EVALUATION OFFICE

EVALUATION OF UNICEF'S EARLY CHILDHOOD DEVELOPMENT PROGRAMME WITH FOCUS ON GOVERNMENT OF NETHERLANDS FUNDING (2008-2010)

TANZANIA COUNTRY CASE STUDY REPORT

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TANZANIA COUNTRY CASE STUDY

Evaluation of the UNICEF Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008-2010): United Republic of Tanzania Country Case Study Report

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This report presents the results of a retrospective evaluation of policy and programmatic initiatives to promote early childhood development (ECD) in the United Republic of Tanzania, with an emphasis on those supported by the United Nations Children's Fund (UNICEF) in partnership with the Government of Tanzania (GoT). Tanzania was selected as one of the 4 case study countries for the broader evaluation of the UNICEF-Government of Netherlands (GoN) Cooperation Programme on ECD which aimed to promote comprehensive approaches to ECD in 10 selected countries with a focus on sustainable policy development and partnerships to scale up successful interventions.

The independent evaluation was carried out by a team of consultants from Mathematica Policy Research and included Kimberly Boller, Kathy Buek, Andrew Burwick, Minki Chatterji, and Diane Paulsell with assistance from Samia Amin, Evan Borkum, Larissa Campuzano, and Jessica Jacobson. National consultants participating in the country case study visits and reports included Sadananda Kadel, Sathya Pholy, Arcard Rutajwaha, and Susan Sabaa. Krishna Belbase in the Evaluation Office at UNICEF New York Headquarters managed the evaluation with the support of Suzanne Lee and Chelsey Wickmark. The Evaluation Office also involved UNICEF ECD Unit, Tanzania Country Office as well as the Regional Office for Eastern and Southern Africa.

The purpose of the report is to assess the progress made and challenges faced by Tanzania in mainstreaming early childhood policy, building early childhood programme capacity, and generating and disseminating knowledge. The report seeks to facilitate the exchange of knowledge among UNICEF personnel and with its partners. The content of this report does not necessarily reflect UNICEF's official position, policies, or views.

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A.1 Logical Framework for ECD in the Tanzania-UNICEF Programme of Cooperation A.2

ACRONYMS

BELS	Basic Education and Life Skills
BEST	Basic Education Statistics Tanzania
c-IMCI	Community-Based Integrated Management of Childhood Illnesses
COs	Country Offices
CORPs	Community-Owned Resource Persons
CPAP	Country Programme Action Plan
CSO	Civil Society Organization
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DPG	Development Partners Group
ECD	Early Childhood Development
ECDVU	Early Childhood Development Virtual University
FA	Focus Area
FBO	Faith-Based Organization
GoN	Government of the Netherlands
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome
HQ	Headquarters
IECD	Integrated Early Childhood Development
IECDSDI	Integrated Early Childhood Development Service Delivery Initiative
LD	Learning District
MKUKUTA	National Strategy for Growth and Reduction of Poverty (Swahili name)
MoCDGC	Ministry of Community Development, Gender and Children
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoEVT	Ministry of Education and Vocational Training
MoFEA	Ministry of Finance and Economic Affairs
MoHSW	Ministry of Health and Social Welfare
MTSP	Medium-Term Strategic Plan
MVC	Most Vulnerable Children
NER	National Enrollment Ratio
NGO	Non-Governmental Organization
NSGRP	National Strategy for Growth and Reduction of Poverty (MKUKUTA)
OECD-DAC	Organisation for Economic Co-operation and Development-Development Assistance Committe
PAAP	Policy Advocacy and Analysis Programme
PEDP	Primary Education Development Programme
PEPFAR	President's Emergency Plan for AIDS Relief
PMORALG	Prime Minister's Office of Regional Administration and Local Governments
ROs	Regional Offices
SIDA	Swedish International Development Agency
TACAIDS	Tanzania Commission for AIDS
TECDEN	Tanzania Early Childhood Development Network
TOT	Training of Trainers
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
US	United States of America
USAID	United States Agency for International Development
VHW	Village Health Worker
WCDO	Ward Community Development Officer
WEC	Ward Education Coordinator
WEO	Ward Executive Officer
WHC	Ward Health Coordinator
YCSD	Young Child Survival and Development

EXECUTIVE SUMMARY

Through an intersectoral approach spanning several years, the United Republic of Tanzania has developed its Integrated Early Childhood Development (IECD) policy, which was expected to be approved in final form before the end of 2010. Adoption of this policy sets the stage for scaling up Early Childhood Development (ECD) activities that have been piloted, in collaboration with the United Nations Children's Fund (UNICEF), in selected districts. Tanzania is one of the poorest countries in the world; 89 percent of the population lives on less than 1.25 (US$) a day, and poverty is heavily concentrated in rural areas. Despite recent improvements in child health, Tanzania has high rates of maternal, neonatal, and infant mortality. Malnutrition is also prevalent among children younger than 5. The high prevalence of Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome (HIV/AIDS) also creates significant hardships for young children. Orphans, children living in households headed by other children or elderly adults, disabled children, and street children are considered especially vulnerable.

This report presents the results of a case study of ECD activities in Tanzania. The evaluation team conducted the study as part of an evaluation of the UNICEF–Government of Netherlands (GoN) Cooperation Programme on ECD, 2008–2010. The Cooperation Programme on ECD emphasizes three strategic objectives: (1) capacity building, (2) knowledge generation and dissemination, and (3) mainstreaming ECD into policies and programmes for young children. In addition, the Cooperation Programme on ECD focuses on cross-cutting issues, such as use of a human rights-based approach to planning and providing ECD services as well as gender equity and reaching the marginalized. The case study analyzes ECD in Tanzania by focusing on the core set of UNICEF, government, and partner activities prioritized for investment of the GoN funds and completed as of September 2010, the end of the study period. Where possible, the report presents findings on other activities related to the core set, but the case study was designed to use the GoN investment as a lens for analyzing ECD in Tanzania. Throughout, the report provides findings and conclusions about the role of the GoN funding in strengthening and catalyzing new and ongoing ECD activities. For the Tanzania case study, in August 2010 the evaluation team conducted nine days of in-country data collection, including field visits to locations identified by UNICEF country office (CO) staff where the core set of ECD activities that received support from the GoN funding is implemented in seven learning districts (LDs).[1] Primary data sources included (1) interviews with members of the UNICEF CO staff, representatives of national ministries and district offices involved in providing services related to ECD, staff from key partner organizations, preprimary teachers, and day care providers; (2) observations of two preprimary schools and three day care classrooms; (3) three focus groups with parents of children enrolled in preprimary schools and day care centers and one focus group with parents of children who were not enrolled; (4) one focus group with Community-Owned Resource Persons (CORPs), community volunteers who provide Community-Based Integrated Management of Childhood Illnesses (c-IMCI) visits to families with children younger than 3; and (5) one focus group with parents and caregivers who had been visited by CORPs and some who had not. In addition to these primary data sources, the case study team reviewed a range of secondary sources, including reports and draft policy documents, data from surveys, and results of external studies.

The evaluation team employed two main qualitative methods in analyzing case study data: (1) thematic framing and (2) triangulation. The case study team used a logical framework for ECD in Tanzania (Appendix A) and a case study matrix specifying questions, outcomes, and indicators (Appendix B) to establish a structure for thematic analysis. Triangulation confirmed patterns and identified important discrepancies across data sources and respondents participating in interviews and focus groups.

[1] UNICEF support for ECD at the subnational level in Tanzania is concentrated in seven learning districts in six regions on the mainland: Bagamoyo (Pwani), Temeke (Dar es Salaam), Hai and Siha (Kilimanjaro), Magu (Mwanza), Makete (Iringa), and Mtwara Rural (Mtwara), which are referred to as LDs. These districts were selected in collaboration with the government based on existing priorities in 2006. The objective of focusing UNICEF support for ECD in these districts was to assess the feasibility of implementing the ECD programming for young children developed at the national level and use lessons learned from these experiences to inform policymakers about the viability of policies and system improvements. There are 130 districts in Tanzania (120 mainland and 10 in Zanzibar).

UNICEF'S ECD Focus in Tanzania

The UNICEF Tanzania CO intersectoral ECD team works in partnership with the ECD focal persons in the Ministry of Community Development, Gender and Children (MoCDGC); Ministry of Education and Vocational Training (MoEVT); and Ministry of Health and Social Welfare (MoHSW); and with the Tanzania Early Childhood Development Network (TECDEN) to advocate for and provide technical support in the development of policies and plans for ECD services. The Country Programme Action Plan (CPAP), a broad contract between UNICEF and the government of Tanzania, lays out a number of approaches or activities to be carried out under the Nutrition and Early Child Development subcomponent, including but not limited to the following:

- Strengthening national, district, and community capacity for delivery of integrated health, nutrition, and ECD interventions
- Harmonizing sectoral and early childhood policies with broader child and gender policies
- Strengthening national-, district-, and community-level data and monitoring systems
- Carrying out formative research to understand the status of young children who are among the most vulnerable, and advocating for the special protection needs of them
- Ensuring year-by-year disaggregation of data for children younger than 5 in all data systems
- Advocating for the inclusion of ECD in the Primary Education Development Programme (PEDP II)
- Monitoring of the Education for All goal of increasing developmental readiness of children
- Supporting development of integrated ECD service delivery models in LDs

These activities are expected to produce the following outputs:

- IECD operational guidelines and minimum standards and draft curricula
- Framework and ECD curriculum and integrated community models implemented in selected wards in the LDs by the end of 2010
- At least 30 percent of children younger than 3 have access to community-based ECD services, defined as one of the following:[2]
    - Receipt of at least one CORPs visit in the previous three months
    - Attendance at a day care center
    - Caregiver has knowledge of ECD
    - Caregiver has an ECD card[3]
    - Village has two CORPs who are trained to orient caregivers of children younger than 3 on ECD

In accordance with CPAP, Tanzania's ECD focus is on development and implementation of an IECD policy and implementation of services and initiatives, including home-based care for children under age 3, day care centers for 3- and 4-year-olds, and preprimary school for children ages 5 and 6.

[2] These indicators were created as part of a baseline study in the seven LDs to define access to ECD services. These indicators are being collected in baseline and follow-up surveys only, not on an annual or more frequent basis.
[3] According to the model of integrating ECD into c-IMCI, during CORPs home visits, CORPs give parents and other caregivers specially designed cards with pictures, guidance, and information they can use to monitor their child's developmental milestones. The content of the cards was developed based on the ECD Resource Pack child development module.

Case Study Findings

The report presents case study findings in nine areas. We summarize these findings below.

Alignment with National Goals and Priorities

ECD activities under the United Republic of Tanzania and UNICEF programme of cooperation are generally aligned with priorities of the Government of Tanzania as expressed in its draft IECD policy document. As envisioned in the draft IECD policy document, Tanzania, in partnership with UNICEF, has developed services for children from conception to age 8, programme standards and monitoring systems, and intersectoral training programmes at national and subnational levels. Moreover, draft goals included the National Strategy for Growth and Reduction of Poverty (NSGRP, or MKUKUTA II by its Swahili name) call for 100 percent net enrollment in preprimary schools by 2015.

ECD activities in the seven LDs demonstrate the Tanzanian government's intention to promote holistic, intersectoral approaches; ECD activities outside the seven LDs are funded and implemented primarily by foundations and civil society organizations. Tanzania's draft IECD policy mission statement emphasizes the need for "integrated and multisectoral approaches to early childhood development services countrywide." A well-structured system to promote national-level intersectoral collaboration, especially among MoCDGC; MoEVT; MoHSW; Prime Minister's Office of Regional Administration and Local Governments (PMORALG); and TECDEN is in place. District-level intersectoral committees to manage and oversee ECD activities have been established in seven LDs and can serve as an important model for broader implementation of the draft IECD policy when it is finalized. In addition to the UNICEF-supported intersectoral approaches to ECD in the seven LDs, other ECD activities are funded and implemented through other foundation and civil society partners such as the Bernard Van Leer Foundation, KIWAKKUKI, KINNAPA, Plan International, Oxfam, World Vision, Save the Children, Aga Khan Foundation, Kiwakuku, Tanzania Home Economic Association, SAWA, TCDDC, and the Folk Development Committee.

