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COVID-19 pandemic will have multiple, knock-on effects for the children of Zambia

The COVID-19 pandemic has swept across the globe at a time when Zambia is already struggling to recover from consecutive drought and flood disasters. For the past two seasons, more than 58 districts in the country have been hit by increased food insecurity, and these communities have been significantly affected by the measures put in place to slow the transmission of the COVID-19 virus. It is estimated that the pandemic will severely impact the livelihoods and food security of vulnerable communities in Zambia, with potentially 1.2 million households dropping below the poverty line.

The pandemic – and efforts to contain it – will have multiple, knock-on effects for the children of Zambia. 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. Pandemic-related disruptions to water supply operations will hamper efforts to contain the spread of COVID-19 as well as other diseases such as cholera. Access to water and sanitation was already limited prior to the pandemic. In 2015, 61% of the Zambian population (86% in urban areas versus 44% in rural areas) had access to basic water coverage. Access to basic sanitation was considerably lower, at an average of 31%.

Prior to the pandemic, 59.4% of children in Zambia lived in poor households, with 45.4% living in extreme poverty. Almost half of the children in Zambia (40.9%) suffer from at least three deprivations or more, which means that they lack access to essentials such as nutrition, education, healthcare, water, sanitation and adequate housing. Access to basic essential services is fundamental

to early childhood development. Despite the fact that 36% of children in Zambia experience both monetary poverty and multi-dimensional deprivation, the country recently shifted to middle-income status, which has led to a downsizing of development programmes. This reduction in aid threatens interventions targeting the most vulnerable women and children.

As a result of lockdown measures put in place to contain the virus, the nutritional status of women and children in Zambia is expected to deteriorate. Food insecurity – exacerbated by reduced income and disrupted food chains – and limited access to basic commodities and services is likely to result in increased levels of malnutrition. Through its Disaster Management and Mitigation Unit, the government of Zambia has identified 43 districts that it regards as COVID-19 hotspots. In these districts, 1.5 million children under the age of five will require nutritional assistance. The closure of schools has meant that the 97,000 vulnerable children who rely on school feeding programmes have not had access to this vital lifeline.

As is the case elsewhere in the world, the closure of schools and childcare facilities does not only affect children's access to education and nutrition; it also puts them at increased risk of emotional, physical and sexual abuse. Children who fall into vulnerable groups – such as orphans (18% of children under the age of 14 in Zambia), children with disabilities, children on the move and children living in institutions – are particularly at risk of violence, abuse and exploitation and require additional aid in the context of the COVID-19 pandemic.



Introduction

Globally, almost half (43%) of children under the age of five, 250 million individuals, are at high risk of not achieving their full potential.¹ **In Zambia, this percentage stands at 78%^A**, one of the highest rates in the world.^B Reversing this requires urgent action.

Multiple factors influence whether a child is at risk of poor development, including access to healthcare, nutrition, responsive caregiving, early learning opportunities, and safe water and sanitation, of which water and sanitation help mitigate many avoidable illnesses.²

In Zambia, 65% of children face one or a combination of the above-mentioned risks.^{3,4} This is worse in rural areas, where poverty and deprivation levels are markedly higher than in cities. In rural regions, 40% of Zambian pre-school children (up to the age of four) have stunted growth⁵ due to chronic malnutrition, which hampers their overall development. In addition, 66% of Zambian children living outside cities live in poverty, and 45% in extreme poverty.⁶

Responding to these early childhood deprivations requires a Nurturing Care Framework for improving early childhood development (ECD) services. As increasingly acknowledged in global policy debates^C, evidence⁷ shows that the multi-dimensional nature of ECD requires a comprehensive cross-sectoral approach that revolves around nurturing care.^D Investing in high-quality, equitable and inclusive ECD services can smoothen the pathway for children in accessing their rights, paving the way for more equal societies. This matters most for children from the most marginalised communities, as they are at a far higher risk of developmental delays. Children with disabilities, in particular, tend to face multiple barriers and layers of discrimination. Supporting them in their early years helps identify

their ECD needs and how we should respond to these. When they are inclusive, ECD interventions can support disabled children to fully participate in and belong to their communities.^D This requires investing in their access to healthcare, good nutrition, early learning and stimulation, and responsive caregiving, as well as emotional and physical security and protection, as early as possible.^D

Convincing evidence suggests that investing in a child's early years is one of the smartest investments governments can make to break the cycle of poverty, address inequality and boost productivity levels in the long run.^E

However, in Zambia – a country where the median age is 16, one of the lowest globally – access to and provision of universal high-quality ECD services is inadequate, despite being critical to the country's overall development trajectory. Government ECD financing is low, and the knowledge and skills needed to scale up such services are woefully lacking. In this context, development partners play a key supportive role.

