

ZIMBABWE

# LEAVE **NO CHILD** BEHIND

Invest in the early years



Child at an ECD centre being assisted by the teacher



**OPEN SOCIETY  
FOUNDATIONS**



# Contents

Introduction	3
Zimbabwe's national early childhood development policy context	5
Donor support for early childhood development	9
Conclusion and recommendations	12
References	15

## COVID-19 is jeopardising the healthy development of Zimbabwean children

Seven million Zimbabweans are in urgent need of humanitarian assistance, according to the 2020 Zimbabwe Humanitarian Response Plan. Drought, crop failure, inflation and austerity measures were already making daily survival difficult for Zimbabweans when the COVID-19 pandemic struck. This situation has only been made worse by the spread of COVID-19 and the measures put in place to contain it. Millions of Zimbabweans are struggling to access vital services as the pandemic stymies the delivery of healthcare, clean water, sanitation and education.

To reach their full potential, children need access to healthcare, immunisations, nutrition, opportunities for early learning, and a safe and nurturing environment. This being the case, access to basic essential services is crucial for early childhood development. Four million vulnerable Zimbabweans have difficulty accessing basic healthcare and, with the decreasing availability of safe water, sanitation and hygiene, 3.7 million people are at heightened risk of being exposed to outbreaks of communicable diseases. Since the onset of the COVID-19 pandemic, there has also been a significant decrease in the delivery of immunisations in the country.

In response to the pandemic, the Zimbabwean government closed schools in March 2020, and

this is expected to have far-reaching implications for the future demand and supply of education services in the country. School closures have disrupted the education of more than 4.6 million children, impacting not only learning and school readiness, but also access to feeding programmes and a protective environment.

Globally, the lockdown has seen an increase in gender-based violence (GBV). Being exposed to physical, sexual or psychological abuse – as the victim or as a witness – has an enduring negative impact on the psychological well-being of children. Since January 2020, 78,208 children in Zimbabwe, including 10,194 children with disabilities, have accessed child protection and psychological support services.

Adding to the pressures experienced by parents and caregivers, the severe socioeconomic consequences of the COVID-19 containment measures are expected to spark a sharp increase in food insecurity across Zimbabwe. The 2020 Zimbabwe Humanitarian Response Plan indicates that 6 million people in the country are in urgent need of food assistance. The July 2020 Zimbabwe Vulnerability Assessment Committee (ZimVac) found that only 2.1% of young Zimbabwean children have access to the minimum acceptable diet (down from 6.9% in 2019).

# Introduction



Globally, 43% of children under the age of five (250 million individuals) are at high risk of not achieving their full developmental potential.<sup>1</sup> In Zimbabwe, this percentage stands at 46%.<sup>A</sup> Reversing this requires urgent and continuous multi-stakeholder action.

Multiple factors influence a child's development trajectory, including their access to healthcare, nutrition, responsive caregiving, early learning opportunities, and clean water and basic sanitation, of which the latter helps prevent avoidable and fatal illnesses.<sup>2</sup> In Zimbabwe, 60% of young children are considered “multi-dimensionally poor”, which means they are facing multiple deprivations, including malnutrition, inadequate education and poor access to healthcare, clean drinking water, basic sanitation and/or housing.

The situation is worse in rural areas, where poverty levels are much higher than in urban areas: experts estimate that two-thirds of Zimbabwean children who are multi-dimensionally poor live outside cities.<sup>B</sup> This makes them more prone to developmental delays.<sup>C,D</sup>

Take the issue of malnutrition. As a result, 30% of Zimbabwe's rural children under the age of five have stunted growth<sup>E</sup>, which thwarts their long-term development.<sup>2</sup>

Responding to deprivations as early as possible is necessary and requires a comprehensive cross-sectoral multi-stakeholder early childhood development (ECD) approach rooted in the Nurturing Care Framework.

Helping vulnerable children thrive, now and later in life, requires more investment in improving their access to healthcare, nutrition, early learning and stimulation interventions, responsive caregiving, and emotional and physical security. Earmarking funds and

resources for high-quality, equitable and inclusive ECD services forms part of this. Providing equitable access to proper ECD services can help mitigate the impacts of the multitude of risks Zimbabwean children are facing, smoothing their path to accessing their rights and paving the way for more equal societies.

This matters most for children from disadvantaged and rural households, particularly children with disabilities. This group faces multiple barriers and layers of discrimination, resulting in these children being excluded from inclusive ECD services.<sup>2</sup>

According to experts, Zimbabwe is home to about 600,000 disabled children (11% of the country's total child population). This group needs ECD policies and services that take their healthcare, nutrition, early learning and stimulation, responsive caregiving, and emotional and physical security needs into consideration, and this requires more investment.