Effectiveness: Increasing Access and Coverage

In partnership with UNICEF, Tanzania has expanded availability of holistic ECD services in the seven LDs, including services for families with children younger than 3 through c-IMCI as the entry point. ECD, and in particular a focus on early stimulation, has been integrated into c-IMCI by CORPs who received additional ECD training. The seven LDs provide c-IMCI home visits with ECD messages for families with children from conception to age 3, community-based day care for children ages 3 and 4, and preprimary education for children ages 5 and 6. The extent of ECD activities in the seven LDs, however, cannot be verified because district-level data are not available on the number of CORPs available to provide parent training or availability of spaces in day care centers and preprimary schools for all families who want them.

Due to integration of ECD into national policies, there have also been some increases in coverage of preprimary education beyond the seven LDs. Net enrollment ratios (NERs) in preprimary school increased from 24.6 percent in 2004 to 36.2 percent in 2008, but declined to 24.4 in 2009. This increase in net enrollment from 2004 to 2008 could be attributable to expansion of preprimary education as a result of the PEDP II policy.[4]

Effectiveness: Building Capacity for ECD

[4] The source for these data is the report entitled "Cost and Financing Scenarios to Support Implementation of the Integrated Early Childhood Development Policy of Tanzania" (UNICEF 2010b). The author notes the decline in NER from 36.2 in 2008 to 24.4 in 2009 but does not provide an explanation. In regard to this drop, the report states, "Of course one wonders if this is not an error, but the same figure of 24.4 is found in the recent Joint Education Sector Review of October 2009…so we must assume the figure has been checked."

Decision makers at national and district levels reported increased ability to implement and support ECD. With support from UNICEF, ECD focal persons in national ministries attended the Early Childhood Development Virtual University (ECDVU) and professional conferences. Participants reported feeling more confident and capable of leading ECD policy and programme discussions as a result of these experiences. District-level intersectoral teams in the seven LDs also reported an increased ability to support and oversee ECD activities as a result of ECD Resource Pack training.

Preprimary teachers observed during field visits demonstrated sound ECD practices. During field visits to two preprimary schools, teachers appeared well prepared, skilled in classroom management, and adept at engaging students. Caregivers also made excellent use of locally available learning and teaching materials and had involved parents in making these materials.

***Infrastructure observed in some of the day care centers was generally poor, did not follow the national operational guidelines, and did not meet minimum standards for integrated ECD*.** The evaluation team visited three day care centers.[5] In the two centers that were not attached to a preprimary school, infrastructure was poor and national quality standards—for caregiver–child ratios, ventilation, and safety—were not met. For example, one of the day care centers the case study team visited in Makete was crowded and located very close to a busy road, making it a safety hazard for children. In Temeke district, the team visited a very crowded day care center with 50 children, one trained teacher, and one caregiver. The day care center consisted of one poorly ventilated room. This is consistent with UNICEF's finding that in 2008 more than 80 percent of day care centers were in poor condition. (UNICEF 2010b).

Home-based care providers and parents reported increased knowledge and improved practices as a result of ECD activities in the seven LDs. During field visit interviews, parents and CORPs displayed a high level of awareness of ECD, especially regarding early stimulation. Both parents and non-parental caregivers reported changes in practices after receiving ECD training; children were observed playing with learning materials they had made with their parents.

Effectiveness: Generating Knowledge for ECD

Several studies related to ECD have been completed with support from UNICEF that are currently informing ECD in Tanzania. The situational analysis and stakeholder consultations carried out in 24 districts greatly informed the development of the draft IECD policy. Moreover, documentation of how ECD was integrated into c-IMCI in Kibaha district was used to replicate this integration in the other six LDs.

Some guidance for budgeting costs for ECD has been developed and there are plans for dissemination and use. With support from UNICEF, an ECD cost and financing study has been drafted and was expected to be released in late 2010. It contains information about fixed and recurrent costs under various scenarios for achieving increased coverage of home visiting services for children from conception to age 3, community-based day care centers for children ages 3 and 4, and preprimary education for children ages 5 and 6. According to the UNICEF CO, this study has been used to develop a concept note for the World Bank funding to support scaling up of the three costed scenarios. It will also be used as an "investment case" for advocacy during a national forum on investment in ECD.

There are insufficient national- and subnational-level data to inform ECD policies and programmes. Despite the important contributions of new studies, adequate ECD data are not available at national and subnational levels to guide policy and programme decisions about ECD. For example, Basic Education Statistics Tanzania (BEST) data provide NERs for preprimary education, but do not break the figures out for specific populations such as orphans, children with disabilities, and other vulnerable populations. There are no national data on the number of day care centers that exist, rates of

[5] In Makete district, the case study team visited one day care center attached to the preprimary and primary school with 11 children and two volunteer caregivers. Another day care center that the team visited in Makete district was a standalone center run by the community and had 30 children (16 boys and 14 girls with two volunteer caregivers. In Temeke district the case study team visited a day care center with 50 children (28 boys and 22 girls) with one trained teacher and one caregiver.

day care center enrollment, or the number of CORPs that are providing ECD and early stimulation information to parents through c-IMCI.

There is little evidence on the effectiveness of ECD services in Tanzania to guide resource allocation decisions. Although Tanzania, in partnership with UNICEF, has completed several important studies of best practices and descriptive studies to document the need for ECD services, studies have not been conducted to evaluate the effectiveness of ECD being implemented in the seven LDs. Some of the ECD activities in the seven LDs has been launched very recently; thus, it might be early to conduct an effectiveness evaluation. More research on the feasibility of implementation might be useful to ensure services can be well implemented before conducting an effectiveness study. According to UNICEF, an evaluation of ECD activities in the seven LDs is planned and a baseline study has been completed.

Effectiveness: Mainstreaming ECD in National Policies and Services

Detailed plans for mainstreaming ECD beyond the seven LDs have not yet been developed. At the time the site visit was conducted, the IECD policy was in draft form and was expected to be adopted late in 2010. As a result, funding mechanisms had not yet been established at national levels to undertake broader implementation of ECD activities beyond the seven LDs. Tanzania and its partners also face challenges in assessing national resource allocations for ECD, donor interest in funding ECD, and the capacity of key institutions to provide national leadership in ECD.

Capitation grants for preprimary students are not consistently provided, indicating that local district planners are facing challenges planning and budgeting for ECD. Although MoEVT at the national level has begun allocating funds for preprimary students under PEDP II, during a field visit to a preprimary school a head teacher reported that the school did not receive capitation grants for preprimary students. The school has received these funds only for primary students. Primary school head teachers reported that many preprimary students are not properly registered with the school and schools do not include preprimary students in their reports to the government. Because grants are paid on the basis of the number of students reported, grants have not been received for all preprimary students who attend. A further problem is that preprimary classes are managed by committees that are separate from the rest of the primary grade management and head teachers prioritize the other grades.

Efficiency and Quality of ECD Services

Through UNICEF support, operational guidelines and minimum standards for ECD service delivery have been developed. Operational guidelines and minimum standards for ECD service providers exist and are in use in the seven LDs even though they have not yet received final approval by the national government.

Minimal information is available about the efficiency and quality of services. Although guidelines and standards exist and are in use, adherence to them is not yet required by government policy. Systems are not yet in place for consistent monitoring and tracking of efficiency and quality indicators in the seven LDs.

Processes for ECD Planning, Management, and Coordination

Results-based planning for ECD is limited in Tanzania; data are not consistently collected and used for planning and managing ECD services. Systematic monitoring and data collection to track progress and promote continuous improvement of ECD is limited. Accessible data on service coverage are not available. Regular monitoring of home-based programmes, day care centers, and preprimary schools at the district level is minimal, and monitoring results are not systematically tracked and used for planning. Plans for monitoring CPAP outputs and outcomes in the seven LDs include a baseline and follow-up survey and monitoring visits by UNICEF CO staff. These monitoring visits, conducted four times per year, have a broader focus rather than on ECD activities specifically. In-depth monitoring, such as monitoring visits to specific centers and schools, is not conducted.

The current Republic of Tanzania–UNICEF CPAP does not include specific, measurable targets for the ECD activities in the seven LDs. UNICEF's expected outputs for ECD include developing community models for ECD and increasing access to community-based ECD services for children younger than 3 in the seven LDs to 30 percent by 2010. More specific enrollment targets for each of the three main ECD programmes (home visits to promote early stimulation, day care centers, and preprimary schools) are needed.

Incorporation of a Human Rights-Based Approach and Strategies to Improve Gender Equity and Participation of the Disadvantaged and Marginalized

Development of ECD policy and services have emphasized participation of parents, ECD service providers, and other local stakeholders. District-level intersectoral ECD committees in the seven LDs emphasize local-level coordination and bring local stakeholders together to oversee ECD activities. Parents and community members are involved in school committees for preprimary schools and day care centers. Approaches that employ local volunteers, such as the CORPs who deliver c-IMCI home visits, increase the likelihood that local contexts will be taken into account in service provision.

Women are well represented in policymaking positions related to ECD due to Tanzanian government policy. Consistent with UNICEF's focus on incorporating strategies to improve gender equity, during field visit interviews at national and district levels, the case study team noted that women were well represented in leadership roles. This could be because of the *Women and Gender Development Policy* (2000) under MoCDGC. The policy has the overall objective to promote gender equality and equal participation of men and women in economic, cultural, and political affairs. It also focuses on equal opportunities for men and women in terms of access to education, child care, employment, and decision making.

Boys and girls appear to be served in equal numbers, based on reviews of national data and case study class observations. The BEST data indicate that approximately equal proportions of girls and boys are enrolled in preprimary schools. Based on case study classroom observations during visits to day care centers and preprimary schools, it appeared that there were roughly equal numbers of girls and boys in attendance.

There is little evidence that MVCs or other disadvantaged groups are being reached with ECD services in the LDs or elsewhere. The draft IECD policy includes a brief section on serving vulnerable children; it specifies that the government, in collaboration with other stakeholders, should encourage communities to take responsibility for vulnerable children, should establish programs for reaching vulnerable children with services, and should ensure that laws aimed at protecting children are enforced. In Tanzania, especially vulnerable children are orphans, children living in households headed by other children or elderly adults, children with disabilities, and street children. However, no specific strategies have been elaborated by Tanzania for reaching vulnerable children with ECD services, including home-based care, day care, or preprimary education. According to UNICEF staff, orphans are supported at home and in day care centers, but including children with disabilities is a challenge due to lack of trained staff and appropriate facilities.

The national programme of support for MVCs might not be reaching the youngest children in need. The *National Costed Plan of Action for MVC* identifies certain groups of children as especially vulnerable; it aims to provide essential support services to these children through a community-based programme in which community MVC committees identify vulnerable children and allocate programme resources to provide supports such as school fees, uniforms, supplies, and possibly food support, health and legal referrals, and assistance with housing and other supports. However, those interviewed during the case study visit reported that very few children younger than 5 are identified and supported under the MVC programme. According to UNICEF, "In the actual identification process, more boys than girls are identified as MVC and very few children below school age are identified as MVC" (UNICEF 2010b). This represents a critical gap in the MVC programme, which is currently the only concerted effort (and funding stream) to reach the most disadvantaged children with services designed to protect their rights and improve outcomes related to their health, education, and security.

Sustainability and Scale-Up of ECD Services and Initiatives[6]

Sustainability of the ECD focus in c-IMCI home visits requires that there be a sufficient number of CORPs per village that have received training on early stimulation and they must be retained in their positions. The number of CORPs per village is fairly low (for example, two CORPs per village), making it challenging for CORPs to provide services to all eligible children and families. Although data on attrition rates of CORPs are not available, some evidence suggests that attrition could be an issue. UNICEF and country counterparts expressed concern about the potential effect of turnover of CORPs and its effect on the quality and consistency of the ECD messages provided as part of c-IMCI.

