



Strengthening community-based organizations' capacities to develop and implement local solutions for ECD

Firelight's learnings and impact to date

April 2019

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1. Firelight's work in ECD

Firelight's work in ECD

2011- 2012 Rolling out the Essential Package to CBOs

2012-2015 support and build the capacity of 18 CBOs to implement and improve ECD programs and services for vulnerable children – e.g.,

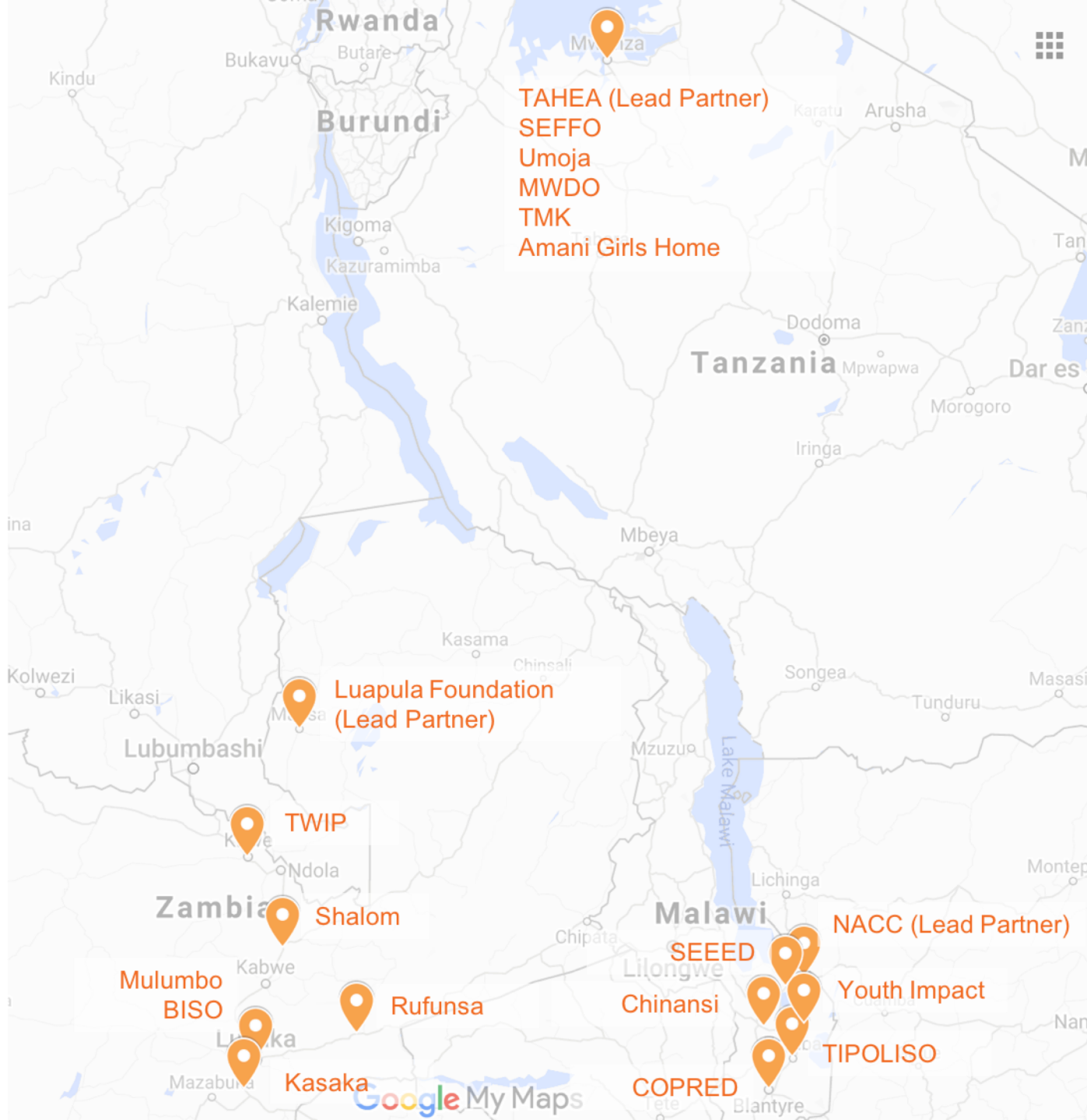
- Essential Package
- Learning through play with Dlananathi
- Science of ECD

Over the course of this phase, we gained insights about the strengths and challenges facing CBOs in providing quality ECD services, which informed our design for the 2015-2017 phase concentrating on Care for Child Development and ECD Center quality.

Throughout we have provided –

- Grants
- Technical capacity building
- Organizational capacity building
- Learning and evaluation capacity building
- Assessment and evaluation frameworks
- Learning and communities of practice
- Built our “lead partner model”





2018 Direct beneficiaries data

23 CBOs participating in ECD networks at local and national levels
77 ECD centers across 3 countries

Category	Numbers
# of beneficiaries from birth-to-age-3 reached	5,723
# of beneficiaries aged 4-5 years reached	4,736
# of beneficiaries aged 6-12 years reached	9,539
<i>Total children benefiting</i>	19,998
# of Parents/caregivers	10,403
# of ECD center caregivers and other para/professionals	495
# of Other community members	15,871
OVERALL TOTAL (benefiting from CBOs' work)	46,767



Our CBO grantee-partners' models

Zambia

- Home visits to support mothers in parenting skills and counselling to strengthen the capacity of families to meet the health, social, and cognitive needs of children from birth to age 3
- Improving the skills and knowledge of parents in appropriate nutrition/infant feeding practices, farming, parenting, entrepreneurship and savings and health
- Learning through play at their ECD centers
- Renovating infrastructure and providing teaching and learning materials
- Train in-home caregivers on creating stimulating and responsive environments for young children
- Raise awareness among community stakeholders about the importance of ECD



Our CBO grantee-partners' models

Tanzania

- Train and support parents in parenting, early stimulation and early learning, protection, and economic strengthening
- Capacity building on extended breastfeeding and complementary feeding, play and interaction and early diagnosis and prevention for HIV and AIDS
- Facilitating health sessions at local clinics for parents and distributing information and education materials to parents about the importance of food and nutrition, birth certificates for children, and regular check-ups at clinics
- ECD center infrastructure development facilitating development of play and learning materials also for the center and home
- Support for parents' livelihoods through microfinance groups
- Support for children ages 3-8 years old who are living with disabilities, including those who are affected by and infected with HIV and AIDS by targeting their conditions at home, at school, and in the community
- Mobilize parents and community members to establish community-based early childhood and early primary schools



Our CBO grantee-partners' models

Malawi

- Promoting the prevention of mother-to-child transmission of HIV
- Enhancing the quality of ECD service delivery through improvement of Community-based Childcare Centers (CBCCs)
- Training for ECD caregivers, teachers, ECD center management committees and volunteers, and improvement of ECD center infrastructure to improve the quality of learning and care at ECD centers (CBCCs)
- Facilitate development of low cost play and learning materials at ECD Centers
- Economic strengthening through village savings and loan groups to improve livelihoods of target households
- Improve food security and nutrition of children by training parents and caregivers in farming and contributing food and farming supplies
- Awareness-raising and advocacy about ECD with key stakeholders



Funder partners

Conrad N. Hilton Foundation

- 2011 - present
- Program and operations grants for CBO partners
- Capacity building for partners – Lead Partner grants, ECD center quality capacity building, CCD training, Science of ECD, ongoing mentorship and support
- Baselines/endlines, progress assessments, deeper inquiry and learning processes

Comic Relief

- 2018 – 2019 (NCE to December 2020)
- Expansion of capacity building support in CCD and ECD center quality
- Program and operations grants for CBOs
- MEL capacity building for grantee-partners

Bainum Family Foundation

- 2015 - 2019
- Only Malawi – Capacity building, top up grants, and baseline/midline/endline for ECD center quality





2. What have we achieved?

Overall, we can ascertain that – **Firelight has achieved the following over the last seven years –**

We have supported – through capacity building, mentorship, peer learning, and grants – 18+ community-based organizations in three countries, that started at varying levels of familiarity or none at all with ECD, to –

- Develop a holistic understanding of what a child needs to develop well;
- Become familiar with and competent in the use of different tools and resources to support child development at the community level – including Care for Child Development, community-based ECD center quality, Learning through Play, Science of ECD;
- Mobilize community engagement and parent involvement for the wellbeing of their children;
- Partner with government and in some cases contribute to district-level and national-level government working groups on ECD;
- Effect measurable change in the practices of ECD center caregivers/teachers at ECD centers, and in the practices of parents or other primary familial caregivers at homes; and
- Become stronger, more resilient, and more professional as organizations over time.

We now also have a clear plan for graduating these CBO partners from Firelight support – a plan which includes (a) deepening partners' understanding and critical application of global and local ECD knowledge and practices; (b) supporting partners to develop and implement plans to maximize the sustainability of the impact/outcomes achieved; and (c) building stronger CBOs to become potential mentors to each other, and mentors and Lead Partners to other CBOs in the next phase of our initiative.



