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Igniting the Potential of Young Children: A statistical profile of early childhood development in Eastern and Southern Africa

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Foreword

Early childhood development is an outcome that encompasses the physical, cognitive, motor, language, social and emotional development of children during the early years.

Every child deserves the best start in life. This includes the right to good nutrition, responsive care, early learning, health and a safe environment. These rights equip children with the opportunity to flourish and grow to their full potential. As children thrive, so do entire communities, paving the way for a more sustainable and peaceful future.

The following pages offer an overview of early childhood development in the countries of the Eastern and Southern Africa region, using core indicators across different domains of child development to shed light on the environment young children live in, their ability to access essential services, and the impact of these factors on their health, well-being and development.

Over the past three decades, we have seen hope woven into the lives of young children in Eastern and Southern Africa. Mortality rates of children under 5 years of age have dropped by over half, and stunting – a silent thief of growth – has receded, albeit not as rapidly. These commendable achievements demonstrate that positive change for child survival, growth and development in early life is not only possible but is already happening. That said, in 2023, just over 900,000 children in Eastern and Southern Africa died before reaching their fifth birthday, an irreplaceable loss to families and communities. At least 26 million children are affected by stunting – a threat to both physical and cognitive development. And around 8 million children are missing early learning opportunities before entering school, resulting in a learning crisis in the region.

Public spending on early childhood development is falling short. It is simply too little, too late. At the same time, the price of not investing in the early years is high: a greater burden on health, education and welfare systems, fewer learning skills, and reduced earning potential. The price is a weaker economy and intergenerational cycles of disadvantage that hinder equitable growth and prosperity.

This report brings together the latest evidence and calls for collective action – strong leadership, community-level engagement, and an uncompromising commitment to increase investment in the early years, with a particular focus on the youngest and most marginalized children.

UNICEF remains at the forefront of the call for action – one must begin with young children – and commits its resources and convening power to advance the early childhood development agenda.

Etleva Kadilli
Regional Director
UNICEF Eastern and Southern Africa

Introduction

Early childhood development, or ECD, lays the foundation for lifelong health, learning, productivity and well-being. Referring typically to the period between birth and 8 years of age, ECD constitutes an essential building block in the formation of human capital.

"Early childhood is a critical period for realizing children's rights", according to the Convention on the Rights of the Child and the associated Committee on the Rights of the Child General Comment No. 7 (2005), Implementing child rights in early childhood. The comment states: "For the exercise of their rights, young children have particular requirements for physical nurturance, emotional care, and sensitive guidance, as well as for time and space for social play, exploration, and learning. These requirements can best be planned for within a framework of laws, policies, and programmes for early childhood, including a plan for implementation and independent monitoring … and through assessments of the impact of laws and policies on children."

UNICEF envisions a world where all young children survive, grow and develop to their full potential. This means that all children, from birth to primary school entry, benefit from policies, programmes and practices that protect, promote and support child survival and optimal growth and development, including in fragile contexts and in response to humanitarian crises.

The importance of ECD has also been reflected in the 2030 Agenda for Sustainable Development, which United Nations Member States committed to in 2015. Sustainable Development Goal (SDG) 4, Ensure inclusive and equitable quality education and lifelong learning opportunities for all, includes target 4.2, which focuses specifically on ECD: By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education. Two indicators are used to track progress: the proportion of 2- to 4-year-old children who are developmentally on track in health, learning and psychosocial well-being (4.2.1) and children's participation rate in organized learning one year before the official entry age for primary school (4.2.2). However, ECD is not limited to a single area of development as it is interlinked with the achievement of all the SDGs. It is also encompassed in other SDG targets, including targets 2.2, 3.2, 16.2 and 16.9. By explicitly recognizing the importance of ECD, the SDGs helped galvanize international efforts to support the development and well-being of young children, with a commitment to reach those furthest behind.

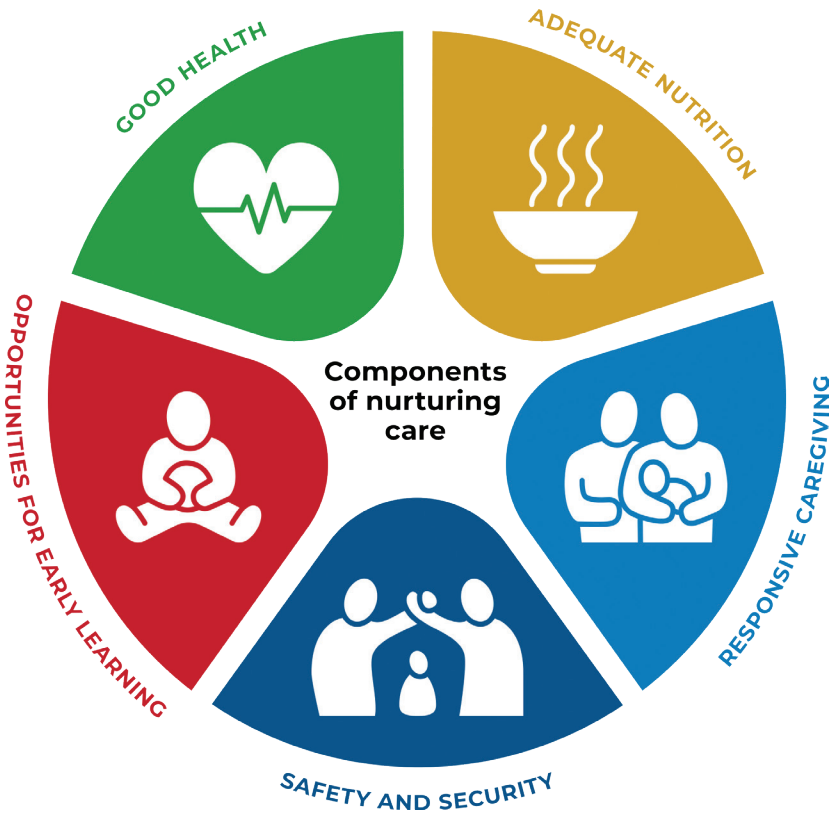
Agenda 2063: The Africa We Want[1] sets out a strategic framework for inclusive and sustainable development in Africa. Agenda 2063 is a call to act together to achieve a prosperous Africa based on inclusive growth and sustainable development, the eradication of poverty and the building of shared prosperity, a high standard of living and quality of life, sound health and well-being, and well-educated and skilled citizens, free from any form of discrimination. This Agenda commits African countries to achieving shared targets in education, health, nutrition and protection, and to address key outcomes to realize young children's developmental potential.

It recognizes the importance of developing Africa's human capital as its most precious resource, including "through sustained investments based on universal early childhood development and basic education". It also commits to "expand universal access to quality early childhood, primary and secondary education" and to "consolidate gender parity in education".

Africa's Agenda for Children 2040: Fostering an Africa Fit for Children[2] is a framework that focuses on "nurturing and nourishing" Africa's children as part of the vision of Agenda 2063, so that "African children shall be empowered through the full implementation of the African Charter on the Rights of the Child". Agenda 2040 aims to promote growth and advance children's rights in Africa by putting in place an effective child-friendly national legislative, policy and institutional framework to ensure that every child survives; is registered at birth; has a healthy childhood; grows up well-nourished; benefits from quality education; is protected against violence, exploitation, neglect and abuse; is free from the impact of armed conflicts and other disasters; and has her or his views taken into account.

In 2018, to support governments and translate high-level policy commitments into action, the World Health Organization (WHO), UNICEF and the World Bank Group, in collaboration with partners, launched the Nurturing Care Framework. The Framework has led to a common language and improved understanding of what young children and their caregivers need for children to survive and thrive in all settings, including during emergencies.[3] The Framework outlines children's needs for optimal development: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning.

Since human development is holistic, all five components of the Nurturing Care Framework are equally important for a child's healthy growth and development.



Source: World Health Organization, United Nations Children's Fund and World Bank Group, *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential*, WHO, Geneva, 2018.

Early childhood development covers multiple intersecting areas and has historically been difficult to measure. This report, structured around the five components of the Nurturing Care Framework, aims to bring together the latest available evidence on all aspects of ECD in Eastern and Southern Africa. In addition to the data, the report presents an overview of some of the factors that support ECD and those that place it at risk. It also points to some of the inequities faced by children due to factors beyond their control, particularly household poverty.

The information presented here can be used to inform decision-making in support of holistic ECD in the countries of Eastern and Southern Africa. It is hoped that governments, policymakers, practitioners, donors and the international development community will draw on the latest evidence to design and implement solutions that bring meaningful improvements in the health, nutrition, responsive caregiving, early learning, and safety and security of young children – and that this targeted action will improve the lives of young children, their families, and the communities in which they live, starting with the most disadvantaged.

Countries in the UNICEF Eastern and Southern Africa region

Note: Refer to the Technical notes for map disclaimer.

Measuring early childhood development

Early childhood development refers to many aspects of a child's well-being – physical, social, emotional and mental. Measuring it, therefore, is a delicate and often complex science (see Box 1).

Monitoring child development in the early years is important both at the individual child level and at the population level. The former assesses progress against developmental milestones and connects children and their caregivers with services to support healthy development. Monitoring at the population level is used to design and evaluate services for children, and to track progress towards national and global goals.

BOX 1 The Early Childhood Development Index and the ECDI2030

Population-based measurement relies on representative sampling, uses valid and reliable measures, and often entails repeated administration to enable the tracking of changes over time.[4] The objective of population-based measurement of children's developmental outcomes is to collect data that represent and describe children's development within a well-defined area (an entire country, for example) to inform policy decisions and large-scale programmatic investments. This is distinct from measurement at the child level through assessments for the purposes of screening, diagnosing and/or making decisions about individual children.

To capture information on children's progress against developmental milestones across countries, UNICEF worked with a technical advisory group to develop the Early Childhood Development Index (ECDI). This Index comprises 10 questions posed to mothers or caregivers of children aged 36 to 59 months about their children's current developmental status in four domains: physical, literacy and numeracy, social-emotional, and learning. The Index, which became part of the Multiple Indicator Cluster Surveys (MICS) in 2009, has been used as part of MICS and other household surveys, such as the Demographic and Health Surveys (DHS), in more than 80 countries. These countries include Burundi, Eswatini, Lesotho, Madagascar, Malawi, Rwanda, Uganda and Zimbabwe in the Eastern and Southern Africa region.

With the adoption of the SDGs in 2015, UNICEF was appointed as the custodian agency responsible for developing a measure to track progress against SDG indicator 4.2.1. A five-year process led to the development of the new Early Childhood Development Index 2030 (ECDI2030). This Index was released in March 2020 following extensive consultations with experts, partner agencies and national statistical authorities to identify the best items to measure indicator 4.2.1. The ECDI2030 applies to children aged 24 to 59 months and is based on 20 questions for mothers or primary caregivers about the way their children behave in certain everyday situations, and the skills and knowledge they have acquired. The ECDI and ECDI2030 thus target different age groups and measure slightly different development domains.

As of end-2024, five countries in the region – the Comoros, Eswatini, Kenya, Mozambique and United Republic of Tanzania – had collected and published ECDI2030 results. In the Comoros, the data were only collected for children aged 36 to 59 months. Several other countries in the region have plans to collect the ECDI2030 through MICS or DHS, and data for at least another seven countries in the region are expected in the coming years.

Key facts

- In the seven countries with available data, two thirds of 3- and 4-year-old children are developmentally on track, with significant variations among countries – from 40 per cent in Burundi to 82 per cent in Rwanda (Figure 1).

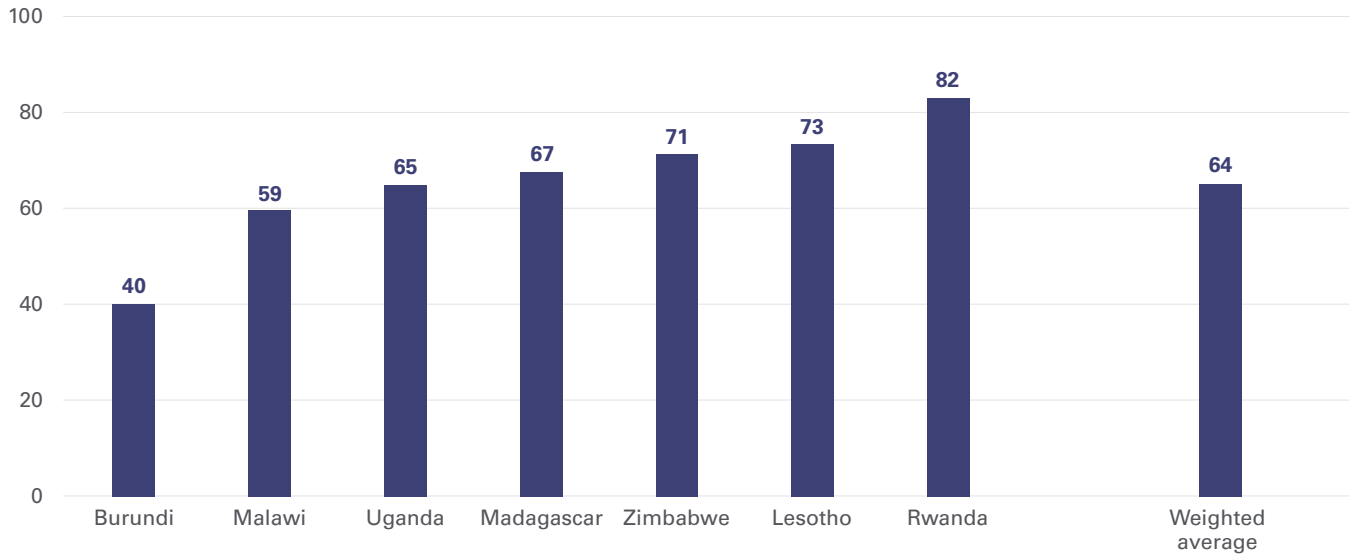
- The vast majority of 3- and 4-year-old children in the seven countries with data are meeting physical development milestones (93 per cent), and a majority are on track with regard to learning and social-emotional domains (83 per cent and 73 per cent, respectively). In contrast, only 18 per cent are on track in terms of literacy and numeracy (Figure 2).

- In these same seven countries, children from households in the poorest quintile are five times less likely to be on track in terms of literacy and numeracy than children from the wealthiest quintile. Children living in urban areas are twice as likely to be on track in these domains as their peers in rural areas (Figure 3).

- Among countries with data, there appears to be a relationship between various dimensions considered important for human development and the proportion of children developmentally on track (Figure 4), reinforcing the fact that ECD is indeed a critical foundation for human development.

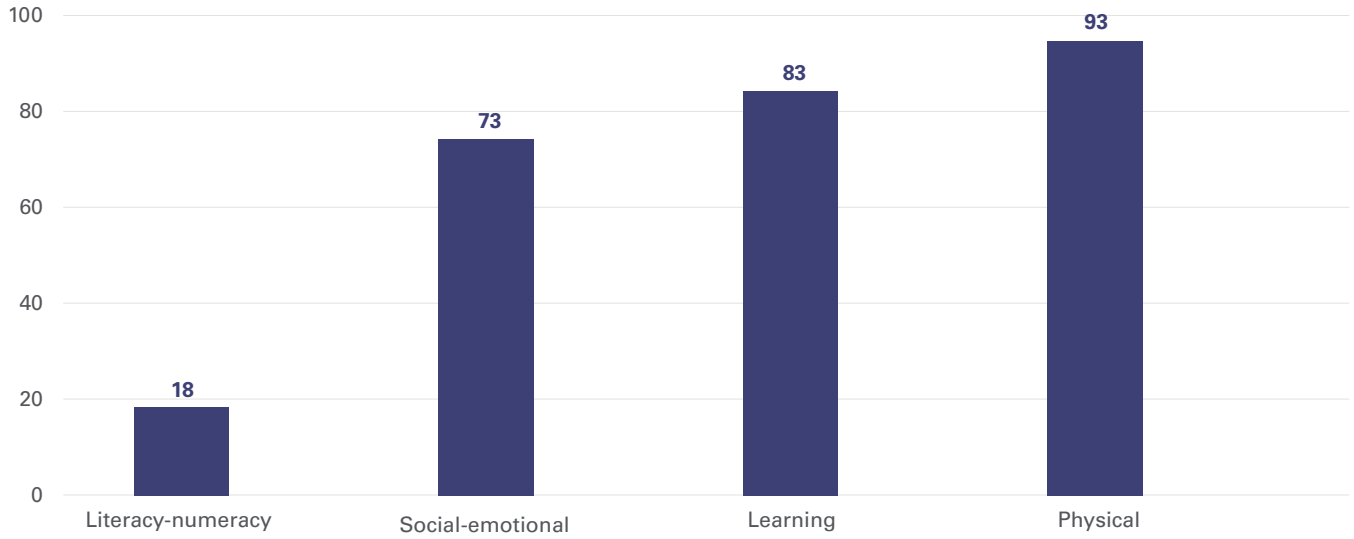
- Five countries in the region have available data on the ECDI2030. In both the Comoros and Mozambique, slightly more than one third of children are developmentally on track in health, learning and psychosocial well-being; in both Eswatini and United Republic of Tanzania, this proportion is just under half. In Kenya, around 3 in 4 children in this age group are developmentally on track (Figure 5). In all these countries, children living in rural areas and in the poorest households are less likely to be on track than children living in urban areas and in the richest households. The differences between girls and boys are not pronounced in any country.

Figure 1 Percentage of children aged 36 to 59 months who are developmentally on track



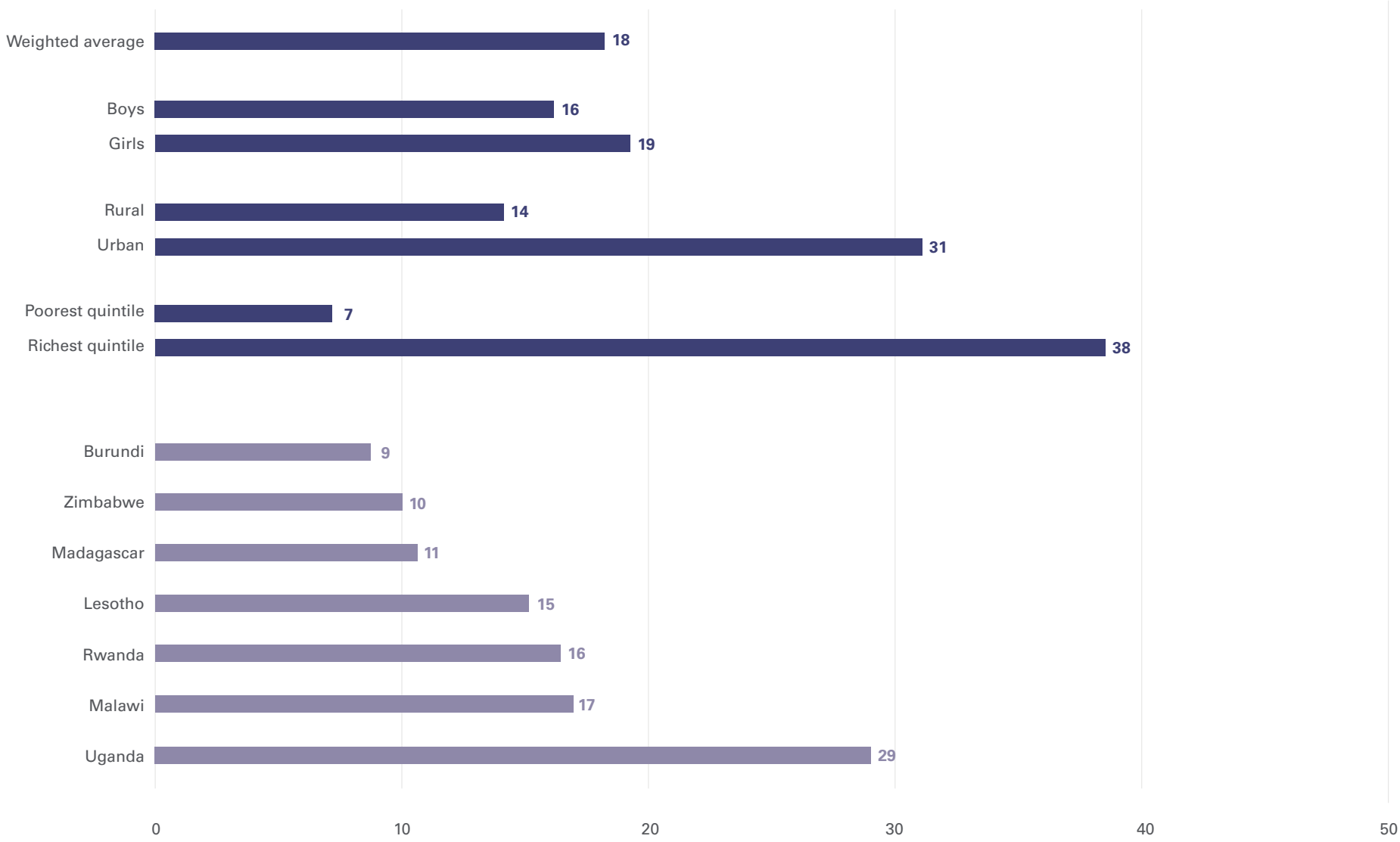
Notes: The weighted average is based on data for 2016-2020 for seven countries, which account for 26 per cent of the regional population of children aged 36 to 59 months. Data for Burundi, Rwanda and Uganda are based on the youngest child in the household aged 36 to 59 months. The ECDI indicator is calculated as the proportion of children who are developmentally on track in three out of four domains: physical, literacy and numeracy, social-emotional, and learning.
Source: UNICEF global databases, 2024, based on DHS and MICS.

Figure 2 Percentage of children aged 36 to 59 months who are developmentally on track, by domain



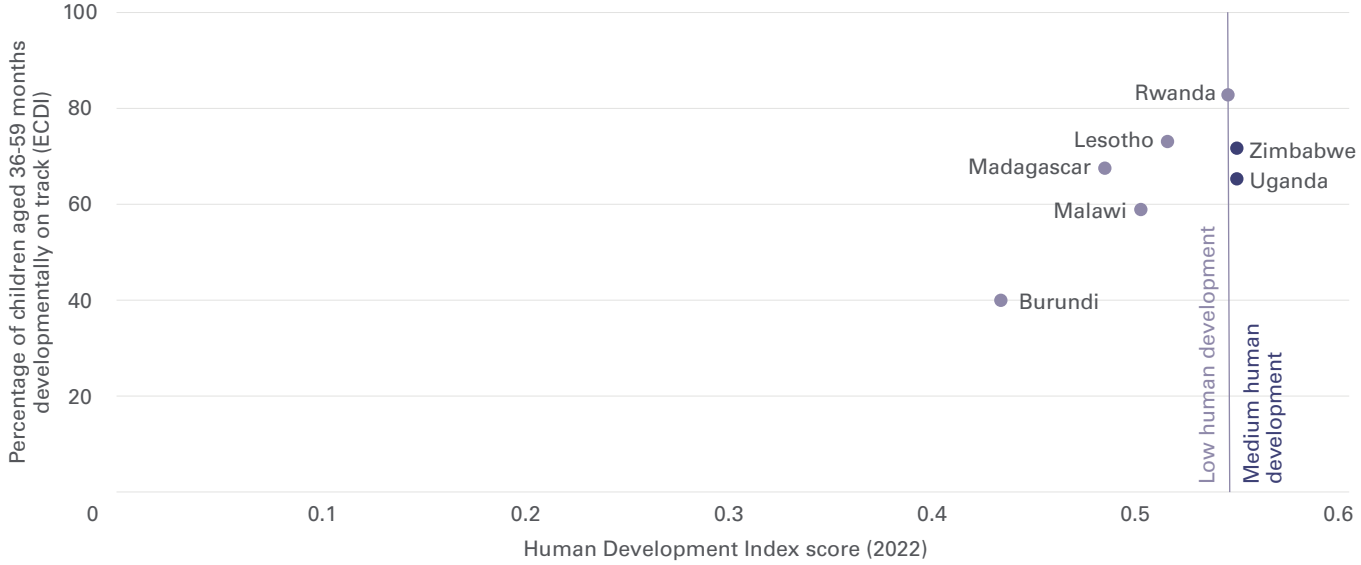
Notes: The estimates are weighted averages based on data for 2016-2020 for seven countries (Burundi, Lesotho, Madagascar, Malawi, Rwanda, Uganda and Zimbabwe), which account for 26 per cent of the regional population of children aged 36 to 59 months.
Source: UNICEF global databases, 2024, based on DHS and MICS.

Figure 3 Percentage of children aged 36 to 59 months who are developmentally on track in literacy and numeracy, by sex, place of residence and household wealth quintile



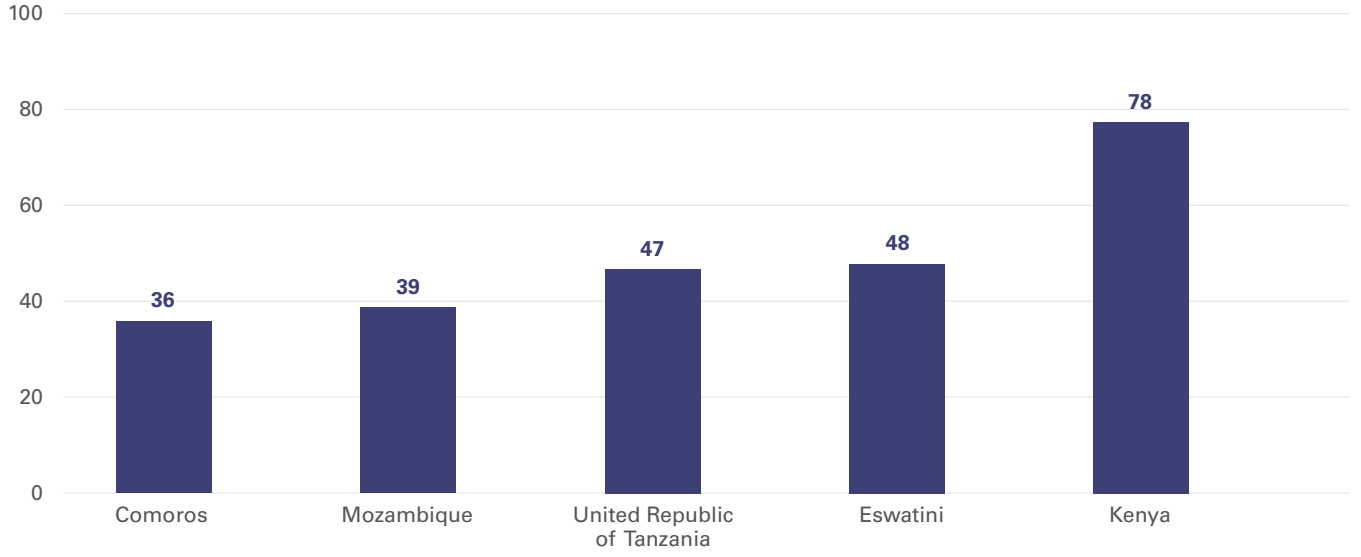
Notes: The weighted averages are based on data for 2016-2020 for seven countries, which account for 26 per cent of the regional population of children aged 36 to 59 months. Data for Burundi, Rwanda and Uganda are based on the youngest child in the household aged 36 to 59 months.
Source: UNICEF global databases, 2024, based on DHS and MICS.

Figure 4 Percentage of children aged 36 to 59 months who are developmentally on track, by country Human Development Index score (2022)



Notes: The Human Development Index (HDI) is a measure of countries' social and economic development. The HDI is composed of three indices measuring life expectancy, education and gross national income. Based on their scores, countries are rated as low, medium, high or very high human development. ECDI data for Burundi, Rwanda and Uganda are based on the youngest child in the household aged 36 to 59 months.
Sources: UNICEF global databases, 2024, based on DHS and MICS. HDI scores are Human Development Report Office calculations based on data from Barro and Lee (2018), International Monetary Fund (IMF) (2023), UN Department of Economic and Social Affairs (2022) (2023), United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (2023), United Nations Statistics Division (2023) and the World Bank (2023).

