2017-2021

Young Children Affected by HIV and AIDS Strategy

Executive Summary

The first phase of the Children Affected by HIV and AIDS Strategy was approved by the Hilton Foundation's Board of Director's for 2012-16 to address early childhood development (ECD) for young children from 0-5 years affected by HIV and AIDS – with a focus on improving cognitive, social and physical development outcomes. The Board approved a total of $51 million for investments focused on five countries in East and Southern Africa: Kenya, Malawi, Mozambique, Tanzania and Zambia. These past five years have been a learning opportunity for the Foundation and partners alike. The Foundation has established partnerships with a strong group of leading implementing organizations in the fields of HIV and AIDS, maternal and child health and ECD as well as with many community-based organizations (CBOs) and government departments. Of the many achievements accomplished in the first phase, a particularly noteworthy one is the inclusion and integration of ECD as part of large-scale programming to reach large numbers of young children and caregivers (415,000 and 320,000, respectively) with information and services. As one of the few funders working to address ECD targeting vulnerable children and families affected by HIV and AIDS, we have invested in field-building support including training, convening and knowledge sharing via publications, including support for a special edition of *The Lancet*.

Our emphasis on monitoring, evaluation and learning, and our partnership with the Human Sciences Research Council (HSRC) in this effort, has created a vibrant community of practice that has enabled sharing and collaboration. Lessons learned include the need to shift from emphasizing large numbers reached to implementing higher quality programming that can be scaled as part of existing systems and that includes research to build the evidence base concerning what works in these East and Southern African country settings. A major lesson learned was that, while the science indicates that a child's first 1,000 days (from conception through age two) is the most critical time period for development, most people equate ECD with pre-school programming and hence our partners primarily reached pre-school age children. With this in mind, we began to invest in efforts to reach pregnant women and young children within the health sector (including as part of HIV treatment programs) that have showed much promise.

The landscape for ECD for vulnerable children affected by HIV and AIDS has changed over the past five years. There is currently unprecedented support for moving from a child survival paradigm to fostering early childhood development to enable children to survive *and thrive*, which will boost future economic prosperity in the long term. The Sustainable Development Goals (SDGs) include early childhood development (target 4.2) and the World Bank has called for prioritization of ECD to enable

countries to compete in the new global economy. The Foundation's second phase strategy thus comes at an opportune time when the Foundation can join forces with a growing coalition of actors to contribute to reaching the SDGs by 2030 and specifically to demonstrate effective, scalable approaches to improve developmental outcomes for young children (0-5 years) affected by HIV and AIDS in Kenya, Malawi, Mozambique, Tanzania and Zambia. Our strategy seeks to leverage the increased commitment and political will that ECD is benefiting from, while addressing key challenges including a lack of evidence regarding effective ECD approaches in these African country settings. Therefore, over the next five years, we will focus on identifying and testing approaches that have the potential to improve cognitive, social and physical development.

In doing so, the Foundation will make investments in three inter-related focus areas: 1) advancing program approaches to improve caregiving and early learning; 2) strengthening civil society and government systems and networks; and 3) building and disseminating evidence to improve practice and policy. These three approaches will be applied in an integrated way within our five focus countries in East and Southern Africa.

An Initial Learning Phase

Children have been a priority for the Foundation for many years. In 2011, the Board of Directors commissioned a survey of the landscape related to children affected by HIV and AIDS. The research and consultations revealed a gap in services for the youngest children age 0-5 years and indicated that early childhood development (ECD) was not part of the mainstream HIV response. On the other hand, ECD interventions provide a powerful opportunity to level the playing field for these vulnerable children, given the multiple ways in which HIV and AIDS negatively impact children, families and broader communities. Based on these findings, the Foundation's Board of Directors approved a five-year grantmaking strategy in 2011 for beginning to address ECD for young children affected by HIV and AIDS – with a focus on improving cognitive, social and physical development outcomes. Over the initial five-year period from 2012-2016, the Foundation's Children Affected by HIV and AIDS Strategy focused on three programmatic emphases: 1) building the capacity of parents and caregivers to meet the developmental needs of their young children; 2) strengthening the capacity of community-based organizations; and 3) improving practice and policy via knowledge sharing. The Board approved a total of $51 million in investments focused on five countries in East and Southern Africa: Kenya, Malawi, Mozambique, Tanzania and Zambia. All five countries have high HIV prevalence rates and thus large numbers of HIV-affected children and families. The Foundation supported programs located within relatively high HIV prevalence regions in each focus country, as a means to target children affected by HIV and AIDS.

These past five years have been a learning opportunity for the Foundation and partners alike as ECD was new; as was the link between ECD and HIV and AIDS. This strategic investment by the Foundation represented the first major attempt at bi-sectoral (health/HIV and ECD) development for both the Foundation and the implementing partners.