This also applies to Zimbabwe's 1.3 million orphans and the millions of children who do not live with their biological parents (a quarter of all children in the country).<sup>3</sup> This group is at an increased risk of being neglected and abused. Supporting them by identifying their ECD needs early on helps to respond to their challenges, enabling them to fully participate in and belong to their communities.

These findings are backed up by evidence<sup>4</sup> suggesting that investing in children's early years is one of the smartest investments governments and donors can make to break the cycle of poverty, address inequality,

A. Taken from Zimbabwe Nurturing Care Framework. The “Risk of poor development” uses a composite indicator of stunted growth in children under the age of five and child poverty. See: <https://bit.ly/2RC7v40>

B. Taken from the 2016 Multiple Overlapping Deprivations Analysis (MODA): precise figures are 59.6%. “Children” in this context refers to under 18s.

C. Op. cit.

D. This (two-thirds) refers to 72% or 5.4 million. UNICEF, 2017. Zimbabwe 2017 Budget Brief Health and Child Care. See: <https://uni.cf/2HmTXoh>

E. According to the WHO children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standards median. See: <https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell>



and boost children's overall productivity later in life.<sup>F</sup> In Zimbabwe, a country where 42% of the population is between the ages of 0 and 14<sup>G</sup>, many of whom live in poverty, tackling childhood deprivations goes hand in hand with improving ECD services.

Despite pockets of impressive progress, Zimbabwe's principal problem in boosting universal access to ECD services is a lack of funding due to an array of fiscal problems. Donors and development partners, therefore, have a key role to play in supporting the

government in this quest, particularly because ECD-related donor financing remains very low.

This study analyses Zimbabwe's ECD context, what donors are doing to support the government with overseas development assistance (ODA)<sup>2</sup>, and what else they could and should do. Our starting point is that donors have a specific supportive role to play in scaling up equitable and inclusive ECD services in recipient countries such as Zimbabwe (**see Box 3**).



Children at First Step  
ECD centre in Bulawayo

## The five components of nurturing care

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



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

<sup>G</sup> World Bank population data: <https://data.worldbank.org/indicator/SP.POP.0014.TO.ZS>



Children at Jairos Jiri Waterfalls  
ECD centre in Harare



# Zimbabwe's national early childhood development policy context



## Early education

Currently, the Zimbabwean government refers to improving children's access to ECD services as the scale-up of early childhood participation at formal pre-primary education level, with ECD being almost unilaterally understood as infant schooling. As such, much of this report focuses on these efforts at the same time as touching on other relevant services.

Following the recommendations of the Nziramasanga Commission on Education in 1999, the authorities committed to providing early childhood education/development (ECE/D<sup>H</sup>) services for all children between the ages of three and six. In 2005, this was complemented by a new policy from the Ministry of Education, requiring every primary school to have two ECE classes: Grades A and B.<sup>5</sup> The law stipulates that no child can go to primary school without having had at least one term of ECE.

In theory, this has made early education available to all Zimbabwean children. While 84% of public primary schools provide ECE A classes, with 98% offering B classes<sup>I</sup>, gaps continue to exist and participation remains patchy: gross and net enrolment rates for A and B classes currently stand at 32% and 56% respectively. Reasons include a lack of parental demand and awareness of the importance of early childhood education<sup>3</sup> and the fees involved. According

to the World Bank, 34% of Zimbabweans lived in extreme poverty last year, which is 6% more than in 2018. That equates to 5.7 million people. This means many parents cannot afford ECD classes. The inconsistent quality of services is another concern.

The following are key deterrents to ECD access in Zimbabwe:

- **Lack of materials and teachers:** Most primary schools with early education classes have a shortage of trained professionals, age-appropriate materials, infrastructure and equipment. Many classrooms are not child-friendly, limiting participation.
- **Cost of ECE:** School fees are the greatest barrier to early education in Zimbabwe. Currently, 50% of children do not attend ECD centres because their parents cannot afford the fees, which range from USD 10 to USD 40, depending on the institution. Parents currently pay about 1 billion Zimbabwean dollars per year towards their children's education expenses.<sup>J</sup> Many families, therefore, choose not to send their children to ECD programmes. The new amendment to the education bill proposes that the government should pay these fees.

<sup>H</sup>. The government calls this ECE-D and/or ECD but, for the sake of this study, we are using the term early education or ECE, given that the overall study talks about ECD. The Nziramasanga Commission Inquiry Report on education in Zimbabwe. Harare, 1999.

