

MOZAMBIQUE

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COVID-19 threatens the basic rights of children in Mozambique

In line with many other governments affected by the COVID-19 pandemic, the government in Mozambique has implemented measures to slow the transmission of the virus. These measures, which have impeded economic activities and reduced access to basic social services, are likely to push millions more families into poverty.

The rights and welfare of millions more children are unmet due to the COVID-19 pandemic. Food insecurity – caused by reduced income and disrupted food chains – is likely to worsen the already extremely high levels of malnutrition among children up to the age of four (45% in urban areas). The diversion of health resources to fight the virus will directly affect children's access to vaccinations and medication or care for chronic illnesses and common infectious diseases, such as malaria. Disruption to water supply operations will hamper efforts to contain the spread of COVID-19 as well as other diseases, such as cholera. Children with disabilities are particularly vulnerable to COVID-19 direct transmission as a result of their pre-existing health conditions and disadvantages in accessing basic services.

School closures have meant that 101,000 children have not been able to attend pre-primary school. The longer the absence from school, the less likely it is that children, particularly girls and children with disabilities, will resume schooling. Missing out on fundamental early childhood education can have a detrimental affect on future educational and earning prospects. While well-resourced countries have resorted to distance learning to bridge this educational gap, this is largely not possible in Mozambique, where 74% of children have no access to electricity and only 2% have access to the internet.

While the majority of children in Mozambique face dire circumstances as a result of the COVID-19 pandemic, some are particularly vulnerable to its devastating effects. Prior to the pandemic, 10% of children under the age of 12 in Mozambique were orphans, putting them at increased risk of violence, abuse and exploitation. Children with disabilities, children on the move, children in institutions and children living in areas affected by conflict (such as Cabo Delgado) require urgent attention and aid in the context of the COVID-19 pandemic.

Introduction

Globally, 43% of children under the age of five, 250 million individuals, are at high risk of not achieving their full potential due to developmental delays.¹

In Mozambique, this percentage is much higher.

There, 61% of young children are at risk of poor development. Poverty, which affects 82% of children,² is a key cause. Reversing this requires urgent and continuous multi-stakeholder action.

Multiple factors influence a child's development, including access to health, nutrition, responsive caregiving, early learning opportunities, and access to clean water and safe basic sanitation, the latter mitigating and even preventing many avoidable and fatal illnesses.³

Malnutrition, in particular, is a major problem in Mozambique, with 44% of children being chronically undernourished. Besides the fact that 25% of young children have stunted growth^A, poor access to sufficient nutritious food claims thousands of young lives every year.⁴ It is estimated that one in three deaths in children under five is caused directly by undernutrition.⁴ Poor access to clean water and basic sanitation amplifies this: less than half of all Mozambicans (47%) have access to clean drinking water, and only one in four (27%) have access to basic sanitation.²

Finally, many Mozambican children, especially those from poor and rural households, are not adequately prepared for primary school, and struggle to meet required learning outcomes. Children in rural areas, in particular, are at risk of serious developmental delays in cognitive and language skills, as documented by a World Bank study of a rural community-based early childhood development (ECD) programme in Gaza province.⁵

Responding to these risks and deprivations as early as possible requires a “nurturing” approach to developing ECD services. Evidence,⁶ as increasingly acknowledged in global policy debates,⁷ shows that the multi-dimensional nature of ECD requires a comprehensive, cross-sectoral and multi-stakeholder approach rooted in the principle of nurturing care.⁸



To help children thrive, now and later in life, requires investing in their access to healthcare, proper nutrition, adequate early learning and stimulation interventions, responsive caregiving, and emotional and physical security from the moment they are born.⁸ Putting funds and resources towards high-quality, equitable and inclusive ECD services can also help mitigate the multitude of risks children are facing at the same time as making it easier for them to access their rights. This will pave the way for more equal societies.⁸

This matters most for children from disadvantaged and rural households. Children with disabilities, in particular, face multiple barriers and layers of discrimination, and they are often excluded from ECD services.⁸ Supporting them in their early years helps identify their ECD needs and how we should respond to these so they can fully participate in and belong to their communities.⁸

This is backed up by evidence that suggests that investing in children's early years is one of the smartest investments a country and donors can make to break the cycle of poverty, address inequality and boost children's overall productivity later in life.^B Yet in Mozambique, the provision of and access to quality ECD services rooted in the Nurturing Care Framework is low, due to low government funding. This means development partners have a key role to play in supporting the authorities in this priority. The problem is that the overall level of overseas development assistance (ODA) spent on improving ECD services in Mozambique remains low.

^A. See: <https://blogs.worldbank.org/health/health/zh-hans/node/614>

^B. The research underlying this finding may be found here: <https://heckmanequation.org/resource/the-heckman-curve/>

This study analyses Mozambique's ECD services context, what donors are doing to support the government in terms of ODA^c and what more they could do. Our starting point is that donors have a specific supportive role to play in scaling up equitable and inclusive ECD services in their recipient countries (see Box 5).

