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Conrad N. Hilton Foundation
Children Affected By HIV/AIDS Strategy Development: Recommended Approach

Prepared for:

Conrad N. Hilton
FOUNDATION

September 2011

Executive Summary

- Young children living in high prevalence areas are profoundly affected by HIV/AIDS, trapping them in a cycle of poverty and sickness that perpetuates poor developmental outcomes

- Although considerable funding is focused on healthcare for HIV/AIDS, very little funding is available to support the early childhood development (ECD) that is essential to prepare children for success in school and life

- ECD is best nurtured through parents and caregivers because of their frequent and sustained contact with children, yet most parents and caregivers need support and education to meet ECD needs

- Existing health systems, community child care centers, and home visitations are effective channels to provide parents and caregivers with the instruction they need

- Community based organizations (CBOs) have extensive geographical coverage, deep local knowledge, and resource-efficient volunteer staff that are well-positioned to work through these channels -- yet most CBOs have very limited capacity, and their ability to promote ECD activities will depend on increasing their effectiveness

- The goal of preparing young children in high prevalence areas physically, emotionally, and cognitively for success in school and life can be achieved through three mutually reinforcing activities:
  - Working through a network of national and international NGOs to enable CBOs to deliver ECD programs and additional support to parents and caregivers
  - Creating more robust CBO capacity and improving linkages between organizations and service delivery programs, thus increasing the self-reliance of communities
  - Developing and disseminating knowledge to increase the funding and effectiveness of ECD interventions by governments, other funders, and stakeholders

- The target geography for the Conrad N. Hilton Foundation's (the Foundation's) investment has been narrowed to five countries (Kenya, Malawi, Mozambique, Tanzania, and Zambia) based on their HIV/AIDS prevalence and additional factors crucial for success

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The Strategy Development Process Had Three Phases

Phase I Activities

- Conducted research on the landscape of **needs, funding flows, current efforts, and intervention opportunities**
- Conducted interviews with **30+ experts in funding, service provision, and policy**
- **Vetted preliminary findings** with key experts at a UNICEF convening

Phase II and Phase III Activities

- Conducted a **field-wide survey** and **hosted a convening of funders** to understand partner opportunities
- Conducted secondary **research on potential roles and activities**, **programmatic focus**, **interventions,** and **partners**
- Conducted **on-the-ground research** on best practices for reaching children **during a site visit in Kenya**
- Conducted **second round of interviews with 20+ experts representing funders, government officials, and service providers**

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We Spoke with 57 Experts, Hosted Two Convenings, and Completed a Site Visit to Africa

Service Providers	*Private Funders*	*Gov't. & Multilateral Officials and Other Experts*
• Bread for the World • CARE • Child Fund • FHI 360 • FXB (Association Francois-Xavier Bagnoud) • GAIN (Global Alliance for Improved Nutrition • Management Sciences for Health • PATH • Perkins School for the Blind • REPSSI (Regional Psychosocial Support Initiative) • Save the Children	• Aga Khan Foundation • Bernard van Leer Foundation • Children's Investment Fund Foundation • ELMA Philanthropies • Global Fund for Children • Hewlett Foundation • Firelight Foundation	• Cal Poly State University, San Luis Obispo • Coalition on Children Affected by AIDS • The Consultative Group on Early Care and Childhood Development • Displaced Children and Orphans Fund • Human Sciences Research Council • Joint Learning Initiative on Children & HIV/AIDS • PEPFAR • RAND Corporation • UNAIDS • UNICEF • USAID • WHO • World Bank

We also vetted the strategy with many of these experts

Source: FSG interviews

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The Foundation Board Approved the Following Six Design Principles to Guide the Development of the Foundation's Strategy

Design Principles

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

Sources: FSG interviews, literature review and analysis

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Five Conclusions from the Preliminary Landscape of Children Affected by HIV/AIDS

- **Children in high prevalence regions are most vulnerable** therefore the strategy will focus on these areas
- **Children are best served in their families and communities** rather than institutions
- **Children from birth to five have the most critical development needs** therefore the Foundation has decided to focus on this age group
- **Eastern and Southern Africa will be the Foundation's target geographies** because these areas represent the greatest HIV/AIDS burden
- **Health issues receive substantially more funding from donors,** leaving other issues, such as early child development (ECD), in need of far greater attention

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Experts Agree that Early Childhood Development (ECD) Is a Crucial and Underfunded Need

- Research shows that an adult's ability to contribute to society is **strongly impacted by childhood family structures and interactions**
- **Opportunities to play, learn, explore, and interact with others** during early childhood have been found to be crucial for proper brain development and improved educational success
- **ECD is an enormous opportunity for funders**
  - *"When working with organizations on the ground, we've found that many are focused on HIV but that their knowledge [of ECD] is very limited."*
  - *"We need this leadership and funder activity desperately; ECD has always been underfunded and has not received as much attention."*

Experts are urging funders to lead the field towards a greater focus on ECD

Source: FSG Interviews, *Home Truths: Facing the Facts on Children, AIDS and Poverty*, Joint Learning Initiative on Children and HIV / AIDS, 2009; *Family and Community Interventions for Children Affected by AIDS,* Linda Richter, Julie Manegold, and Riashnee Pather, WW Kellogg Fdn., 2004

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Failure to Deliver ECD Services Has Profound Economic Costs on Individuals and Countries

