



## Home-visiting Early Childhood Development Programme: Inhambane Province, Mozambique

Early childhood (from birth to 6 years old) is the most important stage of a child's life. It is at this stage that we lay down the foundation for their future physical, cognitive and socio-emotional health. If a child does not receive the correct nutrition, health care, love and stimulation at this stage they will be unable to grow to their full potential. They will be unable to "catch up". This publication tells the story of an early child development programme developed by CARE in some of the most remote rural villages in Mozambique.

CARE operates in 94 countries reaching more than 80 million people through nearly 1000 lifesaving projects.

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## Home-based ECD in remote rural villages

Early childhood programmes play an important role in reducing the effects of poverty on children and can also empower the whole community. Pre-schools are a common and effective way of making sure that young children receive what they need to boost their physical, socio-emotional and cognitive growth. In remote areas of Mozambique where households are spread out over a large area pre-schools are not practical. In response, CARE developed a pilot to test a home-based Early Childhood Development (ECD) programme based on the use of community volunteers who regularly visit vulnerable families.



The home-visiting ECD programme worked in 2 600 households in 23 rural villages in two districts of Inhambane Province in southern Mozambique. Most households rely on subsistence farming (maize and cassava) though many men and young women also migrate to the cities to find work. Some send money home. Many households are very poor and vulnerable.



The soil is sandy and the area is prone to drought. People in this area have not had a good harvest for over two years. The village has a local health clinic and there are two hospitals in each district, but they are often a long walk or an expensive ride away in an informal taxi.



In Homoine some households have access to markets because the villages are closer to the coast and the main road to Maputo. Funhalouro district is very remote and many of the households we worked with are far from a clinic, hospital, government office or town.



## Preparatory ethnographic phase

Research<sup>1</sup> shows us that if a programme fits or emerges from local understandings of the social fabric through which support is given and received, then the support will bring about lasting change. With this in mind we began our work in the villages with participatory and ethnographic research. We wanted to understand how people understood the family, what the traditional child rearing practices and beliefs were, and the challenges families faced. So we sat on grass mats under trees with over 150 caregivers (mothers, fathers and grandmothers) who told us about their children and their family lives.



They helped us understand why there were many children in each household, what the power dynamics were between men and women, how children were taught about life and who mothers and fathers sought out for advice. We also began to understand some of the challenges of bringing up children in a remote rural area, about how women mostly cared for their children alone as the men migrated for work or did not involve themselves in the lives of their children. We found out how parents often felt powerless, depressed and anxious because of their inability to provide for their children in a context of marginal agriculture, drought and climate change.

### MASUNGUKATE AND MASUNGUDOTA

One of the most valuable things we found through our research was that in many villages there were women who acted as Masungukate (good advisors) to young women. We also met many men and women who volunteered in the local churches as relationship counsellors, visiting families in their homes. What if we could co-opt these people and others like them to also give advice about infants and young children? We introduced the idea at a community meeting in each village. Soon each village community had elected twenty men and women to be trained by CARE in how to care for young children. Each of these volunteers made a social contract with their community that they would learn all they could and share it with the most vulnerable families who lived close to their own home.

We now have over 260 trained volunteers who each visit at least seven families every week. The families they visit were selected by a participatory wealth-ranking process conducted with the community to identify the most vulnerable.



Sungudota Daniel Mutuqe lives in Mbone village about 10 kilometres outside the small town of Funhalouro. Today he is visiting a young mother and her baby. He is using a simple measuring tape that can indicate a child's nutritional status. Men like Sungudota Daniel became important examples to other men, showing that men can and should care for young children too.

1. Bray, R., with A., Dawes (2016). Parenting, Family Care and Adolescence in East and Southern Africa: An evidence-focused literature review, *Innocenti Discussion Paper* 2016-02, UNICEF Office of Research Innocenti, Florence.  
Panter-Brick, C., Clarke, S. E., Lomas, H., Pinder, M., & Lindsay, S. W. (2006). Culturally compelling strategies for behaviour change: a social ecology model and case study in malaria prevention. *Social science & medicine*, 62(11), 2810-2825; Wamoyi, J., & Wight, D. (2014). "Dying a hero": parents' and young people's discourses on concurrent sexual partnerships in rural Tanzania. *BMC public health*, 14(1), 1.

## Principles behind the ECD Programme

### THE ECD HOME-VISITING PROGRAMME:

#### WAS CONTEXT SENSITIVE

Because much of the recent work on ECD programming<sup>2</sup> points out how important it is that any intervention is context sensitive, we included preparatory research into context.

#### ACKNOWLEDGED EXISTING CHILD REARING PRACTICES

We built on sound traditional child rearing practices and then worked to empower parents to fill the gaps in their knowledge.