The current day care center funding approach hinders sustainability and enrollment of vulnerable children who need the services most. Day care centers are supported by the community through community funds, in-kind parent contributions, and contributions from community elders or private businesses and charitable organizations. Teachers do not receive a government salary; they are supported by parent contributions. In wealthier communities, parent fees are viewed as sufficient but in poorer areas this is not the case. Under this funding approach, however, there is little incentive for well-qualified day care providers to work in poorer communities where parents cannot afford to contribute to teachers' salaries.

Tanzania currently has only partial plans for scaling up services beyond the seven LDs. At sectoral levels there are some plans in development for national scale-up. For example, the draft goals of MKUKUTA II called for 100 percent net enrollment in preprimary school by 2015. It is not clear, however, if funds are available yet to implement the plans. The case study team did not find evidence of scale-up plans in ECD-related documents prepared by UNICEF or the government of Tanzania. Site visit respondents also did not have knowledge of specific scale-up plans. According to UNICEF staff, Tanzania was waiting for the draft IECD policy to be finalized to develop scale-up plans for ECD. After approval of the policy, the government will develop a national plan of action that outlines how the new policy will be operationalized and phased plans to take selected ECD interventions to scale. It also should be noted that at sectoral levels there are some national plans, such as for universal access to preprimary classrooms, but funds are not yet available to implement the plans.

Several important steps have been taken to lay the groundwork for scaling up ECD beyond these districts, but gaps in information about effectiveness hinder evidence-based decision making. Through its partnership with UNICEF, Tanzania has trained leaders and key government officials on ECD, developed programme guidelines and standards, implemented ECD services in the seven LDs, and produced a cost and financing study to guide future scale-up efforts. Little, however, is known about the effectiveness of the activities implemented in the seven LDs, which leaves policymakers and programme managers with little information about where to invest scarce resources.

Conclusions

This section presents conclusions about progress that has been made and ongoing challenges faced by Tanzania and its partners as they continue to develop ECD policy, support implementation, and plan for scale-up.

Alignment with National Goals and Priorities

- Tanzania has made substantial progress toward completion of an intersectoral IECD policy.

Increasing Access and Coverage

[6] As defined by the Organization of Economic Cooperation and Development: Development Assistance Committee (OECD-DAC) (2002) evaluation criteria, "Sustainability is concerned with measuring whether the benefits of an activity are likely to be continue after donor funding has been withdrawn." This case study assesses sustainability at the service delivery and broader systems levels.

- Plans for increasing coverage have not been fully developed.
- Several important steps have been taken to lay the groundwork for scaling up ECD beyond the seven LDs, but gaps in information about effectiveness hinder evidence-based decision making.

Capacity Building for ECD

- Capacity for developing ECD policy and implementing services has increased at all levels.

Knowledge Generation for ECD

- Some progress has been made toward building an evidence base to inform ECD policy and services in Tanzania, but gaps in knowledge generation and management at all levels impede results-based planning.

Mainstreaming of ECD into National Policies and Plans

- Integration of ECD into c-IMCI provides a good example of a successful intersectoral approach.
- Current funding approaches are insufficient for mainstreaming ECD services.

Efficiency and Quality of ECD

- National ECD guidelines and standards for service delivery can facilitate consistent implementation and continuous quality improvement as ECD is scaled up, but better monitoring is needed.

Processes for Planning, Management, and Coordination

- Tanzania has developed a model for intersectoral collaboration at the national and subnational levels.

Incorporation of a Human Rights-Based Approach and Strategies to Improve Equity

- Current ECD policy and programme approaches lack mechanisms for identifying and providing ECD services to the most vulnerable groups of children.

Factors Affecting Sustainability and Scale-Up

- Tanzania has begun laying the groundwork for developing scale-up plans, but planning for scale-up is not yet underway.

Role of the UNICEF-GoN Funding

- The UNICEF-GoN Cooperation Programme provided important support for capacity building and policy development at the national level as well as intensive capacity building and support for implementing strategic ECD activities at the district level.

Lessons Learned

At the time of the August 2010 site visit, Tanzania was at a relatively early stage in the development and implementation of ECD policy and programme implementation. Development of the IECD policy document was underway but had not yet been completed. Implementation of ECD activities was focused

primarily in the seven LDs. Nevertheless, Tanzania's experience thus far at both the national and subnational levels provides several important lessons learned that might be useful for other countries, particularly on the topic of intersectoral collaboration.

Early investment in intersectoral training at the national level can foster the development of ECD expertise and strong relationships across sectors. At the national level, Tanzania has a well-structured ECD policy development process in which focal persons from multiple ministries and partner organizations participate in a steering committee chaired by MoCDGC. With support from UNICEF, these individuals participated together in ECDVU for one year. During site visit interviews, participants reported that this experience helped the group to create shared expertise in ECD, a common understanding of the importance of ECD, and strong working relationships across sectors.

Intersectoral policy development and planning fosters integrated, holistic services rather than implementation only in one isolated sector and takes a holistic approach to meeting young children's needs. Tanzania's intersectoral approach to ECD policy development has fostered an integrated, holistic approach across health, education, and social welfare, rather than a more limited focus in a single area. Moreover, in the seven LDs, multiple service delivery strategies have been implemented across sectors simultaneously and are overseen by an integrated district-level committee.

An intersectoral approach to policy development and programme implementation promotes the development of interventions for parents and children across the ECD age span (conception to age 8). Another benefit of Tanzania's intersectoral ECD approach has been the implementation of services across the age span. Rather than focusing on one age group—preschoolers, for example—Tanzania has developed home-based services for parents and children up to age 3, day care services for children ages 3–5, and preprimary classrooms for children ages 5 and older.

Because donor groups are organized by sector, an intersectoral approach to ECD creates challenges for efficient interactions with funders. Tanzania receives support from a set of donor groups that is organized by sector. Because Tanzania has taken an intersectoral approach to ECD, it is difficult to engage donor groups, each of which focuses on a specific sector, in funding intersectoral ECD. There is no single lead ministry to connect with a particular donor group and advocate for ECD funding. Addressing this mismatch between the intersectoral country approach and the sectoral donor approach will be critical for engaging donors in funding the services needed to mainstream ECD beyond the seven LDs. The UNICEF–GoN programme was a first step in this type of funding that could serve as a model for donor funding strategies focused on intersectoral collaboration and mainstreaming.

Recommendations

The evaluation team offers the following recommendations to enhance ECD policy development and implementation in Tanzania. The team presents separate recommendations for the Government of Tanzania, focused on intersectoral collaboration and implementation, and for UNICEF, which focus on advocacy and provision of technical support.

Table 1. Recommendations

Government of Tanzania	UNICEF
Alignment with National Goals and Priorities	
Complete final adoption of the draft IECD policy and develop a national plan of action to facilitate implementation of the policy after its adoption.	Provide technical support for developing a national plan of action.
	Coordinate with foundations and civil society organizations (CSOs) implementing ECD outside of the seven LDs to support implementation of the

Government of Tanzania	UNICEF
	IECD policy after its adoption.
Increasing Access and Coverage	
Develop plans for providing ECD training to CORPs outside of the seven LDs.	Develop or commission a position paper on strategies for expanding access and coverage, including c-IMCI convergence with ECD and strengthening of access to community day care centers.
Develop plans for scaling up preprimary services to meet NER goals.	
Capacity Building for ECD	
Consider replicating district-level ECD training implemented in the seven LDs in other districts in preparation for broader implementation of the IECD policy.	Consider sending another cohort of national policymakers to the ECDVU.
Knowledge Generation for ECD	
Capitalize on existing national-level surveys to generate data on ECD.	Collaborate with other donors to support rigorous impact evaluations of selected ECD interventions.
Mainstreaming of ECD into National Policies and Plans	
Support advocacy efforts at national, regional, district, and local levels to prioritize preprimary schools for receipt of capitation grants.	Advocate for budgeting and fiscal space for ECD.
Efficiency and Quality	
Consider strategies to reduce and maintain low levels of attrition among CORPs.	None.

Government of Tanzania	UNICEF
Processes for ECD Planning, Management, and Coordination	
Consider developing indicators for implementation of ECD programmes, train district-level teams to collect data on the indicators, and use the data to monitor ECD activities and work on continuous programme improvement. Consider developing early learning and development standards, along with indicators for what children should know and be able to do at different ages, to facilitate tracking progress toward meeting the standards.	Provide technical support to help Tanzania develop indicators and integrate them into existing data and monitoring systems.
Incorporation of a Human Rights-Based Approach and Strategies to Improve Equity	
Use the President's Emergency Plan for AIDS Relief (PEPFAR) II and revision of the National Plan of Action for MVCs as opportunities to integrate ECD and increase coverage. To sustain enrollment in day care centers and make them accessible to vulnerable children, government financing or scholarships for children whose families cannot afford a fee and teacher incentives should be considered.	None.
Sustainability and Scale-Up	
When the IECD policy document is passed, develop concrete plans for scaling up services.	Increase coordination with the other donors globally to explore integration of ECD services into existing programmes and increase ECD service coverage.

I. INTRODUCTION

Research confirms the fundamental roles that good health, adequate nutrition, and responsive interactions with caregivers play in the emergence of critical physical, cognitive, and socioemotional skills during a child's early years. Achievement of key milestones in early development (from the prenatal period through age 8) creates a basis for health, learning capacity, and productivity throughout a person's life. Studies of public policies and programmes focused on enriching early childhood development (ECD) also offer evidence that high quality interventions can produce substantial benefits later in life in areas such as communication and cognitive development, school enrollment and completion, health status, and earnings and self-sufficiency (Engle et al. 2007; Love et al. 2005; Young 2007).

These findings have helped advance the incorporation of ECD in international agreements and agendas related to children's rights. Children's basic rights to survival and development of their full potential are affirmed in the Convention on the Rights of the Child. The World Fit for Children agenda prioritizes ECD, asserting that nations must promote the "physical, psychological, spiritual, social, emotional, cognitive and cultural development of children," and Education for All commitments include expansion and improvement of early childhood care and education among goals to be met by 2015 (United Nations Children's Fund [UNICEF] 2002; United Nations Educational, Scientific and Cultural Organization [UNESCO] 2000). Moreover, ECD is closely related to achievement of the Millennium Development Goals (MDGs), particularly MDG1, Eradicate Extreme Poverty; MDG2, Universal Primary Education; and MDG4, Reduction of Child Mortality.

1.1 Tanzania's ECD Focus

In keeping with UNICEF's mission to "… advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential" and in accord with its Medium-Term Strategic Plan (MTSP) covering 2006–2013, UNICEF identifies ECD as a cross-cutting issue.[7] The ECD Unit in UNICEF's New York headquarters (HQ) works closely with the Regional Offices (ROs) and country offices (COs) to provide support for meeting the MTSP targets. UNICEF's aims for ECD include policy and programme development and implementation that are holistic and attend to children's unique developmental needs from pregnancy through age 8 (UNICEF ECD Unit 2006). Holistic approaches aim to address the needs of the whole child by considering health, nutrition, child protection, early learning, education, and other needs. To reach these aims at the country level, UNICEF works in cooperation with partner nations to support the development and implementation of both intersectoral and sectoral policies and strategies promoting ECD. UNICEF's work is grounded in its human rights-based approach to promoting access to services equitably across gender and income levels and for those who are marginalized and disadvantaged. In addition, UNICEF works to ensure that ECD in emergencies incorporates holistic and intersectoral approaches.

Each host government enters into a programme of cooperation with UNICEF. The resulting five-year Country Programme Action Plan (CPAP), a broad contract between UNICEF and the host country, is developed in mutual agreement and signed by both parties. CPAP defines the results to be achieved and basic strategies to be used. ECD is included in CPAP to the degree upon which it is mutually agreed. The joint work conducted under a given CPAP may evolve over time and activities can include more or less of what was originally specified in the CPAP. There is an opportunity to revise the CPAP formally during the Mid-Term Review, usually conducted in the third year of country programme implementation, or if a significant emergency occurs.