<sup>I</sup>. See: [https://www.researchgate.net/publication/324839762\\_Situation\\_analysis\\_of\\_the\\_early\\_childhood\\_development\\_ECD\\_programme\\_in\\_rural\\_primary\\_schools\\_in\\_Zimbabwe](https://www.researchgate.net/publication/324839762_Situation_analysis_of_the_early_childhood_development_ECD_programme_in_rural_primary_schools_in_Zimbabwe)

<sup>J</sup>. Based on stakeholder interviews with Ministry of Education officials.

- **Inaccessibility of ECE centres:** In rural areas, ECE centres can be situated far from where people live, and most rural residents do not have transport. Many parents are unable to walk their children to school and are uncomfortable having their children walk for long distances on their own. Village or community-based ECD centres are being created, but these struggle to attract pupils because they are not attached to a primary school. This also means they do not have a supervising head teacher.
- **Lack of awareness of the benefits of ECD:** Many within the government remain unconvinced about the benefits of ECE and, as a result, there is not a lot of commitment to provide such services. Many parents do not understand the value of it either, especially when they have to pay fees they cannot afford. Partners need to work together to change this. Investments in school feeding schemes can help attract pupils.

Scaling up early education in Zimbabwe requires more investments in staff training and learning materials, but that seems unlikely in the current financial context **(see Box 2)**. The Ministry of Finance has frozen wages, putting a stop to the hiring of new ECD teachers. As a result, the sector is struggling to deliver on its commitments, leading to major gaps. Key problems are:

- **Huge staffing shortages:** While teacher training colleges offer ECE training, the government cannot afford to employ more educators. This has led to

a shortage of nearly 10,000 teachers, mainly ECD educators.<sup>6</sup>

- **High pupil to teacher ratios:** In Zimbabwe, there are 427,800 ECD learners and 4,000 teachers. The pupil to teacher ratio of 100:1<sup>7</sup> hampers the delivery of quality inclusive care and learning.
- **Distribution of teachers is highly uneven:** Poor rural areas have the highest shortage of trained teachers<sup>K</sup> and predominantly rely on untrained educators.
- **53% of ECD teachers are trained:**<sup>K</sup> In the capital city of Harare, 85% of teachers are trained, compared to 13% in rural Bulawayo.<sup>4</sup> Donors such as UNICEF have trained ECD paraprofessionals to fill some of the gaps, but the government does not provide salaries for these staff members. As a result, parents pay them through levies and teacher incentives.

The inability to hire sufficient trained ECE teaching staff frustrates Zimbabwe's strong policy commitments, as one of the few low-income sub-Saharan African countries, to deliver on the ECD front, provide formal training interventions for ECE teachers and maintain its relatively equal participation levels across different income groups.<sup>L</sup>

**The inability to employ trained teaching staff is particularly hampering the development of marginalised children, including those with**



A boy at JJA Waterfalls ECD centre in the rehabilitation corner.

<sup>K</sup> 2017 Annual Education Statistics Profile. See [http://www.mopse.gov.zw/wp-content/uploads/2017/04/2017\\_National\\_Statistical\\_Profile.pdf](http://www.mopse.gov.zw/wp-content/uploads/2017/04/2017_National_Statistical_Profile.pdf)

<sup>L</sup> According to the Wealth Index Quintile there is, to ECD - again, fairly uncommon among low-income sub-Saharan African countries.



**disabilities.** Firstly, a high pupil to teacher ratio, which is most common in rural areas, makes it impossible for educators to cater to the needs of all the children in their classes. Secondly, the stigma surrounding disability still prevails in Zimbabwe, with many people still believing that a disability is a “curse”. Having more specially trained ECE educators would make a difference, as most of them receive some training in inclusivity and pedagogy methods (see Box 1), although more can be done.

Besides providing inclusivity training for ECE staff, the government has made strides in supporting disabled children by making their ECE classrooms accessible with ramps and rails. These efforts focus predominantly on infrastructure, rather than learning materials, which are in short supply. For children with severe disabilities, specialised schools exist. Built by the Ministry of Education, these allow teachers to come in and work with a diverse community of learners.

