

# BANTWANA INITIATIVE TECHNICAL BRIEF



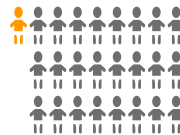
## EARLY CHILDHOOD DEVELOPMENT & EDUCATION FOR LIFELONG IMPACT IN MOZAMBIQUE

### BACKGROUND

Gaps in child development emerge in infancy and persist through childhood and adolescence, with lifelong and multi-generational impacts on education and health, as well as overall productivity and wellbeing. Early childhood development and education (ECDE) services are critical to promote the healthy development of vulnerable children under age 5 years, particularly for those in Mozambique who are adversely affected by household economic and food insecurity, compounded by the HIV/AIDS epidemic.

Within hard-to reach and vulnerable communities, under the USAID Community & Child Strengthening project, locally known as Força à Comunidade e Crianças (FCC), the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) and local partners implemented a community-based and community driven ECDE initiative that: 1) increased the uptake of early childhood education services in vulnerable communities; 2) provided quality education services to adequately prepare orphans and vulnerable children (OVC) for school; 3) promoted behavior change among teen mothers and OVC caregivers to support the growth and development of their infants/young children.

ONLY



4%

of Mozambican children, primarily from wealthy and urban households, **attend preschool.**

OVER



42%

of Mozambican children (0-5 years old) are **moderately or severely stunted.**

*WEI/Bantwana's ECDE model is a holistic approach that supports vulnerable children to be more physically healthy, better nourished, emotionally secure, socially competent, linguistically advanced, and intellectually curious.*

# EARLY CHILDHOOD STIMULATION FOR INFANTS 0-2+ YEARS

WEI/Bantwana and its partners provide integrated, clinic and community-based early childhood stimulation (ECS) services, targeting high HIV burden families and communities. We focus on reaching HIV+ and HIV-exposed infants and children with delayed attainment of physical, health, cognitive and socio-emotional development milestones. Our ECS model layers complementary OVC services and referrals to critical HIV services, and responds to emerging nutrition, health, and social protection needs of these mother-baby pairs. The model is underpinned by community-clinic collaboration to maximize reach to HIV+ and at-risk mother-baby pairs.

ECS sessions for pregnant women and mothers of HIV-exposed infants has been a key entry point to ensure an HIV continuum of care services for HIV+ mother-baby pairs. With the support of health care workers at clinics, trained community case care workers (CCW) sensitize mothers on the importance of early childhood stimulation and team up with ECS facilitators to deliver group sessions and build caregiver knowledge and skills on breastfeeding and nutrition; hygiene; family planning; immunizations; and importance of knowing their and their babies' HIV status. ECS sessions also enhanced caregivers' practical ECS skills by teaching them to make toys from locally available and recycled materials, as well as how to communicate with their babies, and identify signs of poor health, disability, and malnutrition.

Beyond ECS sessions in the clinic setting, and through a community-based case management system, CCWs conduct follow-up home visits to pregnant and new mothers for screening and referrals to additional services. These include:

- **Nutrition:** screening children; culinary demonstrations using local ingredients; 12-day nutritional education & rehabilitation for malnourished children.
- **Health:** referrals to services for tuberculosis, HIV, family planning, post-exposure prophylaxis, cervical cancer screening.
- **Social protection:** linkages to birth registration, poverty certificates, and child protection services.

These mutually reinforcing layers of the integrated service package combine to boost children's development trajectories.

## ECS IMPACT

### REACHED



25,594

mother-baby pairs, **including 6,398 HIV+ infants**, with ECS services.

### MOBILIZED



9,018

pregnant mothers, **including 5,026 HIV+ adolescent girls and young women**, to join ECS activities.

### SCREENED & REFERRED



10,236

malnourished infants to nutrition services.

### SUPPORTED



9,948

infants with unknown HIV status to access HIV testing.

“*When I was pregnant, I didn't want to go the hospital. I did not care about prenatal care until one day a CCW visited me and opened my view and with her support I went to a prenatal consultation. There I found out I was HIV+ and I immediately received PMTCT services. Because of that, my twin babies were born without HIV.*

*Today my children are 3 months old, and I'm on exclusive breastfeeding. As I learned in our ECS session, only after 6 months will I start to give them enriched porridge, and I won't give up on ART [anti-retroviral therapy].*”

– HIV+ young mother, FCC beneficiary

# EARLY CHILDHOOD DEVELOPMENT FOR CHILDREN 3-5+ YEARS

Early childhood development (ECD) focuses on equipping vulnerable children in the older 3-5 year age band with school readiness skills in order to improve learning outcomes. ECD is also a key entry point to bring an array of other critical health and child protections benefits to vulnerable children.