This study analyses Zambia's national ECD services context and what donors are doing to support the government in terms of overseas development assistance (ODA).^F 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 1**).

A. This is based on a composite indicator used in the Nurturing Care Country Profile for Zambia: <https://bit.ly/2FLB0sS>

B. Based on an analysis of the indicators in the Nurturing Care Country Profiles. See: <https://nurturing-care.org/resources/country-profiles/>

C. See G20 Development Working Group: Investing in Early Childhood Development, 2018.

D. See <https://apps.who.int/iris/bitstream/han>

[dle/10665/272603/9789241514064-eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf?ua=1)

E. A wealth of detail can be found on the research underlying this finding at: <https://heckmanequation.org/resources/the-heckman-curve/>

F. For a definition of ODA, see: <http://www.oecd.org/development/financing-sustainable-development/development-finance-standards/officialdevelopmentassistance/definitionandcoverage.htm>

The five components of nurturing care

To reach their full potential, children need the five inter-related and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning.



Box 1. The Mulumbo Early Childhood Care and Development Foundation (MECCDF) in Zambia

The Mulumbo Early Childhood Care and Development Foundation (MECCDF) has set up six ECD centres in four Zambian provinces, focusing particularly on young children (up to the age of eight) from low-income and poorly resourced communities, including children with disabilities.

Following a participatory and consultative community needs assessment exercise⁶, the home-based play centre model was introduced in the Kaoma and Kabwe districts of Zambia's Western and Central provinces.

Mulumbo's interventions have resulted in the following positive changes, which are supported by anecdotal and statistical evidence:

- The enrolment of children with disabilities in ECD programmes rose from 0% to 58%
- Children's access to ECD infrastructure and indoors and outdoors play material has been enhanced
- Parents and caregivers say they feel more empowered and confident in their parenting

skills and knowledge related to caring for young children with disabilities as a result of attending regular meetings

- Positive attitude changes have been observed in children's homes and in the community at large
- More government support for Mulumbo's efforts, including direct support to conduct a special education needs assessment and a diagnostic screening exercise, and the provision of two trained ECD/special education teachers

In the absence of an ECD policy framework and sufficient governmental support to address the needs of vulnerable children and children living with disabilities, Mulumbo undertook a programme to bring about that much-needed change. While collaborating with key stakeholders (parents, caregivers, community members and leaders, and government officials), the focus was on strengthening ECD centres, helping them to become driving forces of change.

⁶ A four-day mapping and screening exercise was undertaken to obtain information on vulnerable children, as well as an assessment of the cultural norms, attitudes and beliefs held

by communities towards children up to the age of eight with disabilities. This was carried out in partnership with community leaders.



Zambia's national early childhood development policy context

A coherent approach to well-implemented ECD services is key to reducing Zambia's high number of children at risk of developmental delays. Despite this, the country **continues to face major challenges in promoting a policy environment that supports ECD**.

These include:

- A fragmented ECD policy framework
- A lack of coherent, comprehensive and coordinated services characterised by piecemeal interventions
- Limited budget funding for ECD and limited provision of ECD services, particularly for children in rural areas
- Limited awareness among parents and key stakeholders of the importance of ECD
- Limited availability of credible data on the scale of Zambia's ECD-related challenges, especially among its most marginalised children

Most efforts to address Zambia's ECD challenges, until now, have taken a siloed or sectoral approach, despite the government's approval of an integrated multi-sectoral Early Childhood Care and Development Education Policy in 2016, established with the support of UNICEF.⁸

There have been many implementation challenges. For instance, the new policy contradicts the governmental framework that requires every ministry to have one single policy. This means that each department needs to incorporate ECD into its pre-existing policies. This has not happened.