Figure 5 Percentage of children aged 24 to 59 months who are developmentally on track in health, learning and psychosocial well-being



Notes: Data for the Comoros refer to the percentage of children aged 36 to 59 months who are developmentally on track. Data for Kenya do not include Mandera County, which could not be sampled due to security issues.
Source: UNICEF global databases, 2024, based on DHS and MICS, 2021-2022.

The way forward

Development is a child's right – and countries that have ratified the Convention on the Rights of the Child are duty-bound to create the conditions for optimal child development, with a particular focus on protecting the rights of vulnerable and marginalized children.

That said, in the countries of Eastern and Southern Africa, too many young children are not on track to meet key developmental milestones. This can be due to a mix of factors, including poor health, inadequate nutrition, exposure to stress and violence, lack of early stimulation at home and limited opportunities for early learning. As a consequence, young children are missing out on a chance to thrive in the early years, just at the time when foundations should be laid for healthy, lifelong physical growth and mental and emotional development and well-being. Moreover, an extensive body of evidence confirms that the highest rate of return in ECD comes from investing as early as possible in children from disadvantaged families.[5]This opportunity is often missed, and children from the poorest households often lag behind their peers, thus perpetuating an intergenerational cycle of poverty.

Impressive gains in recent years in reducing under-five mortality – helping children *survive* – provide a vivid example of what can be achieved when action is driven by high-level political commitment and effective implementation of successful interventions at scale. Creating an environment that helps children *thrive* may well be more complex – but is equally worthwhile. Creating the conditions for optimal ECD will require the same substantial political commitment, strong evidence, sustained community engagement and uncompromising efforts to:

- **Establish legislation and policies to support optimal ECD**. This starts with the development of overarching policies as well as those that focus on specific facets of ECD, such as nutrition, education and social protection. Next come strategies for implementation and costed plans. In the context of Eastern and Southern Africa, there is often a need for better integration of early stimulation, responsive caregiving and parenting into sectoral policies, including within the nutrition, health, education and child protection sectors.

  In developing or revising ECD policies and legislation, it is important to base them on global and local evidence and to ensure that they address the specific needs of vulnerable children, including poor children and those living with disabilities. It is also important to engage local stakeholders throughout the process. The engagement of governments and financial decision-makers must also be sought to influence and support the mobilization, allocation and utilization of domestic financial resources for ECD. Such support is also needed to promote coordination across sectors and stakeholder groups in guiding and monitoring the implementation of policies and legislation.

- **Scale up effective programmes and services that promote and support ECD**. The design, implementation and scale-up of programmes and services that protect, promote and support ECD should be packaged and delivered in ways that foster integrated approaches. For example, primary health-care facilities and community-based child nutrition and development services provide the opportunity to reach young children and their caregivers with infant feeding counselling, nutritional supplements, vaccinations, counselling on early stimulation and responsive caregiving, screening for developmental delays and disabilities, and birth registration services. Mechanisms must also be established to facilitate cross-sectoral collaboration and delivery of services through different systems and platforms. Special attention must be given to the needs of vulnerable children, including those with disabilities, with adolescent parents, who belong to marginalized groups and who live in extreme poverty.

- **Empower parents and caregivers to effectively care for their young children and themselves**. Programmes and services that enhance early stimulation and responsive care should seek to increase parental engagement (among both fathers and mothers) and empower caregivers. Family-friendly policies and legislation that provide adequate financial protection and flexible work arrangements for families and caregivers can bolster such engagement. Focus should also be directed to the mental health and socio-emotional well-being of parents and caregivers. Adolescent parents may need added support to care for themselves and meet their specific needs as caregivers.

The presence, skills and motivation of community-based workers are crucial in building collaborative partnerships with parents, caregivers and families on responsive caregiving. Such workers typically live in the communities they serve and have extensive local knowledge as well as trusted and respectful relationships with community members. Moreover, engagement with key stakeholders, government officials and the private sector is needed to introduce family-friendly policies and affordable childcare services that allow parents to balance care for their children with paid work responsibilities.

Nurturing Component 1. Good health

According to Article 24 of the Convention on the Rights of the Child, children have the right to grow and develop to their full potential and live in conditions that enable them to attain the highest standard of health. The article emphasizes that no child should be deprived of access to health-care services. Furthermore, it says that the role of governments in pursuing the full implementation of this right, and in taking appropriate measures to reduce child mortality, is to ensure the provision of necessary medical assistance and health care. The emphasis is on primary health care, and to ensure that all segments of society, in particular parents and children, are informed and supported in the use of basic knowledge of child health and nutrition.

The UNICEF vision for health is a world in which no child dies from a preventable cause, and all children have a chance to reach their full potential in health and well-being. This requires an enabling environment, at home and in the community, supportive policies, and equitable access to quality services and programmes that address the social determinants of health.

1.1. Child survival

The under-five mortality rate reflects the risk of children dying before their fifth birthday. The illnesses that cause young children to die prematurely are largely preventable or treatable. Preventable deaths generally reflect multiple failures – the failure of the caregiver to seek treatment on time, the failure of the community to provide necessary support, and the failure of the health system to provide timely and quality treatment or preventative care. Children's lives can be saved by focusing on the genesis of these failures and responding with appropriate interventions – interventions that should also factor in the underlying social determinants of health. This is why under-five mortality is often seen as a critical marker of the health of a whole society. Target 3.2 under SDG 3 rallies countries, by 2030, to end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.

Key facts

- The countries of Eastern and Southern Africa have made tremendous progress in maternal and child survival over the past three decades. The under-five mortality rate has declined by nearly 70 per cent, from 166 deaths per 1,000 live births in 1990 to 50 deaths per 1,000 live births in 2023. Maternal mortality has fallen by more than 50 per cent between 2000 and 2023.

- Despite this progress, the region accounted for more than 1 in 5 (21 per cent) of the world's under-five deaths in 2023, with just over 900,000 children dying before reaching their fifth birthday. This devastating loss of life could have been largely prevented through well-known and effective interventions, including improved care around the time of birth, immunization, nutritional supplementation, and water and sanitation programmes.

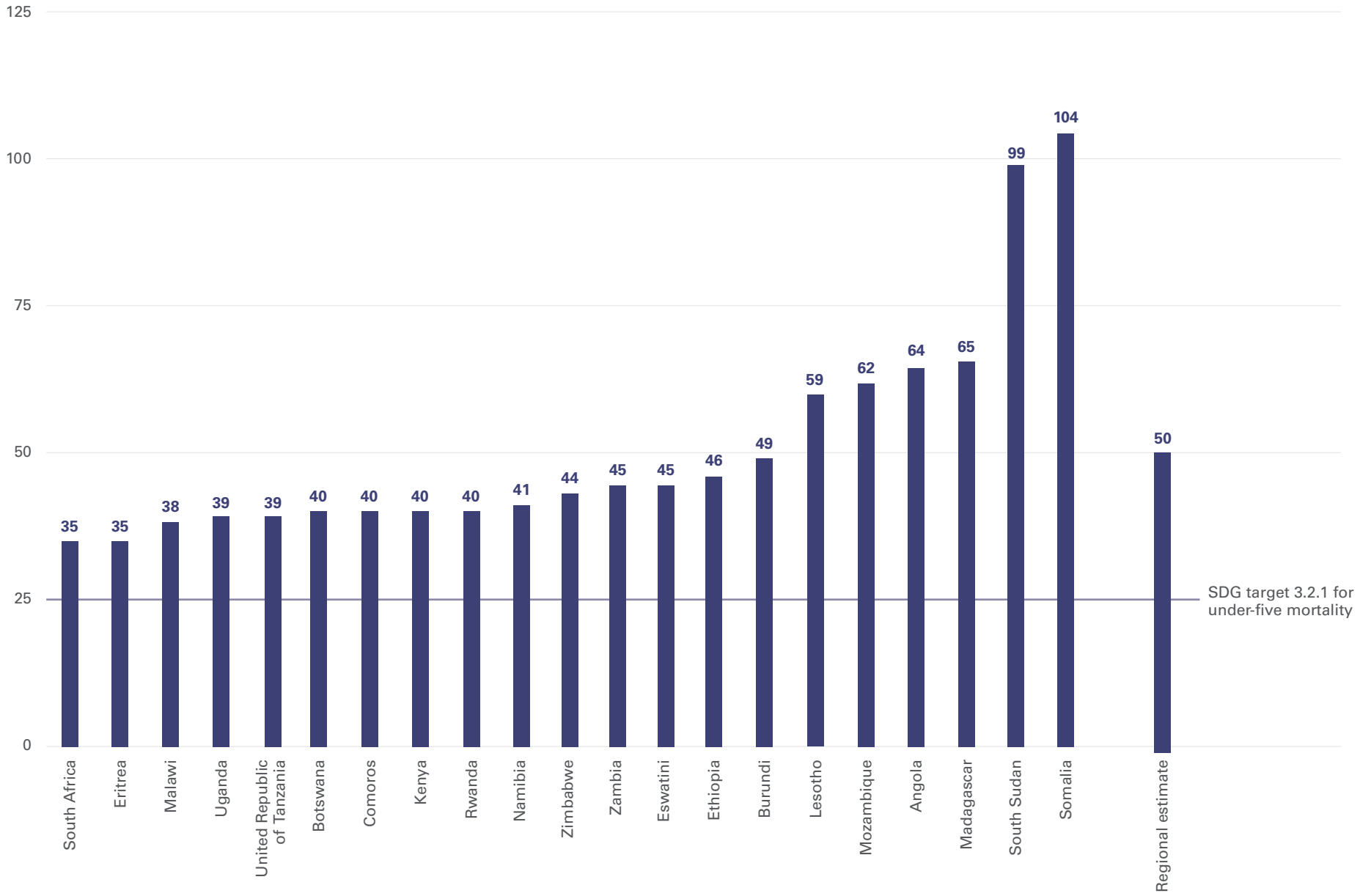
- Chances of survival begin to diverge at an early stage: A child born in Eastern and Southern Africa is eight times more likely to die in the first month of life compared with a child born in North America.

- Even within Eastern and Southern Africa, children face widely differing chances of survival based on where they are born, with those living in fragile or conflict-affected contexts subject to the most risk. Under-five mortality rates range from 35 per 1,000 live births in South Africa to 104 per 1,000 in Somalia (Figure 6).

- Despite limited resources, four of the region's low-income countries – Eritrea, Ethiopia, Malawi and Uganda – have reduced under-five mortality by more than 75 per 1,000 live births from 1990 to 2023 – a remarkable achievement by any standard.

- With the current rates of progress, no country in the region is on track to achieve SDG target 3.2.1 by 2030 with respect to under-five mortality.[6]

Figure 6 Under-five mortality rate (deaths per 1,000 live births)



Note: Data represent median estimates.
Source: United Nations Inter-agency Group for Child Mortality Estimation, 2025.

1.2. Maternal, newborn and child health

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. At each stage, the health sector should safeguard a positive experience, ensuring that women and their babies reach their full potential for health and well-being.

Young children's good health is the result of caregivers' affectionate and appropriate childrearing, including protecting them from danger, seeking medical care when needed, the availability and accessibility to health care services, and using promotive and preventive health services. Health-care services are often the first point of contact for young children and their families. In addition to the provision of essential services, such as antenatal care, postnatal care, immunization and treatment when sick, health-care workers can offer caregivers vital information.

Key facts

- Across Eastern and Southern Africa, 58 per cent of women report receiving the recommended level of antenatal care during pregnancy,[7] and a similar proportion (57 per cent) accessed postnatal care[8] after their most recent delivery.

- Women and children living in the poorest households and those in rural areas are less likely to benefit from antenatal and postnatal care services than those living in the richest households and urban areas.

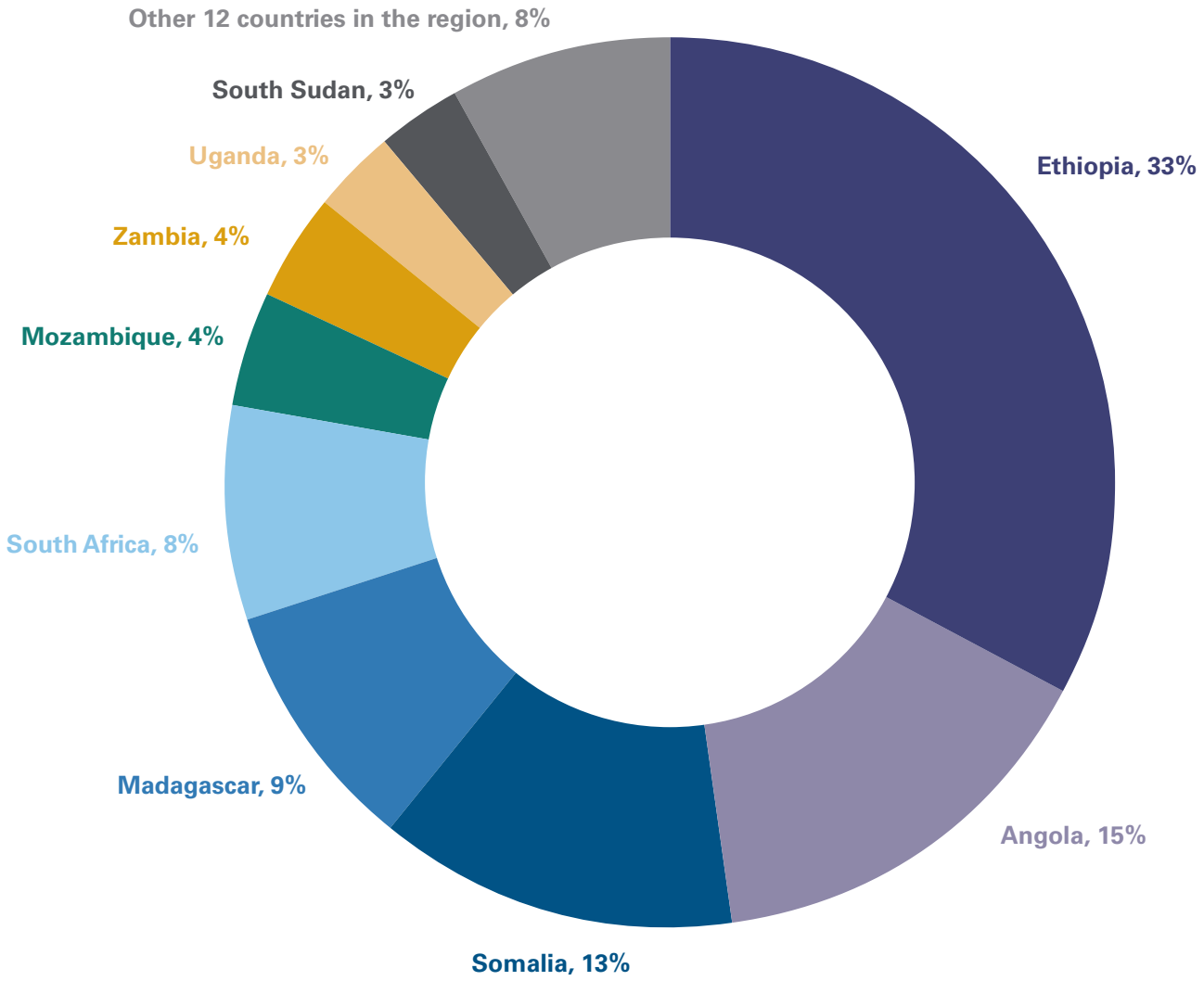
- Across the region, with the exception of Madagascar and Somalia, more than 2 out of 3 pregnant women living with HIV receive effective antiretroviral treatment for the prevention of mother-to-child transmission.

- In 2023, just over half (57 per cent) of children under 5 with symptoms of pneumonia received the care they needed from health care service providers.[9]

- Immunization is one of the best measures to prevent morbidity and mortality in children. In 2023, just over 3 out of 4 children aged 12 to 23 months in Eastern and Southern Africa received their third dose of the diphtheria, tetanus and pertussis (DTP) vaccine, the administration of which is often used to gauge the effectiveness of routine immunization services. Coverage of vaccines against measles and pneumonia is lower.

- Despite progress in improving immunization coverage for some vaccines between 2010 and 2023, approximately 3 million children aged 12 to 23 months in the region did not receive any dose of the DTP vaccine in 2023, a third of whom are in Ethiopia (Figure 7).

Figure 7 Percentage distribution of children aged 12 to 23 months who did not receive any dose of the DTP vaccine



Source: WHO/UNICEF estimates of national immunization coverage, 2023 revision.

The way forward

All Eastern and Southern African countries are actively working towards improving the health and well-being of young children. However, the speed of progress is falling short of meeting the majority of health-related SDG targets. Available evidence suggests that the root causes are primarily linked to limited access to and poor quality of essential maternal and child health services. At the same time, other factors are intensifying burdens on health systems in the region, including humanitarian and public health emergencies, climatic and environmental shocks, widespread poverty and fragility, and population growth. What is needed is an acceleration of efforts and a pivot in the approach taken within the health system to ensure that young children not only survive but also thrive in a safe, secure environment; are optimally healthy; and are prepared physically, mentally, and emotionally to contribute to their society. This will require a focus on the following areas:

- **Redouble efforts to implement effective maternal, newborn and child interventions.** This includes quality antenatal and postnatal care, skilled attendance at birth, immunization and integrated management of childhood illnesses, among others. Increased financial and human resources will be essential to expand health coverage and improve service quality. At the same time, the agenda must be recalibrated to address high mortality in specific age groups, emphasizing quality, coverage and equity for vulnerable populations. The UNICEF-led initiative to identify and immunize zero-dose children (that is, those who have not received any dose of the DTP vaccine) exemplifies the focus needed to maintain momentum on the unfulfilled child survival agenda. Of particular concern are newborns and infants, who experience the highest rate of preventable mortality, especially in rapidly growing populations.

- **Launch a determined, targeted response to health determinants**, which encompass everything that influences health and well-being, not merely the risks for specific diseases. This perspective should incorporate nutrition, health, environmental and psychosocial needs, and an enabling environment. Additionally, it should promote active family and community participation in health service design and delivery. This necessitates an integrated, multisectoral approach to programming, recognizing that health-enhancing factors such as nutrition, education, water, clean air, sanitation, hygiene and infrastructure are crucial to achieving the SDGs.

- **Provide holistic and comprehensive support for young children and their caregivers.** This will require synergistic, evidence-based and multisectoral interventions. Strategic shifts in the design and implementation of health services to optimize human capital should enhance existing services with additional interventions, including responsive caregiving, mental health and psychosocial support, and early screening of developmental milestones.

- **Direct special attention to children with disabilities,** who all too often are left behind. Health systems should be fortified and transformed to deliver comprehensive, suitable, integrated care for children with physical or cognitive impairments. Early screening for developmental delays and early intervention to support children with disabilities should be fully embedded in health services at all levels.

- **Engage and empower caregivers and communities.** Optimize the outcomes of health interventions by involving caregivers and communities in the design and delivery of health services. Furthermore, health workers should collaborate with other relevant sectors and stimulate demand for high-quality care and services.

Nurturing Component 2. Adequate nutrition

For every child, adequate, varied, nutritious food is life – a fundamental right and the foundation for sound physical, emotional, social and cognitive development. Children need the right foods at the right time to properly grow and develop. The most critical time for good nutrition is during the 1,000 days from pregnancy until a child's second birthday. In the first two years of life, breastfeeding saves lives, shields children from disease, boosts brain development, and guarantees children a safe and nutritious food source. What, when and how children eat is more important before age 2 than at any other time in life.

UNICEF and WHO recommend that infants begin breastfeeding within one hour of birth, be exclusively breastfed for the first six months, and continue to breastfeed until 2 years of age or beyond. Breastmilk provides all the energy and nutrients that infants need for the first six months of life. Thereafter, foods must be given to meet growing nutrient and energy needs, while breastfeeding continues until at least 2 years of age. Between the ages of 6 and 23 months – the complementary feeding period – breastfeeding and access to a diverse range of nutritious, safe and affordable foods provide children with the essential nutrients, vitamins and minerals they need to develop to their full physical and cognitive potential, with benefits that endure well into adulthood.

Well-nourished children are better equipped to lead healthy lives; learn, play and participate in daily life; rise out of poverty; and continue to thrive throughout their life, with benefits that accrue over generations. Maximizing the nutritional status of women and children is not just a right and an obligation, but also an essential component of strengthening human capital.

Malnutrition threatens the survival, growth and development of children. The triple burden of malnutrition refers to undernutrition (stunting and wasting), micronutrient deficiencies (sometimes called 'hidden hunger'), and overweight and obesity. Children and families from the poorest and most marginalized communities are the most likely to be malnourished, and malnutrition contributes to the cycle of poverty.

Chronic or recurrent undernutrition in children often manifests as stunting – low height for age. Stunting curtails a child's chances of reaching his or her physical and cognitive potential, and was therefore endorsed as a key indicator for monitoring infant and young child nutrition by the World Health Assembly.

2.1. Stunting

Stunting has devastating effects on child development. Chronically undernourished children begin their lives at a marked disadvantage, with consequences continuing into adulthood: They face learning difficulties in school, earn less as adults, and encounter barriers to participation in their communities.[10,11,12]

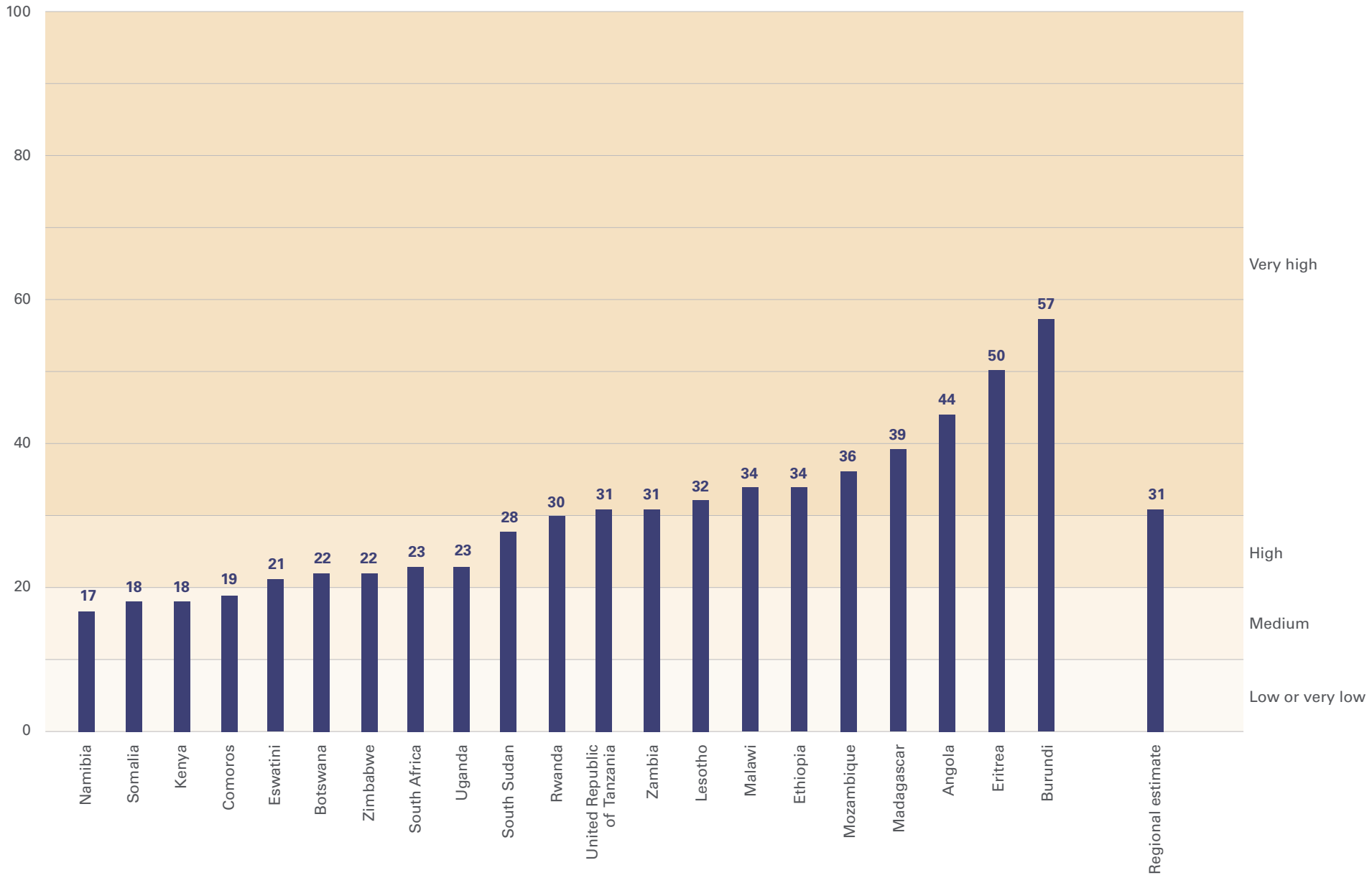
Key facts

- Despite consistent yet slow progress, nearly 1 in 3 children in Eastern and Southern Africa – 26 million – are affected by stunting. Significant variation across countries is found in stunting prevalence among children under age 5, ranging from a low of 17 per cent in Namibia to over 50 per cent in Burundi and Eritrea (Figure 8).

- Among most countries with data in the region, children affected by stunting are significantly less likely to be developmentally on track than children not affected by stunting (Figure 9).

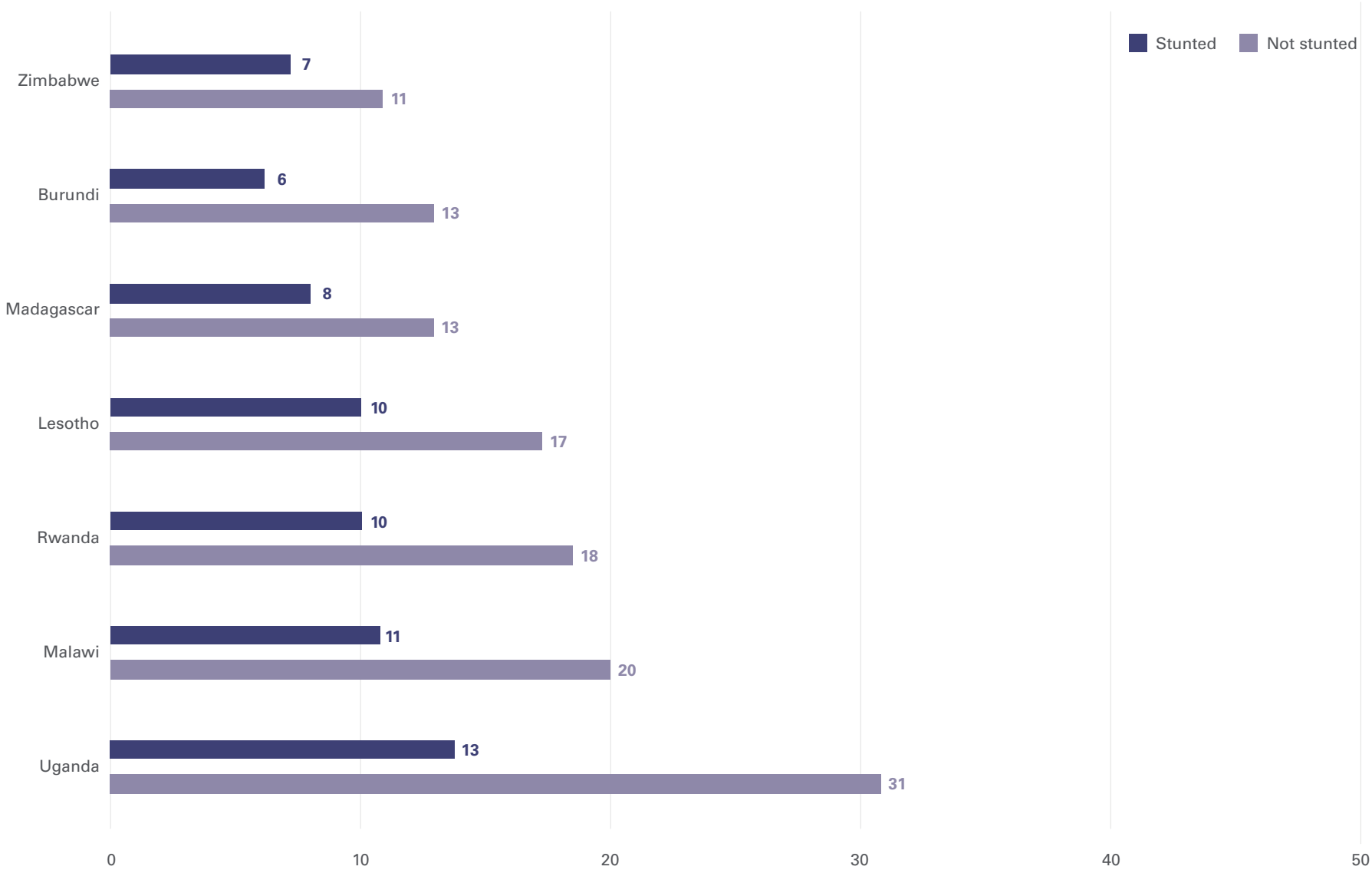
- With the current rates of progress towards the internationally agreed target of a 50 per cent reduction in stunting by 2030, most countries in the region will require accelerated efforts to meet the target (Figure 10).