The Tanzania CPAP 2007–2010 defines five programme components: (1) Policy Advocacy and Analysis, (2) Young Child Survival and Development (YCSD), (3) Basic Education and Life Skills (BELS), (4) Child Protection and Participation, and (5) Geographically-Defined Programmes (United Republic of

[7] Although all five focus areas of the current MTSP are relevant to ECD, organizational targets and areas of cooperation that specifically mention ECD appear under Focus Area (FA1), Young Child Survival and Development, and Focus Area 2 (FA2), Basic Education and Gender Equality.

Tanzania/UNICEF 2006). Within the UNICEF CO, ECD falls under the YCSD programme, under the Nutrition and Early Child Development subcomponent. ECD activities are led by an ECD focal person. An intersectoral CO ECD team with representatives from each of the five programmes works on ECD issues at UNICEF, with primary involvement from the YCSD and BELS programmes.

The UNICEF intersectoral ECD team works primarily with the ECD focal persons in the Ministry of Community Development, Gender and Children (MoCDGC); Ministry of Education and Vocational Training (MoEVT); and Ministry of Health and Social Welfare (MoHSW); and with the Tanzania Early Childhood Development Network (TECDEN) to advocate for and provide technical support in the development of policies and plans for ECD services. The CPAP lays out a number of approaches or activities to be carried out under the Nutrition and Early Child Development subcomponent, including but not limited to the following:

- Strengthening national, district, and community capacity for delivery of integrated health, nutrition, and ECD interventions
- Harmonizing sectoral and early childhood policies with broader child and gender policies
- Strengthening national-, district-, and community-level data and monitoring systems
- Carrying out formative research to understand the status of the most vulnerable children (MVC), and advocating for the special protection needs of young MVC
- Ensuring year-by-year disaggregation of data for children younger than 5 in all data systems
- Advocating for the inclusion of ECD in the Primary Education Development Programme (PEDP II)
- Monitoring of the Education for All goal of increasing developmental readiness of children
- Supporting development of integrated ECD service delivery models in LDs

Key ECD expected outputs from the 2007–2010 CPAP for Tanzania are

- Development of integrated early childhood development (IECD) operational guidelines and minimum standards and draft curricula
- Implementation of an ECD curriculum and integrated community models in selected wards in the seven learning districts (LDs)[8] by the end of 2010
- Attendance at ECD centers by at least 30 percent of children younger than 3

The UNICEF–Government of the Netherlands (GoN) Cooperation Programme on ECD represents a major investment toward furthering UNICEF's work in this area and advancing comprehensive approaches to ECD, with a focus on sustainable policy development and partnership to scale up successful interventions. Under this programme, GoN funded UNICEF HQ to work with 7 ROs, 10 COs, and country partners in Africa and Asia to achieve three strategic objectives: (1) building the capacity of policymakers, service providers, and parents to fulfill duties and claim rights related to ECD; (2) generating and disseminating knowledge in support of ECD policies and programming; and (3) mainstreaming ECD policies and programmes in national development agendas. The three strategic

[8] UNICEF support for ECD at the subnational level in Tanzania is concentrated in seven districts in six regions on the mainland: Bagamoyo (Pwani), Temeke (Dar es Salaam), Hai and Siha (Kilimanjaro), Magu (Mwanza), Makete (Iringa), and Mtwara Rural (Mtwara), which are referred to as LDs. These districts were selected in collaboration with the government based on existing priorities in 2006. The objective of focusing UNICEF support for ECD in these districts was to assess the feasibility of implementing the ECD programming for young children developed at the national level and use lessons learned from these experiences to inform policymakers about the viability of policies and system improvements. There are 130 districts in Tanzania (120 mainland and 10 in Zanzibar).

objectives of capacity building, knowledge generation and dissemination, and mainstreaming are defining elements of the framework for the UNICEF–GoN Cooperation Programme and UNICEF ECD activities generally. Country-specific inputs, activities, outputs, and outcomes in each strategic area are expected to produce ECD interventions that results in all children entering school developmentally ready and on time, staying in school, and learning.

1.2 National Context for ECD in Tanzania

The United Republic of Tanzania is among the poorest countries in the world, with a Human Development Index rating of 151 of 182 countries (United Nations Development Programme [UNDP] 2009). Eighty-nine percent of the population of Tanzania lives on less than 1.25 (US$) per day and poverty is heavily concentrated in the rural areas. Most of the population lives in rural areas and relies upon subsistence agriculture for sustenance.

Despite recent improvements in child health, Tanzania has high rates of neonatal and infant mortality of 35 and 67 per 1,000 live births, respectively, and 157 of every 1,000 children born die before reaching their fifth birthday (UNICEF 209a). Malnutrition is also prevalent among children younger than 5, with 22 percent of children underweight; 38 percent are stunted (UNICEF 2009a). According to data from the Demographic and Health Survey (DHS), maternal mortality rates have actually increased over time, from 529 deaths per 100,000 live births in 1996 to 578 deaths in 2004 (UNICEF 2009a).

Access to early education is limited for young children in Tanzania. According to official statistics, 36 percent of children ages 5 and 6 were enrolled in preprimary education in 2008, an increase from only 25 percent in 2004 (UNICEF 2009a). Tanzania has nearly achieved universal primary school enrollment, with net enrollment ratios (NERs) for males and females of 98 and 97 percent, respectively. However, only 83 percent of primary students remain through the last grade of primary school and very few continue on to secondary education; NERs for secondary school are less than 10 percent for males and females (UNICEF 2009a).

In addition to poverty, the high prevalence of HIV/AIDS (6.2 percent of adults ages 15–49) creates significant hardships for young children in Tanzania (UNICEF 2009a). An estimated 970,000 children in Tanzania have been orphaned by HIV/AIDS, and an estimated 2.6 million orphans from all causes living in Tanzania (according to 2007 data, UNICEF 2009a). Additionally, some 140,000 children birth to age 14 are currently living with HIV/AIDS in Tanzania.

Orphans (children who have lost one or both parents), children living in households headed by other children or elderly adults, disabled children, and street children are considered especially vulnerable. However, national-level statistics do not exist to provide estimates of the size of these populations in Tanzania.

Primary Needs of Young Children in Tanzania

- Health and nutrition services to reduce neonatal, infant, and young child mortality and malnutrition
- Opportunities to receive cognitive stimulation and support for social-emotional development—either through home-based activities or in ECD centers—so that children enter school ready to learn
- Focused supports for especially vulnerable children, including orphans, children living in households headed by other children or elderly adults, children with disabilities, and street children

1.3 Purpose of this Report

This report presents the results of a case study of ECD activities in Tanzania. The evaluation team conducted the study as part of an evaluation of the UNICEF–GoN Cooperation Programme on ECD, 2008–2010.[9] Under the Cooperation Programme on ECD, Tanzania and nine other countries, along with UNICEF ROs and UNICEF HQ, received funding to further existing ECD work, support new activities, and advance comprehensive approaches to ECD.[10] The Cooperation Programme on ECD emphasizes three strategic objectives: (1) capacity building, (2) knowledge generation and dissemination, and (3) mainstreaming ECD into policies and programmes for young children. In addition, the Cooperation Programme on ECD focuses on cross-cutting issues, such as use of a human rights-based approach to planning and providing ECD services as well as gender equity and reaching the marginalized.

The case study analyzes ECD in Tanzania by focusing on the core set of UNICEF, government, and partner activities prioritized for investment of the GoN funds and completed as of September 2010, the end of the study period. Where possible, the report presents findings on other activities related to the core set, but the case study was designed to use the GoN investment as a lens for analyzing ECD in Tanzania. Throughout, the report provides findings and conclusions about the role of the GoN funding in strengthening and catalyzing new and ongoing ECD activities. As described in the following section, the case study focuses on *why* and *how* Tanzania and its partners took the ECD approach they did, the processes and results of these efforts to promote ECD, and lessons learned and recommendations for addressing gaps and sustaining and scaling up successful approaches and interventions. The remainder of this section describes the focus of the case study, the methods used to conduct the study, and limitations regarding the case study approach and findings.

1.4 Case Study Scope and Methods

To explore the design, processes, and results of ECD activities and initiatives, the evaluation team conducted a retrospective study employing qualitative analysis methods. The study focuses on initiatives that UNICEF has supported in cooperation with the government and other partners, as expressed in the logical framework for ECD. It explores these topics and questions, which are based on the terms of reference for the evaluation of the UNICEF-GoN Cooperation Programme on ECD:

- ***Alignment of ECD activities with national priorities.*** Why were specific strategies adopted? How well aligned are they with national priorities as expressed in development plans and strategic documents?
- ***Planning, management, and coordination.*** How successful has planning and coordination for ECD been within and among UNICEF, the government, and development partners?
- ***Quality and efficiency of ECD services.*** What is the current quality of ECD services provided, and how, if at all, has it been enhanced through ECD? What is known about the costs and efficiency of ECD services?
- ***Effectiveness[11] in expanding coverage of ECD services.*** Have strategies to increase coverage contributed to changes in service availability or participation rates? If so, how?

[9] In April 2010, the UNICEF Evaluation Office (New York) contracted with Mathematica Policy Research to conduct an evaluation of the UNICEF–GoN Cooperation Programme. The evaluation includes case studies of four countries receiving GoN funding: Cambodia, Ghana, Nepal, and Tanzania. The case study countries were selected to represent multiple regions and exhibit diversity in context and ECD programming. UNICEF COs and partner availability to receive a visit during the study period were additional factors considered in the final selection of case study countries.

[10] The 10 countries receiving funding through the Cooperation Programme on ECD are Cambodia, Democratic Republic of the Congo, Ghana, Malawi, Mongolia, Nepal, Swaziland, Tajikistan, Tanzania, and Sri Lanka.

[11] In this study, the OECD definition of effectiveness is used: "the extent to which a development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance" (OECD 2002).

- ***Effectiveness in building capacity for ECD.*** How successfully have activities increased the capacity of service providers, caregivers, and decision makers to support ECD? What capacity gaps exist?
- ***Effectiveness in generating knowledge for ECD.*** How successfully have activities promoted measurement of children's development and family and community care and increased the knowledge base regarding the effectiveness of ECD interventions?
- ***Effectiveness in mainstreaming ECD into national policies and plans.*** How, if at all, have the levels of national and subnational engagement and ownership of ECD changed?
- ***Sustainability and scalability of ECD services.*** What factors have supported or inhibited sustainability and scale-up of ECD services?
- ***Use of a human rights-based approach to gender equity and reaching the most disadvantaged.*** How successfully have activities involved key stakeholders in design and implementation? How have national and local contexts been taken into account in design and implementation? To what extent has ECD promoted gender equity and access among marginalized groups?
- ***Lessons learned.*** What general lessons can be drawn from the strengths and weakness of the design and implementation of ECD in Tanzania, as well as its results?

The study was guided by a case study matrix (presented in Appendix B), which details specific research questions and links the questions to relevant outputs or outcomes and indicators. Some elements of the case study matrix are directly aligned with those specified in the UNICEF–Government of Tanzania programme of cooperation, whereas others are designed to addresses issues and results that are of importance to the broader evaluation of the Cooperation Programme on ECD.

Data Collection

For the Tanzania case study, the evaluation team conducted nine days of in-country data collection, including field visits to locations where ECD is implemented. A two-person case study team including a senior researcher and a local consultant conducted numerous interviews and focus groups in Tanzania during August 2010. The primary data sources included the following:

- ***Key informant interviews.*** The case study team conducted in-depth interviews with UNICEF CO staff, ministry officials from the MoEVT; MoHSW; and the MoCDGC; and staff from key UNICEF partner organizations. These interviews took place at the UNICEF CO. In addition, at the district level, the case study team interviewed district officials, community health volunteers, preprimary teachers, and day care providers. These interviews focused on assessing (1) key decisions made by stakeholders in regard to ECD, (2) implementation of ECD policies and programmes, and (3) the resulting successes and challenges in meeting overall objectives and progress toward targeted outcomes.
- ***Focus group discussions with parents.*** Discussions were held during visits to Temeke and Makete districts. Discussion topics included parents' understanding of ECD, their experiences with their children enrolling in preprimary schools and day care centers, and changes in their children's behavior as a result of exposure to ECD services. The case study team also spoke with a few parents whose children were not enrolled in preprimary schools to learn about barriers to access.
- ***Observations of preprimary schools and day care centers.*** During school and day care center observations the evaluation team observed classroom activities, noted the types of educational and play materials available, assessed the overall classroom environment, and observed interactions between the children and facilitators. The case study team conducted observations in two preprimary schools (one in Makete and one in Temeke) and three day care centers (two in Makete and one in Temeke). The preprimary schools and day care

centers visited were selected by UNICEF CO staff and district officials to provide a view of the different contexts in which ECD services are delivered in Tanzania.

