter-American Development Bank.	0-3 years	Observational items	<ul style="list-style-type: none"> <li>Items refers to the areas of child development (social and emotional, physical and cognitive) being promoted through quality interactions.</li> </ul>

The RISE caregiving tool combines two methods of collecting data:

1. Evaluation based on observations made by a person who has been trained to systematically score and capture the information obtained during the observation period.
2. Evaluation based on the report of an informant who is administered a survey or an interview.

Implementing different forms of measurement will provide more nuanced data and greater precision.

## EVIDENCE AND NETWORKS:

### PLATFORM FOR LEARNING, ACTION & NETWORKING FOR TRANSITION-TO-SCALE (PLANT)

The PLANT online learning community provides a platform for partners in the Young Children Affected by HIV and AIDS Initiative to facilitate learning, networking and knowledge dissemination amongst partners, and more broadly across the field. The site was created under the umbrella of Monitoring, Evaluation and Learning work with a specific focus on the Learning aspect. PLANT makes use of a mix of online forum discussions, webinars and blog posts to connect partners with each other, and facilitate sharing of resources and experiences. The aim of the site is thus to promote the development and improvement of MEL work driven by three core aims; Connect, Create and Consolidate. First, the site aims to **Connect** the partners to each other, to experts in their respective fields and to the MEL team. Through connection, PLANT aims to:

- Support organic forms of engagement among partner organizations and individuals
- Increase horizontal learning between organizations and programs
- Support small group collaboration within and across program areas, including communities of practice









Second, the site aims to **Create** a comprehensive resource hub, offering access to a variety of materials, to further expand its members' knowledge base surrounding topics relevant to their work. Through the online sharing platform, PLANT aims to:

- Facilitate sharing of tools and other relevant program materials
- Share progress partners are making collectively to support young children affected by HIV and AIDS

Finally, the site aims to **Consolidate** all aspects of efforts encompassed by the MEL activity. For example, members using the RISE tools or reporting on indicators can access any information they need on PLANT, to enhance partners' abilities to measure impact on the ground.

The site consists of many useful areas available to assist and inform the PLANT members.

### Partner Profiles

	<a href="#">Ideo.org</a>	United States
	<a href="#">Kidogo Early Years Inc.</a>	United States
	<a href="#">King Baudouin Foundation United States, Inc.</a>	United States
	<a href="#">Kisumu Medical and Education Trust</a>	Kenya
	<a href="#">Mothers2Mothers International Inc.</a>	United States
	<a href="#">PATH</a>	United States
	<a href="#">Project Concern International</a>	United States
	<a href="#">Spring Impact Incorporated</a>	United States

The site provides its users the option to find out more about each of the 23 organizations who form part of the PLANT community. Each organization who is an active grantee in the Young Children Affected by HIV and AIDS Initiative has a profile on the site. The profiles provide information regarding their background, and a summary of the work they are doing, with aims and objectives. It also provides some brief information on the expected results that partners are aiming for, through the funding provided by the Hilton Foundation.

# Episcopal Relief and Development



## Info

United States  
<https://www.episcopalrelief.org/>

Originally developed as a relief fund in 1940 by the Episcopal Church of the United States, Episcopal Relief & Development (ERD) is a nonprofit organization that partners with Anglican churches and ecumenical agencies to fight poverty, hunger and disease in marginalized communities around the world. ERD works in four program areas – early childhood development (ECD), climate resilience, gender and gender-based violence, and disaster response and recovery.

ERD will provide technical assistance and hands-on support and will be working with two implementing partners, the Zambian Anglican Council Outreach Programmes (ZACOP) and the Anglican Church of Kenya Development Services (ADS)-Nyanza. ZACOP, which ERD has been collaborating with since 2005, works to improve the health and socioeconomic conditions of vulnerable households and communities in collaboration with the Zambian government and other stakeholders. In Kenya, ADS-Nyanza, a faith-based organization founded in 1995 with a strategic objective of improving access to sustainable livelihoods, serves the six counties in the Nyanza region.