Figure 8 Percentage of children under age 5 affected by stunting



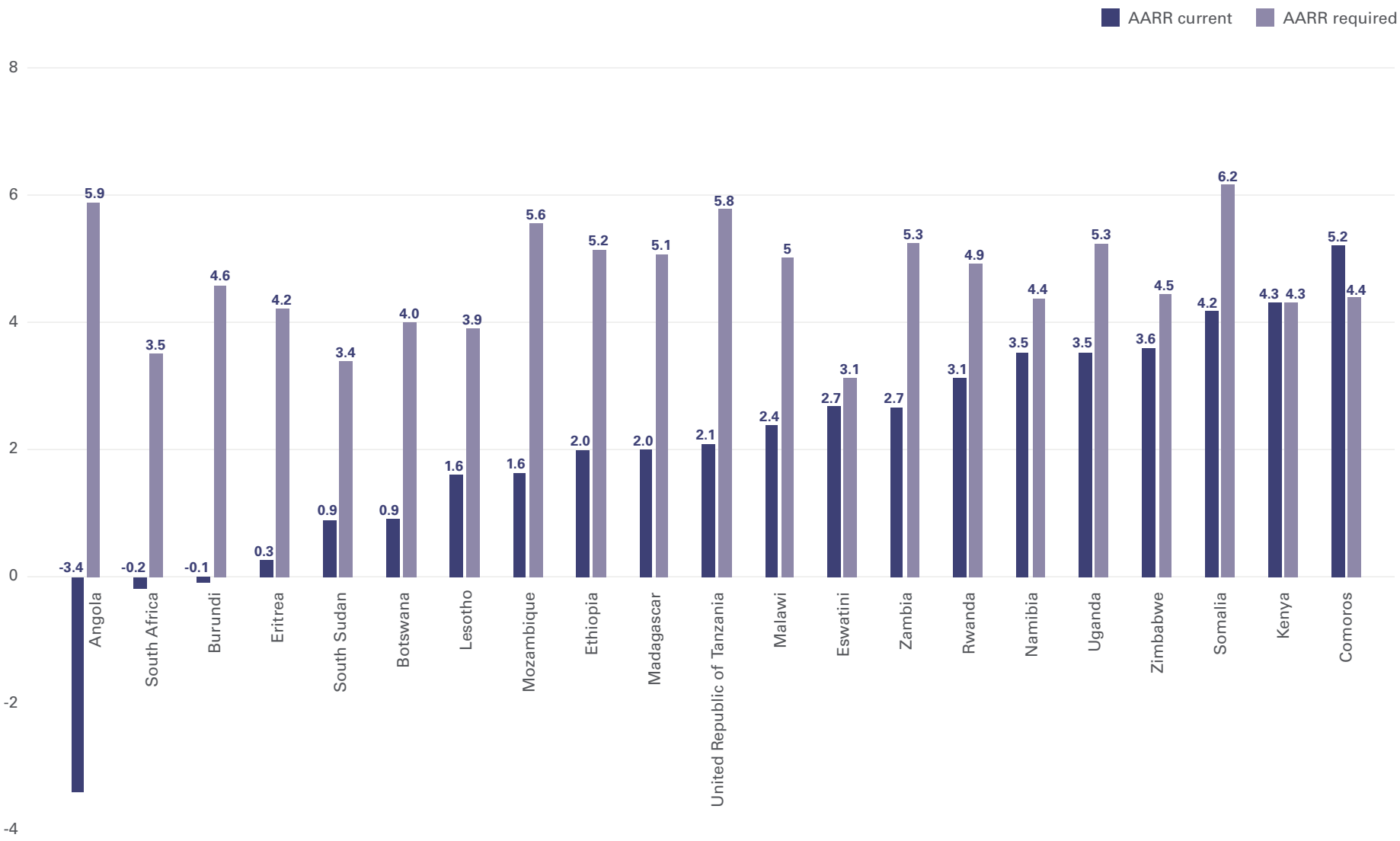
Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Database, May 2023.

Figure 9 Percentage of children aged 36 to 59 months who are developmentally on track in literacy and numeracy, by stunting status



Notes: Differences are not statistically significant in Lesotho and Zimbabwe. This analysis should not be interpreted as indicating a causal relationship since it does not control for other potentially confounding factors.
Source: UNICEF analysis, based on DHS and MICS, 2014-2020.

Figure 10 Average annual rate of reduction (AARR in %) in the prevalence of stunting among children under 5, by current AARR and that required to meet SDG target 2.2 by 2030



Source: United Nations Children's Fund, World Health Organization and International Bank for Reconstruction and Development/The World Bank, *Levels and Trends in Child Malnutrition: UNICEF/WHO/World Bank Group joint child malnutrition estimates: Key findings of the 2023 edition*, UNICEF and WHO, New York, 2023.

2.2. Infant and young child feeding

Infants flourish when they are exclusively breastfed from immediately after birth to at least the first 6 months of life. Starting at 6 months, babies should be offered complementary foods in addition to breastmilk – frequent servings of a diverse range of nutritious, safe and affordable foods that contain the micronutrients young children need to support the rapid growth of their bodies and brains. Feeding should be offered to children in a way that enhances and reinforces positive social and emotional interactions with their caregivers.

Key facts

- Across the region, around 2 out of 3 children under the age of 2 years are breastfed within the first hour of life.[13]

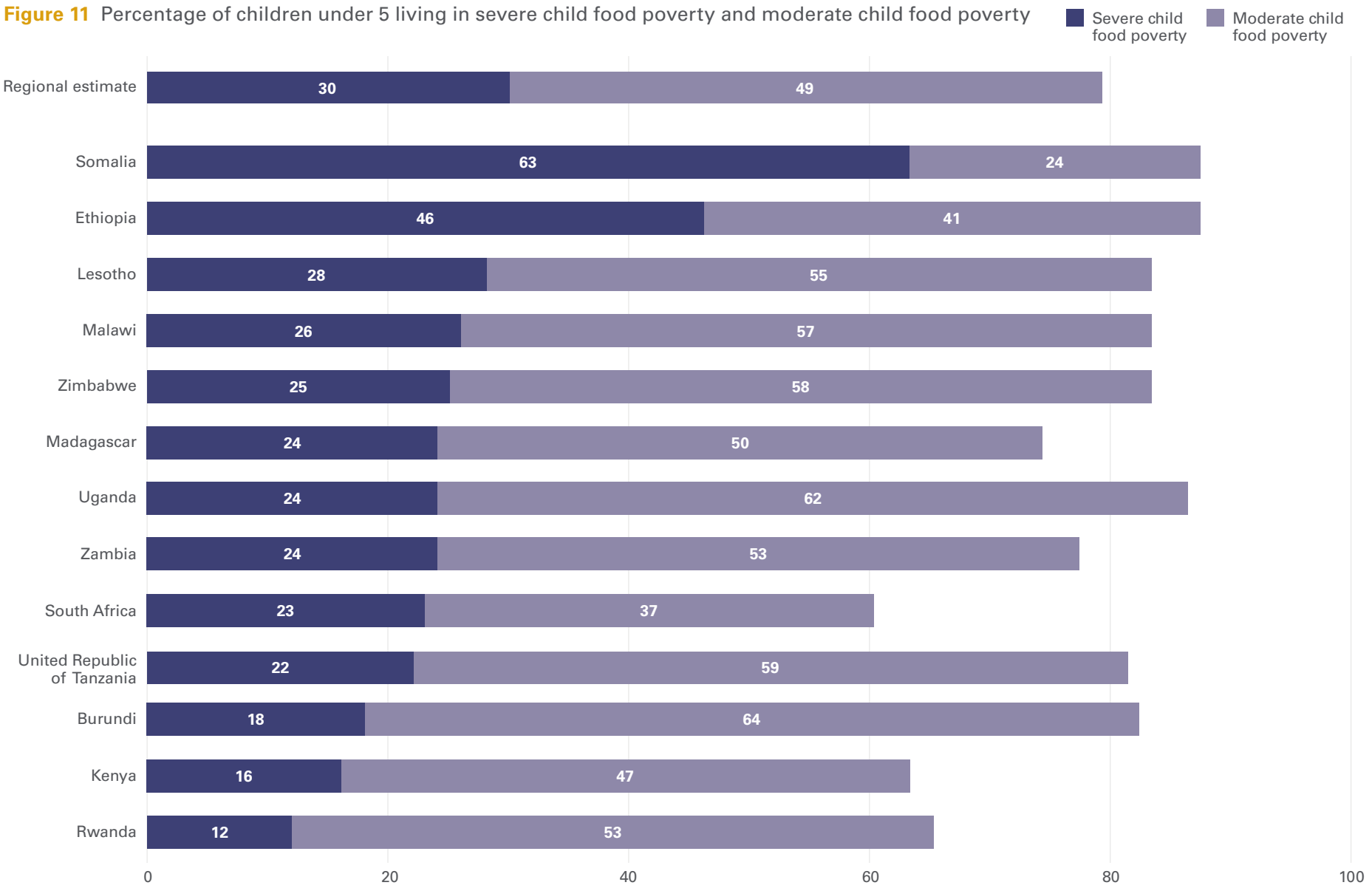
- Over half (58 per cent) of all infants in the region under 6 months of age are exclusively breastfed.[14] Considerable variation is found across countries, with levels ranging from 23 per cent in the Comoros to 85 per cent in Burundi.

- Four out of five children in the region under 5 years of age (or 67 million) live in child food poverty; 25 million live in severe child food poverty (Figure 11). These children are unable to access and consume a nutritious and diverse diet in early childhood. At the regional level, progress towards ending severe child food poverty is slow, but some countries, such as Burundi, Lesotho, Malawi, Rwanda and Zambia, are demonstrating that advances are possible.

- Around half of children between 6 months and 2 years of age are fed with at least the minimum frequency required for development (Figure 12).

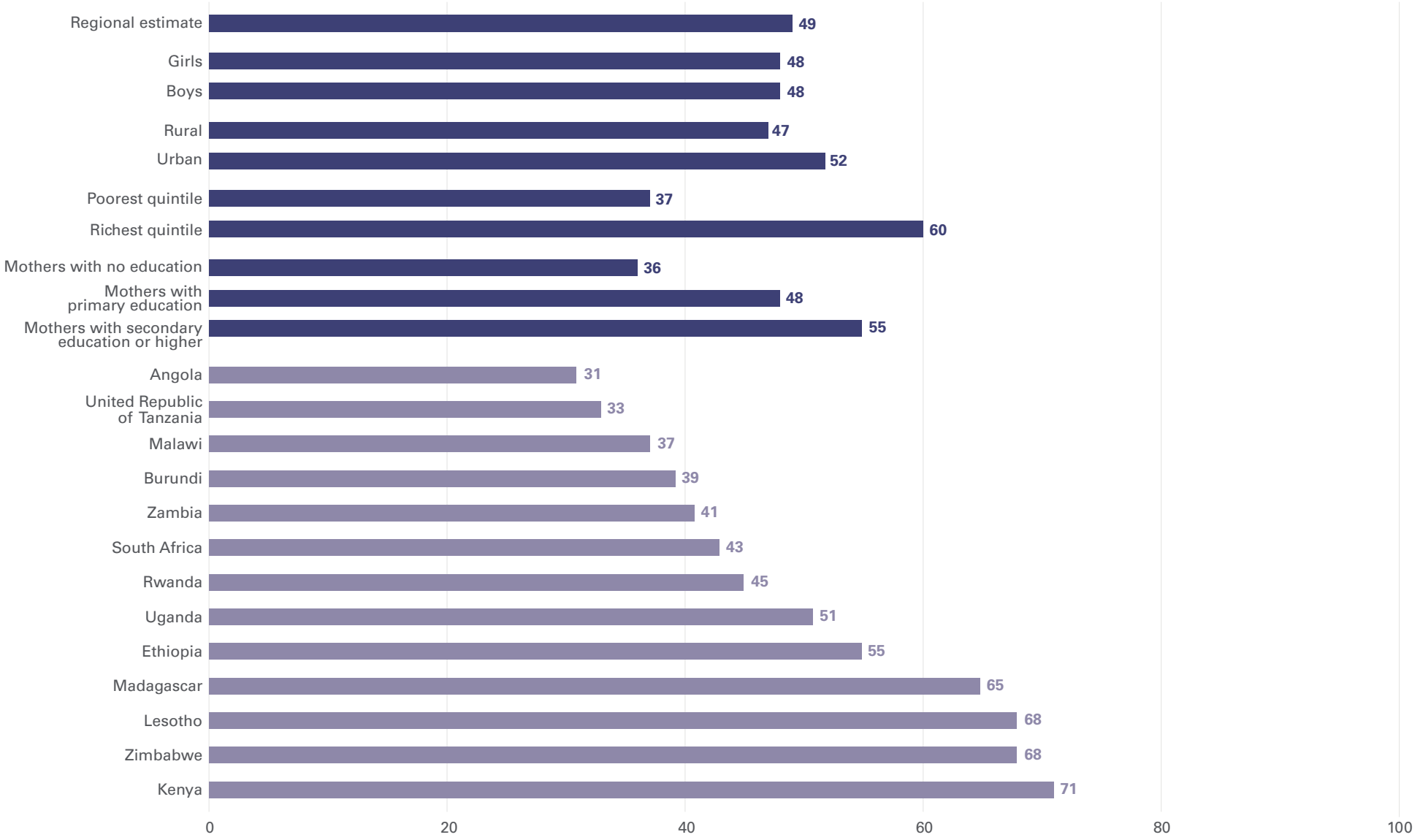
- Data from the region suggest that growing up in the poorest households and in households where the mother has no education reduces the chances of a child achieving minimum dietary diversity and minimum meal frequency.

Figure 11 Percentage of children under 5 living in severe child food poverty and moderate child food poverty



Notes: Child food poverty is measured using the UNICEF and WHO dietary diversity score. To meet the minimum dietary diversity for healthy growth and development, children need to consume foods from at least five out of eight defined food groups. For more information, see <https://data.unicef.org/resources/child-food-poverty-report-2024/>. The figure includes countries with data between 2016 and 2022.
Sources: UNICEF global databases, 2023 (Infant and young child feeding: Child food poverty) and United Nations Children's Fund, *Child Food Poverty. Nutrition Deprivation in Early Childhood. Child Nutrition Report, 2024,* UNICEF, New York, June 2024.

Figure 12 Percentage of children aged 6 to 23 months receiving at least minimum meal frequency during the previous day, by background characteristics



Notes: Regional averages are based on available data for 2016-2022 for 13 countries, which account for 86 per cent of the regional population of children under age 2. 'Minimum meal frequency among currently breastfeeding children' is defined as children who also received solid, semi-solid or soft foods two or more times daily for children aged 6-8 months and three or more times daily for children aged 9-23 months. For non-breastfeeding children aged 6-23 months, this is defined as receiving solid, semi-solid or soft foods, or milk feeds, at least four times daily.
Source: UNICEF global databases, 2023 (Infant and young child feeding).

The way forward

Good nutrition is the bedrock of a child's survival, growth and development. Well-nourished children are better able to learn, play and participate in their communities. They are also more resilient in the face of illness and crisis.

The burden of malnutrition in all its forms remains a persistent issue in Eastern and Southern Africa. This is especially true for the most vulnerable children: the youngest, the poorest and those trapped by humanitarian crises. More work needs to be done to improve the quality of children's food and feeding practices in the earliest years of life, which is key to preventing all forms of malnutrition throughout the life course. This can be achieved by redoubling efforts to:

- **Protect, promote and support breastfeeding** by strengthening breastfeeding counselling and support, bolstering national legislation on nutrition, and protecting mothers and babies from marketing practices that undermine breastfeeding. These are some of the strategies that have proven effective, and are even more effective when combined with responsive care and early learning activities.

- **Improve first foods and feeding practices for infants and young children** by ensuring access to nutritious, safe and affordable foods for children aged 6 to 23 months. In situations where nutritious foods are out of reach, the use of multiple micronutrient powders and fortified foods can improve the quality of children's diets. At the same time, the labelling and marketing of commercially produced foods and beverages for children need to be regulated and support given to caregivers to improve feeding practices through counselling and social and behaviour change communication.

- **Improve food and feeding practices for children aged 3 to 5 years** by promoting and supporting access to nutritious, safe and affordable foods and healthy food environments for children in homes, day-care and ECD centres. Where nutritious diets are out of reach, the use of multiple micronutrient powders containing essential nutrients can be used in the home for fortification of home-prepared complementary foods, along with small-quantity lipid-based nutrient supplements.

- **Provide micronutrient supplementation and deworming** by supporting vitamin A supplementation, deworming prophylaxis and iron-containing supplements to children under 5 in areas where nutrient-poor diets prevail, and where micronutrient deficiencies are common.

- **Promote healthy food environments** by adopting policies that foster such environments, improve the availability and affordability of nutritious foods, and safeguard children from consuming unhealthy foods and beverages.

- **Scale up nutrition-responsive social transfers.** Ideally, the scale-up should target all children; however, where resources are limited, it should, at a minimum, target pregnant women and children under 2 years old. UNICEF recommends unrestricted, unconditional cash transfers wherever markets are functional and accessible and food is available. School meals are another important source of social protection for children. To support positive nutrition outcomes, social transfers should be integrated with evidence-based nutrition interventions to improve access to safe and nutritious foods, positive nutrition and care practices, and essential child services.

Nurturing Component 3. Responsive caregiving

The Convention on the Rights of the Child recognizes that children have the right to grow up in a family environment, in an atmosphere of happiness, love and support.

Infants and very young children are completely dependent on their caregivers, who should be able to recognize and respond to their needs, not only for nutrition and safety, but also for social engagement, cognitive stimulation and emotional regulation. Responsive caregiving involves keeping children safe, healthy and well-nourished; responding to their needs and interests; and encouraging them to learn, explore their environment and interact with others. When caregivers are sensitive, responsive and loving, they facilitate the child's early social and emotional development, and create an environment conducive to learning.

A safe home environment is the cornerstone for a young child's growth and development. At the same time, it is important for the home environment to be not only *safe* but also *enabling* – encouraging children to freely play, explore and discover. For optimum stimulation,[15] children should have access to a variety of formal and informal learning and play materials at home. These include books[16] and shop-bought or manufactured toys, as well as homemade toys and household objects.

The presence of a responsive caregiver has a particularly powerful influence during the first five years of a child's life and is associated with improved development in the motor, language, cognitive and socio-emotional realms, laying the foundation for the child's future development and functioning.[17,18,19,20] Effective and responsive care is an investment in both children's well-being and in human capital.[21]

3.1. Early stimulation and responsive care

Basic interactions between caregivers and children – interactions such as playing, drawing, talking, singing, storytelling, reading and counting – are critical to a child's cognitive and socio-emotional development[22] and lay the foundation for later learning.

Responsive caregiving and nurturing care include observing and responding to children's needs, protecting children against injury and other adversities, recognizing and responding to signs of illness, creating emotional bonds, engaging in learning and social interactions, and responsive feeding.

Responsive caregiving and nurturing care can start before birth, with mothers and other caregivers talking or singing to the baby in the womb. Spending quality time with babies by engaging in cuddling, smiling, touching, talking, storytelling, singing, listening to music, sharing and reading books, and engaging in play helps build neural connections that strengthen their brains from the moment of birth.

Key facts

- In Eastern and Southern African countries with available data, around 2 in 5 children (43 per cent), on average, receive adequate early stimulation and responsive care at home, with significant variation among countries (Figure 13). This means that over half of all young children in the region do not get enough responsive interaction or stimulation at home. And around 1 in 6 miss out altogether on activities with their caregivers that are critical to promoting cognitive, social and emotional development.[23]

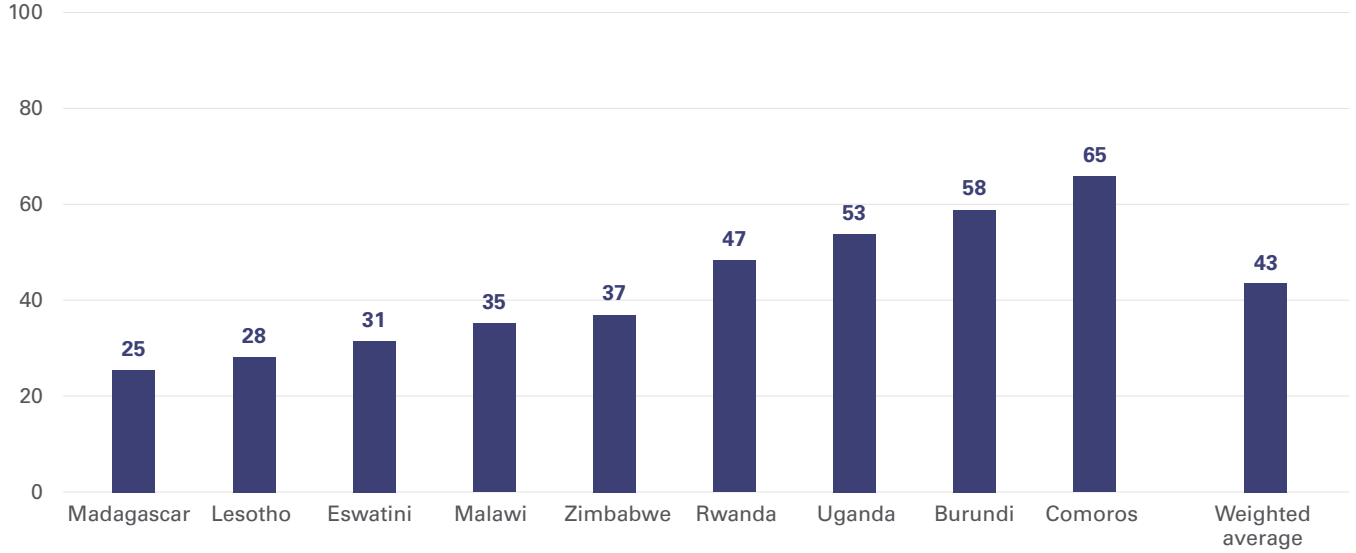
- In countries with data, on average, the proportion of children receiving early stimulation and responsive care from mothers and other caregivers in the household is nearly the same, while fathers are around six times less likely to provide such care (Figure 14). Patterns differ across countries: For instance, in Burundi, other caregivers are more likely to engage in early stimulation than mothers or fathers, while in the Comoros and Rwanda, mothers are most likely to provide children with early stimulation and responsive care at home. Emerging evidence shows that a father's participation in caring for young children is associated with increased socio-emotional and cognitive development, and fewer behavioural problems later in life.[24, 25]

- In countries with data, on average, the most common activities that caregivers engage in are playing, taking the child outside the home and singing songs. The least common activity for any caregiver is reading or looking at picture books with the child. In general, fathers seem to engage very little in early stimulation activities with their children, and when they do, it typically takes the form of going outside the home or playing with the child. It is striking that the proportion of other caregivers engaging in all types of activities with children is higher overall than fathers.

- Across the region, children living in the poorest households and those whose mothers have no education are significantly less likely to benefit from early stimulation at home; the differences between girls and boys and children in urban or rural areas are less marked.

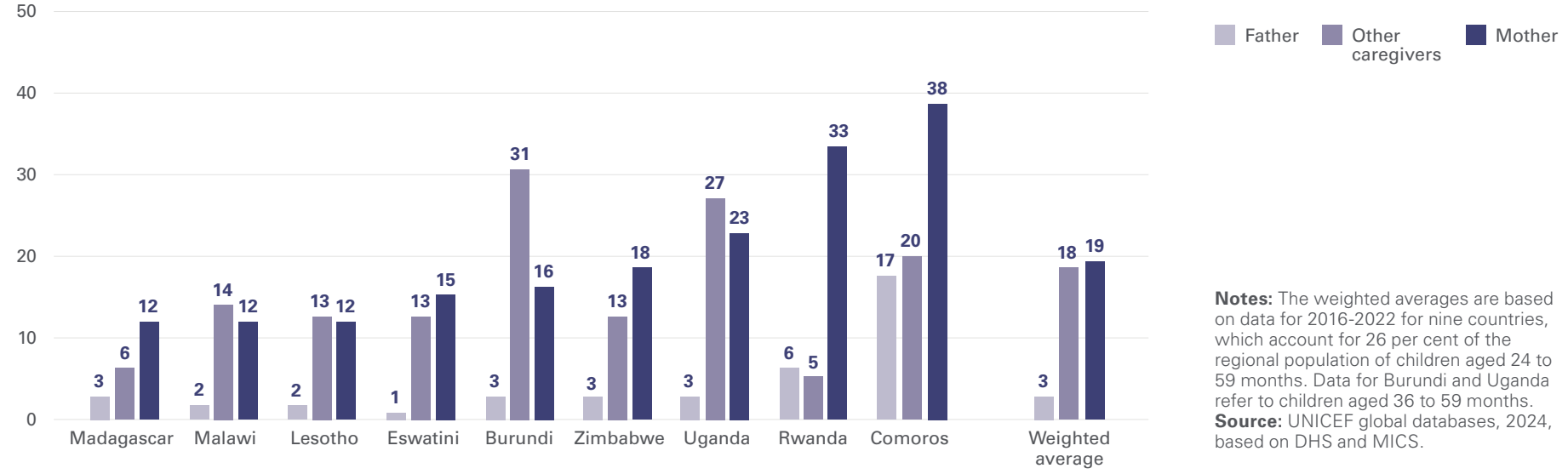
- Available data suggest that children who receive adequate early stimulation from caregivers are significantly more likely to be developmentally on track in literacy and numeracy compared with their peers (Figure 15).

