ChildFund International

ZAMBIA LEARNING BRIEF

Studying the "Assuring the Essentials of Optimal Development for Children Affected by HIV and AIDS Project in Kenya and Zambia"
2016–2018

OVERVIEW

This brief shares learning from ChildFund International's implementation of the project, **"Assuring the Essentials of Optimal Development for Infants and Young Children Affected by HIV and AIDS in Kenya and Zambia".**

The project, supported by the Conrad N. Hilton Foundation, was conducted in the two Sub-Saharan African countries from January 2016 to July 2018. The overall aim of the project was for children aged 0-5 years in communities affected by HIV and AIDS to meet their developmental milestones while being supported by responsive male and female caregivers.[1]

In this brief, we present a brief overview of the project and share findings from an evaluation of the project, focusing on those specific to Zambia.

BACKGROUND

The Eastern and Southern Africa Region remains the region most affected by the HIV epidemic, with an estimated 18.4 million adults aged 15+ living with HIV, the largest percentage by region.[2] Further, an estimated 6 million children are orphaned due to AIDS. Specifically, in Zambia, an estimated 1.1 million adults (aged 15+) are living with HIV, with an estimated 250,000 children orphaned due to AIDS. In partnership with local government stakeholders, ChildFund worked with local non-governmental organization (NGO) implementing partners, hereafter referred to as local partners, to plan, implement, and manage the "Assuring the Essentials of Optimal Development for Infants and Young Children Affected by HIV and AIDS in Kenya and Zambia" project directly in communities.

Through a community mapping process, mentors who were part of existing leadership structures in the communities were identified and trained by local partners. These mentors, in turn, worked with facilitators who came from existing community groups, known as community support structures (CSSs).

PROJECT-AT-A-GLANCE	
Title	Assuring the Essentials of Optimal Development for Infants and Young Children Affected by HIV and AIDS in Kenya and Zambia
Donor	Conrad N. Hilton Foundation
Locations	Chibombo and Kafue Districts
Timeframe	January 2016 – July 2018
Budget	$1.4 million USD
Project Goal	For children aged 0-5 years in communities affected by HIV and AIDS to meet their developmental milestones while being supported by responsive male and female caregivers
Reach	· 24 mentors · 144 facilitators · 3,185 caregivers · 3,961 infants and young children aged 0-5

With support from ChildFund and local and government partners, CSS mentors were trained on and subsequently trained facilitators to utilize a visual curricula with approximately 17 modules with caregivers during group parenting sessions. Each module included reflective questions, key messages and interactive activities on knowledge and practices across components of Nurturing Care (i.e. health, nutrition, child protection, stimulation/early learning, and responsive caregiving). CSS mentors and facilitators were also trained by ChildFund, local and government partners on an approach to targeting the most vulnerable caregivers and how to utilize the WHO and UNICEF Care for Child Development curricula to conduct home visits with the most vulnerable caregivers, instead of or in some cases, in addition to, participating in group parenting sessions. As per the above, CSS facilitators regularly met with caregivers during group parenting sessions and/or individualized home visits. During these parenting interventions, CSS facilitators and mentors also shared information on and made specific referrals and linkages to caregivers in order to access other social services, such as formal early learning centers, obtaining birth certificates, and accessing health check-ups.

In addition to capacity building, local and government partners, CSS facilitators, and CSS mentors were engaged in cascaded ongoing mentoring support through an approach known as reflective supervision, whereby ChildFund provided monthly reflective mentoring and monitoring to Local Partners who in turn provided monthly individual one-on-one and group mentoring and monitoring of activities to CSS mentors who did the same for CSS facilitators.

Using CSSs as an entry point for parenting sessions was an intentional strategy to draw on the strengths of existing community structures and meet caregivers where they were already gathering. This process provided existing groups and volunteers already conducting home visits, in some cases, with the relevant knowledge, skills, attitudes, and practices on parenting young children instead of creating parallel community structures or services through which to integrate early childhood development (ECD). Also, this process had secondary aims of ensuring caregivers' linkages to social services and creating ownership and sustainability of the program within existing community groups where caregivers would meet beyond the project end date.