Five interrelated and indivisible components of nurturing care



Box 1. The difference appropriate ECD interventions can make: a case study of twin boys from Mozambique

Twin brothers Jonson and Ronson from Dondo, Sofala Province, were born in 2008 by caesarean section due to late-stage pregnancy complications. After being discharged, the boys' father was concerned because Jonson did not cry or move his arms and legs like his twin brother. After seeking medical attention, the paediatrician explained the baby had cerebral palsy, a condition which had resulted from a lack of oxygen to the brain during childbirth. The doctor recommended physiotherapy. However, it took Jonson's parents three years to get physiotherapy for their son because they could not afford to pay the transport costs associated with the regular visits to Beira Central Hospital, 30 km away from Dondo. As the sole breadwinner, Jonson's father took on odd jobs to support his family of 10.

In 2017, Jonson was identified as a beneficiary of the services offered by a Light for the World community-based rehabilitation programme in Dondo. He was given a wheelchair, and the entire family received practical advice on how to help him develop his communication and coordination skills through play, participatory community activities, such as church choir, and other day-to-day activities. In 2018, when he turned 10, Jonson enrolled in the local village school. His father hopes his son will be able to study when he is older and have a professional career.

While Jonson has a very loving and supportive family, poverty and a lack of appropriate advice and support early in life have denied him the rights his twin brother has enjoyed, making it harder for him to catch up and achieve his full potential.

^c. For a definition of ODA, see: <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/official-development-assistance.htm>



Mozambique's national early childhood development policy context

The government of Mozambique is increasingly recognising the need to develop an adequate ECD policy framework^D, which thus far has largely been contained to pre-primary subsector interventions, with minimal overlap with other areas such as healthcare.

Presidential Decree No. 7 of 2010 and the 2010-2014 Five-Year Plan have highlighted the need for a holistic pre-primary education strategy at country level, with the responsibility for guiding these plans being in the hands of the Ministries of Education, Health and Social Welfare.

Following this, the State drafted the 2012-2021 *Estratégia do Desenvolvimento Integrado da Criança em Idade Pré Escolar (DICIPE)*,⁹ which is the country's national integrated pre-school child development strategy. The Ministry of Education was identified as the implementing party, with crossover to other relevant ministries.

DICIPE has prioritised protecting children against violence and abuse while boosting their access to primary healthcare, nutrition, birth registration services and pre-school education. Other focal

points include safe motherhood, the provision of parenting classes for caregivers, access to training and professional career guidance for educators and other pre-school professionals and, finally, promoting a higher level of intersectoral ECD coordination.⁹

Being implemented in stages, the strategy's pilot has focused on the expansion of pre-primary services for the rural poor. While this country report focuses mostly on the educational aspects of ECD, the authorities are mindful of other services supportive of young children's development. Despite this multi-sectoral approach, DICIPE has so far failed to secure adequate engagement from all relevant ministries.¹⁰

In addition, the new education sector plan was only recently released by the Ministry of Education and Human Development. In the Mozambique Strategic Education Plan (2020-2029), pre-school expansion will prioritise districts with the lowest primary school learning indicators and identifying children with special needs. The private sector and the local community will be mobilised to implement the plan, which jeopardises equitable access.



Early education

Mozambique is increasingly recognising that adequate access to quality early learning opportunities contributes to better-prepared children once they go to primary school and helps them succeed in their educational journey. The need for appropriate pre-primary education is considerable: one survey found that 33% of Mozambican children are left without adequate supervision and care on a regular basis.¹¹ Not much data are available on the extent of access to early learning opportunities, as the National Institute for

Statistics does not even mention pre-primary education as a sector in its own right.¹² However, it is estimated that only 4% of young children (aged three to five) have access to some ECD centres.¹³ All in all, last year only around 17,000 children attended 195 kindergardens and crèches, and 51,000 children attended 663 community-based early learning centres or *escolinhas*.¹⁰ The vast majority of these services are private and located in urban areas, targeting well-off households. Centres in rural areas tend to be run by NGOs.¹³

^D By this we mean from birth through to transition to primary school. This can be up to 6-8 years of age.

Until very recently, public ECD centres were non-existent, but this is changing. In 2012, following the launch of the DICIPE strategy, the Ministry of Education kickstarted a programme to roll out and expand an ECD and pre-primary services pilot programme for the rural poor. This built on an independent evaluation that suggested that ECD access typically leads to a 24% increase in primary school attendance, improves children's understanding of the materials and boosts their behaviour in class compared with children who had not gone to a crèche. The World Bank has classified these results as indisputable, noting that "children who attend pre-school had more skills, plus they were more likely to enrol in primary school."¹⁴

Based on the above, the DICIPE pilot programme will be scaled up to bring *escolinhas* to 600 communities across Mozambique, reaching 84,000 children **(see Box 2)**. Its ECD services include 15 hours of instruction per week for children aged three to five, monthly parenting meetings and, in some cases, food assistance.

