Social Safety Nets and Early Childhood Development: Lessons learned and challenges

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ECD: The highest returns investment I

✓ First 1000 days – window of opportunity

✓ Proper nutrition during the first 1,000 days of life – from the start of a woman’s pregnancy – heavily influences a child’s ability to grow, learn, work, and succeed. In fact, research and experience have shown that early “hardwiring” determined by nutrition, stimulation, and environmental factors influences the long-term prosperity of families, nations, and the world.
Events in the first few years of life are formative and play a vital role in shaping social, emotional, learning and health outcomes and in building human capital, thereby promoting economic productivity later in life.

Nearly 10 million children die before their fifth birthday each year and over 200 million children are not developing to their full potential – solely because they and their caregivers lack the basic conditions needed for young children to survive and thrive (REFERENCE: UNICEF)
## General info

<table>
<thead>
<tr>
<th>Country</th>
<th>Objective of program</th>
<th>Stage of implementation</th>
<th>Diverse foods</th>
<th>Health care</th>
<th>WASH</th>
<th>Women empowerment</th>
<th>Child care / family leave policies</th>
<th>Reducing poverty</th>
<th>Safety nets</th>
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</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>Contribute to the reduction in the stunting rate among children under five years of age (with a focus on those under two) in the targeted districts.</td>
<td>Early stage of implementati on</td>
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<tr>
<td>Egypt</td>
<td>Tackling chronic malnutrition through strengthening the capacity of the health system and increasing awareness of the most vulnerable groups to healthy nutrition and feeding habits</td>
<td>Pilot project</td>
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<tr>
<td>Djibouti</td>
<td>Prevention of malnutrition at community level</td>
<td>Implemented</td>
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<tr>
<td>Ghana – LEAP 1000</td>
<td>Improve food security and nutrition in the first 1,000 days of life</td>
<td>On-going</td>
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<td>Ghana – Maternal and Child Survival Program</td>
<td>Build capacity of community health officers to teach caregivers with young children about psychosocial stimulation and responsive parenting</td>
<td>On-going</td>
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<tr>
<td>Botswana</td>
<td>Holistic approach to child development addressing child protection, health, nutrition, stimulation</td>
<td>Implemented</td>
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<td>Mozambique</td>
<td>Design</td>
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**Missing components analysis**

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Although social assistance programs seem quite different, most pass through similar implementation phases along the Delivery Chain:

1. **Assess** Potential Eligibility
2. **Decide** Transactions for Payments & Services
3. **Implement** Case Management

- **“Intended” Population**
  - Applicants
  - Eligible Applicants

- **Beneficiaries**
Challenges – Assess

- Poorly designed communication strategy to reach the target population (All countries)
- Hard to reach pregnant and lactating women in remote rural areas (Egypt)
- Limited coverage of birth registration at birth leads to missed opportunities to get grants early (Botswana)
- Limited birth registration leads to limits access to uptake of pre-school (Botswana)
- Limited capacity to assess ECD needs, particularly for children with special needs (Djibouti)
Challenges – Decide (eligibility and package)

• Strong political will but drive for rapid full coverage (geographically and programs) resulting in lack of prioritization and rushed (Rwanda)

• Allocation of limited resources to various ECD programs (Djibouti)

• Focus on nutrition and health at the expense of other ECD components (Djibouti)
Challenges - implement I

• Improved food intake but **no improvements in nutrition outcomes** (Ghana)

• **Lack of WASH component** in the program (Ghana)

• **Limited HR resources** and capacity leading to insufficient and inefficient case management and ECD services (Ghana; Egypt; Botswana; Rwanda; Mozambique)

• **Monitor delivery of food baskets** to ensure that baskets reaches intended beneficiaries (Egypt)

• **Weak monitoring and evaluation** systems to assess output and outcomes and support decision making (Egypt; Rwanda; Djibouti)
Challenges – implement II

• **Lack of coordination** – in planning, implementation, and monitoring - among participating Ministries and NGOs (Botswana; Sao Tome; Rwanda; Djibouti)

• **Access to pre-school for 2-4 yrs limited** due to cost/charges (Botswana)

• **Limited resources and/or coverage of health and nutrition services** for young children and family planning services (All countries)

• **Ability of the very poor to absorb and respond to support offered** (Djibouti)
**Success**

- **Political support for ECD programming**, both from governments and development partners, who consider ECD an investment in the future and a way towards breaking the cycle of poverty.

- **Djibouti** – Developed **National Strategy for SP that includes ECD**

- **Ghana and Mozambique** – Developed of **ECD guidelines for 0-3 yrs**

- **Madagascar** – **Established multi-sectorial coordination leading Convention** to work on community-based interventions, including ECD

- **Botswana** – **Develop ECD framework endorsed by three Ministries**
Success II

Nutrition-specific intervention is part of social safety net programs

✓ Egypt Vulnerable women have access to a reliable additional nutritious food basket and are exposed to nutrition and health messaging

✓ Program also encourages birth spacing and family planning as per government priorities (Egypt – do you have evidence to support this statement?)

✓ Women self-esteem has increased as a result of training and information sessions (Djibouti; Madagascar)

✓ Impact beyond beneficiaries as non-beneficiaries started participating in information sessions and training (Madagascar)
Success III

• Behavior change among men – greater involvement in child care and stimulation (Ghana – anecdotal)
• Rwanda – The creation of the National ECD Program as the coordination agency
• Home grown solutions contribute to ECD goal: Parental Evening meetings, Friends of Family (Rwanda)
Moving forward

• Improve multi-sectorial coordination from design to implementation of ECD components in SSN programs

• Develop effective communication strategies to capitalize on political support to generate greater awareness and societal support for ECD and mobilize more resources
Next steps – From conception to reception

• Conduct a gender analysis to ensure that the interventions are gender sensitive (Mozambique)

• Better integrate ECD interventions more comprehensively into SSN programming

• Strengthen monitoring to improve quality of program implementation