Lastly, the project had an intentional aim of strengthening local government stakeholders working on ECD across sectors to integrate ECD into policy, plans, and activities/services. Engaging government stakeholders in capacity building and planning efforts were the intended activities to ensure sustainability of ECD efforts after the project close.

Figure 1 details the counties and communities in Zambia where the project was implemented and local partners. Indicators of vulnerability, such as housing type and livelihoods/sources of income, were identified at the local level and used to capture the most vulnerable households in each community, which then received household visits from CSS facilitators.

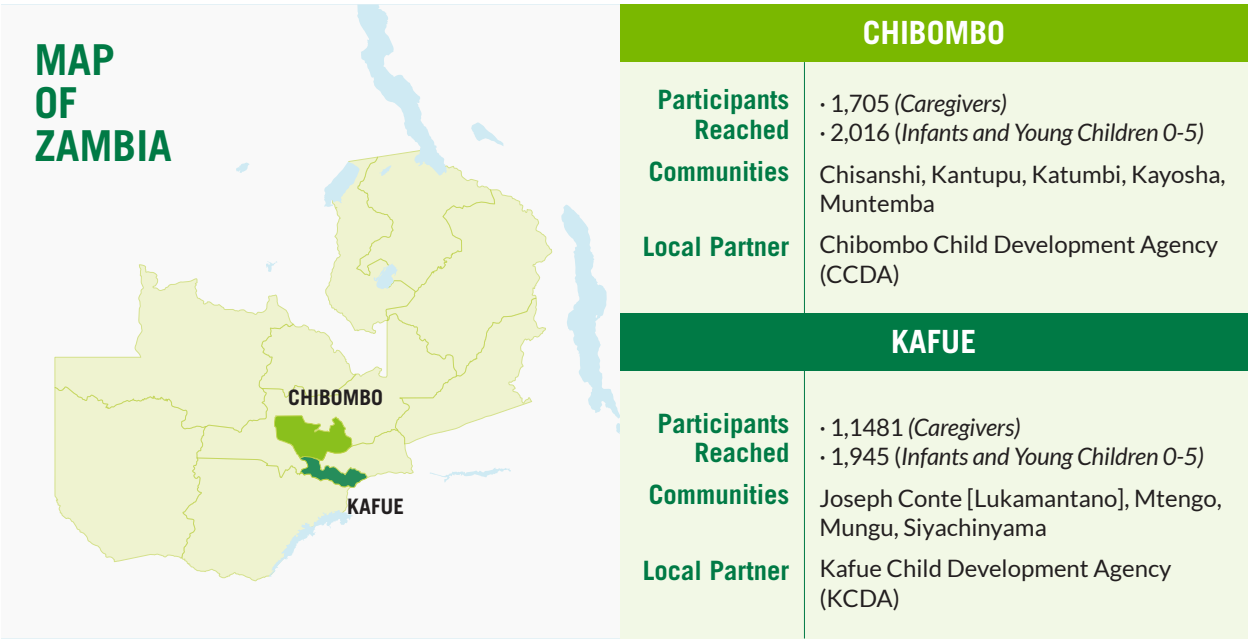

Figure 1. Project locations and local partners

HOW WE STUDIED THE PROJECT

A pretest-posttest study design with participant assessments conducted at baseline and endline was used to evaluate the project. The primary goals of the evaluation were to understand the effect of the project on the children's well-being and if and how the group parenting sessions and/or home visits enhanced caregiver competencies to provide responsive and stimulating care for infants and young children aged 0-5. Additional aims were to understand if caregivers' access to ECD services changed over time and if the capacity building and parenting sessions influenced local government and community-based stakeholders' ECD efforts. The evaluation also explored factors that served as facilitators and barriers to the implementation of the project.

Data were collected by both qualitative and quantitative approaches at the start of the project (January 2016) and the end of the project (July 2018). At the beginning of the study, quantitative data were collected through 111 household surveys and qualitative data were collected through focus group discussions with 33 caregivers, nine CSS staff members, 16 mentors, nine local partner staff, and nine government officials. Five ChildFund staff members either participated in an organization discussion or focus group discussion. At the end of the study, quantitative data were collected through 334 household surveys and observations by enumerators and one organizational self-assessment tools completed by local ChildFund offices and local partners. Qualitative data were collected through eight focus group discussions with caregivers and four focus group discussions with CSS facilitators, eight in-depth interviews with caregivers, and 20 key informant interviews with county government officials, mentors, facilitators, ChildFund officials, ECD project officers, and staff from local partners.