Key achievements over the past five years for each strategic objective include:

Objective 1: Building the capacity of parents and caregivers to meet the developmental needs of their young children

- Large numbers of children (415,000) and caregivers (320,000) were reached through the inclusion of ECD in large-scale programming
- Multiple entry points were used to reach young children, including parent groups, home visits, clinics, daycare and pre-school programming
- ECD was positioned within a holistic package of approaches to counseling, service referral and policy frameworks to meet the needs of young children and families affected by HIV and AIDs
- Access to a range of information and services was improved for vulnerable children and families

Objective 2: Strengthening the capacity of community-based organizations

- Knowledge and skills-building via investments in multiple training approaches including: The Science of ECD, Care for Child Development and the Essential Package
- Technical and organizational capacity strengthening was delivered to 750 community-based organizations
- The Foundation partnered with faith-based organizations, including on an innovative effort to build the capacity of Catholic sisters to deliver ECD services and advocacy to improve developmental outcomes for young children affected by HIV and AIDS

Objective 3: Improving practice and policy via knowledge sharing

- The Foundation established a monitoring, evaluation and learning system (MEL) that helped create an active learning community across East and Southern Africa
- Knowledge was shared via peer-reviewed publications, including support for a special edition of *The Lancet*
- Support was increased for ECD by large donors such as USAID as part of country grant making
- ECD was included as part of the Sustainable Development Goals and our partner UNICEF was partly responsible for this achievement
- ECD was included as part of the Political Declaration for the High Level Meeting on HIV and AIDS endorsed by the United Nations and our partner the Coalition for Children Affected by AIDS played an important role in this outcome

Overall, we have contributed to the increased awareness that investing in ECD is a powerful equalizer and key for achieving economic progress and sustainable growth and development.

Lessons Learned

The Foundation identified key lessons and insights for improving the quality, scale and sustainability of early childhood development services going forward. These were identified via grantee progress reports, site visits, convenings, and input from the Foundation's MEL partner, the Human Sciences Research Council (HSRC). Staff integrated some of these lessons and insights into grant making over the past few years, while other more significant shifts in strategy were presented to the Board for input and incorporation into this second phase strategy. Below, key lessons are described for each of our phase one strategy objectives:

Objective 1: Build the capacity of parents and caregivers to meet the developmental needs of their young children

- More emphasis is needed on reaching pregnant women and caregivers of very young children from birth through age 2 – during the *first thousand days* when brain development is most rapid and when stable, responsive caregiving is critical.
- There is a need to increase the quality of interventions and to ensure that training efforts are effective via continuous quality improvement
- Demand creation with parents and caregivers is needed, employing the media and technology
- At the same time, it is critical that interventions recognize and build upon indigenous knowledge and approaches to support the growth and development of young children
- The most vulnerable children and families impacted by poverty, HIV and AIDS, are often isolated and reached via home visiting programs that aim to provide support and to connect them to needed services

Objective 2: Strengthen the capacity of community-based organizations

- ECD is a new area for many implementing organizations, requiring investment in training on both the science behind it, as well as on focused approaches to parent skills building and support
- Community-based organizations need to be better networked so that they do not work in isolation, with limited opportunities for training, resources and networking with other civil society groups
- Capacity building models with community-based organizations vary in terms of intensity and impact. New models for the provision of small grants coupled with more intensive training and support should be explored
- Community volunteers are the backbone of programming, yet efforts to provide on-going supervision and mentoring are often weak and result in low quality
- Government is a critical partner and more emphasis should be placed on civil society linkages and scale-up as part of government service delivery platforms

Objective 3: Improve practice and policy via knowledge sharing

- Much effort was required to build understanding around the science of ECD and effective programming approaches given how new this area was to our partners. This needs to continue.
- Research is needed to contribute to the evidence base and to identify effective, feasible and scalable approaches specific to the African countries in which we work
- Partner organizations have the opportunity to strengthen monitoring and evaluation approaches to determine whether the program is having the desired impact and to enable course corrections
- Partners have appreciated the Foundation's effort to create a learning community of practice, facilitated by the HSRC, and they have also demonstrated the ability to collaborate at the country level
- Multi-sectoral policy frameworks and coordination efforts need to continue at the country level

The Phase Two Strategy incorporates many of these insights and the overall intention to address the key challenges in delivering high-quality interventions that are effective, scalable and sustainable.

The Current Landscape for Young Children

The current landscape recognizes that investing in young children is key to addressing poverty and the growing inequities that plague our world, as is a growing commitment by world leaders to prioritizing these investments. The global community came together in 2000 to craft the Millennium Development Goals (MDGs), which emphasized efforts that improved child survival by more than fifty percent. Building on the successes and lessons of the MDGs era, world leaders adopted the 2030 Agenda for Sustainable Development at the United Nations Summit in September 2015. This bold plan, comprised of 17 goals (SDGs) and 169 targets, serves to guide global development efforts for the next 15 years with an emphasis on poverty reduction and sustainable development. The SDGs took a different approach with a series of inter-linked goals that provide a more holistic framework for ensuring that young children not only survive, but thrive, with attention to ensuring that the most vulnerable children are not left behind. The Foundation acknowledges that HIV and AIDS are a couple of several vulnerabilities that pose risks to healthy child development. Below, the specific dimensions of this landscape are further described for ECD and children affected by HIV and AIDS – in terms of both the opportunities and the challenges that must be addressed in order to achieve the SDGs. The Foundation's Phase Two strategy aims to leverage the opportunities in order to address the challenges.

Children and HIV and AIDS Landscape: Unlike the MDGs, the 2030 Agenda does not include a stand-alone goal on HIV and AIDS – this is included as part of goal 3 on health and well-being (target 3.3 calls for ending the AIDS epidemic). It is clear that the HIV epidemic is far from over, particularly when it comes to children and HIV. While there has been good progress in decreasing rates of vertical transmission (passed from mother to child during pregnancy, delivery or breastfeeding), a treatment gap for children persists. Testing of children is inadequate and only half of the estimated 1.8 million children under the age of 15 living with HIV have access to treatment. Without treatment, half of all children living with HIV will die before their second birthday. Stigma persists around this issue, meaning it affects children's access to services: in particular, this means that many programs working with vulnerable young children (including pre-school programs) fail to include health education, testing and referral for HIV services. New research suggests that, even if a child is not infected with the HIV virus, being exposed to HIV in utero (being born to a mother living with HIV) poses risks to healthy development. Further, as more women are initiated on treatment and having children, greater numbers of children are exposed to the HIV virus in utero and growing up in families impacted by HIV, together with all of the stresses and challenges that HIV presents for caregiving. In East and Southern Africa, UNAIDS estimates that 30 percent of all children are now born to women living with HIV. Thus it continues to be important to reach this highly vulnerable group of young children and caregivers affected by HIV with ECD programming that targets high prevalence communities and to advocate for the need to take a more holistic, developmental approach as part of the HIV and AIDS response.