There is also a lack of clarity regarding which ministry should serve as the "home" of the ECD policy, which also limits progress. The Ministry of Education was given the task of hosting Zambia's ECD mandate in 2011.⁹ Because this was not accompanied by any additional budgetary or institutional financial support, the ministry focused on developing the early education component rather than carrying out the entire ECD mandate. Implementation has been further hampered by poor coordination mechanisms in support of cross-ministerial action.¹

Things are, however, poised to change as the Zambian government is increasingly recognising the importance of ECD and has committed to scaling up inclusive programmes that support universal access to healthcare, nutrition and early learning/stimulation services for all children.⁹

⁸ The policy originally came under the scope of Zambia's Ministry of Local Government and Housing (2019). The Ministry of Education and the Ministry of Higher Education; Education and Skills Sector Plan, 2017-2021.

¹ This is based on local country stakeholder interviews which repeatedly identified a lack of coordination as an issue which thwarted implementation.



Early education

Zambia's education sector remains a key player in delivering ECD services. Until recently, this was a low priority among the government and donors, leading to scant public provisions, too few professionally trained staff and inadequate budget allocations. It is estimated that only 6% of Zambian children between the ages of three and six attend pre-schools and that 76% of children starting primary school have no ECD experience.^J

The good news is that things are starting to change as there is increasing recognition in Zambia of the importance of ECD. As a result, the sector is at a crossroads:

- **New strategy:** The current education strategy (Education and Skills Sector Plan^K) was formally launched in 2019 and, up to 2021 at least, will have a greater focus on ECD
- **Better structures:** New and improved institutional structures within the government are supportive of early childhood education (ECE). This coincided with the Ministry of Education setting up the ECE Directorate with a full staff in 2015
- **Improved provision:** Early education centres have been expanding. For example, the number of ECD facilities increased from 1,526 in 2014 to 2,832 in 2019. Enrolments in public, community-based and private schools almost doubled in the 2014/15 academic year, from 70,000 to 116,878 learners. In proportional terms, the number of children starting primary school with some pre-primary experience increased from 37.5% in 2014 to 62.5% in 2017^L
- **More staff and a standardised national curriculum:** The government has ramped up training for ECE staff, focusing on the child-centred and play-based methodologies required at ECE level. Some 1,250 teachers have been trained since 2014¹⁰

It should be noted that ECD provision in Zambia remains patchy and highly inequitable. For example, the sector is dominated by private and for-profit providers in wealthier areas, as well as NGOs and churches. Children who have regular access to ECD services, particularly better-quality services, are usually from richer urban households. The poorest and most marginalised children, who are in need of more and better developmental support, tend to have little or no access to ECD centres. If they do receive support, it is often via charities or churches, often for shorter periods, and the quality of the provision of care is highly variable.⁹

Access is extremely limited for the most marginalised children, including children with disabilities.

Barriers to entry include:

- A lack of interest among some parents
- Poor knowledge of what inclusive education means (among some staff)
- Lacking definitions to guide the concept of inclusive education
- Long travel distances to ECE centres
- A lack of awareness among parents about the existence of ECD classes
- High poverty levels, resulting in households not being able to afford pre-school education



^J Zambia Ministry of Education, Education Statistical Bulletin of 2016.

^K The plan covers 2017-2021 but was only signed off and officially launched in July 2019. See <https://www.moge.gov.zm/education-and-skillssector-plan-essp-is-ready/> (accessed in 2019).

^L The Ministry of Education leading the Early Childhood Education (ECE) unit revealed that, as of 2017, Zambia had 2,832 centres and 145,307 learners. Information provided by the ECE Directorate in the country research process.



Ensuring equity and inclusion in terms of early education requires a stronger role from the Zambian government. This role is currently limited, as stated in the Education Strategy, to “coordinating and overseeing” the provision of other actors.¹⁰

Long distances to ECE centres, a lack of awareness among parents, and high poverty rates limit the most marginalised and poorest children in accessing ECE services. Moreover, there are serious concerns regarding the quality of the ECE services currently available: one study by ZANEC found that staff and administrators of a large number of newly established schools with a pre-school component are ill-prepared to deliver these services. Many pre-school teachers tend to be redeployed in primary classes, and a large proportion of them do not have the materials required to teach early education.¹¹

Including the most marginalised children, especially those with disabilities, requires the Zambian government to actively pursue their rights. For instance, ZANEC found that children with disabilities

are “not catered for in any of the developments” and that “very little if anything was happening to ensure that the children with disabilities acquire early education”.¹¹

The study showed that the government education budgets for the financial years 2012 and 2013 did not mention early education.¹¹ In addition, there is no provision for what constitutes appropriate facilities for young children with disabilities, and there is no government definition of what inclusion means, which at best includes placing all children in the same class.¹⁴ Furthermore, there is no government-led teacher training policy targeting children with disabilities, and most early education centres have no appropriate materials for this group.¹²

In this context, meeting the needs of the most marginalised children in Zambia requires a more concerted and coordinated effort by the government. If not, the country risks leaving behind its most vulnerable children, right at the start of their lives.