Figure 13 Percentage of children aged 24 to 59 months with whom an adult household member has engaged in four or more early stimulation and responsive care activities during the three days preceding the survey



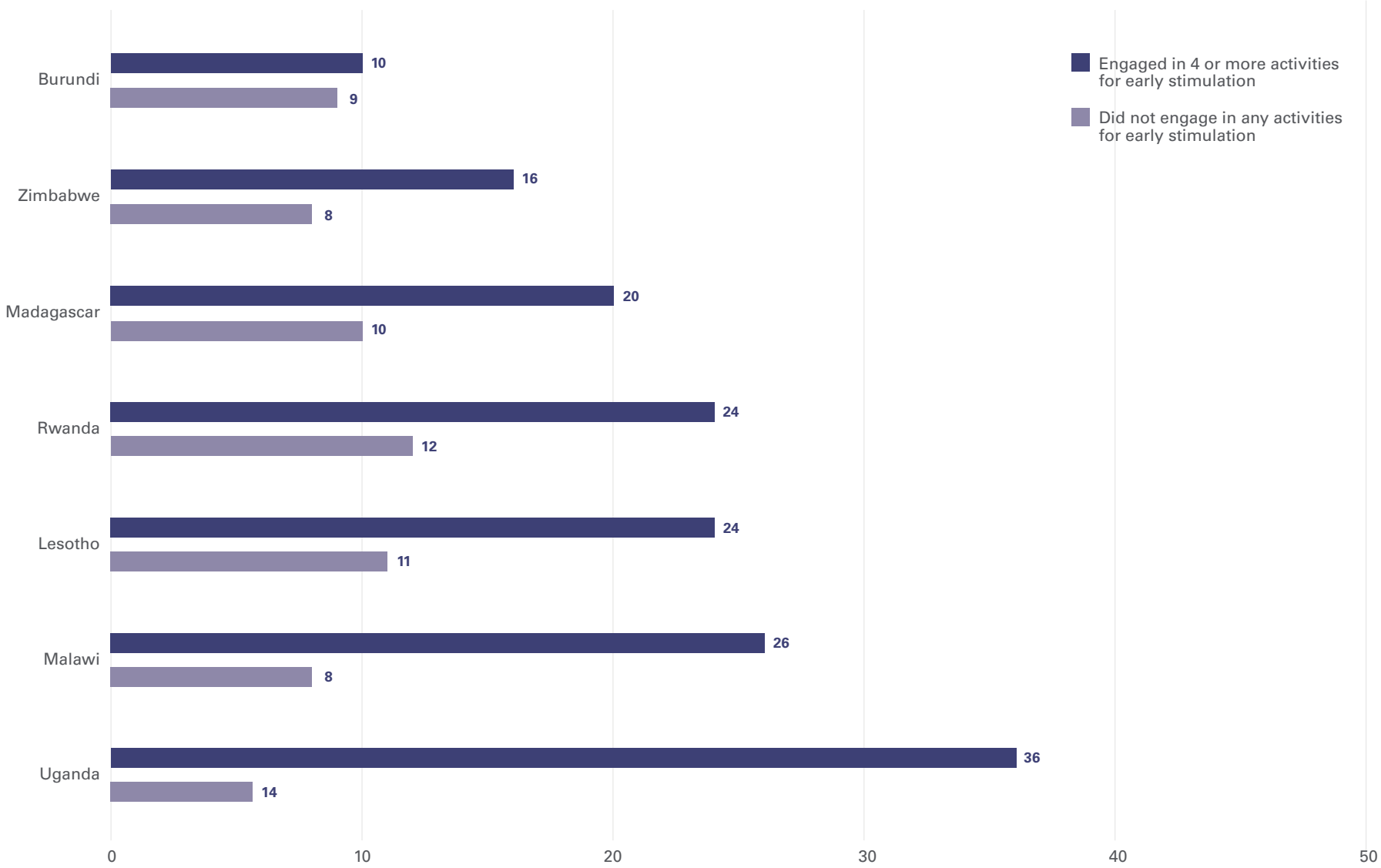
Notes: The weighted average is based on data for 2016-2022 for nine countries, which account for 26 per cent of the regional population of children aged 24 to 59 months. Data for Burundi and Uganda refer to children aged 36 to 59 months. The types of activities asked about are: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child.
Source: UNICEF global databases, 2024, based on DHS and MICS.

Figure 14 Percentage of children aged 24 to 59 months with whom mothers, fathers and other caregivers have engaged in four or more early stimulation and responsive care activities during the three days preceding the survey



Notes: The weighted averages are based on data for 2016-2022 for nine countries, which account for 26 per cent of the regional population of children aged 24 to 59 months. Data for Burundi and Uganda refer to children aged 36 to 59 months.
Source: UNICEF global databases, 2024, based on DHS and MICS.

Figure 15 Percentage of children aged 36 to 59 months who are developmentally on track in literacy and numeracy, by whether they have been engaged by an adult household member in early stimulation and responsive care activities during the three days preceding the survey



Notes: Differences are not statistically significant in Burundi. This analysis should not be interpreted as indicating a causal relationship since it does not control for other potentially confounding factors.
Source: UNICEF analysis, based on DHS and MICS data, 2016-2020.

3.2. Early learning at home

Another important component of a stimulating and enabling environment is the availability of children's books and play materials at home. Children who grow up in homes with many books have a significant advantage in future academic achievement: On average, these children receive the equivalent of three more years of schooling than children from homes without books.[26] Children's toys have a similar impact on child development: The availability of a variety of age- and developmentally appropriate playthings is a robust predictor of children's language, psychomotor and cognitive development.[27]

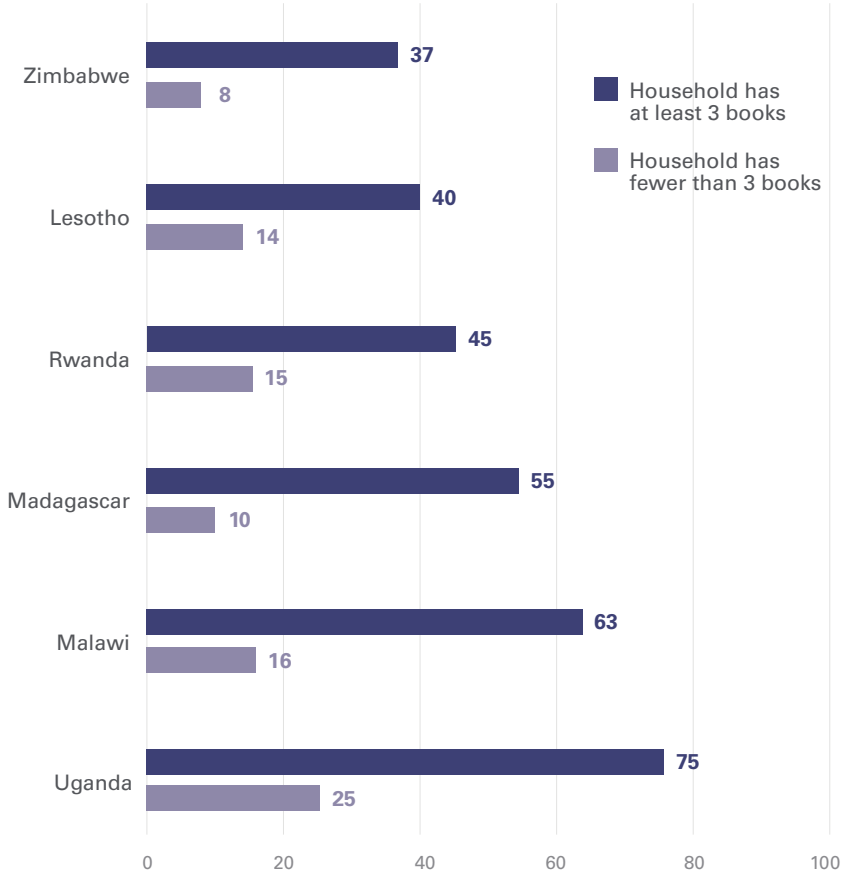
Key facts

- In the nine countries with data, only 2 per cent of children under 5 live in households that have at least three children's books. Higher levels of maternal education and higher household wealth are strongly correlated with the availability of children's books at home. The apparent scarcity of books at home is likely explained by a lack of resources, but also results from very limited awareness among caregivers of the value and importance of books for children's development.

- In all countries with data, children with access to at least three children's books at home are approximately three to five times more likely to reach literacy and numeracy milestones than those with fewer books (Figure 16). Children aged 36 to 59 months in the Comoros and children aged 24 to 59 months in Eswatini living in households with at least three children's books are significantly more likely to be developmentally on track (as measured by the ECDI2030) than children with fewer books in the home.

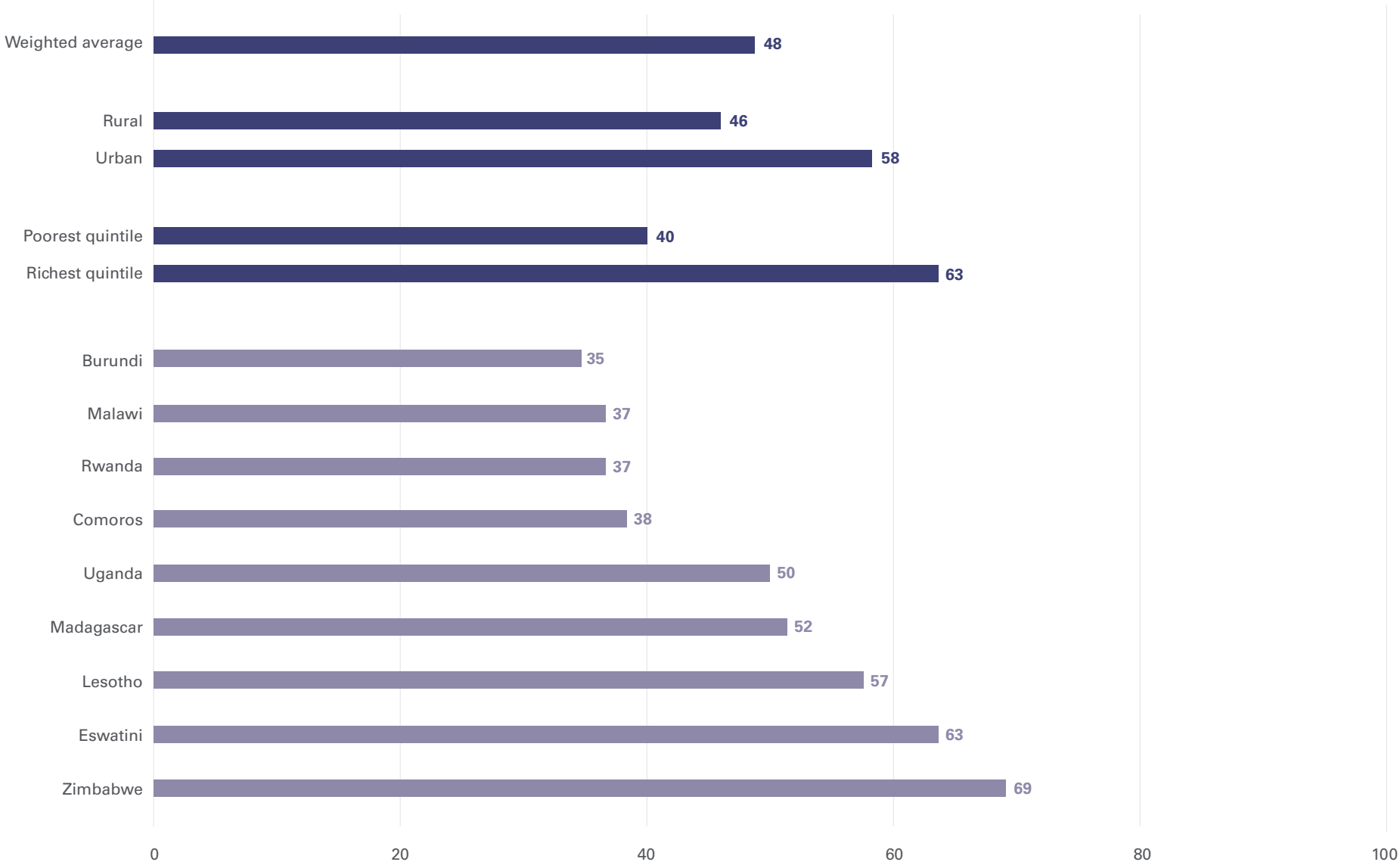
- It could be argued that the availability of play materials could partly compensate for the absence of children's books at home. Still, in countries with available data, only about half (48 per cent) of children under 5 have two or more types of playthings at home. Children in richer households and those in urban areas are more likely to have toys than children in poorer households and in rural areas (Figure 17).

Figure 16 Percentage of children aged 36 to 59 months who are developmentally on track in literacy and numeracy, by whether they live in households with children's books



Notes: Differences are not statistically significant in Lesotho and Zimbabwe. This analysis should not be interpreted as indicating a causal relationship since it does not control for other potentially confounding factors.
Source: UNICEF analysis, based on DHS and MICS, 2014-2020.

Figure 17 Percentage of children under 5 who have two or more playthings at home, by background characteristics



Notes: The weighted averages are based on data for 2016-2022 for nine countries, which account for 26 per cent of the regional population of children under 5 years of age. Data for Burundi, Rwanda and Uganda are based on the youngest child under 5 in the household. Playthings include homemade toys, toys from a shop/manufactured toys, household objects used for play (such as bowls, pots, etc.) and objects found outside (rocks and sticks, for example).
Source: UNICEF global databases, 2024, based on DHS and MICS.

3.3. Adequate supervision

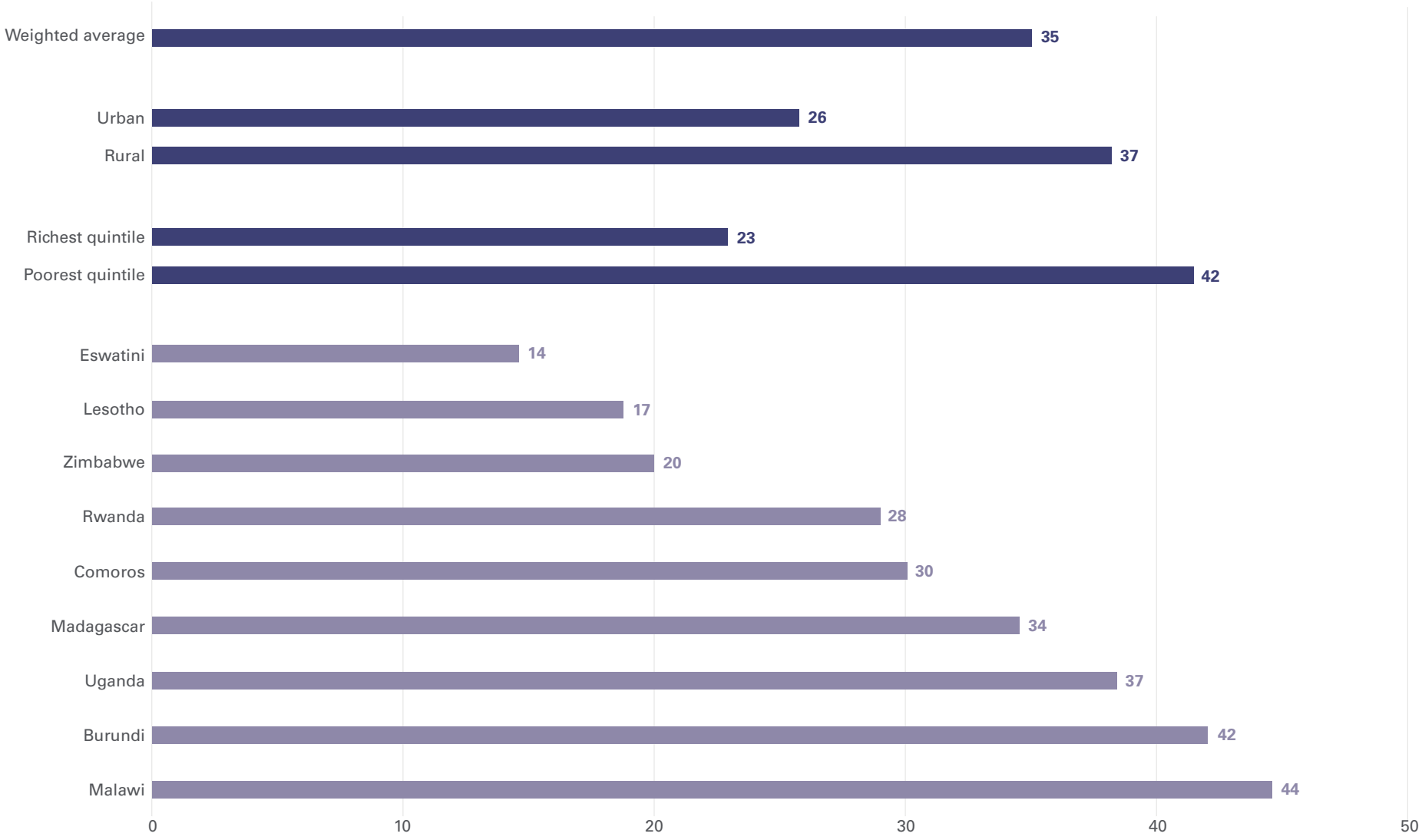
Part of a caregiver's duty of care is to ensure the child is safe. Appropriate parental care and support helps protect a child from danger. Leaving a young child alone or under the supervision of young siblings or other children exposes him or her to increased risk of harm and injury, or even abuse and neglect.

Key facts

- In Eastern and Southern African countries with available data, approximately 1 in 3 children (35 per cent) had been left alone or in the care of another child below 10 years of age for more than an hour at least once during the week preceding the survey (Figure 18). Levels of inadequate supervision in some countries in the region are among the highest in the world.

- Inadequate supervision disproportionately affects children from poorer households and those in rural areas.

Figure 18 Percentage of children under 5 left with inadequate supervision in the week preceding the survey, by background characteristics



Notes: The weighted averages are based on data for 2016-2022 for nine countries, which account for 26 per cent of the regional population of children under 5 years of age. Data for Burundi, Rwanda and Uganda are based on the youngest child under 5 in the household. 'Left with inadequate supervision' is defined as either being left alone or being left under the supervision of another child younger than 10 years of age for more than one hour at least once in the past week.
Source: UNICEF global databases, 2024, based on DHS and MICS.

The way forward

How children are cared for in the early years can affect brain function for the rest of their lives – and may even affect future generations. Factors that influence parenting range from the cultural values and practices that define a society, such as traditions and laws, to local communities and the associated norms and resources available, as well as the affordability and accessibility of support services. The following are key areas in which attention should be focused to further progress in responsive caregiving:

- **Support parents and other caregivers, who play a primary role in children's development**, by giving them the knowledge and skills they need to provide nurturing, responsive care; responsive feeding; and developmental and age-appropriate play and communication.

- **Hold governments accountable for seeing that the needs of young children and parents are met** and for delivering essential services, such as routine health, nutrition and social services that support child development. The health sector is of utmost importance as the first, and often only, service accessible to parents with young children. Social services are needed as well, to ensure that caregivers' mental health and social-emotional well-being are addressed. Such interventions are most effective when they are mainstreamed into health and other sectors so they can reach all caregivers.

- **Develop and implement family-friendly policies**. While parenting programmes are critically important, investment is also urgently needed to provide caregivers with the time and resources to care for their children. Family-friendly policies help balance and benefit both work and family life by providing financial resources and/or sufficient time for caregiving. A minimum wage, paid parental leave, breastfeeding breaks at work, affordable childcare and universal health insurance should be a reality for all families.

- **Support parenting programmes**, which can be delivered through a range of different modalities, such as individual counselling, group sessions or via the media. The most effective parenting programmes are adapted to the local context and culture; they strengthen or build upon existing positive knowledge, beliefs, attitudes and practices (see Box 2). Parenting support should be tailored to needs and must be delivered at three levels:

Universal support – Information-sharing and provision of guidance on responsive caregiving for all parents.

Targeted support – Parenting support for individuals or communities identified to be at risk due to factors such as poverty, undernutrition, adolescent pregnancy or violence. Such support focuses on strengthening caregivers' capacity to cope and helps people access extra help, in the form of additional contact with service providers or additional resources, such as cash grants.

Indicated support –Tailored support for individual families or children who have additional needs or are already experiencing specific adversities, such as violence in the home or challenges with caregiver mental health.

BOX 2 Effective parenting programmes

Examples of effective parenting programmes include:

Care for Child Development – This family counselling programme has been designed to strengthen caregiving skills, introduce play and communication activities that stimulate learning, improve the interaction between caregivers and their children, and help caregivers prevent and solve common parenting challenges. Care for Child Development is implemented in most of the countries in the region. In Kenya, Rwanda, South Africa and United Republic of Tanzania, the intervention is being mainstreamed into the health system; in other countries, efforts are ongoing to bring the intervention to scale.

Caring for the Caregiver – Under this programme, frontline workers help support the mental health and emotional well-being of caregivers by encouraging self-care, partner and family engagement, and problem-solving. The programme includes specific considerations for the needs of adolescent caregivers and promotes a more equitable division of responsibility between male and female caregivers in the home. The intervention has been tested in Rwanda and Zambia, and is also being implemented in Uganda and United Republic of Tanzania.

Nurturing Component 4. Early learning

The family environment has a critical influence on child survival and development. Strengthening the capacities of primary caregivers to provide effective care and stimulate learning can improve a child's chances of survival and contribute to optimal growth and development. When such care is coupled with access to, and use of, quality early childhood education (ECE) facilities, a child's chances of flourishing are greatly enhanced.[28]

Early childhood education is the foundation for quality basic education.[29] An organized early learning programme supports the development of basic cognitive and language skills and social and emotional competency and prepares children for learning in a school setting.

A range of ECE programmes are in place in the countries of Eastern and Southern Africa, from community-based centres to day-care centres, kindergartens and preschools, but models and quality vary substantially. Early education benefits not just children but also caregivers and society at large:

- High-quality ECE programmes support children's social and emotional development as well as literacy and numeracy skills, with positive effects that continue into primary and secondary school years. Participation in such programmes correlates with higher earnings, less dependence on welfare, lower rates of adolescent pregnancy and reduced likelihood of imprisonment in adulthood.[30] Programmes that offer intensive early intervention and continue into primary school have been shown to have the most sustained long-term effects.

- Childcare enables millions of parents to enter the workforce and generate income, eroding one of the last great obstacles to equality of opportunity. When effectively linked with other services, early childhood services can support maternal employment, help reduce poverty, improve parenting skills, and enhance family and community cohesion.[31]

- The availability of childcare that allows parents to return to work helps increase national gross domestic product (GDP), support gender equality and women's empowerment, and reduce poverty rates. Available evidence places the cost-benefit ratio of ECE to be between 1:2 and 1:17, depending on the quality of the programme.

The benefits of ECE are strongest for children from poor households and from families where caregivers have low levels of education. Well-implemented, effective programmes, especially for the most disadvantaged, can increase the odds that children will have the kinds of experiences and interactions that produce long-term positive effects in academic achievement, social and emotional adjustment, economic productivity and responsible citizenship.[32]

4.1. Early childhood education – attendance

Sustainable Development Goal target 4.2 includes an explicit mention of pre-primary education. A corresponding SDG indicator (4.2.2) is used to measure and track children's participation in organized learning one year before the official entry age for primary school.

Key facts

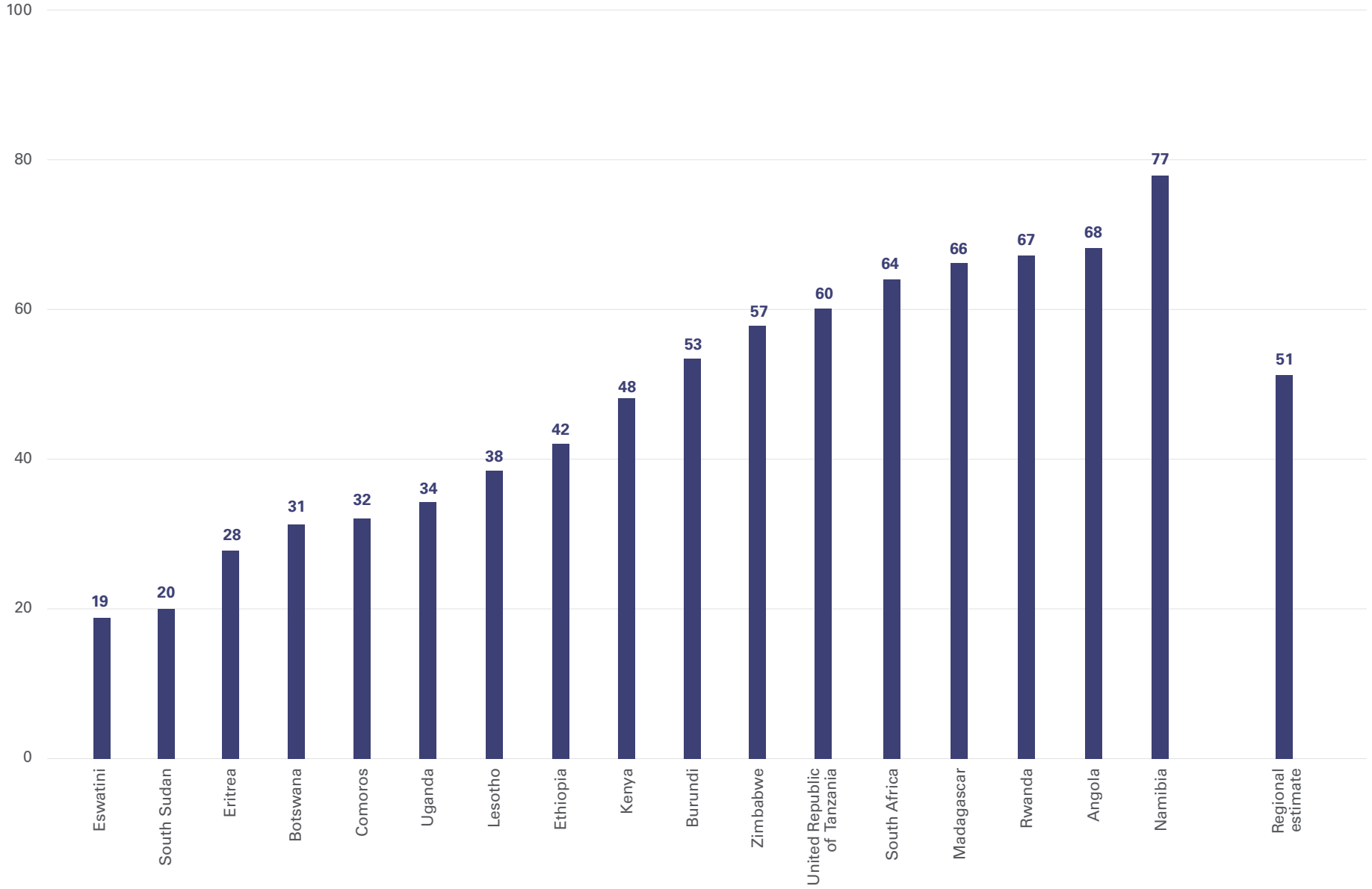
- Across the region, only half (51 per cent) of children are exposed to organized learning in the year before entering primary school (Figure 19). Wide variations are found across the region: Around 3 in 4 children participate in early learning programmes in Namibia, but only half of children do so in Burundi and Kenya, and only 1 in 5 in Eswatini and South Sudan.

- Ideally, ECE services should cover at least three years before school entry. Yet only 24 per cent of 3- and 4-year-olds attend any form of organized early learning programmes in the region, with considerable variation across countries – from 2 per cent in Mozambique to 48 per cent in South Africa (Figure 20).

- Investing in ECE is a powerful way to reduce disparities in cognitive and socio-emotional capabilities, which often affect least advantaged children disproportionately. At the same time, economic and social inequality appears to be a significant barrier to ECE attendance. In countries with available data, 3- and 4-year-old children from the poorest quintile are between 2 and 50 times less likely to attend ECE compared with their peers from the wealthiest quintile (Figure 21).