Overall, we can ascertain that –
Firelight has achieved the following over the last seven years –

- We have mentored, strengthened, and empowered at least three community-born organizations with greater capacity – Lead Partners – to grow, lead, and mentor a cluster of CBO partners in their geographic areas; and to grow as regional leaders for ECD / advocates for community-based action for children in their own right – recognized by government and civil society alike.
- We have strengthened communities of practice among each country cluster, over time, to become solid communities of learning *and* practice – within which CBOs share learnings, challenges, successes, and best practices; and also come together as a group to analyze, reflect on, and act on aggregate findings.
- We have produced and disseminated systematic quantitative evidence, and rich qualitative learnings, around the roles, capacities, experiences, strengths, and needs of CBOs in strengthening community-level ECD supports and services for children in sub Saharan Africa. This includes but is not limited to learnings shared and validated with CBO partners, presentations shared at conferences such as the annual conference of the Comparative and International Education Society, and publications such as a research paper published on community-based ECD center quality in Malawi in the peer-reviewed academic journal, the Global Education Review.



Overall, we can ascertain that – **Firelight has achieved the following over the last seven years –**

We have consolidated learnings and best practices, that are laying the foundation for a revamped approach moving forward –

- CBOs benefit from developing a deeper understanding of core ECD concepts, and developing and practicing skills to enrich early development and learning.
- Global knowledge and best practices need to be contextualized with local knowledge and best practices – to bring about change that is most relevant, impactful, and sustainable.
- Long-term, flexible approaches are critical to building CBO capacity and to enable CBOs the time, space, and resources to partner with their communities and create meaningful change.
- When CBOs have time, support, and capacity to genuinely partner with their communities, and to analyze and act on the different systems affecting children in their communities, their programs are more likely to be relevant, impactful, and creating change that is sustained over the long-term, long after their partnership with Firelight has drawn to a close.
- CBOs are not just service providers – they are advocates for systemic change, knowledge creators, mobilizers of community action, and innovators of new approaches and models. Our support to them is most powerful when we are responsive to and build upon their strengths and assets.
- CBOs need support addressing operational challenges – such as retention and turnover among their staff and trained ECD providers, in order to be a stable and strong organization and effectively carry out their work supporting children and families.
- CBOs want and need tailormade capacity support to collect and use concrete data to inform improvements in their practices, and to document and communicate evidence and learnings from their work.



As a result of this investment in CBOs...

Our findings indicate that –

- CBOs are catalytic in engaging and mobilizing community action for early childhood development.
- With tools, resources, and skills, CBOs can create measurable changes in the practices of parents and ECD center caregivers.

Some examples follow...



As a result of this investment in CBOs...

In Malawi, among other things,

- CBOs have successfully mobilized parents and ECD center management committees to improve access to and the quality of ECD centers.
- CBO trainers have supported ECD center caregivers to improve their practices and environments in different dimensions of quality – especially in the use of a curriculum and daily program, fostering positive adult-child and child-child interactions, and the quality of the physical classroom environment. We see promising improvements in children’s school readiness scores.
- Community members continue to improve the physical infrastructure, develop low-cost learning materials, and contribute time and resources to feeding programs at the ECD centers.
- CBOs are being recognized by other stakeholders and are now participating and contributing their skills in technical working groups on ECD established by the Malawian government to elevate the quality of ECD programs and services across the country.
- CBOs are stronger, more resilient, and more accountable organizations.



As a result of this investment in CBOs...

In Zambia and Tanzania, among other things,

- CBOs have successfully raised awareness among families and communities about the critical importance of the first 1000 days of life – resulting in increased demand for services and programs for young children in the community.
- CBO trainers and CCD counsellors supported parents and caregivers to increase the frequency with which they engaged in positive care and development practices with their children under the age of 3 – including telling stories and reading books, playing together, and singing songs. Parents already see substantial changes in their children, especially in their more vulnerable children.
- CBOs have been able to identify ultra vulnerable children and families who were previously not accessing any programming or services, and mobilize community/civil society support for them and reduce their social isolation.
- In Tanzania, CBOs have been able to sensitize and mobilize communities around their rights – resulting in communities demanding accountability from government around policies, budgets, and practices for children’s learning in early primary.





3. A deeper look at our learnings

Also see our 2018 ECD Learning and Evaluation Report - <https://firelightfoundation.box.com/s/dqrpl1tqumcnx5pf0qxy0exdvow7hjl>

a)

Zambia Child Assessment Test (ZamCAT)

Findings from 2013-2014

Zambia Child Assessment Test (ZamCAT) – Findings from 2013-2014

- The ZamCAT tool measures child development and school readiness in the following domains –
 - Direct measures: receptive language, expressive language, letter naming, information processing, attention, tactile pattern completion, fine motor skills
 - Indirect measures: task orientation, social emotional development
 - Household survey: home literacy environment, literacy-related interactions at home, home possessions, and parent/caregiver stress
- Our sample included 390 children (ECD and comparison group) from Malawi, Tanzania, and Zambia.



Zambia Child Assessment Test (ZamCAT) – Findings from 2013-2014

	Tanzania – TAHEA		Zambia – Mulumbo		Malawi – NACC	
	2013	2014	2013	2014	2013	2014
ZamCAT subscales						
Receptive language	★	★			★	★
Expressive language		★			★	
Letter naming	★	★			★	★
Rapid naming						
Attention			★			
Tactile pattern completion		★	★			
Fine motor skills		★	★			★
Task orientation						
Socio-emotional	×				★	
Overall ZamCAT score	★	★	★		★	★
Household characteristics						
Home literacy environment						
Literacy-related interactions						
Home possessions						
Parent/caregiver stress						

★ = significant difference with ECD children performing better than comparison children.

× = significant difference with comparison children performing better than ECD children.

✓ = significant difference with ECD children having more favorable environments than comparison children



Zambia Child Assessment Test (ZamCAT) – Findings from 2013-2014

Findings

- Children in partner-supported ECD programs performed significantly better than the comparison group in many areas, particularly receptive language, letter naming, and the overall ZamCAT score.
- Sometimes the differences that were statistically significant were still relatively small. There were also key household advantages held by the ECD group – which may have had correlations with their higher scores.
- In Malawi, the stronger scores demonstrated by the NACC-supported ECD group continued from 2013 to 2014, with some differences in the domains in which ECD children were performing better.
- In Tanzania, the TAHEA-supported ECD group seemed to gain over time, such that they performed better in more domains in 2014 than they had in 2013.
- In Zambia, the stronger performance demonstrated by Mulumbo-supported ECD group in 2013 seemed to have faded by 2014. This may be due to a number of reasons, including comparison group children attending ECD programs and/or the effects of ECD fading as children move into primary school.



Zambia Child Assessment Test (ZamCAT) – Findings from 2013-2014

Key takeaways for our 2012-2015 work included –

- CBO-supported ECD centers have important potential in improving child outcomes.
- However, there is a need to:
 - Improve the quality of learning and care at ECD centers.
 - Work closely with parents and caregivers who will continue to support children as they move through primary school (reducing fade-out effects).
 - Reach children in the first 1000 days of life – before they even enter ECD centers / preschool environments.



b)

