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Children sing at an ECCD center in Mokhotlong, Lesotho



MPHATLALATSANE

FACT SHEET

August 2015

Building Local Capacity for Delivery of HIV Services in Southern Africa: Lesotho Mphatlalatsane (ECCD) Project

As of 2012, more than 15.1 million children in sub-Saharan Africa had lost one or both parents to HIV. The effect of parental loss on a child can be severe, especially because it frequently exacerbates poverty. According to UNICEF estimates, more than 200 million children worldwide are unable to achieve their full potential because of inadequate nutrition, care, and opportunities to learn—resulting in a 20% loss of adult productivity.

Government, civil society, and the development community are increasingly striving to address this challenge in specific countries and across the southern African region. However, only a few randomized control trials have evaluated the effectiveness of existing programs for orphans and vulnerable children (OVC) in the region. Therefore, programs can only draw expertise and guidance from a limited evidence base.

Furthermore, a gap currently exists between clinical programs that reach OVC and caregivers through health interventions, and community and home-based care services that provide socio-economic support.

The USAID-funded and directed OVC Special Initiative is a three-year effort that seeks to integrate community-based social programming with clinical services to improve the survival, growth, and development of OVC. Programs in three countries - Lesotho, Swaziland, and Zimbabwe – will generate data through randomized controlled trials (RCTs) in order to evaluate new strategies to reach children with

Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.

integrated interventions. The evidence from these RCTs will be used to improve and inform coordinated programming throughout the southern African region.

The Lesotho Mphatlalatsane Project, one component of the OVC Special Initiative, is a three-year RCT implemented in existing preschools. The project seeks to integrate HIV testing and treatment services, nutrition, and positive parenting practices for children aged 1-5 years into rural communities. The USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) is collaborating with USAID/PEPFAR, the Government of Lesotho, local civil society organization GROW, and Stellenbosch University in South Africa to develop, implement, and evaluate the project.

Why in Lesotho?

In Lesotho, approximately one in three children are orphans and vulnerable children, and nearly half (45%) of all households are caring for at least one orphan. Children between 1-5 years of age are not served by most HIV prevention interventions and are infrequently tested for HIV. These children are beyond the age of prevention of mother-to-child transmission (PMTCT) interventions and not yet adolescents, when many HIV prevention programs begin to target youth.

Lesotho's geography and climate create challenges to nutrition, and child development and well-being. Improving early childhood care and development (ECCD) programs is one approach to addressing these challenges. Effective ECCD programs can result in physically and emotionally healthier children, encourage greater social equity, and benefit caregivers as well as children.

The Mphatlalatsane Project will be implemented in the district of Mokhotlong, a remote mountainous area with scarce arable land, high rates of extreme poverty, endemic HIV infection, and limited civil society organization (CSO) presence. If the RCT's evaluation shows that the intervention is effective, it will be revised and adapted for national implementation.

Who is involved?

With funding and technical support from USAID, BLC is partnering with GROW and Stellenbosch University, responsible for the program's local adaptation and research respectively. The Mphatlalatsane Project is also in the process of developing agreements for collaboration with organizations Touching Tiny Lives, Baylor College of Medicine Children's Foundation Lesotho, and local ministry to provide a continuum of care and encourage sustainability of the project.

Organization	Roles
BLC	<ul style="list-style-type: none"> Overall intervention and research coordination Project alignment with existing initiatives Donor reporting
GROW	<ul style="list-style-type: none"> Community mapping Pilot intervention Adapt intervention for CSO roll-out
Stellenbosch University	<ul style="list-style-type: none"> Conduct research activities for the randomized control trial Train intervention facilitators and community-based mentors Train data collectors Oversee data collection



What is the approach?

The Mphatlalatsane Project, meaning “early morning star” in Sesotho, is a multipronged approach that delivers cognitive stimulation mentorship to a child's caregiver (biological parent, grandparent, or primary caregiver) through trained facilitators. The project will collaborate with existing OVC and child services in the community to mobilize resources to increase access and uptake of HIV testing and treatment.

The project seeks to address target issues such as nutrition and cognitive stimulation, and to link communities to existing resources available including psychosocial support, economic strengthening, and legal protection.

Staff from local implementing partner GROW will receive training and ongoing supervision to deliver intervention sessions to primary caregivers and their children. The intervention program will use key messages to promote growth and health, and will identify available resources and services in the primary caregiver's environment to motivate positive practices. The intervention team includes **intervention facilitators** and **community-based mentors** that will work in pairs at the preschool level. They have distinctly different, yet equally vital roles.