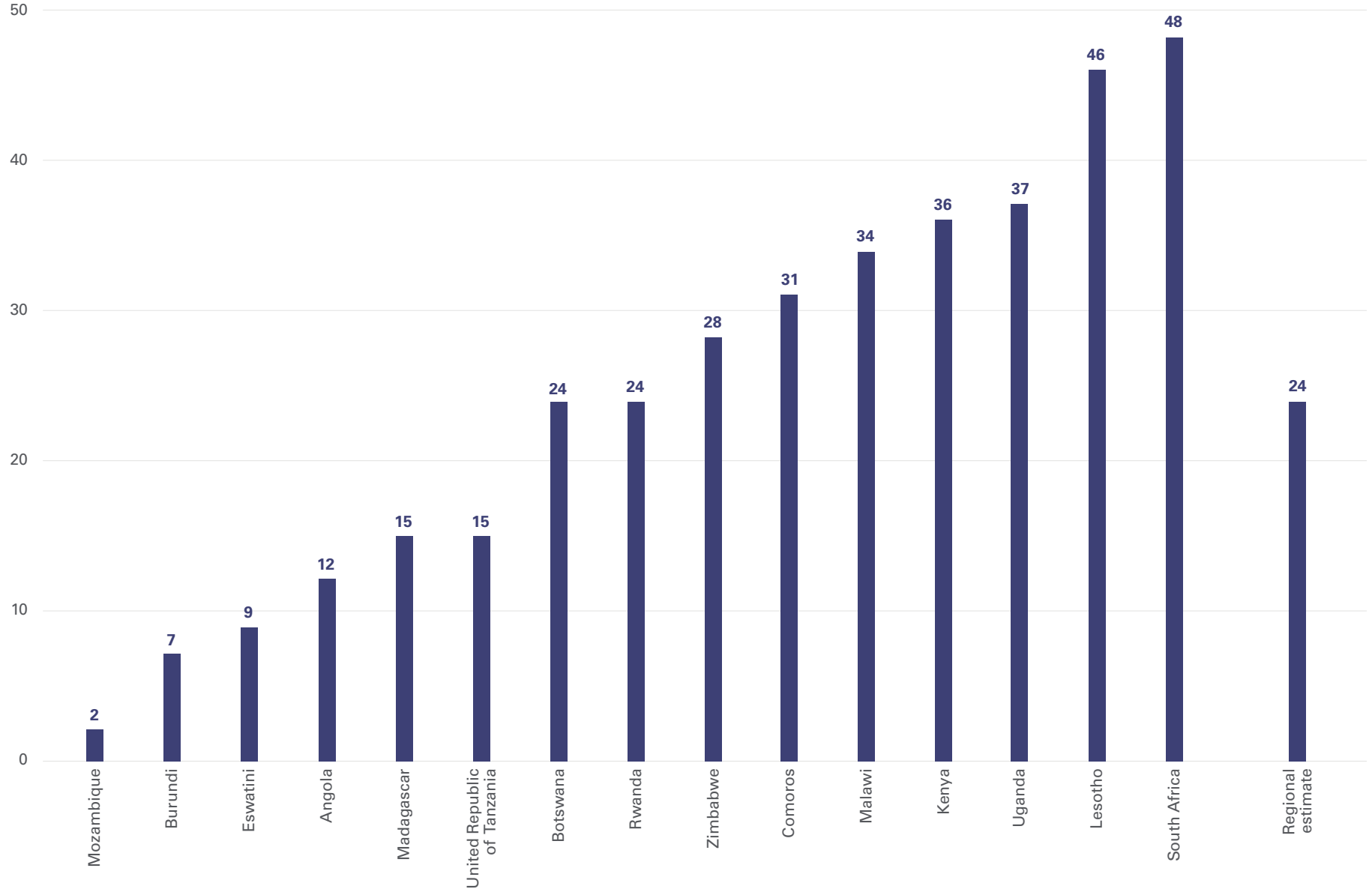
- In countries with data, 3- and 4-year-olds who attend ECE are significantly more likely to be developmentally on track in literacy and numeracy skills than those who do not (Figure 22).

Figure 19 Percentage of children who participate in one or more organized learning programmes one year before the start of primary school



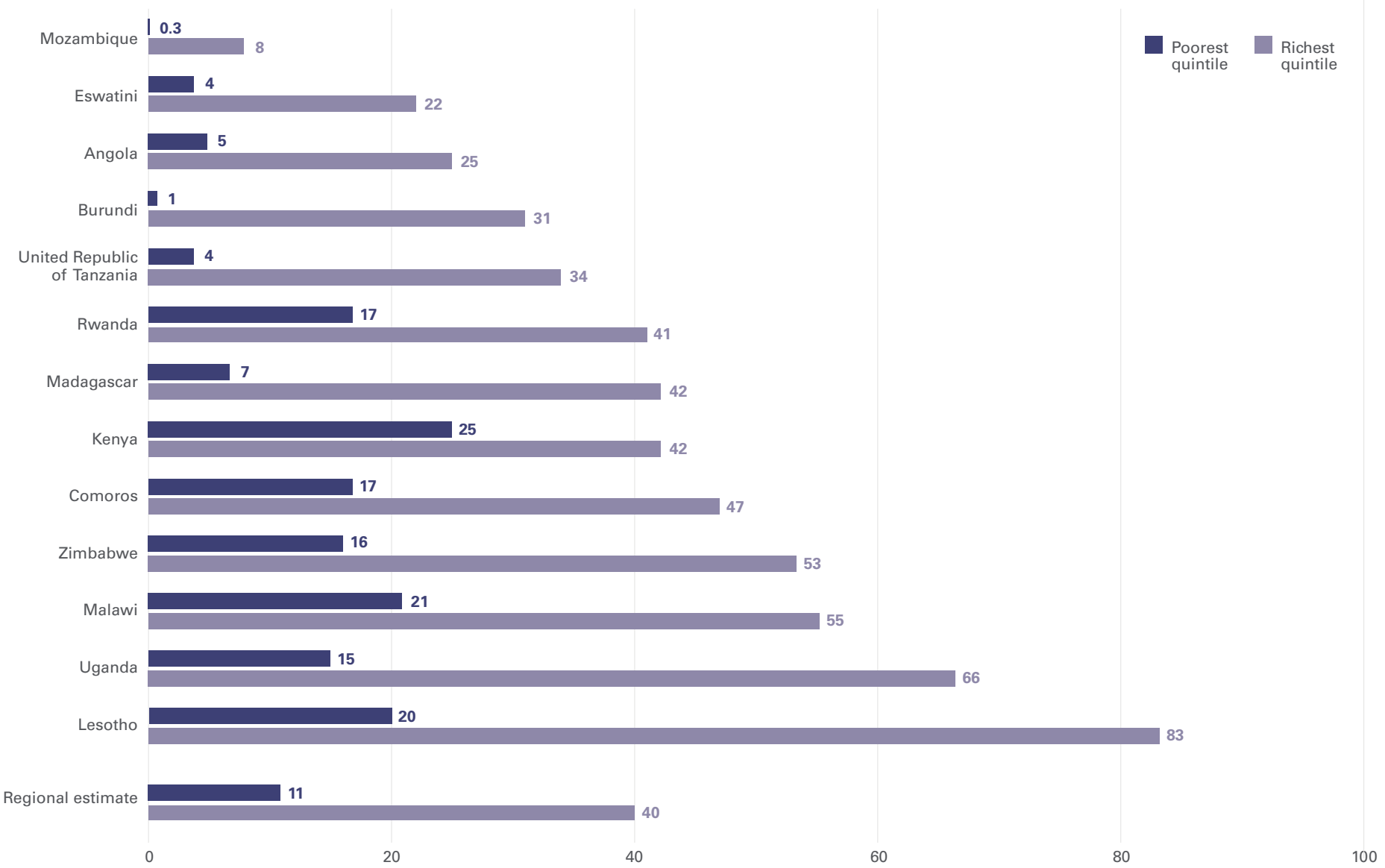
Notes: The regional average is based on data for 2010-2022 for 17 countries, which account for 83 per cent of the regional population of children one year before the entry age for primary school. Age ranges vary by country depending on the official age of entry to primary education.
Source: UNESCO database, February 2024 release, based on administrative data from schools and other centres of organized learning or from household surveys on enrolment and population censuses.

Figure 20 Percentage of children aged 36 to 59 months attending an early childhood education programme



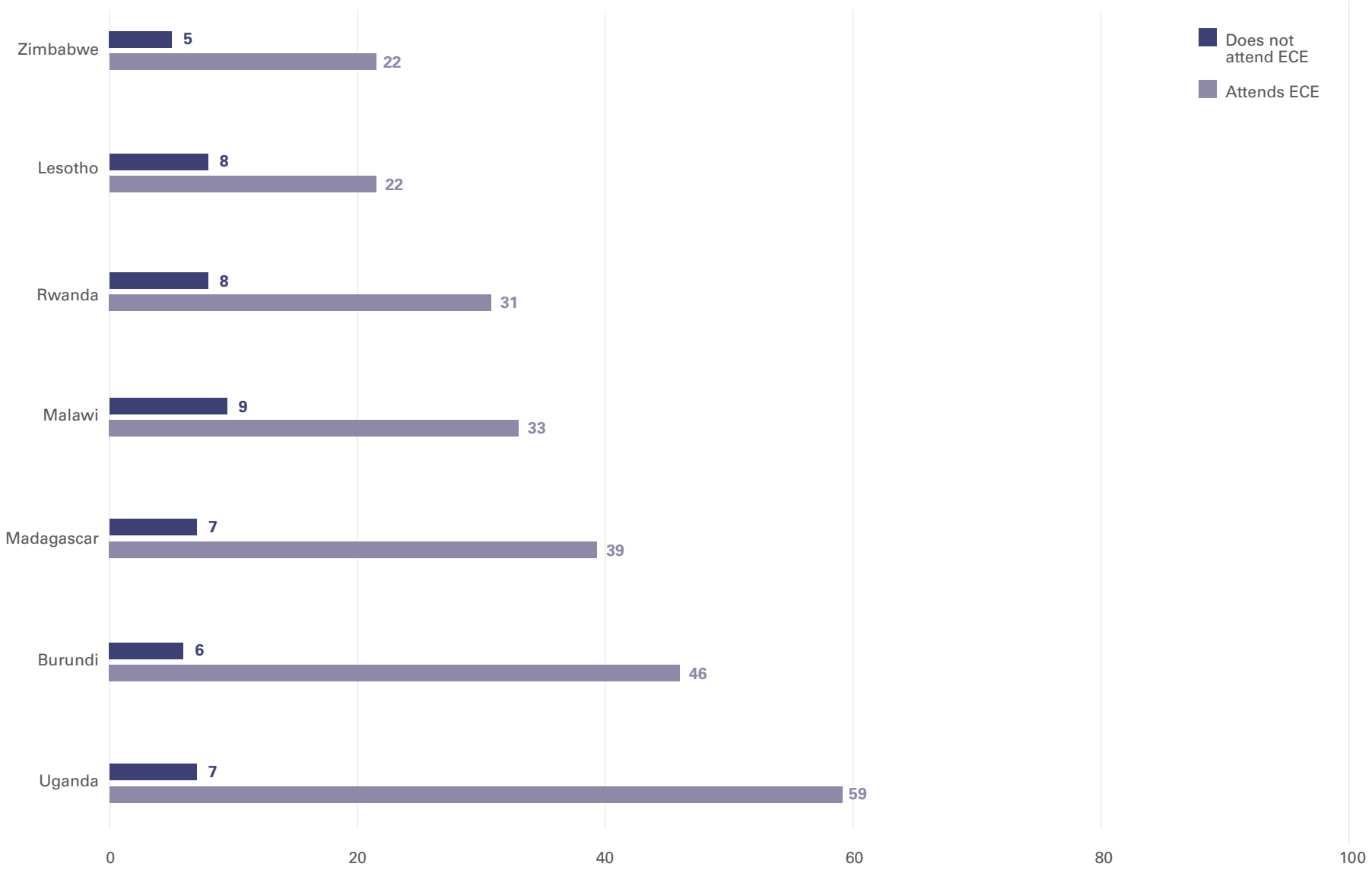
Notes: The regional average is based on data for 2015-2022 for 15 countries, which account for 68 per cent of the regional population of children aged 36 to 59 months. Data for Angola refer to children aged 3 to 5 years. Data for Burundi, Rwanda and Uganda are based on the youngest child aged 36 to 59 months in the household. Data for South Africa refer to children under 5 who attend day care or educational facilities outside the home.
Source: UNICEF global databases, 2024, based on DHS, MICS and other national surveys.

Figure 21 Percentage of children aged 36 to 59 months attending an early childhood education programme, by household wealth quintile



Notes: The regional averages are based on data for 2016-2022 for 13 countries, which account for 61 per cent of the regional population of children aged 36 to 59 months. Data for Angola refer to children aged 3 to 5 years. Data for Burundi, Rwanda and Uganda are based on the youngest child aged 36 to 59 months in the household. The estimates presented here cannot be compared with the regional estimate in Figure 20 since they are based on a subset of countries with disaggregated data.
Source: UNICEF global databases, 2024, based on DHS and MICS.

Figure 22 Percentage of children aged 36 to 59 months who are developmentally on track in literacy and numeracy, by attendance in early childhood education



Notes: Differences are statistically significant in all countries. This analysis should not be interpreted as indicating a causal relationship since it does not control for other potentially confounding factors.
Source: UNICEF analysis, based on DHS and MICS data, 2016-2020.

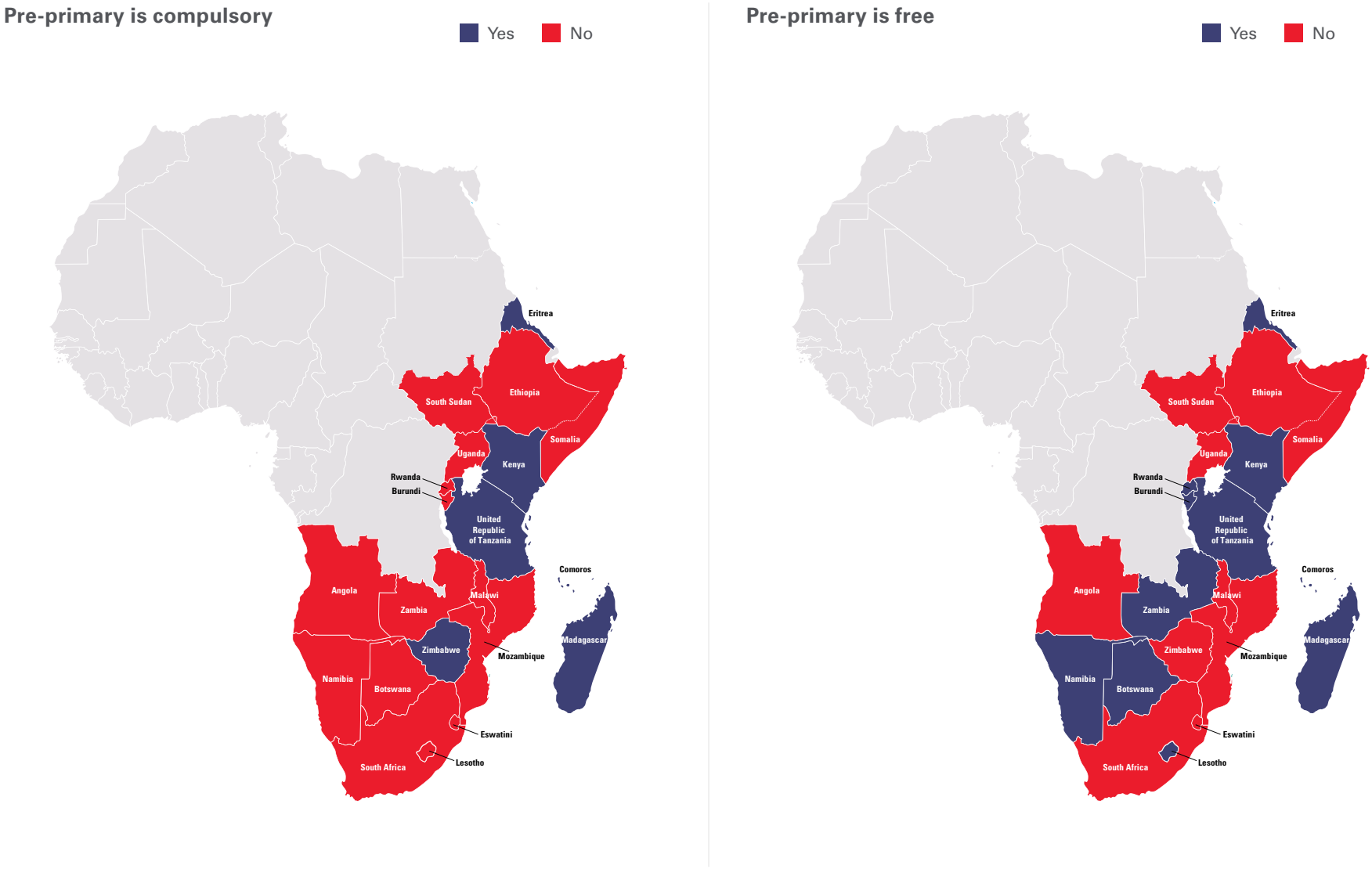
4.2. Early childhood education – policies and quality

Early childhood education policy refers to a government's guidelines and regulations for the education and care of young children, typically between the ages of 3 and 6 years old. To be effective, ECE policy should be coupled with clear governance and coordination mechanisms, accountability frameworks and adequate resources. UNICEF promotes the establishment of policies that allow for at least one year of preschool education before school entry that is both compulsory and free of charge.

Key facts

- Only 6 countries in Eastern and Southern Africa have policies making pre-primary education compulsory, and 11 countries offer pre-primary education free of charge (Figure 23).
- Domestic public financing for ECE[33] remains critically low: Most countries spend less than 2 per cent of their education budget on ECE – far below the global and regional target of 10 per cent.[34]
- A shortage of qualified ECE teachers in the region also remains a critical bottleneck. The 2023 pupil-teacher ratio of 40:1 is already much higher than the recommended maximum ratio (25:1) necessary to meet basic quality standards.[35] Early childhood education teachers experience lower remuneration, higher turnover, worse working conditions, lower prestige and less support than their primary school counterparts. Many countries lack ECE learning and teaching standards, and curricula and pedagogical approaches are largely outdated.

Figure 23 Mapping of Eastern and Southern African countries with compulsory and free pre-primary education the year before school entry



Note: Refer to the Technical notes for map disclaimer.
Source: UNICEF Eastern and Southern Africa Regional Office mapping of ECE services in Eastern and Southern Africa, April 2024, unpublished.

The way forward

To strengthen policies and improve the quality of ECE in Eastern and Southern Africa, efforts should be directed to:

- **Remove legislative, policy and financial barriers** that hinder young children's access to early learning services. Free, universal ECE is vital to narrowing literacy achievement gaps in primary grades.

- **Increase the proportion of the national education budget allocated to ECE to at least 10 per cent**. Domestic public revenue is the most practical and sustainable way to finance quality, universal ECE services.

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- **Strengthen the capacity of education officials to develop a strong national ECE system**, in terms of planning, implementation and monitoring.

- **Mainstream ECE in national and subnational education sector plans**, with equitable allocation of resources, targets and robust accountability mechanisms.

- **Support quality ECE provision through appropriate curricula, teacher training and mentoring, teaching and learning materials, and quality assurance mechanisms**. Young children should have access to rich and stimulating early learning materials in ECE settings and in the community, including locally available materials that can be used to create play and learning experiences.

- **Expand the number of qualified teachers** to match increasing demand for quality early education services. How well ECE educators are prepared and trained for their role is among the most important predictors of overall quality of early education. Training, professionalization, support and adequate remuneration and status are essential aspects of improving the quality of such services.

- **Champion innovative solutions to provide early learning opportunities to the most disadvantaged children**, including those with disabilities and those affected by conflict and other emergencies.

- **Mobilize partnerships with families, communities, civil society and non-state providers** to expand access and deliver quality early education services. Parents must be supported in navigating the local ECE system and coached on providing early learning experiences for children at home.

Nurturing Component 5. Security and safety

A key aspect of nurturing care is helping children feel safe and secure. Among the threats to children's development in the early years are experiences of and exposure to violence and environmental risks; outbreaks of disease; lack of clean water; poor sanitation and hygiene; and consequences of caregivers struggling with their own mental health issues. All of these factors can have long-lasting negative effects and contribute to poor physical growth and emotional, mental and social maladjustment.

Social and child protection services are critical to address and mitigate the potential impacts of physical dangers, environmental risks, economic insecurity and exposure to other stressors. Community services and networks also play an important role in helping to detect and prevent maltreatment and create safe environments for all children. Key interventions should include those related to facilitating birth registration, protecting children from abuse and exploitation, enabling access to safe water and adequate sanitation and hygiene, minimizing exposure to hazardous environmental conditions, creating safe play spaces and establishing comprehensive social protection measures, especially for the most vulnerable families.

5.1. Birth registration

Birth registration is an essential prerequisite for legal identity and refers to the official recording of a child's birth by a civil authority; a birth certificate is proof of that legal identity. By registering children at birth and providing a birth certificate – a passport to lifelong protection and participation – their exposure to rights violations are minimized and access to essential services enabled. Individuals without birth certificates are sometimes denied access to social services they are entitled to, including health, education and justice. Moreover, possession of a birth certificate can help prevent child labour, child marriage and underage recruitment into the armed forces since it enables verification of a child's age.

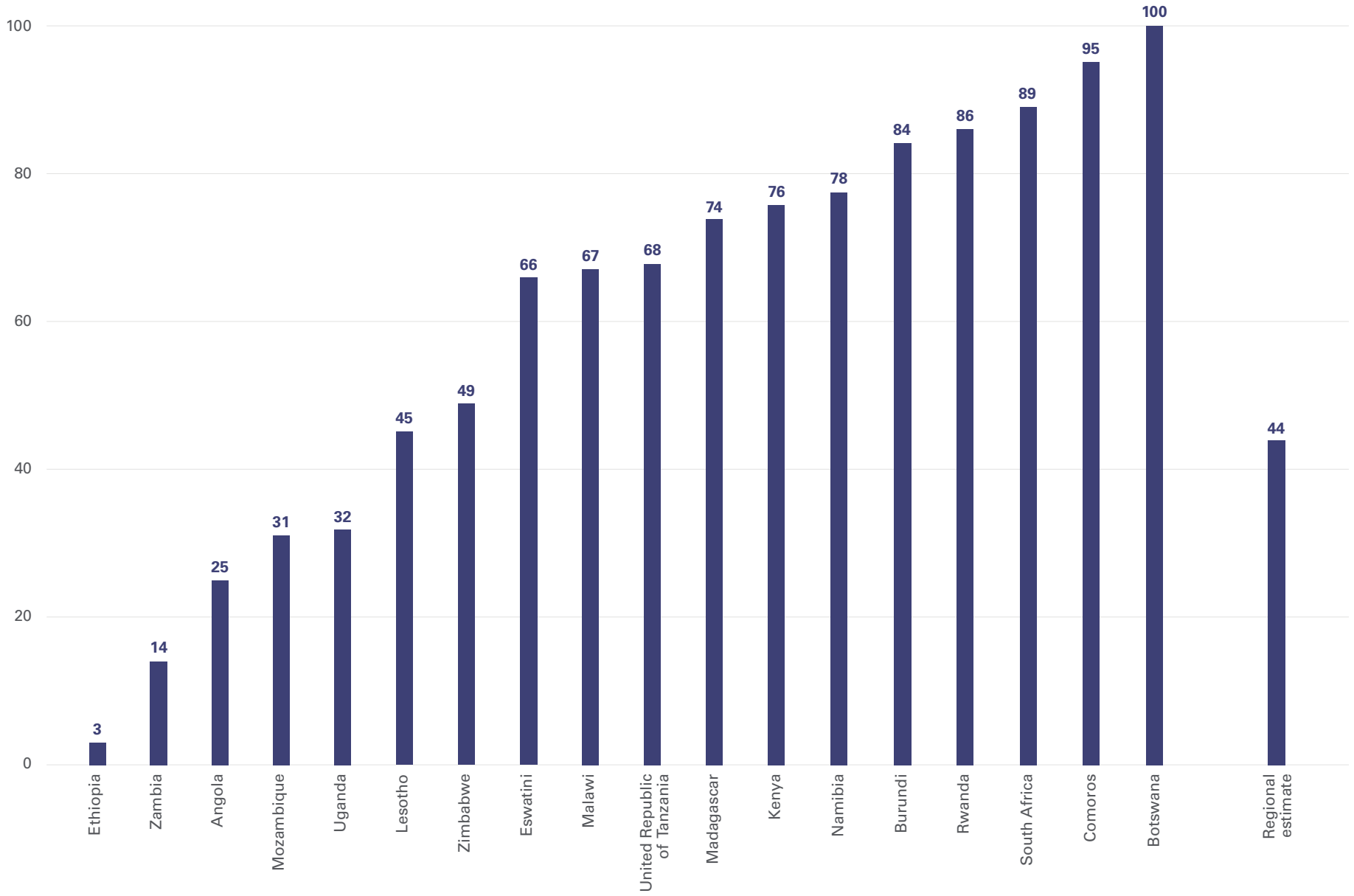
Key facts

- Eastern and Southern Africa is home to approximately 61 million children under 5 who do not have a birth certificate. This includes 48 million unregistered children and 13 million children whose births are reported as registered but who lack proof in the form of a birth certificate.[36]

- Less than half (44 per cent) of children under 5 in the region have had their births registered – the lowest level among regions worldwide. Significant variations are found among countries, however. Three per cent of children in Ethiopia have been registered versus over 90 per cent in Botswana and Comoros (Figure 24).

- After a period in which little change in the prevalence of birth registration was seen in the region, signs of recent progress are beginning to appear. Countries such as Burundi, Rwanda and United Republic of Tanzania are success stories that other countries can look to for evidence of what works to create change.[37]

Figure 24 Percentage of children under 5 whose births are registered



Note: The regional average is based on data for 2014-2023 for 18 countries, which account for 94 per cent of the regional population of children under 5.
Source: UNICEF global databases, 2024, based on DHS, MICS and other national surveys.

5.2. Discipline and exposure to intimate partner violence

Experiences of violence and other adverse events in the early years can have strong, long-lasting and damaging effects on brain architecture, psychological functioning and mental health. It is also a risk factor for a number of negative adult outcomes.[38] Many caregivers continue to rely on harsh and violent methods of discipline to set limits and punish or correct misbehaviour. Positive and non-violent parenting techniques, such as listening to, understanding and empathizing with a child; validating a child's feelings; providing clear and firm messages that a child can understand and follow; and modelling appropriate behaviours, are among the best approaches to use with young children. Violence against women – including violence by intimate partners – can also affect children since it is closely linked to maternal depression and to children's direct experience of certain forms of violence themselves, such as corporal punishment.[39]

Key facts

- Overall, 3 in 4 children aged 1 to 4 years in the nine countries with data experience some form of violent discipline – that is, psychological aggression and/or physical punishment; levels range from 47 to 88 per cent.