ECD Center Quality in Malawi

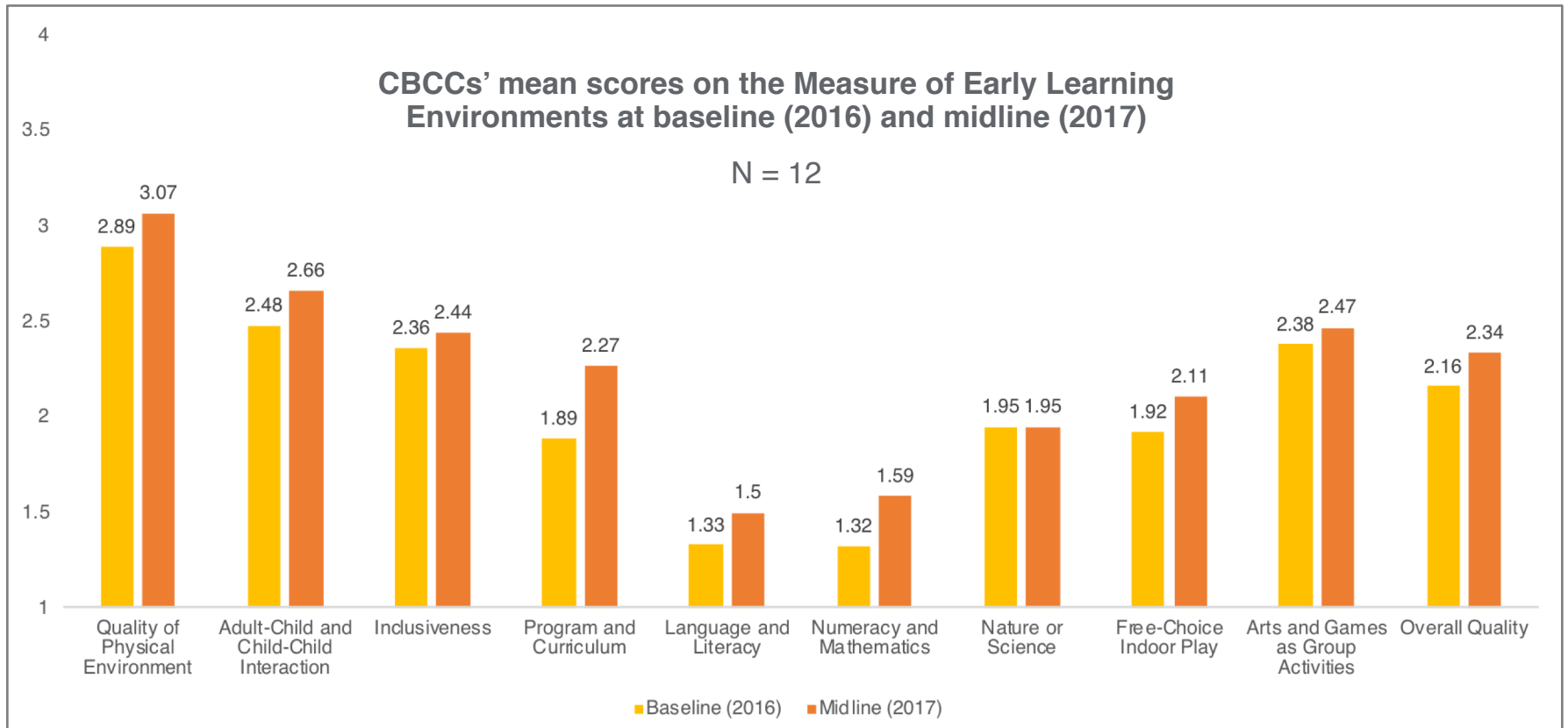
Findings from 2016-2017

ECD Center Quality in Malawi – Findings from 2016-2017

- Prior to implementing a long-term, iterative/phased process to build the capacity of CBOs around ECD center quality, we partnered with an external evaluator to conduct a baseline assessment at the 12 Community-Based Childcare Centers selected by CBO partners to be targeted in the intervention (12 CBCCs in the Mangochi, Machinga, and Neno districts of Malawi).
- Data collection tools included:
 - Measure of Early Learning Environments – structured observation tool to assess the quality of the environment, interactions, and activities in an ECD center classroom.
 - Questionnaires for ECD caregivers, interviews and focus groups with ECD center stakeholders, and school readiness tests.
- We partnered with the Madrasa Early Childhood Program – Uganda to work with our partners and strengthen their knowledge and skills in quality community-based ECD centers.
- After one year of capacity building and implementation, a midline evaluation was carried out using the same classroom observation tool and updated tools with teachers and other stakeholders.



ECD Center Quality in Malawi – Findings from 2016-2017



ECD Center Quality in Malawi – Findings from 2016-2017

The detailed findings (in aggregate form as well as individual dashboards for each CBCC) were shared and validated at a focused meeting with CBO partners in early 2018. CBO partners reflected that –

- Engagement with and mobilization of community members had many positive results –
 - Enriching locally-made playing and learning materials.
 - Improvements in physical infrastructure.
- There are significant underlying challenges with teaching / facilitating learning –
 - ECD caregivers and CBO trainers struggle to internalize and apply play-based learning effectively.
 - ECD caregivers and CBO trainers struggle to facilitate children’s early learning – especially early literacy and numeracy skills.
 - ECD caregivers and CBO trainers struggle to translate provided curriculum into strong and useable lesson plans.
- Continued networking, engagement with, and support to government officials is critical.
- ECD center caregiver retention, and CBO staff retention, is an ongoing challenge for CBOs.



ECD Center Quality in Malawi – Findings from 2016-2017

Key takeaways from our ECD Center Quality work include –

- Building the capacity of CBO staff to train and mentor ECD caregivers is a strategy that shows slow but steady improvements in quality over time.
- CBO-supported ECD centers have great potential to improve child development outcomes in Malawi. We see –
 - Small but consistent improvements in different dimensions of quality
 - Strengths in physical environments, positive adult-child and child-child interactions, inclusiveness (gender and ethnic/religious diversity), and movement/music activities
 - Communities are engaged and motivated, and have been taking concrete actions to improve the quality of learning and care at their ECD centers.
- CBOs are participating and contributing their skills in technical working groups on ECD established by the Malawian government to elevate the quality of ECD programs and services across the country.
- Partners have taken action to improve quality at their ECD centers informed by data (aggregate findings as well as individual dashboards for each ECD center) – importance of strengthening their own capacity in monitoring, evaluation, and learning – so that they are empowered to gather their own data on the outcomes they are achieving as well as to inform improvements in their programs and approaches.



ECD Center Quality in Malawi – Findings from 2016-2017

- However –
 - There is a need to foster deeper understanding of core concepts in ECD – among CBOs, ECD caregivers, communities, government stakeholders
 - There is a need to facilitate the development of applicable skills in effectively facilitating/using play and child-centered methodologies to foster/scaffold learning – including the development of early literacy and numeracy – in children
 - There is a need to support CBOs and communities with accessible tools/resources for them to implement quality ECD programs aligned with the national curriculum
 - It is important to continue and strengthen CBOs' engagement with government officials and community stakeholders.



c)

Birth-to-3 Household Surveys in Tanzania and Zambia

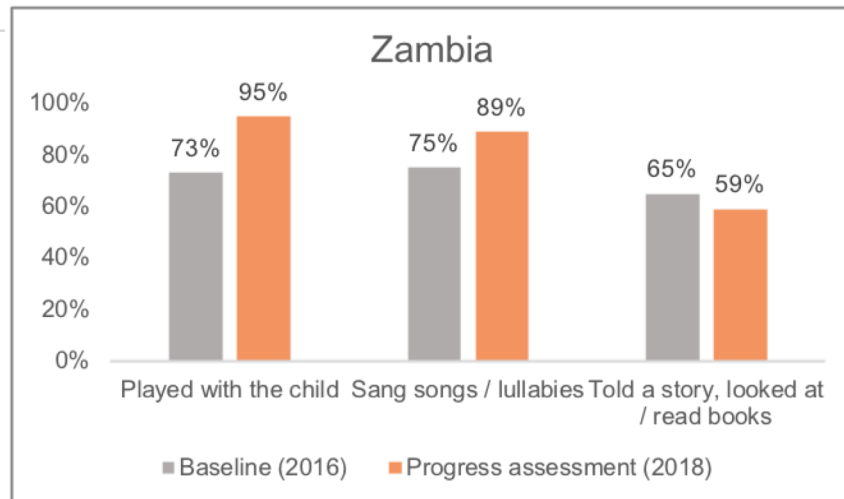
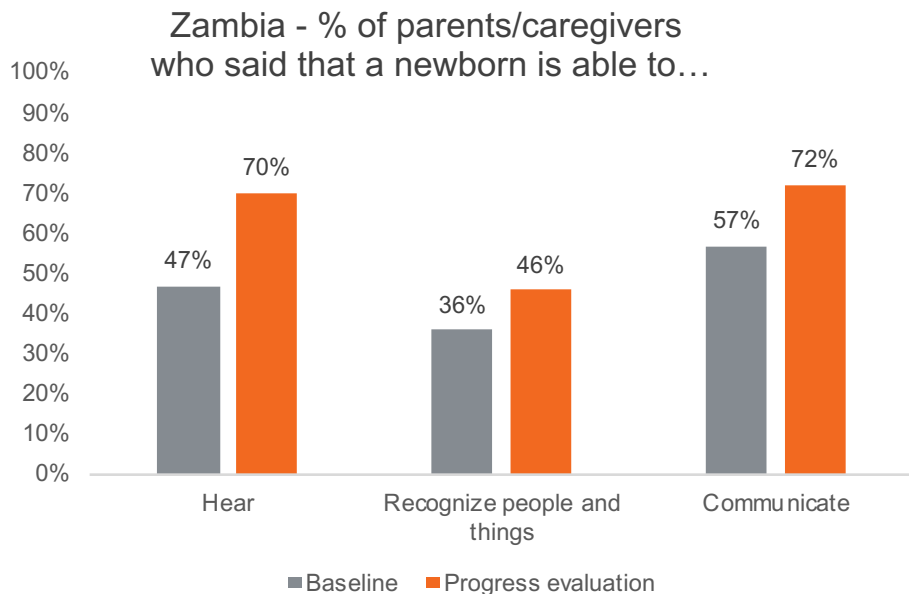
Findings from 2016-2018

Birth-to-3 Household Surveys in Tanzania and Zambia – Findings from 2016-2018

- Zambia –
 - CBO partners carried out their own needs assessments in late 2016, with technical support and guidance from Dr. Beatrice Matafwali.
 - We partnered with the Madrasa Early Childhood Program – Kenya to train, mentor, and certify Dr. Matafwali as a Trainer of Trainers; and train, mentor, and certify staff at CBO partner organizations as CCD counsellors.
 - Dr. Matafwali designed and conducted a detailed progress assessment in late 2018.
- Tanzania –
 - We contracted the Madrasa Early Childhood Program – Zanzibar (led/guided by consultant Claire Thorne) to carry out an initial scoping visit in late 2016.
 - We partnered with the Madrasa Early Childhood Program – Kenya to train, mentor, and certify staff at CBO partners as ToTs.
 - We again contracted MECPZ (with support from consultant Najma Rashied) to carry out a progress assessment in late 2018.
- These progress assessments had a number of limitations – different assessors at different times, different samples at different times, and a conflation of program/assessment roles (Dr. Matafwali).



