



**A Final Evaluation and Narrative Report  
for the Flatley Foundation**

**Project Bridge to the Future – Phase 1**



*Young children celebrate the opening of the new Mangallice preschool, which was made possible thanks to the generous support of the Flatley Foundation.*

**Project Location:** Vilankulo District, Mozambique

**Grant Amount:** \$250,000

**Reporting Period:** December 2009–October 2011

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## Executive Summary

Through this final progress report on Phase 1 of **Project Bridge to the Future**, CARE wishes to thank the Flatley Foundation for its investment in CARE's efforts to initiate an early childhood development (ECD) program in Mozambique – a program that did previously not exist, but that addresses profoundly important, top-priority needs. Launching a new program in a developing country involves a great deal of spade work. Many challenges arise. Lessons that need to be learned – lessons that can only be learned through experience – are being learned for the first time. And partnerships that are essential for success are newly formed partnerships. You will see that not all of the initial objectives of the program have been fully met; and the four early childhood development centers that are now operating are not yet self-sustaining. We hope you will also see that, starting in “square one” and advancing to the current reality noted in this report, tremendous progress has been made. More needs to be done, but your initial investment was well-targeted and impactful.

Project Bridge is an ECD initiative that seeks to improve the health and future outcomes of vulnerable young children in Mozambique's Northern Inhambane province. Deprivation during early childhood has consistently shown to have the greatest impact on a child's future. Early experiences have a profound influence on brain development, because neural connections are being formed that provide the foundation for language, reasoning, problem solving, motor skills, physical coordination, social skills and emotional health. Malnutrition adversely impacts a child's emotional development and a lack of consistent, loving care can stunt a child's growth and motor development. The importance of early childhood development was recognized by Mr. Thomas Flatley, who generously supported CARE's work in this area. To honor the memory of Mr. Flatley and his commitment to improving the lives of poor children, the Flatley Foundation is generously supporting CARE's Project Bridge to the Future in Mozambique.

The overall goal of Project Bridge is to ensure that vulnerable children, particularly those affected by HIV/AIDS, in selected communities in Vilankulo district in Northern Inhambane are healthy and able to reach their full development potential. Key activities in Project Bridge include: 1) constructing, rehabilitating and equipping ECD centers to ensure they provide a safe and stimulating environment; 2) training and supporting ECD teachers to deliver quality support to children; 3) facilitating improved access to health care and services for children and their primary caregivers; 4) ensuring that children enrolled in the ECD centers receive nutritional support; and 5) increasing the skills and capacities of caregivers so that they are better able to understand and meet the basic needs of their children. **Project Bridge is the cornerstone of CARE's ECD work in Mozambique**, where we have identified vulnerable young children as a primary impact group for our in-country programs. This report provides an overall summary of project achievements, challenges and lessons learned through October 2011.<sup>1</sup>

### **Summary of Project Achievements**

The initial 18-month grant from the Flatley Foundation allowed CARE to launch groundbreaking ECD work in Vilankulo district that is providing life-changing opportunities for 291 children ages 2 to 8 at four ECD centers. For CARE, ECD is a critical program focus in Mozambique and is one of our priorities for long-range programming. Establishing new programs – even for large organizations like CARE – can present challenges, but the project team is pleased with the overall progress made to date and confident that the project's initial gains can be secured in the proposed three-year second phase, thus ensuring the long-term sustainability of the centers.

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<sup>1</sup> The project's end-date is November 2011.

Project Bridge was launched in late 2009 and spent its first year on start-up activities, which included training teachers and caregivers as well as developing appropriate relationships with communities, government counterparts and partner schools. Despite some challenges in developing these partnerships, which have been communicated in previous reports, the project formalized relationships with two existing ECD centers (Visao Crista de Mozambique and Boa Esperanca) and established two new ECD centers in communities that previously lacked preschool facilities (Mangallice and 5° Congresso). The breakdown of children currently enrolled in the four centers is presented in the table below.