Early Childhood Development Landscape: When the Foundation began investing in ECD for vulnerable children living in high HIV prevalence communities eight years ago, ECD was not well understood or appreciated, particularly in high HIV prevalence settings. Today, attitudes have shifted and we are enjoying an unprecedented level of interest that has put ECD more firmly on the global agenda - giving the Foundation and the ECD sector a new call to action. For the first time, ECD was included in a global framework as a target within SDG goal 4 on education. Target 4.2 calls for the following:

By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education.

The Foundation aims to support realization of this goal with a vision for the next 15 years and concrete actions to make progress over the next five years. Indicators for tracking progress are critical for this effort. However, there is work to do to enable measurement of indicator 4.2.1, which seeks to measure the *proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex.* We currently lack consensus on feasible approaches to measuring outcomes across the 0-5 age spectrum. The Foundation has the opportunity to help to remove this formidable challenge by supporting efforts to test approaches to the measurement of early childhood development outcomes at both the program and national levels in the five focus countries.

However, early childhood development goes beyond SDG target 4.2. While the Foundation will emphasize efforts to achieve SDG target 4.2, we will contribute to the achievement of several other goals given that ECD also encompasses goals 2 (ending hunger and reducing stunting), 3 (health – including ending HIV and AIDS and child mortality), and 16 (ending child abuse and strengthening institutions). Finally, goal 17 on Partnerships for the Goals is critical to our efforts to bring together a diverse set of actors and to employ a truly multi-sectoral approach to supporting young children and families. The SDG framework aims to catalyze more holistic, cross-cutting approaches and ECD fits this multi-sectoral model.

World Bank president Jim Kim has taken the lead in highlighting the importance of investing in the early years of a child as a key driver of economic growth and competitiveness for a nation. He plans to track stunting rates as a proxy measure for ECD, to review progress at the World Economic Forum annually and to tie progress to financing opportunities at the World Bank. This is likely to increase political will and increase financing for ECD interventions. The importance of nutrition for ECD has been underlined by the World Bank's emphasis on stunting and as part of several recent publications to establish an investment framework to reach the global nutrition targets established in 2012 (focused on stunting, exclusive breast feeding, wasting, anemia, low birth weight and overweight). The Foundation's Phase One Children Affected by HIV and AIDS strategy, included effort to address nutrition as part of its focus on fostering the cognitive, social and physical development of young children. Nutrition was emphasized as part of stimulation and responsive care, and the information and counseling support provided to caregivers. In many cases, children were referred for nutrition therapy when needed and matching funds addressed other dimensions such as livelihoods, agriculture and animal husbandry. In Phase Two, we anticipate taking a similar approach to integrate ECD and nutrition interventions, leveraging other funding where appropriate.

The launching of the Early Childhood Development Action Network (ECDAN) represents another opportunity to increase political will, while addressing key challenges. A major challenge is the lack of

agreement on what should constitute the priority intervention package for ECD. ECDAN includes a diverse set of key actors: the World Bank, UNICEF, the World Health Organization (WHO), private foundations, non-governmental organizations, regional advocacy networks and academic institutions, and aims to catalyze collaboration and coordination at global, regional and country levels. A series of task forces will work at the global and country levels, and one task force will define priority intervention packages that can be taken to scale. The Foundation is taking an active role in ECDAN and anticipates using this platform to foster greater collaboration within one or more focus countries. We expect that this platform will also strengthen efforts to identify promising program models and to ensure that government officials and financing organizations such as the World Bank can then include these approaches as part of national sector plans for scale and sustainability.

Another key challenge has been a lack of appreciation for the importance of reaching caregivers of the youngest children during their first 1,000 days. The global launch of the third in a special *Lancet* series on ECD in October 2016 has added further momentum to the field and underscores the urgent need to better focus efforts on scalable approaches to reach children 0-3 years, beginning in the health system. The series was co-funded by the Hilton Foundation and the Bill and Melinda Gates Foundation, and provides an opportunity for health leaders to engage at multiple levels. A series of country launches are planned, including a Kenya launch supported by the Foundation. This series paves the way for further efforts to change the notion that ECD begins when a child is age 3 or takes place in pre-school.

While more emphasis on the first 1,000 days is needed, access to high-quality pre-school programming is also important and this is the responsibility of the education sector. Typically, pre-school has not been covered by the public sector in most low-income countries, restricting access to higher income families that can afford to pay fees. This is slowly changing, however, and a recent report by the International Commission on Financing Global Education Opportunity, entitled "The Learning Generation: Investing in Education for a Changing World," has called for governments to prioritize universal, quality pre-school given that it paves the way for success in later grades. It also calls for governments to increase financing for pre-school, which is beginning to happen although efforts are needed to ensure that pre-school becomes part of the education sector's plans. There is an opportunity for the Foundation to strengthen advocacy efforts in this regard.

Overall, the second phase of the strategy comes at a very opportune time to contribute to measurable progress in meeting the developmental needs of young children. Our strategy contributes to the broader ECD field by advancing knowledge and evidence around how to reach vulnerable children and families affected by HIV and AIDS.