- **Increasing preschool attendance (i.e., ECD support services) has long term economic impact on nations**
  - Raising preschool attendance to 25% in 38 low-and-middle income countries in one year would produce an estimated $10.6 billion in economic savings due to increased future productivity and earnings, and a benefit-to-cost ratio between 1 and 17.6
- **Raising preschool attendance reduces the gap between wealthy and poor students in academic performance**
  - For every percentage point preschool attendance increased, the school gap [in academic performance] between wealthy and poorer students decreases by .026
- **Low-to-middle income countries spend less on ECD programs and support than more developed countries**
  - Some low-to-middle income countries, including Kenya, spend only .1% of GNP on preschool education, while OECD countries average 2.36% of GNP, and the global threshold is 1%

Lack of ECD programming exacerbates the long term consequences of poverty making development difficult in low income countries

Source: Patrice Engle, et al, "Strategies for reducing inequalities and improving development outcomes for young children in low-income and middle-income countries", *The Lancet,* September 2011; FSG interviews

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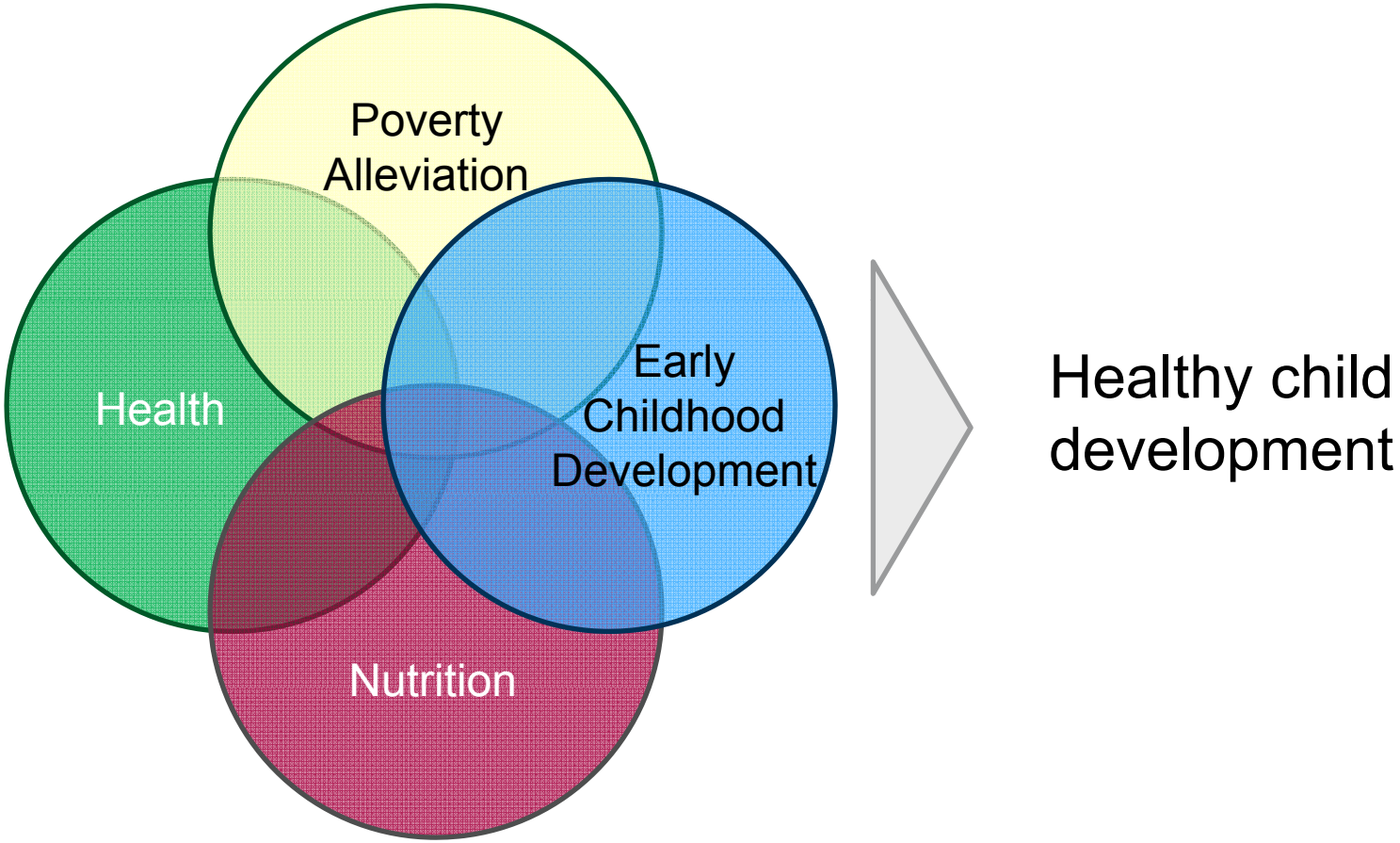
Children Require a Combination of Complementary Services in Order to Achieve Successful Developmental Outcomes



ECD programs must complement strong health services and partners should be found to provide nutrition and economic development

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Children Living in High HIV/AIDS Prevalence Regions Are Particularly Vulnerable to Poor Developmental Outcomes

Children living in high prevalence areas experience:

- Reduced and imbalanced diet
- Limited opportunities to physically develop through play and exploration

