

Policy Brief

A group of women in a community center holding babies and papers, with a scale hanging from the ceiling.

Nurturing care in Tanzania: How well is early childhood development enshrined in policy?



The policy alignment review highlights that many parts of the recommended service package for early childhood development are being delivered in Tanzania. Alongside looking at new services and delivery models, it is vital to consider how existing services are being funded, organised and delivered, and how they could be strengthened.

Early childhood, particularly the period from pregnancy to age 3, is a critical period for children's development, with life-long impacts on health, productivity and wellbeing.¹ Tanzania has an ambitious goal of ensuring that, by 2026, all children aged 0–8 are on track to develop to their full potential.² The 2022 Demographic and Health Survey (DHS) indicates the degree of progress needed to meet this goal. The DHS found that less than half of children (47%) aged 24–59 months living with their biological mother were developmentally on track in terms of health, learning and psychosocial wellbeing.³

A critical question for the government and its partners is: what are the possible pathways or routes to improving early childhood development outcomes? To help answer this question, Thrive is reviewing public services related to early childhood development. The first part of this review focuses on policy commitments. The second will look at how well these services are resourced and delivered. This briefing paper outlines our headline findings from the first phase of this work. The detailed policy alignment review will be published on Thrive's website in June 2024.



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This policy alignment exercise focuses on public service commitments related to early childhood development. Together with service delivery, these commitments are just one of a number of factors that influence early childhood development outcomes. Others include social norms, actions at the family and community-level, service provision by private and non-state actors, the pattern of economic growth, and how well the health and education systems are managed and resourced.

Our Approach

We referred to the list of interventions recommended by the Nurturing Care Framework report and a summary of effective interventions listed in the 2016 Lancet Series to compile a benchmark set of interventions associated with an enabling environment for early childhood development.^{4,5} These interventions cut across the five domains of the Nurturing Care Framework – health, nutrition, early learning, responsive caregiving, and safety and security. We then carried out an extensive desk review of government policies, plans and guidelines to check whether there is an existing commitment to provide each service on the benchmark list. In total, we referred to 45 such policy documents cutting across the range of sectors linked to early childhood development including health, nutrition, education and social protection.

We rated the comprehensiveness of each service package on a four-point scale (see Table 1), provided a brief description of the service as per policy documents, and recorded the key government departments and frontline workers involved in designing and delivering the service. The draft mapping was reviewed and validated by colleagues in Thrive and at UNICEF and the Tanzania Early Childhood Development Network (TECDEN).⁶ Further review and validation will be carried out in collaboration with the government.



Key findings

1. **Many of the services and interventions associated with ensuring an enabling environment for early childhood development are already enshrined in policy commitments.**

This is particularly true with regards to interventions linked to health and nutrition but also includes some aspects of early learning and social protection (see Table 1).

Implications: A key pathway to improving early childhood development outcomes will be to find ways to strengthen delivery of the broad range of existing public services related to early childhood development. Alongside looking at new services and delivery models, it is vital to consider how existing services are being funded, organised and delivered, and how they could be strengthened. This line of enquiry can also yield critical insights related to the design and organisation of new services, possible sources of implementation challenges, and how these can be managed and mitigated.

2. **Some parts of the benchmark service package – such as care for children with development delays – are only partly provided for in policy commitments.**

In some areas – such as maternal mental health, care for children with development delays and disabilities, and access to quality day care – current policy commitments are not comprehensive.

Implications: Non-state actors and researchers can play a useful role in generating an 'innovation pipeline' related to these service areas. Non-state actors could trial different service delivery models, while researchers could rigorously test these models, producing evidence of their impact, cost-effectiveness and scalability. This evidence could inform the design of new policies and commitments related to these services.

With regards to childcare (which is not part of the traditional public service package and may be too resource-intensive to fund and deliver entirely through the public sector), there are specific questions around delivery and funding modalities and the appropriate role for government, private and non-state actors.



Table 1: Policy commitments to provide services that promote nurturing care (abridged)