#### GAVE SIMPLE LIFE-SAVING INFORMATION

Our initial research showed us that there were many knowledge gaps about health issues such as preventing malaria, nutrition and immunisation. We selected key life-saving information and found simple ways for home-visitors to share this information.

#### ASSUMED THAT FAMILIES WANT THE BEST FOR THEIR CHILDREN

The nurturing qualities of the environments where children grow up, live, and learn matter the most for their development. We acknowledged that families want to nurture their children, but often the context works against their ability to do this. This principle means our way of working was built on respect for parents rather than patronising them or pointing out what they did not know.

#### HAD A DEVELOPMENT NOT A SERVICE APPROACH

A service approach places the emphasis on the delivery of services by an outside organisation whereas a development approach places the control of the project in the hands of the community. This meant that we worked through local, existing community-based organisations.

#### FOCUSSED ON CAREGIVER EMOTIONAL WELLBEING

We know from research<sup>3</sup> that caregiver emotional health is an important risk factor that influences child development. A regular empathetic home visitor is one way of reducing caregiver's loneliness and anxiety.

#### ENCOURAGED PLAY AT HOME

Parents and older children learned about the importance of play for cognitive and language development. Home visitors modelled stimulating play during their visits.

#### GAVE ON-GOING TRAINING

The training of home visitors was not one-off but phased. It was based on a curriculum of ideas, skills and attitudes that are proven to improve ECD and included on-going mentoring and use of reflective practice skills.

#### USED VISUAL MATERIALS AND OTHER PRINTED RESOURCES

We know<sup>4</sup> that printed materials facilitate communication and that visual materials allow for knowledge to be internalised and applied, especially if the material is appropriate to the context.

#### INVOLVED MEN

Changing gender norms related to child-care and engaging men and boys in the lives of children is now widely accepted<sup>5</sup> as an important strategy for reducing violence in communities, for reducing rates of HIV infection and for improving child development.



Illustrations from the Visual Guide used by home-visitors to share information with families

## Management by community organisations

The CARE ECD programme was managed in each district by three community-based organisations: Rede Pastoral, Mahlahe and AJEPROJ.

Mama Luísa Elijah is a member of the Rede Pastoral Community-based organisation in Homoine.

"Rede Pastoral was doing home-based care for people living with HIV and AIDS when CARE asked us to act as an implementing partner. We are a non-profit association managed by a board of trustees. As part of the ECD programme we manage twenty ECD community facilitators who each manage twenty Masungukate from one village. Each facilitator has been trained in ECD. CARE has given us training in financial systems and governance and of course also in ECD!"



"As an ECD facilitator, I support Masungukate in the village of Matimbe. I meet the Masungukate every month as a group and I visit the homes with them. I also help with difficult problems. Like last week Sungukate Floriana said she had visited a family where the child was not having appropriate weight for her age, she did not play and her belly was large. She had sent the mother to the health centre at Funhalouro and the nurse said the child was undernourished. Sungukate Floriana needed my help though because the baby could not be placed on the supplementary feeding program run by INAS<sup>6</sup> because the mother had no documents. I talked to the community leader who asked INAS to give the child supplementary food while we helped the mother to get documents. Now little Dinéria is getting 'plumpy nut' and she is growing so well. Sungukate Floriana is visiting every day and she says the child is now even playing."



## A social contract

Many projects that use community volunteers face high drop-out of volunteers. We had only 10% drop-out. Our ongoing qualitative research with Masungukate and Masungudota helped us understand why. One reason is because the idea of a volunteer good advisor was already an accepted part of the cultural life of these villages. The idea of a 'social contract' also helped villagers and volunteers understand how they would work. Masungukate and Masungudota also told us that they were 'paid back' in other ways – they had gained status in the village and were seen by leaders and other villagers as experts in the lives of young children. Many had not been able to continue their schooling but longed to have fulfilling work beyond farming and the work they did as Masungukate and Masungudota gave them a feeling of confidence and personal worth.

<sup>3</sup> Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., ... & Gardner, J. M. M. (2011). Inequality in early childhood: risk and protective factors for early child development. *The Lancet*, 378(9799), 1325-1338. <sup>4</sup> Rohr-Rouendaal, P. (2007) *Where there is no artists: Development drawings and how to use them*. Practical Action Publishing. Schumacher Centre for Technology and Development. Dunsmore, UK; United Nations Children's Fund (UNICEF) (2011) *'WASH in schools'*. And *Water, Sanitation and Hygiene for Schoolchildren in Emergencies: A guidebook for teachers*. UNICEF: New York.

<sup>5</sup> Rohr-Rouendaal, P. (2007) *Where there is no artists: Development drawings and how to use them*. Practical Action Publishing. Schumacher Centre for Technology and Development. Dunsmore, UK; United Nations Children's Fund (UNICEF) (2011) *'WASH in schools'*. And *Water, Sanitation and Hygiene for Schoolchildren in Emergencies: A guidebook for teachers*. UNICEF: New York.