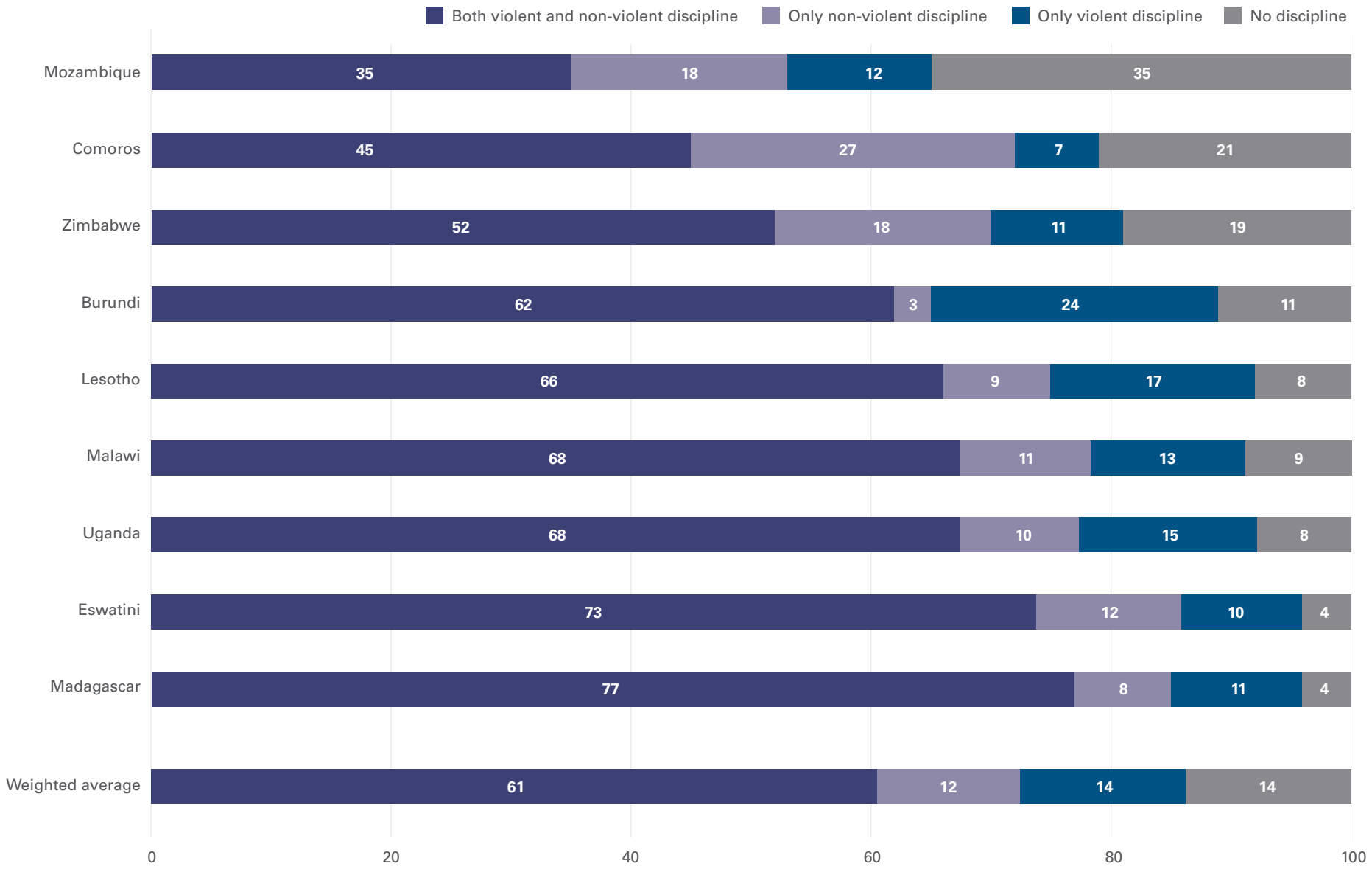
- The vast majority of children experience a combination of violent and non-violent disciplinary practices (Figure 25). It is generally more common for children to experience only violent discipline than only non-violent approaches.

- Violence adversely affects child development: In the countries with available data, children subjected to violent disciplinary practices at home were found to be behind on social-emotional development milestones in comparison with their peers who had not been subjected to violent discipline (Figure 26).

- Importantly, in most countries with data, the proportion of children who experienced any form of physical punishment during the month preceding the survey far exceeds the share of mothers who think physical punishment is a necessary form of discipline (Figure 27).

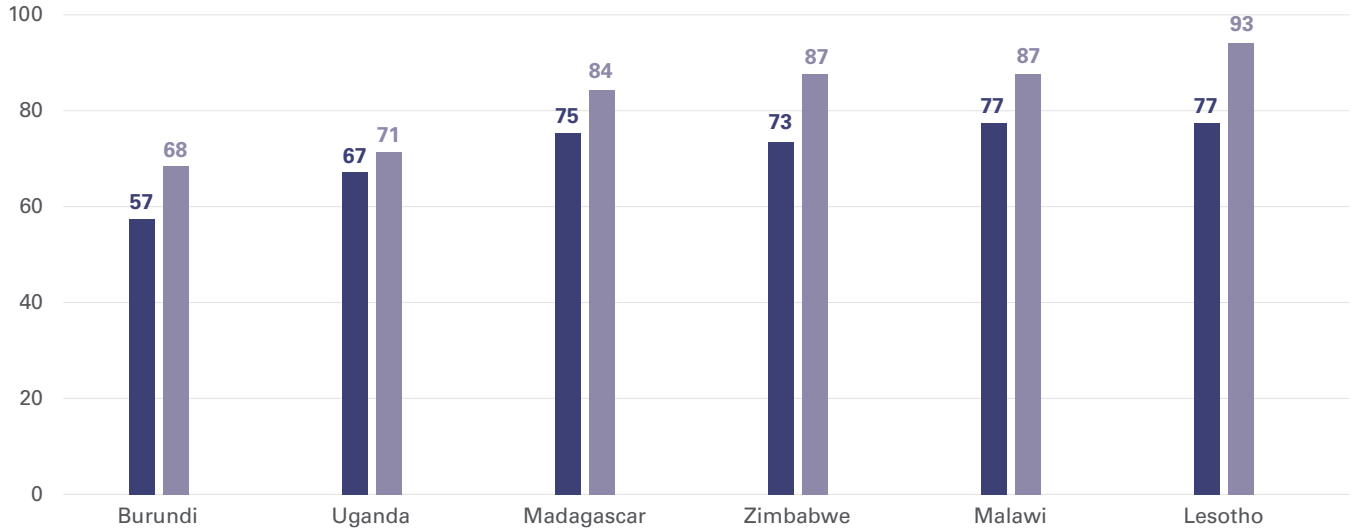
- One third of children under 5 in the region are living with a mother who has experienced physical, sexual and/or emotional violence by an intimate partner within the last year.[40]

Figure 25 Percentage distribution of children aged 1 to 4 years, by type of discipline experienced in the past month



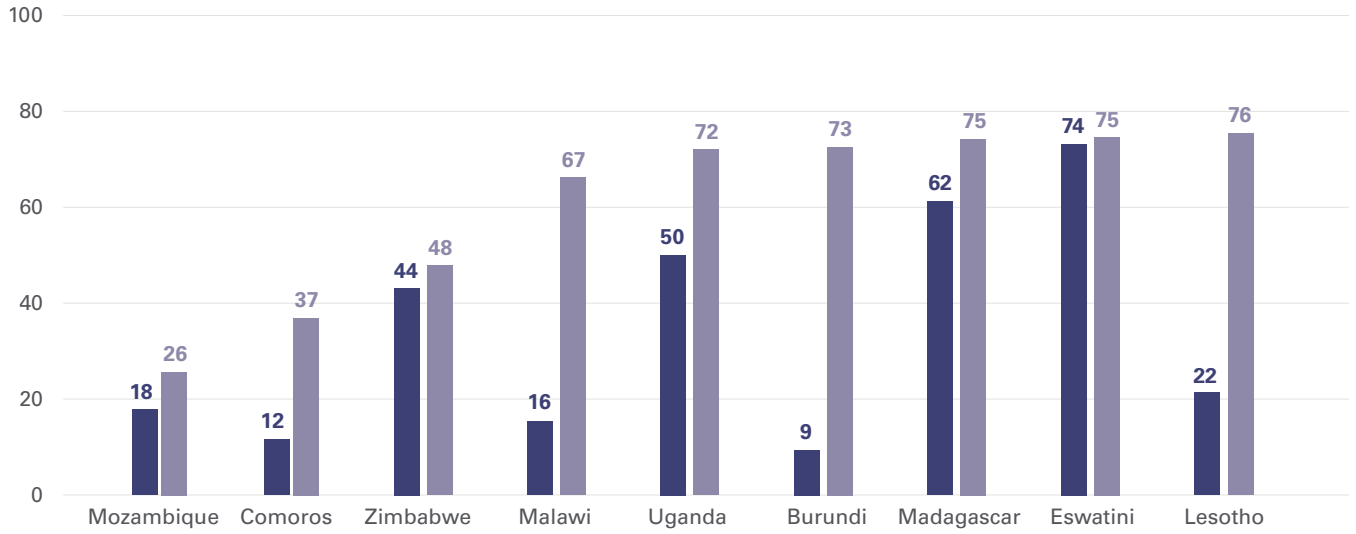
Notes: The weighted averages are based on data for 2014-2022 for nine countries, which account for 30 per cent of the regional population of children aged 1 to 4 years. Some totals do not add up to 100 per cent due to rounding.
Source: UNICEF global databases, 2024, based on DHS and MICS.

Figure 26 Percentage of children aged 36 to 59 months who are developmentally on track in the social-emotional domain, by whether or not they experienced any violent discipline in the past month



Notes: Differences are not statistically significant in Uganda. This analysis should not be interpreted as indicating a causal relationship since it does not control for other potentially confounding factors.
Source: UNICEF analysis, based on DHS and MICS data, 2016-2020

Figure 27 Percentage of children aged 1 to 4 years who experienced any physical punishment in the past month and percentage of mothers who think that physical punishment is necessary to properly raise or educate children



Note: Data for Burundi, Mozambique and Uganda refer to attitudes about physical punishment among any adult household member who responded to the Child Discipline Module.
Source: UNICEF global databases, 2024, based on DHS and MICS data, 2014-2022.

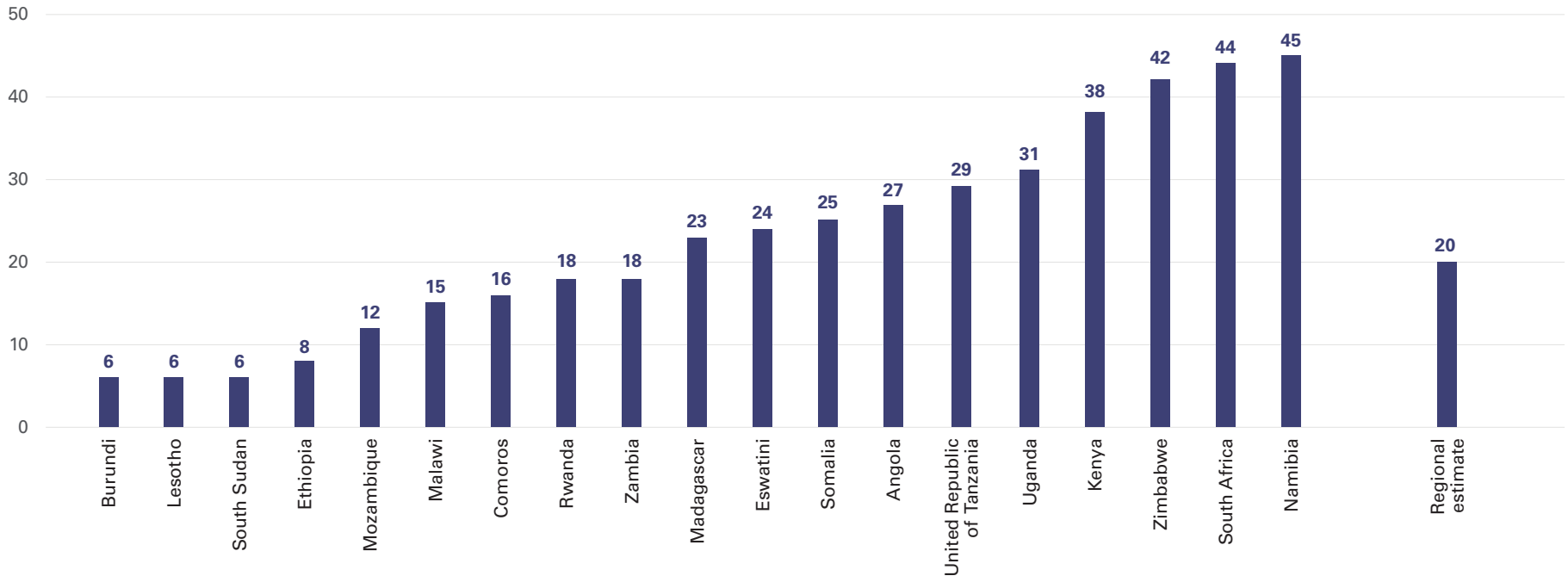
5.3. Safe drinking water, adequate sanitation and hygiene

Good hygiene practices and access to safe drinking water and sanitation services help protect children's health and support their development. Without access to at least basic drinking water, sanitation and hygiene services, children are at increased risk of repeated episodes of diarrhoea, intestinal worm infections, malaria, and faecal-oral contamination, which can lead to stunted growth and cognitive deficits.[41]

Key facts

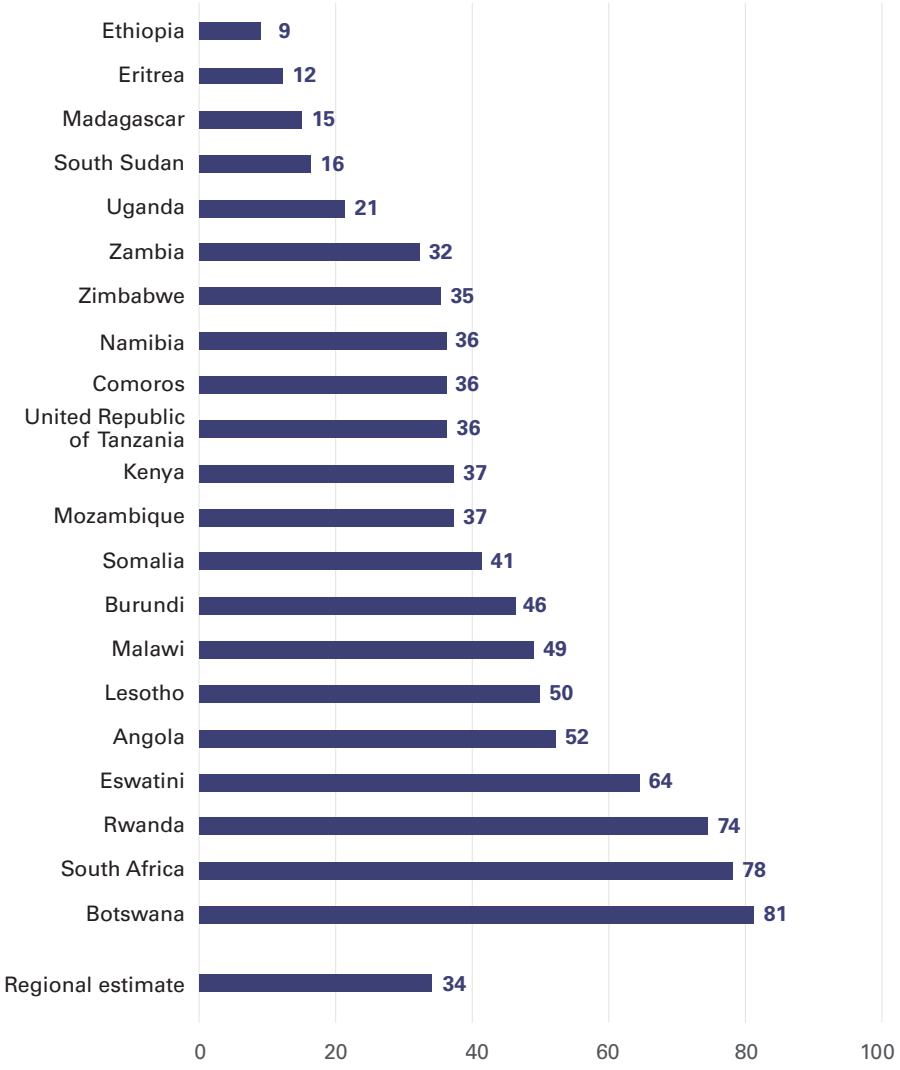
- Only 1 in 5 people in the region have basic hygiene services at home (Figure 28).
- Only 1 in 3 people in the region use at least basic sanitation services (Figure 29).
- Nearly two thirds (63 per cent) of the population in the region use at least basic drinking water services, with wide variation in levels across countries (Figure 30).

Figure 28 Proportion of the population with at least basic hygiene services at home, 2022



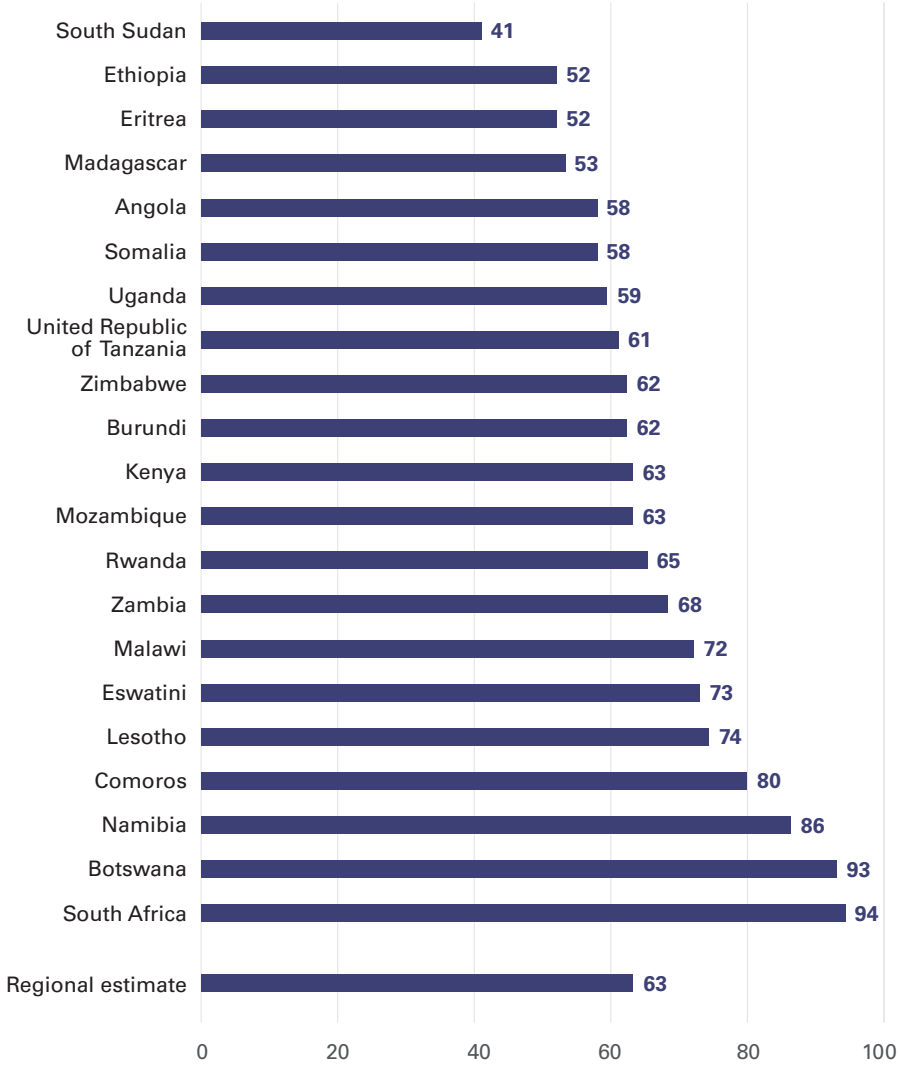
Notes: The estimate for Mozambique refers to 2015, the estimate for the Comoros refers to 2016, the estimate for Namibia refers to 2017, and the estimates for Angola, Eswatini and South Africa refer to 2020. 'Basic hygiene' is defined as the availability of a handwashing facility with soap and water at home.
Source: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2023).

Figure 29 Proportion of the population using at least basic sanitation services, 2022



Notes: The estimate for Eritrea refers to 2016 and the estimate for the Comoros refers to 2019. 'Basic sanitation' is defined as the use of improved facilities that are not shared with other households.
Source: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2023).

Figure 30 Proportion of the population using at least basic drinking water services, 2022



Notes: The estimate for Eritrea refers to 2016 and the estimate for the Comoros refers to 2019. 'Basic drinking water' is defined as drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing.
Source: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2023).

5.4. Environmental conditions

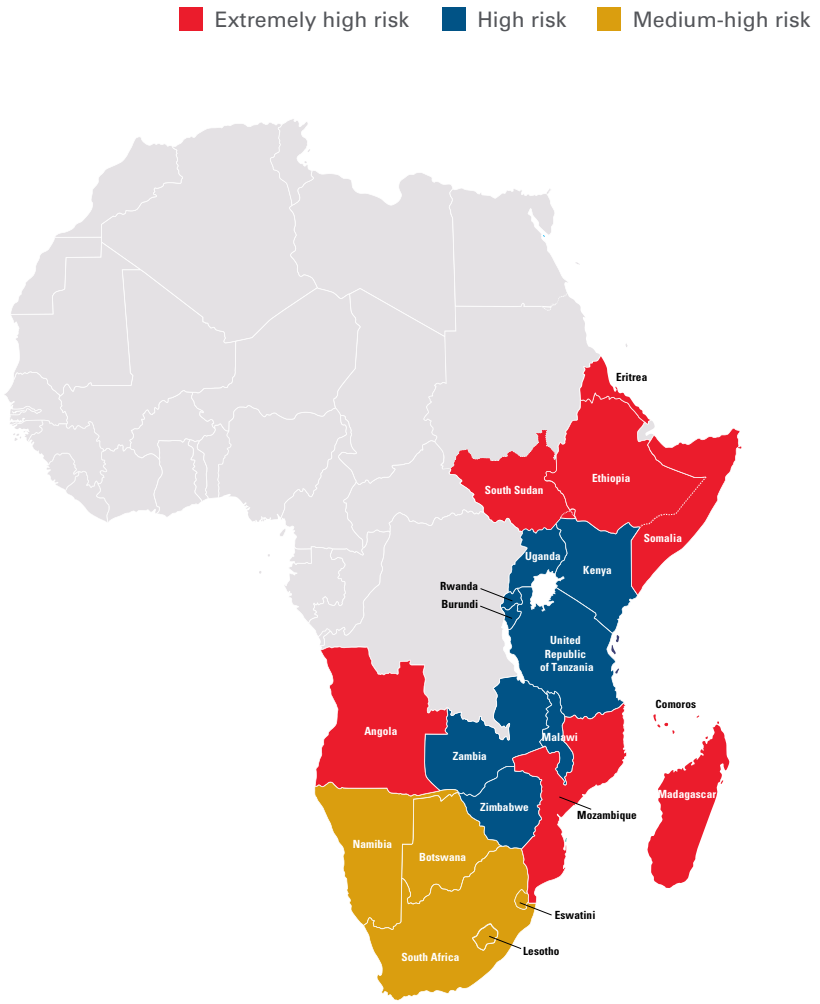
Increasing urbanization, industrialization and climate change are all taking a toll on the environments in which children grow, play and learn. Exposure to air pollution – indoor and outdoor – can lead to a wide range of diseases in young children.[42] Adverse changes in climate are causing significant damage to ecosystems and people, with the most vulnerable communities disproportionately affected. Young children are less equipped to handle weather extremes and more susceptible to pollution-induced toxins. Moreover, the deprivation they face due to environmental degradation can have lifelong consequences.[43]

Key facts

- While the continent of Africa has contributed only minimally to global carbon emissions, it has been subjected to some of the most severe effects of climate change.[44]

- Every country in the region is considered at 'extremely high', 'high', or 'medium-high' risk for climate and environmental shocks, according to the 2021 Children's Climate Risk Index (Figure 31).

Figure 31 Children's Climate Risk Index, 2021



Notes: The Children's Climate Risk Index is a composite index of many indicators of climate and environmental hazards, shocks and stresses, and child vulnerability. Refer to the Technical notes for map disclaimer.
Source: United Nations Children's Fund, *The Climate Crisis Is a Child Rights Crisis: Introducing the Children's Climate Risk Index,* UNICEF, New York, 2021.

5.5. Social policies and protection

When caregivers are not able to earn an adequate income, children's basic needs – including health care and education – cannot be met, with adverse consequences for early childhood development.

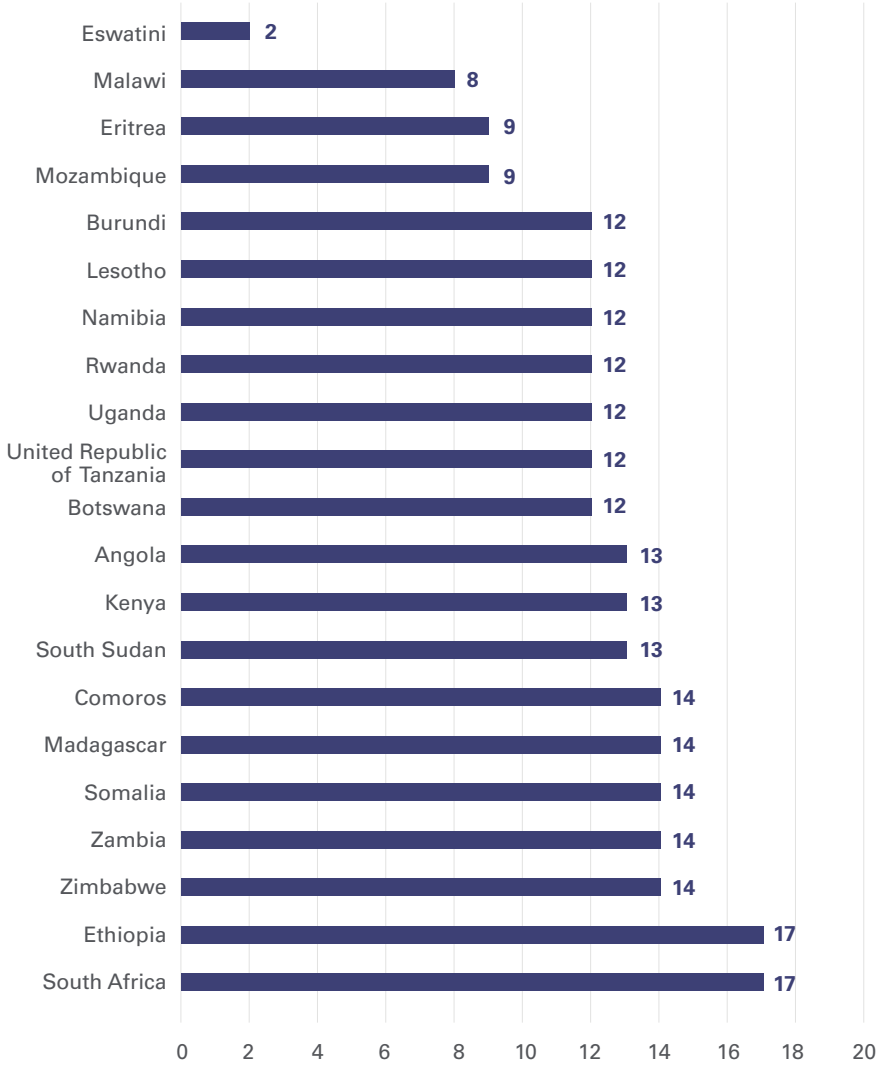
Social protection measures are on the rise in many countries around the world. Such measures aim to improve income security, reduce household poverty, mitigate shocks, enhance the health of children and mothers, and improve access to health care and other key services. Family-friendly policies, such as paid parental leave, are essential to allow mothers and fathers sufficient time for taking care of their infant in the critical first year of life. The International Labour Organization Maternity Protection Convention, 2000 (No. 183) mandates a minimum maternity leave of 14 weeks, and these standards require cash benefits to equal at least two thirds of the woman's previous earnings.[45] UNICEF is promoting at least six months of maternity leave, in line with the promotion of six months of exclusive breastfeeding. Currently, there is no equivalent international standard for the provision of paternity leave.

Key facts

- In half of the countries with available data, 10 per cent or fewer households receive child or family cash benefits as part of existing social protection systems. The proportion is highest in Lesotho (67 per cent) and South Africa (66 per cent).

- The duration of maternity leave varies among countries, from just 2 weeks in Eswatini to 17 weeks in Ethiopia and South Africa. While maternity leave remains below the minimum standard of 14 weeks in the majority of the region's countries, 15 have set the duration of such leave at 12, 13 or 14 weeks (Figure 32).