**Table 1: ECD center enrollment**

Boys					
Age	Mangallice	5° Congresso	Visao Crista	Boa Esperanca	Total
2	2	0	0	0	2
3	6	6	4	4	20
4	4	13	18	9	44
5	12	10	16	11	49
6	1	0	0	2	3
7	2	0	1	0	3
8	1	0	0	0	1
<b>Total</b>	<b>28</b>	<b>29</b>	<b>39</b>	<b>26</b>	<b>122</b>
<i>Note: Six boys did not know their ages, so they are not included in the tally.</i>					
Girls					
Age	Mangallice	5° Congresso	Visão Cristã	Boa Esperança	Total
2	0	0	0	0	0
3	9	6	5	7	27
4	11	16	25	13	65
5	11	17	7	18	53
6	6	0	0	5	11
7	1	0	0	0	1
8	0	0	0	0	
<b>Total</b>	<b>38</b>	<b>39</b>	<b>37</b>	<b>43</b>	<b>157</b>
<i>Note: Six girls did not know their ages, so they are not included in the tally.</i>					

The information below incorporates data gathered during a recent final evaluation, which included a review of key project documents and secondary data; interviews with relevant CARE staff; design of data collection tools for field visits; field observations in the four ECD centers; focus-group discussions with ECD committee members and caregivers; interviews with teachers, ECD managers and selected government partners; and data analysis. This evaluation provided significant information on project accomplishments, challenges encountered and areas to address in the project's proposed Phase 2.

### Results by Project Output

Progress against the project's overall objective and related outputs are described below.

**Project Objective: Vulnerable children aged 6 months to 5 years in selected communities of Vilankulo district will have access to high-quality, comprehensive ECD centers.**

**Output 1:** ECD centers provide a stimulating environment in which to meet children's and primary caregivers' needs for learning and support.

**Development and rehabilitation of**

**ECD centers:** Starting in January 2011, Project Bridge funded and oversaw the construction of two local ECD centers in the communities of Mangalice and 5° Congresso in Vilankulo district. Classroom construction has been completed at the 5° Congresso site, and the Mangalice school has completed one classroom and is nearing completion of a second room to accommodate additional students.

The schools were constructed using local materials (reed) and tin roofs to ensure affordability and community participation in construction activities. Moreover, these local materials and the construction design allow for good ventilation and protection during the rainy season.

Subsequently, local authorities established construction regulations for ECD centers that require sturdier building materials, so that the structures can withstand natural disasters, such as cyclones. Going forward, CARE will use the recommended disaster-resistant building materials for future site development.



*The ribbon-cutting ceremony to open the Mangalice ECD center.*



*The new Mangalice school.*

To strengthen ownership and sustainability, construction was completed by community members, particularly caregivers of the children attending the school. Although the involvement of caregivers helped achieve the desired objective, we realized that inconsistent participation due to farming and other commitments slowed down the pace of construction. We will take the agricultural calendar into account when planning future community construction activities. CARE has procured playground equipment for both schools and the playground areas have been cleared for construction. This activity will be completed later this year.

CARE also worked with the two partner ECD centers (Boa Esperanca and Visao Crista Mozambique), which had existing buildings and management in place before the project started. Project Bridge funded construction of a new classroom in each center, and also equipped the centers with furniture and school materials. Playground equipment has been procured to improve Visao Crista Mozambique’s playground, and this activity will soon be completed. ECD Visao Crista is also using contributions from its church partners to build new latrines, which are under construction.

The project evaluation reported that there is sufficient space in the two new schools for the current number of enrolled students – currently about 30-35 children per room in each school. Space for the two partner schools, particularly ECD Visao Crista Mozambique, is moderately small given the number of registered children (77), but sufficient for the number of children who regularly attend. All classrooms have good ventilation and each school has adequate sun/rain cover.