<sup>6</sup> Barker, G., Ricardo, C. and Nascimento, M., 2007. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. Geneva: World Health Organization; Richter L. and Morrell, (2006) *Baba. Men and Fatherhood in South Africa*. HSRC: Pretoria

<sup>6</sup> Instituto Nacional da Acção Social (National Institute for Social Action)

<sup>2</sup> Richter, L. M. (2003). Poverty, underdevelopment and infant mental health. *Journal of Paediatrics and Child Health*, 39, 243-248; World Health Organisation (2007a) *Early Child Development: A Powerful Equalizer Final Report for the World Health Organization's Commission on Social Determinants of Health*. WHO: Geneva; World Health Organisation (2007b) *Total Environment Assessment Model for Early Child Development. Evidence Report for the World Health Organization's Commission on the Social Determinants of Health*. WHO: Geneva.

## Learning through groups

When we talked to teachers in our ethnographic phase before we began the programme they told us that starting school was very traumatic for children who had often never left their homes and families. We also knew that group activities work well to improve cognitive and language development. So, we set up small learning groups that met once a week in the homes of Masungukate for the children they visited. We focused on children aged three to five and developed a set of simple resources made almost entirely from natural materials.



I have learned that you need to go step-by-step with the little ones. I teach them to sing the song to name the parts of their body and we go slowly, slowly and now they are learning it! They love to play with the small cars I made. I have asked people in the village to bring back soda cans from the town so I can make some more. I am happy to be running the playgroup. I always wanted to be a teacher but I had to leave school to work in the shamba (farm).

(Sungudota Joao Cabindo, Matimbe Homoine)

## Playgrounds

We have engaged the local village community to find out if they will dedicate a space for the building of a playground, asking if they are willing to collect some money for the upkeep of the playground and able to set up a management committee. We have built 14 community playgrounds. Everyone gets involved in the building and particular use is made of local artisans with carpentry skills. A Sungukate or Sungudota supervises play each afternoon but local village children can make use of the playground at any time.



The playground showed the whole village that play is important for our children to learn. It also shows that the Masungukate are people to take seriously. Everyone in the village sees that our work with young children is important as the whole village has helped to build the playground.

(Sungukate Adelia, Matimbe village, Homoine)

## Impact evaluation

We conducted a comparison study between an experimental and control group at baseline (2014) and endline (2016) with a sample of 667 households. Qualitative and quantitative data was collected. Impact was recorded in caregiver status, child status and caregiving environment.

The research showed that in homes where Masungukate and Masungudota visited:

- Caregivers were significantly less emotionally stressed
- The number of children with birth certificates went up from 30% to 55%
- More children were immunised
- Children were eating more protein and green and yellow vegetables (nearly double in some cases) – even though there was a drought
- Use of mosquito nets went up from 75% to 92%
- Children had access to more play materials and parents played, sang and talked to them more often
- 25% more parents talked to their children instead of shouting or beating
- Homes and yards were cleaner and safer for children
- Mothers practiced exclusive breastfeeding for much longer - until six months
- Men were more involved in the care of the children

### EMOTIONAL STRESS AND BEHAVIOUR CHANGE

We looked at inter-correlations of some of the predictors and found that emotional stress was linked to caregiver action for the wellbeing of children.

I knew the mosquito net was needed for the baby but I was so heavy that I could not even do it. To pull it over the sleeping mat was too much, I just went to sleep - I did not even clean the dishes.

(Mother Macuine, Funhalouro)

## Implementation research

We conducted qualitative research throughout 2014 to 2016 to understand which aspects of the programme worked the best to bring about changes in behaviour. Over 600 caregivers took part in this research. We found out that these strategies worked well:

- A beautifully illustrated information guide that role modeled behavior
- Masungukate and dota as role models of behavior
- Personal stories of change in parenting from programme staff and volunteers
- Ongoing training of home visitors
- Regular and frequent home visits
- A collaborative rather than a didactic and authoritarian approach that led to a warm relationship between the home visitor and the caregiver
- Management of volunteers by community facilitators who helped link volunteers and their families to services



## What now?

We have set up district-based multi-sectoral coordinating committees focused on the protection and development of children. These are comprised of various government institutions, NGOs, community-based organizations and local leaders. These committees meet quarterly and discuss issues related to social protection and children's development. We are lobbying local government structures to see the home visitors as co-workers and the Inhambane provincial head of INAS has become one of our champions. We will continue to support the local CBOs to develop their skills and management capacity and our hope is that eventually ECD home-visitors will become part of the institutional framework of child support and development.

We are also involved in advocacy at national level with government and ECD organisations around the need for home-based ECD alongside pre-primary schools, especially in remote rural areas.

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