

# Early Childhood Development in East and Southern Africa

The Conrad N. Hilton Foundation’s Global Early Childhood Development (ECD) Initiative in East and Southern Africa takes a holistic, two-generation approach, strengthening the capacity of public systems and community actors to support the well-being of caregivers and their young children facing adversity. By supporting children prenatal to age three with the nurturing care they need to be ready for school and resilient to meet challenges, this work contributes to their healthy development and improved economic and health outcomes for their families and communities.

The overarching goal of the Global ECD Initiative in East and Southern Africa is to improve the developmental outcomes of all disadvantaged young children in Kenya, Tanzania and Mozambique. Specifically, the Hilton Foundation invests in: improving caregiving; building capacity of local organizations; strengthening the global ECD field; and research and evaluation.

## Ideal state

All children prenatal to age three in the Foundation’s three focal countries reach their full long-term developmental potential and are developmentally on track at age three, are ready for school at age five and are resilient to

challenges. All caregivers in the Foundation’s three focal countries have the knowledge, resources and well-being to enable the healthy development of their children. There is continued growth and increased interest in the ECD field.

## History and Background

Our ECD work in East and Southern Africa began in 2012 with the goal to improve cognitive, social and physical developmental outcomes for young children affected by HIV and AIDS.

During Phase I from 2012-2016, the Foundation invested in five countries with high HIV prevalence rates: Kenya; Malawi; Mozambique; Tanzania; and Zambia. This work reached 415,000 children and 320,000 caregivers, and helped increase awareness that early childhood interventions are a powerful equalizer and key for economic progress and sustainable growth. ECD was included as a specific sub-goal of the United Nations’ Sustainable Development Goals (SDG 4.2).

From 2017 to 2020, Phase II prioritized depth of results over breadth of people reached, focused on health systems and quality services and invested in research for the adaption and scale of proven approaches in African settings. Support for ECD was scaled within the health system at sub-national levels in Kenya (Siaya County), Mozambique (Maputo Province) and Tanzania (two districts in Tabora region). Progress was made in all five countries, to integrate nurturing care into national and subnational policy frameworks and measurement systems.

Strategy25, from 2021-2025, continues to invest in young children and their caregivers while retaining a focus on vulnerable populations, including families affected by HIV and AIDS, and is described in this brief.

## Five-year goals

Three national governments have integrated early childhood development as part of health systems

75 percent of caregivers (37,500) in programs the Foundation supports demonstrate improved ECD knowledge

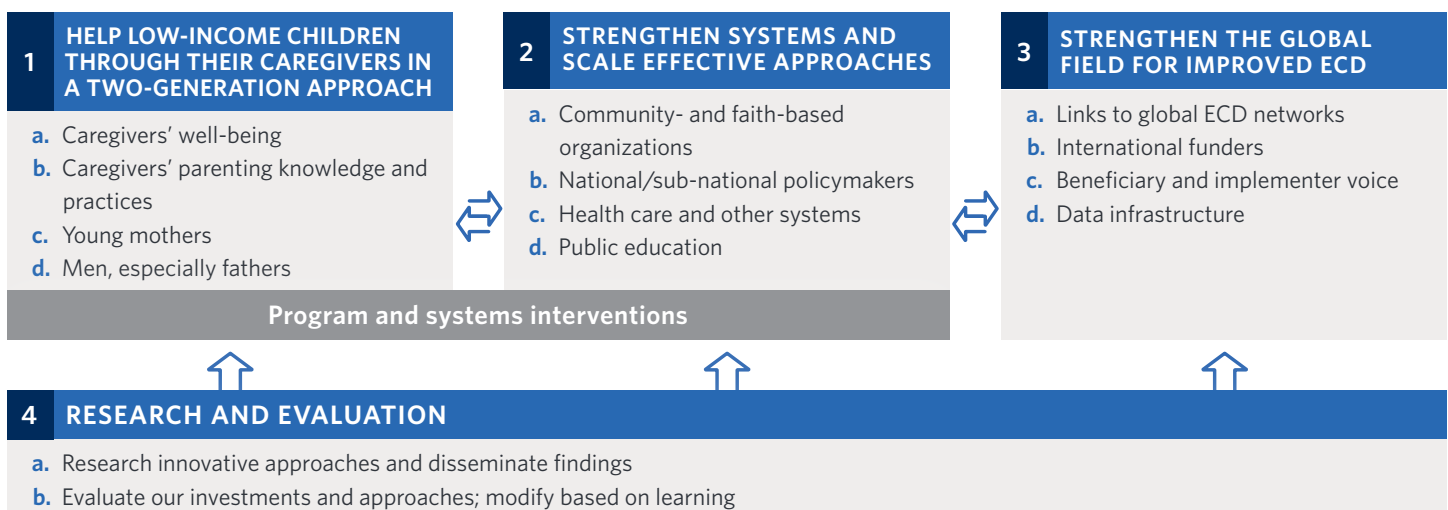
50 percent of caregivers (25,000) in programs the Foundation supports demonstrate improved caregiving quality and practices

7,500 children living in adverse environments improve their developmental profiles

National level data on the developmental status of children under five years becomes available in two of the Foundation’s three focus countries

An additional \$700 million USD in Official Development Assistance (ODA) committed for spending on ECD in Low and Middle Income countries annually

## Strategy architecture



## WHERE WE WORK



## EQUITY FOCUS

- Adolescent parents/caregivers
- Young children and their families living in extreme poverty
- Young children and families living with other adversities (e.g., HIV/AIDS, disabilities, families experiencing domestic abuse or child abuse)
- Ensuring that the perspectives of parents/caregivers are included
- Greater investment in capacity of African-led organizations to serve communities

## OTHER KEY METRICS

- Adolescent mothers in Kenya, Mozambique and Tanzania access specialized services that support themselves and their children
- National governments annually commit an additional \$10 in per-capita spending on primary health care in Kenya, Mozambique and Tanzania

### PROGRAM COSTS



**Phase I  
(2012-2016):**  
\$49,230,000

**Phase II  
(2017-2020):**  
\$48,247,000

**Strategy25  
(2021-2025):**  
Est. \$100,000,000

### CHALLENGES



- Coordinating with governments and organizations on what they prioritize and need
- Maintaining quality when introducing interventions into health systems that are already overburdened
- Preserving existing early childhood gains given the impact of the COVID-19 pandemic on poverty and food security

### OPPORTUNITIES



- The Global Scale for Early Development is a promising tool to measure child development outcomes consistently and globally. It would fill critical data gaps in east and southern Africa
- Countries are in the process of developing national multi-sectoral plans for improving ECD that can be supported to hold governments accountable