¹⁰ Based on stakeholder interviews in the ECE office of the Ministry of Education. The unit revealed that, as of 2017, Zambia had

2,832 centres and 145,307 learners. Information provided by the ECE Directorate in the country research process.



Healthcare nutrition and sanitation services to support ECD

Poor access to quality child healthcare services coupled with poor nutrition, inadequate feeding-related practices and limited access to clean drinking water and sanitation, among other things, are adversely impacting Zambia's early childhood development levels.

Over the past decade, there has been cautiously steady progress with regard to some of Zambia's child health indicators. For instance, between 2007 and 2014, the national infant mortality rate dropped from 70 per 1,000 live births to 45.⁹ Access to healthcare services in support of ECD has jumped too, with facilities being relatively well-established. Data show that 56% of infants and new mothers have access to post-natal and newborn care and that half of pregnant women are receiving four ante-natal care visits during their pregnancies.⁶

That said, Zambia has been less successful in terms of other ECD-related health indicators. The percentage of children with stunted growth has, for instance, remained stable at around 40% since 1997.⁴ Moreover, access to basic drinking water (61%) and sanitation (31%) remains low, which exacerbates chronic malnutrition and, therefore, remains a concern.

This is especially the case in poor, rural, and marginalised communities. In this context, the scale-up of the scheme was announced by Zambia's

Vice President, Inonge Wina, in 2018, including introducing a government grant of 400 Zambian kwacha (ZMW) for every vulnerable child under the age of five. Unfortunately, the intervention was not implemented in the 2019 budget due to debt servicing constraints (see Box 2 for more information on current fiscal challenges).⁶

Generally speaking, Zambia has a long way to go in terms of boosting children's access to healthcare, sanitation and nutrition services crucial to their development, despite the existence of various policies to improve this. These include the national population policy and the national health policy, which aim to reduce the country's disease burden and lower maternal, infant and child mortality figures.

There are also several relevant sector-specific policies under review or in the process of being finalised, including the national child health policy. Drafted in 2006, the document gives an overarching framework for children's rights.

Then there is the national food and nutrition policy,, which offers opportunities to integrate ECD principles into pre-existing and new policies in all relevant sectors.¹³ However, to be successful, these frameworks must be matched with funding. According to one estimate, nutrition-related programmes represent approximately only 0.1% of Zambia's national budget.¹⁴





Donor support for early childhood development

Scaling up equitable and quality ECD services in Zambia requires donors to give more and to give much smarter. Many of them are doing too little, with only a few standing out in one or more ECD sub-sectors. **This study analyses the share of the ODA spending of nine donors^N on ECD services, relative to their overall ODA portfolio.** 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: UNICEF, for instance, which spends one-third of its Zambia ODA portfolio on ECD interventions. The list also includes donors that commit much less, such as Germany, which spends less than 1% of its total Zambia ODA portfolio on ECD. The donors' **ODA shares for ECD are included in Figure 1.**

It is crucial that donors invest more in ECD in their recipient countries, as this is the smartest way to invest in a developing local "human capital".^O This is even more crucial given the current fiscal constraints many of these nations face, including Zambia (**see Box 2**).

When ODA disbursements are broken down into ECD sub-sectors – healthcare, education, nutrition and sanitation – healthcare continues to dominate.

Looking at the nine donors, healthcare received 92% of all ECD ODA funding combined, while nutrition accounted for 6%. Education and sanitation received around 1% each.

This is partially because some of the most significant donors, such as USAID, are allocating a larger share to healthcare. It should be noted that there are wide spending variations across different donors in the different ECD sub-sectors (**see Figure 1**). Within these ECD sub-sectors, some are not attracting support from donors. These include parenting programmes that support nurturing care (only UNICEF is investing in this). **Greater donor investments are required in ECD services that focus on nurturing care. These help ensure all domains of a child's development are better supported, such as nutrition, early learning and parenting.**

^N. This is based on 2017 ODA disbursements from the OECD-DAC CRS database.