Broader Global Development Trends: This is a changing landscape, as well and one that greatly affects our efforts. National governments are revisiting their traditional role as primary provider of services in the health, education and social welfare sectors, among others, with growing recognition that both public and private sectors must play roles in order to meet the SDG goals. At the same time, devolution is taking place, with increased responsibility for service delivery and coordination shifting from national level government agencies to lower administrative levels such as the district. Often these district teams lack the capacity and resources to do the job well and this poses a major challenge for efforts to address ECD, health and other issues through existing government systems. Governments are moving towards a focus on setting standards for service delivery (involving public and private actors) and monitoring quality and overall progress. The foreign aid landscape is in transition as well, with a greater emphasis on program sustainability and the need to build the

capacity of local institutions and networks, moving away from a dependence on international NGO implementation.

Responding to Opportunities and Challenges: The Foundation has learned much over the past five years from our grant making efforts with our partners and the lessons learned described above, as well as from the broader field and dynamics within the landscape. Moving forward, we seek to take advantage of multiple opportunities to better address the developmental needs of young children affected by HIV and AIDS, building on our successes to date and on the increased political will and opportunities for collaboration and learning that exist. These include the ECDAN and the Coalition for Children Affected by AIDS, as well as funder groups working on ECD and HIV. Collectively there is an opportunity to make headway on addressing key challenges facing the field such as:

- Lack of clarity and consensus on scalable intervention packages, as well as measurement tools for child development
- Limited demand and understanding for ECD at the community level – particularly during the first 1,000 days
- Weak government systems and limited coordination between government and civil society organizations
- Inadequate evidence concerning which approaches are feasible and effective in East and Southern Africa
- Limited capacity of implementers to monitor quality and measure impact
- Inadequate financing for ECD within the health, education and child welfare sectors;

Below we outline our Phase Two Strategy that aims to address these challenges in concert with our governmental and civil society partners.

Young Children Affected by HIV and AIDS Strategy 2017-2021

Over the past year, the Foundation has been working to reflect on lessons learned together with partners and stakeholders, in order to make modifications to its grant-making strategy. We used the SDGs (with an emphasis on 4.2) as a guiding framework and determined how best to contribute the Foundation's relatively limited philanthropic dollars to this ambitious call to action.

A Shared Global Vision

In line with SDG target 4.2, we share the vision that all girls and boys have access to quality ECD, care and pre-primary education so that they are ready for primary education by 2030 and have improved prospects for health, wellbeing and productivity throughout their life.

Our 2030 Goal

To improve the developmental outcomes of all young children (0-5 years) affected by HIV and AIDS in Kenya, Malawi, Mozambique, Tanzania and Zambia by 2030.

Our Five Year Goal for 2022

To field test approaches to delivering effective, quality programming that has the potential to improve developmental outcomes for young children (0-5 years) affected by HIV and AIDS in Kenya, Malawi, Mozambique, Tanzania and Zambia.

We recognize that, in order to achieve both the 2030 global vision and our goal above, that it will be critical that we set the stage over the next five years to determine the key interventions and to ensure that we are able to measure and monitor progress and effectiveness.

Philanthropic Approach

The Foundation works as a strategic grantmaker, engaging in complex issues that require ongoing learning and investment. Each of our initiatives, including Young Children Affected by HIV and AIDs, has a solutions-oriented strategy uniquely tailored to the ecosystem, opportunities, and needs of the initiative's issue. Our philanthropic approach serves as an overarching framework, a shared DNA across each of the strategic initiatives. This grant-making approach is three-pronged focusing on program approaches, strengthening systems and building and disseminating evidence. Overall, we believe the flexible combination of these three approaches is well-suited to responding to community needs, supporting innovation, and maximizing the impact of the Foundation's investments. We interweave emergent learning throughout the grantmaking cycle, with the aim of continuously improving and assessing the effectiveness of our funding initiatives.

The SDGs have moved from the initial focus on access in the MDGs, to one of quality and sustainability of services. Similarly, in the first phase of our Children Affected by HIV and AIDS Strategy, the focus was on integrating ECD as part of existing large-scale programs, to reach large numbers of children and caregivers. This next phase will shift towards implementing and testing higher quality programming and systems strengthening, in order to identify what works, so that promising interventions can be scaled by governments and other donors. The 2030 SDG Agenda provides a 15-year timeframe for scaling up ECD services. However, we need to identify evidence-based interventions and do the work to test them for effectiveness, feasibility and cost. As part of our approach in this next phase, the Foundation expects to pilot efforts to focus within a single district or districts, in order to better align partners and resources with government services and to learn what it takes to go to scale.

We will retain our focus on working in higher HIV prevalence communities within the same five high-prevalence countries, given the continued vulnerability posed by HIV and AIDS for children, families and communities, and the opportunity to build upon the groundwork laid during the first phase of the strategy. In doing so, we will also tap missed opportunities to increase access to HIV testing, treatment, care and support services by ensuring that HIV topics are covered as part of parenting education and home visits, and by strengthening referral networks. We will also seek to address HIV-related stigma given how its negative impacts on the ability of children and families to access services and well-being. Finally, we will continue advocacy and knowledge sharing efforts to encourage the HIV community to include efforts to address the developmental impacts of HIV on young children as part of the broader HIV and AIDS response.