While the bulk of the programme's funding comes from the Ministry of Education through a World Bank loan, the service provision is led by three third-party providers (TPPs): the ADPP, the Aga Khan Foundation, and Save the Children. This third-party provision is to address the acknowledged gaps in the government's capacity to manage this programme. It has to be noted that there has been a process of transition towards the government taking over, the first phase of which has just been concluded. While some initial outputs have been measured,^E a full impact evaluation is yet to be published. The results are important for the future of pre-primary schooling in Mozambique, particularly given its high profile as a World Bank

project and the World Bank's commitment to ECD **(see Box 2)**.

Overall, the Mozambican government is aware of the importance of pre-primary schooling and is developing general rules for pre-school education, providing support and monitoring compliance at the same time as defining criteria and standards for the opening, running, and closure of ECD centres. Furthermore, pre-school education has been identified as one priority of a strategic education plan that will be launched in 2020. This will drive forward the DICIPE's strategic commitments and create more ECD services for more children.

Financing, however, will remain a concern, as Mozambique is fiscally constrained due to various external debt challenges. The ECD pilot was, after all, financed by a loan from the World Bank, with very little government financing. Debt-imposed austerity measures will make the scale-up challenging **(see Box 3)**, and more donor support will, therefore, likely be needed, at least in the short term. In the meantime, the government will be required to find ways to free up resources within the budget, particularly to meet the **needs of the most marginalised children, including children with disabilities**. Currently, the DICIPE programme does not make provision for this group. It is estimated that 14% of Mozambican children aged two to nine are living with a disability^F and that most of them are excluded from ECD services.

Some of the TPPs have developed various training components for facilitators to help them take into account the needs of children with disabilities, but there is no overarching approach. Scaling up interventions catering to this group of children across the country requires addressing the issue of inclusivity.



Other ECD support services in Mozambique

As noted above, ECD in Mozambique is almost unilaterally defined as pre-school education by the government and donors alike. However, the original DICIPE strategy allows for a much broader understanding of the provision of services, resulting in several public initiatives, from food schemes

to healthcare interventions. **In terms of ECD in Mozambique, food schemes remain a key focal point in tackling, mitigating and preventing developmental delays**. It is estimated that 44% of Mozambican children under the age of five suffer from chronic undernutrition. In addition, average maternal

health is poor, and birthweights of newborns are usually low.⁴ Besides not consuming enough calories, children and mothers suffer from vitamin and mineral deficiencies. As a result, nearly 75% of all children under the age of two, and more than half of all pregnant women, are anaemic.²

The Ministry of Health is tackling this issue through an intensive early nutrition intervention for adolescent girls, pregnant mothers, and children up to the age of two through a Multisectoral Action Plan for the

Reduction of Chronic Malnutrition (MAPRCM). This initiative is run in collaboration with UN agencies, bilateral donors, and key NGOs, and aims to reduce chronic undernutrition among young children from 44% in 2008 to 20% in 2020.¹³

When it comes to access to healthcare, only 5% of new mothers and their children have access to post-natal care, and less than half of pregnant women receive four antenatal visits during their pregnancies.²

Box 2. Mozambique: committed to a comprehensive, multi-sectoral ECD programme

In 2008, Save the Children piloted a community-based pre-school programme in 30 communities across Mozambique, which cost USD 2.47 per child per month. A randomised control trial evaluation of the programme's impact showed children who attended pre-school demonstrated a 14% increase in cognitive development and were 10% more likely to enrol in primary school. The number of skin problems and diarrhoea cases dropped too, probably the result of the water and sanitation interventions included in the ECD interventions.¹⁵

Building on this community-based *escolinha* model, the government launched a pilot DICIPE programme in 2012. Integrating parallel programmes that provide food and address parental childcare constraints, the project was funded by the World Bank through a loan and was intended to reach 84,000 children. While NGOs (Save the Children, the Aga Khan Foundation and the ADPP) were the implementation agents and responsible for the construction and maintenance of the *escolinhas*, the provision of learning materials and the establishment of ECD community committees, the State was in charge of paying staff salaries.

The programme is currently being evaluated, but some concerns have already been identified:

- The initial implementation has been delayed due, among other things, to the Ministry of Education insisting that the buildings had to be constructed to the same standard as primary schools. The delays were caused by the fact that it is difficult to source the required materials that meet these standards in rural areas.
- Staff, known as “facilitators”, are paid a stipend of USD 10 per month, and salary payments are often delayed. In the meantime, facilitators have to travel long distances to pick up their wages when they eventually arrive. Initially, communities were supposed to contribute financially, which was deemed unsustainable.^{15,G} The result has been a high staff turnover, jeopardising the programme's sustainability.^H

Once evaluated, the findings will be submitted to the Ministry of Education, while the responsibility for the maintenance and management of the *escolinhas* will be transferred from the NGOs to various ECD community committees.