KEY TERMS AND CONCEPTS

LOCAL PARTNERS

A non-governmental organization (NGO) that works to meet community needs at a local level in partnership with ChildFund Zambia.

COMMUNITY SUPPORT STRUCTURE (CSS)

An existing community group that reaches vulnerable caregivers and children. Includes organizations such as Strong Safe Motherhood Action Groups, community anti-AIDS groups, child protection committees, Village Savings and Loan Associations, nutrition circles, and caregiver support groups.

EARLY CHILDHOOD DEVELOPMENT (ECD)

A holistic approach to children's development that considers the physical, socio-emotional, cognitive, and motor development of children from the prenatal stage to age eight.[3]

EARLY STIMULATION

The interaction between young children and their caregivers, providing children with the opportunity to learn about their environment from the earliest age, even before children can respond verbally.[4]

REFLECTIVE SUPERVISION

The process of examining, with another person, the thoughts, feelings, actions[5], and reactions evoked in the course of working closely with young children and their families for the purpose of determining future actions which was the ongoing mentoring and monitoring approach used by ChildFund to support CSS facilitators, mentors, and Local Partners over time.

RESPONSIVE CAREGIVING

Caregiving practices that rely upon prompt responses to a child's behavior that are appropriate to the child's developmental phase, needs, and rights[6]. A responsive caregiver has the skills to provide prompt, safe, and attentive care due to their knowledge of infant and child development, nutrition, health, and early learning/stimulation.[7]

It should be noted that data related to individual children's development and well-being were not collected nor monitored; respondents reported information related to observations of changes in child well-being.

KEY FINDINGS

Analyses of the project's household survey data, focus group discussions, and key informant interviews yielded the following results:

Caregiver and Household Demographics for Participating Families

There was an average of seven people living in each household, with an average of two children aged 5 and under. Across all children in Zambia (N = 532), 22 were identified as having a special need, such as a hearing, visual, speech, mental, or physical impairment.

Primary caregiver profile

- Ninety-six percent of primary caregivers were female.
- In 85% of households, the mother was the sole primary caregiver.
- Most primary caregivers fell in the 25-35 age range (42%), followed by the 36-49 age range (26%) and 18-24 age range (24%).
- The largest percentage of primary caregivers had completed some secondary school (34%), and 32% had completed upper primary school.
- In terms of literacy, 48% of caregivers said they could read a little, and 13% of caregivers reported that they could read but preferred not to.

Information on caregiver self-care

- Sixty-six percent of caregivers reported facing challenges in self-care, with the most (64%) reporting financial strain as being a challenge.

- Other issues included a lack of services to support caregivers in handling their challenges (5%), stress resulting from caring for the baby (5%), and difficulty finding a balance between work and care for the baby (4%).
- Forty percent of caregivers reported they sometimes felt stressed between caring for their children and trying to meet other family/work responsibilities, while 33% responded they never felt stressed.

Male and female caregivers reported increased access ECD-related services but obstacles still remain.

Caregivers reported improved access to many ECD-related services. Over the course of the project period, progress was made in caregiver access to ECD-related services (see Figure 3).

- At the beginning of the project, many caregivers reported difficulty in accessing ECD-related services. This ranged from 59% of caregivers reporting difficulty in accessing social welfare services to 97% reporting difficulty in accessing health services.
- At the end of the two years, fewer caregivers reported having problems in accessing many of these services, ranging from 37% (early learning services and nutrition support services) to 48% (psychosocial services).