We acknowledge that ECD is multi-sectoral, involving the health, education, nutrition, social protection, child protection and WASH sectors. The Foundation will continue to focus on the area of cognitive, social and physical development as part of a holistic array of services that together fosters the nurturing care of young children. However, in the effort to better understand what works for cognitive, social and physical development, we will encourage partners to prioritize and to avoid being stretched too thin. Given how important nutrition is for ECD and its contribution to the reduction of stunting, we will also continue to support *nutrition-sensitive programming*: ECD -focused interventions that include nutrition, such as improving nutrition for pregnant mothers, improved child feeding practices, including breastfeeding and improved food availability and diversity via guidance on home gardening. Foundation funding will focus on education, counseling and referral, while aiming to strengthen referral systems for the provision of supplementary feeding and other nutrition products and services.

We acknowledge the importance of investing in building the workforce that will support vulnerable caregivers and young children affected by HIV and AIDS over the long haul. We also recognize the importance of investing in local institutions that can provide the necessary leadership and technical assistance. Consequently, we will continue the efforts we initiated during the first phase, to build leadership and capacity of institutions and individuals in East and Southern Africa –working with government, networks of civil society organizations, locally based universities and professional associations.

Strategic Partnerships: Recognizing that the whole is greater than the sum of its parts, the Foundation will continue to seek opportunities to collaborate with other funders and cross-sector players to exchange ideas, align efforts and strategies, and co-invest in initiatives. By working collectively, the Foundation will be able to stretch its relatively limited philanthropic dollars, as well as take on riskier investments that promise to generate larger-scale social impact. These efforts will align with government priorities and strategies to leverage existing resources and ensure sustainability of solutions.

Focus Areas

Through its grantmaking, the Foundation seeks to improve the lives of vulnerable and disadvantaged people throughout the world by: identifying new and promising program approaches; advancing systems-wide implementation of best practices; leveraging and aligning public and private financing, and supporting networks towards shared goals for systems change. Consequently, we will make investments in the following three focus areas:

1) **Strengthen Approaches to Improve Caregiving and Early Learning Opportunities**:
Our hypothesis is that, if we improve the quality and effectiveness of programs for parents and caregivers of vulnerable, young children living in high HIV prevalence communities (with emphasis on the first 1,000 days—conception through age 2), over time child developmental outcomes will improve.

2) **Strengthen Civil Society and Government Systems and Networks**:
To reach caregivers, the Foundation will strengthen civil society organizations – including community-based organizations, faith-based entities and capacities of service providers,

and government authorities at all levels (local, district and national), who are ultimately responsible for establishing standards for quality and monitoring of ECD services in community and facility settings. We hypothesize that by strengthening these systems, we will be able to reach caregivers and children affected by HIV and AIDS in a sustainable manner.

3) **Build and Disseminate Evidence to Improve Practice and Policy**:
To influence practice, policy and investments at the national and global levels, the Foundation will build and widely share the evidence base and address key knowledge gaps. Our hypothesis is that if we generate credible evidence concerning what approaches work best, that this will facilitate the replication and scale up of proven ECD interventions.

Over the next five years, we will work to simultaneously strengthen each of these focus areas, in order to contribute towards reaching the SDG goals and to address the challenges noted above that hinder progress.

Focus Area One: Strengthen Programs Approaches to Improve Caregiving and Early Learning Opportunities

Scientific evidence continues to demonstrate how development begins at conception and that the period from conception until age five is a period of rapid development. Further, parents and caregivers are central for the provision of responsive caregiving that is critical for healthy growth and development. Consequently, we will invest in proven and promising approaches to supporting parents and caregivers of young children and building their capacity to meet the developmental needs of young children across the continuum from conception through age five years. However, given that children age 3-5 years continue to receive greater attention and resources (typically directed to pre-school programs), we will place greater focus on advancing approaches to meeting the needs of caregivers and the youngest children during the first 1,000 days of life – a period of uniquely rapid development from conception through age two. We will do this through efforts to integrate parenting support as part of clinic and community-based health programming, as well as daycare programs serving vulnerable children. We will also work to fill key gaps in the areas of demand creation, as few parents and caregivers are aware of the rapid development that occurs in very young children and the implications for a child's future success in school and life.

Focusing on the First 1,000 Days *Starting with the Health Sector:* Very little attention has been given to developing scalable models for promoting responsive care and stimulation of the very young child, even though growing evidence identifies this age period as most sensitive for socio-emotional, language, cognitive development and physical development. In the context of known detrimental effects of malnutrition—HIV and stress among others—on child development, ECD interventions become critical towards reducing long term consequences of these pervasive factors for millions of vulnerable children in the developing world. The health sector alone among government service delivery structures is well placed to reach caregivers of the youngest children at scale, by offering multiple regular contacts with both caregiver and child from pregnancy through the first years of life, during which time evidence-based interventions that support nurturing care in the home can be provided. Most countries have an established community health worker (CHW) infrastructure that can be trained to include ECD coaching and messages as part of existing home visits. There is an opportunity to strengthen this aspect of the health system with support for ongoing training, mentoring and monitoring of these front line workers by health officials. The Foundation will continue these efforts, including piloting approaches to demonstrate impact, as well as to identify sustainable approaches to increasing recognition for the critical roles that CHWs play.

Further, HIV testing and treatment programs and support groups for women living with HIV are an opportunity to reach caregivers of children both infected and affected by HIV and AIDS to mitigate the biological and socio-economic developmental risks that HIV poses and to detect developmental delays early so that they may be remedied. The Foundation will continue efforts to integrate information and skills building on stimulation and responsive care as part of existing maternal and child health and HIV health services and systems. These efforts will include promotion of breastfeeding and nutrition information, counseling and referral. They will also include information and referrals to support the needs of children and families affected by HIV and AIDS including stigma reduction and testing and treatment for children and other family members.