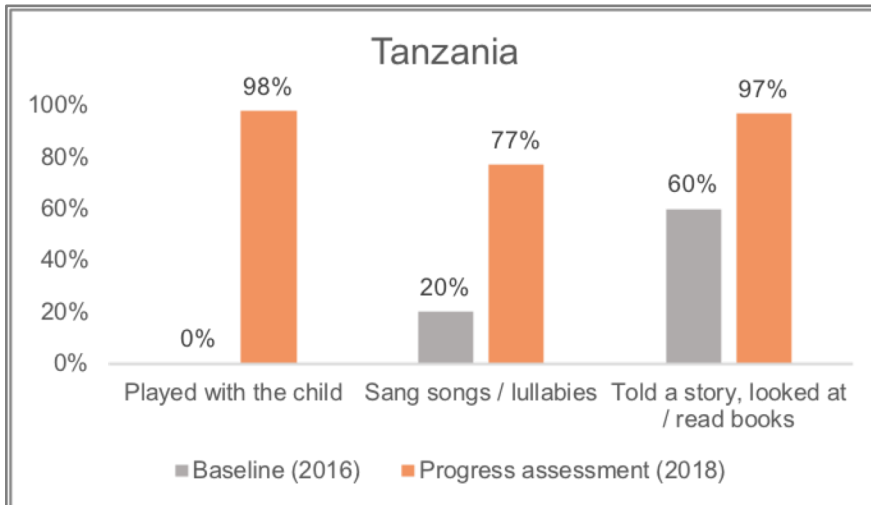
Birth-to-3 Household Surveys in Tanzania and Zambia – Findings from 2016-2018



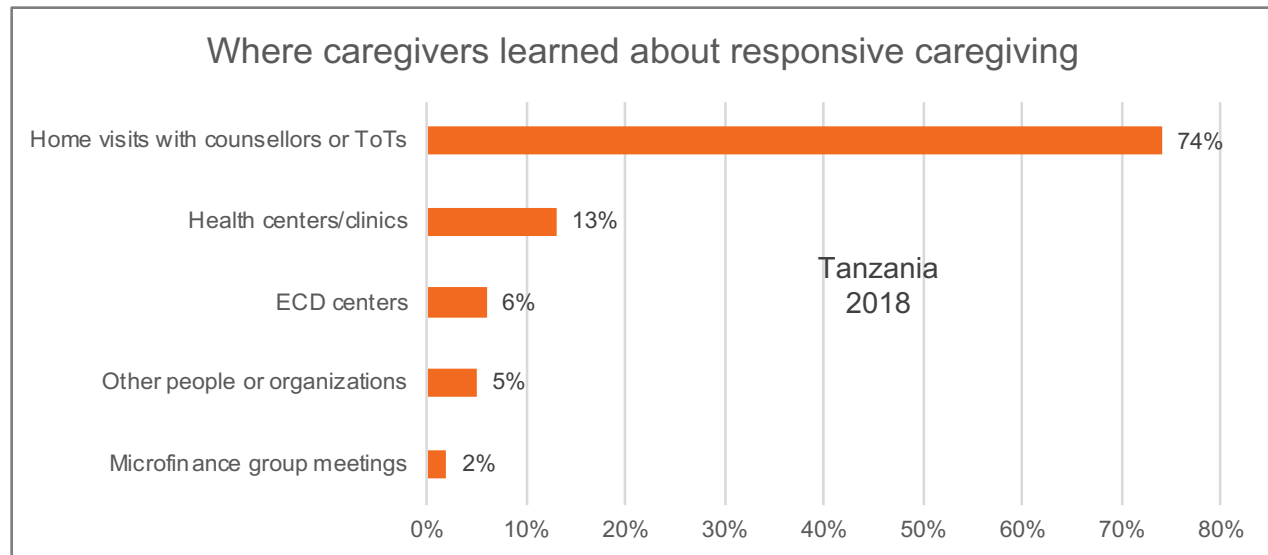
% of parents/caregivers who said that in the last 3 days, a parent/caregiver/sibling had...



Birth-to-3 Household Surveys in Tanzania and Zambia – Findings from 2016-2018



% of parents/
caregivers who
said that in the
last 3 days,
a parent/
caregiver/
sibling had...



Birth-to-3 Household Surveys in Tanzania and Zambia – Findings from 2016-2018

The detailed findings in aggregate form were shared and validated at a focused meeting with CBO partners in mid 2018. CBO partners reflected that –

- The CCD curriculum is a powerful and accessible set of messages and practices that can be internalized and applied by parents/ caregivers and communities more broadly, resulting in increased awareness of and demand for quality ECD services.
- Home visits are a strategic and effective way to reach and support vulnerable families.
- CBO partners reported tangible, observable, and sometimes quite stunning, changes children after parents/ caregivers engaged in more interactive caregiving practices.
- However –
 - The CCD ‘model’ can be resource intensive. CBO partners struggled to implement the CCD model as shared by MECPK within their existing budgets and workplans, and were not clear on how and who to prioritize as target households
 - CCD counsellors need more support from TOTs
 - There are challenges in both CBO staff and community volunteers acting as CCD counsellors making home visits (capacity, expectations)
 - CBO partners lacked clarity around how many households per counsellor, how many visits per household and how frequent, how long, and when/how to graduate/exit families from the program
 - CBO partners would like to more intentionally and strategically improve fathers’ / male caregivers’ involvement in responsive caregiving for young children
- CBO partners raised a number of larger questions around the sustainability of the current CCD delivery model in their context.



Birth-to-3 Household Surveys in Tanzania and Zambia – Findings from 2016-2018

Key takeaways from our CCD work include –

- CBO partners can successfully learn and apply knowledge and skills required to increase parent-child interactions in the first 1000 days.
- CBOs are effective in raising awareness and mobilizing communities around the importance of ECD, especially in the first 1000 days - and CCD can be an effective tool for this.
- CBO-implemented CCD can create shifts in the knowledge and practices of parents / caregivers.



Birth-to-3 Household Surveys in Tanzania and Zambia – Findings from 2016-2018

However –

- There is a need for greater alignment/ coordination with government and other civil society actors implementing CCD
- There are significant larger questions around adaptation and sustainability – including negotiating the balance between implementing an evidence-based model ‘as proven’ vs adapting to contextual realities and ensuring sustainability –
 - CCD delivery model (as ‘proven’ and packaged by WHO/UNICEF) can be difficult to implement by CBOs – requires resources and trained HR capacity.
 - Home visits are helpful to identify and reach the most vulnerable families.
 - For the broader community, it may make more sense to integrate birth-to-3 programming into existing programs or use other delivery models.
 - When partners adapt CCD into different delivery models, or integrate CCD into their existing programs/services, it is difficult to know which ‘ingredients’ or pieces are important to keep and which can be changed/adapted. It is also difficult to guide and/or assess frequency, dosage, implementation quality, etc.



d)

Organizational Capacity Assessments

Findings from 2013-2018

Organizational capacity assessments – Findings from 2013-2018

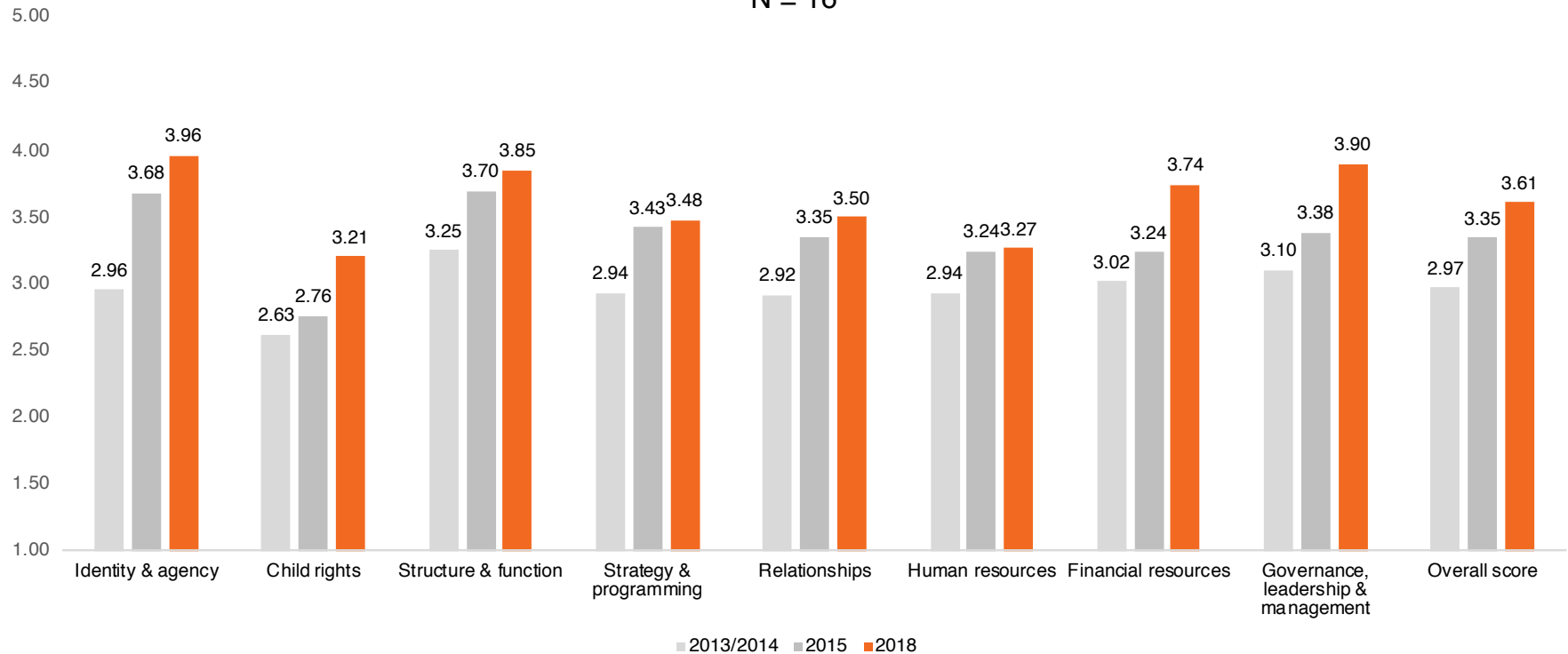
- Firelight’s Organizational Development Tool (ODT) serves more as a process tool than an evaluative tool.
- It is usually carried out through a participatory assessment and dialogue between a CBO grantee and the Firelight Program Officer or the Lead Partner.
- Limitations include inter-rater reliability (we are not confident that different raters would achieve/score the same scores), changes in the tool between 2013 and 2014 (mostly in the Child Rights domain), and the domain areas covered – which reflect traditional organizational capacity development but not the more dynamic role played by CBOs in creating systemic change.
- Firelight’s Community-Based ECD initiative is the only initiative where we have data over the period of five years from almost all CBOs in all three clusters of the initiative. This presents an unprecedented opportunity to examine change that takes place over a longer period of time – and not just in one CBO but in a whole cohort.