- **Intervention facilitators** will teach caregivers and their children to practice “book-sharing”—an interactive shared reading strategy that stimulates the child cognitively and encourages caregiver-child engagement through episodes of joint attention. Caregivers will learn to use interactive behaviors—praise, displays of warmth, responsiveness, and sensitivity—to develop their children's attention skills.
- **Community-based mentors** will deliver key nutrition messages through practical demonstrations and activities. They will conduct health assessments, weighing children at the beginning and end of the program. They will involve primary caregivers in monitoring their children's growth, and will provide referrals and follow up as necessary. The community-based mentors will also play a key role in motivation for HIV testing and adherence to medications for chronic conditions such as HIV.

Mphatlalatsane Project Sessions Approach



Community-Based Mentor

Delivers health and nutrition messaging. Results:

- Increase caregiver's and teacher's knowledge of child's health and nutrition needs
- Motivated for HIV testing of caregiver and child
- Referred for maternal depression, abuse and child's nutrition as needed
- Encouraged to attendance to community health outreach days



Intervention Facilitator

Conducts book-sharing sessions. Results:

- Promote cognitive stimulation to support development
- Improve language skills
- Improve child attention
- Improved child-caregiver relationship



Services Received



Expected Results

Child

- Child's language and attention skills are improved. Child is tested for HIV and adherent to treatment if found to be HIV positive. Child's growth status improves and children requiring additional nutrition intervention are referred for immediate support and treatment as needed.

Caregiver

- Caregiver has increased skills to improve child's cognitive, physical, and emotional well-being. The caregiver is supported to access health and social services including HIV testing and psychosocial support.

Teacher

- The teacher has increased knowledge of children's developmental needs, and the skills to meet these needs. The community better appreciates the teacher's role in providing early childhood care and development.



Child

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Caregiver

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Teacher

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The intervention program includes preschool teachers, who learn to apply the book-sharing component with their students even after the eight-week program is completed. Intervention teams will also encourage participants to attend community health outreach days. These events will be coordinated with Lesotho's Ministries, local community-based organizations, and health facilities to offer a wide range of health and nutrition services, including HIV testing and counseling, in a fun and engaging environment. Referrals and case management will be transitioned to the existing village health workers support mechanism for sustainability.

Why preschools?

The Mphatlalatsane Project will promote the value of ECCD within the community by underscoring the impact of early intervention on a child's future. The Lesotho Ministry of Education and Training has also prioritized ECCD as a key entry point for shifting the trajectory of Lesotho's future. BLC seeks to build upon and strengthen existing community resources, and views preschool centers as one of the most valuable of these resources.

Nearly every village in Mokhotlong has at least one preschool, a total of approximately 170 preschools. By selecting 32 of these centers as sites for project implementation, the Mphatlalatsane Project promotes the

value of ECCD within each community, provides material support and mentorship to preschool teachers, and enhances the intervention's sustainability beyond the course of the three-year project.

What are the Mphatlalatsane Project's timelines?

The formative work for the Mphatlalatsane Project has begun. Partners began a pilot intervention in four preschools in Mokhotlong town center in May 2015. The full-scale intervention will be delivered to the intervention group in 2015 and 2016. After a one year period when project partners conduct follow-up with the intervention group, the control group will receive the intervention in 2017.



A community-based mentor uses a tablet to demonstrate book-sharing

What is Book-Sharing?

Dialogic book-sharing, or simply "book-sharing," is an interactive form of shared reading. During book-sharing, adults use interactive behaviors, including following the child's interest, repeating and expanding on the child's responses, and praising and encouraging the child's participation. Research in high income countries has shown that book-sharing significantly benefits a child's cognitive development. Caregivers use book-sharing to scaffold a child's mastery of language and to encourage the acquisition of new words and concepts through extensive labeling of objects, questioning, and linking the pictures beyond the book to include new and unfamiliar words and concepts in real life.

What is a cluster RCT?

Randomized controlled trials (RCTs) are the most rigorous way of determining whether a cause-effect relationship exists between treatment and outcome. In a **cluster randomized controlled trial**, groups of subjects (such as villages) are randomly assigned to either the control or intervention group of the study.

The analysis is focused on estimating the extent of the difference between the control and intervention groups in predefined outcomes such as early childhood cognitive stimulation and HIV testing in children.



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