Appendix C presents more details about primary data collection for the Tanzania case study, including a list of individuals interviewed and locations visited. In addition to these primary data sources, the case study team reviewed secondary sources, including reports and strategic plans, data from surveys and management information systems, and the results of external studies.

Analysis Methods

The evaluation team employed two main qualitative evaluation methods in analyzing case study data: (1) thematic framing and (2) triangulation. Thematic framing involves the systematic review, sorting, and interpretation of data according to a specified structure. The analysis was structured around the logical framework for ECD in Tanzania and the questions, outcomes, and indicators specified in the case study matrix. The case study team used triangulation to confirm patterns or identify important discrepancies across data sources and respondents participating in interviews and focus groups.

1.5 Limitations of the Study

The evaluation's findings and recommendations must be understood in the context of five important limitations:

1. **Timing.** Because the evaluation includes one round of data collection and focuses on experiences through September 2010, the evaluation team has not directly assessed conditions at multiple points in time and through the end of the GoN funding period (December 2010). This circumstance limits the ability to ascertain definitively the extent of change that might have occurred in ECD activities and results over time.
2. **Representativeness of field visit sites.** The Tanzania data collection included one country visit and observations and interviews in two of seven districts supported by UNICEF in Tanzania, one rural and one urban. Because the field visit sites were not selected at random, they might not be representative of ECD throughout the country.
3. **Stakeholders as primary data sources.** The analysis relies largely on reports from individuals in Tanzania who are affiliated with or affected by ECD activities. Although many individuals offered frank assessments of the ECD's strengths, weaknesses, and outcomes, it is possible that affiliation with the ECD activities skewed respondents toward positive assessments.
4. **Quality of secondary data.** In many cases there is no information available about the quality or accuracy of secondary data. This is generally true for data obtained from ministry management information systems.
5. **Incomplete information.** The interviews and meetings conducted during the Tanzania site visit were arranged in advance by the UNICEF Tanzania country office to address the evaluation's focus on the UNICEF–GoN programme. The meetings included several interviews with ECD focal persons in MoEVT, MoHSW and MoCDGC. The case study team was not, however, able to meet with IECD Technical Committee members due to scheduling conflicts. Due to scheduling issues, the case study team did not meet with the ECD representative from UNICEF's Policy, Advocacy, and Analysis programme until the last day of the visit. This staff member provided helpful information about resource flows and budgeting in the Tanzanian government context, but due to the timing of the interview the team was unable to follow up on this information with key government informants. In addition, the team was able to meet with only a few parents of children not enrolled in preprimary schools or day care centers due to lack of time and access.

These limitations notwithstanding, the evaluation team addressed the case study questions fully and provides the most accurate findings and recommendations from them as possible.

1.6 Organization of the Report

The remainder of this report is organized into five sections. Section II describes the policy and governance framework for ECD in Tanzania. Section III presents an overview of ECD services and initiatives in Tanzania and activities to support ECD conducted under the programme of cooperation between the Tanzanian government and UNICEF. Section IV presents case study findings in each of the topic areas, including findings on the appropriateness of the ECD design; coverage, quality, and efficiency of ECD services; and effectiveness. Section V addresses the prospects for sustainability and scalability of ECD services and initiatives, and Section VI offers conclusions, lessons, and recommendations intended to enhance future ECD efforts in Tanzania.

2. POLICY, GOVERNANCE, AND PARTNERSHIPS FOR ECD

The Government of Tanzania has recognized the calamitous effects that extreme poverty, high rates of HIV/AIDS, and a culture of gender discrimination in some areas can have on children of all ages. At least since Tanzania's independence in 1964, health policies have emphasized maternal and infant health and young child health and nutrition, whereas education policies have included mention of day care centers and preschool. For many years, other policies related to development and poverty reduction have similarly emphasized the importance of caring for and contributing to the development of children. Since the 1980s, various policies have been enacted to address issues related to HIV/AIDS and orphans. In 1996, an intersectoral child development policy was enacted that covered children ages birth to 18 years; enactment of a policy focused specifically on early childhood development was expected by the end of 2010. This section highlights the most recent health, education, and poverty-reduction policies and their relationships to early childhood development services currently being implemented in Tanzania, as well as recent policy efforts to highlight ECD as a key area for intersectoral collaboration. A summary of these and other policies and plans relevant to child development can be found in Appendix D.

2.1 Relevant Policies

The evolution of four types of policies is relevant to how ECD policy in Tanzania has developed. Most directly, intersectoral ECD policies originally enacted in the 1990s provided the foundation for shared responsibility within government. Education policy was also critical as a support for preschool participation. In addition, policies focused on social protection and orphans and vulnerable children also address issues relevant to ECD.

Intersectoral Policies

The first policy developed to address ECD as an intersectoral issue was the *Child Development Policy* enacted in 1996. This policy addressed child rights, child survival, child development, and child protection. It elaborated strategies for addressing these issues and specified the main roles and responsibilities of parents and guardians, institutions, and ministries in providing for children in each of these areas. In relation to ECD, specifically, the policy called for the establishment of preschools and day care centers, as well as education for parents about the importance of preschool and creating an environment conducive to learning. The *Child Development Policy* was not specific to young children, but rather targeted children ages 0–18, and it did not elaborate specific strategies, objectives, or targets related to child well-being. It did not include or institute any specific mechanisms for carrying out the proposed strategies for improving the situation of children.

In 2006, MoCDGC embarked on an initiative to develop a comprehensive intersectoral policy on ECD that would specifically address the needs of young children and the need for integrated ECD services provided through collaboration between the various stakeholders concerned with serving women and children. These stakeholders included MoEVT, MoHSW, the Prime Minister's Office of Regional Administration and Local Governments (PMORALG), and the Ministry of Finance and Economic Affairs (MoFEA). Development of the *Integrated Early Childhood Development (IECD) Policy* has also involved consultations with nongovernmental organizations (NGOs), civil society organizations (CSOs) such as the Tanzania Early Childhood Development Network (TECDEN), faith-based organizations (FBOs), and religious institutions.

The first phase in the development of the IECD Policy, an IECD Service Delivery Initiative (IECDSDI), was launched in 2007. Through this initiative, the government of Tanzania established a structured system to promote intersectoral collaboration across MoCDGC, MoEVT, MoHSW, PMORALG, and TECDEN. The IECDSDI incorporates the development of operational guidelines and minimum standards for provision of integrated ECD services, capacity building for national and district ECD teams, a baseline survey and institutional mapping of ECD services, and a pilot of integrated service delivery in selected districts. The outcomes of the first phase are being incorporated in the second phase of policy development, which commenced in 2008. The second phase includes a situation analysis and the

drafting, review, and approval of the final IECD Policy document, along with an implementation plan for the policy, an ECD facilitators' manual, and guidelines and standards for ECD services. The draft IECD Policy aims to "lead and direct the integrated and intersectoral early childhood development services countrywide; to establish a strategy(ies) and programs which will involve the participation of young children and all other stakeholders dealing with the young child" (United Republic of Tanzania 2009a). At the conclusion of the evaluation period in September 2010, UNICEF staff and government counterparts expected the policy would be finalized by the end of 2010.

The policy establishes guiding principles and objectives for ECD:

- Strengthen services and improve outcomes for infants before and after birth
- Improve day-care services for children ages 3–4
- Foster children's holistic development and provide integrated and intersectoral services to children ages 5–8
- Provide essential and basic services to vulnerable children, including orphans and children living with HIV/AIDS
- Build the capacity of the ECD service providers and implement quality standards
- Promote evidence-based programming
- Ensure sufficient funding of ECD services
- Develop a comprehensive and reliable system for the coordination of ECD services and sharing of information and experiences among ECD stakeholders
- Conserve and care for the natural environment
- Raise awareness of the community on gender issues

Education

The Tanzania Education and Training Policy, currently under revision, noted the importance of preprimary education for children from birth to age 6, but concluded that "it does not appear economically feasible to formalize and systematize the entire preschool education for this age group" (MoEVT 1995). The policy called for provision of preprimary education for 5- and 6-year-old children through preschool centers and preprimary schools administered through collaboration among government, communities, and NGOs. The *Primary Education Development Programme* (PEDP) for 2002 through 2006 established capitation grants for primary schools in the amount of TSH 10,000 per child enrolled. According to a report on the implementation of PEDP, "One of the most important components of PEDP is the commitment to ensure significantly greater funds reach the school level for quality improvements. The capitation grant is the main device by which to achieve this." In PEDP II (2007–2011), these capitation grants have been extended to preprimary students.

Poverty Reduction

Tanzania's *National Strategy for Growth and Reduction of Poverty* (NSGRP) for mainland Tanzania, commonly known by its Swahili name MKUKUTA, outlines the government's strategies for achieving change in three cluster areas: (1) growth of the economy and reduction in income poverty, (2) improvement of quality of life and social well-being, and (3) governance and accountability. The first MKUKUTA, covering the period 2005–2010 aimed for an "increase in the number of young children prepared for school and schools ready to care for children" to be achieved through expansion of the primary school system to "develop preprimary programmes that link with existing early childhood provision–health, nutrition, parenting education, etc." and through promotion of community-based day care and preschool services. Finally, the MKUKUTA aimed to "develop an intersectoral policy framework

to guide early childhood development and promote preschool learning" (United Republic of Tanzania 2005).

The second NSGRP, *MKUKUTA II* (2010–2015), is currently under development; drafts of the policy indicate that goals related to ECD in this new version include further increase in the number of young children prepared for school and "universal access for boys and girls to quality preprimary and primary education." MKUKUTA II further specifies a target for 100 percent net enrollment in preprimary education by 2015 and calls for improvements and expansion of school infrastructure, "especially ECD centers," as well as "community awareness on ECD issues (parental knowledge on nutrition and HIV/AIDS mainstreaming)" (MoFEA 2010).

Tanzania has also embarked on a decentralization through devolution reform strategy, documented in *Local Government Reform Programme II* (2009–2014), in which many political, administrative, and financial decisions are devolved to local government authorities (PMORALG 2009). This reform aims to strengthen and empower local governments to serve as the primary providers of social and economic development, public services, and poverty reduction programmes in their communities. Although the policy does not include specific ECD targets, the decentralization through devolution reform has the potential to strengthen local government capacity to address the needs of young children as well as monitor and evaluate ECD programmes at the local level.

