

ZAMBIA LEARNING BRIEF

Lessons Learned from A Strengthened Partnership for Nurturing Care 2018–2021



Project Background

ChildFund is a child-focused international development organization implementing through local partners to provide assistance to children facing poverty and other challenges in 20 countries. For the critical early years of life, ChildFund’s programs aim to achieve the maximum sustainable benefit for infants and young children and their caregivers by integrating child protection with responsive caregiving, early stimulation, health, and nutrition approaches.

Through funding from the Conrad N. Hilton Foundation, ChildFund led a multi-country initiative, “A Strengthened Partnership for Nurturing Care” implemented in Kenya and Zambia to address the needs of young children aged three years and below and their caregivers affected by HIV and AIDS in sub-Saharan Africa. In Zambia, an estimated 1.1 million adults (aged 15+) are living with HIV, with an estimated 250,000 children orphaned due to AIDS. Additionally, in Zambia, 78 percent of children under 5 years of age are at risk of poor development (Lu et al 2016).

REACH

Local Partner	Chibombo Child Development
Government Partner	Ministry of Health, Ministry of Education, Victim Support Unit from Ministry of Home Affairs, Ministry of Chiefs and Traditional Affairs
Communities	Kabile, Kalola, Katuba, Keembe, Mungule, Namayani
Caregivers and children reached	3,185 caregivers and 3,961 infants and young children
Facilitators trained	400
Mentors trained	68

Zambia’s parenting program was designed with two distinct phases implemented between July 2016 and October 2021. **Phase I** of the program aimed to ensure that infants and young children affected by HIV/AIDS would meet developmental milestones supported by responsive male and female caregivers. **Phase II** (2018 - 2021) continued to provide support to children aged 0-3 and their caregivers in Chibombo District, in the Central Province. The program also aimed to build subnational and community-based child protection

capacity to validate child protection risks for infants and young children as well as to establish, monitor, and document plans to address these risks, as well as strengthening multisectoral collaboration for nurturing care.

Hilton Project Design and Implementation

Project Design

ChildFund's distinctive, locally led approach involved close collaboration with local partners and government agencies involved in nurturing care throughout the program cycle, including the initial assessment, design, monitoring and evaluation. Through this approach, ChildFund's positive parenting program was uniquely positioned to identify and respond to communities' comprehensive needs while leveraging and strengthening existing local structures.

Program Implementation

Young children experience nurturing care first and foremost in the home, supported by enabling environments in the community along with national-level policies. For this reason, the program prioritized strengthening caregiver skills through home visits and group sessions covering the five interrelated domains of nurturing care.

ChildFund's positive parenting program was exclusively implemented through local partner Chibombo Child Development Agency (CCDA). The community support structures conducted five home visits every month, with each session lasting 30-60 minutes. The sessions were taught in series, and caregivers had the opportunity to engage in one-on-one, individualized counseling on issues of nurturing care.



In addition, the community support structures utilized routine community health talks to conduct group parenting counseling sessions. Once a month, facilitators held sessions at antenatal clinics for pregnant women and caregivers of children under 3. Facilitators also used existing community groups to reach caregivers of children under 3. Through the group sessions, caregivers learned about nurturing care, specifically child development, play and communication, health, nutrition, child protection issues and early learning opportunities.

Due to COVID-19 pandemic, the project experienced disruptions as the government instituted measures to prevent further spread of the virus. The project, with clearance from the Ministry of Health, resumed implementation of some of the activities in late 2020 while strictly adhering to COVID-19 public health measures. Child protection trainings were completed, and facilitators interacted with caregivers through group parenting sessions and home visits. The project also distributed radios with pre-recorded Early Childhood Development (ECD) messages translated into local languages and distributed these to hard-to-reach caregivers during the partial lockdown. These pandemic-related modifications may have impacted the results of the project.

Systems Strengthening and Sustainability

ChildFund collaborated closely with national, sub-national and community governmental partners across sectors to increase quality and access to critical services for young children and their families. Through these partnerships, government stakeholders were equipped for ensuring protective, nurturing and stimulating home and community environments for infants and young children. By working at household, community and government levels, ChildFund provided strategic, layered and sequenced support to strengthen nurturing care for infants and young children.