Regarding other basic infrastructure, water pumps are located within the school grounds or in adjacent areas in Escolinha Boa Esperanca, Visao Crista Mozambique and 5<sup>to</sup> Congresso. However, Escolinha Mangalice does not have a nearby water pump, so caregivers take turns carrying and delivering water to the school. This system has not been completely reliable, and in addition, the quality of the water at the other schools varies from poor (Mangalice) to generally good but untreated (Boa Esperanca and Visao Crista Mozambique). For these reasons, ensuring safe water sources near all the centers will be an important aspect of the project's proposed Phase 2. School latrines are well built and meet regular safety standards, but the evaluation team commented that more care should be taken throughout the school day to ensure adequate sanitation and proper use of the latrines. As the project evaluation noted, **“Overall school grounds are safe and clean, with welcoming environments for both children and caregivers.”**

African Impact and Evangelical Church VCM, the two organizations that respectively manage Boa Esperanca and Visao Crista Mozambique, own the land for their schools. Land for the Mangalice and 5<sup>o</sup> Congresso schools has been established through verbal agreements between community leaders, land owners and school committees, and legal land documentation is in process. CARE is supporting the centers in this process.

During field visits, the evaluation team observed some of the other materials purchased by Project Bridge for the schools, including notebooks, pencils, blackboards, small coloring books and toys. Teachers and children were very appreciative of this support and were using the learning tools in all four ECD centers.



*Signs commemorating Thomas Flatley were placed at each center.*

**ECD management:** In order to ensure good management of the centers, the project helped create preschool committees that include 10 members each – five men and five women. Each committee has a president, vice president, treasurer and secretary, and other member responsibilities are as follows: two members are responsible for hygiene and cleanliness of the center, children and teachers; two members are responsible for cultural activities; one person is in charge of the inventory of center equipment and materials; and one member is in charge of keeping teacher attendance records.

The project team trained all committee members in community mobilization, leadership, ECD monitoring and management of the centers. The training took place in May 2011 and was conducted by CARE staff with support from government partners and Save the Children. Preschool committee members expressed satisfaction about the training, and participants confirmed that it helped them feel more confident about

their roles and abilities to run the schools and related ECD activities. One challenge is that less than half of committee members can read and write, which leads to significant fluctuations in committee performance across the four schools. Preschool committees in Mangalice and 5° Congresso held meetings regularly – usually once a month or when needed.

There are a total of 12 teachers employed at the four centers – including two per classroom in the new schools, and one per classroom in the existing schools. One major challenge is that contributions from parents/caregivers are insufficient to cover costs for teachers' salaries at the moment. Project Bridge currently supplements teachers' salaries to ensure they are paid for their efforts.

**Teachers' selection, retention, training and supervision:** ECD teachers were hired from within the villages to avoid high turnover and to promote trust between teachers, caregivers and the community. The four centers currently have 12 teachers (all women), including four who were already working as teachers in the two partner-run schools and eight who were newly recruited to teach in the two new centers. Thus far, teacher retention has been 100 percent. The hiring process involved community leaders, parents/caregivers and school managers for the two existing ECD centers. According to government regulations, teachers are required to have a minimum sixth-grade education, and all teachers fulfilled this requirement. Overall, preschool committees were satisfied with this process and happy with their teacher selection.

Teacher training was held in February and March 2011 and included role definition, curriculum presentation and discussion, activity planning, basic nutrition and hygiene, literacy and math, and children's psychosocial needs/development. Interviews with the teachers revealed that they found the training to be of critical importance, and they recognized the need for both refresher and more in-depth training in some topics. Additional training will be included in the proposed Phase 2. Each teacher also received a copy of the adopted ECD curriculum from Save the Children. Teachers reported that the training topics have helped them with the ECD curriculum as well as in their personal life. Specifically, they identified nutrition as the most significant topic covered in the training sessions.

Overall teachers demonstrated a good understanding of their role and responsibilities during the interviews. They knew how to use most of the materials provided by Project Bridge and are motivated to do a good job. However they all expressed concerns about payment of their salaries beyond the life of the project since parents' contributions are still very limited. This issue of teacher salaries is addressed specifically in Phase 2 to ensure the schools are sustainable beyond the length of CARE's involvement.