Leading to **poor growth, stunting, and reduced body dexterity**

- Frequent emotional suffering and psychological distress
- Reduced attention and support from caregivers
- Greater isolation from the community

Leading to **poor emotional health, reduced social interaction, and prolonged psychosocial challenges**

- Limited opportunities to learn through play and exploration
- Infrequent stimulation crucial for language growth from caregivers or others

Leading to **poor cognitive development, lower intelligence, and more frequent language impairments**

Children often become trapped in a cycle of poverty and poor health; ECD programs build key life skills that can help them break out of this cycle

Source: Sally Grantham-McGregor, et al, "Developmental Potential in the first 5 years for children in developing countries." *The Lancet.* Child development in developing countries.2007.; FSG interviews

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Early Childhood Development Requires Physical, Cognitive, Emotional, and Social Development

Healthy Growth and Body Dexterity	• "Kids that **are malnourished aren't optimized to develop best**… [they] score 10 points lower in IQ tests."
Early Learning and Language Development	• "Learning age appropriate language is critical to children's cognitive development; however, **some children are very isolated at home**, and **no one talks to them at all**."
Emotional Support and Social Interaction	• "Many vulnerable families isolate themselves and don't take part in the community. It's important to ask, '**does the child have a friend**? **Does the child have an adult caring for them?"**

These developmental needs require different interventions at different ages

Source: FSG Interviews, *Home Truths: Facing the Facts on Children, AIDS and Poverty*, Joint Learning Initiative on Children and HIV / AIDS, 2009; *Family and Community Interventions for Children Affected by AIDS,* Linda Richter, Julie Manegold, and Riashnee Pather, WW Kellogg Fdn., 2004

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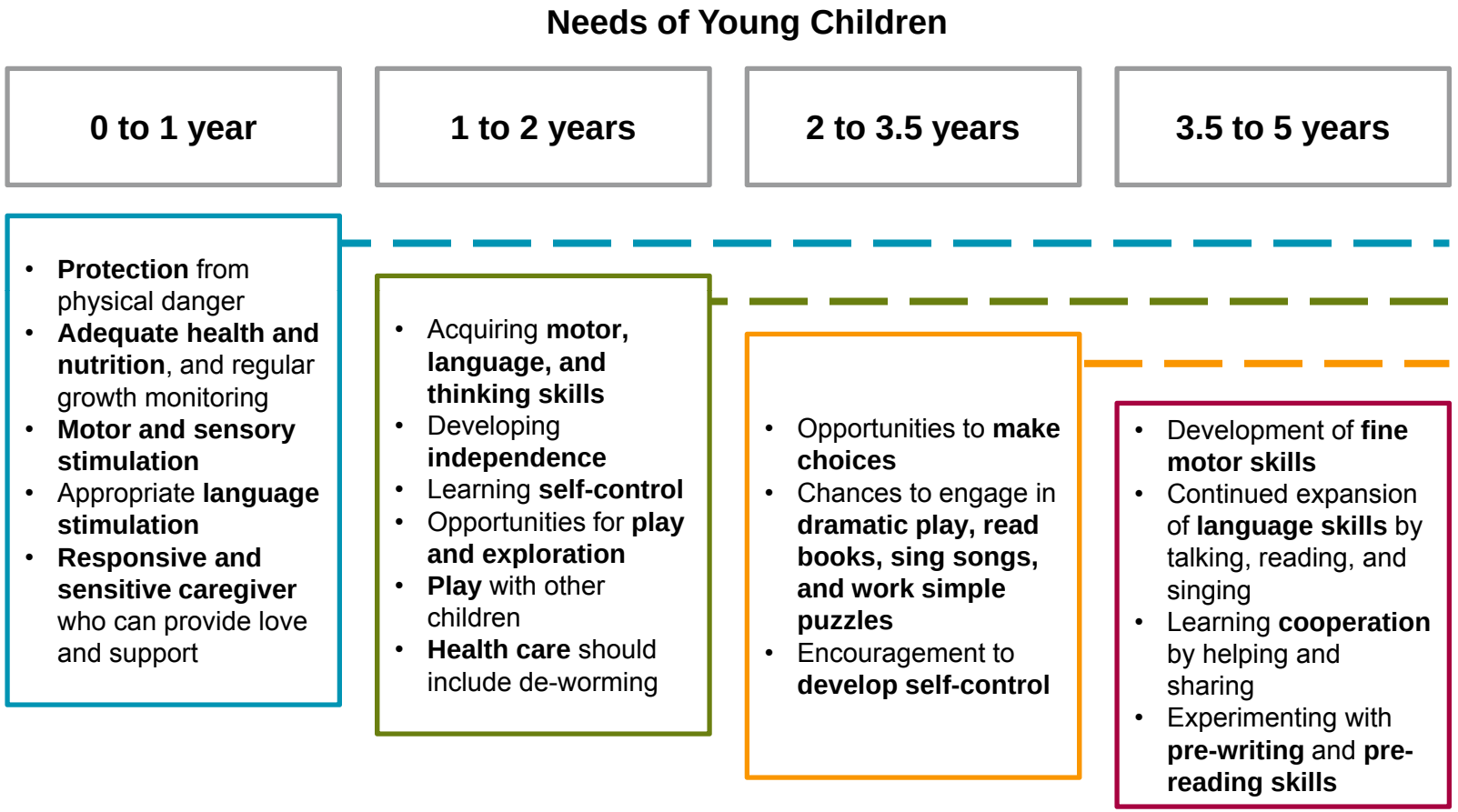
Interventions For Young Children Need to Be Targeted to Address their Specific Needs According to Age