Orphans and Vulnerable Children

Tanzania has recognized the severity of the situation created by the HIV/AIDS epidemic in its country. As noted earlier, the epidemic has placed millions of children throughout the country in circumstances of extreme vulnerability, whether they have lost one or both parents to the disease, are living with a sick parent or guardian, or are infected themselves. In the development of policies and programmes to meet the needs of these children, the Government noted that children were made vulnerable by a variety of circumstances, not only the effects of HIV/AIDS. Thus, in 2008, MoHSW adopted the *National Costed Plan of Action for Most Vulnerable Children 2007–2010*. This policy defines a group of children that are identified as "most vulnerable children" (MVC), including (1) children living in child-headed households, (2) children in households headed by the elderly (with no adults ages 20–59), (3) children who have lost one or both parents, (4) children with disabilities, and (5) children with only one surviving parent or who are disabled or live in poverty. The plan outlines strategies for the identification of MVC, and provision and monitoring of services for MVC including food and material support, training for caregivers, child protection, and psychosocial support. The plan is costed and outlines roles and responsibilities at national and subnational levels for the intersectoral management of MVC service provision. Additionally, though it is not a national policy, it is important to note that Tanzania has been designated one of the 15 focus countries of the President's Emergency Plan for AIDS Relief (PEPFAR), an initiative instituted by the US gov*ernment to provide care and support for people living with HIV/AIDS, as well as "orphans and vulnerable children." Tanzania has received more than 1 billion (US$) since 2004 to support services for people living with HIV/AIDS, prevention activities, and support for orphans and vulnerable children.*

ECD Policy Development: Time Line of Key Policies

1995	Tanzania Education and Training Policy (United Republic of Tanzania 1995) highlights the importance of preprimary education for children from birth to age 6
1996	Child Development Policy (MoCDGC 1996) elaborates strategies to address a wide range of needs for children from birth to age 18
1997	IECDSDI (MoCDGC 2007) establishes a system of intersectoral collaboration on ECD
2005	MKUKUTA calls for expansion of preprimary programmes to improve school readiness (United Republic of Tanzania 2005)
2007	PEDP II extends primary school capitation grantees to preprimary students
2007	National Costed Plan of Action for MVCs 2007–2010 outlines strategies for identifying and supporting MVCs
2009	Local Government Reform Programme II 2009–2014 describes decentralization through devolution reforms aimed at strengthening local government capacity (PMORALG 2009)
2010	Draft MKUKUTA II calls for universal access to preprimary school (MoFEA 2010)
2010	IECD Policy (expected) aims to establish integrated and intersectoral early childhood development services countrywide

2.2 Governance Structures for ECD

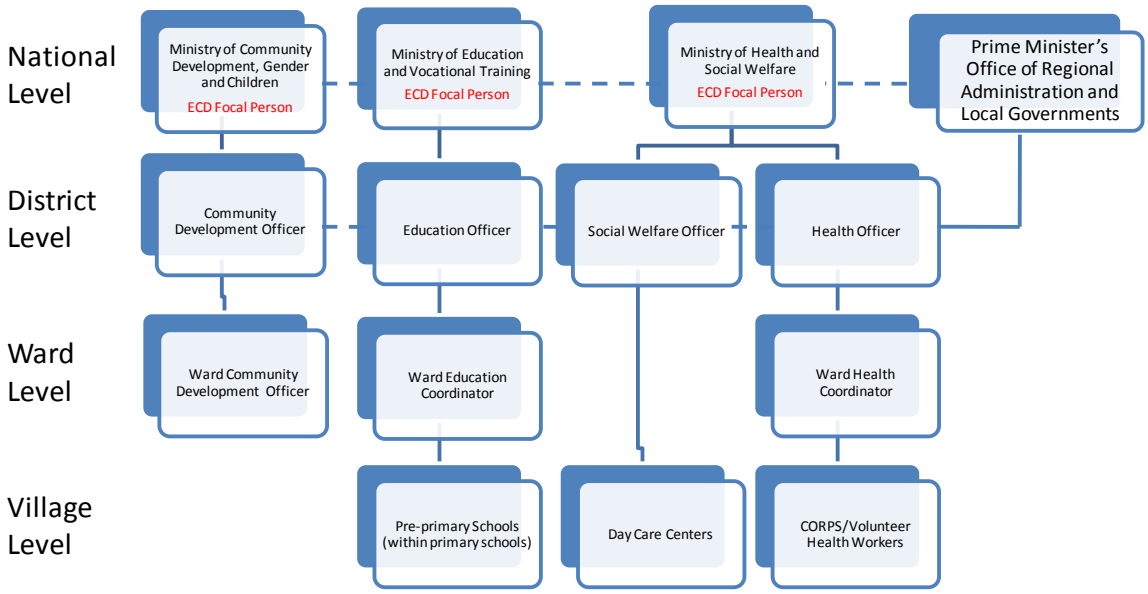
MoCDGC coordinates the ECD policy and programming process in Tanzania. MoEVT, MoHSW, and PMORALG are other key ministries involved in ECD policy and programming at the national level, and each has a designated ECD focal person who collaborates with government counterparts and other stakeholders. PMORALG oversees the work of all government ministries at the national and local levels. Additionally, a steering committee chaired by MoCDGC—including representatives of the three key ministries, as well as the ministries of agriculture and justice, representatives of the Tanzanian Commission for AIDS (TACAIDS), UNICEF, the World Bank, the World Health Organization, and NGOs—was created to strengthen interagency collaboration for development of the IECD Policy. A technical committee was also established to contribute to the technical aspects of the IECD Policy development process. The technical committee is composed of representatives of the above-mentioned ministries, other development partners, and TECDEN.

District- and Ward-Level Governance

Governance for ECD services occurs among multiple district- and ward-level entities. Figure II.1 depicts the range of stakeholders involved in funding, managing, and monitoring ECD services provided at the village level. There are 113 districts in mainland Tanzania. In each district, district- and ward-level officials from MoEVT are responsible for management and oversight of primary schools and their associated preprimary schools. District representation for MoHSW is split between a Health Officer and a Social Welfare Officer. The Health Officer oversees health services provided in district hospitals, ward health clinics, and village health posts, as well as services provided by Community-Owned Resource Persons (CORPs), volunteer health workers at the community level. The Social Welfare Officer is responsible for management and oversight of day care centers.[12] Additionally, a district social welfare committee (composed of officers from the district departments of education, social welfare, community development, health, and planning) oversees implementation of health and social welfare services in the district.

[12] MoHSW provides oversight and monitoring of day care centers, but does not provide financial resources.

Figure 2.1. ECD Services Management Structure Within the Government of Tanzania



At the ward level, the management structure includes the Ward Executive Officer (WEO); the Ward Education Coordinator (WEC), who oversees education programming down to the village level; the Ward Health Coordinator (WHC), who oversees health centers and services related to growth monitoring, treatment of childhood illnesses, and immunizations; and the Ward Community Development Officer (WCDO), who oversees all community development and social welfare activities.

2.3 Key Partnerships

UNICEF has acted as a catalyst for ECD policy and programming in Tanzania, bringing the issue to the attention of its government partners and helping to bring together the relevant ministries and other stakeholders to coordinate their activities. UNICEF has provided leadership in raising awareness and advocating for ECD, in building the capacity of national-level officials in ECD, in forming the intersectoral committees that are engaged in the 2010 IECD Policy development process, and in providing key inputs to the policy and intervention development process overall.

UNICEF works at both national and subnational levels in mainland Tanzania; however, support for ECD at subnational levels is concentrated in seven districts in six regions on the mainland: Bagamoyo (Pwani), Temeke (Dar es Salaam), Hai and Siha (Kilimanjaro), Magu (Mwanza), Makete (Iringa), and Mtwara Rural (Mtwara), which are referred to as LDs. These districts were selected in collaboration with the government based on existing priorities in 2006. The objective of selecting these districts was to assess the feasibility of implementing the ECD activities for young children developed at the national level and use lessons learned from these experiences to inform policymakers about the viability of policies and system improvements.[13]

One of the other key partners includes TECDEN, a national network of NGOs with a total of 14 regional chapters in 14 regions of mainland Tanzania and Zanzibar. Created in 2000, TECDEN has been heavily involved in dialogue on ECD policy development. As a CSO representative, TECDEN takes part in government processes related to the development of the IECD Policy and other ECD initiatives. Over the past six years, the government has made involving CSOs a priority because they are the key actors on the ground who can inform the government planning processes.

[13] These districts were selected in collaboration with the government based on existing priorities in 2006.

Another partner for ECD in Tanzania is the Bernard van Leer Foundation. It has supported a number of organizations working with and for children in different regions of mainland Tanzania. Starting in 2000, the Bernard van Leer Foundation supported organizations such as

- KIWAKKUKI, a CSO that works with orphaned children and their caregivers to provide psychosocial counseling in Kilimanjaro Region, conduct HIV/AIDS testing, and provide antiretroviral drugs
- KINNAPA, a CSO that establishes community-based day care centers in pastoralist communities, including income-generation activities to promote the sustainability of the centers

Other partners working in the area of ECD in different parts of the country include Plan International, Oxfam, World Vision, Save the Children, the Aga Khan Foundation, Kiwakuki, Tanzania Home Economic Association, SAWA, TDCDC, and the Folk Development Committee. Development Partner Groups (DPGs) also exist for Tanzania and are organized by sector: health, nutrition, water, education, and gender. At present, the DPGs do not focus heavily on ECD as defined for the purpose of this case study. This is because the DPGs generally pool their money into a single fund for general government budget support. The government allocates these resources based on its priorities.

3. ECD SERVICES AND DESIGN

This section describes key ECD activities that have been a focus of UNICEF's efforts in collaboration with its partners. Next, a logical framework for ECD in the UNICEF–United Republic of Tanzania Cooperation Programme is presented, developed based on data collected and reviewed for the case study. This framework provides a means for documenting and understanding the strategies adopted and outcomes anticipated for ECD. Finally, this section describes the positioning of ECD within the UNICEF Tanzania country office, provisions for collaboration on ECD across sections, and financial resources allocated to ECD strategies.

3.1 Overview of ECD Services and Initiatives

Tanzania's ECD services and initiatives include home-based care for children under age 3, day care centers for 3- and 4-year-olds, and preprimary school for children ages 5 and 6. This section provides a snapshot of these services.

Home-based care and visiting for children from conception to age 3. Currently, the Government of the United Republic of Tanzania supports 107 districts (of 120) in mainland Tanzania to provide health services for pregnant women and mothers and their young children through a home visiting programme called Community-Based Integrated Management of Child Illness (c-IMCI) (UNICEF 2009a).[14] CORPs, trained volunteer health workers, deliver home-based counseling and education for parents, as well as community sensitization and advocacy on child health and development issues. c-IMCI takes a holistic view of children's health and development, emphasizing parent education on prenatal and postnatal care, young child feeding and nutrition, preventative care, and at-home treatment for child illness and referrals for professional health services. In all districts, CORPs receive five days of training; in the LDs, CORPs receive an additional five days of training on early stimulation. Based on documentation of experiences integrating ECD messages into c-IMCI home visits in the Kibaha district, CORPs in the seven LDs have integrated discussion of psychosocial development and cognitive stimulation for young children into their visits.

Center-based care for children ages 3–4. Community-based day care centers, also referred to as ECD centers, currently serve some 200,000 children ages 3–4 in Tanzania (UNICEF 2010a). Day care centers are generally informal, private institutions serving families that are able to pay the relatively high tuition. There are also community-owned day care centers that are run by community members and intended to serve all children in a geographic area.[15] MoHSW does not support day care centers financially, but rather parents and communities support the centers through financial and in-kind contributions. The Ward Social Welfare Officer is responsible for inspecting the centers and ensuring that they meet and maintain approved standards according to the Operational Guidelines and Minimum Standards for Early Childhood Development in Tanzania (United Republic of Tanzania 2009). These centers focus primarily on play-based learning and holistic child development.

Preprimary education for children ages 5–6 years. Preprimary schools (public and private) enroll children ages 5 and 6 and their aim is to prepare children for primary school. As noted in Section II, with the passage of PEDP II in 2007, the Government of Tanzania reinforced its commitment to preprimary education by (1) providing for the establishment of preprimary schools within each primary school, and (2) instituting capitation grants for preprimary students. Many villages now have government-run preprimary schools. Moreover, the draft goals in MKUKUTA II call for 100 percent net enrollment in preprimary education by 2015 (in 2009 the net enrollment was below 25 percent), improvements in school infrastructure (especially for ECD), and increased community awareness of ECD issues. In public preprimary schools, trained teachers are paid by the government. There are also private preprimary schools that are required to use government-approved curricula and textbooks. These are for-profit

[14] Data on the number of districts covered by the c-IMCI programme were not available.
[15] Data on the number of community-based ECD centers and the enrollment of children attending private versus community-based day care centers were not available.

private schools and the government is responsible only for monitoring the quality of the services that are provided.

