CONRAD N. Hilton FOUNDATION

YOUNG CHILDREN AFFECTED BY HIV AND AIDS

CONVENING REPORT 2019

UNIVERSITEIT STELLENBOSCH UNIVERSITY

ENASHIPAI RESORT AND SPA | LAKE NAIVASHA, KENYA

APRIL 9 - 11, 2019

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EXECUTIVE SUMMARY

The Hilton Foundation's Young Children Affected by HIV and AIDS Annual Partner Convening was held April 9-11, 2019 in Naivasha, Kenya. It was co-hosted with Stellenbosch University, the Foundation's Monitoring, Evaluation and Learning partner. A total of 65 people representing all five of the Foundation's focus countries in East and Southern Africa attended.

Over the three days, partners were able to share learnings and to focus on discussion of common challenges as well as opportunities to work more closely on improved service provision and joint advocacy within their respective countries. Highlights included:

- Discussions regarding how to better integrate responsive caregiving and early learning into existing programs and services, such as health systems, parenting groups, community platforms, and centre-based programs
- A discussion on learning to date from efforts to scale services at the county/district level
- Thematic small group discussions including strengthening supportive supervision and messaging
- A marketplace where it was clear that partners had advanced in thinking about how to engage caregivers and communities with innovative materials and approaches

Partners indicated eagerness to continue dialogue and to share tools via the newly launched PLANT knowledge platform. Foundation staff will be following up to ensure that partner-developed tools and materials are posted on the platform. County-specific policy dashboards were further refined based on partner feedback for posting on PLANT to enable joint tracking of policy/advocacy priorities, progress and gaps. The First Lady from Siaya County, Kenya – Her Excellency Rosella Rasanga – inspired the group with her commitment to champion investing in young children as well as the progress that the County is making to coordinate multi-sectoral planning and action.

KEY LEARNINGS

SECURING POLITICAL WILL AND BUY-IN AT THE START

Many partners emphasized the importance of engaging with policy makers and local leaders early on in the process. In order to work with existing systems and avoid the introduction of new structures, government and local leaders need to be consulted and actively engaged in the process. Many partners shared that involving these key actors in the development and planning of their programs and projects helped to garner buy in and ensure long-term success, as political buy-in is essential to sustainability. Programming needs to emanate from local realities and leverage local leadership. Building trusted relationships takes time as well as give and take.

LEADERSHIP TO OPERATIONALIZE AND INSTITUTIONALIZE THE NURTURING CARE FRAMEWORK

Momentum has gathered since the release of the Nurturing Care Framework at the World Health Assembly in May 2018 and the regional meeting held in October 2018 by WHO, UNICEF, PATH and PMNCH. Each sector needs to clearly understand its role and we can be more specific regarding the interventions for each sector (rather than just referring to it all as "Early Childhood Development" (ECD). For example, "We are seeking to integrate xx intervention to improve ECD". When it comes to multi-sectoral coordination, high-level political leadership is needed to convene and motivate Ministries of Health, Education, Gender and Welfare to work together. Tanzania and Siaya County, Kenya provided a good example of the role of high-level leadership

in catalyzing multi-sectoral planning and action. Regional-level momentum including the Africa Early Childhood Network's (AfECN) work with the African Union is also encouraging. Hilton Foundation partners have contributed to the NCF and will continue to inform next steps to develop operational guidance.

EFFORTS TO ENGAGE SUB-NATIONAL GOVERNMENTS TO SCALE SERVICES ARE BEARING FRUIT

All partners described working more intentionally with local governments while some are deliberately working hand-in-hand with local government to scale services. Examples were shared from Siaya County, Kenya, and Monapo District, Mozambique, where local government is leading and greater coordination of civil society partners is enabling increased coverage of services. Training and capacity-building for government decision-makers has been instrumental in securing greater political will and action to support young children and their caregivers.

RESPONSIVE CAREGIVING CAN OPTIMIZE EXISTING PROGRAMS

This should not be seen as a new stand-alone intervention. Rather, effort should be made to add attention to responsive caregiving to existing programs and, in doing so, make programs more comprehensive. It is possible to include responsive caregiving as part of virtually any intervention or activity. Examples include making health services more child-friendly, working with health providers and community health workers to use play and communication activities to notice and praise a warm parent-child interaction, and discussing parenting beliefs, practices, and challenges as part of community savings and loan groups. The more we use existing programs and services to support parents to notice, interpret and respond to their child's cues, needs and interests in a timely and appropriate manner the more likely our efforts will be sustainable and effective at improving caregiving and developmental outcomes. It is critical to understand and address the key barriers to responsive caregiving and a nurturing environment for young children.

EQUAL EMPHASIS NEEDED ON PLAY AND COMMUNICATION

Program reviews have revealed that the Care for Child Development Package counseling cards emphasize play and communication but, in practice, not enough emphasis is placed on communication and other routine activities that can foster parent-child interactions. Consequently, parent-child interactions may be more limited than they might otherwise be. For example, play and communication can take place any time of day alongside routine housekeeping activities and toys need not be specially made – but can be a household item such as a spoon, jerry can or bowl. Talking and singing can similarly be engaged in throughout the day and accomplished by busy caregivers alongside routine activities. Partners acknowledged that more emphasis should be placed on understanding the local context for caregiving and interaction so that efforts build upon what already exists and resonates with local communities. It was also stressed that supervision of frontline workers is critical to enabling caregivers to practice play and communication with their young children – and that supervision must go beyond the administrative to becoming supportive supervision with coaching on the important soft skills – including how they interact with caregivers.

DON'T FORGET THE NEEDS OF CAREGIVERS

Caregiver well-being remains a challenge – more attention is needed here – including women's lack of agency. Young mothers are a particularly vulnerable group in which a dual focus on supporting young women (with comprehensive support) and providing high quality child care is key. What would it take to ensure that parenting support is empowering? UNICEF is working on a Caring for the Caregiver Package with a focus on teen mothers that will be a welcomed resource.

INVOLVING MEN AND BOYS IS KEY, YET OFTEN OVERLOOKED

Too often programs target mothers only. Yet fathers can play a key role in supporting both mother and child to improve ECD. The involvement of men and boys is vital for addressing many of the drivers of inadequate care. Further, male leaders often play influential cultural and political roles and can be strong allies if brought onboard.