More broadly, there is a government commitment to scaling up an inclusive education strategy. The

new 2016-2020 Education Sector Strategy commits to providing equal education opportunities to all children, enabling them to fully engage and participate. Because only 10% of children with disabilities and other special needs are in school, **the Ministry “wishes to develop a policy that will both respond to the needs of these children within the formal system but also looks to provide early identification of problems and an appropriate response”<sup>8</sup>.**

The government is also making efforts to boost educational inclusivity by working together with other ministries and communities to help identify and respond better to children’s special needs as early as possible through special infrastructures, specialised teachers, and learning materials. It has also set out indicators to measure the enrolment of children with disabilities over the lifetime of the plan.<sup>8</sup> **Turning these commitments into tangible realities remains a challenge in the current economic context.**

### **Box 1. Training a cadre of pre-primary teachers in inclusive approaches: evidence from Zimbabwe**

In Zimbabwe, inclusive education is defined as education that eliminates **“barriers to children’s participation in school, community and work settings”**.<sup>9</sup> This means children with disabilities tend to participate in the mainstream education system but with clinical, supplemental and remedial assistance as and when needed.

Studies show that ECE teachers with inclusivity training had a more positive attitude towards, understanding of and commitment to inclusion, particularly regarding children with disabilities. One study by Tawanda Majoko found that trained ECE teachers tend to use different strategies to support the inclusion of disabled children in mainstream early childhood education while demonstrating more positive attitudes towards special needs children in their classrooms.

That said, teachers still struggle to deliver specialised services due to a lack of equipment

and resources, from computers and hearing aids to braille and large-print materials, as well as limited pedagogic knowledge.

Despite this, young children with disabilities in Zimbabwe are still taught in their neighbourhood ECE classrooms, with all the accompanying financial, social, and academic benefits. Majoko proposes various strategies to enhance inclusion at ECE level, such as **“integrating inclusive education training into regular teacher preparation courses, developing advocacy expertise in pre-service teachers, pooling resources, fostering positive attitudes among stakeholders and considering teachers’ concerns in designing and implementing teacher preparation programmes”**.

**Adapted from:** Tawanda Majoko (2017), Inclusion in Early Childhood Education: a Zimbabwean perspective. International Journal of Inclusive Education.



## Health, nutrition and sanitation services in support of ECD

Zimbabwe has several strong policies that support ECD sub-sectors such as nutrition. Malnutrition remains a problem among young children in Zimbabwe and, as a result, a quarter of children suffer from stunted growth. **In 2016, the government introduced the “home-grown school feeding programme” to tackle this problem, covering all children from Grade A to 2.** Led by the Ministry of Primary and Secondary Education with support from UNICEF<sup>M</sup>, the programme is linked to a government grain scheme complemented by parental contributions. Besides tackling child malnutrition, the initiative increased ECE enrolment by 10% between 2015 and 2016.<sup>10</sup>

Tackling food security, nevertheless, remains a high political priority that has paved the way for the Food and Nutrition Council and a Food and Nutrition Security Policy. Being implemented at national, provincial, and local level, this action plan is backed by a well-established multi-donor funding mechanism.<sup>N</sup>

Then there is the National Action Plan (NAP) III for Orphans and Vulnerable Children, which serves as an important policy for Zimbabwe’s most vulnerable children due to its multi-dimensional approach to child vulnerability and protecting children’s rights. The action plan focuses on strengthening child protection systems and delivering coordinated quality services to prevent and respond to, among other things, abuse of and violence against children.<sup>11</sup> The plan’s strong social protection component also includes a disability-inclusive approach and a multi-donor Child Protection Fund (CPF) II to help coordinate donor funding.

In other words, Zimbabwe may not have a multi-sector ECD policy in place, but it has several commitments and strong donor mechanisms to coordinate funding. This and the strong leadership from the Ministry of Education goes a long way towards providing adequate access to ECD services. The main problem is financing these pre-existing commitments.



Young child with her care givers  
in Ward 7 of Chipinge district

<sup>M</sup>. See the following article: <https://acei.org/article/the-status-of-education-and-early-childhood-development-ecd-in-zimbabwe/>

<sup>N</sup>. Developed and passed through a consultative approach.