The Foundation recognizes that the well-being of parents and caregivers has a direct impact on the health and wellbeing of their children and influences their ability to meet their developmental needs. Consequently, programs need to focus on both the needs of caregivers -including pregnant women - as well as the needs of their children to create an enabling environment of family support.

One of the most promising ways to promote healthy child development for the youngest children, even in resource-poor communities, is to support families and caregivers to provide nurturing care, characterized by sensitivity and responsiveness to children's needs. Informed by cultural ethnographies and human developmental science, WHO and UNICEF developed the evidence-based *Care for Child Development* (CCD) intervention to support and strengthen early infant-caregiver(s) interactions. An expanding body of evidence from neuroscience and epigenetics (the idea that environmental conditions can affect our genes and therefore our health) has added a newer focus on the essential influence of the caregiver-child relationship on development in the earliest years of life, such that it enables children to develop resilience even when they grow up under conditions of adversity. Improved skills help caregivers meet the health, safety, nutritional, protective, learning and emotional needs of children, as well as reinforce the development of the child's motor, cognitive, social, and affective skills.

Over the past three years, the Foundation has supported the use of the CCD package across all five of our focus countries. This includes piloting efforts to integrate training and mentoring of health

workers and community health volunteers, as well as efforts to develop a cadre of trainers and to adapt the package to fit specific country contexts in collaboration with Ministries of Health. We will continue these efforts to build the skills of parents and caregivers using this approach in a variety of settings and to learn what constitutes a quality program and how it can be expanded. Furthermore, we will support efforts to sustain training and mentoring over the long-term by resourcing local institutions to play this role, including support for pre-service training efforts and for building regional and country-specific communities of practice.

Demand Creation is an urgent need given that parents and caregivers are largely unaware of the window of opportunity that exists to promote growth and development from conception through age five, particularly during the first 1,000 days, and the importance of their role in their child's unfolding development. We hypothesize that, if parents become more aware of this opportunity, they will be more likely to practice stimulation, nurturing care and early learning practices with their young children. Further, they will be poised to demand increased access to quality ECD services in the health, education and social welfare sectors. We intend to support a range of strategies including messaging through the media. At the same time, we recognize that ECD programs and communications efforts need to use indigenous knowledge as a starting point in order to promote positive practices and resonate with community perspectives and priorities. Demand creation is also needed with government officials and civil society organizations to counter the widely held notion that ECD does not begin until a child has reached pre-school age.

Daycare Programs are important opportunities to provide early learning opportunities for vulnerable children across the 0-5 age continuum, within a safe space. At the same time, these programs can support improved nutrition, link vulnerable families to needed services, provide parenting education, as well as income generation opportunities. They can also enable adult caregivers to work outside the home and adolescent caregivers (who would otherwise be providing childcare) to stay in school. We will continue our efforts to test approaches to improve access to high-quality daycare within low-income, high-HIV-prevalence settings, including urban slums and vulnerable rural settings. Innovative social franchise approaches to building the capacity of day care entrepreneurs and engaging the private sector will be an emphasis.

Pre-School: While we will focus the majority of our investments on pregnant women and the youngest children during the first 1,000 days, we recognize that access to early learning opportunities for pre-school-age children are important if we are to reach the SDG goal of universal access to quality pre-primary education for all children by 2030. Consequently, we will continue our efforts to reach the parents of pre-school age children (as well as their younger siblings) with parenting programs. We will also seek to increase access to pre-school/pre-primary programs by catalyzing large-scale investments by governments and donors—including efforts to include ECD as part of education sector plans that can then be funded by multi-lateral and bilateral donors, such as the World Bank and the Global Partnership for Education.

Specific activities for Focus Area One include:

- Integrate parental coaching on nurturing care and nutrition as part of maternal child health and HIV treatment and support services and systems to reach pregnant women and very young children (0-2 years)
- Support efforts to replicate innovative social franchise models for quality daycare provision for vulnerable children coupled with parenting support for caregivers

- Develop and test approaches for demand creation with parents, caregivers and community members
- Catalytic investments to leverage large-scale financing opportunities for pre-school and pre-primary as well as efforts to improve quality

Focus Area Two: Strengthen Civil Society Organizations and Government Systems and Networks

Both civil society organizations and government institutions have key roles to play when it comes to meeting the developmental needs of vulnerable children affected by HIV and AIDS. Often these actors are not well coordinated, resulting in missed opportunities that impact vulnerable children and families. Civil society organizations include non-governmental organizations (both international and national), foundations and community-based organizations, including faith-based entities.

Community-based organizations (CBOs) are well placed to deliver services that meet the specific needs of their communities and that meaningfully involve communities in the process to foster community ownership and sustainability. They are also adept at identifying and reaching the most vulnerable children and families and connecting them to available services. However, these organizations often work in isolation with limited connectivity to national networks, training and financial support and few opportunities to contribute to advocacy efforts with national decision makers.

Consequently, the Foundation will continue its focus on strengthening the ability of community-based organizations, serving vulnerable children and families affected by HIV and AIDS, to provide holistic ECD services and support to vulnerable families and to build awareness and demand within the communities they serve. We will continue efforts to deliver training, on-going mentoring and small grants to support service provision, with a focus on improving quality. At the same time, we will ensure that training and mentoring are delivered in sufficient intensity, moving away from the lighter touch models that may involve only a periodic monitoring visit from a re-granting agency. A range of local NGOs and CBOs will be targeted, including faith-based entities such as local associations for Catholic sisters and the various congregations of sisters that they represent. We will also strengthen national-level advocacy networks and efforts among these key players to enable grassroots community advocates to influence national and sub-national policies and budgeting to benefit vulnerable children and families. Finally, we will increase coordination between CBOs and local government agencies to improve access to government resources (such as cash transfers) and services (including HIV testing and treatment) for vulnerable children and families affected by HIV and AIDS.