Organizational capacity assessments – Findings from 2013-2018

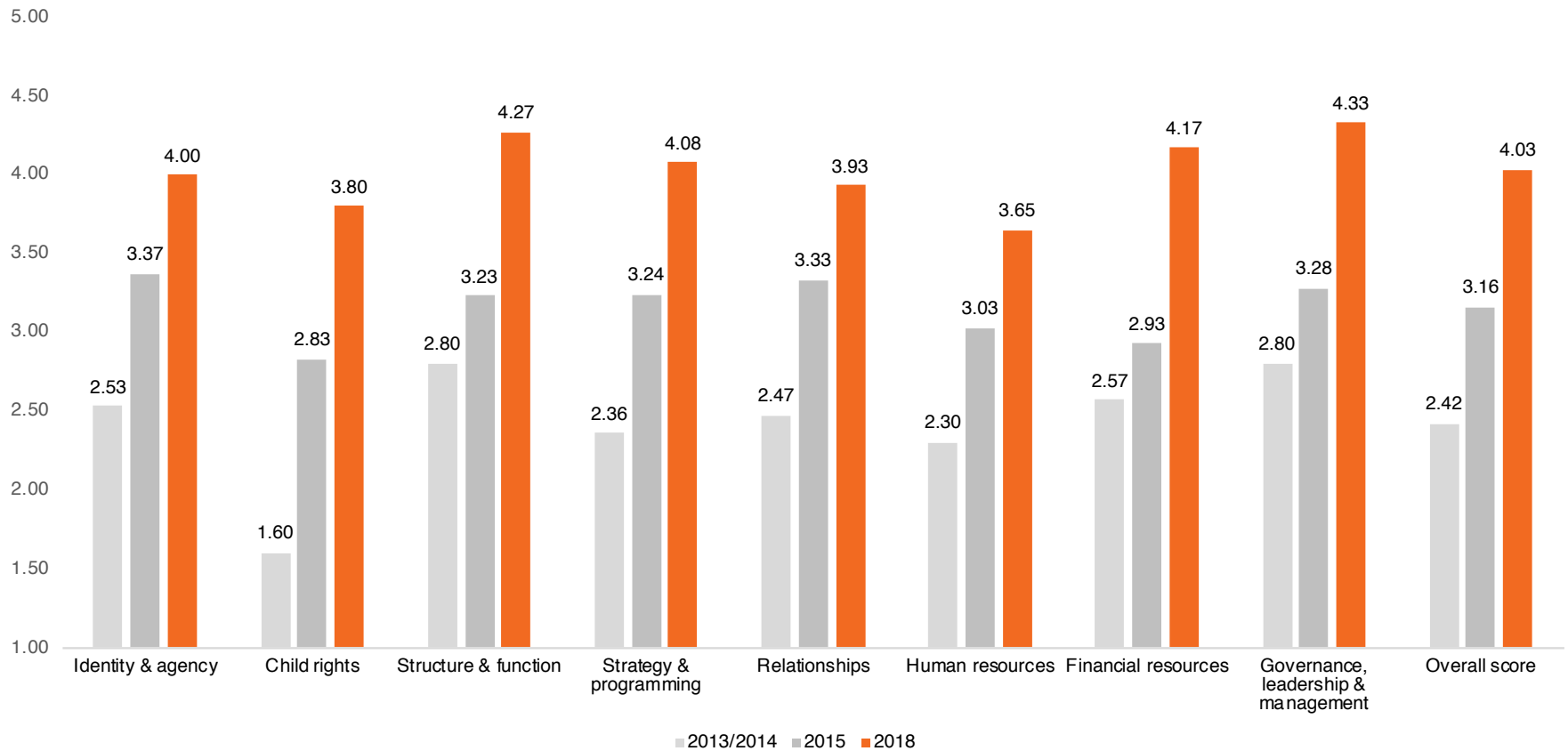
ECD CBO Partners' Mean Scores on Firelight's Organizational Development Tool (2013/4, 2015, and 2018)

N = 16



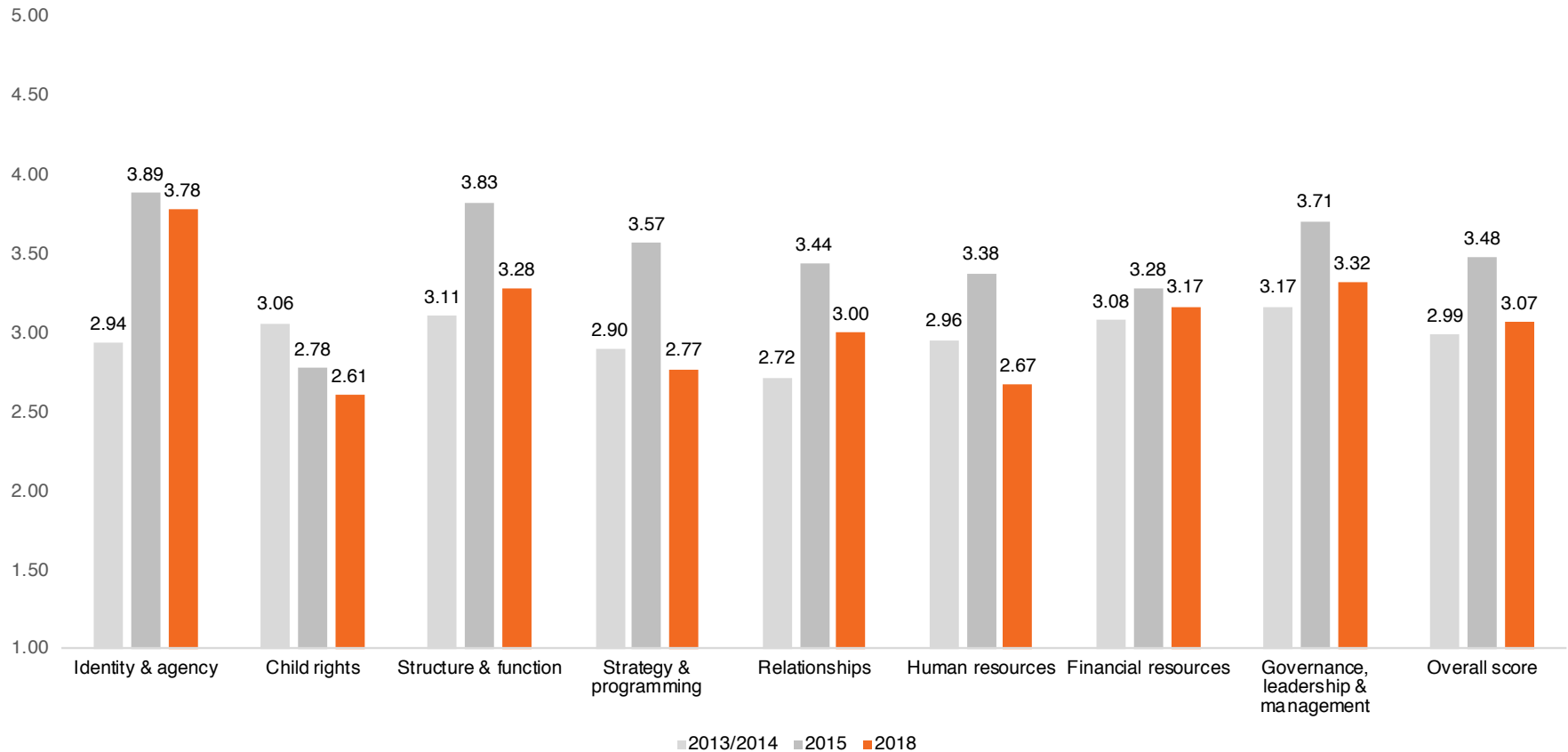
Organizational capacity assessments – Findings from 2013-2018