E. An evaluation of the programme was drafted while this report was being written and was not available at the time of writing. Therefore, preliminary results were used.

F. Op.cit. In terms of inclusion of marginalised children in pre-primary or care services, no reliable data were available.

G. This was acknowledged by a World Bank-commissioned review of their ECD work: World Bank Support to Early Childhood Development: An Independent Evaluation.

H. This was noted consistently in in-country interviews conducted for this study.



Donor support to early childhood development

Given low government capacity, scaling up equitable, inclusive, and quality ECD services requires donors to give more and give smarter. This is not yet happening.

This study analyses the share of the overseas development assistance (ODA) spending of nine donors on ECD services, relative to their overall ODA portfolio.^l This gives a sense of each donor's relative commitment to ECD interventions. The surveyed donors include large global agencies that typically commit large amounts to ECD support in Mozambique. UNICEF, for instance, spends 40.4% of its Mozambique ODA portfolio on ECD interventions. Other donors commit much less, such as France and Germany, which each spend less than 1% of their total Mozambique ODA portfolio on ECD.

It is crucial that donors invest more in ECD in their recipient countries, as this is the smartest way to invest in a developing human capital base and break the cycle of poverty.^j This is even more crucial given the current fiscal constraints many of these nations, including Mozambique, face in solving these problems on their own **(see Box 3)**.

When ODA disbursements are broken down into ECD subsectors – health, education, nutrition and sanitation – health continues to dominate. **When looking at the nine donors, this field received around three-quarters of all ECD ODA funding combined, while nutrition accounted for 22.3%. Education is by far the least funded area (less than 1%).** To some extent, this is because some of the most significant donors, such as USAID, are allocating a large share of funding to healthcare. It should be noted that there are wide spending variations across different donors in the different ECD subsectors **(see Figure 1)**.

What remains a concern is that investments in areas supportive of ECD (health, nutrition) are not tied in with direct ECD efforts. As a World Bank study on ECD financing in Mozambique noted: “Donor support for children under five is operating in general through sector silos as they either provide vertical program support or sectoral finance-oriented basket funds.”¹⁵

While many donors are active in child and maternal health issues, as the World Bank notes,¹⁵ this support is not linked to ongoing ECD discussions and interventions. More is needed to fast-track a multi-sectoral approach instead of working in silos.^k The World Bank report also notes that donors active in child and maternal health (Canada and the UK) perceived their work to be confined to health rather than crossing over to ECD.

In addition, various ECD supportive interventions, such as parenting programmes that support nurturing care, are not gaining support from donors, despite their short- and long-term benefits. More donor investment is required in nurturing care for ECD services, as this domain helps support existing and new ECD interventions better.



^l Based on an analysis carried out by the author of OECD-DAC CRS disbursement figures 2017.

^j Human capital refers to a country's skills and knowledge amongst its citizens. It is a term that has gained much traction in

global development circles, partly driven by the World Bank. See: <https://www.worldbank.org/en/publication/human-capital>

^k The same was recognised during in-country interviews for this study.

Box 3. Fiscal challenges in delivering inclusive ECD services in Mozambique

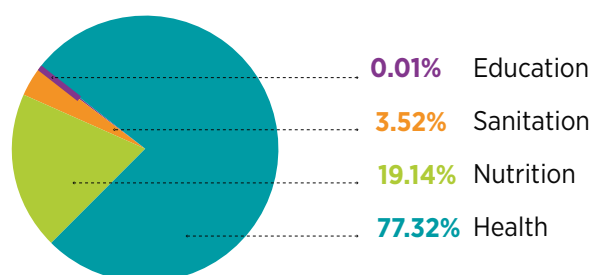
The Mozambican government faces serious fiscal challenges that prevent it from scaling up more equitable and inclusive ECD services. The country is heavily indebted – a crisis it will take years to recover from: in 2016, the country admitted it had failed to disclose USD 1.2 billion worth of commercial loans, on which it defaulted on payments.¹⁶

As a result, the International Monetary Fund (IMF) and other foreign donors cut off their support, triggering a currency collapse and a default on the country's debt. In addition, the IMF imposed austerity interventions to cap public spending.