^O. Human capital refers to a nation's skills and knowledge in its citizens and is a term which has gained much ground in global

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

Figure 1.* Zambia ECD share of total ODA to healthcare, education, sanitation and nutrition.
Donor disbursements using OECD-DAC codes for early childhood development in Zambia, 2017

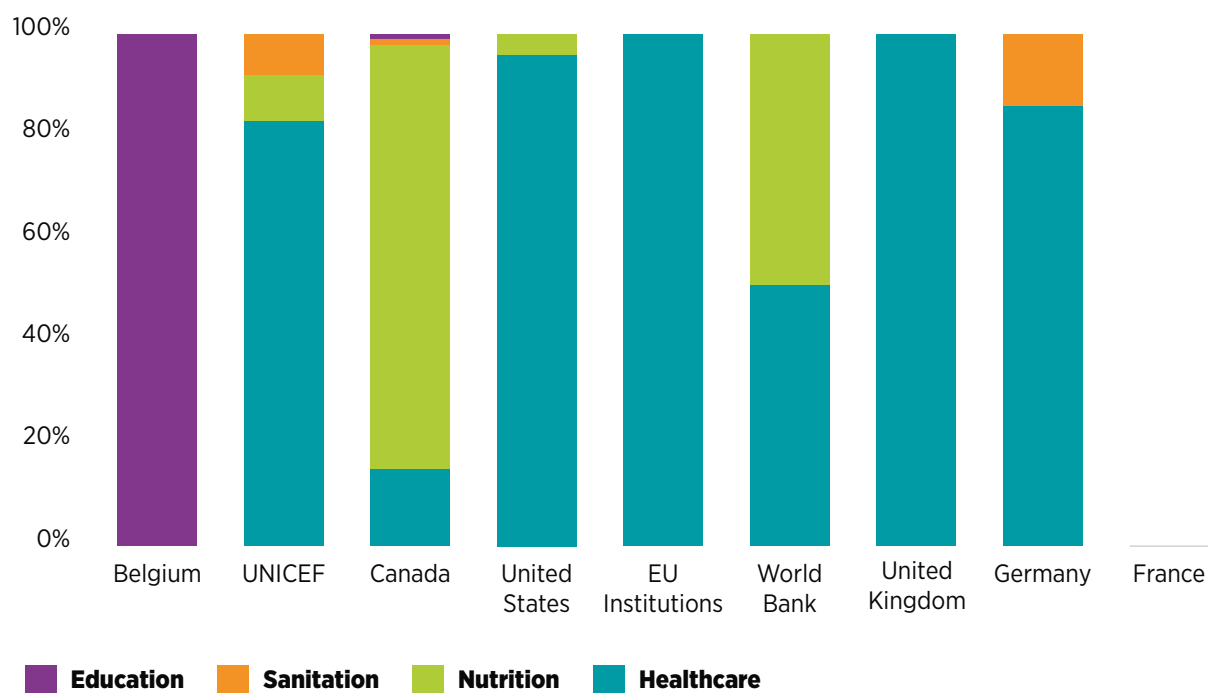
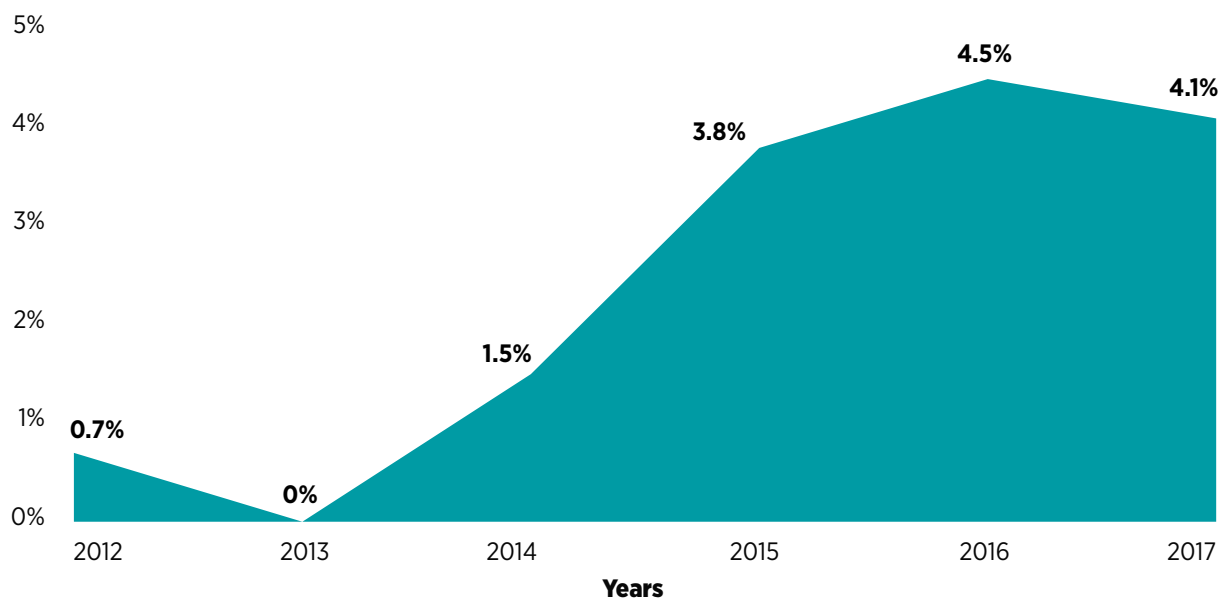