3.2 Logical Framework for ECD in the UNICEF-Government of Tanzania Country Programme

The collaboration among the Government of Tanzania, UNICEF, and other partners to enhance ECD includes three main strategies, as shown in Appendix A.[16] As depicted in this logical framework, each strategy links to a distinct set of activities, outputs, expected outcomes, and impacts. The three strategies include the following:

1. ***Capacity building in intersectoral policy development and service provision.*** This component includes support for capacity building and technical assistance for national-level policymakers; training district- and ward-level stakeholders and decision makers; and training preprimary teachers, day care providers, and CORPs. UNICEF's support for capacity building at the district, ward, and village levels is concentrated in the seven LDs. A second component of capacity building involves the development of operational guidelines and minimum standards for home-based care, day care services, and preprimary education.
2. ***Knowledge generation, dissemination, and management to inform ECD policy development and implementation.*** Activities conducted under this component include a national situation analysis of women and children, a costing study of ECD services as described in the IECD Policy, and baseline data and documentation of best practices in ECD service delivery in UNICEF-supported districts.
3. ***Mainstreaming ECD into National and Subnational Policy and Activities.*** This component focuses on advocacy and technical assistance for the development of a national IECD Policy. It includes promotion of intersectoral and interagency collaboration at national and subnational levels, and the integration of ECD messages into existing home-based health services (c-IMCI).

Taken together, the Government of Tanzania and its partners expect these strategies and activities to produce several key outcomes: (1) effective collaboration among relevant ministries and other stakeholders at national and subnational levels on developing policies and programmes that support integrated ECD; (2) use of data and evidence to inform the development of the IECD Policy as well as the implementation of services; and (3) development and implementation of a comprehensive IECD Policy through intersectoral collaboration. Finally, in the medium term, stakeholders expect these activities to support the expansion of ECD services throughout the country and enhance the development and well-being of children. In the long term, children should be ready for primary school, enter on time, stay in school, and be able to learn and thrive.

Capacity Building for Intersectoral Policy Development and Service Delivery: Activities and Strategies

Capacity building of national-level policymakers. UNICEF, in collaboration with the Government of Tanzania and other donors, supported 11 officials from MoEVT, MoHSW, TECDEN, and Tanzania Open University to attend the ECD Virtual University (ECDVU) for one year. The ECDVU is a long-distance learning programme sponsored by the University of Victoria, Canada, which aims to increase capacity in ECD leadership. Participants complete coursework in ECD concepts and the development of ECD as a field of policy and service delivery, models and strategies for ECD programme development, research and evaluation of ECD services, quality assurance, and other topics. Additionally, UNICEF Tanzania, in collaboration with the Government of Tanzania and other stakeholders, supported the adaptation of the

[16] The Mathematica team developed this logical framework based on the 2010 site visit and document review. The UNICEF–Tanzania CO team reviewed it and agreed it depicted the primary ECD activities and targeted output and outcomes.

UNICEF ECD Resource Pack to the country context, and has supported training of national- and district-level decision makers and ECD stakeholders using the adapted Resource Pack. At the national level, 48 policymakers received training based on the ECD Resource Pack. Finally, UNICEF supported an institutional capacity assessment of TECDEN to identify potential areas of support regarding ECD capacity building for a strong and sustainable network to strengthen CSO participation in ECD processes.

Training for district-level stakeholders. In 2009, UNICEF customized the ECD Resource Pack—an advocacy and training tool developed by UNICEF HQ—for use in training district-level officials and conducted a training-of-trainers (TOT) event for the district-level officials in the seven LDs. A total of 90 district-level officials received ECD Resource Pack training. The district level staff then conducted TOT sessions at the ward level for CORPs. In addition, UNICEF advocated for the establishment of intersectoral district-level ECD resource teams in the LD to oversee ECD coordination and activities at the local level. The teams include district-level officers representing the Community Development, Education, Health and Social Welfare, and Planning departments. UNICEF supported training for the ECD resource teams in the LD to work with district MVC committees to promote a more holistic approach to supporting MVC, including child protection and psychosocial support.

Development and piloting of operational guidelines, minimum standards, and day care curriculum. UNICEF worked with the Government of Tanzania and other ECD stakeholders to facilitate the development of the Operational Guidelines and Minimal Standards for ECD services in 2009. These guidelines specify the required standards related to the provision of home-, center-, and school-based ECD services throughout Tanzania, and include requirements related to the facilities and environments in which services are provided, the training and qualifications of service providers, and the mechanisms of collaboration for management and monitoring of services. The document will be finalized in 2010. In collaboration with the Government of Tanzania, the guidelines are being implemented in the seven LDs. Training in the operational guidelines has been carried out at district, ward, and community levels for members of the ECD resource teams, teachers, day care providers, preprimary school teachers, and CORPs. UNICEF also supported updating the ECD curriculum for day care center providers.

Knowledge Generation to Inform Policy and Programme Development: Activities and Strategies

Support for national situation analysis and costing study. UNICEF provided financial and technical support for a *Situation Analysis of Children and Women in Tanzania*, which includes a section on ECD, to be published in late 2010. The situation analysis is a comprehensive overview of the current status of women and children's well-being from human rights and life course perspectives, and it brings together the most recent evidence related to health; nutrition; water, sanitation and hygiene; education; HIV and AIDS; and child protection. The situation analysis is a significant contribution to the knowledge base on the well-being of young children in Tanzania and the services available to them. It includes a chapter on the three key ECD services available in Tanzania (home-based care through c-IMCI, day care centers, and preprimary schools) and identifies key gaps and challenges to the provision of quality services at scale. UNICEF likewise supported a costing study to provide an evidence base for the cost of providing ECD services at a national scale. This study is expected to inform development of the IECD Policy as well as the implementation plan and budget that will follow.

Documentation of best practices in home-based service delivery in Kibaha district. UNICEF, with Plan International and the Kibaha district government, supported a study to document the process, lessons learned, and best practices in the integration of ECD messages and training into the c-IMCI programme in Kibaha district in 2009. Using the findings of this study, the programme (IECD and c-IMCI) was scaled up to the other LDs as well. This activity is discussed in greater detail later in this report.

Mainstreaming ECD into Policy and Programming: Activities and Strategies

Advocacy and technical support for ECD at the national level. From 2007 to the present, UNICEF has provided support for the formation of national and subnational coordination mechanisms for ECD,

including the IECD Steering Committee and Technical Committee. Since 2008, UNICEF has supported advocacy and provided technical support for the drafting of the IECD policy and IECD implementation plan, which will be finalized in 2010. UNICEF has also advocated for inclusion of goals related to ECD in the *National Strategy for Growth and Reduction of Poverty* (MKUKUTA II) in 2010.

Integration of ECD into home-based health services. In collaboration with the Government of Tanzania, UNICEF has supported the integration of cognitive and psychosocial components into the existing health-based c-IMCI services. Parenting training provided through this newly integrated curriculum includes topics such as early stimulation, psychosocial support, child care, and HIV/AIDS. In 2009, with support from UNICEF, ECD teams in the seven LDs implemented a training programme to support this initiative. District ECD teams trained CORPs, who in turn provided training to parents and caregivers. This model was first implemented in Kibaha district and was later scaled up to all seven LDs.

3.3 ECD in the UNICEF Country Office

As described in Section I, the Tanzania CPAP 2007–2010 defines five programme components: (1) Policy Advocacy and Analysis, (2) YCSD, (3) BELS, (4) Child Protection and Participation, and (5) Geographically-Defined Programmes (UNICEF 2006). Within the UNICEF CO, ECD falls under the YCSD programme, under the Nutrition and Early Child Development subcomponent. ECD activities are led by an ECD focal person. An intersectoral CO ECD team with representatives from each of the five programmes works on ECD issues at UNICEF, with primary involvement from the YCSD and BELS programmes.

The UNICEF intersectoral ECD team works primarily with the ECD focal persons in MoCDGC, MoEVT, and MoHSW, and with TECDEN to advocate for and provide technical support in the development of policies and plans for ECD services. CPAP lays out a number of approaches or activities to be carried out under the Nutrition and Early Child Development subcomponent, including but not limited to the following:

- Strengthening national, district, and community capacity for delivery of integrated health, nutrition, and ECD interventions
- Harmonizing sectoral and early childhood policies with broader child and gender policies
- Strengthening national-, district-, and community-level data and monitoring systems
- Carrying out formative research to understand the status of young MVC, and advocating for the special protection needs of young MVC
- Ensuring year-by-year disaggregation of data for children younger than 5 in all data systems
- Advocating for the inclusion of ECD in PEDP II
- Monitoring of the Education for All goal of increasing developmental readiness of children
- Supporting development of integrated ECD service delivery models in LDs

These activities are expected to produce the following outputs:

- IECD operational guidelines and minimum standards and draft curricula
- Framework and ECD curriculum and integrated community models implemented in selected wards in the LDs by the end of 2010
- At least 30 percent of children younger than 3 have access to community-based ECD services, defined as one of the following:[17]

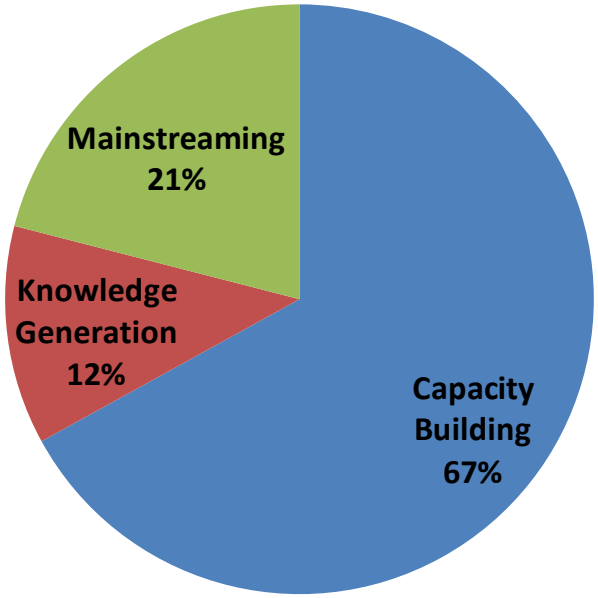
[17] These indicators were created as part of a baseline study in the seven LDs to define access to ECD services. These indicators are being collected in baseline and follow-up surveys only, not on an annual or more frequent basis.

- Receipt of at least one CORPs visit in the previous three months
- Attendance at a day care center
- Caregiver has knowledge of ECD
- Caregiver has an ECD card[18]
- Village has two CORPs who are trained to orient caregivers of children younger than 3 on ECD

Use of UNICEF-Government of Netherlands ECD Programme Funding

Many of the planned activities described above were made possible by the UNICEF–GoN ECD funds. The Tanzania CO office received the Dutch funds in late 2008; according to the UNICEF CO 2010 implementation plan, the funds will be spent by December 2010. According to UNICEF CO staff, allocation of the Dutch funds was guided by the key focus areas—capacity building, knowledge generation, and mainstreaming. Figure III.1 depicts the allocation of the funds across the three strategic areas.

Figure 3.1. Distribution of UNICEF-GoN Tanzania Expenditures Across Country Programme Strategies (includes planned expenditures for 2010)



Source: Adapted from UNICEF 2010e.

[18] According to the model of integrating ECD into c-IMCI, during CORPs home visits, CORPs give parents and other caregivers specially designed cards with pictures, guidance, and information they can use to monitor their child's developmental milestones. The content of the cards was developed based on the ECD Resource Pack child development module.

4. EVALUATION FINDINGS: TANZANIA CASE STUDY

This section presents findings from the case study in five broad areas illustrated in the Tanzania case study matrix: (1) alignment with national plans and policies; (2) effectiveness; (3) the quality and efficiency of ECD services, (4) planning, management, and coordination; and (5) incorporation of a human rights-based approach and strategies to improve equity.

4.1 Alignment with National Priorities and Goals for ECD

ECD activities under the UNICEF–Tanzania Programme of Cooperation is generally aligned with priorities of the Government of Tanzania as expressed in its draft IECD policy document. In particular, integrated service approaches have been developed across the age span of conception to age 8 as emphasized in the draft policy, standards and monitoring systems have been developed to oversee the quality of services, and intersectoral training approaches have been implemented at national and subnational levels. Moreover, draft goals included in MKUKUTA II call for 100 percent net enrollment in preprimary schools by 2015. As described later in this section, however, implementation to date has been limited to a small subset of districts and is not yet targeted to vulnerable groups of children.