Currently, debt servicing in Mozambique stands at 27% of the government's revenue, thwarting budgets available for public expenditures.¹⁷

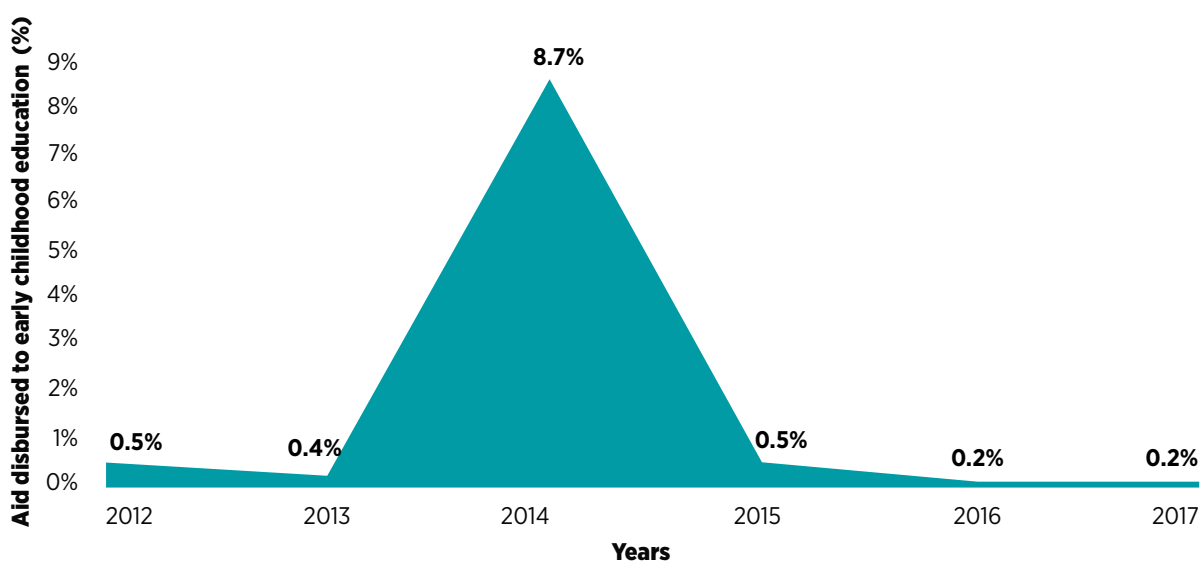
When Cyclone Idai hit Mozambique in 2019, ravaging Beira and surrounding areas and disrupting transport infrastructure, the government faced a pressing need for social spending. This is impacting investments in newer social priorities, such as supporting nurturing care for childhood development. In this context, ODA has become an even more crucial source of funding, at least in the short term.

Figure 1. Share of ECD spending of nine donors on healthcare, nutrition, education and sanitation (2017 data)



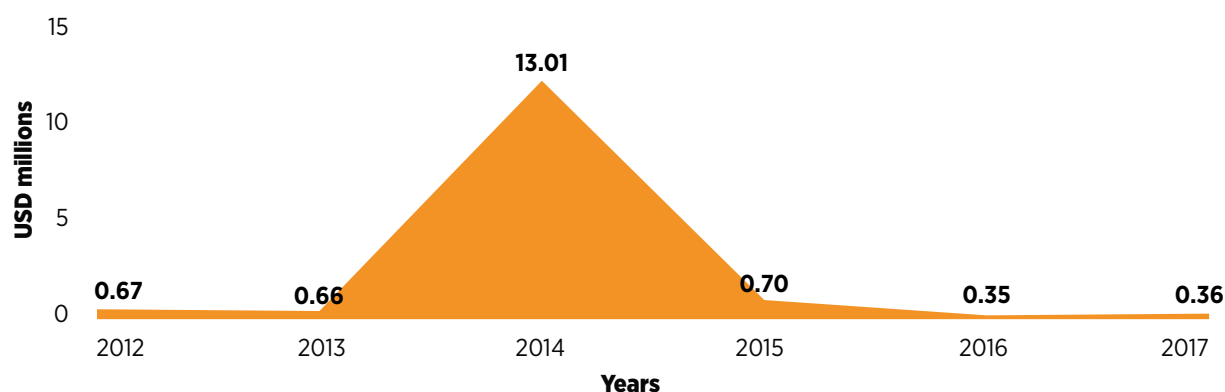
Source: OECD DAC Creditor Reporting System

Figure 2. Percentage of aid disbursed to early childhood education from Mozambique's education sector (all donors, all channels, 2012-2017, OECD-DAC)



Source: UNICEF country strategy

Figure 3. All donors, levels of ODA disbursed to education and pre-primary, 2012-2017 (USD constant, 2017)



Source: UNICEF country strategy

Box 4. UNICEF support for ECD in Mozambique

UNICEF's country strategy has a strong and explicit focus on ECD as it is the coordinator for the country's ECD network (REDE). Action to strengthen services in the country includes:

- **Researching parental caregiving:** No information is yet available on parenting practices regarding early nurturing, care and stimulation in Mozambique. UNICEF is currently conducting a study.¹⁸
- **Developing a holistic ECD services package:** Strengthening multi-stakeholder partnerships to develop holistic ECD packages at district level that include basic nutrition and health initiatives.
- **Promoting early childhood education models that boost school readiness:** UNICEF's education 2017-2020 strategy focuses on expanding the ECD early learning component, to help children become school-ready. UNICEF Mozambique has engaged with other stakeholders to design a temporary accelerated school readiness model, piloted with the Ministry of Education, which delivers preparatory classes held during school holidays to help ECD girls and boys under the age of five.
- **Supporting nutrition in children's first 1,000 days:** UNICEF is committed to boosting children's nutrition within their first 1,000 days after birth, particularly in poor provinces. The aim is to improve the nutritional status of 4.8 million children under the age of five. In addition, UNICEF works with others, including the office of the Prime Minister, to elevate discussions regarding nutrition governance reform and the adoption of a new high-level National Council for Food and Nutrition Security (CONSAN).
- **Integrating nutrition into water and sanitation projects:** Integrating the nutrition of infants and young children into water and sanitation behavioural change interventions is another priority.
- **Supporting the government with developing community-based nurturing care approaches:** This includes the development of a basic manual and training package for community-based childcare and playgroup initiatives, together with the Ministry of Gender, Children and Social Action.
- **Supporting child-sensitive strategies:** UNICEF supports Mozambique's national Child-Sensitive Social Protection Strategy, with a focus on birth registration and protection.
- **ECD kits in emergencies.** UNICEF's emergency work in Mozambique includes providing ECD kits.¹⁹

1 Donors tend not to have an explicit focus on early childhood development

Few donors have programmes in place that run across all ECD sectors (see **Figure 2**), particularly those with an explicit focus on nurturing care. **Only UNICEF's country framework has clear ECD objectives, echoing the organisation's focus on children's well-being.** It also demonstrates a strong organisational commitment to the Nurturing Care Framework.⁸

Moreover, UNICEF plays a significant coordinating role as the lead convener for ECD development partners in Mozambique, while supporting the government to scale up such services (see **Box 4**). The World Bank's Mozambique portfolio also has a clear strategic multi-sectoral and government supportive ECD approach (see **Box 5**).

2 Early and pre-primary education is grossly underfunded and lacks donor champions

Less than 1% of education-related donor funding was spent on ECD in 2017, something that has been consistent throughout the years. This reflects the lack of priority for early learning interventions amongst both government and donors. As shown in **Figure 3**, there was a sharp spike in around 2014, which was when the payment of the World Bank loan for the DICIPE programme took place, after which it dropped again (see **Box 5**).

In other words, apart from a one-off World Bank loan, there have been no major early education funding injections over the past few years. The only substantial donation was a small project-based Canadian grant to a local NGO in 2017.^L In addition, there has been little

donor support of government plans other than the World Bank loan to DICIPE.

Most donors active in the education sector are involved in cross-sector coordination mechanisms, with education financing usually focusing on issues other than pre-primary schooling. Within the education sector, **ECD was by far the least supported subsector. For comparison, higher education in 2017 received more than 14 times the amount of donor funding reserved for ECD.**^{M,N} This reflects, in part, the fact that donors have neglected early education and care for a long time. There is hope that this will change as a new education strategy is taking shape, enticing donors to give more.

3 Donors need to do more to support inclusive approaches

Access to ECD services in Mozambique is not just incredibly low, it is also inequitable. Higher-income urban households and children without identified delays and disabilities tend to have better access to these services than children from poorer and rural areas. The same applies for children with disabilities. Donors can play an important role in supporting this group and delivering on their SDG commitments, but very few seem to be doing so.

The scale of the exclusion of marginalised children, including those with disabilities, is therefore unclear. As a result, their needs are not taken into consideration. For example, it is not known what access the most vulnerable children have to early education centres. Donors and the government must work together to fill these information gaps and use this to ensure that no one is left behind.

^L This is a valuable approach to supporting play that is often overlooked when it comes to investment in early learning and stimulation interventions.

^M ECE vocational training received USD 2.7 million in 2017, which

is less than higher education, which received USD 3.6 million and secondary education (USD 3.2 million).

^N For all DAC donors only, using DAC data (constant 2018). Downloaded on 22 June 2020.

Box 5. World Bank: supporting the government to scale up pre-primary and nutritional ECD interventions

The World Bank was by far Mozambique's most significant early childhood education (ECE) funder during the 2012-2017 period, accounting for approximately 80% of all donor funds disbursed (USD 40 million). This was, however, spent in one year (2014) in the form of a loan to the government, which accounted for 10% of the bank's global ECE funding.^o The loan helped the Mozambican government with the implementation of the DICIPE programme's first phase and came under the existing Education Sector Support Project.