Out of school children and their care givers in Ward 7 of Chipinge district



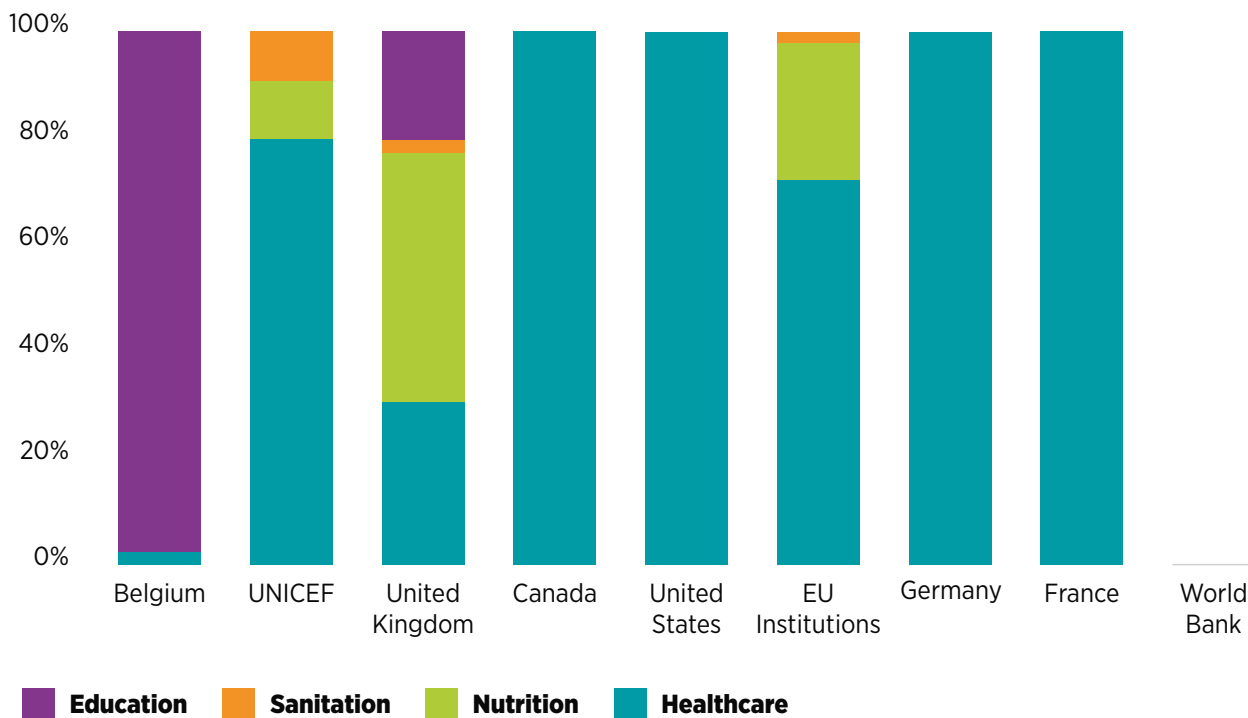
# Donor support for early childhood development

Scaling up equitable and quality ECD services requires donors to give more and give smarter as, overall, they are doing too little. Zimbabwe’s complex financial and economic situation is not helping, as it has made many donors reluctant to channel funds to the government.

**This study analyses the share of nine donors’ ECD**

**spending in Zimbabwe relative to their overall ODA portfolio<sup>8</sup>**, providing an insight into their commitment to areas supportive of early childhood development. The donors surveyed include agencies that commit large amounts, such as UNICEF. This agency spends 40% of its Zimbabwe ODA portfolio on ECD.<sup>9</sup> Other

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



Source: OECD-DAC Creditor Reporting System

donors are doing little, such as Germany and France, which each spend less than 1% of their total Zimbabwe ODA portfolio on ECD (**See Table 1**).

It is crucial that donors start investing more ODA in the access and provision of ECD-related services, as this has been proven to be the smartest investment you can make if you want to develop a country's "human capital".<sup>P</sup>

## 1 ECD donor spending: important differences and missing efforts

The spending analysis used in this report broadly reflects the cross-sectoral approach advocated by the Nurturing Care Framework<sup>12</sup>, focusing on access to healthcare, education, nutrition and sanitation. When broken down across these ECD sub-sectors, it becomes apparent that ODA prioritises healthcare (two-thirds of all donor funding) and nutrition. These two sectors account for 90% of all ECD aid.

Interestingly enough, in terms of global donor trends, ECE in Zimbabwe has gained around 10% of total ECD funding. This share is higher than the global average and the average in other countries surveyed (ECE typically receives 1% of ECD ODA). This may be the result of a significantly more developed public policy dealing with early education.

Zimbabwe's focus on early education in its sector plan has helped attract donor funding, which is strengthened by the Global Partnership for Education (GPE) programme. This initiative is a key mechanism for donors to coordinate and support countries' education systems with their funding. In Zimbabwe, a new education plan was being drafted at the time of writing. This and the willingness of donors to fund

early education more broadly may hopefully support the government in scaling up its ECD efforts.