Figure 32 Number of weeks of maternity leave in national legislation



Source: Addati, Laura, Umberto Cattaneo and Emanuela Pozzan, *Care at Work: Investing in care leave and services for a more gender equal world of work,* International Labour Office, Geneva, 2022.

The way forward

The following actions are needed to enhance the safety and security of young children:

- **Ensure universal birth registration**. The right to be recognized as a person before the law is a critical step towards lifelong protection and facilitates access to all other rights. Several actions are required to ensure universal birth registration across the Eastern and Southern Africa region: empowering all parents to register their children at birth; linking civil registration to other systems – including health, social protection and education – which increases the chances that unregistered children will be identified and consequently serves as an entry-point for registration; investing in safe and innovative technological solutions to facilitate birth registration; and engaging with communities to demand birth registration for every child, which can be a catalyst for prompting governments to act.

- **Prevent violence against children**. No child should be subjected to violence in the home or anywhere else. No act of violence can be justified and all violence against children is preventable. Preventing violence is critical to protecting children's brains, improving their development, and laying the foundations for lifelong health and well-being. It is of utmost importance to establish a high-level, whole-of-government agenda to prohibit violence against children everywhere and in all its forms. To date, just four countries in the region (Kenya, South Africa, South Sudan and Zambia) have enacted legislation that prohibits the use of corporal punishment against children in all settings. The strengthening of child protection systems has been at the heart of programmes to prevent and respond to violence against children. And such systems must operate across sectors. The social welfare, justice, health and education sectors all have important roles to play in this regard.

- **Create safe and healthy environments that allow young children and their families to flourish**. Such environments should include safe water and sanitation; promote good hygiene practices at home and in the community; prevent and reduce indoor and outdoor air pollution; mitigate exposure to hazardous environmental toxins; and make safe family and play spaces available.

- **Institute adequate social protection measures**. Both insurance and income assistance (such as social grants) should be widely available. Moreover, systems must be in place so that poor and vulnerable households can receive a direct, regular and predictable income that is sufficient to allow the poorest and most deprived parents the time and resources for responsive caregiving.

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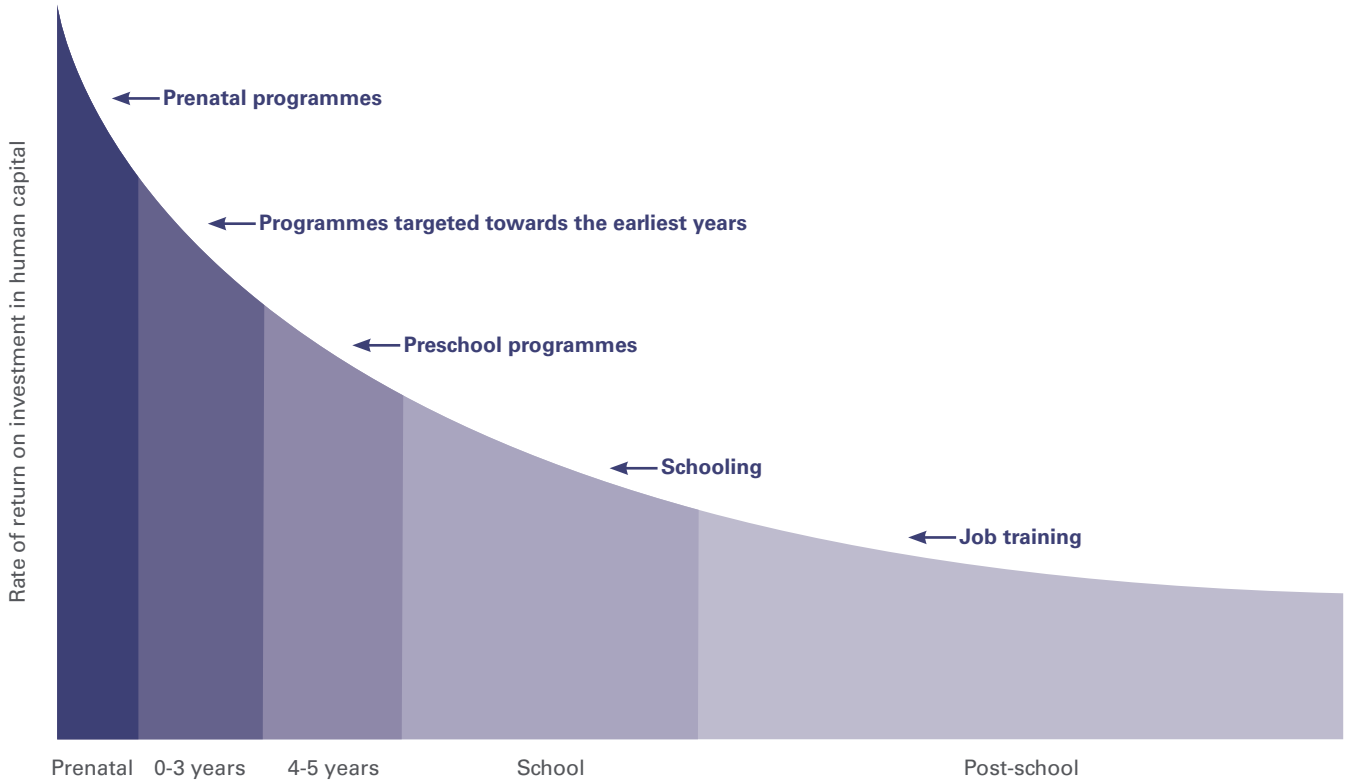
Financing for early childhood development

It is through sustained investments in ECD that children's skills, abilities and, ultimately, their productivity as adults can be improved. The delivery of ECD services requires funds, and national governments are key in financing these investments. The economic benefits of investing in the early years of life are reaped in better education and health outcomes, lower crime rates and higher individual earnings, among others.[46] Investing in ECD also builds a more skilled workforce, one that is prepared to tackle the challenges of the future, including those related to the global and digital economy. Because many early childhood interventions can be integrated into existing services, investing in ECD can be surprisingly affordable. Most importantly, the returns on investments in ECD services are highest at the earliest stages of life (Figure 33).

Investing in quality early childhood programming is both socially and economically beneficial. Benefits derived from ECD investments far outweigh the cost, with typical investments yielding a return of nearly 13 per cent annually for every dollar invested. These returns take the form of reduced poverty and income gaps as well as increased prosperity and competitiveness of national economies. At the same time, the cost of not investing sufficiently in ECD is high. For individual children at risk of not reaching their developmental potential due to stunting and poverty, the loss of average annual adult income has been estimated to be up to 26 per cent.[47] The societal cost of inaction is even higher: By not applying effective interventions, the cost of inaction as a percentage of GDP is 2 to 3 times greater than the current government expenditure on health.[48]

Figure 33 Return on investment in human capital



Source: James Heckman, 'The Heckman Curve', <https://heckmanequation.org/resource/the-heckman-curve/>.

Key facts

Whether local or national, government budgets are the most sustainable source of funding for ECD services. Despite overwhelming evidence on the high returns of investing in early childhood programmes, ECD is not a top priority for most governments in Eastern and Southern Africa. Low investments account for the limited capacity of governments to expand and improve ECD services.

Public investment in children in Eastern and Southern Africa is:

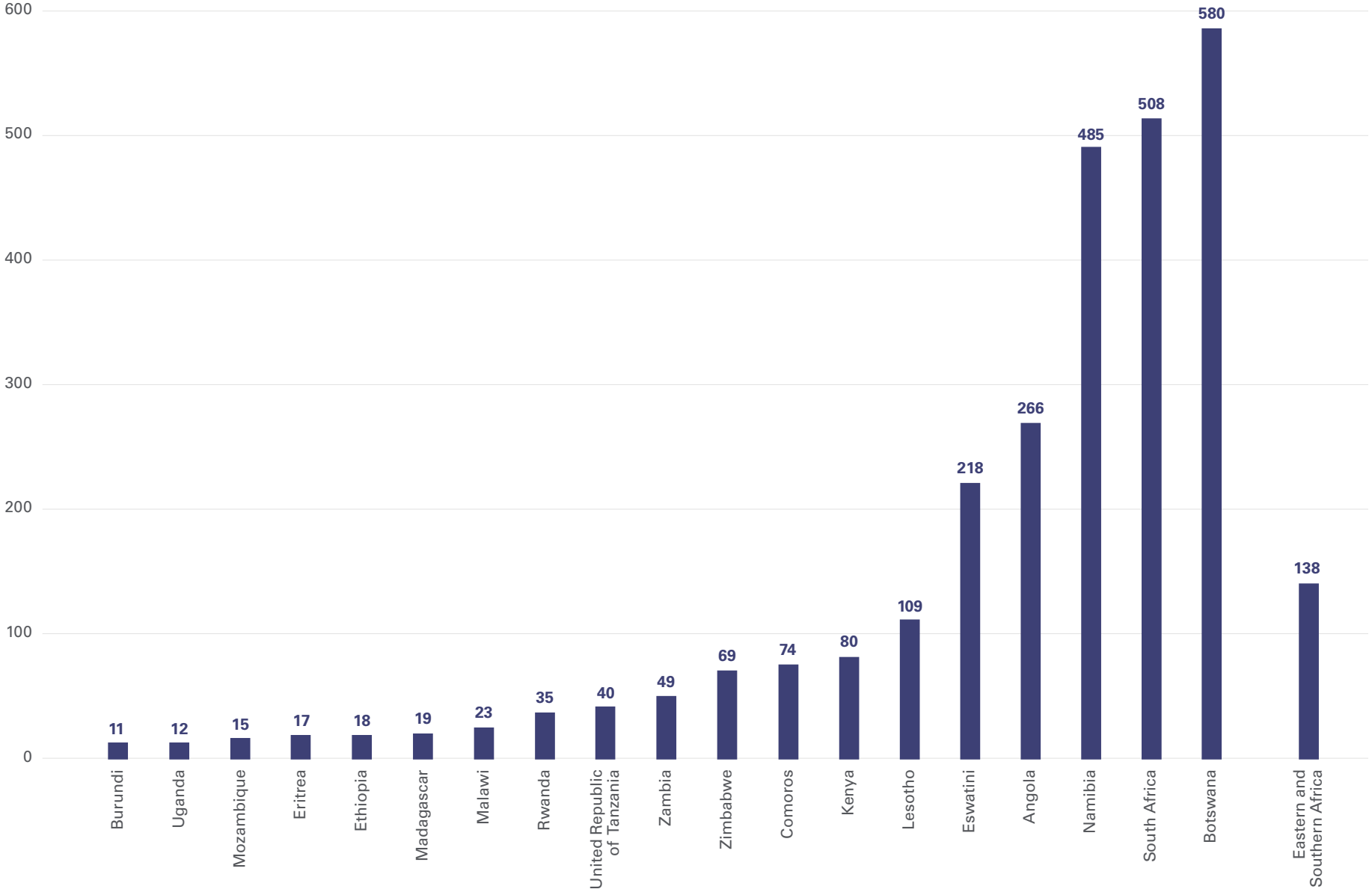
- **Too little**. Even with the progress made in recent years, government spending on ECD is insufficient to meet growing demands, which are compounded by population growth. In the Eastern and Southern Africa region, average per capita government expenditure in the early years is US$138 per year.[49] In most low-income countries, per capita spending on ECD is even lower. In Burundi, Eritrea, Ethiopia, Madagascar, Mozambique and Uganda, per capita government expenditure in the early years is less than $20 per child per year (Figure 34).

- **Too late**. Investment is also being made far too late in the life course. Countries in the region have 'backloaded' profiles – meaning that expenditures are concentrated later in childhood and youth at the expense of the early years. A 2021 UNICEF study revealed that young children (aged 0 to 6 years) are benefiting from significantly less public spending than older children. In 2019, governments in Eastern and Southern Africa spent an estimated $542 per person on health and education for people aged 18 to 22; $411 on those aged 7 to 17; $88 on children aged 3 to 6; and $207 on children aged 0 to 2 (Figure 35).[50] The gap in government and donor spending on younger versus older children has increased over time between 2002 and 2019 (Figure 36).

- **Vastly unequal**. Public spending on ECD seems to favour children from wealthier income groups. In nearly all countries in the region, more children from the poorest 20 per cent of the population are out of school compared to those from the richest 20 per cent.[51] Moreover, there appears to be a bias towards urban rather than rural areas, and older children are prioritized over younger ones. Gaps in ECD funding to meet international spending targets are huge: For the region's low-income countries, the estimated gap is 262 per cent, and for lower-middle-income countries, the gap is 150 per cent (Figure 37). The international benchmark for funding in early childhood education, adopted in 2020 during the World Conference on Early Childhood Care and Education in Tashkent,[52] is to allocate at least 10 per cent of the education budget to early childhood education. In Eastern and Southern Africa, on average, the share is just 2 per cent (Figure 38).

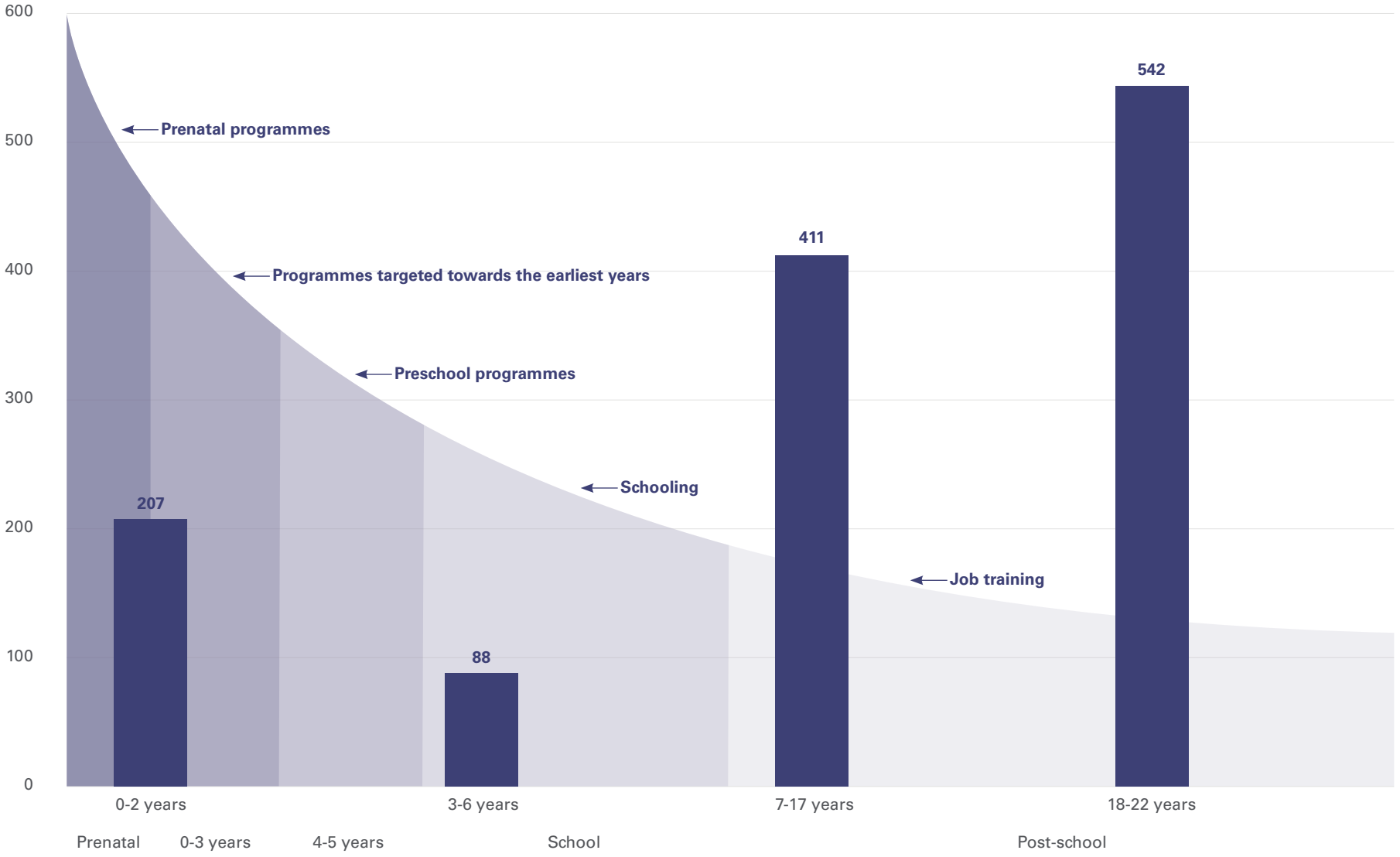
Insufficient funding is only a part of the story, however; systemic public financial management challenges also have a bearing on the quality of ECD spending. These include misalignment between policy commitments and budget allocations; lack of comprehensive cost estimates to guide budget allocation decisions; fragmented approaches to budgeting without considering the cross-sectoral nature of ECD; unclear devolution of ECD functions and poor implementation of intergovernmental fiscal transfers; and persistent budget execution problems driven by poor budget planning, shifting priorities, late disbursement of funds, revenue underperformance, and weak reporting and accountability. While most countries in the region have developed national ECD strategic frameworks, not all of them are costed. Moreover, the interventions in strategic frameworks and plans are not aligned with programmes and lines in budget documents. In nearly half of the region's countries, the devolution of ECD services such as childcare and preschool has not been accompanied by a commitment of resources through public budgets. These challenges demand reform of public financial management systems so that they support more and better spending on early childhood.

Figure 34 Per capita government expenditure on early childhood development for children aged 0 to 6 years in 2019 (in US$, 2017 constant prices), in countries with available data



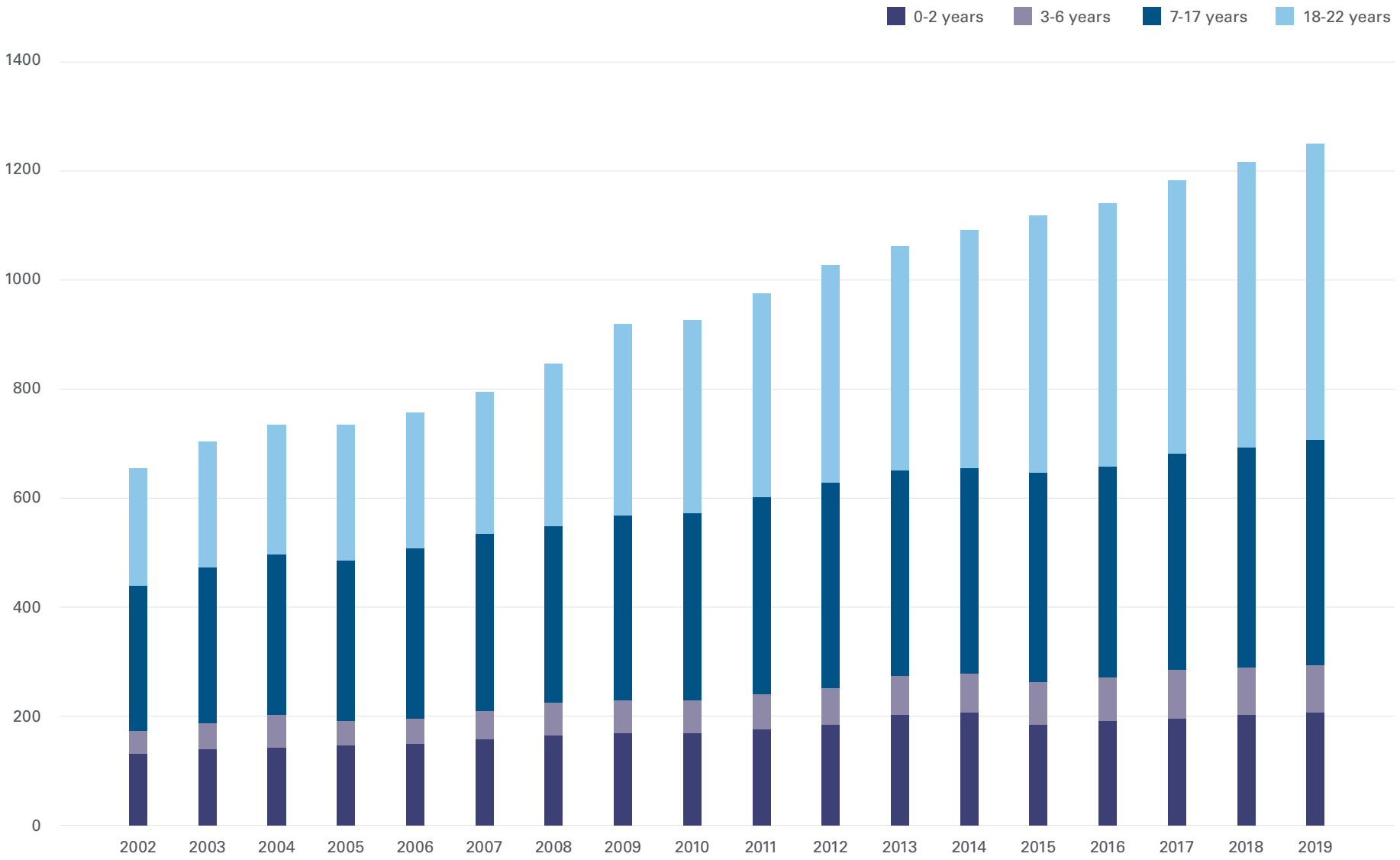
Source: UNICEF Eastern and Southern Africa Regional Office analysis, 2021, based on data from WHO, UNESCO, UN Department of Economic and Social Affairs, Organisation for Economic Co-operation and Development (OECD) Statistics and the IMF (2020).

Figure 35 Average per capita government and donor spending on human capital sectors by age group in Eastern and Southern Africa in 2019 (in US$, 2017 constant prices)



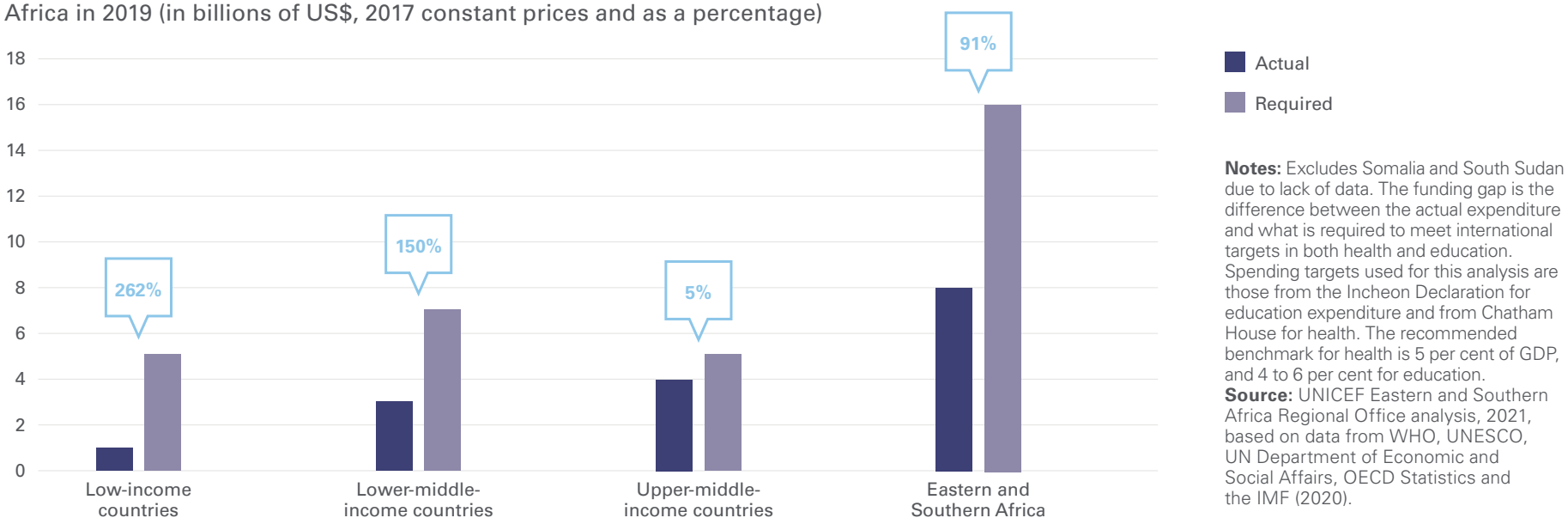
Source: UNICEF Eastern and Southern Africa Regional Office analysis, 2021, based on data from WHO, UNESCO, UN Department of Economic and Social Affairs, OECD Statistics and the IMF (2020).

Figure 36 Average per capita government and donor spending on human capital sectors by age group in Eastern and Southern Africa, 2002-2019 (in US$, 2017 constant prices)



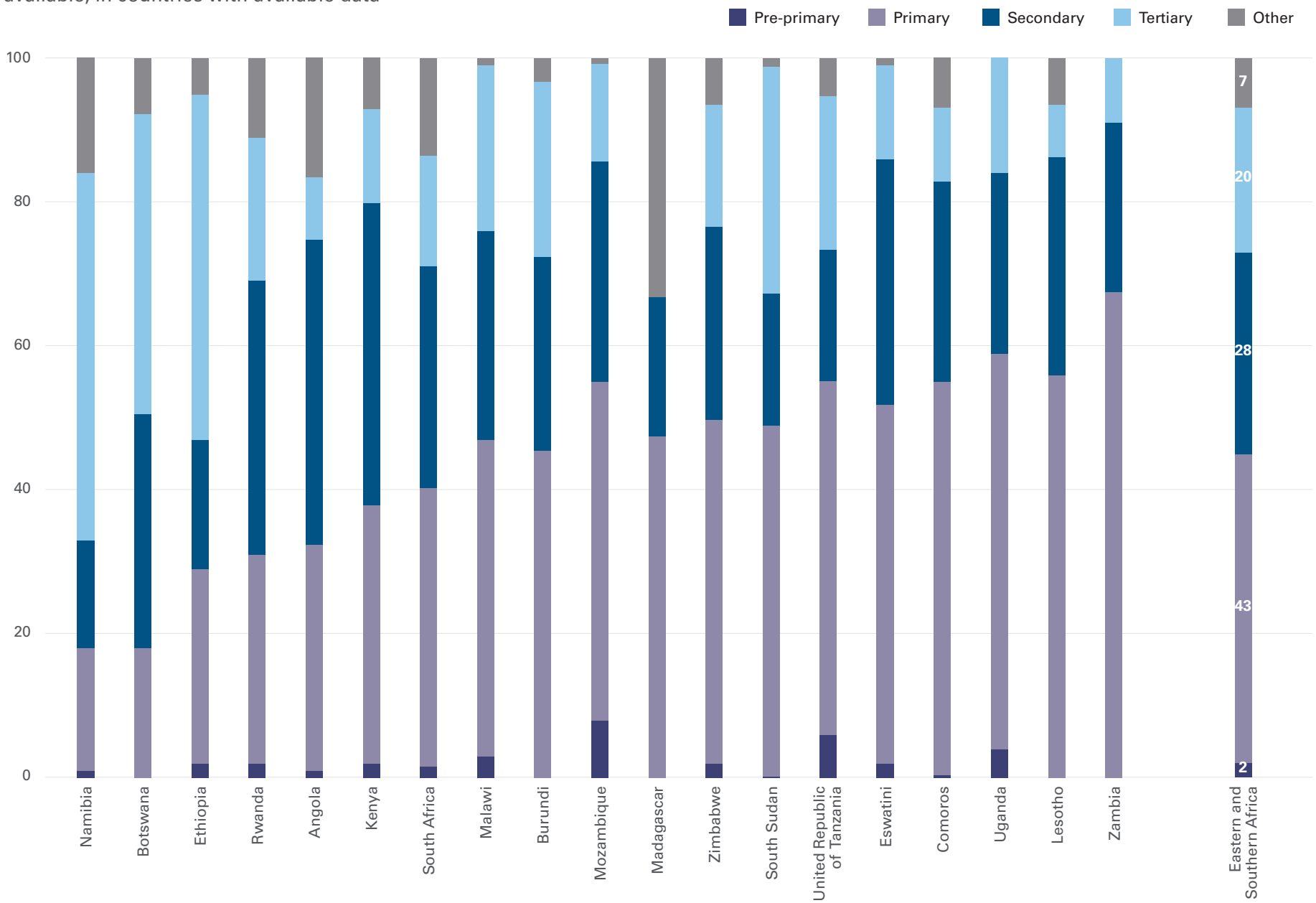
Source: UNICEF Eastern and Southern Africa Regional Office analysis, 2021, based on data from WHO, UNESCO, UN Department of Economic and Social Affairs, OECD Statistics and the IMF (2020).