FCC's community mobilization strategy has been pivotal in improving the uptake of ECD services by communities. The strategy addresses both demand-side constraints—caregivers' lack of information on the importance of ECD—and supply-side constraints—lack of available ECD services, particularly in remote communities throughout Mozambique. It places community leaders at the forefront of the ECD program by making sure they understand the importance of ECD to the community. Community-led ECD Management committees, initially trained by the project, become responsible for leading community resource mobilization efforts. They invite caregivers for meetings and explain the ECD program to communities. Community leaders request for volunteer ECD facilitators and motivate the community

to develop an ECD facilitator incentive package. Caregivers donate resources (money or in-kind) for ECD facilitators, and they donate their time to help construct or equip ECD centers.

From 2016-2020, WEI/ Bantwana and its local partners established and/or improved 97 community-managed ECD centers in 16 project districts across 4 provinces (Manica, Zambezia, Gaza and Sofala), and in partnerships with communities, locally recruited and trained 319 ECD Educators to lead interactive and learner-centered ECD activities following the Government approved guidelines for supporting children and families in ECD programming. ECD Educators were also taught to produce teaching materials and toys using recycled and local materials and they in turn supported caregivers to produce toys for their own children. They also carried out joint home visits with CCWs to families of OVC enrolled in the ECD centers, further encouraging uptake of good childcare practices and enhancing referral pathways and access to services.

## ECD IMPACT

### On Children:

#### EQUIPPED



15,761

vulnerable children ages 3-5 years with foundational skills for school readiness, including 982 HIV+ children.

#### TRANSITIONED



71%

of eligible children from ECD to primary school by age 6, including highly vulnerable children often left behind.

### On Caregivers:

#### MOBILIZED



2,329

caregivers to join village savings and lendings associations to build personal savings.

#### SUPPORTED



2,600

caregivers to receive birth registrations and poverty certificates to access free education and social protection services.

### On Community:

#### ESTABLISHED



97

community-managed ECD Centers.

#### TRAINED



319

ECD Educators to lead interactive and learner centered activities.

# INNOVATIONS AND LASTING IMPACT

## **DEVELOPED AN INCLUSIVE, COMMUNITY-LED ECD INITIATIVE TO INCREASE DEMAND FOR ECD SERVICES:**

We recruited and trained ECD Facilitators from within communities, and established local ECD Management Committees responsible for generating demand amongst caregivers at the grassroots level. This led to communities leveraging untapped local resources (including private sector and Government) and deepening their own investment in ECD for sustained impact beyond the FCC project.

## **ACHIEVED A HIGH PRIMARY SCHOOL TRANSITION RATE AMONGST THE MOST VULNERABLE CHILDREN:**

Our ECD strategies facilitated access to school, and equipped children to learn and stay in school by providing wraparound services through strengthened community and government structures to meet the complex needs of OVC.

## **COLLABORATED WITH HEALTH CLINICS TO IMPROVE PEDIATRIC HIV RETENTION AND OUTCOMES:**

Together with clinical partners, we established safe spaces within health centers to deliver ECS and ECD sessions for children, while their mothers received services at the clinic. These sessions motivated HIV+ clients to attend their scheduled appointments, allowing for improved adherence monitoring and management of ART side effects and other opportunistic infections.

## **ADDRESSED KEY RISKS IN COMMUNITIES:**

Our ECDE model addressed risks in communities, such as HIV/AIDs, malnutrition, violence against children, and lack of access to education, by layering critical prevention and response services, and fully engaging caregivers, school and community leaders and Government institutions to support with local solutions.

“ *At the Center, we have developed several learning activities, including physical exercises, language practice, mathematics and art, and in accordance with the national ECD curriculum. Through advocacy, and with the support of community and school leaders, all children have been guaranteed space in our community’s primary school. I am now often invited by the primary school’s to attend meetings and disseminate school progression results.*

*Our ECD center also conducts regular screening exercises to identify and refer children with signs of poor development or malnutrition to health units or to CCWs for follow-up. Our community’s ECD Management Committee is also active—they have organized nutrition demonstration sessions for caregivers, and formed savings groups together with caregivers. Some caregivers have even used their proceeds to contribute to improving the ECD center. I am so proud to be a part of this community-driven Center.* ”

– ECD Facilitator, FCC Program