Service/Intervention	Nurturing Care Framework domain	Included in national policy commitments and plans?
1. Maternal nutrition		
a. Maternal nutrition (supplements)	Nutrition	Yes, partly
b. Cash transfers for pregnant women and lactating mothers	Nutrition	Yes, limited
2. Child nutrition		
a. Support for early initiation of breastfeeding	Nutrition	Yes
b. Support for exclusive breastfeeding and breastfeeding after 6 months	Nutrition	Yes
c. Complementary feeding education and provision	Nutrition	Yes
d. Responsive feeding	Responsive caregiving	Yes
d. Micronutrient supplementation (iron, Vit A, zinc)	Nutrition	Yes
e. Deworming	Nutrition	Yes
f. Growth monitoring and promotion, including intervention and referral	Nutrition	Yes
g. Supplementary feeding, micronutrient supplements for disadvantaged children	Nutrition	Yes, partly
h. Treatment of moderate and severe malnutrition	Nutrition	Yes, partly
i. Support for appropriate child feeding during illnesses	Nutrition	Yes
3. Nutrition: Cross-cutting		
a. Fortification of staple foods	Nutrition	Yes
4. Antenatal and birth		
a. Family planning and spacing	Health	Yes
b. Antenatal care	Health	Yes
c. Attended delivery, childbirth care	Health	Yes
d. Prevention of mother-to-child transmission of HIV	Health	Yes
e. Kangaroo care for low-birthweight babies	Health	Yes
f. Essential care for newborn babies, extra care for small and sick babies	Health	Yes, partly
g. Rooming-in for mothers and young infants	Responsive caregiving	Yes
5. Immunisation		
a. Vaccinations for children	Health	Yes
b. Vaccinations for mothers	Health	Yes
6. Caregivers' mental health		
a. Psychological interventions for common perinatal mental health conditions	Health	Yes, limited
b. Other support for caregivers' mental health		
7. Support for children with disabilities and developmental delays		
a. Early detection of disabling conditions and developmental delays	Health	Yes, partly
b. Care for children with developmental difficulties and disabilities	Health	Yes, partly



Table 1: Policy commitments to provide services that promote nurturing care (abridged) (continued..)

8. Health: Cross-cutting		
a. Support for timely, appropriate care seeking for sick children	Health	Yes
b. Malaria prevention	Health	Yes
c. Prevention/cessation of smoking, alcohol, substance abuse by caregivers	Health	Yes, partly
9. Parenting		
a. Parenting programmes, integrated parenting and nutrition programmes	Responsive caregiving, Nutrition	No
b. Encouraging play and communication between caregivers and the child		
c. Promoting caregiver sensitivity & responsiveness to children's cues		
d. Info, support, counselling re opportunities for early learning in the home		
e. Encouraging use of local language in children's daily care	Early learning	
10. Early learning		
a. Free, good-quality pre-primary education	Early learning	Yes
b. Free, good-quality primary schooling	Early learning	Yes
c. Good-quality day care	Early learning	Yes, Limited
d. Play, reading and story-telling groups for caregivers and children	Early learning	No
e. Mobile toy and book libraries	Early learning	No
11. Social protection		
Cash transfers (conditional or unconditional in-kind transfers, social insurance)	Safety and security	Yes, partly
12. Safety and security		
a. Birth registration		Not assessed comprehensively
b. Domestic violence: prevention and redressal		
c. Provision of safe water		
d. Measures to improve access to sanitation facilities		
e. Promotion of good hygiene		
f. Measures to support family care and foster care over institutional care	Safety and security	
g. Social care services for children/families with additional needs		
h. Measures to prevent and reduce indoor and outdoor air pollution		
i. Clean environments free of hazardous chemicals		
j. Safe places to play in urban and rural areas		

Yes = There is a policy commitment to provide the service in full; Yes, partly = There is a policy commitment to provide a significant part of the specified service – or there is a commitment to provide the service, but not to all members of the target group; Yes, limited = There is a policy commitment to provide a limited part of the service or provide the service to a small share of the target population. Where the service is provided by non-state actors, it is regulated by government, but there are few additional measures to ensure widespread access; No = There may be existing guidelines, but there is no policy commitment to deliver the service.



Key findings

3. There are currently no policy commitments to parenting programmes that support caregivers to provide responsive care and stimulation to young children.

There is evidence from low- and middle-income countries that methodologically rigorous parenting programmes can support caregivers to provide early learning environments that young children need, with positive effects on their cognitive and socio-emotional development.⁷ The Ministry of Community Development, Gender, Women and Special Groups (MoCDGWSG) has recently produced guidelines on parenting⁸. However, there is currently no such programme that actively supports parents or caregivers.

Several parenting programmes have been piloted by non-state actors in Tanzania. One such intervention, implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and D-Tree, is being rigorously tested through a randomised controlled trial as part of the Kizazi Kijacho research study. The intervention is delivered by community health workers who provide parents or caregivers with support in all aspects of nurturing care, guided by a digital app. An associated process evaluation and costing study will provide insights into the scalability of the intervention.⁹

Implications: Kizazi Kijacho's ongoing research can provide evidence to support the development of an appropriate responsive caregiving policy and services. It is also vital to assess the system's readiness to deliver such an intervention well at scale, and to design scaling strategies that mitigate the risks of implementation challenges.