Average ODT Scores by Domain for Tanzania ECD Cohort in 2013/2014, 2015, and 2018



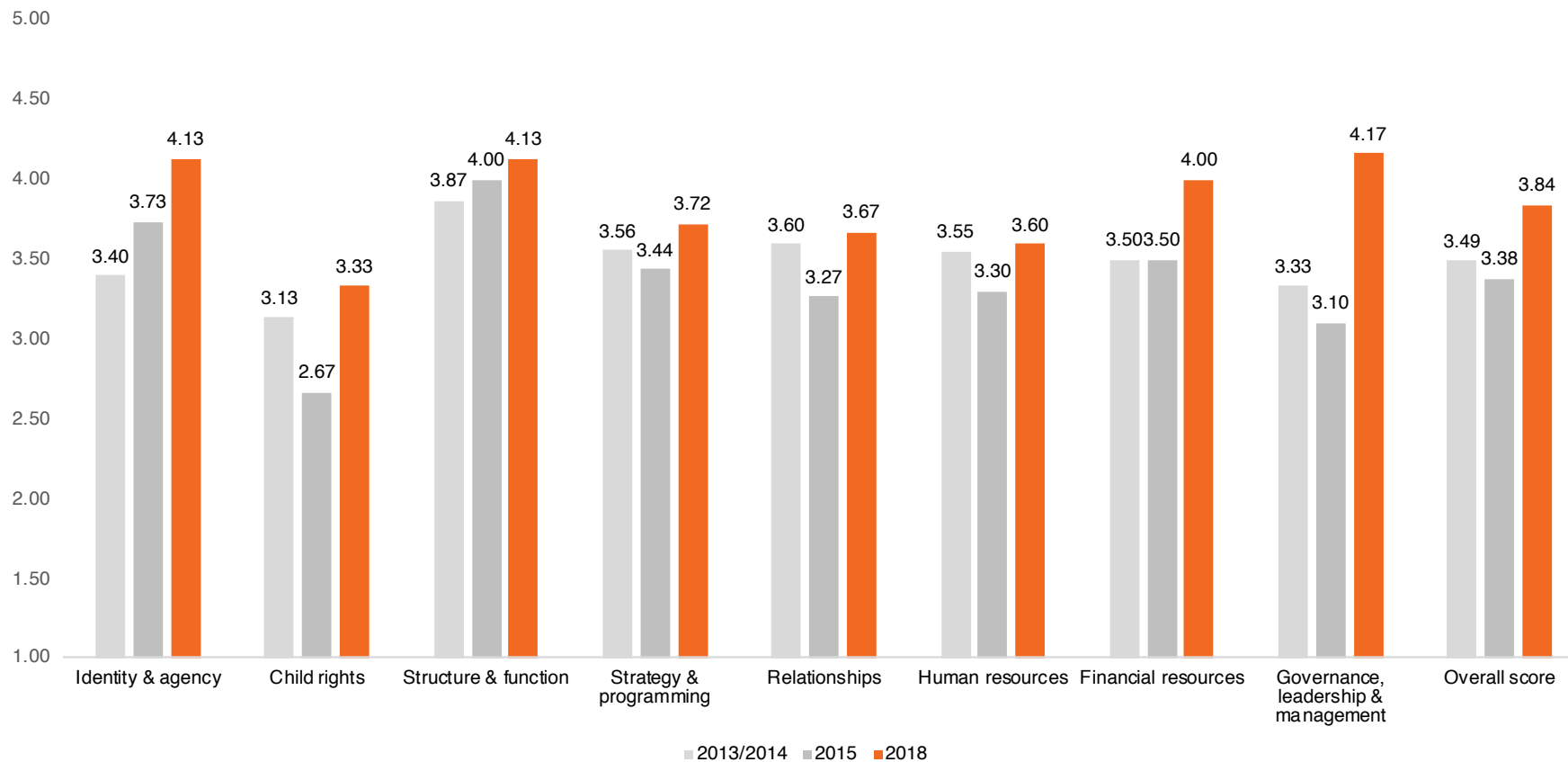
Organizational capacity assessments – Findings from 2013-2018

Average ODT Scores by Domain for Zambia ECD Cohort in 2013/2014, 2015, and 2018



Organizational capacity assessments – Findings from 2013-2018

Average ODT Scores by Domain for Malawi ECD Cohort in 2013/2014, 2015, and 2018



Organizational capacity assessments – Findings from 2013-2018

Key takeaways from our work in assessing and strengthening organizational capacity –

- Building CBOs' organizational capacity works – but it takes time.
- CBO partners' gains in organizational capacity were more consistent in Malawi and Tanzania than in Zambia. This may reflect Firelight's challenges in sustaining a strong Lead Partner in Zambia.
- Along the same lines, a strong organization serving as Lead Partner is not automatically a strong trainer/mentor in organizational capacity. Some Lead Partners were better than others in mentoring CBOs around organizational capacity, while others were stronger in mentoring CBOs around community mobilization and program development.
- The participatory ODT assessment process is deeply insightful for the CBO, the Lead Partner, and Firelight – and sets the groundwork for a bespoke capacity building plan.
- Traditional domains of organizational capacity don't fully reflect our partners' conceptualizations of success – we are working to redevelop/ refresh our definitions of success, pathways to success, and indicators of success for CBO capacity.



e)

Building the capacity of community-based organizations

Brief recap from Firelight's inquiry process
2017-2018

How do community-based organizations conceptualize success?

Success factors

Quotes from CBOs

Community impact

- **Deepening impact:** CBOs see success as the ability to better serve their community and beneficiaries, providing additional services and positioning their beneficiaries for long-term improvements
- **Increasing reach:** CBOs want to reach more beneficiaries by expanding their current services or increasing the reach of their original services
- **Empowering communities:** CBOs want community members to be positioned to make positive change in their own lives
- **Enabling community driven outcomes:** Success includes the community driving outcomes for themselves, without external influence

“[Success is] the level of positive impact our service has made on those we serve”

“[We measure success by] the total number of families and children benefiting from [our] services

“[Success is] being able to see positive results coming from the efforts of [the community] without any outside influence”

“[Success includes] giving [the community] knowledge and skills...we facilitate, enable, and empower [the community]...so that [they] themselves become the solution

Organization growth and development

- **Enhancing organizational and programming capacity:** CBO success includes growth in organizational and programming capacity, including more effective staff and leadership as well as better designed and more innovative programs
- **Increasing and diversifying funding:** CBOs look for additional funding opportunities, as well as income generating activities, to create a path towards financial sustainability

“[Success is] CBOs with strong leadership, governance, and commitment to achieve their objectives of supporting vulnerable children”

“[Success includes being in a] position to contribute at least half of our annual budget from our own [fundraising] initiatives”

Ecosystem impact

- **Increasing ability to affect policy:** CBOs hope through advocating and collective action, they can influence policy to create long-lasting change in their communities
- **Enhancing ability to show results and exchange learnings:** CBOs want to create learning outcomes, share best practices, and become role models whose programs can be replicated

“[Success is] the ability to change and impact the lives of girls...[through] contributions to policy changes”

“[Success is] when we become a center for others to learn and replicate the models that we use”

Traditional measures of organizational success often overlook impact sustainability

There are two main types of sustainability that are relevant in the CBO context

Operational sustainability: ability for CBOs to fund its operations and execute its programs over time

Impact sustainability: the positive changes for members that result from CBOs' activities and endure after programming ends

The notion of impact sustainability links back to CBO partners' definition of success as improving their communities in a lasting way.

For impact sustainability, deepening impact may be more important than scaling reach.

Our current model for building our CBO partners' capacities includes a mix of the following strategies that our partners have found to be helpful –

- We fund and support CBO partners in geographic and thematic clusters, with the support of a strong indigenous organization – a Lead Partner – who mentors individual organizations and facilitates networking and shared learning for the cluster. Lead Partners provide capacity building and mentorship in a wide range of organizational capacity areas, including governance, financial management, and monitoring.
- In response to specifically identified and prioritized needs, such as monitoring and evaluation or ECD center quality, we partner with carefully selected technical consultants to assess and build the capacity of our CBO partners through different modalities – including group trainings and individualized onsite mentoring – over an extended period of time.
- Firelight's own Program and Learning & Evaluation Officers, based in the region, provide responsive, contextualized, one-to-one support to each organization. They also provide coordination and continuity around the different capacity building approaches being offered to CBO partners.
- We provide CBO partners with financial support for operational costs, in addition to programmatic expenses, and also provide capacity building grants as needs and priorities emerge when funding is available.



We sought to understand what we can do better in strengthening our CBO partners' capacities. A few key areas we are working on more deeply in the coming months and years include –

- We are becoming more intentional and strategic about establishing and supporting communities of practice and learning.
- We are being thoughtful and reflective about how we implement our Lead Partner Model – which has evolved into a “Multiform Mentorship Model”.
- We are working with our partners more explicitly around sustainability of their impact. We are working with our partners to understand –
 - How we can better support them in collaboratively assessing, designing, implementing, and evaluating initiatives with their communities (participatory learning and action), and
 - How they can map out, analyze, and work to influence different systems and stakeholders affecting children’s lives (systems thinking and systems change).
- We are working to strengthen our partners’ capacities to develop evaluation plans, identify appropriate indicators, gather data that sheds light on the quality of program implementation as well as evaluates outcomes achieved, interpret that data, and communicate those findings in their local communities of practice as well as to contribute to the larger knowledge base.
- We are trying to navigate different partnerships to have somewhat more predictable funding timelines – and exit planning – with our CBO grantees.