## Aims and Objectives

- The overall aim of the two-country program is to develop scalable models in which communities themselves, with support from faith-based and local leaders, can better support young children affected by HIV and AIDS to reach their full developmental potential. The specific objectives are to: • Strengthen the caregivers' responsive care, stimulation, and positive parenting practices • Engage faith-based and local leaders

## Project Work Summary

- ERD has been working with ZACOP in Zambia, and ADS-Nyanza in Kenya to improve developmental outcomes for young children affected by HIV and AIDS. In Zambia, ERD and ZACOP have been implementing a five-year program since 2012 that addresses the holistic needs of nearly 10,000 young children and over 6,000 caregivers affected by HIV and AIDS, with an emphasis on parenting education and support. A 2016 evaluation showed that the Zambian ECD program was a successful model for

## Resource Library

Members searching for more information pertaining to their various interests can use the PLANT site's extensive **Resource Library** to address their needs and support their work. The Library hosts over 200 useful resources curated by the PLANT site managers on topics such as early childhood development, HIV, caregiving and parenting, policies, health and community services, measurement and monitoring & evaluation. The resources come in various formats such as toolkits, policy documents and videos. Users can download any resources they wish to use and are able to contact the PLANT team if they have any resources they wish to add to the library. All materials in the main resource library is publicly available, meaning that you do not require a member login to access these documents. The Partner Forum Library on the other hand is a resource library exclusive to logged in members; this provides partners with a platform to securely share program-specific materials such as manuals, field hand-outs, questionnaires etc.

## Partner Forum

Those looking to further engage with their fellow PLANT members can use the site's **Partner Forum**. This section of the site gives users the platform to begin or contribute to Discussion Threads surrounding topics of interest. In addition, members can use this section of the site to ask for guidance and request resources from fellow PLANT partners or to share their own experiences they believe may assist others.

## Discussion Threads



Click on a thread title to see all posts or reply to that discussion. Start a new discussion by clicking on the Post New Message button.

1 to 13 of 13 threads (26 total posts)

Most Recently Updated | Posts in my group | 50 per page | [Post New Message](#)

Thread Subject	Replies	Last Post
<a href="#">April Convening Photographs</a>	0	5 days ago by <a href="#">Community Manager</a>
<a href="#">Lisa Bohmer: Countdown to 2030: Important Progress on Early Childhood Development</a>	0	6 days ago by <a href="#">David Mascarina</a>
<a href="#">New Blog Post - Day 3 of the April Convening</a>	0	7 days ago by <a href="#">Community Manager</a>
<a href="#">Upcoming Convening</a>	2	11 days ago by <a href="#">Community Manager</a>
<a href="#">Young Children Affected by HIV and AIDS Convening Photos</a>	1	16 days ago by <a href="#">Kerthe Hunt</a> Original post by <a href="#">David Mascarina</a>
<a href="#">SHARE AND REQUEST RESOURCES</a>	4	17 days ago by <a href="#">Community Manager</a> Original post by <a href="#">Marguerite Marlow</a>

## Data Center



The PLANT site also hosts useful resources related to monitoring, evaluation and reporting for the partners in the Initiative to use. These resources are in PLANT's **Data Center** and include information about program indicators, the RISE caregiving measurement tools, as well as guidelines and support for their reporting activities. In the future, PLANT can also be used to provide partners with access to the Giving Data reporting platform. Linked to this, the Partner Forum can serve as a discussion board for any questions that partners may have related to their reporting activities.

## Policy Dashboard

The PLANT policy dashboard provides a space to reflect partners' goals, progress and milestones in changing Nurturing Care Framework-congruent ECD policy in the five countries, the region, and around the globe. The aim is to work towards an interactive online dashboard that shows "real-time" progress, that partners can contribute to on PLANT. The PLANT policy dashboard currently provides a brief summary of the overall policy-enabling objectives that partners have. During the April convening, partners were able to give input on the country-specific sub-dashboards, relating to each country's ECD policy landscape and the aspects of policy that in-country partners are trying to shift.

## Stories and Events

The PLANT website also hosts a **Stories & Events** section which aims to showcase some of the incredible work done by the partners (in the Stories section) as well as keeping members informed of upcoming events (whether in person or online) they can join (in the Events section). Organizations can share stories on their program focus and activities as well as their successes and learnings. For example, the Stories page currently features a blog post written by Dawn Murdock from Episcopal Relief and Development, describing the Moments That Matter Program and the results from their most recent baseline assessment. The Stories section has also recently been used to highlight key points discussed at the April Convening, as well as to share the photographs that captured the event. Currently it is this section of the site that is generating the most traffic and interest.

The screenshot shows the 'Recent Stories' section on the PLANT website. It features a header with a speech bubble icon and the title 'Recent Stories'. Below the header are two story cards. Each card includes a photograph of a group of people at a table, a date, a title, a brief description, and a 'Read more >' link.