4. Despite the presence of an established social protection system, extreme poverty remains a threat to early childhood development in Tanzania.

The recommended service package for early childhood development includes cash transfers to protect vulnerable households from extreme poverty, which the Nurturing Care Framework notes as one of the biggest threats to early childhood development.¹⁰ Tanzania has a long-running cash transfer programme, administered by the Tanzania Social Action Fund (TASAF).

However, extreme poverty remains widespread. In 2018, 26.4% of the population were living below the national poverty line, and 45% were below the international poverty line of US\$2.15 (2017 PPP) per person per day.¹¹

Implications: The wellbeing of young children is in many respects a microcosm of the broader functioning of the economy and society. Among other things, it requires a thriving, well-managed economy, and broad-based inclusive economic growth that lifts the incomes of households in the bottom half of the income distribution. It is useful for the government and partners to retain this wider perspective when planning for improved early childhood development.



Next steps

- The policy alignment review highlights that many parts of the benchmark service package are being delivered in Tanzania. A key implication is that, alongside looking at new services and delivery models, it is vital to consider how existing services are being funded, organised and delivered –and how they could be strengthened. The next phase of our work will focus on these questions.
- An important intended contribution of this review is to provide a framework that can be used to build a shared understanding of service provision linked to early childhood development and to spotlight where further action is needed. We suggest that the detailed review be used as a live document, to build and sustain this shared understanding and support decision-making on next steps.
- We have provided an initial assessment and scoring for each early childhood development-related service package. These assessments could benefit from further refinement. For instance, the mapping states that there is a policy commitment to provide antenatal care, as pregnant women are entitled to four or more antenatal checkups free of charge. This could be supplemented by looking at the protocols for these checkups and whether these are aligned with recommended practice.
- The template created for this exercise could also be used to conduct similar policy alignment reviews in other countries.

Our ultimate objective is to provide a tool that supports the government and its partners to make decisions and take actions that increase opportunities for all young children to thrive.

Endnotes

1. World Health Organization (WHO), UNICEF, World Bank Group (2018) 'Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential', Geneva.
2. Government of Tanzania (2021) 'National multi-sectoral early childhood development programme (NM-ECDP) 2021/22–2025/26'.
3. Ministry of Health (Tanzania Mainland), Ministry of Health (Zanzibar), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF (2022) 'Tanzania demographic and health survey and malaria indicator survey 2022 final report', Dodoma, Tanzania and Rockville, Maryland, USA.
4. WHO, UNICEF and World Bank Group (2018), pp. 18–19. Note: Some parts of the Nurturing Care Framework package are vast, complex areas in their own right – for example, measures to prevent and address violence against women and children, access to sanitation facilities, and measures to tackle air pollution – and have not been assessed comprehensively as part of this review. These issues extend beyond early childhood development and require multiple interlocking actions or investments.
5. Britto, P., Lye, S., Proulx, K., Yousafzai, A., Matthews, S., Pérez-Escamilla, R., Rao, N., Ip, P., Fernald, L., MacMillan, H., and Hanson, M. (2016) 'Nurturing care: science and effective interventions to promote early childhood development', *The Lancet*, pp.5–6.
6. TECDEN is a national network organisation that works collaboratively with the government and other organisations to influence early childhood development policies, programmes and outcomes. Together with the Ministry of Community Development, Gender, Women and Special Groups (MoCDGWSG), TECDEN co-chairs and coordinates implementation of the National Multi-sectoral Early Childhood Development Programme (NM-ECDP).
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<https://www.thrivechildevidence.org/kizazi-kijacho-a-randomised-controlled-trial-of-parenting-and-unconditional-cash-transfers-in-tanzania>.
10. WHO, UNICEF and World Bank Group (2018)
11. World Bank Group (2023) 'Tanzania poverty and equity brief'.



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About Thrive

Thrive is a large-scale, multi-country research programme which aims to build understanding of early childhood development (ECD) service delivery models, at scale, and how they can transform to significantly improve childhood health, nutrition, education and well-being in low- and middle-income countries. Thrive seeks comprehensive, practical answers about how ECD systems innovate, improve, and better serve children and communities. The programme is funded by the UK's Foreign, Commonwealth & Development Office (FCDO) and by New Zealand's Ministry of Foreign Affairs and Trade (MFAT). It is managed by Oxford Policy Management in collaboration with the Institute for Fiscal Studies and Yale University. It is implemented in five countries – Ghana, Sierra Leone, Tanzania, Bangladesh and Kiribati.

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