



Tanzania Early Childhood Development - Policy Alignment Analysis | Briefing Note

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

Context

Early childhood, particularly the period from pregnancy to age three, is a critical period for children's development, with life-long impacts on health, productivity and well-being. [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 well-being. [3]

A critical question for the government and its partners is: what are the possible pathways or routes to improving early childhood development (ECD) outcomes in Tanzania? To help answer this question, Thrive is reviewing public services related to ECD. The first part of this review focuses on policy commitments. The second part will look at how well these services are resourced and delivered. This Briefing Note outlines the headline messages from the first phase of this work, based on a mapping of policy commitments to a benchmark list of ECD services. The detailed mapping is available in the Policy alignment analysis worksheet.

Approach

To develop the mapping, the Thrive team referred to the list of interventions recommended by the Nurturing Care Framework Report [4] and a summary

of effective interventions listed in the 2016 Lancet Series on ECD.[5] We used these to compile a benchmark list of interventions associated with an enabling environment for ECD. These interventions cut across the five domains of the Nurturing Care Framework (NCF) - health, nutrition, early learning, responsive caregiving and safety & 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 list. In total, we referred to 45 such policy documents cutting across the broad range of sectors linked to ECD, including health, nutrition, education and social protection.

For each service, we documented whether there is a policy commitment to provide the service; rated the comprehensiveness of the service package on a 4-point scale (see footnote in 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 ECD Network (TECDEN)¹. Further review and validation will be done in collaboration with the Government.

Key Findings

In this note, we identify five headline messages that emerge from the detailed findings of the policy alignment review (please refer to the policy alignment analysis worksheet).

1. **There is a high degree of alignment with the benchmark service package for ECD.** As per existing Policies and Plans, there are commitments to provide many of the services and interventions associated with an enabling environment for ECD (see Table 1). This is particularly true with regards to interventions linked to **health and nutrition** but also includes several actions linked to early learning and social protection.

Implications: A key pathway to improving ECD outcomes will be to find ways to strengthen the delivery of the broad range of **existing** public services related to ECD.

2. **Some parts of the benchmark ECD service package are partly provided for - national policies and plans make some provisions with regard to these services, but with gaps.** Key examples are **maternal mental health, care for children with developmental delays and disabilities** and access to **quality daycare**.

Implications: For services that are missing, non-state actors and researchers can play a valuable innovator role, generating a pipeline of tried-and-tested service delivery models. Non-state actors could trial different models to provide these services. Researchers could rigorously test these models, producing evidence of their impact, cost-effectiveness and scalability. This would contribute to a pipeline of innovations that the government can draw on when introducing new 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

¹ TECDEN is a national umbrella organisation that works on ECD in Tanzania. It serves as a network for organisations working on ECD, and works collaboratively with the government and other organisations to influence ECD policies, programmes and outcomes. Together with the MoCDGWSG, TECDEN co-chairs and co-ordinates implementation of the NM-ECDP.

entirely through the public sector) there are specific questions around delivery and funding modalities and the appropriate role for government, private actors, and non-state actors.

Table 1. Policy commitments to provide services that promote Nurturing Care: Abridged version of the Policy Alignment Mapping (please refer to Policy alignment analysis worksheet)

Service/ Intervention	NCF Domain	Policy Commitment ¹
1. Maternal Nutrition Package		
a. Maternal Nutrition (supplements)	Nutrition	Yes, Partly
b. Cash transfers for pregnant women and lactating mothers	Nutrition	Yes - Limited
2. Child Nutrition Package		
a. Support for early initiation of breastfeeding	Nutrition	Yes
b. Support for exclusive breastfeeding & breastfeeding after 6 months	Nutrition	Yes
c. Complementary feeding education & 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 & 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. Ante-natal and Birth Package		
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 neonates, extra care for small & sick babies	Health	Yes, Partly
g. Rooming-in for mothers and young infants	Responsive Caregiving	Yes
5. Immunisation Package		
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 b. Other support for caregivers' mental health	Health	Yes - Limited
7. Support for Children with Disabilities & Developmental Delays		
a. Early detection of disabling conditions and developmental delays	Health	Yes, Partly
b. Care for children with developmental difficulties & disabilities	Health	Yes, Partly
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

Table 1 contd.