The problems facing young children can build off of each other; poor cognitive development is associated with poor physical development

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

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The Best Way to Impact the Development of Young Children is Through Their Parents and Caregivers

- **Parents and caregivers are best positioned to provide development support for young children** because they:
  - Have frequent and sustained contact with young children
  - Care deeply about their child's development
  - Understand the specific challenges facing their households

- **Parents need to be enabled to provide this support** because they often:
  - Do not know how to help their children develop through play, good nutrition, emotional support, or learning opportunities
  - Do not have the resources to support their children's development
  - Are not linked to community services that can provide support

Strategic access points to parents and caregivers need to be identified in order to create a leveraged program

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Parents and Caregivers Can Be Reached Through Health Systems and Community-Based Organizations

- **Health systems,** such as health clinics and Prevention of Mother-to-Child Transmission (PMTCT) programs. These programs**:**
  - Receive major international funding
  - Are a touch point for many caregivers and children
  - Have educated staff providing services
- **Community-based organizations**
  - *Established community-based organizations*, such as community-based care centers (CBCCs) or pre-schools, agricultural co-ops, or microfinance groups. These organizations:
    - Are structured local organizations with-on going activities in the community that are generally registered with local authorities
    - Have staff that may be paid or volunteer-based
  - *Informal community groups,* such as adult literacy groups, loosely-structured child care groups, or youth clubs. These organizations:
    - Are loose associations of community members that are often unregistered
    - Are usually staffed by volunteers

The Foundation can work with health systems and CBOs, but the established CBOs offer the greatest opportunity for building sustainable ECD interventions

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CBOs Provide the Best Opportunity to Reach Caregivers in the Community Because They Are Highly Leveraged

CBOs are well positioned to deliver services to parents and caregivers because they are:

- **Community-based –** they can easily identify local problems and families most in need of services
  - *"Community-based organizations know how to reach populations… innovation and much knowledge on-the-ground comes from CBOs."*

- **Resource-efficient** – accessing and impacting large numbers of parents, caregivers, and children is possible with fewer resources because many CBO members are volunteers who are looking to make a meaningful contribution to their communities without pay
  - *"CBOs will do the work whether they have the money, or not;…their best resource is their local momentum and work ethic."*

- **Far and deep-reaching** – there are many hundreds of CBOs within regions and countries that are well-positioned to access even the most hard to reach families
  - *"The biggest advantage [of working with CBOs] is scale. They are available everywhere. You do not have to invent them."*
  - *"Community-based centers and organizations are able to reach the most vulnerable, even the 20 to 30 percent of families that cannot reach health facilities."*

CBOs can bring communities together through activities and services centered around ECD

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CBOs Can Educate and Create Linkages for Parents and Caregivers

- **CBOs can teach parents and caregivers about the importance of play, how to provide emotional support, and good nutrition practices**

"There is a great need for knowledge building among parents to help them support their children and a well-positioned CBO can provide this education."

"CBOs can provide a place that children and caregivers come together (could be a home or a center) to reinforce health, nutrition, and ECD messaging."

- CBOs can **connect parents and caregivers to other services within the community** such as health, education, economic development, and peer-support programs

"There is a missing link between many services at the community level. For example, most health centers are removed from the community level, so people need services at the community level that can then link them to the health centers."

"CBOs can ensure access to a continuously delivered package of services and use ECD as an entry point to parents."

CBOs offer a compelling opportunity to touch parents and caregivers – but only if the capacity of these organizations can be improved

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CBOs Can Most Effectively Deliver Services When They Have Strengthened Capacity

CBO Capacity Constraints	Opportunities To Build CBO Capacity
• **Lack of skill and ECD knowledge**	• Offer CBO leaders **best-practices training and management support** • Provide **on-going technical training** and support on ECD to staff
• **Lack of organizational capacity**	• Establish training programs that **build organizational skills** in: – **Governance** – **Program management** – **Basic budgeting and finance** – **Monitoring and evaluation** – **Human resources** – **Sustainable resource generation** • Provide **small, manageable grants** allowing CBOs to grow over time
• **Lack of coordination and contact with other community-based organizations and services**	• Create opportunities for CBOs to **meet and share knowledge and best practices** with each other • **Connect CBOs** to other locally-available services

By investing in capacity building, the Foundation may enable CBOs to be more sustainable and communities to be more self-reliant