PARTICIPANT LIST

NAME	ORGANIZATION
Sister Pauline Acayo	Catholic Relief Services
George Andima	Institute for Human Development, Aga Khan University
Jessa Blades	IDEO.org
Lisa Bohmer	Conrad N. Hilton Foundation
Fiona Burt	Mothers2Mothers
Christina Callegari	Conrad N. Hilton Foundation
Laurie Campbell Bruns	UCLA
Corinna Csaky	The Coalition for Children Affected by AIDS
Teshome Desta Woldehanna	World Health Organization
Josephine Ferla	Elizabeth Glaser Pediatric AIDS Foundation
Matthew Frey	PATH
Lauren Galvin	Project Concern International
Jennifer Ho	Conrad N. Hilton Foundation
Xanthe Hunt	Stellenbosch University
Joshua Jeong	Harvard T.H. Chan School of Public Health
Mary Kabati	Tanzania Home Economics Association (Mwanza)
Alice Kabwe	African Early Childhood Network
Oscar Kadenge	PATH
Winnie Christina Kalulu	Partners in Hope
Marina Kaneko	Spring Impact
Takawira Kapikinyu	Catholic Relief Services
Melissa Kelly	ChildFund International
Ronald Kimambo	Firelight Foundation
Elfrida Kumalija	Project Concern International
Muunga Lubinda	ChildFund International-Zambia
Sheila Manji	Consultant
Joyce Marangu	Institute for Human Development, Aga Khan University
Kofi Marfo	Institute for Human Development, Aga Khan University

Chabi Martin	World Health Organization
David Mascarina	Conrad N. Hilton Foundation
Kellie McDaniel	Episcopal Relief & Development
Sharon Mubmbi	Kidogo
Kelvin Munsongo	Zambia Anglican Council
Monica Nyirenda Mutesa	PATH
Eddah Mwakima	IDEO.org
Regina Mwasambo	ChildFund Kenya
Arif Neky	UN Resident Coordinator's Office
Carolyne Ng'eny	Firelight Foundation
Rose Njiraini	UNICEF KENYA
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George Nyamor	ACK DEVELOPMENT SERVICES (ADS) - NYANZA
Monica Odihambo	County Government of Siaya
Lynette Okengo	African Early Childhood Network
Elizabeth Omondi	County Government of Siaya
Tobias Opiyo	Catholic Relief Services
Abella Owuor	Kisumu Medical and Education Trust (KMET)
Aleesha Peermohamed	UN Resident Coordinator's Office
Melanie Picolo	PATH
Chemba Raghavan	UNICEF HQ
HE Rosella Rasanga	First Lady of Siaya
Maria Rodrigues	Spring Impact
Steve Sapita	Mothers2Mothers
Zanele Sibanda	Consultant
Mark Tomlinson	Stellenbosch University
Sister Tunu Wilhelmina Uhai	Association of Consecrated Women in Eastern and Central Africa
Roland Van de Ven	Elizabeth Glaser Pediatric AIDS Foundation
Saeed Wame	Namwera Aids Coordinating Committee (NACC)
Moses Zulu	Luapula Foundation

AGENDA

YOUNG CHILDREN AFFECTED BY HIV AND AIDS PARTNERS CONVENING

DATE: MONDAY, APRIL 8

SCHEDULE

4:00 p.m.	Arrival
7:00 p.m.	Welcome Dinner

DATE: TUESDAY, APRIL 9

SCHEDULE

6:30 - 8:00 a.m.	Breakfast
8:00 - 8:30 a.m.	Registration
8:30 - 9:00 a.m.	Welcome and Introductions Facilitator: Zanele Sibanda Speaker: Her Excellency Rosella Rasanga, First Lady of Siaya County
9:00 - 9:15am	Meeting Objectives and Agenda Mark Tomlinson and Lisa Bohmer
9:15 - 10:30 a.m.	Opening Panel Discussion: Annual review of Global/Regional Progress and Country Highlights Facilitator: Maniza Ntekim Speakers: Lynette Okengo, Teshome Desta, Elizabeth Omondi (Kenya), Saeed Wame (Malawi), Melanie Picolo (Mozambique), Josephine Ferla (Tanzania) and Moses Zulu (Zambia)
10:30 - 10:45 a.m.	Coffee/Tea Break
10:45 - 10:55 a.m.	Viewing of 2018 Convening Video MEL Framework and Progress Update Mark Tomlinson and Xanthe Hunt
12:00 - 1:00 p.m.	Lunch
1:00 - 2:30 p.m.	Early Learning and Responsive Caregiving – Where Are We Now? Facilitator: Sheila Manji
2:30 - 4:30 p.m.	Early Learning and Responsive Caregiving - How do we Move Forward as part of Existing Programming? Facilitator: Sheila Manji Feedback session: brief presentations on recommendations
4:30 - 6:00 p.m.	Market Place with Cocktails
7:00 p.m.	Dinner

DATE: WEDNESDAY, APRIL 10

SCHEDULE

6:30 - 8:30 a.m.	Breakfast
8:30 - 8:40 a.m.	Reflections on Day One
8:40 - 10:00 a.m.	District/County Partnerships for Scaling: Learnings to Date Facilitators: Elizabeth Omondi, Lisa Bohmer, Zanele Sibanda Speakers: HE Rosella Rasanga, Kofi Marfo, Melanie Picolo, Maria Rodrigues 8:40 – 9:30am – Panel Presentations 9:30 – 10:00am - Discussion
10:00 - 10:30 a.m.	Coffee/Tea Break
10:30 - 11:50 a.m.	RISE Discussion: Open Q&A on Monitoring and Evaluation Mark Tomlinson and Xanthe Hunt
11:50 - 12:00 p.m.	Group Photo
12:00 - 1:00 p.m.	Lunch
1:00 - 2:00 p.m.	Partner Updates Jessa Blades and Eddah Mwakima- IDEO.org Winnie Kalulu- Partners in Hope Elfrida Kumalija- Project Concern International Thematic Working Groups Meet
2:00 - 3:15 p.m.	Entumo Conference Center, Exhibition room, VIP Boardroom and Residents Lounge Self-selection into topic groups (sign-up on day one)
3:15 - 3:30 p.m.	Coffee/Tea Break
3:30 - 4:45 p.m.	Continued Thematic Networking Entumo Conference Center, Exhibition room, VIP Boardroom and Residents Lounge
7:00 p.m.	Dinner