Multisectoral coordination for nurturing care: Sustained focus on collaboration among health, child protection and education sectors is critical to program success when targeting multisectoral outcomes. During the implementation of project interventions, ChildFund Zambia worked with relevant national and sub-national levels of government ministries and departments including Chibombo District Government Multi-sectoral Partners, development partners, and the Chibombo Child Development Agency. ChildFund involved the multisectoral coalition in the planning, implementation and monitoring of the project.

The project aimed to build evidence around the provision of nurturing care in Zambia through three distinct studies.

1. Process Evaluation

This process evaluation examined the implementation of the project. In addition to assessing the fidelity of project implementation, this evaluation examined how the project engaged male caregivers in nurturing care, evaluated baseline data collection, assessed the impact of the COVID-19 pandemic, and assessed how child protection issues and multisectoral coordination have taken place over the course of the project.

2. Participatory Evaluation

The project conducted a participatory evaluation in September and October 2021 using the Most Significant Change (MSC) methodology to facilitate an ongoing process of empowerment and capacity development of intended participants including both caregivers and nurturing care practitioners beyond the life of the project. The evaluation provided an opportunity for stakeholders and participants to reflect on project progress, generate lessons learned and plan future priorities around nurturing care.

3. Endline Evaluation

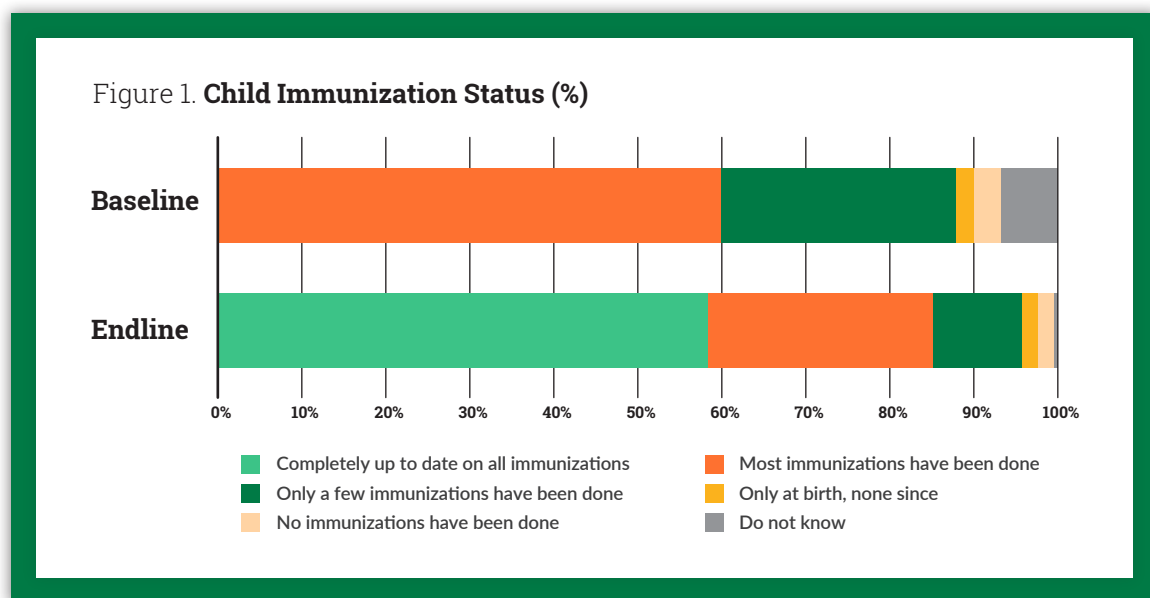
This evaluation aimed to identify changes in outcomes and output indicators as between baseline and endline. Specifically, the evaluation collected qualitative and quantitative data to understand if the project strengthened multisectoral nurturing care coordination among Chibombo District government multisectoral partners, development partners, and Chibombo Child Development Agency to expand nurturing care knowledge and services to vulnerable caregivers of infants and young children aged 0-3. Additionally, the evaluation examined whether the project strengthened community-based child protection to improve the safety and security of infants and young children aged 0-3 in targeted communities.



Program Outcomes and Next Steps

A child’s early development is the result of interaction between the child and stimulating and responsive environments that provide protection from adversities, offer early learning opportunities and meet nutritional and health needs. Through the project, ChildFund trained 68 mentors and 400 facilitators ultimately reaching 3,185 caregivers and 3,961 infants and young children in Zambia. The team also trained 15 government staff in core nurturing care concepts and group parenting. Quantitative research and anecdotal caregiver feedback indicate that these efforts strengthened nurturing care for young children across all domains.