Service/ Intervention	NCF Domain	Policy Commitment ¹
9. Parenting Package		
a. Parenting programmes, integrated parenting & nutrition programmes	Responsive Caregiving, Nutrition	No
b. Encouraging play & communication between caregivers & the child		
c. Promoting caregiver sensitivity & responsiveness to children's cues		
d. Info, support, counselling re opportunities for early learning in the home	Early Learning	
e. Encouraging use of local language in children's daily care		
10. Early Learning Package		
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 & story-telling groups for caregivers & children	Early Learning	No
e. Mobile toy and book libraries	Early Learning	
11. Social Protection Package		
Cash transfers (conditional or unconditional In-kind transfers, social insurance)	Safety & Security	Yes, Partly
12. Safety and Security		Yes
a. Birth registration	Safety & Security	Not Assessed Comprehensively
b. Domestic violence: prevention & 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		
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		
<p>¹ Is there a policy commitment to provide the intervention, or to ensure that it is provided to a high standard by non-state actors (with measures to promote access if needed)? Definitions of the categories used:</p> <p>Yes: There is a policy commitment to provide the service in full.</p> <p>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</p> <p>Yes, Limited: There is a policy commitment to provide a limited part of the service or to 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.</p> <p>No: There may be associated guidelines, but there is no policy commitment to deliver the service.</p>		

- 3. One service package that is not currently provided is a parenting programme that supports 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. [6] The Ministry of Community Development, Gender, Women & Special Groups (MoCDGWSG) has recently produced guidelines on parenting, but there is currently no such program that actively supports caregivers. Several parenting programmes have been piloted by non-state actors in Tanzania. One such intervention, implemented by EGPAF and D-Tree, is being rigorously tested through a Randomised Control Trial (RCT) as part of the *Kizazi Kijacho* research study. The intervention is delivered by Community Health Workers who provide 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.

Implications: Ongoing research can provide evidence to support the introduction of a parenting programme. 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. Some parts of the NCF package are vast, complex areas in their own right, and have not been assessed comprehensively as part of this review.** Examples include measures to prevent and address violence against women and children; access to sanitation facilities; and measures to tackle air pollution. We comment briefly on these but have not provided a thorough review as these are complex areas that require multiple interlocking actions or investments. These issues also extend beyond ECD, affecting the well-being of multiple population groups.

Implications: Some of these issues will merit their own detailed review, while others may already be receiving sufficient attention outside of ECD. For the latter, there is a question as to whether and how actors focussed on ECD should seek to engage with these efforts.

- 5. While Tanzania has an established social protection system, extreme poverty remains highly prevalent.** The intervention package recommended for ECD includes cash transfers to protect vulnerable households from extreme poverty, which the NCF report notes is one of the biggest threats to ECD. 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. [7]

Implications: The well-being 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 ECD.

There are three caveats to consider when interpreting these findings.

1. The mapping focuses on public service delivery related to ECD. This is just one of a number of factors that influence ECD 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.
2. Our scoring of each service package could benefit from further refinement. We have sought to provide a framework and an initial scoring that can be used to build a shared understanding of policy commitments on ECD. This could be built on with more fine-grained assessments of specific service packages. For instance, the mapping notes that antenatal care is provided for, as pregnant women are entitled to four or more ANC check-ups free of charge. This could be supplemented by looking at the protocols for these check-ups and whether these are aligned with recommended practice.
3. As noted above, this first phase focusses on policy commitments. The next and more crucial phase of this work will look at the quality, coverage and financing of these services. For instance, an ongoing THRIVE study is looking at the public financial processes for ECD and the scope to routinely estimate government budget and spending on ECD.

Conclusions

The policy alignment review highlights that many parts of the recommended service package for ECD 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. 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. On some fronts, there are gaps in the existing service package. Non-state actors and researchers can play a useful role in generating an “innovation pipeline” related to these service areas, whilst also paying attention to the scalability of these new models.

An important intended contribution of the review is to provide a framework that can be used to build a shared understanding of service provision linked to ECD. The review seeks to contribute to building a detailed picture of where things are going well, where further action is needed, and what types of actions could be taken to strengthen the service delivery package and its impact on ECD outcomes. This in turn would provide a foundation for the development of future evidence-informed ECD strategies and plans, such as the successor to the NM-ECDP. Our ultimate goal is to support the government and its partners to work towards a future in which every child has opportunities to thrive.

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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 managed by Oxford Policy Management (OPM) in collaboration with the Institute for Fiscal Studies (IFS). It is implemented in five countries – Ghana, Sierra Leone, Tanzania, Bangladesh and Kiribati.

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