DATE: THURSDAY, APRIL 11

SCHEDULE

6:30 - 8:15 a.m.	Breakfast
8:15 - 8:25 a.m.	Reflections on Day Two
8:25 - 8:45 a.m.	Introduction of Country Group Work and Dashboards
8:45 - 10:30 a.m.	Country Groups Meet Reflect on approaches to collective action, priorities for this year and useful next steps, including how to leverage PLANT
10:30 - 10:45 a.m.	Coffee/Tea Break
10:45 - 11:30 a.m.	Country Teams Share Key Actions
11:30 - 12:00 p.m.	Discussion: Key Learnings and Action Items
12:00 - 12:15 p.m.	Concluding Remarks
12:15 - 1:30 p.m.	Lunch
1:30 p.m.	Participants Depart Main Lobby

DAY ONE: SYNOPSIS

OPENING REMARKS

ANNUAL REVIEW OF GLOBAL/ REGIONAL PROGRESS AND COUNTRY HIGHLIGHTS

MEL FRAMEWORK AND PROGRESS UPDATE

EARLY LEARNING AND RESPONSIVE CAREGIVING

MARKETPLACE

OPENING REMARKS

Meeting facilitor Zanele Sibanda invited Her Excellency Rosella Rasanga, First Lady of Siaya, to open the convening with a welcoming address that highlighted challenges faced by adolescent girls and children in Kenya. Reference was made to areas in Kenya that have a significant prevalence of teenage pregnancy and lack of access to HIV treatment and prevention services, specifically Siaya County. The First Lady emphasized that in order to maximise gains made, cost-effective, high-impact approaches need to be identified.

Thereafter, the meeting outline was presented by Lisa Bohmer and Mark Tomlinson. Mark gave a recap of the content of last year's convening and highlighted several areas of progress since then. The objectives for this year's convening were then discussed and were as follows:

- Reflect upon implementation challenges and learnings to date and brainstorm solutions
- Continue deepening thematic communities of practice and country teams
- Review and discuss preliminary findings from Stellenbosch University regarding overall initiative progress and surface learnings
- Provide feedback to make the on-line knowledge platform (PLANT) useful and to enhance participation in the learning community
- Discuss challenges and successes of using the RISE tool to collect data on caregiving

Lisa then welcomed the partners and acknowledged the fact that we are informing global efforts, in addition to sharing experiences within and among countries in the region. She indicated that we are now at the halfway mark for the current five-year Young Children Affected by HIV and AIDS strategy, making this a critical moment to step back and reflect together on what's going well, what can be improved upon and what we're learning.

ANNUAL REVIEW OF GLOBAL/ REGIONAL PROGRESS AND COUNTRY HIGHLIGHTS

The subject of the opening panel discussion was the "Annual Review of Global/Regional Progress and Country Highlights." Maniza Ntekim of UNICEF ESARO facilitated the panel, featuring Lynette Okengo of AfECN, Teshome Desta of the WHO, and representatives from Kenya, Malawi, Mozambique, Tanzania and Zambia as speakers. Teshome Desta presented on the **Nurturing Care Framework** and provided an update on the progress of operationalization. The Nurturing Care Framework is a roadmap of action areas and expected results to promote optimal child development. Last May, the Nurturing Care Framework was launched at the World Health Assembly. In October, the WHO, UNICEF and PATH hosted a regional meeting with Ministry of Health Representatives in Nairobi, on how to promote a shared understanding of the Nurturing Care Framework, how to learn from country experiences, and how to help health systems operationalize the Nurturing Care Framework. It was reported that as a result of this meeting, momentum has been ignited in the target countries and country-specific action plans for operationalising the Nurturing Care Framework have been formulated. Moreover, there have been consistent efforts to deliver on actions agreed upon in the Nairobi workshop and many other events.

Lynette Okengo highlighted regional progress and reported that 15 countries have ECD networks to share, learn and advocate together. In addition, a regional cluster for ECD and technical working groups have been established by the African Union. These groups are chaired by government and focus on policy and advocacy, access and quality services, governance and accountability, and knowledge dissemination. On a global level, the work of the **Early Childhood Development Action Network (ECDAN) was recognised by the G20**. They are working on strengthening partnerships and communities of practice, as well as coordination mechanisms. Additionally, a summit held by heads of state and government provided a time to advocate for younger children – situating ECD in pre-primary conversation. The World Bank is also funding a new round of the Africa Early Years Fellowship which presents an opportunity to influence financing for ECD and offers beneficial professional development for fellows.

Reports from Kenya highlighted that following the launch of the NCF, a new comprehensive policy on newborn, child and adolescent healthcare which incorporates nurturing care, was launched. It was further reported that there are new nurturing care focused multi-sectoral coordinating committees at both the national and county levels (Siaya County) and champions are being identified at every level to promote the NCF. Efforts are also being made to think about measuring and collecting data via indicators in health facilities.

Reports from Zambia highlighted that Zambia has a policy on ECD, but in 2015 a major emphasis was placed on ECE (education) instead. However, there is a move to review the ECE policy to include development as well as a work-plan template for ECD, but budgeting is a difficulty. Zambia Early Childhood Development Action Network (ZECDAN) is working to coordinate these efforts but financing is hindered by not having a finalized policy. The private sector – including mining companies – is helping to respond to ECD and scale up services. Finally, the new national child health booklet is being drafted, which includes developmental milestones.

Reports from Mozambique focused on the development of a roadmap by the health sector. Additionally, in April, the Ministry of Health asked for stimulation to be integrated into pediatric wards, specifically in nutrition rehabilitation programs. As a result, the role of the nutrition department as a champion for ECD in the health sector has been solidified. While there is a NCF integration plan, there is currently a lack of momentum due to the recent cyclone. Further progress includes the Ministry of Health rolled out new child health registers with developmental monitoring indicators at Well and Sick child clinics and The Ministry of Gender is piloting a preschool initiative and harmonizing parent education packages.