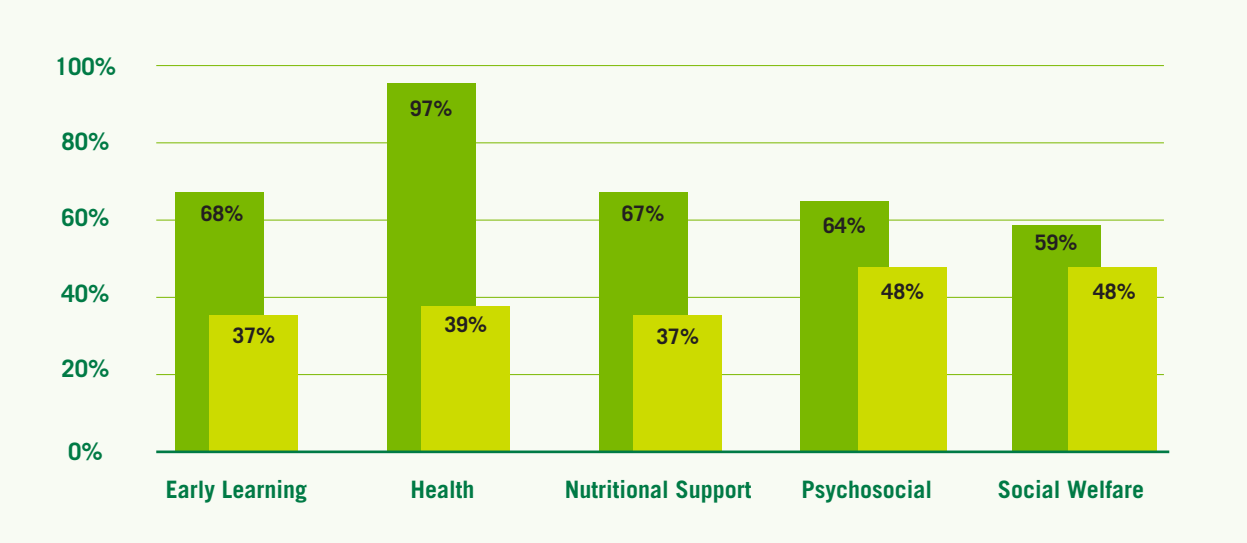

Figure 3. Percentage of caregivers reporting difficulty in accessing ECD-related services, as reported at baseline and at endline.

Barriers still remain in accessing ECD-related services. While some progress was seen in access to ECD-related services, caregivers nonetheless still face difficulties in accessing these services.

- Caregivers still had more difficulties accessing police/justice, psychosocial, and social welfare services than other ECD-related services.
- Overall, the top barriers to accessing any of the ECD-related services were the service not being available, long distances, and associated high costs.

Positive changes were seen in caregivers' practices, particularly in the areas of play and communication and preventative health

94% of caregivers reported that participating in the program influenced how they now care for their children.

Play and communication[8]. After participating in the program, sixty-one percent of caregivers reported playing more with their children, 55% reported that their children now have toys, and 46% reported that they spent more time with their children.

Caregiver relationships with their children. Most caregivers reported they had abandoned negative forms of discipline and adopted positive forms because of a strengthened bond with their children.

- Ninety-six percent of caregivers were observed keeping their child in their visual range and also initiating eye contact and smiling.
- When children did something considered "good," 90% of caregivers reported praising their children, followed by 24% saying they gave gifts and 21% saying they hugged their children.
- When children misbehaved, 73% of caregivers reported that they explained why something was wrong.
- Most caregivers also reported using positive discipline strategies, with 23% reporting they learned about positive discipline strategies from group parenting sessions and 39% from home visiting sessions. Eighteen percent of caregivers also reported learning about such strategies from their parents.
- Twenty seven percent of caregivers responded that they shook, spanked, or slapped their children and 19% that they shouted, yelled, or screamed at their children.

Positive changes in child behavior. Enumerators observed positive behavior on the part of children due to caregivers engaging their children in different forms of play and using positive discipline techniques.

- Ninety-one percent of children were observed smiling, laughing, and/or playing with the caregiver.