It is well acknowledged that now is the time to move away from a project-by-project approach that will only benefit a sub-group of all vulnerable caregivers and young children. In the next phase, the Foundation aims to explore population-based approaches that seek to scale proven models to reach all in need on a district-level scale with other stakeholders. This will require a different way of working for the Foundation and for its partners to place more emphasis on relationships with government and to ensure that programs are designed for broader replication and scale. In a district within two country settings, the Foundation will pilot scale-up of ECD services – working very closely to design the program together with government and civil society stakeholders in order to test approaches for better coordination and collaboration across ministries and public/private sectoral actors. The aim of this pilot will be to demonstrate what an integrated ECD program looks like, how

effective it is and what it costs, to encourage government and large-scale donors to replicate the model to cover more areas of the country.

We will also focus on strengthening government service delivery, with emphasis on the health system given that this is the entry point for engaging pregnant women and children during the first 1,000 days. Government officials at all levels within the five focus countries will be key partners and coordination will be increased to ensure alignment with government priorities and plans. Government personnel will receive training and mentoring and NGO partners will work closely with local officials to strengthen referral mechanisms.

Specific activities include:

- Strengthen civil society advocacy networks to strengthen demand at the community level and to advocate for increased financing for ECD as part of government sectoral plans and budgets
- Build technical and organizational capacity of CBOs (including faith-based entities) to enable them to increase quality and effectiveness
- Test scale-up of ECD services from conception through age five in a district/county in two countries
- Build the ECD workforce by training health personnel as well as district health management teams and including ECD training as part of pre-service training programs
- Develop reliable monitoring and reporting mechanisms to inform decision-making and drive accountability

Focus Area Three: Build and Disseminate Evidence to Improve Practice and Policy

Our first phase of ECD programming for children affected by HIV and AIDS included limited research support to document outcomes. Our research and MEL efforts did include one in-depth study, but the majority of projects lacked the ability to gauge how effective programs were in terms of strengthening caregiving to improve child development outcomes. Further, grantees had limited engagement in monitoring for program improvement and quality assurance. For example, while the Foundation invested heavily in training and capacity building via a train the trainers approach, efforts to monitor how effective the training was in capacitating those working directly with caregivers and young children were few and far between. Monitoring along the chain of a program logic model was difficult given that programs were often implemented at broad scale, working with large cohorts of community volunteers. Front line workers did not often receive adequate support in terms of regular mentoring and refresher training and there were concerns that by the time the information reached the CHW and then the caregiver, that the desired quality and impact was compromised.

This second phase of the strategy will thus place much greater emphasis on strengthening monitoring and evaluation as part of programming and on the testing and dissemination of quality programs in order to influence practice, policy and financing for ECD. We will fund implementation science projects to best understand how to implement evidence-based approaches in the specific country contexts. This work is timely given that African governments, donors and implementers are increasingly interested in supporting the development of vulnerable young children, but they need to know what works in specific country settings. There is acknowledgement that a program that produced strong

results in Jamaica or Pakistan would need to be adapted and tested to understand how it could produce positive results in the very different programming contexts of East and Southern Africa, while also building on indigenous knowledge and positive caregiving practices. By supporting carefully defined intervention packages coupled with research, where appropriate, we have the opportunity to learn what works and to then pilot scaling within defined administrative areas (such as a district or a county) as part of existing government and civil society (including faith-based organizations) systems. We expect to establish a research advisory group to inform the Foundation's research investment in line with gaps in the evidence base.

Questions to be addressed include:

- How do we balance quality with scale and sustainability?
- What is the minimum dose required to improve caregiving?
- What feasibility and costing data is needed by government?
- How do we build local institutions and capacity to support research, monitoring and evaluation

Monitoring and evaluation efforts will need to move beyond output-oriented tracking of numbers of children and caregivers reached and numbers of individuals trained to include a determination of whether the interventions are working at multiple levels such as:

- *At the level of those trained* : are the community health workers who are delivering the intervention able to support caregivers?
- *At the level of the caregivers/family members*: have they received support and skills building to enable them to strengthen caregiving practices?
- *At the level of the community* : has the enabling environment improved, including referral networks?
- And ultimately *at the level of young children 0-5 years* : are they developmentally on-track?

The Foundation will support efforts to develop a standard menu of indicators to allow for aggregated tracking across the portfolio of partners and programs. Further, we will contribute to efforts to measure child development outcomes (at both the program and population levels), as this will be important for measurement progress towards meeting Sustainable Development Goal 4 and specifically target 4.2. To support grantee partners' efforts to strengthen monitoring and evaluation, the Foundation will identify local experts within each country and contribute to efforts to build a cohort of researchers able to support implementation research, as well as strengthened approaches for monitoring and evaluation.

Evidence generated from these efforts will be shared with stakeholders at global and regional levels, as well as with in-country decision-makers to inform policy improvements and planning strategies. It will also be used to influence implementation practices and advocate for increased investments from government to replicate and scale promising solutions. We will support advocacy and communications efforts to share the knowledge and evidence with a variety of target audiences globally, regionally and within each focus country.

We are firm believers that collaboration and cross-pollination between countries is an invaluable

part of accelerating progress. Therefore, we will facilitate opportunities for partners in our five focus countries to continue to exchange experiences, cross-learn, and collaborate. We will also share lessons and evidence with other funders to mobilize resources towards effective approaches and models, leveraging additional resources, coordinating philanthropic and aid efforts, and generating larger-scale impact.