Reports from Malawi highlighted progress, such as improvements in coordination amongst the different sectors involved (Health, Education and Gender ministries). ECD has been led by the Ministry of Gender and Social Welfare. The national ECD policy has been launched and the government has expressed dedication to supporting the coordination of ECD amongst sectors. The policy has several priority areas such as Parenting, Growth, Services, Child Rights and Protection. Representatives from parent groups and centers

are also becoming involved in action-planning and there has been more engagement by the media, academics and the private sector.

Finally, reports from Tanzania reveal that there is currently no ECD policy as it lost momentum due to the change of government, and there are gaps in the dialogue about the NCF. However, following the regional Nurturing Care Framework meeting last October, The Ministry of Health, Community Development, Gender, Elderly and Children convened a forum on the NCF in December where the focus was the Lancet Special Issue and the NCF. This provided an opportunity for stakeholders to see what went wrong in the coordination efforts and what can be learned from this. A multi-sectoral task force was appointed within the Office of the President and the group is developing a multi-sectoral, costed action plan. This another example of how important high level leadership is in positioning multi-sectoral coordination.

MEL FRAMEWORK AND PROGRESS UPDATE

During the next session, Mark Tomlinson presented an update on the Stellenbosch University Monitoring, Evaluation and Learning (MEL) framework, and the progress made. Tomlinson presented the six MEL questions which correspond to the initiative goals and guide Stellenbosch's work to evaluate the collective impact of the Young Children Affected by HIV and AIDS program.

1. To what extent has the program identified, tested, and delivered interventions to improve quality caregiving for young children affected by HIV and AIDS?
2. Has the program improved caregiving and the developmental outcomes of young children and contributed to the capacity of community-based organizations and government health systems to deliver quality ECD services for young children affected by HIV and AIDS as part of existing systems at broader scale?
3. Has the program built and disseminated evidence to improve policy and practice, both within the programs and externally?
4. Has the program contributed to improved policy frameworks, measurement systems and commitment to improving developmental outcomes for children affected by HIV and AIDS in the five focus countries?
5. Where program partners are involved in district-wide programs, how might learnings from these inform scaling of interventions at national level in the five countries?
6. Is the program maximizing the impact of its investments and using its leadership platform to advance the field?

Tomlinson then gave an update on the MEL activities performed in Year one and presented preliminary findings. With the development of the RISE caregiving tool, which partners have just begun to implement, partners will be able to measure and report caregiving quality. This data will contribute to the MEL team's effort to answer question #1 above. In regard to evaluating the reach of the program, Tomlinson presented the progress of Phase II which began in 2017, based on indicators the MEL team has been collecting. Since 2017, the program has reached 348,520 children and 90,148 caregivers. In addition to indicators on reach, the MEL team is monitoring indicators on trainings, broader impact and quality. These indicators will be routinely monitored and initiative progress will be displayed on PLANT.

Prior to the convening, the MEL team administered a quality survey to partners, in order to better understand where partners are in terms of quality assurance, training and supervision. Tomlinson prefaced the findings on quality by defining the two ways to think about quality. Quality can be thought of as the facets of implementation such as dosage, supervision, training and targeting; or as the qualitative aspects of frontline work such as staff capacity and staff support. While quality is often measured by the facets of implementation, Tomlinson and the MEL team will be formulating a way to think about the softer aspects of quality which are equally important. Some of the findings from the survey showed that trainings held during this period were largely focused on Care for Child Development or integrated health and stimulation curricula and that 70% of partners train for five hours or less. The MEL team is recommending that, when possible, partners look at increasing the duration of trainings, as higher rates of positive parent and child outcomes are associated with staff training for more than two weeks in both HICs and LMICs. Only two of the partners reported training for longer than two weeks. In regard to supervision, content covered tends to be broad and focused on program content over soft skills and relationship-building. Most of the programs (90%) appear to have some targeting and many programs are within the recommended dosage, which is excellent progress.

EARLY LEARNING AND RESPONSIVE CAREGIVING

In the final session of the day, Sheila Manji led a discussion on implementation, including her reflections from visits made to observe the work of multiple partners. Manji discussed the importance of terminology and emphasized that we need to refer to ECD as an outcome and not as an intervention. The intervention is the specific activity or nurturing care component(s) in focus. For example, we are integrating responsive caregiving into routine health services to improve early childhood development. By using more specific language, roles for each sector become clearer.

Manji also highlighted the importance of framing when communicating our agenda to the government. She noted that we need to frame nurturing care as something the health sector is already doing, such as nutrition, immunizations, etc., and we can look for ways to add responsive caregiving and/or early learning to what is already there to make services more comprehensive. This sentiment is captured by Elizabeth Omondi's quote, "We are starting from a half-full glass." The Nurturing Care Framework can be used to galvanize multisectoral action leading to increased sector ownership of efforts to improve early childhood development and coordination between sectors.

Manji also reminded the group that while we tend to emphasize play (and making toys), we should not lose sight of the need to communicate and interact with young children. Play should not be something that is done to a child, but a means of responding to their cues as we know that this serve and return, back and forth, interaction is most stimulating to young brains.

Partners then broke out into the following groups to discuss how this relates to their own work of integrating early learning and responsive caregiving into existing services:

a) Health systems
b) Policy and advocacy
c) Center-based care
d) Community platforms

Report back from the groups were as follows:

A) HEALTH CARE SYSTEMS

The healthcare systems group discussed whether their sector is building on parents' competencies and harnessing positive reinforcement for parents' behaviour change. They asked the question, "How empowered do people feel to speak to powerful health care figures?" and discussed strategies to build on this. They also discussed how supervision can be embedded into existing structures, and the importance of recognizing that, if systems already do what they are supposed to do, there may not be a need to speak about nurturing care as an add-on all the time.

B) POLICY AND ADVOCACY

The policy and advocacy group spoke about the NCF as an impetus for action. They also noted the need to think systemically about families, children and communities. They reported that in pre-primary while there is momentum, there is also concern about education falling behind as we focus on the health sector. They posed the question, "Is it possible to think about the system in which children's lives exist as encompassing every domain of the NCF, no matter where services are being provided?" The group concluded that government commitment at the highest level is needed to make this happen and that although policy is important, there is also a need for sectors and sector heads to take responsibility for the needs of children and families.