**Engagement of government authorities:** ECD is a new focus area in the government of Mozambique's current education sector strategy, and thus they are an important project partner. In May, CARE held a two-day ECD training for relevant government staff to ensure joint monitoring/supervision and explore possible future financing for the centers through direct subsidies and/or payment of teacher's salaries. The training emphasized the importance of investing in young children's development, emphasizing that ECD increases the performance of children who continue into primary school. Although the response throughout the training was very positive, government resources are quite limited.

**Cost recovery and financial viability of the centers:** The largest school expenses are teachers' salaries, with occasional expenses for maintenance supplies, such as soap, cleaning materials, chalk, etc. At schools that provide nutritional support, items such as sugar, powdered milk, oil and wood to cook are also part of the expenses. Caregivers at Mangalice, 5° Congresso and Visao Crista Mozambique make monthly contributions to the ECDs. The schools keep records of these contributions using the methodology taught by Project Bridge staff. In the case of Mangalice and 5° Congresso, the contributions are the only income the centers receive outside of CARE's support, while Visao Crista and Boa Esperanca receive other external donations. For the moment, caregivers' contributions in Mangalice, 5°

Congresso and Visao Crista are not sufficient to keep the centers open without CARE’s ongoing support. Caregiver contribution data is not currently available from Boa Esperanca. The table below shows the contribution by ECD center, as well as the total enrollment of children in the preschools.

ECD Center	# Children		Total	Parent/Caregiver Contributions
	Girls	Boys		
Mangalice	38	32	70	40 meticaís (mts) <sup>2</sup>
5° Congresso	39	31	70	50 mts
Boa Esperanca	45	27	72	0
Visao Crista Mozambique	37	42	79	75 mts
Total	159	132	291	

**Children’s registration:** Children’s formal government registration is important because it allows them to access social services and gives them legal rights they would otherwise not have. It is important to note that few children attending the centers were registered by their caregivers at birth with the national population registry (i.e., given a birth certificate and ID). It has been a challenge to complete the formal registration process for several reasons, including: communication difficulties with the government to clarify the process; increased costs for registration; and lack of registration for the caregivers themselves (parents who are not registered can’t register their children, and the need to register parents first considerably lengthened the process). The project team has restarted this process for all four centers, and we anticipate supporting the registration of 75 percent of enrolled children. Additional registration activities have been planned for the project’s Phase 2.

**Output 2:** ECD teachers deliver quality early stimulation, psycho-social support, cognitive development and pre-literacy and numeracy instruction, and health and nutrition support to children.

**General quality of services rendered at centers:** The project’s final evaluation assessed how children and caregivers perceived the benefits of attending an ECD center and the quality of services received. A good indicator of such quality is children’s attendance. Since the beginning of the current school year, teachers at the fully supported ECD centers (Mangalice and 5° Congresso) are required to turn in attendance sheets each month. Overall attendance in these two centers has been consistently positive, despite a limited timeframe for measurement. In addition, anecdotal evidence from teachers’ interviews reveals good attendance. Attendance at the two partner schools has been less consistent, with most children attending at the beginning of the year but with less consistent attendance throughout the semester. One of the main reasons is that parents are often unable to accompany children to the center, leaving them either to stay home or walk alone, which is not a safe option. Different suggestions to reduce risks and boost attendance are under discussion, such as having older children accompany younger siblings, or having a rotational system for parents to escort multiple children.

The benefits from children’s attendance at the ECD centers are already well recognized. School committee members, teachers and caregivers in all four schools told the evaluation team that children who attend ECDs interact better with others, have started to count, can recognize colors and figures and have a better grasp of Portuguese than those in the community who do not attend preschool. Caregivers are generally very satisfied with the children’s performance in the centers, and they recognize the value of the

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<sup>2</sup> \$1 = 28 meticaís

centers. For example, one caregiver of a child who attended Visao Crista Mozambique has decided to enroll his youngest child in preschool now that the older sibling is excelling in primary school.

The evaluation team noted that the project's next phase should include a comprehensive assessment for all children to determine how they are improving based on different developmental areas identified in CARE's five by five model (psychosocial, cognitive, health, etc). Teachers and committee members will seek to improve their capacity to record and track this relevant impact data.