Specific activities include:

- Building the capacity of local institutions and individuals to conduct research and to provide support for monitoring and evaluation of ECD programs for children affected by HIV and AIDS
- Supporting collaboration between implementing organizations and research partners to enable learning while delivering ECD services
- Piloting measurement of child development outcomes where appropriate
- Developing advocacy and communications strategies, and materials to disseminate successful programs and to reach decision makers
- Disseminating best practices, lessons and evidence through publications, convenings, and other knowledge-sharing platforms

Our Ambitions and Results

By 2021, we seek to achieve the following for each of our three focus areas:[1]

1) Strengthen Program Approaches to Improve Caregiving and Early Learning Opportunities

- At least **100,000 young children** (0-5 yrs) will receive quality ECD services
- At least **60,000 caregivers** will receive coaching on ECD and the majority will demonstrate change in knowledge and practice of care and stimulation
- Effective approaches for **demand creation** will be identified
- **ECD is incorporated into HIV prevention and treatment services** for pregnant women in at least two countries
- **A common set of metrics** will be collected by grantee partners

2) Strengthen Civil Society and Government Systems and Networks

- At least **200 CBOs** will demonstrate measurable improvements in technical and/or organizational capacity
- **Scale-up of services will be piloted at district levels** in two country settings
- **Coordination between civil society organizations and government** institutions will be strengthened in at least two country settings
- **System wide uptake** of ECD interventions in at least one country setting
- **ECD will figure more prominently** at all levels of government resulting in a stronger enabling environment

[1] Please note that the focus for phase two is on quality and effectiveness as opposed to reaching large numbers. Therefore, the numeric targets outlined here are aspirational and subject to change.

3) Build and Disseminate Evidence to Improve Practice and Policy

- At least two **quality ECD program models** will be rigorously tested and costed for improving developmental outcomes
- **Feasible tools for measuring child developmental outcomes** will be identified and tested
- **The developmental needs of young children** will figure more prominently on the HIV & AIDS agenda
- Public and private **resources will be leveraged**
- The field will have moved from SURVIVE to **SURVIVE AND THRIVE**

Monitoring, Evaluation and Learning

The Foundation emphasizes the importance of emergent learning throughout the program cycle and the use of this learning to improve grant making in real time, as part of its central philanthropic approach. Therefore, throughout our monitoring and evaluation efforts, we will continuously revisit our assumptions, learn from our experiences, and adapt our grant-making approach to apply lessons and best support the work of our implementing partners. We will also disseminate actionable knowledge about problems and solutions to inform the global ECD and children affected by HIV and AIDS sectors and motivate the actions of others to plan and deliver better services. We expect to learn much from these efforts and from working in concert with other donors, as part of coalitions and networks that move the field forward.

We will also support this same approach to learning with our partners in the field. Working in concert with our MEL partners, we plan to address knowledge gaps in ECD and monitoring and evaluation at the regional and country levels by forming and supporting regional and in-country networks of local experts to provide on-going technical support to partners. We will bring together key actors to share promising evidence within the region and within each of the five countries.

Conclusion

The next five years provide the opportunity to lay the groundwork for achieving the SDGs. The Foundation is eager to contribute to this endeavor, while ensuring that the most vulnerable children affected by HIV and AIDS are not left behind. Building on a successful initial Phase One, the Phase Two Young Children Affected by HIV and AIDS Strategy will aim to support a more focused, evidence-based approach to interventions targeting pregnant women and caregivers of the youngest children over the first 1,000 days, working through civil society and government systems and networks.

This is a time of unprecedented awareness of the importance of investing in young children, given the political will that exists among global development leaders and government officials. The evidence is clear—that we must act now to support the most vulnerable children—and the SDGs provide the vision and the framework to do so. The Foundation recognizes that achievement of our common vision - in which all girls and boys (with a focus on vulnerable children affected by HIV and AIDS) have access to quality ECD, care and pre-primary education so that they are ready for primary education by 2030 and beyond – will require that we work in partnership with a range of stakeholders from the public and private sectors. We look forward to playing our part to ensuring that more vulnerable children are able to reach their potential.

List of Material References

1. "Home: Sustainable Development Knowledge Platform." *UN News Center*. UN, n.d. Web. Nov. 2016.
2. Richter, Linda, and Chris Desmond. *Evaluation of the Conrad N. Hilton's Foundation's Initiative on Young Children Affected by HIV and AIDS*. The Human Sciences Research Council. 2015. Print.
3. Black, Maureen M et al. "Early Childhood Development Coming of Age: Science through the Life Course." The Lancet (2016) Print.
4. Britto, Pia R et al. “Nurturing Care: Promoting Early Childhood Development.” The Lancet (2016) Print.
5. Richter, Linda M et al. “Investing in the Foundation of Sustainable Development: Pathways to Scale Up for Early Childhood Development.” The Lancet (2016). Print.
6. *The Learning Generation: Investing in Education for a Changing World*. International Commission on Financing Global Education Opportunity, 2016. Print.
7. Heckman, James J. “The Case for Investing in Disadvantaged Young Children.” Big Ideas for Children: Investing in our Nation’s Future.
8. *Measuring the Quality of Early Learning Programs*. Early Learning Partnership, 2016. Print.
9. *Measuring Child Development and Early Learning*. Early Learning Partnership, 2016. Print.
10. Report of the Inter-agency and Expert Group on Sustainable Development Goal Indicators. Annex IV: Final list of proposed Sustainable Development indicators. 2015 (accessed from unstats.un.org)
11. Skekar, M et al. An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting. World Bank Group. 2016 (accessed from http://documents.worldbank.org/curated/en/758331475269503930/main-report)