The World Bank also helped fund a nutrition intervention in one of the three DICIPE provinces, meaning that children in some areas of Nampula Province received adequate food access and cognitive stimulation. While food assistance focused on children up to the age of two, pre-primary activities targeted children aged three to five. This approach falls within the government's national nutrition strategy (MAPRCM), incorporating priority interventions recommended by the Lancet series, Scaling Up Nutrition. This includes the promotion of breastfeeding, appropriate complementary nutrition, the use of micronutrient powder, getting pregnant women to attend antenatal services, providing zinc tablets and oral rehydration salts to children with diarrhoea, education on water, hygiene and sanitation, and immunisation. By the end of 2018,

the Community Nutrition Enhancement Project had reached 45,000 children in 600 rural communities across five provinces.^p

Finally, the World Bank has helped the government with breaking down its silo approach to ECD and moving towards a cross-sectoral way of working. This is important, as too few donors are involved in this. An independent evaluation of the World Bank's ECD work in Mozambique notes that the institution wants to work towards a more complex approach to early child well-being – one that encompasses a curriculum promoting children's social, emotional, physical, language, and cognitive development and has connections to health and parental care.¹⁵ This has not been fully realised.



^o. Based on analysis carried out by the author of OECD-DAC CRS disbursement figures 2017.

^p. An appraisal of the Community Nutrition Enhancement Project can be found at: <http://documents1.worldbank.org/curated/en/524711468775502076/pdf/test1-doc.pdf>



Conclusion and recommendations

A 2014 review of Mozambique's ECD sector notes that "the ministries in the social area (Health, Education, Social Welfare and Justice) pursue their policies on ECD and implement different services for different age groups", concluding there is "still much to do". While there seems to be the political will, at the time of writing there was no national consistent, adequate and holistic ECD policy.¹⁹

What must be noted is that Mozambique has strengthened interministerial coordination structures by setting up an ECD commission committed to an intersectoral ECD strategy. It has also given the lead role to the Ministry of Education in pre-primary education, doing away with the confusion surrounding which department this would fall under. In the meantime, ECD is gaining greater prominence in national policy, aided by coordinating efforts by the World Bank and UNICEF.

Things are also changing in the area of pre-primary education provision: a few years ago, there were no publicly funded pre-primary schools, with the sector

relying on NGOs, community-based and for-profit centres. Today, there are government ECD centres in some of the poorest and most marginalised areas in Mozambique.

One independent World Bank ECD support review highlighted the importance of a government budget for pre-primary education that significantly elevated the status of ECD as a national priority. It is vital that the government continues to allocate funds to ECD services to encourage donors to treat it as a priority.

As the country moves forward with the development of the DICIPE strategy, coordination and leadership need to be improved. There is still a lack of understanding surrounding where responsibility for the ECD mandate lies. Traditionally, it rested with the Ministry for Children, Gender and Social Action (MGCAS), while pre-primary school has always been the task of the Ministry of Education. There is no room for the duplication of efforts, nor for a lack of clarity regarding who should do what, when there is so much to do in scaling up ECD provision.

Donors must:

1. **Work with the government to help develop an effective cross-sector ECD plan** that mitigates developmental delays among the most marginalised children, including those with disabilities, and outlines how their universal needs can be met.
2. **Harmonise funding for early education behind the ESSP**, with support from the Global Partnership for Education and Local Education Group (LEG), built on the knowledge provided by the DICIPE pilot. The LEG is the donor group for education and is made up of bilateral and multilateral donors.
3. **Support the Ministry of Education with early childhood education and care**, linked to other sectors to harmonise a nurturing ECD services framework.
4. **Support the government to build capacity in delivering nurturing ECD services** and develop a group of ECD workers (including community health workers, child development specialists, occupational therapists, speech therapists and early childhood education practitioners).
5. **Work with the Ministry of Education to elevate ECD as a development priority.**

The government should enable donors to scale up inclusive and equitable ECD by:

1. **Developing an effective cross-sector ECD plan** that mitigates and prevents developmental delays amongst marginalised children, and outlines that the needs of all children (including those with disabilities) can be met through inclusive ECD services.
2. **Improving the collection of data** on children with disabilities who are at risk of developmental delays, for example by, using the Washington Group/UNICEF Module on Child Functioning in household surveys and developing integrated datasets across ministries.
3. **Building financing coordination mechanisms**, or utilising pre-existing ones, in education and health to enable donors to pool resources for ECD services.
4. **Ensuring the new education plan prioritises the scale-up of the DICIPE programme**, with increased budget allocation for pre-school education and adequate salaries for ECE practitioners.
5. **Raising awareness about the benefits of inclusive early learning programmes** for the most marginalised amongst the wider public and NGOs.