What needs to be highlighted is that donor investment in basic sanitation remains low in Zimbabwe, something which needs to be addressed as the country continues to struggle on that front. It is estimated that 7.3 million people are affected by water, sanitation and hygiene challenges, with 3.6 million needing urgent assistance, according to the 2020 Humanitarian Response Plan. Children are the most affected.

It has to be noted that there are other areas supportive of ECD that receive donor funding but that have not been included in this report. These include the multi-donor Child Protection Fund in support of the National Action Plan (NAP) III for Orphans and Vulnerable Children. This reflects a broader concern highlighted in the "Leave No One Behind" analysis: donors struggle to report on and capture their total ECD spending, which needs to be addressed together and at global level through the OECD-DAC Creditor Reporting Mechanism.

## 2 Very few donors are actively championing ECD

While many donors are directly and indirectly active in one or more ECD sub-sectors, few are explicitly supporting nurturing ECD interventions. UNICEF stood out, which underlines its mandate as a child-focused organisation and demonstrates a strong organisational

commitment to a multi-sectoral Nurturing Care Framework.

In education, UNICEF supports ECD centres, including paraprofessional training, at the same time as assisting

---

<sup>O</sup>. Belgium has a very high ODA share dedicated to ECD, partly because its overall ODA portfolio is dominated by a teacher training programme. Its overall spending in quantitative terms is very low.

<sup>P</sup>. Human capital refers to a nation's skills and knowledge base and is a term which has gained much ground in global development circles, partly driven by the World Bank. See: <https://www.worldbank.org/en/publication/human-capital>



A child with physical impairment being assisted to practice reading by the teacher at JJA First Step ECD centre in Bulawayo

the Ministry of Primary and Secondary Education in designing “home-grown school feeding programmes”. In line with this, the agency is in the process of developing a comprehensive ECD package that tackles food security and malnutrition among young children and infants, at the same time as looking at solving problems associated with poor access to clean drinking water, sanitation and hygiene.<sup>12</sup>

In terms of healthcare, UNICEF projects directly support maternal, newborn and child healthcare as well as the Ministry of Health and Child Care in establishing a network of community health volunteers. In terms of social and child protection, UNICEF supports the National Action Plan for Children.

What is key to UNICEF’s approach is its support of the government’s efforts, from building a cadre of community health and ECD educators (which is important since salaries are frozen) to developing education plans.

### Box 2. Fiscal challenges in delivering nurturing care for ECD services in Zimbabwe

Zimbabwe is experiencing its worst economic crisis in a decade, with consumers facing shortages of everything from food to fuel. In the meantime, the government is struggling with a severely limited fiscal landscape caused by a growing fiscal deficit and exacerbated by high indebtedness. In this context, the Ministry of Finance has frozen public sector recruitment to cut costs.<sup>5</sup> This is severely impacting the ECD space, which requires urgent expansion to reach more children. ODA, as a result, will remain a crucial source of funding in the short term. In addition, it remains important that donors align their efforts as much as possible with the government’s existing plans and efforts.

Besides UNICEF, the UK government, through DFID, is also playing a significant role in supporting Zimbabwe’s ECD sector, even if its approach does not explicitly align with the Nurturing Care Framework. Its contributions are most significant in child and maternal health and nutrition, community-based sanitation, and social protection in support of the national Child Action Plan. DFID also provides 62% of the USD 59 million needed for the Education Development Fund over the next five years.

## 3 Inclusive early education needs more support

While the Ministry of Education is seen as the “home” of ECD, with links to other sectors, donors need to scale up their support for the government’s plans. UNICEF and DFID are the most active partners. By supporting the Education Development Fund and the Global Partnership for Education (GPE), both provide technical assistance and funding for several projects.

More support for inclusive ECD services has become even more crucial due to the prevailing fiscal constraints (**see Box 2**), which have led to a series of severe budget cuts, impacting the State’s ability to invest in boosting the provision of ECD services as well as in more and better materials and much-needed classroom upgrades.<sup>13</sup>

Hopefully, more donors will get on board with the drafting of a new education plan, which builds on the current plan’s commitments with regard to supporting inclusive and focused support for disabled children. This includes commitments to the early screening and identification of special needs, inclusivity training for teachers, strengthening community healthcare systems, and boosting the country’s School Psychological Services agency. Expansion requires more donor involvement.





Children at JJA ECD centre practising both gross and fine motor skills through drawing



## Conclusion and recommendations

Zimbabwe has made impressive progress in its early childhood education strategy over the last two decades, despite prevailing fiscal and economic challenges. Children's access to ECD services has been boosted in a multi-sectoral approach, tackling the issue of inclusivity through teacher training and infrastructure adaptations.