Figure 37 Estimated gaps (as a percentage of actual expenditure) in government and donor funding on education and health to meet international spending targets, by income groups in Eastern and Southern Africa in 2019 (in billions of US$, 2017 constant prices and as a percentage)



Notes: Excludes Somalia and South Sudan due to lack of data. The funding gap is the difference between the actual expenditure and what is required to meet international targets in both health and education. Spending targets used for this analysis are those from the Incheon Declaration for education expenditure and from Chatham House for health. The recommended benchmark for health is 5 per cent of GDP, and 4 to 6 per cent for education.
Source: UNICEF Eastern and Southern Africa Regional Office analysis, 2021, based on data from WHO, UNESCO, UN Department of Economic and Social Affairs, OECD Statistics and the IMF (2020).

Figure 38 Distribution of spending for each level of education as a percentage of total government expenditure on education, 2023 or latest available, in countries with available data



Source: UNICEF Eastern and Southern Africa Regional Office analysis, 2024, based on data from national budget documents, UNESCO and the World Bank.

The way forward

Improving ECD outcomes demands a laser focus on enhancing public financing of all elements of nurturing care. The current situation – too little funding for ECD, with most committed to older age groups – needs an urgent overhaul. The funding gap to ensure all children have access to quality ECD services is huge, and in some cases continues to widen as child population growth outpaces the capacity of governments to raise more revenue to invest in ECD. Current government spending on early childhood education, for example, will need to increase dramatically when considering the growing number of young children in the region in need of early learning services. Such funding needs to be sustainable, equitably distributed and efficiently utilized to achieve intended objectives. Underinvestment in children must be recognized as a fundamental crisis for development – one equal in magnitude to conflict and the climate emergency. Robust early investments limit the need for costly 'catch-up' spending later in the life course.

To reverse this trend and increase investment in ECD, starting with the youngest and most marginalized children, the following actions are recommended:

- **Increase ECD spending in line with cost estimates and evolving needs**, especially via national and local budgets, while exploring other sources of financing. For example, in low-income countries, official development assistance will continue to be needed to ramp up investments in child health, child benefits, nutrition, childcare, and family-friendly policies for the holistic development of children, especially during the first 1,000 days of life.

- **Enhance universality and equity of services, including child benefits**, so that no child is left behind. This will also require the redesign of systems that are currently unequal, whether by age, sex, disability, income or migration status, to make sure all children have the support and resources necessary to ensure their rights and well-being.

- **Close the financing gap through intensified efforts on the part of the international donor community**, especially for low- and lower-middle-income countries and those affected by conflict, disasters and humanitarian crises. Most of these countries are facing severe fiscal constraints, hence the need for external assistance.

- **Facilitate regular costing of ECD plans and initiatives** to guide resource mobilization and annual budgeting. Without information on how much is needed, the risk of underinvestment in ECD is elevated.

- **Improve the visibility of ECD in government budgets and allocative efficiency** through various budgeting approaches, such as programme budgeting. In this way, ECD services across sectors can have visible budget lines and clear targets and indicators for monitoring progress.

- **Bolster the capacity of subnational and local authorities to plan and budget for ECD services**. In several countries, specific services such as preschool, childcare and nutrition are the responsibility of subnational governments.

- **Strengthen national ECD data and statistics to inform planning and budgeting**. Data and statistics are patchy in several countries in the region. This makes it difficult to conduct comprehensive costing of services and ultimately to make the right allocation decisions.

- **Develop mechanisms for the regular tracking of inflows, allocations and expenditures on ECD** across sectors for all elements of nurturing care. For governments and development partners to assess progress and challenges in spending on ECD, there is a need for institutionalized mechanisms for monitoring inflows and expenditures from various sources at the national and subnational levels. The UNICEF Eastern and Southern Africa Regional Office has developed a practical reference document, *Estimating Government Spending on Early Childhood Development: A methodological guide*, which outlines a step-by-step process for analysing government budgets to estimate the size and composition of public investments in ECD.

Inclusion: Children with disabilities

Every child has the right to enjoy the highest attainable standard of health and well-being. Yet, the rights of children with disabilities are often violated. Such children frequently experience barriers in accessing essential services, as well as stigma, exclusion and marginalization, which diminish their chances of surviving, thriving and realizing their potential. A first step in transforming the situation of children with disabilities is understanding who they are, their functional difficulties and some of the barriers they face (see Box 3).

BOX 3 Identifying children with disabilities through the Child Functioning Module

Disability is a complex and evolving concept, involving aspects of body function and structure (impairments); capacity (measured by the individual's ability to carry out basic activities without the benefit of assistance in any form); and performance (measured by the individual's ability to carry out those same basic activities with assistance). The framework of the International Classification of Functioning, Disability and Health (ICF) defines disability within a biopsychosocial model, integrating factors pertaining to both the individual and her or his environment.

UNICEF and the Washington Group on Disability Statistics developed the Child Functioning Module for use in censuses and surveys. The Child Functioning Module generates population-level estimates of the number and proportion of children with functional difficulties. It conforms to the biopsychosocial model of disability, focusing on the presence and extent of functional difficulties rather than on body structure or conditions. In line with this approach, the expression 'children with disabilities' used in the charts and text refers to 'children with functional difficulties'.

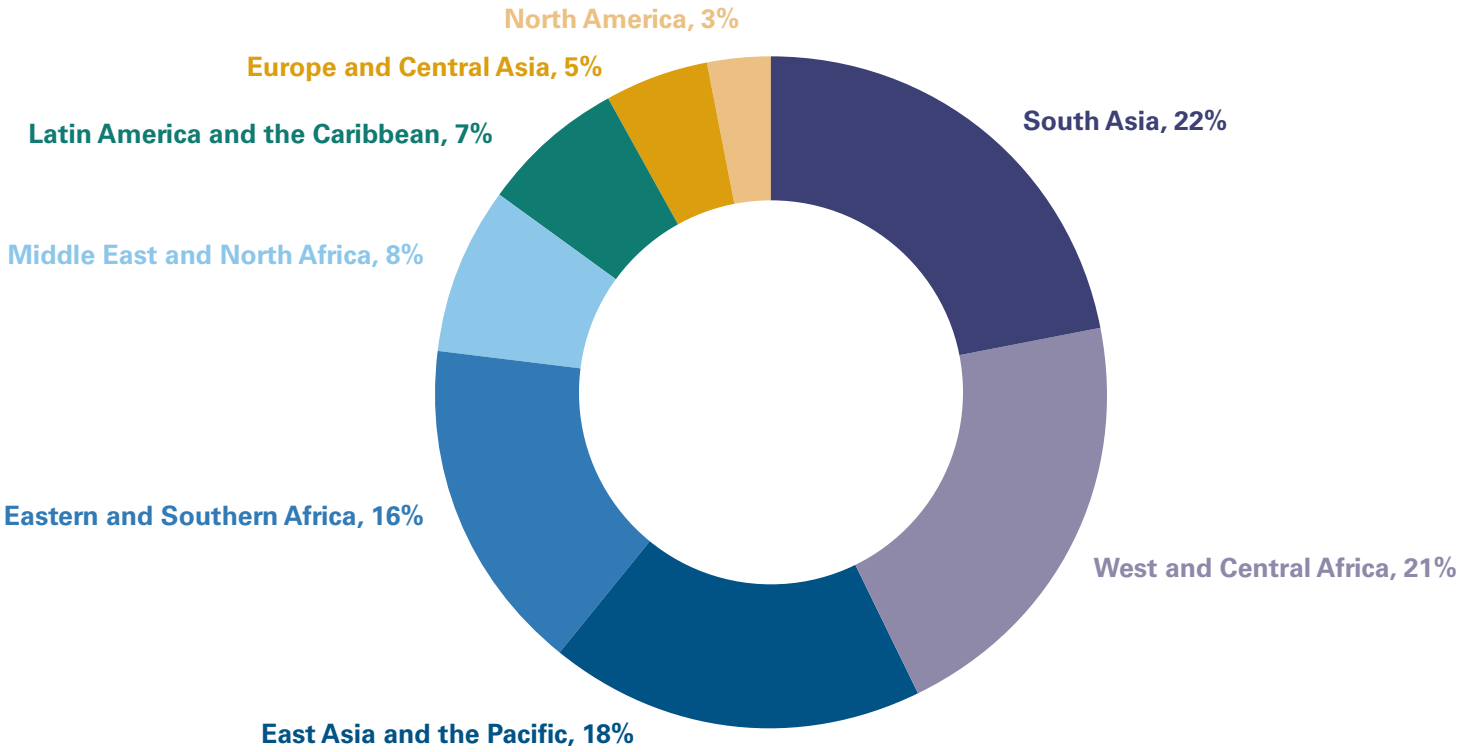
The Child Functioning Module comprises two questionnaires, one with 16 questions to assess the functioning of children aged 2-4 years and one with 24 questions for those aged 5-17 years. The questions are designed to identify difficulties according to a range of severity. To better reflect the degree of functional difficulty, each area is assessed against a rating scale. Children aged 2-4 years with one or more functional difficulties include those who reportedly kick, bite or hit other children or adults a lot more than other children of the same age and/or who have 'a lot of difficulty' or 'cannot do at all' certain functions within the following domains: seeing (even if using glasses); hearing (even if using a hearing aid); walking (even if using equipment or assistance); understanding or being understood when speaking; picking up small objects with their hands; learning things; and playing.

For a more complete overview of data on children with disabilities for the region, see: United Nations Children's Fund, *Children with Disabilities in Eastern and Southern Africa: A statistical overview of their well-being*, UNICEF, New York, 2023.

Key facts

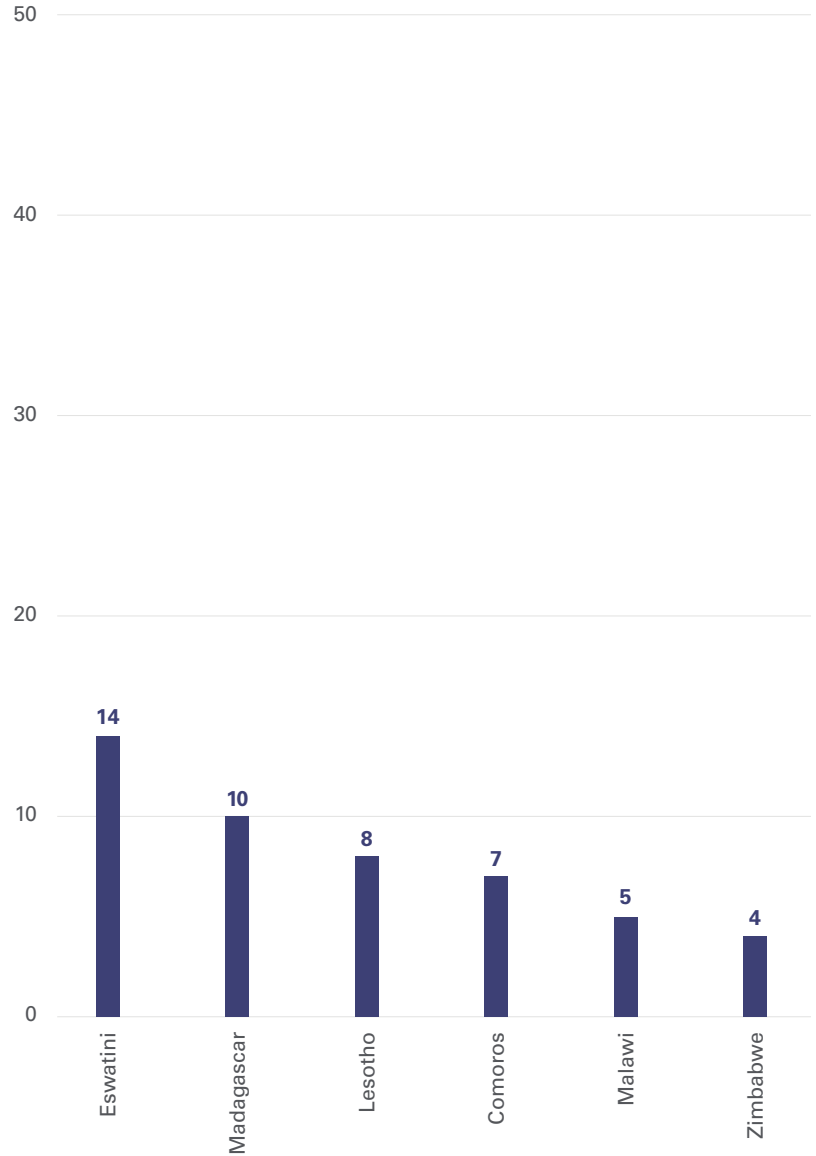
- Of the nearly 29 million children under 5 with disabilities worldwide, around 1 in 6 (5 million) live in Eastern and Southern Africa (Figure 39).
- The proportion of young children with disabilities varies significantly across countries – from 4 per cent in Zimbabwe to 14 per cent in Eswatini (Figure 40).
- Preschool-aged children with disabilities are less likely to be developmentally on track than children without disabilities (Figure 41).
- In 2 out of 6 countries with data, young children with disabilities are more likely to experience severe physical punishment at home than children without disabilities (Figure 42).

Figure 39 Percentage distribution of children aged 0 to 4 years with disabilities



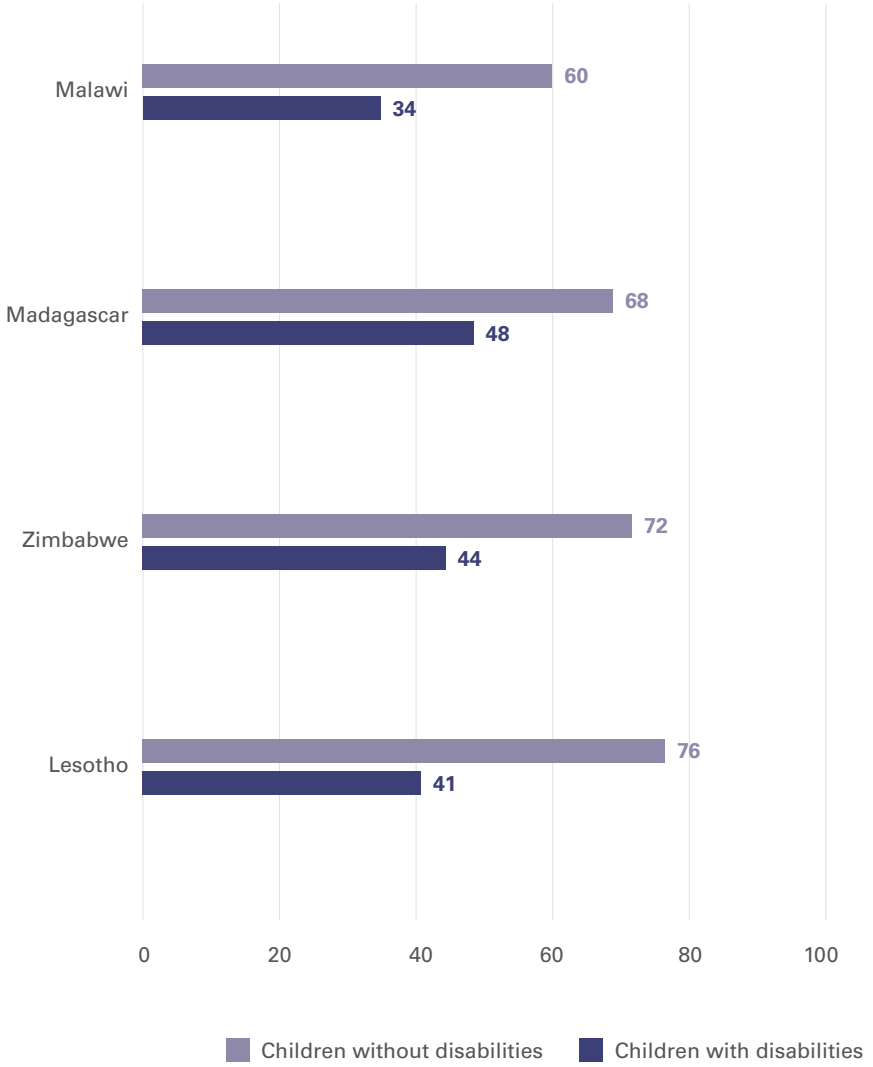
Source: United Nations Children's Fund, *Children with Disabilities in Eastern and Southern Africa: A statistical overview of their well-being,* UNICEF, New York, 2023.

Figure 40 Percentage of children aged 2 to 4 years with disabilities



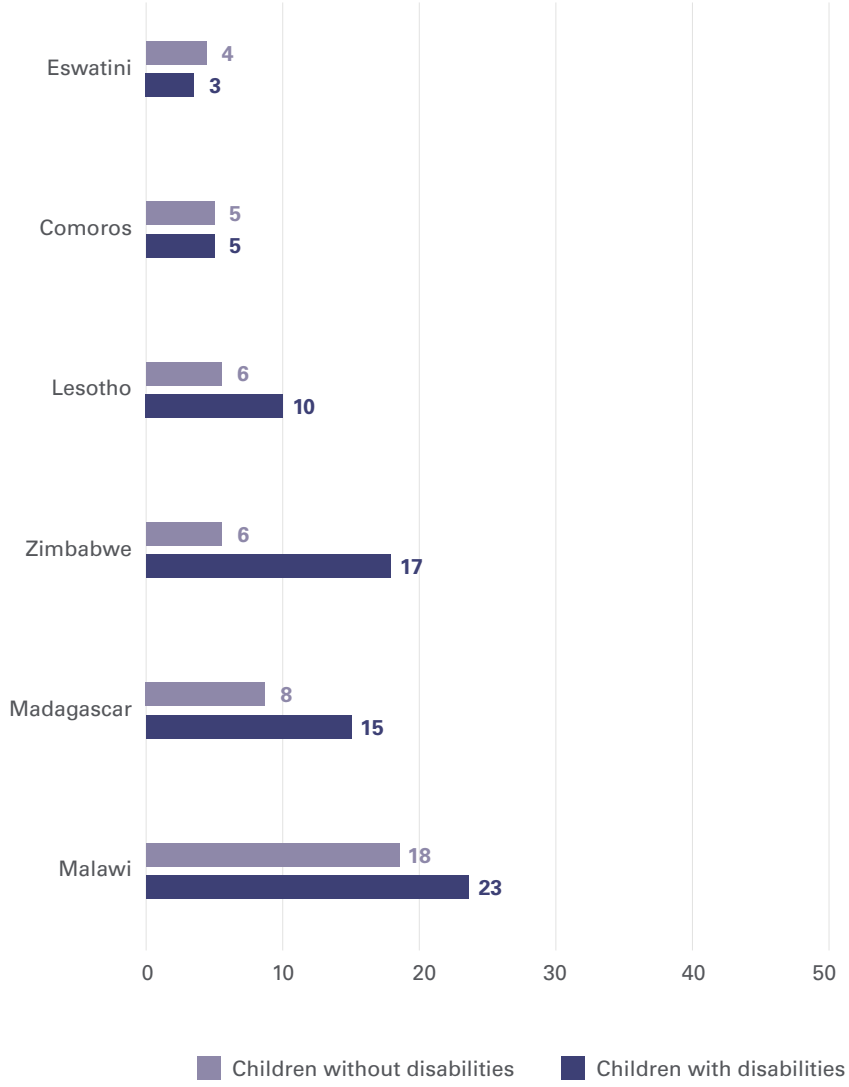
Source: UNICEF global databases, 2024, based on MICS, 2018-2022.

Figure 41 Percentage of children aged 36 to 59 months who are developmentally on track in 3 out of 4 domains (as measured by the ECDI), by whether or not they have disabilities



Note: Differences in all countries are statistically significant.
Source: UNICEF analysis based on MICS data, 2018-2020.

Figure 42 Percentage of children aged 2 to 4 years who experienced severe physical punishment in the past month, by whether or not they have disabilities



Note: Differences for the Comoros, Eswatini, Lesotho and Malawi are not statistically significant.
Source: UNICEF analysis based on MICS data, 2018-2022.

The way forward

The Convention on the Rights of Persons with Disabilities recognizes that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. It also asserts that children with disabilities are at greater risk of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. The Convention seeks to protect the rights and dignity of persons with disabilities by redressing the profound social disadvantages they face and promoting equal opportunities for their participation in all spheres of life. The Convention calls on States Parties to take all necessary measures to ensure the full enjoyment of children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

Improving the outcomes of young children with disabilities requires a whole-of-society approach. To create the conditions for these children to enjoy the highest standard of health, protection and education, efforts are needed to:

- **Register children with disabilities immediately after birth**. In addition, it is of utmost importance to embed early identification of developmental delays and early interventions for children with disabilities into existing care services.

- **Recognize that children with disabilities are disproportionately affected by violence**, and take all necessary legislative, administrative, social and educational measures to protect such children from all forms of violence.

- **Redouble efforts to reach children with disabilities in their communities**, through comprehensive, multidisciplinary, responsive services and age-appropriate interventions. All children have the right to live in their community and access community resources on par with everyone else. Coverage, affordability, equitable access and quality of care are all important aspects to consider as part of this approach.

- **Support implementation of the twin-track approach to care**. This can be accomplished by supporting access to promotive and other health-care services for children with disabilities by addressing attitudinal, physical and communication barriers. It also means offering specialized, targeted community care services to meet each child's health, educational and social needs.

- **Promote inclusion**. Ensure that children with disabilities and their caregivers have access to information and support, remove barriers to participation in society, address stigmatization and discrimination, and foster environments that enable meaningful inclusion of children with disabilities and their families in all spheres of life.

Conclusion

Healthy and holistic development is a child's first and fundamental right. Nevertheless, in the countries of Eastern and Southern Africa, too many young children are not meeting key developmental milestones and are therefore missing out on their chance to thrive in the early years, just as the foundations for healthy, lifelong growth and well-being are being laid.

The impressive gains made in reducing under-five mortality in recent decades is a vivid example of what can be accomplished when action is driven by high-level political commitment and successful interventions are implemented at scale. While creating an enabling environment for children to thrive is inherently complex, it is equally worthwhile.

Armed with an extensive body of evidence and research, we now know what young children need to achieve their full potential: They need good health, adequate nutrition, opportunities for early learning, safety and security, and responsive caregiving. And we also know that the highest rate of return in ECD comes from investing as early as possible in children from the most disadvantaged families and communities.

Governments have pledged their support for ECD through the Convention on the Rights of the Child, the 2030 Agenda for Sustainable Development and Agenda 2063: The Africa We Want. Yet, despite these binding government commitments and the overwhelming evidence of the high returns of investing in ECD programmes, early childhood development is not a priority for most governments in Eastern and Southern Africa. Low investments account for the limited capacity of governments to expand and improve ECD services.

Building the conditions for optimal ECD requires substantial political commitment along with strong evidence, sustained community engagement and uncompromising efforts to implement supportive legislation, including the creation and adoption of multisectoral policies. It also entails the scale-up of effective programmes and services that promote ECD and empower parents and caregivers to effectively care for their young children and themselves.

To be truly transformative, policies must be accompanied by a costed action plan, with clear and improved governance, coordination and accountability. Improving ECD outcomes also demands renewed focus on public financing to address the persistent, and often widening, funding gaps. Government spending on early childhood education will need to increase dramatically. At the same time, it will need to be sustainable, equitably distributed and efficiently utilized, to enable the quality provision of ECD services for a growing number of young children in the region. Underinvestment in children must be recognized as a fundamental crisis for development – one equal in magnitude to conflict and the climate emergency. Investing more in the early years fosters the best outcomes for individuals and societies. If we change the beginning of the story, we change the entire story.

Current policy landscape

Effective policies to support the survival, growth and development of all children in early childhood must address the multiple deprivations many families continue to face in Eastern and Southern Africa today. The current policy landscape can be summed up as follows:

- A mapping[53] of the status of ECD policies in the region[54] revealed that 15 countries (Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Uganda and United Republic of Tanzania) have policies or strategies in place. New or updated policies are being developed in Burundi, Madagascar, Malawi, Uganda, Zambia and Zimbabwe.

- A qualitative review of newly developed ECD policies showed that, compared with those formulated a decade ago, evidence is much more prominent in determining priority actions. Moreover, priority actions are increasingly costed, and governance, accountability, coordination and monitoring mechanisms are significantly enhanced.

- A review of the components of the Nurturing Care Framework[55] and their inclusion in new ECD policies showed that, in general, good health and adequate nutrition components are well represented and defined. The scope and depth of representation of the remaining three components – responsive caregiving, opportunities for early learning, and safety and security – vary among countries.

The way forward

Laws and policies can improve child development by increasing access to and the quality of health and other services and by ensuring that parents have the resources and time to provide nurturing care for their young children. The demand for ECD services is growing in the region, and the movement to build human capital is gaining traction. The time has come to build on ongoing efforts and mobilize advances in science to develop and launch a new set of ECD policies that move the bar higher.

Governments, with funding and technical assistance from development partners, must ramp up efforts to analyse the situation of young children, identify critical deprivations and develop multisectoral policies with clear priority areas for intervention to close current policy gaps. To improve the enabling environment for young children and their caregivers, the following actions are needed:

- **Close the ECD policy gap** by developing multisectoral ECD policies where they do not yet exist, or by updating outdated policies. New policies should be informed by the latest evidence. The process of developing new policies is as important as the outcome, and should be broadly consultative. The formulation of new policies should address and close critical policy gaps, such as putting in place family-friendly policies and ensuring at least one year of compulsory and free pre-primary education.

- **Focus on multisectoral policies covering the first few years of life**. When developing or revising ECD policies, it is important to create policies that are national in scope, are multisectoral (covering at least health, nutrition, education and social welfare/protection sectors), and cover the first critical years of life – from preconception or pregnancy to 5 or 8 years of age – as well as parents or caregivers.

- **Develop costed action plans**. To transform policies into action, they must be accompanied by a costed action plan, with clear and improved governance, coordination and accountability, including at decentralized levels. It is also important to ensure that cost estimates inform medium-term expenditure planning and annual budget decisions.

- **Stress accountability through monitoring**. Accountability is essential to strengthen the coordination of ECD services, including through improved data collection, analysis and action. A robust monitoring framework with a clear set of core indicators – which go beyond access and process, and hold stakeholders accountable for child outcomes – is paramount.

TECHNICAL NOTES

The data presented in this publication are from the most recently available and comparable source for each country. They cover indicators compiled from publicly available global databases or analysed from publicly available survey datasets. When data coverage was sufficient, population-weighted representative regional estimates were calculated and are presented in the charts with the label 'Regional estimate'. When data coverage was insufficient to calculate a representative regional estimate, a weighted average of countries with available data was calculated and is presented in the charts with the label 'Weighted average'. The estimates for Eastern and Southern Africa presented in the chapter on financing for early childhood development are unweighted averages of the available country data.

Maps are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The final boundary between the Sudan and South Sudan has not yet been determined.

Confidence intervals are not shown in this publication. Caution is therefore warranted in interpreting the results since apparent differences among population groups or countries may not be significant. However, key messages were developed taking confidence intervals into account; in cases where the title indicates a difference among population groups or countries, it has been confirmed as statistically significant. That said, the observed associations do not imply a causal relationship since the analyses did not control for other potential confounding factors.

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