C) CENTRE-BASED CARE

The centre-based care group spoke first about the challenges of delivering quality services in low-income, community-based child care centres. They noted that community groups that promote ECD find it hard to turn away children, even when they have reached capacity. They also noted that a key advocacy focus of the sector is to get informally trained teachers accredited through on-the-job training by government. The group then remarked on the difficulty of communicating the importance and relevance of play-based learning to parents, and that ECD centre teachers may need some capacity building to use play-based learning effectively. Finally, the group noted that we cannot expect volunteers to do everything and have as much capacity as professional teachers. We need to think about our expectations of the community in addition to thinking of what the community wants and how can we provide support commensurate with their level of functioning.

D) COMMUNITY PLATFORMS

The community platforms group spent time defining what is meant by this umbrella term, and settled on its inclusion of:

- Peer groups (women; men; women and men)
- Groups facilitated by community volunteers
- Microfinance and microloan groups
- Teaching top-ups
- Table banking
- Mother-to-mother support groups
- "The secret of the kitchen" groups - where women attend, pool money, buy items from particular sellers
- Religious groups
- Area development committees
- Community health committees

This group then discussed how early learning and responsive caregiving are being integrated into community platforms. ChildFund shared their approach to working with existing community groups and how they identify target groups and leaders and work collaboratively to integrate responsive caregiving into existing group activities. The group also noted that it is important that intervention models build on normal group activities, and allow the group the flexibility to provide training in ways and modalities that best fit the group's structure and interest. To conclude, the community platforms group spoke about "meeting people where they are" and that solutions lie with people.

MARKETPLACE

The day ended with a marketplace, during which partners were able to showcase resources such as job aids, training materials, research summaries, and other program and implementation materials. Several partners participated, allowing partners to network and share resources. Many lively discussions were sparked, lasting late into the night, including a discussion around father involvement and a debate on if fathers should change nappies (this took place at the PCI booth pictured below given the gender focus of their parenting program).

DAY TWO: SYNOPSIS

DISTRICT/COUNTY PARTNERSHIPS FOR SCALING AND KEY LEARNINGS TO DATE

RISE DISCUSSION

PARTNER UPDATES

THEMATIC WORKING GROUPS

- CBO/ Community Cultural Norms/ Generating High Community Demand
- Health Systems Strengthening
- HIV-Affected Adolescent Mothers and their Children
- Key Elements of Quality for Group Parenting
- Male Involvement
- Messaging
- Place-Based Approaches
- Supportive Supervision Strategies

DISTRICT/COUNTY PARTNERSHIPS FOR SCALING AND KEY LEARNINGS TO DATE

Lisa Bohmer and Elizabeth Omondi (Reproductive, Newborn, Child and Adolescent Health Coordinator of Siaya County) co-facilitated this panel. A number of partners are working collaboratively with government and other civil society partners to move beyond a traditional project-based approach to scale services at a county-or district-level. This session featured lessons learned to date from two efforts in Mozambique and Kenya, as well as an effort to train policymakers and to distill learnings and success factors based on experience with these place-based approaches in other settings. Omondi started the proceedings by highlighting a number of key points such as the importance of working with governments and not creating parallel services, as government buy-in is essential for impact and sustainability.

HE Rosella Rasanga emphasized the importance of soft power and visibility in order to push agendas through. Appointed by the Governor, she became a patron for ECD and travels throughout the county speaking on the importance of responsive caregiving. Through sharing her own experiences she emphasised that soft power has made politicians recognize ECD as a key and non-negotiable issue and that a multi-sectoral committee now sits within the Governor's Office. The committee has developed a multi-sectoral work plan (that includes the work of civil society partners) and coordination has already payed off in terms of social welfare and health working together to register children for birth certificates. The multi-sectoral committees are being replicated at the sub-county level.

Kofi Marfo of the Institute for Human Development then highlighted that the Science of Early Childhood training is meant to deepen understandings of early childhood. He pointed out that most people already have a broad understanding of childhood and thus the role of Aga Khan University (AKU) is to deepen this knowledge as well as to enable policymakers to prioritise the agenda for children. Towards this end, AKU has tailored the Science of Early Childhood course for policymakers and this was piloted with lawmakers from Siaya County. AKU plans to train other counties as well in the near future. Finally, Marfo raised the question of how to maintain momentum and enthusiasm following the training.

Melanie Picolo shared the experience of PATH Mozambique in scaling nurturing care within the health system in Monapo District and that a number of other NGO partners are involved as well as UNICEF. She shared that PATH has a memorandum of understanding (MOU) with the director of health such that officers can be seconded to district offices to provide local level support. The partner roles are: FHI focuses on OVC services, UNICEF on nutrition for reduction of stunting, ICAP on PMTCT services and PATH on integrating stimulation and responsive care within health services. Picolo indicated that it would be possible to emphasize multi-sectoral coordination, although to date the focus as been on health and nutrition.

Maria Rodrigues reported that Spring Impact was commissioned by the Foundation to document efforts thus far that are taking a county/district approach and to pull in lessons learned in other parts of the world. She highlighted that the social need is two-fold; that of the developmental needs of young children, but also the need to empower communities to assist in meeting these developmental needs. Initiatives need to build on existing systems; they have to articulate key elements of the model which they want to scale; they need to use local evidence to make decisions about the initiative

There were a number of feedback points provided on the panel:

- Local governments are also working with CBOs so that we have better collaboration across sectors and given that government alone cannot deliver the needed services
- There is a need for working with systems from grass roots to government - how can we actively engage service users and beneficiaries
- There is nothing we can do for communities without the support of communities

Roland Kimambo from the Firelight Foundation highlighted that having a district approach is very important and bringing local leadership in right from the start is crucial. As important are shared mechanisms and coordination, for example, local leaders can be trained in Care for Child Development (CCD) and can then serve as mentors in CCD training. Kimambo also highlighted that an important part of coordination is to have the organisations' plans embedded into the district and council health plans and budgets; this should then be carried on to the national level. In addition, Kimambo highlighted the benefits of working with community volunteers and with health team CHVs, instead of separate CBO CHVs, as health team CHVs are well integrated into the health system. He then asked how such a health system can engage more with CBOs?