Figure 2.* Percentage of aid disbursed for early childhood education from within Zambia's education sector (all donors, all channels, 2012-2017, OECD-DAC)



* Source: OECD-DAC Creditor Reporting System

1 Donors tend not to have an explicit focus on ECD

Very few donors have programmes in place that are part of an explicit multi-sectoral ECD approach (see **Figure 1**) with a focus on nurturing care. **Only UNICEF has clear ECD objectives with outcomes hardwired in their country framework or strategy.** Echoing UNICEF's mandate as a child-focused organisation, this demonstrates a strong commitment to the Nurturing Care Framework.¹⁵ Moreover, UNICEF plays a significant coordinating role as the lead convener for ECD

development partners in Zambia, while supporting the government scale-up ECD services (see **Box 3**).

That said, several other donors also have strong investments in specific ECD subsectors. Canada, for instance, a country with a very strong ODA portfolio of child and maternal health and nutrition interventions. A third of Canada's ODA in 2017 was spent on services supportive of ECD.

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

Aid to boost early education stands at only 4% of all education-focused donor aid that was disbursed between 2012 and 2017, accounting for a minuscule 2.43% of total ODA expenditures in Zambia. Within the education sector, **ECD was by far the least supported sub-sector. For comparison, in 2017 higher education received more than three times the amount of donor funding reserved for ECD.**^P In part, this reflects, donor funding patterns, in which early education and care have long been underfunded.

It should be noted that the commitment to improve this has increased in recent years (see **Figure 2**). The situation also reflects the lack of a national education plan containing commitments to early education. This too has thwarted donor investment. **The launch of the new education sector plan in 2019 will hopefully enable more donors to unite behind this.** This means that the Zambian government needs to invest its own resources to inspire donor commitments.

3 Donors need to do more to support inclusive approaches

Access to ECD services in Zambia is not just incredibly low; it is also inequitable and not inclusive. Higher-income urban populations and children without identified developmental delays or disabilities tend to have better access than those from poorer rural areas and those living with disabilities. Donors can play an important role in supporting the most marginalised groups by delivering on their SDG commitments, but very few are doing so. Only two donors, UNICEF and the Belgian government, mentioned targeting children with disabilities in their support for ECD services.

UNICEF is supporting and investing in the health, nutrition, sanitation and education of the most marginalised children to ensure their developmental delays are limited while helping the government to scale up inclusive ECD centres. However, the fact that there is no clear picture of the extent of the exclusion of marginalised children from ECD services, including those with disabilities, thwarts planning for their needs. Donors and the government must work together to fill these information gaps and plan around them to ensure no one is left behind.

^P The exact figures are as follows: early childhood education or vocational training received USD 2.7 million in disbursements

in 2017 whereas higher education received USD 3.6 million and secondary education received USD 3.2 million.

Box 2. Fiscal challenges hampering the delivery of nurturing care for early childhood development services in Zambia

The Zambian government is facing serious fiscal challenges that prevent it from scaling up equitable and inclusive ECD services. These include an increasing national debt figure, which is impacting expenditure on public services. This is particularly affecting new areas of spending, such as services that support childhood development through nurturing care.