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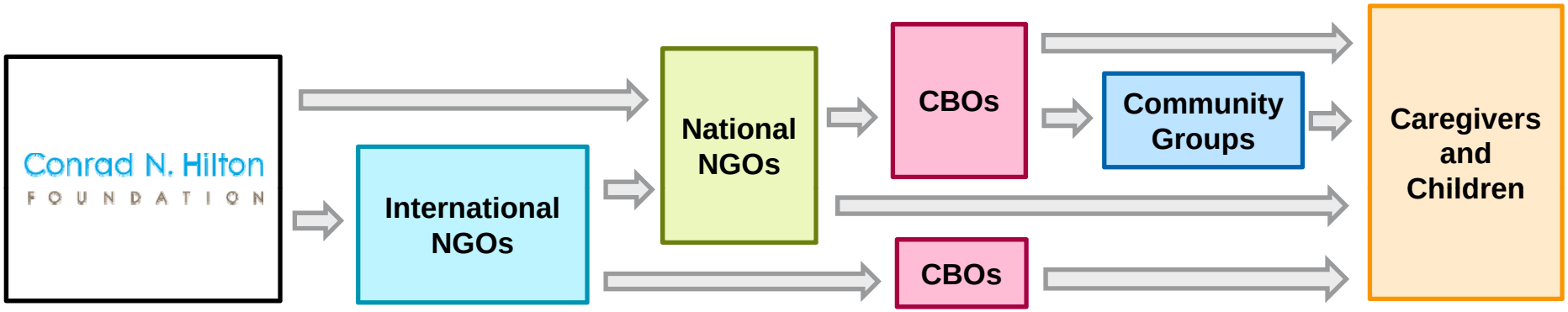
The Foundation Can Reach Hundreds of CBOs on the Ground through National and International Organizations

In some countries international NGOs may work directly with CBOs, while in others, national NGOs are better positioned.



International and national organizations can **effectively support CBOs** because of their:

- **Established relationships:** NGOs have already identified and established relationships with CBOs at the community level
- **Existing capacity strengthening programs:** many NGOs are already providing support and capacity strengthening to CBOs
- **Processes in place to manage grantees:** NGOs have established processes for managing smaller grants to less established organizations over the long-term

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Community-Based Child Care Centers Can Offer Revenue Opportunities, Enhancing Sustainability and Helping Develop Local Economies

Opportunities

- **Fee-based ECDs are a proven and effective model**, with 3 out of every 4 preschools and childcare centers charging a small fee in some countries
- Even low-cost, volunteer run programs have been shown to be **very effective at improving child development outcomes**
- **Programs are sustainable in the long term** with little or no financial support from outside sources
- Local entrepreneurs have business opportunities which **helps build local economies**

Challenges

- Charging small fees will **exclude the poorest and most vulnerable from participation**
- **Model may not hold up in areas of high HIV/AIDs** prevalence where family resources are already strained
- *"The **HIV/AIDS affected families usually are the most deprived communities** thus to me charging fees would be inappropriate and applying a western concept incorrectly"*

A fee-based program with a sliding cost scale can increase participation without sacrificing sustainability

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The Foundation Has the Opportunity to Support Greater Awareness of ECD Needs and Best Practices Among Global and National Stakeholders

- **Many global community members are not aware** of the importance of ECD and how to support it

  *"The **global audience is important**… it is important to complement the work that is being done by **identifying gaps in knowledge and advocacy** and [filling them]. It is important to strengthen understanding of who is doing what."*

- **Disseminating knowledge** on the scope and importance of ECD can improve coordination and attract additional government and donor attention

- **Implementers and donors need to better understand best practices** in supporting ECD in high HIV/AIDS prevalence communities

  *"We still **don't have enough information on what works** for improving the social development for children affected by HIV/AIDS; we need to know how well different programs work."*

- **Sharing the results of Foundation-supported ECD programs** will help strengthen the field's understanding of how to effectively support ECD

The Foundation can support the dissemination of knowledge and advocate for adoption of best practices based on its ECD programming

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This Model Provides An Opportunity to Operationalize a Number of Programmatic Design Best Practices

Integrated services

- Integrate **different types of service delivery**, including nutrition & ECD
- Create linkages between various service providers

Local approaches

- Implement evidence-based programs that **incorporate local child-rearing practices** and cultural beliefs
- Work through **community members** to overcome **local challenges**
- Educate and empower parents and caregivers to support child development

Capacity building

- Provide **CBOs** with **regular training and resources** to support ECD programs, including both technical and operational capacity building

Source: Engle et al. "Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world" The Lancet, 2007

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Four Criteria to Narrow Geographic Scope of the Program

Filtering Criteria	Rationale	Indicator(s) Used
1 **HIV Prevalence**	• Disease burden indicates presence of children affected by HIV/AIDS and a high level of need	• Adult HIV prevalence • % of children with HIV
2 **Opportunity to Create Health System Linkages**	• Heath system should be strong enough for Foundation to build on	• PMTCT coverage data • Under-5 child mortality rate
3 **Presence of Strong Partners and Existing Program "Fit"**	• Strong opportunities for Foundation to fund and to build on nutrition and health services are crucial	• Qualitative insights from interviews on international NGO involvement and organizational capacity • Int'l. HIV/AIDS funding per capita
4 **Civil Society / CBO Environment**	• Government support for Foundation's efforts and an active CBO environment are important	• Qualitative insights from interviews on government support for ECD and the strength of CBOs and their networks

These four criteria were used to evaluate countries in Eastern and Southern Africa that emerged from earlier research

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The Filter Criteria Suggest a Focus on Kenya, Malawi, Mozambique, Tanzania and Zambia

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

Strong fit with design principle; limited fit with design principle

It is possible the geographic focus of the Foundation's program may evolve because conditions in these countries continually change