As a follow up, HE Rosella Rasanga made the following points: It is necessary to engage CBOs in multi-sectoral efforts, as well as to provide support to civil society to maintain these cadres. She added that in some government systems, like Siaya, they do not allow parallel CHVs. In connection with this point, Rasanga stressed the need to not introduce new structures but rather work with the ones already in place. Traditional leaders are custodians of the land, and are key actors as they can mobilise people and land for ECD efforts as well as for sustainability.

RISE DISCUSSION

Xanthe Hunt, of Stellenbosch University, led the discussion on the RISE tools for measuring caregiving quality, and invited some implementers to discuss their various experiences using the tool in their programming. Xanthe updated the group on the progress of the RISE tool to date and how all implementing partners from the five countries have been trained and have made their own adaptations to the tool including translations into local languages. In Zambia, partners have added a prenatal version and added a question on child protection. Tanzania partners worked to refine the items to be culturally and contextually suitable. In Malawi partners had discussions of how appropriate the 'talk to unborn child' item was, as many caregivers found this to be strange. Finally, in Kenya, refinements were made to items and examples, changing the clinic regularity item and HIV testing item. Xanthe concluded with the lessons learned so far, expressing the MEL team's willingness to work with individual partners to tailor the RISE tool to their work, acknowledging the learning curve and that processes will be refined over time. Having partners all use this tool will be a powerful means to describe collective impact on caregiving across countries and programs. Following Xanthe's brief discussion of the tool, three partners were invited to discuss their experiences of using RISE. Sharon Mumbi of Kidogo, Steve Sapita of Mothers2Mothers, and Takawira Kapikinyu of Catholic Relief Services explained the various ways in which caregiving measurement – using RISE or otherwise – was being integrated into their data collection at an organizational level.

PARTNER UPDATES

Ideo.org, Partners in Hope, and Project Concern International presented updates to bring the group up to speed on their research and implementation activities and progress. Jessa Blades and Eddah Mwakima shared updates on the development of IDEO.org's design campaign and toolkit to raise awareness of the first 1,000 days of life, which will be used in Siaya County to engage existing community institutions to increase adoption of impactful behaviors. They explained the human-centered design process and how it is an approach to problem-solving that starts with people, and ends with solutions tailored to meet their needs.

Winnie Kalulu of Partners in Hope, presented on how they are integrating Care for Child Development (CCD) into Option B+, an HIV treatment program, in Malawi. Winnie shared the design and objectives of the research study evaluating the feasibility and effectiveness of this program. The findings showed that integrating CCD into Option B+ was not only feasible but also showed improvements of responsive caregiving and ART adherence. Partners in Hope is currently working to scale this program into 18 other health facilities in Malawi.

Finally, Elfrida Kumalija of Project Concern International presented updates on their study in Tanzania, Engaging Fathers for Effective Child Nutrition and Development in Tanzania (EFFECTS). Elfrida presented on the design and objectives of this randomized control trial, seeking to understand the effects of parent engagement, including fathers' engagement, on child nutrition and development. This study will play a critical role in contributing to the evidence base, as limited evidence exists on the integration of nutrition and responsive parenting, and on ways to increase the engagement of fathers.

THEMATIC WORKING GROUPS

CBO/ COMMUNITY CULTURAL NORMS/ GENERATING HIGH COMMUNITY DEMAND

The working group discussion on cultural norms was facilitated by Melissa Kelly of ChildFund. Ideo.org raised the question, "What are the social norms which can enable responsive caregiving?" and noted that the unpacking of social norms needs to be a collaborative process. While AfECN asked how they, as a regional body, can share these cultural learnings and create demand. TAHEA emphasized that interventions should be culturally or contextually relevant so that they resonate with locals, and they suggested a 'glass half full' approach. ADS-Nyanza reported successes with respect to collaboration between faith leaders and community leaders which makes male caregivers more visible.

This was followed by a group discussion on demand creation centered largely on the perceptions of implementers work, and influence. How are beneficiaries being influenced and who is, or should be, doing the influencing? Existing cultural norms are held by implementers and beneficiaries alike, so they must be utilized. A key question is how communities are shaping the discussion around ECD – as this shapes demand. The group noted that it is important to remember that some community groups have agendas (religious or political), therefore implementers need to know who to work with and who their key influencers will be. We need to influence the people who influence our target audience. Cultural beliefs play a key role in influence, particularly those of influential individuals such as mothers-in-law and men. The group noted that these influential groups can be targeted by inviting them to participate in meetings or accessing them during home visits. The group noted that demand can be driven by positive or negative experiences of past interventions, curiosity and selection criteria. In regards to selection criteria, it is important to get feedback from people from the community on what kind of criteria should be used. Finally, the group noted that transparency is key in community engagement.

HEALTH SYSTEMS STRENGTHENING

Health Systems Strengthening (HSS) comes down to two things:

i. What are the entry points?
ii. What is the practical hook that gives people a reason to convene (e.g., disabilities, maternal mental health, MIS)

The group noted various challenges to HSS. These included constrains on HR; intense pressures from donors; disruptions by having too many different trainings and activities; and the reality that ECD is not a national priority. In addition, this work is not often perceived as something integral to what implementers do. An important question raised was how to more systematically generate or document evidence that will generate demand (e.g., client satisfaction, service efficiency, ART retention)?

The discussion revealed that entry points for HSS are manifold, and we should maximize any opportunity. Traction has taken hold on a number of fronts: workforce development, HMIS, financing, revision of technical packages, policy revision. The group noted that more needs to be done to support multi-departmental coordination and communication within and across the health sector. It was also noted that there needs to be improved documentation and dissemination of work done and that more high-level champions and policymakers from across the health community need to be leveraged. WHO will be releasing ECD guidelines later this year; how can we leverage this when it comes out? UNICEF is developing "Caring for the Caregiver," because of the recognition that Care for Child Development does not adequately address caregiver needs.

HIV-AFFECTED ADOLESCENT MOTHERS AND THEIR CHILDREN

This group commented on the challenges faced by HIV-affected adolescent mothers and their children; the scale of need; the extent to which they are served by local development opportunities; and programmatic solutions. The participants noted that the major challenges facing adolescent mothers and their children are widespread prejudice and family rejection. Adolescent mothers are often forced from their homes, and rejected by the children's fathers, leaving them socially isolated, without resources or homes, and distressed. Stigma, and a lack of mental health and economic support, are further major obstacles. Moreover, adolescent mothers experience discrimination and verbal abuse. Partner organizations described how they provide these girls with direct support via community health volunteers, peer mentor and support services, and by supporting comprehensive sexuality education in schools, among others.