Overall, what kinds of capacity building are helpful for CBOs?

Support to build core *organizational* competencies – e.g. strategic planning, governance, and financial management

- Strategic planning allowed CBOs to develop long-term strategies and improve their internal systems
- Governance and leadership training created more competent management and more professional CBOs
- Financial capacity and management, including providing financial manuals, leading trainings and seminars, and sharing learning materials improved financial capacity

Support to building core *programming* competencies – e.g. technical knowledge and skills, program design and implementation, monitoring and evaluation

- Technical capacity building around program areas (e.g., ECD) allowed CBOs to both deepen, as well as increase the breadth of, their programs
- Monitoring and evaluation tools allowed CBOs to better understand the impact of their programs on their beneficiaries
- Program design and implementation support created stronger, more impactful CBO programs
- Program management trainings allowed CBOs to manage and plan their more projects more effectively



Overall, what kinds of capacity building are helpful for CBOs?

Responsive, contextualized capacity building carried out over the period of a long-term relationship

Local, indigenous technical and organizational capacity building providers and mentors

Peer networking for learning and impact

Funding that is long term and predictable (and less or not restricted)

Support for CBOs to take an ecosystem approach and to achieve sustainability within the ecosystem approach

- Local stakeholder engagement and stakeholder mapping helped CBOs disseminate information to partners and work more effectively with the government and community
- Root cause mapping with communities helped CBOs better target their actions towards systemic change
- Community engagement is crucial, as is alignment and buy-in from local government

Exit planning and strategies – begin with the end in mind



How can we effectively support CBOs? Implications

- Establish authentic partnerships with transparency both ways, room for error, learnings, adaptation
- Change your strategic definitions of what constitutes valuable CBO “action” “impact” “growth” and “success”
- Expand how you measure them – see the value of and meaning in intermediate outcomes as well as long term ones in areas such as -
 - programmatic changes (e.g. program quality) at the CBO level as well as organizational changes (e.g. organizational development progress)
 - changes at the community level (e.g. household surveys, community perceptions of child protection or education, infrastructure improvements)
 - child/youth outcomes
 - guided inquiry questions where needed
 - Program evaluations that are not punitive but help to assess and document what works and what doesn't
- Expand the conceptions of and the practice of capacity building and support CBOs to achieve it with rich, contextual and responsive capacity building that includes traditional governance and organization capacity but also extends – where needed – to –
 - Root cause identification
 - Systems thinking and stakeholder mapping
 - Stakeholder engagement
 - Policy engagement
 - Community-driven normative change
 - Participatory research
- Fund CBOs to receive the capacity building in a sustained, gradual way that combines training and mentorship



How can we effectively support CBOs? Implications

- Appreciate that social change takes time – fund for more than one year and at least three years
- Take the time to learn, fail and improve
- Include CBOs in your funding, your L&E, your networks, your conversations with government
- Remember that CBOs are different from NGOs
- Whether you give grants directly to CBOs or through larger grantees, make sure to invest **in** CBOs' capacities and futures
- Include CBOs and community voices at major conversations (e.g., donor or policy dialogues)
- Help CBOs retain their qualified and trained staff
- Make sure CBOs can see and apply for your RFP
- Fund CBOs (not outsiders) to achieve social change - support them to learn the skills and then fund them to exercise their capacity
- Provide CBOs capacity building (in response to their identified needs) as well as program grants
- Provide capacity building over long-term mentorship relationships, not one-off workshops
- Help them (as well as you) to measure and evaluate social change with appreciation for the intermediate outcomes in a CBO's trajectory that will also have long-term outcomes for children
- Support CBOs in groups for shared impact and learning
- Resource the infrastructure that surrounds CBOs such as networks, local technical providers, local networks and local tools

**CBOs are a critical facilitator
for community-driven change**

**Long-term community-driven change
will be achieved through long-term
investment, not short projects**



f)

How do CBOs navigate the ECD implementation space?

Findings from 2018

Assessments and learnings from Sheila Manji

How CBO partners navigate the ECD implementation space – Findings from 2018 (Sheila Manji)

- In 2018, we sought to consolidate learnings from past and current data, as well as gather additional qualitative feedback from our CBO partners, to develop a detailed understanding of strengths and gaps in our partners' ECD programming capacities, and in our own strategies to build CBO capacity in ECD. To help us achieve these outcomes, we partnered with Sheila Manji as our learning consultant.
- Sheila conducted a literature review on what is already known about effective ECD implementation at the community level, reviewed over 60 internal and external documents provided by Firelight relating to the community-based ECD initiative, and conducted in-person and phone interviews with a variety of key stakeholders in the initiative including the three Lead Partners, two CBO partners from Malawi, two CBO partners from Tanzania, three CBO partners from Zambia, and three training consultants who have been working with Firelight and CBO partners to strengthen CBO capacity in ECD program implementation.
- The final report – which included feedback from Lead Partners and Firelight on draft reports – highlighted the following key strengths and challenges or areas for improvement –



Improving ECD Center Quality [ECD Implementation Learnings]

What has worked well in partners' implementation?

- Improved permanent infrastructure for ECD centers in their communities and alignment with government requirements.
- More children in their communities have access to ECD centers.
- Better and consistent lesson planning and increased availability of teaching and learning materials.
- Partners see improved learning outcomes in children who have attended ECD centers compared to those who have not.
- Communities feel greater ownership and appreciation for the ECD centers.
- CBOs provide ongoing mentorship support to ECD center caregivers' (though this fluctuates based on HR/budget capacity).

What needs improvement in partners' implementation?

- Inconsistent support/ contributions from communities towards the ECD center.
- Not enough children have access. Demand and need is far greater than the centers can accommodate.
- Attendance is highly variable. Fluctuations in attendance owing to lack of food or due to weather conditions.
- Motivation, compensation and retention of trained ECD caregivers. (Partners that have strong income generating activities or provide continuous training opportunities see less turnover and higher motivation).
- Clarify with communities the target age group for the ECD centers. (Parents sometimes send under 3s because they want their children to benefit but the centers are not equipped or intended for children under 3).
- CBO staff turnover and planning processes (especially HR and budget) lead to fluctuations in frequency and quality of support to ECD centers.

What has worked well in our capacity support to partners?

- Multi-pronged and long term continuous support that included both training and individualized coaching over four phases helped address capacity needs over time.
- Individuals from across different organizations were brought together in a peer learning process to tackle similar issues.
- Content looked at ECD center quality holistically. It encompassed what is happening both within and outside the ECD center and engaged stakeholders at every step.
- CBOs and their communities better understand ECD national policy, have stronger relationships with government, and are making progress with aligning the centers with national policies and standards.
- CBO TOTs are an important resource for government and others (e.g., participating in national and district working groups, invited to train others).

What needs improvement in our capacity support to partners?

- More emphasis on onsite support (rather than group training) and balance between knowledge and skill development.
- More intentionally involve partners in designing the capacity support (objectives, content, format).
- Greater attention to a collaborative process through which Firelight, CBO partners, and consultants continuously learn and reflect on learnings and feedback, and adapt strategies and process accordingly along the way.
- Greater coordination to move different actors together in the same direction, with a common understanding of goals and values.
- Need a more intentional strategy for continuing a community of practice among the trained CBO staff after the formal capacity support ends.
- Support TOTs to translate what they learned to the ECD caregivers (think about level, format and pacing).
- Help CBO partners explore and address issues of turnover among ECD caregivers and CBO staff trained as TOTs.



Supporting families of birth-to-3-year olds through Care for Child Development [ECD Implementation Learnings]

What has worked well in partners' implementation?	What needs improvement in partners' implementation?
<ul style="list-style-type: none"> • Improved home environment and caregiver-child interactions • Identification of and support to highly vulnerable families and children • Communities have a deeper understanding of the importance of ECD, especially before the age of 3 • In Tanzania, trainers continue to provide on-site support to CCD counsellors – providing feedback and advice. 	<ul style="list-style-type: none"> • Involve all caregivers. Need for greater attention to fathers and other male caregivers, both in the delivery of CCD messaging and in childrearing overall. • Identify the right counsellors for the context. In Zambia, where CBO staff act as counsellors, it can be difficult for them to carry out home visits due to time/distance as well as unfamiliarity with some local communities. • Address CBO staff turnover and/or identify different people to mitigate the loss of trained TOTs and counsellors. • Identify strategies to reduce HR/cost and still be effective. Relatively high budget and resourcing requirements to implement CCD as presented to CBOs.
What has worked well in our capacity support to partners?	What needs improvement in our capacity support to partners?
<ul style="list-style-type: none"> • CBOs now have a deeper understanding of and appreciation for the importance of programs and services for children under the age of 3 • CBO staff have developed important transferrable skills through the CCD training – including observation, listening, and problem-solving • CBOs are paying greater attention to the needs of the most vulnerable families in their communities. • CBO staff themselves worked as counsellors and engaged directly with families in homes – giving them first-hand experience in the realities of families' needs as well as what it takes to provide home-based 1:1 support to parents. 	<ul style="list-style-type: none"> • Greater alignment is needed with national efforts, and the activities/ initiatives of other civil society actors (others implementing CCD) • CBO partners need support in developing implementation approaches for birth to 3 that are contextually relevant, effective, and sustainable – and then testing those models, examining and assessing the effects of ingredients such as content, frequency, dosage, caseloads, etc. • More work is needed to ensure consultants' understanding of and communications/activities with partners are aligned with Firelight's goals and values • Firelight needs to play an even more deliberate role in supporting partners (and technical consultants) to understand community needs and assessment findings, and using that data/knowledge to inform program design and development. • More collaboration between Firelight, CBO partners, and technical consultants to identify the right people to benefit from the capacity support (for effectiveness and sustainability).