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

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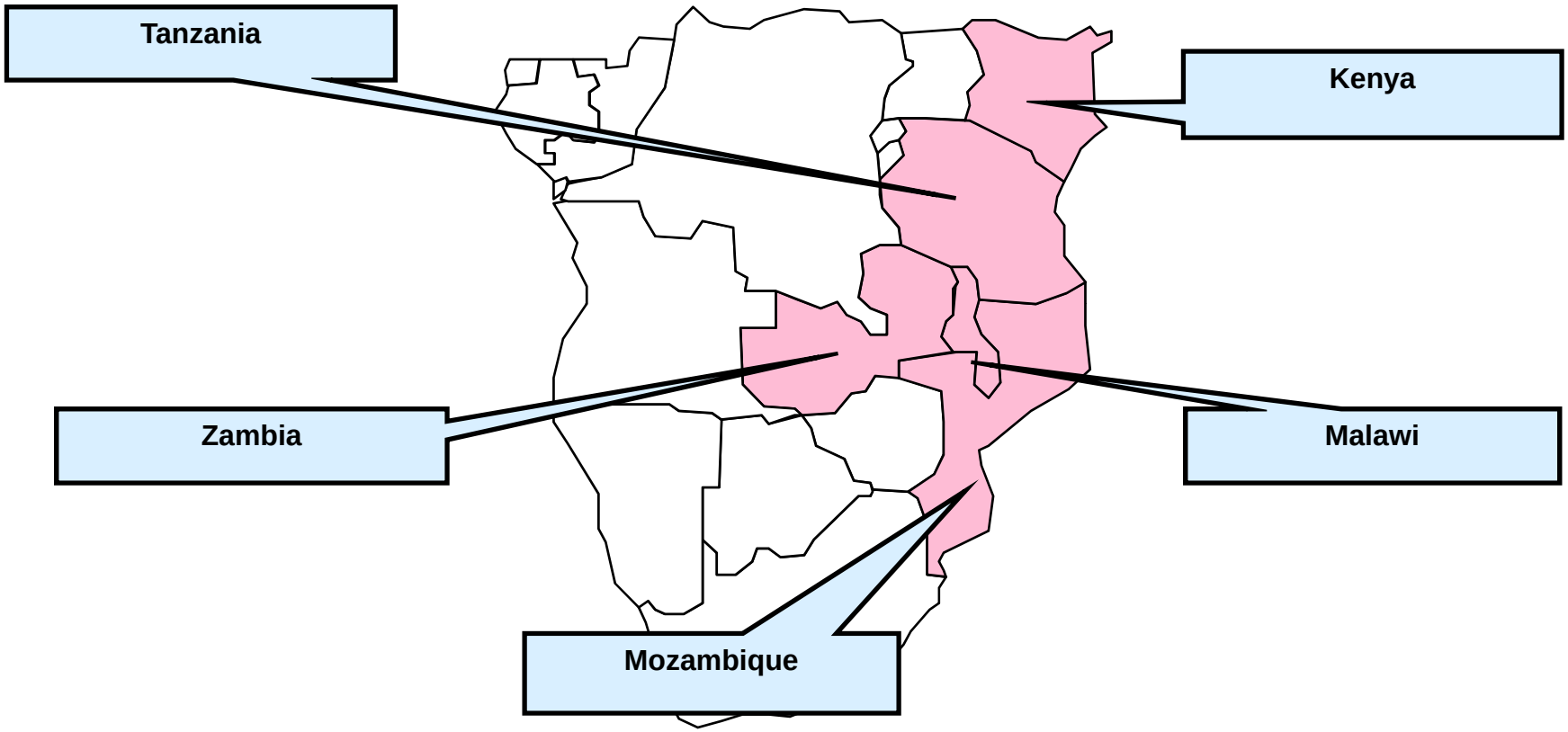
Within the Prioritized Countries, Hilton will Focus on Areas of High Prevalence



PEPFAR defines "high prevalence" as greater than 5%; in countries where many regions have prevalence rates > 5%, additional narrowing will occur

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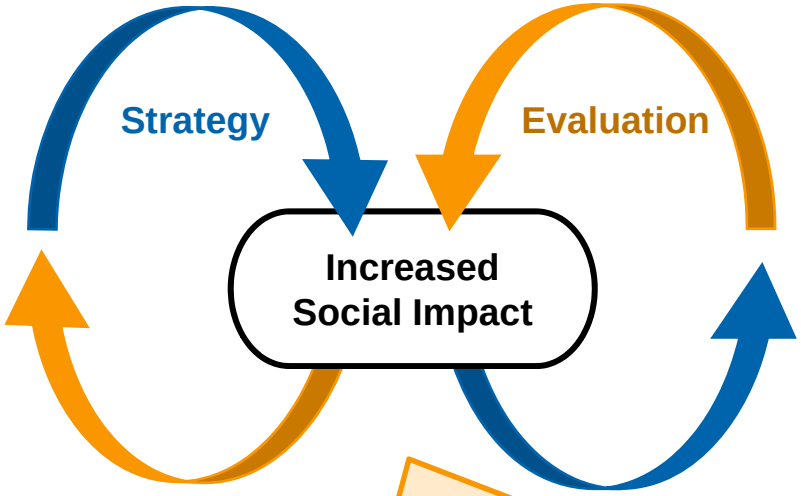
Monitoring and Evaluation Should Inform Continual Refinement of the Strategy and Programs



Potential for impact increases when:

- **Strategy establishes the boundaries for evaluation**
- **Evaluation guides the development and refinement of a strategic approach**

- A **well-designed M&E system** with a baseline study and/or comparison groups can inform continual learning and strategic refinement without investment in more resource-intensive randomized-control trials
- This approach of evaluation and continual strategy refinement should be done by all **partners at every level** (CBOs, NGOs, and the Foundation)