Zambia's fiscal space for scaling up ECD is severely constrained, making ODA an even more crucial source of funding, at least in the short term. However, because Zambia has been reclassified as a middle-income country, donor support has been downscaled as key development partners have exited the country. This is hampering the progress made in improving ECD levels.^{Q,R}

It is crucial that donors make sure their aid continues to build the recipient countries' development capacity to an even greater extent. Investing in ECD services is a tried and tested strategy to achieve this. Donors should continue to prioritise support for the sustainable upscaling of ECD services by giving more and supporting governments' efforts better.

Box 3. UNICEF's country strategy supports nurturing care for early childhood development services

UNICEF's Zambia strategy includes commitments for:

- Investing in scaling up work concerning parenting practices linked to early nurturing care and stimulation
- Investing in boosting maternal and child health while providing financial support for community healthcare workers and their endeavours in rolling out parenting programmes
- Investing in nutritional programmes that help children thrive during their first 1,000 days through high-impact nutrition interventions to reduce stunted growth
- Investing in the establishment and upscaling of equitable early education centres and the implementation of inclusive approaches for the most marginalised children
- Playing a supportive role in coordinating Zambia's ECD mandate in partnership with the Ministry of Education and providing technical assistance in early education
- Supporting birth registration. With only 11% of Zambian children registered, this is absolutely crucial in order to help young children and their parents access ECD services



^Q. This is based on 2017 ODA disbursements from the OECD-DAC CRS database.

^R. Human capital refers to a nation's skills and knowledge in its citizens and is a term which has gained much ground in global

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



Conclusion and recommendations

Overall, donors are under-investing in early childhood development services to help build human capital. All donors must work harder and invest more and more efficiently in support of government efforts to scale up equitable and inclusive access to ECD services. ODA must be invested across all sectors supportive of early childhood development, with more attention going to underfunded areas. These include early education and nutrition.

The situation is hindered by a lack of policy direction by the Zambian government. Clearer ECD plans and

policies, or at least stronger components in different sectors, enable more donors to get behind this more coherently. Recent developments in early education provide hope in this area. The establishment of the Zambia ECD Action Network (ECDAN), a coalition of organisations with an interest in scaling up ECD services, is one such development. Comprising relevant government ministries, cooperating partners, development organisations and civil society organisations, the network has the potential to encourage greater action and investment in coherent ECD approaches.⁵



“I feel encouraged by the development of play materials using locally available supplies, such as clay to model objects for visually impaired children. I couldn’t afford to buy toys from the shops in town, but now I’m able to make them myself, not only for my own child with a disability but for all children.”

– Parent, Kabwe District

⁵ The launch of the Lancet ECD series led to a gathering of 250 stakeholders and resulted in a commitment from the vice-

president and ministers of health and education of Zambia to accelerate the implementation of an integrated ECD programme.

Donors must:

1. **Work together with the Zambian government to help develop an effective cross-sectoral ECD plan** – one that mitigates development delays among the most marginalised children and outlines strategies to meet their universal needs through inclusive services, including the needs of children with disabilities.
2. **Support the leadership of the Ministry of Education in developing cross-sectoral early childhood education and care policy frameworks**, with a strong emphasis on the role of nurturing care in ECD services.
3. **Harmonise funding for early education behind the ESSP**, with support from the Global Partnership for Education's local education group.
4. **Support the government in defining a philosophy of inclusive ECE** to guide practitioners.
5. **Work together and not in silos in adopting UNICEF's model for early childhood education and care services**, or create a new model in agreement with all stakeholders.
6. **Support the government in building its capacity to deliver nurturing care for ECD services and a cadre of skilled ECD workers** (including community health workers and teaching staff).

7. **Help the government support parents to deliver nurturing care and stimulation to their children** while investing in national parenting programmes. This includes supporting families of children with disabilities.
8. **Support the government in putting in place a clear and well-funded multi-stakeholder coordination structure** to oversee ECD interventions.

The government should help donor efforts to scale up inclusive and equitable early childhood development by:

1. Developing **an effective cross-sectoral ECD plan** that mitigates development delays among the most marginalised children and outlines strategies to meet the ECD needs of all children, including those with disabilities.
2. Building **financing coordination mechanisms** or utilising pre-existing ones in education and health, to enable donors to pool resources behind ECD services.
3. **Popularising ECD to encourage families** of children with disabilities to better engage with and support their children's development.
4. Developing **national ECD multi-sectoral coordination units**.

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 of children with disabilities and developmental delays, aware of the benefits of ECD.