Characteristics of CBOs and their ECD programs that seem important to the implementation of relevant, good quality, and sustainable ECD programs.

[ECD Implementation Learnings]

- **CBO partners who think about ECD more comprehensively and are on the road to ensuring children and their families receive all components of nurturing care: nutrition, health, security and safety, opportunities for early learning, and responsive caregiving.**
- **CBO partners who work in partnership with key stakeholders to improve community services.**

Some examples include –

- CBO partners who use microfinance or income generating activities, or provide ongoing professional development, in order to better retain teachers.
- CBO partners who establish the ECD center as a “hub” for multiple activities – e.g., growth monitoring, economic strengthening for mothers, cooking demonstrations, etc. Especially effective has been establishing microfinance activities even prior to establishing an ECD center.
- CBO partners who successfully integrate Care for Child Development content into their existing services – e.g., using the waiting area at a mobile clinic, partnering with government clinics supporting HIV testing and treatment, etc.
- CBO partners who engage in relationships and collaborations with key government stakeholders – obtaining financing from government, partnering with government on key issues, engaging in technical working groups, etc.



Ways in which our ECD capacity building for CBOs can be strengthened [ECD Implementation Learnings]

- CBO partners may benefit from a deeper and broader conceptual framework for ECD – to help them develop a more streamlined theory of change or strategy around their different programs and actions for young children.
- Beyond the simple delivery of a program as provided, CBO partners may need support with developing skills that enable them to continuously deepen or make adaptations/variations to these programs such that they are more contextually relevant, sustainable, and scalable, but still effective.
- CBO partners may need support in more strategically partnering with community and government stakeholders to create more sustainable solutions for ECD.
- CBO partners may benefit from time, space, and support to be more reflective – to think through the desired outcomes of their programs and the implications of their different decisions on these outcomes and long-term sustainability.
- Amidst complex operating conditions (short/unpredictable project/funding cycles, limited funds and/or staff, lack of transport, fluctuating donor requirements), CBOs do their absolute best to maximize the limited funds available. CBO partners may benefit from a more deliberate exploration of how to use limited funds towards a more effective and sustainable strategy.
- CBO partners' input and feedback is critical in the development and implementation of ECD capacity building plans for them.
- The roles and linkages between 'capacity builders' need to be more clearly articulated and clarified.





4. Lessons Learned and Moving Forward

What have we learned that is fundamental to our goal of supporting ECD systems and structures in Africa that sustain?

- We have to start with awareness raising about what is ECD, why ECD, and ground this in what people already know and do
- We have to map the challenges – communities have to be able to address ECD in their own way or we will create false structures that may fail when we are gone
 - Needs and priorities may differ from community to community
 - Needs and priorities may change over time
 - Vulnerability and marginalization need to be examined and addressed with intentionality and thoughtfulness
- We have to engage the community itself in mapping
- CBOs can be long-term community leaders and mobilizers for ECD if they have the time, resources, and capacity to identify and respond to different needs and priorities, in different ways, continuing to assess outcomes and adapt accordingly. – focus on skills in community mobilization, deep understanding, program conceptualization/ implementation/ evaluation/ adaptation – rather than simply implementing provided ECD models – though having useable/adaptable models in their toolkit empowers them to respond rapidly rather than having to recreate materials from scratch
- We have to give CBOs a range of “tools”
- We have to value the role that CBOs play in engaging and inspiring community action
- Second to that we value their ability to transform their communities such that all children survive and thrive
- With support, CBOs can be effective and transformative in creating this change.



What have we learned that is fundamental to our goal of supporting ECD systems and structures in Africa that sustain?

What does this necessitate?

- Giving CBOs time / resources/ capacity / to learn and understand first (Planning year / grant)
- Giving CBOs time to map and listen and learn (systems thinking/ participatory learning and action methodologies)
- Giving CBOs the ability to map and listen and learn with community (ongoing participatory methodologies, learning for adaptation)
- Supporting CBOs to use the Nurturing Care Framework as a structure and guide – and to partner with their communities to address their own needs and priorities
- Offering multiple tools (CCD/Science of Early Childhood/Center Quality)
- Dialogue with communities, government, and other stakeholders
- Strengthening a community of practice among CBOs



Learnings and reflections that are guiding our way forward

- CBOs benefit from developing a deeper understanding of core ECD concepts, and developing and practicing skills to enrich early development and learning.
- Global knowledge and best practices need to be contextualized with local knowledge and best practices – to bring about change that is most relevant, impactful, and sustainable.
- Long-term, flexible approaches are critical to building CBO capacity and to enable CBOs the time, space, and resources to partner with their communities and create meaningful change.
- When CBOs have time, support, and capacity to genuinely partner with their communities, and to analyze and act on the different systems affecting children in their communities, their programs are more likely to be relevant, impactful, and creating change that is sustained over the long-term, long after their partnership with Firelight has drawn to a close.
- CBOs are not just service providers – they are advocates for systemic change, knowledge creators, mobilizers of community action, and innovators of new approaches and models. Our support to them is most powerful when we are responsive to and build upon their strengths and assets.
- CBOs need support addressing operational challenges – such as retention and turnover among their staff and trained ECD providers, in order to be a stable and strong organization and effectively carry out their work supporting children and families.



Learnings and reflections that are guiding our way forward

- CBO partners struggle with exclusion, vulnerability, and marginalization particularly for children with disabilities, and need targeted capacity and resourcing to address issues of equity and inclusion.
 - Many funder partners prefer universalist approaches.
 - CBO partners are already working with children with disabilities and those experiencing other forms of marginalization, but feel ill-equipped to do so effectively.
 - Many CBO partners don't know how to reach marginalized children and bring them into services.
 - Some communities are overwhelmed with the effects of developmental disability (e.g., Kabwe in Zambia)
 - Home-based approaches like CCD may be particularly effective in reaching more marginalized children.
- CBOs want and need support to document evidence and learnings from their work, and to use concrete data to inform improvements in their practices.



Our revised theory of change

When community-based organizations are supported with the time, knowledge, skills and resources to:

- Understand what children need to reach their full potential (e.g., nurturing care, enabling environments at multiple levels, multiple sectors and stakeholders at different levels, systems thinking, essential role of parents),
- Examine and critically analyze global and local policies and programs/models to determine what is contextually relevant, what is working, what needs adaptation, and what needs strengthening,
- Identify and leverage existing knowledge, practices and services/platforms with a view to build on and strengthen local systems (communities-CBOs-government) and ensure sustainability,
- Determine and prioritize children and families who are at risk in their communities,
- Enable communities to identify and value existing knowledge, practices, and platforms that positively support parents and promote children's health and development,
- Utilize participatory learning and action strategies to work in partnership with communities and other partners (e.g., local government) to jointly identify, prioritize, and respond to gaps in attitudes, knowledge, practices, programs, or platforms to catalyze improved supports for parents and nurturing care for children, particularly for vulnerable children and families,
- Develop implementation plans aligned with the local context and with sustainability in mind,
- Track, understand and share progress and refine actions accordingly.

Then community-based organizations will:

- have the knowledge and skills to mobilize and catalyze community-driven actions which enhance parenting practices and improve nurturing care for children under age five, particularly for vulnerable children and families.

And community-based organizations, communities and local government will:

- have the knowledge and skills to jointly assess, plan, implement, and evaluate effective and sustainable actions which promote the health and development for children under age five in their communities.



Key characteristics of our approach

- Starting with the end in mind – conceptualizing each phase and each activity towards the ultimate end of strengthening CBO and community capacity to continue to identify, prioritize, respond/act, and learn and improve – long after the project cycle has ended;
- A longer project cycle, with secure and flexible funding, and ongoing and responsive processes of capacity building, peer learning, and evaluation and reflection;
- A meaningful period of time at the start of the cycle for CBOs to understand what children need to develop to their full potential and then engage in participatory processes with communities and local government to recognize and build on existing knowledge, skills and community assets; identify and prioritize needs; and jointly develop and test actions/solutions that will improve/create enabling environments that support nurturing care for children.
- Iterative cycles of learning and action, with meaningful periods of time (and capacity) for CBOs, communities and local government to pilot/implement, monitor implementation, and refine their models, interspersed with meaningful time (and capacity) to engage in deeper and more systematic evaluation and learning processes – to improve their local strategies as well as generate knowledge for the regional and global ECD community.