The government is also committed to providing multi-sectoral nurturing care and specialised support for children with disabilities and developmental delays. There is much to do still to turn these commitments into realities, but Zimbabwe is head and shoulders above the other countries in this study and other low-income sub-Saharan countries.

### **Box 3. Improved access to education for children with special needs in Masvingo District**

The Masvingo Community-based HIV and AIDS and Vulnerable Children Organisation (MACOBAO) operates primarily in Zimbabwe's south-eastern district of Masvingo and is the region's leading community-based organisation involved in promoting inclusive education. The initiative is increasingly recognised at national level too.

MACOBAO's interventions have made communities and parents aware of the fact that children with disabilities need to be enrolled in ECD centres as early as possible. By removing learning barriers and helping teachers work with special needs pupils, 205, or 40%, out of 510 disabled children (between the ages of three and eight) who were identified through a baseline survey are currently enrolled in ECE centres and primary schools.

Data for Masvingo from the School Psychological Services, an agency within the Ministry of Primary and Secondary Education, shows that pre-primary school attendance among girls and boys between the ages of three and eight increased from 10% to 45% between 2016 and 2018.

#### **Key lessons of MACOBAO's successful approach to inclusive ECE:**

- Increased collaboration and coordination between all stakeholders (communities, families and schools) led to a strong commitment to facilitate inclusive education. Referrals and networking among families, schools and service providers improved children's access to services. In the meantime, pupils requiring medical attention were referred to health experts, while extremely poor children were assisted by the Department of Social Services with school fees, food and clothing.
- Assisting parents is key to successful ECD interventions. This can be done by increasing the incomes of households with young

disabled children as well as providing access to healthcare and better nutrition

- The project has broken down negative attitudes regarding children with disabilities, while facilitating a process of social integration and cohesion. By being in class together, children with and without disabilities learn from each other. The main benefit of inclusive settings is that disabled children typically achieve higher grades than those in segregated settings. Mainstreaming children with disabilities ensures they are included, which contributes to their future self-reliance.
- For inclusive education to be successful, buy-in and support from local leadership and families are crucial. Besides, services must be made available at grassroots level, and not only in cities. The role of a strong civil society in holding the government accountable is paramount. These organisations, after all, know the realities children with disabilities and their families face and what their needs are.



\*Image: Gabriel Attwood

Zimbabwe's education plan currently under development must lead to more donor support to help the government ensure even the most marginalised children have access to ECD services rooted in the Nurturing Care Framework. This includes finding ways to train and employ more ECD teachers.



## Donors must:

1. **Increase allocations to ECD services given their strong returns on investment.** This especially applies to donors with low ECD expenditures compared to their overall ODA commitments
2. **Support the implementation of the Nurturing Care Framework** for delivering ECD services in Zimbabwe
3. **Provide more support to Zimbabwe's current education planning process** in terms of ECD commitments, and work across sectors to support the most vulnerable children, including those with disabilities
4. **Work together with other stakeholders**, including government, to find creative ways to hire and train more ECD teachers
5. **Work with the government to leverage greater domestic resources for its ECD sector plans**, including plans that need substantial new funding (training and hiring more teachers, reducing fees). Donors should also work with Zimbabwe to boost its revenue streams

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

1. **Establishing multi-sectoral ECD coordination mechanisms that deliver broader “nurturing care” approaches** aligned with healthcare and nutrition. This and targeting sectors catering for children not covered by pre-primary can help attract more funding
2. **Utilising all the ECD teachers it has.** With large class sizes, it is almost impossible to support all children properly, especially those with disabilities. The government could consider using paraprofessionals to support teachers, especially in classrooms with disabled children
3. **Reducing or doing away with school fees**, as is being discussed by the government. This could help scale up ECD and provide these services free of charge. Early education is, after all, the foundation for future success.
4. **Supporting community-based schools** so that rural children have access to early education. Community schools could be supervised by nearby headmasters of formal primary schools

**Civil society organisations should catalyse the demand** for equitable and inclusive ECD services by raising awareness about the benefits among parents, particularly those of children with disabilities and developmental delays.