Table 1. Which donors are supporting ECD in Zambia, 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"> Investments in early education, including inclusive approaches 	N/A*
Canada	<ul style="list-style-type: none"> Large investments in maternal and child health Large investments in nutrition, including nutrition linked to early childhood, with strong cross-sectoral links A small investment in early education 	34.7%
EU institutions	<ul style="list-style-type: none"> Large investments in supporting basic child healthcare, some of which support young children as well as maternal healthcare A small investment in early education 	2.6%
France	<ul style="list-style-type: none"> No spending on ECD or related services 	0%
Germany	<ul style="list-style-type: none"> Some investments in basic healthcare – some of which will support children in their early years – but no explicit focus on the early years A small investment in early education 	0.6%
UNICEF	<ul style="list-style-type: none"> Large investments in access to healthcare, including maternal and child healthcare. These include supporting ECD programming, i.e. community health workers training in national parenting programmes Investments in nutrition to reduce stunted growth, aligned with the National Food and Nutrition Strategic Plan Investments in WASH to prevent various childhood illnesses and waterborne diseases Investments in early education, including ECD coordination frameworks within the Ministry of Education and early childhood services for the most marginalised children 	34.7%
UK	<ul style="list-style-type: none"> Investments in maternal and newborn health Investments in nutrition targeting children under the age of two and pregnant women 	2.3%
USAID	<ul style="list-style-type: none"> Investments in maternal and child health Investments in nutrition to tackle maternal and child malnutrition 	14.3%
World Bank	<ul style="list-style-type: none"> Some investments in basic healthcare, some of which support young children, (but no explicit focus on those early years) Some investments in nutrition, some of which support young children (but no explicit focus on the early years) 	2.5%

* Belgium has only one ODA project in the whole of Zambia that supports the government's endeavours to scale up universal access to inclusive early education. VVOB Zambia, which is the name of the project, focuses on training ECD teachers in inclusive methods that have been approved by the Ministry of Education.

While a small project in quantitative terms, it is the only project that is 100% dedicated to ECD. Because of that, it presented a distorted picture of Belgium's ODA-ECD share allocations. This being the case, we have excluded it from the table.

References

- Lu C, Black MM, Richter LM. Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level. *The Lancet Global Health*. 2016;4(12):e916-e922.
- Denboba AD, Sayre RK, Wodon QT, Elder LK, Rawlings LB, Lombardi J. *Stepping up early childhood development: investing in young children for high returns*. 2014.
- UNICEF. *Country Statistics: Nutrition Profiles, Zambia*.
- UNICEF. *Zambia Annual Report*. 2015.
- UNICEF. *State of the World's Children*. 2019.
- Nurturing-care.org. *Zambia Country Profile*. 2019.
- Black M, Walker S, Fernald L, et al. Series advancing early childhood development: From science to scale 1 early childhood development coming of age. *Science through the Life Course*. 2016;6736(16):31389-31387.
- africanetwork.org. *Zambia Country Profile*.
- Brudevold-Newman A, Dias P, Folotiya JJ, Mooya H, Ranjit V, Ring H. *Study on Traditional Parenting and Child Care Practices in Zambia*. 2018.
- Republic of Zambia. *Education and Skills Sector Plan 2017-2021*. In.
- Zambia National Education Coalition. *The Link Between Health, Nutrition, Child Development and Education*. 2015.
- Ndhlovu D, Mtonga T, Serenje-Chipindi J, Muzata K. Early childhood education in Zambia: inclusion of children with disabilities. *International Journal of Multidisciplinary Research and Development*, 3 (8), 126. 2016;132.
- Hasan R. *Early Childhood Development: Situation Analysis for Zambia*. 2015.
- Zambian National Education Coalition (ZANEC). *The Link Between Health, Nutrition, Child Development and Education: A Situational Analysis on Early Childhood Care, Development and Education in Zambia*. Lusaka, Zambia: Children's Sentinel Trust Zambia;2017.
- World Health Organization; United Nations Children's Fund; World Bank Group. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: World Health Organization;2018.

ABOUT THE RECIPIENT COUNTRY STUDIES

Light for the World and its partners have conducted a detailed analysis of the aid activities of nine donors^T 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.^U 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. This being the case, this report focuses on all ECD sub-sectors. 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.

^T 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.

^U 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 Programme 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, can be accessed at www.light-for-the-world.org/inclusive-ecd-investment