Civil society organisations working in ECD and inclusion should push for the delivery of equitable and inclusive ECD services by making education professionals and parents, particularly those who have children with disabilities and developmental delays, aware of the benefits of ECD.



Table 1. Which donors are supporting ECD in Mozambique, and how much are they investing?

Donor support and percentage of total aid invested in ECD-related services		
Belgium	<ul style="list-style-type: none"> Small investments in basic healthcare, including some support for children in their early years. That said, there is no explicit focus on the early years 	5%
Canada	<ul style="list-style-type: none"> Large investments in maternal and child health, as identified as a strategic priority in Mozambique Large investments in nutrition, including some linked to early childhood, with strong cross-sectoral links 	20.8%
EU	<ul style="list-style-type: none"> Small investments in basic healthcare, of which some support children in their early years. That said, there is no explicit focus on the early years. Large investments in a nutrition programme Small investments in sanitation projects in peri-urban areas (no child focus) 	9.3%
France	<ul style="list-style-type: none"> Small investments in basic healthcare, of which some support children in their early years. That said, there is no explicit focus on the early years Investments in basic sanitation and water services, of which some support children in their early years (no explicit focus on those early years) 	0.2%
Germany	<ul style="list-style-type: none"> Investments in basic healthcare, of which some support children in their early years. That said, there is no explicit focus on the early years Investments in basic sanitation and water services, of which some support children in their early years (no explicit focus on those early years) 	0.04%
UNICEF	<ul style="list-style-type: none"> Large investments in healthcare, including maternal and child health, with the explicit support of ECD programmes Investments in WASH to prevent waterborne diseases that particularly affect young children Investments in early education, including supporting government school readiness pilot projects 	40.4%
UK	<ul style="list-style-type: none"> Large investments in maternal and newborn health Investments in nutrition targeting maternal and child health with links to hygiene 	14.4%
USAID	<ul style="list-style-type: none"> Large healthcare investments, some in maternal and child health 	13.2%
World Bank	<ul style="list-style-type: none"> Large investments in health, linked to child health and nutrition Large investments in nutritional interventions to support ECD services Investments in supporting early education and care 	2.5%*

* The World Bank is a relatively large quantitative ECD donor, but the share of its total ODA is quite low. ECD forms a small part of its funding to Mozambique.

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ABOUT THE RECIPIENT COUNTRY STUDIES

Light for the World and its partners have conducted a detailed analysis of the aid activities of nine donors^Q in four sub-Saharan African countries as part of its “Leave no child behind” study. These recipient countries are Burkina Faso, Mozambique, Zambia and Zimbabwe.^R The objective of these reports is to draw lessons from what works and what does not work, based on two sets of questions: firstly, what are donors doing to support inclusive ECD in their recipient countries and, secondly, how can they do more to scale up existing interventions?

Central to answering the first question is the notion that supporting inclusive ECD, including nurturing care for all children, requires a multi-sectoral approach. This is particularly necessary when dealing with marginalised children who are at high risk of developmental delays, such as children with disabilities. As such, this report focuses on all ECD subsectors, while focusing slightly more on early education. This is, after all, Light for the World’s key focus.

The second question is based on the conviction that donors should support governmental efforts, meaning their aid must leverage greater domestic resources to

scale up inclusive and equitable ECD programmes at country level.

This desk-based research looks at aid disbursements mentioned in the OECD-DAC Creditor Reporting System database and identifies which donors are active in the recipient country’s ECD space, how much they are investing, and on what.

A more detailed analysis was then carried out for donors identified as active in one or more ECD domains through a combination of semi-structured stakeholder interviews, both in country and desk based.

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^Q. Belgium, Canada, France, Germany, the UK and the US are the six bilateral donors reviewed for this report, together with four multilateral donors, namely, the European Union, the World Bank, UNICEF and the Global Partnership for Education.

^R. The recipient countries were chosen, firstly, as countries with some of the largest challenges in terms of child development in the world, and, secondly, as countries which rely heavily on donor aid to fund their development programmes and objectives. In other words, those countries with the greatest ‘need’, for both external support and tackling early years development.

The findings and recommendations presented in this document provide a summary overview of the findings of a study led by **Light for the World** with its partners, supported by the Early Childhood Program of the Open Society Foundations.

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COMPENDIUM OF ADVOCACY TOOLS

This recipient country profile is one of four for national advocacy. There are also 10 donor profiles for ODA advocacy as well as a Global Report. Belgium, Canada, France, Germany, the UK and the USA are the six bilateral donors reviewed for the donor profiles and report, together with four multilateral donors, namely, the European Union, the World Bank, UNICEF and the Global Partnership for Education. In addition, a user-friendly checklist to support the design of inclusive ECD programmes which seek to support the most marginalised children has been developed.

A methodology note providing more information on the analysis process, along with all the tools, may be accessed at www.light-for-the-world.org/inclusive-ecd-investment