Rosella Rasanga and Elizabeth Omondi noted that Siaya district has some of highest levels of HIV and teenage pregnancy in Kenya, and discussed the need to focus on pregnancy prevention and sexual and reproductive health and rights. While discrete, home-based pregnancy- and HIV-testing and ECD services by CHVs have been successful, the needs of young mothers and their children are complex and support targeting adolescents must be long-term and go beyond the health sector. Ultimately, complex solutions in which responsive caregiving support is combined with livelihood work and psycho-social support is necessary.

KEY ELEMENTS OF QUALITY FOR GROUP PARENTING

The group discussion on quality centred on group parenting curricula. There is a number of different group parenting curricula which vary considerably, as witnessed at the market place during the end of day one. The group discussed if there is a need for common standards to ensure quality, and what factors need to be consistent/core. The group then spoke about group size as an indicator of quality, after which UNICEF shared draft principles for their parenting program, Parenting as Partners. Participants reminded one another that empowering parents doesn't mean empowering mothers only. New strategies to reach male caregivers should be considered, for example at barbershops or the bar. Other aspects of quality the group considered were differences in the dynamics/methodologies between programs intended for adults and those for adults and children; issues of dosage; and the sustainability of programs. Discussions on leveraging existing entry points, rather than creating new groups, and developing more flexible and supportive curricula within this context followed.

MALE INVOLVEMENT

This group worked on defining what male involvement looks like, with respect to culture and nurturing care. The group discussed the many challenges of engaging men due to societal messages involving gender roles and norms and the burden this places on women to perform much of the household work,

including child care. The group emphasized that if we want to understand male involvement, we must understand these gender and cultural norms. Men must be engaged from the very start and be inclusive of traditional leaders. More emphasis should be placed on celebrating the positive examples of male involvement. In addition to addressing gender norms, the group recommended that more research should be available on male engagement and on the intersection of ECD and gender, in both the urban and rural contexts. The group also recommended creating an activity list of how partners are engaging men across the five domains of the Nurturing Care Framework.

MESSAGING

This group was led by Jessa Blades and Eddah Mwakima of IDEO.org, who led the group in messaging exercises to understand the value systems underpinning current mindsets around ECD and to further develop the message our community wants to send in advocating for responsive care and early learning. The group was asked to design a T-shirt slogan for ECD, capturing the "Four C's of Communication" (clarity, call to action, credibility, and context). Different members of the group were then assigned a specific population to design messaging for, such as grandmothers, passive fathers, teen moms, and first time mothers. For all of the populations, several messages emphasized child success and improved outcomes. Such as, "Children will go farther in life if their father is involved," or, "It's important for children to have a broad circle of support." The group discussed the importance of shifting the message from doing something to a child, "do this" to doing something with a child, "do with." The group also discussed how one time messaging is not sufficient. Change requires multiple waves of effort to engage audiences. Information, services, follow-ups, and an enabling environment is required for messages to bring about behavioral change.

PLACE-BASED APPROACHES

Spring Impact led a discussion group on place-based approaches. They asked the fundamental question, "What is a place-based approach to ECD?" and put forward that it is a shift in focus from a project or program to a place; a town, district, county or province, but not a country. They noted that place-based approaches are inherently systemic and multi-sectoral, with systems existing on multiple levels, and that they demand shared decision-making. The group also asked critical questions about the goals of place-based approaches, the criteria for fit, who drives these approaches and how do we make a place great for a child to be born? Spring Impact concluded that ultimately it is about involving local actors to take action at the system level at which they operate.

SUPPORTIVE SUPERVISION STRATEGIES

The group worked to define supportive supervision and openly acknowledged that the current way we are doing supervision is often not very supportive but rather a checklist of things people are doing wrong. Many in the group were eager to learn about best practices other partners were implementing and learn how to use supportive supervision in a way that promotes quality and sustainability, increasing volunteer retention. In order to define supportive supervision, the group developed the following set of questions:

1. Who is being supervised?
2. Who is doing supervision?
3. What structures are they embedded in?
4. The how – how much training?
5. What are the tools we are using to do this work?
6. Cost effectiveness? What is required? How does it relate to sustainability? To exit?

The group identified coaching and mentoring as important aspects of supervision. Partners shared their models for supervision, many of which use a cascading model. The group acknowledged that supervision inevitably involves some form of hierarchy but that the exchange of knowledge and learning can and should be bidirectional. The group expressed that the primary role of the supportive supervisor should be to provide support rather than evaluate. The group recommended the development of guidelines for supportive supervision, the inclusion of soft skills training, and for partners to define how supervision is done, looking for ways to decrease tension and increase support throughout the process.

DAY THREE: SYNOPSIS

INTRODUCTION OF COUNTRY GROUP WORK AND POLICY DASHBOARDS

COUNTRY GROUP KEY ACTIONS

CONCLUDING REFLECTIONS

INTRODUCTION OF COUNTRY GROUP WORK AND POLICY DASHBOARDS

Xanthe Hunt presented the draft of the policy dashboards which the MEL Team has created to track policy progress in all five of the countries. One of the roles as MEL partners is to evaluate both programs and the level of influence on systems and policy. The MEL team has a number of policy and health systems integration indicators which they are tracking through partner feedback, based on grantee progress reports and from direct conversations. These dashboards will be routinely updated and will be available on PLANT. Partners broke out into their respective country groups to review the dashboards and provide further feedback. The feedback resulting from the country groups will be incorporated to further revise the policy dashboards.