Evaluation results can help build field knowledge and fill crucial evidence gaps

Source: FSG Interviews

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The Evaluation Should Be Informed By Both Process and Outcome Indicators

- **Process indicators** measure how well services are delivered and support is provided to caregivers, CBOs, and communities
  - Simple straightforward indicators that are captured regularly (e.g., monthly) across all program sites
  - Collected by CBO staff or other community workers during their work with children and caregivers, NGO field staff during their work with CBOs, or NGO headquarters staff

- **Outcome indicators** measure how the Foundation's resources have helped improve the lives of children, caregivers, and communities
  - Are more complex, and therefore should be collected less frequently (e.g., once or twice per year) and only from the same, small subset of program participants
  - Should be collected by CBO staff or other community workers during their work with children and caregivers, NGO field staff during their work with CBOs, or NGO headquarters staff

The following slides lay out the strategy overview and provide sample program activities, process indicators, and outcome indicators for each initiative area

Source: FSG Interviews

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Framework and Indicators That May Inform the Foundation's Monitoring & Evaluation

	Outcomes
Caregiving Environment	• % of children who have at least one consistent adult caregiver who is responsive to their needs • % of children who live in a safe and hazard free environment • % of caregivers who provide their children with play materials
Caregiver Status	• % of caregivers reporting good health • % of caregivers who feel down, depressed, or hopeless • % of caregivers who have access to a support system
Child Status	• % of children who are able to reach their developmental milestones that are appropriate for their age • % of children who have been active and healthy in the last month • % of children who have all age-appropriate immunizations • % of children who receive the necessary health services when ill • % of children who are registered/birth card • % of children who have adequate food that is appropriate for their age • % of children demonstrating attachment with primary caregiver

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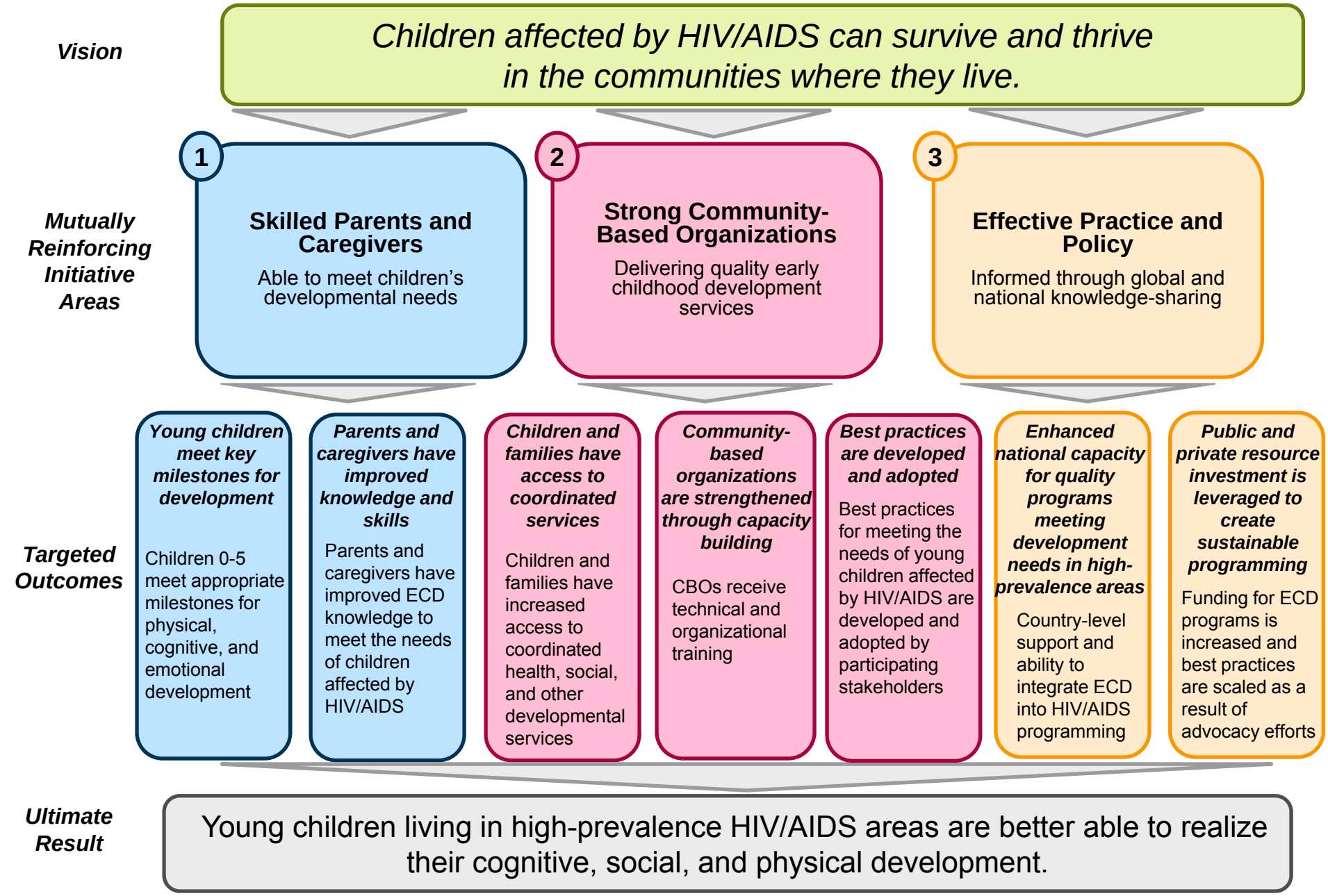
Vision
Children affected by HIV/AIDS can survive and thrive in the communities where they live.
Mutually Reinforcing Initiative Areas
1
Skilled Parents and Caregivers
Able to meet children's developmental needs
2
Strong Community-Based Organizations
Delivering quality early childhood development services
3
Effective Practice and Policy
Informed through global and national knowledge-sharing
Targeted Outcomes
Young children meet key milestones for development
Children 0-5 meet appropriate milestones for physical, cognitive, and emotional development
Parents and caregivers have improved knowledge and skills
Parents and caregivers have improved ECD knowledge to meet the needs of children affected by HIV/AIDS
Children and families have access to coordinated services
Children and families have increased access to coordinated health, social, and other developmental services
Community-based organizations are strengthened through capacity building
CBOs receive technical and organizational training
Best practices are developed and adopted
Best practices for meeting the needs of young children affected by HIV/AIDS are developed and adopted by participating stakeholders
Enhanced national capacity for quality programs meeting development needs in high-prevalence areas
Country-level support and ability to integrate ECD into HIV/AIDS programming
Public and private resource investment is leveraged to create sustainable programming
Funding for ECD programs is increased and best practices are scaled as a result of advocacy efforts
Ultimate Result
Young children living in high-prevalence HIV/AIDS areas are better able to realize their cognitive, social, and physical development.