> *"The CSS facilitator has taught me to connect with my child, [and] from our interaction I have learned a lot about good parenting, and these lessons have now changed my life. I now know how to make age-appropriate toys using local materials such as plastic bottles, and I sing songs to my child …. My child is more expressive now. He says what he wants without being afraid of me shouting at him, and he is more active and loves to play with me more than before. Our relationship is getting better every day, and I am trying as hard as I can to make sure he recognizes me as his source of joy and happiness. When he does something wrong, I no longer beat him or scold him but instead speak to him in a low tone and tell him to stop what he is doing, and he listens and stops."*
>
> **— Caregiver from Chibombo District**

Preventative health.

- When children were sick, the majority of caregivers (77%) immediately took their children to a health facility.
- Thirty-one percent of caregivers reported learning about what to do when their child was sick from household visits and 14% from group parenting sessions; 48% reported learning this information from health facilities.

Local government officials became more committed to early childhood development

The departments of education, health, community development, and agriculture, the victims support unit, and the district HIV/AIDS task force participated in the project.

- All the departments involved were trained on aspects of ECD, and almost all the departments had mainstreamed aspects of ECD in the work.
- Importantly, the project stimulated the ECD policy debate in Zambia, where the first ECD policy is currently being developed.
- Also, while ECD in Zambia used to focus on children 3-5 years, the Ministry of Education has broadened its focus to include children 0-3 years as well. The Ministry of Education allocated a government teacher to an ECD Center in Chibombo as a result of the success of the project interventions.
- Most of the government officials interviewed indicated that the project has enlightened them on the importance of ECD and has inspired them to contribute to the policy.

IMPLICATIONS

Based on the findings, the following approaches are proposed to be integrated in future project design and implementation specific to Zambia.

A strategy needs to exist at the project's inception for improving managing participants' expectations for receiving tangible "goods" or participation benefits.

In Zambia, one of the major challenges for the project was caregivers' frequent and consistent comparisons between the current project and other ChildFund-related initiatives that offered tangible benefits, such as sponsorship, to participants. Managing expectations can be achieved in three ways:

1) mapping out and implementing the project in villages where ChildFund has not previously implemented a project
2) working with the same caregivers who are already benefiting from other ChildFund projects and explaining differences from previous projects and added benefits the new project would achieve
3) investing adequate time to engage the community in an ongoing dialogue process through more frequent community consultations concerning the project while interventions are taking place.

CSS facilitators need to be provided with increased material support to better facilitate their work.

Even though most of the CSS facilitators were motivated to conduct household visitations, the long distances between households was a major obstacle. CSS facilitators could be provided with "talk time," otherwise known as mobile phone credit, to facilitate piloting remote mentoring and peer-to-peer learning approaches using text messages or, if CSS have smartphones, opensource applications such as WhatsApp. Such strategies could then be assessed to determine if they contribute to increased CSS planning, capacity and information sharing, potentially even supporting caregivers' linkages with services and improved caregiving practices by giving the CSS the opportunities to exchange ideas and information about local solutions among themselves.

Some modifications to past activities are needed, such as improving contextualization of the curricula for home and group visits.

The curricula for home visits and group sessions need to be revisited and translated into the local languages — with concepts such as child protection further unpacked.

Stakeholders expressed the need to utilize home visits to venture beyond emphasizing play and communication which could be done through the provision of more systematic guidance

for facilitators on how to support caregivers conduct home-based assessments across the components of the Nurturing Care Framework.

Also, exploring what other services home visitors have (or lack) the capacity to provide would help identify what services caregivers need yet are not able to access. For example, as psychosocial services were a need, exploring options for the provision of community-based psychosocial support through facilitators that are conducting group parenting sessions and home visits could be explored.

CONCLUSIONS

Calls for continuation of the project were enthusiastic in Zambia. Beneficiaries and other stakeholders felt that the project should expand to cover more areas as well as remain in areas where it is already realizing positive changes. The significant changes enhancing the capacity of local partners and local government to work with CSS on ECD at the most local, community level; significant changes in caregivers' knowledge, attitudes, and practices related to play and communication; and local government integrating ECD into their ongoing work suggest the combination of interventions are contributing to building local knowledge on the importance of play and care in the early years, setting children up for success across their life course.

REFERENCES AND ENDNOTES

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[7] ChildFund. (2016). *Life stages reference manual*.

[8] "Play and communication" was treated as a single topic in the household surveys.