*Children learn to socialize and engage with each other at the ECD centers.*

**Output 3:** Children and their primary caregivers have improved access to health and other support services.

**Output 4:** Children enrolled in ECD centers and support groups receive nutritional support.

**First aid and referrals to hospital/care units:** Although trained in basic health and nutrition, ECD teachers and committees expressed a need for first aid training and supplies for staff, including referrals to health centers for medical emergencies. This will be addressed in Phase 2 through the provision of first aid kits and teacher training.

**Health and nutrition training:** Health and nutrition training for caregivers took place as planned. A training for caregivers and Boa Esperanca ECD staff was offered in early August in conjunction with CARE's *Mais Vida* HIV project on related health and nutrition topics. In addition, during the nutritional baseline survey (see below), caregivers and ECD staff participated in a workshop on children's health and nutrition. As mentioned before, all ECD teachers have been trained on child nutrition, and the teachers who were interviewed all affirmed that the knowledge acquired through training has changed the way they prepare food at home and at school (for those that serve meals).

**Nutritional support by Project Bridge and WFP:** During 2010 and most of 2011, the project provided E-pap nutritional supplementation to Visao Crista Mozambique and Boa Esperanca. However, this service was discontinued due to problems with suppliers, inconsistent delivery and agreement with the World Food Program (WFP) to provide this support going forward. WFP provided nutritional rations (17 kg of enriched flour for each child) to Mangallice, 5<sup>o</sup> Congresso and Boa Esperanca. (Visao Crista Mozambique was not selected because of its urban location; the WFP program focuses on rural areas only). Each school had different arrangements about how much of the ration remained at school vs. was sent home for family meals, as well as how the meals are supplemented with other items, such as sugar and milk. At Boa Esperanca, for example, children are served a breakfast meal of enriched flour cooked with powdered milk and sugar, as well as a lunch meal of rice and beans, and occasionally vegetables from the school garden. At Visao Crista Mozambique, set mealtimes allow children to eat food from home, but given that some children do not bring food regularly, caregivers suggested raising ECD fees so that the schools can provide a daily meal to all children. The risk is that higher school fees might deter some parents from



enrolling their children to the center. CARE will explore solutions to this issue in Phase 2, and in the meantime, will ensure that all children receive nutritious meals at all the centers in the new phase.

**Children’s nutritional status:** According to the health baseline performed in June, Mangalice and 5° Congresso showed the highest percentage of malnutrition.

- Mangalice: 11.6 percent
- 5° Congresso: 12.6 percent
- Boa Esperanca: 4.7 percent
- Visao Crista Mozambique: 0 percent

At the time of the survey was conducted, Mangalice and 5° Congresso were not receiving nutritional support. These results contrast with the lower malnutrition rates of partner schools, which received at least some meals/nutritional support. These numbers are well below the average national level of 45 percent malnutrition for children under age five, so the project’s Phase 2 will seek to ensure that the centers are targeting children from the poorest and most vulnerable families.

The most prevalent problem for enrolled students is moderate stunting/chronic malnutrition and anemia. During the nutritional baseline survey that also helped strengthen health facility referrals, the project team carried out 14 referrals for children who were acutely malnourished, 32 for anemia and two for HIV-positive diagnosis. The nutritionist who performed the survey recommended periodical de-worming for children participating in the program, as well as including orange juice with meals served at the center. The nutritionist advised that, to the extent possible and financially viable, schools should serve a balanced meal per day that can be sustained and replicated by caregivers at home. Additional nutrition activities are planned for Phase 2 to reflect these recommendations, which includes ensuring that children receive nutritious meals daily at the centers.

**Breastfeeding training for HIV+ mothers and nutritional support for children under age two:**

Exclusive breastfeeding during the first 6 months and proper nutrition for children under age two were among topics discussed during teacher training and in awareness-raising sessions with caregivers. One important lesson learned by the project team was that the centers were not appropriate for children under the age of two. These very young children would require additional caregivers and separate spaces that are not currently available, so the project prioritized older children as described above.