Children in the classroom at JJA Waterfalls ECD centre



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

Donor support and percentage of total aid invested in ECD-related services		
<b>Belgium</b>	<ul style="list-style-type: none"> <li>• Small investments in basic healthcare, some of which support young children (no explicit focus on children's early years)</li> <li>• Investments in early education, including inclusive teaching approaches</li> </ul>	<b>47.2%*</b>
<b>Canada</b>	<ul style="list-style-type: none"> <li>• Large investments in maternal and child health</li> <li>• Large investments in nutrition, including nutrition linked to early childhood, with strong cross-sectoral links</li> <li>• A small investment in early education</li> </ul>	<b>11.7%</b>
<b>EU</b>	<ul style="list-style-type: none"> <li>• Investments in maternal, newborn and child healthcare and in strengthening/scaling up overall health systems</li> <li>• Investments in government-sponsored nutrition policy developments</li> <li>• Investments in sanitation projects in peri-urban areas (no explicit focus on young children)</li> </ul>	<b>7.5%</b>
<b>France</b>	<ul style="list-style-type: none"> <li>• Very small investments in basic healthcare, some of which support young children (no explicit focus on young children)</li> </ul>	<b>0.2%</b>
<b>Germany</b>	<ul style="list-style-type: none"> <li>• Some investments in basic healthcare and small community healthcare projects that support parenting</li> </ul>	<b>0.3%</b>
<b>UNICEF</b>	<ul style="list-style-type: none"> <li>• Large investments in healthcare, including maternal and child health. Supported projects have an explicit ECD focus (i.e. community health workers)</li> <li>• Investments in maternal and child healthcare and nutrition</li> <li>• Investments in WASH to prevent waterborne illnesses</li> <li>• Investments in early education efforts by the Ministry of Education while serving as the coordinating body of the Global Partnership for Education (GPE) and supporting school improvement and feeding schemes</li> </ul>	<b>40.4%</b>
<b>UK</b>	<ul style="list-style-type: none"> <li>• Investments in maternal and newborn healthcare</li> <li>• Investments in maternal and child nutrition</li> <li>• Some support for early education, with strong commitments to the Global Partnership for Education (GPE) fund</li> </ul>	<b>19.7%</b>
<b>USAID</b>	<ul style="list-style-type: none"> <li>• Very high healthcare spending, with some investments in maternal and child health</li> </ul>	<b>11.6%</b>
<b>World Bank</b>	<ul style="list-style-type: none"> <li>• No spending on ECD or support for related services</li> </ul>	<b>0%</b>

\* Belgium only has a handful of ODA projects in Zimbabwe. One, VVOB Zimbabwe, is supporting the government in scaling up inclusive early education interventions, focusing on teacher training in inclusive teaching methods. It is a small project in

quantitative terms and the only project supported by Belgian aid. As such, Belgium aid seems to have a high ECD spend, but this is a slightly distorted picture.

## References

1. 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.
2. 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.
3. Ringson J. Basic education assistance module as a material and psychosocial support intervention for orphans and vulnerable children in Gutu District, Zimbabwe. An evaluation. *New Ideas in Psychology*. 2020;59:100803.
4. 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.
5. Mapolisa T. The Impact of the Early Childhood Development (ECD) Program: a Case study of Gomadoda Cluster in Nkayi District. *Nova Journal of Humanities and Social Sciences*. 2012.
6. UNICEF. *Zimbabwe Primary and Secondary Education 2018 Budget Brief*. 2018.
7. Makokoro P. The Status of Education and Early Childhood Development (ECD) in Zimbabwe. <http://www.nhakafoundation.org/the-status-of-education-and-early-childhood-development-ecd-in-zimbabwe/>. Published 2017. Accessed September 2020.
8. Republic of Zimbabwe. *Education Sector Strategic Plan 2016 - 2020* Ministry of Primary and Secondary Education;2016
9. Mutepfa MM, Mpofu E, Chataika T. Inclusive education in Zimbabwe: Policy, curriculum, practice, family, and teacher education issues. *Childhood Education*. 2007;83(6):342-346
10. UNICEF. Education <https://www.unicef.org/zimbabwe/education>. Accessed 2020.
11. UNICEF. *Living Conditions Among Persons with Disability Survey*. 2013.
12. UNICEF. *Investing in Zimbabwe's Children*. 2017.
13. UNICEF. *Ministry of Primary and Secondary Education 2017 Budget Brief*. 2017

## ABOUT THE RECIPIENT COUNTRY STUDIES

**Light for the World** and its partners have conducted a detailed analysis of the aid activities of nine donors<sup>Q</sup> 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.<sup>R</sup> 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 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.

---

<sup>Q</sup> 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 (GPE).

<sup>R</sup> 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” in terms of 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.

Image copyright: CBM

The authors of this country recipient report are **Jo Walker** and **Nafisa Baboo**.

---

### 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 (GPE). 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](http://www.light-for-the-world.org/inclusive-ecd-investment)