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1 Education and Delivery of Essential ECD Services: Activities and Indicators

Sample Activities

NGO partners will:

- Support the establishment and growth of community-based care centers (CBCCs)
- Provide ECD training for community workers

CBO partners will:

- Encourage caregivers and parents to take part in local support groups, and to enroll their children in local care centers or groups
- Educate parents and caregivers on the importance of ECD and best practices
- Provide ECD tools and resources to households, caregivers, and care centers

Sample Indicators

Process Indicators:

- Number of caregivers equipped through CBCCs, informal community groups, or home visits
- Number of children reached through CBCCs or other access points

Outcome Indicators

- Child cognitive development indicators (e.g., how many words a child knows)
- Child emotional and social development indicators (e.g., number of friends and social interactions)
- Child physical development indicators (e.g., growth of child compared to others in the community)
- Caregiver knowledge and best-practices indicators (e.g., number of books read or amount of time spent playing with children)

Data on education and service delivery can be collected by CBO or CBCC staff or other community workers

Source: process and outcome indicators are based on UNICEF's ECD Resource Pack and the Essential Package developed by Save the Children and CARE

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2 Strengthening CBOs and Communities: Activities and Indicators

Sample Activities

CBO partners will:

•Educate households or caregivers on existing community support services and link them to those services

•Share knowledge and learning with other CBOs

NGO partners will:

•Provide operational capacity support to CBOs, in areas such as basic finance, management, and human resources

•Provide education and support to CBOs on ECD, by sharing best practices, provision of ECD tools, and training community workers

•Work with other service providers (public and private) to introduce integrated delivery models

Sample Indicators

Process Indicators

- Number of CBOs reached with capacity support, ECD resources, or training
- Number of convenings held for CBOs to share experiences and findings
- Number of households benefitting from other service delivery programs
- Number of informal community-groups equipped with ECD resources or training, or linked to other services or CBOs

Outcome Indicators

- CBO capacity indicators, including:
  - Funds raised
  - ECD knowledge of staff and volunteers
  - Ability to follow budget
- Community ECD environment indicators, such as under-5 malnutrition rates or school readiness*

Data on CBO strengthening should be reported by CBOs and verified by NGO partners; community measurements may require an evaluation partner

*Note: School readiness is a common ECD assessment metric defined as the minimum basic skills necessary to enable a child's success at school. International measurement practices vary; for more information, please see the "School Readiness: Review and Analyses of International Assessment Practices" in UNCIEF's ECD Resource Pack. Sources: FSG Interviews and UNICEF

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3 Effective Practice and Policy: Activities and Indicators

Sample Activities

NGO partners will:

- Share findings from programs with other public or private ECD service providers
- Ensure that CBOs monitor and report outcomes of children and parents, and provide further assistance when necessary

The Foundation will:

- Support the sharing of best practices and learning with other funders and implementers
- Ensure that NGO partners report results and findings to governments and other key stakeholders
- Raise awareness of the importance of ECD investment by governments and funders

Sample Indicators

Process Indicators

- Data collection and analysis completed by CBOs and NGOs
- Number of reports by NGO partners on the results and findings of Foundation-funded ECD programs
- Number of convenings or meetings with funders or government officials

Outcome Indicators

- Number of government policies or private programs that adopt findings or learning from Foundation-funded activities
- Amount of private funding drawn to the ECD field in high HIV-prevalence areas

Data on knowledge dissemination can be collected by NGO partners and verified by the Foundation

Source: FSG interviews

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Phase I Landscape Research Findings can be found at:

(http://www.hiltonfoundation.org/images/stories/Downloads/Programs/children%20affected%20by%20hiv%20aids/Children_Affected_By_HIV_AIDS_Landscape_Research.pdf)

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