Apr 22, 2019	Apr 11, 2019
<b>Day 3 of the Partners Convening</b>	<b>Day 2 of the Partners Convening</b>
The focus of the last day of the Convening was to receive feedback from the various country groups on their Nurturing...	The second day of the convening (10 April 2019) was launched with a panel on District/County Partnerships for Scaling: ...
<a href="#">Read more &gt;</a>	<a href="#">Read more &gt;</a>

## ■ Additional Resources

### Glossary of Terms page

Another feature aimed at assisting PLANT members is the **Glossary of Terms** page. This feature provides definitions for terms that are commonly used in the field of early child development, HIV and monitoring and evaluation, and acronyms and terms commonly used by partners in the Young Children Affected by HIV and AIDS Initiative. The option to add more terms and expand on current definitions is available to all PLANT members.

### External Resources page

The External Resources page provides partners with access to other useful sites and online learning communities, to further facilitate learning (e.g. UNICEF's ECD resources and tools; the Global Health eLearning Centre; Agha Khan's Institute for Human Development; the Africa Early Childhood Network; the Early Childhood Development Action Network)

### PLANT Launch Activities

The 21<sup>st</sup> of March 2019 marked the official launch of the PLANT website. The launch included a Welcome post that provided an overview of the site functionalities, and how it can be used, as well as links to the different parts of the sites. The post also provided a link to a video which provided users with a welcome message from Lisa Bohmer and Mark Tomlinson, and a step-by-step walkthrough of the PLANT website and all its features. As part of the launch, SU members also posted some initial messages in the Partner Forum, to orientate members to its potential use, and to encourage engagement through this platform.

### Site Engagement

As of April 2019, 120 members have been added to the PLANT system with the potential for the number to increase as existing members share their experiences with their colleagues. Of those 120 members, 55 have successfully logged in and have been actively using the site. The PLANT team are actively working to encourage and assist the remaining 65 members to log in and begin using the site to their advantage. The site's extensive Resource Library has generated some interest, with 8 members searching and viewing 27 resources since the site's launch. The Resource Library associated with the Partner Forum has also generated interest, with 10 members viewing 23 resources since the site's launch. In addition, the M&E Resource Library (found under the MEL data center) has generated 2-member views since the sites launch. The MEL Data Center itself has generated 21 views since the sites launch.

An area of the site generating significant interest is the Stories or Blog section of PLANT. Since the launch of the site 6 blogs have been posted on a range of subject generating 644 views in total. Another area of the site generating significant traffic is the Partner Forum, with 107 members currently subscribed to receive updates on discussion points. Since the site's launch, 13 unique discussion threads have been started and have been viewed 56 times.

As part of the site's adoption and engagement strategy, the Community Site Manager will continue to reach out to members, based on their engagement or absence on the site.

ACTIVE USER (HAS LOGGED IN AT LEAST ONCE WITHIN 8 WEEKS AFTER LAUNCH)		
2 months post-launch	Feedback email	<p>Thank you for being an active user of the PLANT by Stellenbosch + Hilton. By using this site, you are making it possible for us to be stronger together.</p> <p>But this community has only just started. There is much we can do to make it even better, but we need your help! Please take a few minutes to complete the survey at the link below.</p>
3 months post-launch	Unused features email	<p>Thank you for being an active member of the PLANT by Stellenbosch. The community is thriving thanks to people like you. Together we are making our work stronger and more impactful!</p> <p>Did you know that you can [insert list of features that users haven't adopted yet, based on the engagement analytics]</p>

3 months post-launch and monthly	Highlights and tips	Provides a monthly round-up of PLANT activities, and includes a couple of useful tips and tricks for optimal site usage
<b>INACTIVE USER (HAS NOT LOGGED ON DURING THE LAST 30 DAYS)</b>		
Inactive for 2 months	Reminder Email #1	We haven't seen you in the community in a while. Join us!
Inactive for 3 months	Reminder Email #2	Want to see what we've been up to? Log in to see recent activity (give examples)
Inactive for 4 months	Community Announcement Email	It's been a long time since we've seen you on PLANT. Let us quickly remind you of what you're missing (give highlights of content and discussions taking place in the community)
<b>NON-USER (HAS NEVER LOGGED IN)</b>		
2 weeks post-launch	Need Help?	We look forward to welcoming you into the community, which has so many useful resources and features that can help you in your work.
1-month post-launch	Don't miss out!	We are still waiting to welcome you to your new online learning community. We understand that you are very busy. But we don't want you to miss out on exclusive access to so many helpful tools and resources!
2 months post-launch	Did you forget about PLANT?	Your participation is critical to the success of this community. Jump in and see what's new in the community!