COUNTRY GROUP KEY ACTIONS

ZAMBIA

The Zambia country group discussed the formulation of their higher-level ECD steering committee which is comprised of ministers and will be chaired by the Secretary to the Cabinet. The ToRs have been drafted and costed by the Zambia ECD Action Network (ZECDAN) and are awaiting approval. The Secretary to the Cabinet will be invited to join ZECDAN, as to further drive the ECD agenda. The group noted that they want to make contact with the First Lady who is a champion of promoting child health and the vice president who is a champion of nutrition. This can be done when WHO and/or UNICEF convenes meetings. There is a draft child policy in place with the Ministry of Youth, Sport and Child Development. Thus, ZECDAN will invite one person sitting on the policy review board to be a part of the meetings so that they can know the importance of ECD and advocate for ECD to be incorporated into the policy. One percent of the national budget under Ministry of Health is allocated to ECD. The Country group will lobby other ministries such as the Ministry of General Education and the Ministry of Youth, Sport and Child Development, to include ECD in their budgets. The country group of Zambia will also talk to District Officials to encourage them to include ECD in their budgets as well. Finally, ZECDAN is in the process of making a request to the National Assembly to orient the Members of Parliaments on ECD.

TANZANIA

In their feedback of the dashboard, it was noted that the sources of data need to be provided. The group also highlighted that the dashboard needs to tell them whether they are on track or off track and that traffic lights need to be defined. The partners in Tanzania have achieved several accomplishments such as advocacy at the national level from across different partners, the "National ECD stakeholders" forum had representation from partners where they showcased work, and an ECD task force was established. During their discussions, the Tanzania group noted that there is a desire amongst partners to work together, but that partners are already working in thematic areas with international partners. The key actions of the Tanzania group are as follows: Continuation of Firelight Foundation partners quarterly meetings and of the Community of Practice meetings for Hilton partners integrating ECD in health systems, which EGPAF is a part of. The Tanzania group will also establish an email platform to share in country ongoing ECD events. Partners will use their own spaces to influence their districts to serve as the first step to collect evidence for advocacy at national level. Partners will then identify and build capacity of local champions to advocate on the national level on the importance of ECD and what works/evidence from the local level.

MOZAMBIQUE

Mozambique partners devoted a fair amount of their meeting to providing technical feedback on the dashboard. In general, the country team also noted that progress is being made in key areas of implementation of nurturing care content, particularly as led by the Ministry of Health's Nutrition Department. PATH, WHO and UNICEF will map existing networks and technical working groups (TWG) that have nurturing care in their agenda, and work with the MOH to determine if a Nurturing Care TWG needs to be created or if it can be integrated in the agenda of the Child Health TWG, for example. It was also discussed that it is important to do an inventory of the guidelines and/or training packages into which nurturing care should be integrated, and advocate for that integration. Finally, it was discussed that a joint visit of PATH, WHO and UNICEF to Mozambique for high-level advocacy on nurturing care with decision-makers could be arranged, for nurturing care to gain traction within the MOH.

MALAWI

The Malawi country group stated that they need to leverage technical working groups, where partners come together quarterly at the regional level. They also noted that supervision needs to continue and be maintained, and that coordination needs to be improved at the inter-ministerial level. Currently the Ministry of Gender coordinates most everything, which may cause competition with the Ministry of Health; this is problematic for Malawi. They suggested that UNICEF works with partners to revise terms of reference and promote integration between ministries. Importantly, they noted that the NCF must be launched in Malawi and that the national ECD policy should be harmonized with the NCF – not seen as a competing document.

KENYA

In their feedback on the dashboard, the Kenya country group suggested the addition of indicators for early learning for children aged zero to three, the National Children's Act, and civil society ECD networks and a measure of how (de)centralized they are. The key actions of the Kenya country group are as follows: 1.) Enabling Environment: With support from UNICEF, the process of finalizing the national ECD policy would be restarted within the next quarter. The MOH will lead the process that shall incorporate other key line ministries such as MOE and Ministry of Labour and Social Protection. Along with this is the planned adaptation of the Nurturing Care Framework for use in the Kenya context and the implementation of the national work plan for operationalizing the NCF (developed in September 2018 and reviewed in April 2019). The group reported that they are in the process of operationalizing a nurturing care technical working group and terms of reference which must be ratified and signed off, and that they need to think about how to make it multisectoral. They will set up specific meetings to discuss this work, and an implementation plan will be formed on the basis of these ongoing actions. 2.) Partnerships and Advocacy: Avenues for broader national and county partnerships e.g. with the Beyond Zero Campaign, will be pursued through the County First Ladies Association. In order to build awareness and gather momentum for the NC agenda, mainstream media personalities will be identified and sensitized on NCfECD. 3.) Partner Coordination: The team acknowledged the need for better coordination of the partners would be achieved by reviving the quarterly Hilton Grantees Roundtable, to be convened by UNICEF.

CONCLUDING REFLECTIONS

HE Rosella concluded by sharing, “Our minds have been stimulated in this meeting. It has been an exciting time to be at this meeting and finding out about new platforms for learning. Leadership from the top is so important. And that is the convening power of having so many people lobbying for something. Having leadership creates a focal point to convene and mobilize. This is my first convening, and what I have learned here is going to help us”.

Chemba Raghavan from UNICEF HQ spoke about the power of ‘we,’ as well as the power of impressive implementation, informing dialogue and illustrating and modeling nurturing care. She stated that coming together and teasing out the nuts and bolts is what makes things happen - capturing our progress and challenges of implementation.

Teshome Desta of WHO noted how he has seen the power of partnership through these convenings. He stated that this meeting was instrumental in sharing lessons and seeing what is happening and where we can align. He also noted how exceptional it was to have the ministry represented from Siaya, and that more government representation is always needed.

Corinna Csaky from the Coalition for Children Affected by AIDS remarked that she has learned so much and will be taking home everything she has heard and thinking through the implications.

Bohmer concluded by comparing the program area to “the magic bus - there is room for all of us and this is a journey!” She also emphasized the importance of soft power and how political and community leaders are vital. She reiterated that this year we want to think about a ‘glass half full’ approach – how are we supporting and empowering community members to help their children to thrive? She appreciated the convening’s focus on the details of implementation that matter and that are critical to improving quality and impact. Finally, Mark Tomlinson noted that the first panel, the Annual Review of Global/Regional Progress and Country Highlights, really captured the immense progress of this program. He then concluded by highlighting the unique nature of this convening. He stated how partners are open and keen to engage with their funders, reflecting both on the partners and on the Foundation. Tomlinson concluded the convening by remarking on the inclusivity and compassion of this community which is invigorating and motivates him to continue with this important work.

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