At endline, over half of caregivers (58%) reported that their children were completely up to date on immunizations, while no caregivers at baseline had indicated the same. There was a 36% increase in the number of caregivers at the end of the project who indicated their child had a birth notification. Caregivers were also asked whether they were able to identify signs of infant or child abuse. It should be noted that there is not a specific unified channel for reporting abuse in Zambia. Key informants identified that more sensitization is necessary regarding the importance of reporting cases of abuse, that reporting channels need to be made more clear, and that there should be greater trust between caregivers, the support group, and the reporting authorities. Almost two-thirds of caregivers responded that they were able to identify signs of infant or child abuse, an approximate 16.6% increase from baseline. At endline, more caregivers also reported they played with their child, sang to their child and read to their child as compared to caregivers at baseline. A caregiver in Keembe described teaching her child: “I can teach my child to read. Sometimes I write a letter and ask her to read and she knows. This is as a result of knowing how to play with a kid. Through playing, I can teach a number of things.”





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In terms of caregiver psychosocial health, the project did not make a significant impact on increasing caregiver understanding on well-being. When caregivers were asked about self-care during focus group discussions, there seemed to be confusion regarding what self-care meant. Most caregivers responded that it meant keeping the house and themselves clean but did not elaborate further, suggesting that self-care may be a potential area for future programming. In addition to strengthening self-care, the evaluation highlighted a need for continuing to engage male caregivers. The evaluation showed increased male involvement, with men taking children for their under-5 appointments and knowing how to care for their children, which was shown to take place when the mothers were not around. However,

it is necessary to promote the equitable distribution of care work through male engagement in all caregiving tasks, regardless of the presence of the mothers. Therefore, male engagement is an additional area for future programming.

As previously mentioned, nurturing care for young children occurs primarily in the context of home enabled by community and national level policies and structures. While the project focused on systems strengthening and sustainability, further efforts are needed to ensure that young children reach their developmental potential. Through the project evaluations, key areas emerged for future action, specifically that further funding needs to be explicitly allocated for nurturing care services. Key informants also expressed a need for more sensitization around child protection issues and more efficient processes for reporting child abuse. Furthermore, local project partners also identified the need for review meetings with the Ministry of Health and other key stakeholders to further streamline the monitoring and evaluation data collection process. Finally, health and nutrition gains could be sustained by linking caregiver and women groups to other NGOs implementing nutrition programs within Chibombo District.

To address some of the aforementioned areas of need, the project is currently pursuing avenues to implement a two-year strategy plan to further strengthen the results achieved in the past three years in nurturing care. This phase would focus on strengthening the integration and coordination of nurturing care services at district and national levels, as well as promoting the Early Childhood Workforce development.

ChildFund’s vision is that these findings and lessons can continue to encourage program improvements and future adaptations so that all young children and their caregivers can receive effective and responsive nurturing care interventions.

Annex

Supports for caregivers during preconception, pregnancy, childbirth

Health	<ul style="list-style-type: none">• Awareness raising on access to health care• Community management of mental health conditions• Promotion of birth spacing• Promotion of health and hygiene practices including COVID-19 prevention practices
Nutrition	<ul style="list-style-type: none">• Counseling on adequate diet during pregnancy• Promotion of breastfeeding• Counseling on infant and young child feeding, responsive feeding, prevention of illness and care-seeking
Opportunities for Early Learning	<ul style="list-style-type: none">• Education about early stimulation, growth and development• Support for parents on play-based learning for infants and young children
Safety and Security	<ul style="list-style-type: none">• Birth registration• Knowledge and support on positive parenting (parent education programs)• Knowledge of child maltreatment, abuse and neglect• Knowledge of the reporting and referral mechanisms for child maltreatment, abuse and neglect• Promotion of positive discipline practices in resolving conflicts between caregivers and their children• Mapping of risks and protection mechanisms for protection of infants and young children aged 5 years and below• Supporting the government in strengthening of formal child protection structures and system• Establishing informal child protection structures and linking them with formal structures to strengthen child protection for infants and young children under age 5• Strengthen community capacity and action on child protection for infants and young children under 5
HIV and AIDS	<ul style="list-style-type: none">• Prevention and management of mother-to-child transmission of HIV• Advocacy to reduce social and economic barriers, violence and stigma• Strengthen community capacity and action



Photo by Jason J. Mulikita

Contact