## PLANNED ACTIVITIES GOING FORWARD

Going forward, PLANT will provide the following site activities on a regular basis, to keep the site updated, and members engaged.

- **Program Highlight** – each month, PLANT will feature a different partner program, and will invite that partner to contribute to, and generate content.
- **Forum Discussion Topics** – based on the focus / broader theme of the featured program, related discussion topics will be introduced, where partners are invited to add their insights, and share their experiences (for example, using volunteers to deliver program sessions – what are the challenges with this approach?)
- **Regular Webinars** – PLANT will host monthly webinars on relevant topics (either developed by experts in the field, the SU team or partners), where partners can join in and contribute virtually.
- **Blog Posts** – The stories page will feature blog posts, either created by partners, or by the SU team on relevant topics / events taking place in the field of ECD.

## ■ Systems: Country policy dashboards

As discussed earlier in this document, policy, systems-change and financing progress in the target countries is beginning to be documented using policy dashboards (see Figures below). The first document, Figure 20, represents a uniform, internationally comparable set of proposed indicators. The following two images (Figures 21 and 22) show the outline of the programmable dashboards for each country, which will provide additional detail and nuance on the indicators of interest.

ECD policies, strategies and plans	Progress	Detail on policies, strategies and plans
National integrated (multi-sectoral) ECD policy, coordination mechanism and strategy	<div></div>	
Education Sector		
National ECD policy in education sector	<div></div>	
National ECD strategy and/or workplan	<div></div>	
National under-5 learning curriculum / government-approved	<div></div>	
National teacher training programme for under-5 teachers	<div></div>	
Government-mandated pre-primary	<div></div>	
Free early learning services for under-5s	<div></div>	
Health Sector		
Free healthcare services for under-5s	<div></div>	
National parenting program	<div></div>	
National policy on ECD in health sector	<div></div>	
National ECD strategy and/workplan in health sector	<div></div>	
ECD integration and technical programs	Progress	Service delivery coverage related to integration and technical programs
Technical programs related to integrated (multi-sectoral) ECD policy	<div></div>	
Education sector		
Education technical working group includes ECD	<div></div>	
Nationally recognised ECD curriculum and standards	<div></div>	
Health sector		
Health system includes stimulation, responsive caregiving and early learning	<div></div>	
Health management information system includes indicator of child development	<div></div>	
Health technical working group Terms of Reference include stimulation, responsive caregiving and early learning	<div></div>	
Stimulation, responsive caregiving and early learning integrated into MCH services	<div></div>	
Stimulation, responsive caregiving and early learning integrated into HIV services	<div></div>	
Existing training revised to include stimulation, responsive caregiving and early learning	<div></div>	
Financial Commitments	Progress	Amounts committed and other detail
National education budget includes ECD	<div></div>	
National health budget includes ECD	<div></div>	
Other departmental budgets include ECD	<div></div>	
Proportion of national budget allocated to ECD	<div></div>	
National budget includes stimulation, responsive caregiving and early learning	<div></div>	
Sub-national budgets include stimulation, responsive caregiving and early learning	<div></div>	

Figure 20: 1-page comparable dashboard of key indicators

## Health sector: Click downs

ECD policies, strategies and plans		Progress	Detail on policies, strategies and plans
Free healthcare services for under-5s			
→Free nutrition services			
→Free HIV services			
→Free immunization services			
→Free counselling and support for developmental delay and disability			
National parenting program			
National policy on ECD in health sector			
→National policy for nutrition			
→National policy for HIV and PMTCT			
→National policy for disease prevention			
→National policy for developmental delay and disability			
National ECD strategy and/workplan in health sector			
→National ECD strategy and/workplan for nutrition			
→National ECD strategy and/workplan for HIV and PMTCT			
→National ECD strategy and/workplan for disease prevention			
→National ECD strategy and/workplan for developmental delay and disability			
ECD integration and technical programs		Progress	Service delivery coverage related to integration and technical programs
Health system includes stimulation, responsive caregiving and early learning			
→Included in PMCTC and HIV platforms			
→→Master trainers in PMCTC and HIV platforms			
→→CHWs in PMCTC and HIV platforms			
→Included in ANC platforms			
→→Master trainers ANC platforms			
→→CHWs in ANC platforms			
→Included in PNC platforms			
→→Master trainers PNC platforms			
→→CHWs in PNC platforms			
→Included in nutrition platforms			

Figure 21: Detailed, programmable dashboard of detailed indicators