**HIV testing:** Data indicating children’s HIV status is limited because testing is optional and some caregivers refuse to have their children tested. Nevertheless, of those tested in all four centers, five children tested HIV-positive. The actual number of HIV+ children is likely higher, due to the high prevalence rates in Mozambique and particularly in Vilankulo district. More time is required to sensitize caregivers about the benefits of knowing one’s status and demystifying HIV. The project team constantly integrates HIV messages in community meetings and in discussions with parents, caregivers and committee members.

**Output 5:** Primary caregivers have increased skills and capacity for improved parenting, and are better able to meet the needs of their children.

At this point in time, activities to improve parents’ knowledge on available services for their children have been limited and there is room for expansion of this activity in Phase II. At 5° Congresso, the project has sponsored small workshops on the benefits of early childhood development for children, caregivers and community members and on available services, and a similar activity was held in Boa Esperanca in conjunction with CARE’s *Mais Vida* project. Trainings/workshops for caregivers have taken place, with different meeting schedules and topics covered at each school. The project team opted for a more “needs-

based” approach to ensure parents’ buy in and support. In Phase 2, the team plans to have a structured approach to caregivers’ support groups and training for these groups as a way to strengthen community support to children and vulnerable families.

One important recommendation was to provide caregivers with the opportunity for involvement in CARE-supported village savings and loan associations (VSLAs), a community-based microfinance model for economic empowerment and social change. Participation in VSLAs will help caregivers improve their financial situation and thus enable them to pay their children’s school fees.

### Expenditure Report

Of the \$252,053 donation from the Flatley Foundation, project expenses were \$208,693 as of September 30, 2011. The remaining balance, \$43,360, will be used to support the following activities:

- The second Mangalice classroom will be completed, and the new facility will be fully equipped with needed materials and supplies;
- The remaining playground construction activities will be completed, and the playgrounds will provide a safe and secure play area for young children;
- Additional educational materials will be purchased for each of the four centers; and
- Possible teacher training (based on availability of trainers), as follows: training for three teachers who need to complete their training; and refresher training for all teachers in November.

We propose that the balance be carried over to Phase 2, and these activities will be carried out in the initial implementation period of Phase 2.

Expenditures by line-item are as follows:

Line-Item	Amount
1. Personnel, including staff salaries and benefits	86,579
2. Professional services	3,551
3. Equipment purchases, including construction material, playground items, ECD center materials, etc.	52,427
4. Materials, services and consumables, including training costs for teachers and caregivers and final evaluation	57,074
5. Travel and transportation to project sites	24,732
6. Rent and utilities (costs associated with CARE offices)	4,884
7. Financing, depreciation and miscellaneous	381
8. Subgrants to project partners	4,820
Subtotal: In-country costs	186,008
CARE HQ and admin support @ 9% of total	22,685
<b>Total</b>	<b>208,693</b>
<b>Remaining Balance</b>	<b>43,360</b>

### Conclusion

The generous support from the Flatley Foundation propelled CARE’s efforts to launch and build Project Bridge – efforts that otherwise would not have been possible. Over the last 18 months, CARE has helped

establish two new ECD centers and provided support to two additional centers that are now providing transformational development opportunities to 291 young children. This type of holistic approach to ECD is a new concept in Vilankulo, and thus the pace and scale of project activities proceeded slower than planned at times. But as noted in the evaluation, “The project is in great part on its way to making a significant difference in the lives of participating children and indirectly on...other children in the community who benefit from increased parenting skills and community awareness of young children’s needs.” Parents, other caregivers and community stakeholders all report positive benefits from the project on participating children and families.

Looking ahead to Phase II, the project team has comprehensively addressed the recommendations from the final evaluation, and we are confident that an additional three-year investment will allow the centers to become self-sustaining, thus ensuring that future generations of young children benefit from these important developmental opportunities. We can think of no better way to commemorate the life and generosity of Thomas Flatley, and we are grateful to the Flatley Foundation for helping make these life-changing opportunities a reality.

*November 2011*