ECD in the seven LDs demonstrates Tanzania's intention to promote holistic, intersectoral approaches; ECD is funded and implemented primarily by foundations and CSOs outside the seven LDs. The draft IECD policy mission statement emphasizes the need for "integrated and multisectoral approaches to early childhood development services countrywide." Through the IECDSDI launched in 2007, Tanzania has established a well-structured system to promote intersectoral collaboration at the national level, especially among MoCDGC, MoEVT, MoHSW, PMORALG, and TECDEN. District-level intersectoral committees have been established for management and oversight of ECD in the seven LDs. Tanzania and its partners have not yet implemented this approach in the other 106 districts and mechanisms for financing ECD nationwide have not yet been established. However, approaches in these districts can serve as an important model for broader implementation when the draft IECD policy is finalized.

In addition to the UNICEF-supported intersectoral approaches to ECD in the seven LDs, other ECD activities are funded and implemented through other partners. For example, the Bernard van Leer Foundation supports several organizations working with children. These include KIWAKKUKI, an organization that works with orphaned children and their caregivers to provide psychosocial counseling in the Kilimanjaro Region, conduct HIV/AIDS testing, and provide antiretroviral drugs, and KINNAPA, an organization that established community-based day care centers in pastoralist communities, including income-generating activities to promote the sustainability of the centers. Others include Plan International, Oxfam, World Vision, Save the Children, Aga Khan Foundation, Kiwakuku, Tanzania Home Economic Association, SAWA, TCDDC, and the Folk Development Committee.

4.2 Effectiveness of ECD[19]

The case study findings on effectiveness of ECD activities address four issues related to the logical framework and the goals of the UNICEF–GoN Cooperation Programme. These include (1) increasing access to and coverage of ECD-related services; (2) building capacity for developing and implementing policies and interventions to promote ECD; (3) generating and using knowledge on ECD services and outcomes; and (4) mainstreaming ECD into national policies, plans, and services.

[19] ECD examined as part of this case study includes policy and programme initiatives in Tanzania, with an emphasis on those supported by the GoN funded and conducted as a partnership with the United Republic of Tanzania and UNICEF, 2008-2010

Increasing Access and Coverage

In partnership with UNICEF, Tanzania has expanded availability of holistic ECD services in the seven LDs. The availability of Dutch funds in late 2008 enabled Tanzania, in partnership with UNICEF, to offer integrated ECD services in the seven LDs. As a result of these efforts, ECD, especially a focus on early stimulation, has been integrated into c-IMCI. During the case study field visits, the evaluation team met with CORPs who were implementing this approach. The extent of ECD service implementation in the seven LDs, however, cannot be verified. Data are not available at the district level regarding coverage of parent training by CORPs, parental knowledge of ECD, or availability of spaces in day care centers and preprimary schools for all families who want them.

According to the spring 2009 baseline survey conducted in the seven LDs, before the roll-out of the Kibaha model for ECD, only 17 percent of children younger than 3 received at least one visit from a CORP in the three months before the survey (UNICEF 2009a). Moreover, these visits were not necessarily ECD-specific. The survey also included an assessment of parent/caregiver knowledge of child development for children younger than 5. Overall, only 4 percent of parents and other caregivers had high knowledge scores.[20] With regard to the availability of ECD cards, only 2 percent of parents and caregivers reported having a card. A follow-up survey planned for 2010 will provide information about whether coverage rates have increased after introduction of the IECD cards and other supporting activities. The baseline survey unfortunately did not capture information about enrollment rates in day care centers and preprimary schools in the seven LDs.

Due to integration of ECD into national policies, there have also been some increases in coverage in the area of preprimary education beyond the seven LDs. In 2010 there were 1,569 day care centers serving approximately 200,000 children in Tanzania (UNICEF 2010a). In terms of coverage of preprimary schools, the NER[21] increased from 24.6 in 2004 to 36.2 in 2008, probably as a result of the increased commitment to establish preprimary schools connected to primary schools in PEDP II. However, NER declined in 2009 (UNICEF 2010a).[22]

Table 4.1. Net Enrollment Ratios in Preprimary School in Tanzania, by Year

	2004	2005	2006	2007	2008	2009
Preprimary NER	24.6	25.7	28.5	33.1	36.2	24.4

Source: UNICEF 2010a.

NER = Net enrollment ratio.

Building Capacity for ECD

Decision makers at national and district levels reported increased ability to implement and support ECD. With support from UNICEF, the ECD focal persons in national ministries attended ECDVU and professional conferences. During site visit interviews, these individuals reported feeling much more

[20] The following survey questions were asked to caregivers of children younger than 5 to assess children's achievement of milestones included in the c-IMCI cards: At what age can a child start making sounds? At what age can a child turn around on hearing sound or voice from behind? At what age can a child sit unaided or without leaning anywhere? At what age can a child walk properly? At what age can a child call out one word or more? At what age can a child self-feed without spilling small portions?

[21] The NER for preprimary school is the number of children ages 5–6 enrolled divided by the total number of children ages 5–6.

[22] The source for these data is the report entitled "Cost and Financing Scenarios to Support Implementation of the Integrated Early Childhood Development Policy of Tanzania" (UNICEF 2010b). The author notes the decline in NER from 36.2 in 2008 to 24.4 in 2009 but does not provide an explanation. In regard to this drop, the report states, "Of course one wonders if this is not an error, but the same figure of 24.4 is found in the recent Joint Education Sector Review of October 2009…so we must assume the figure has been checked."

confident and capable of leading ECD policy discussions, advocating for adoption of IECD, and guiding ECD-related decisions. As stated by a focus group participant, "… We are working as a team in this IECD policy development process. This is the outcome of capacity building we got from ECDVU."

District-level intersectoral teams in the seven LDs also reported increased ability to implement and support ECD. During field visits, district-level officials also reported that they felt much more comfortable implementing ECD services as a result of the ECD Resource Pack training they had received.

Preprimary teachers observed during field visits demonstrated sound ECD practices. During visits to two preprimary schools, the teachers appeared well prepared and skilled in classroom management.[23] Teachers were adept at engaging students by singing and teaching in an interactive manner. The caregivers made excellent use of locally available learning and teaching materials and the evaluation team observed several toys and materials of this type. Involvement of parents in development of learning and teaching materials was evident through the parent-made learning materials that were displayed in the classrooms. Literacy and numeracy materials were displayed on walls and materials were available in activity centers for children's use.

Infrastructure in some of the day care centers observed by the evaluation team was generally poor, did not follow the national operational guidelines, and did not meet minimum standards for integrated ECD. The evaluation team visited three day care centers.[24] In the two centers that were not attached to a preprimary school, infrastructure was poor and quality standards—for caregiver–child ratios, ventilation, and safety—were not met. For example, one of the day care centers the case study team visited in Makete was crowded and located very close to a busy road, making it a safety hazard for children. In Temeke district, the team visited a very crowded day care center with 50 children, one trained teacher, and one caregiver. The day care center consisted of one poorly ventilated room. This is consistent with UNICEF's finding that in 2008 more than 80 percent of day care centers were in poor condition. (UNICEF 2010b).

Home-based care providers (CORPs) and parents reported increased knowledge and improved practices as a result of ECD activities in the seven LDs. Through discussions with parents and CORPs, the case study team observed a high level of awareness of ECD, particularly regarding early stimulation through home visits. During interviews and observations the team also learned that there might have been changes in the practices of parents and caregivers regarding ECD after the training. Children were observed actively playing with learning materials they made with the support of their parents (as demonstrated during the parent training).

Generating Knowledge for ECD

Several studies related to ECD have been completed with support from UNICEF that are currently informing ECD policies and services in Tanzania. The situational analysis and the stakeholder consultations conducted with UNICEF support in 24 districts informed the development of the IECD policy. For example, the draft IECD policy emphasizes the importance of recommendations made in the situational analysis about promoting a holistic, integrated approach to ECD and building the capacity of parents, families, and communities through parenting education and curriculum guidelines. Additionally, documentation of the integration of ECD into c-IMCI, which was implemented in Kibaha district, was used to roll out the intervention to the other LDs.

[23] In Makete district, the preprimary school visited by the case study team had 45 children with more than twice as many girls than boys and one trained teacher. In Temeke district, the preprimary school visited by the case study team had 33 children with 16 boys and 17 girls and one trained teacher and three volunteers.

[24] In Makete district, the case study team visited one day care center attached to the preprimary and primary school with 11 children and two volunteer caregivers. Another day care center that the team visited in Makete district was a standalone center run by the community and had 30 children (16 boys and 14 girls) with two volunteer caregivers. In Temeke district the case study team visited a day care center with 50 children (28 boys and 22 girls) with one trained teacher and one caregiver.

Some guidance for budgeting costs for ECD has been developed and there are plans for dissemination. With support from UNICEF, a cost and financing study for ECD was drafted and was expected to be released in late 2010. It contains information regarding fixed and recurrent costs under various scenarios for achieving increased coverage of home-based care and home visiting services for children from conception to age 3, community-based ECD centers for children 3–4 years of age, and preprimary education for children ages 5–6. This report will be useful to the relevant ministries in planning for the implementation of the IECD policy, planning for reaching the MKUUTA II goal of 100 percent net enrollment in preprimary schools, and advocating for additional donor funds. In addition, the report proposes several methods for cost recovery (UNICEF 2010a). According to the UNICEF CO, this study was used to develop a concept note for the World Bank on funding to support scaling up of the three costed scenarios. It will also be used as an "investment case" for advocacy during a national forum on investment in ECD.

There are insufficient national- and subnational-level data to inform ECD policies and implementation and guide resource allocation decisions. Despite the important contributions of new studies, adequate ECD data are not available at national and subnational levels to guide policy and implementation decisions related to ECD services. For example, Basic Education Statistics Tanzania (BEST) data provide NERs in preprimary schools, but these figures are not available for specific populations, such as orphans, children with disabilities, and other vulnerable populations. There is no national data on the number of day care centers that currently exist or numbers or rates of children enrolled in day care; the numbers of CORPs active throughout the country, what types of training they have received, and what services they provide in their communities; the number of districts implementing c-IMCI; or the number of parents who have received information about child stimulation through c-IMCI. Data regarding the number of parents who received information on early stimulation through c-IMCI and the number of CORPs trained on early stimulation are available only for the seven LDs from the baseline survey conducted there.

There is little evidence on the effectiveness of ECD services in Tanzania. Although Tanzania, in partnership with UNICEF, has completed several important studies of best practices and descriptive studies to document the need for ECD, studies have not been conducted to evaluate the effectiveness of ECD services being implemented in the seven LDs: home visits for children from conception to age 3, center-based care for children ages 3–4, and preprimary education for children ages 5–6. Some of the ECD interventions in the seven LDs has been launched recently; thus, it might be premature to conduct an effectiveness evaluation. The study team found little information about fidelity of implementation to the three main service approaches. Ensuring fidelity is a first step in determining whether an effectiveness study is warranted. According to UNICEF, an evaluation of ECD in the seven LDs is planned and a baseline study has been completed.

Mainstreaming ECD into National Policies and Plans

Detailed plans for mainstreaming ECD beyond the seven LDs have not yet been developed. At the time the site visit was conducted, the IECD policy was in draft form and was expected to be adopted late in 2010. As a result, funding mechanisms had not yet been established at national levels to undertake broader implementation of ECD activities beyond the seven LDs. Tanzania and its partners also face challenges in assessing national resource allocations for ECD, donor interest in funding ECD, and the capacity of key institutions to provide national leadership in ECD.

Capitation grants[25] for preprimary students are not consistently provided, indicating that local district planners face challenges planning and budgeting for ECD. Although MoEVT at the national level has started to allocate funds for preprimary students under PEDP II, during the case study visit to a preprimary school a head teacher reported that the school did not receive capitation grants for preprimary students. The school has received these funds only for primary students. Primary school head teachers reported that many preprimary students are not properly registered with the school and schools do not

[25] Capitation grants were introduced in PEDP I to ensure that more funds reach the school level for quality improvements and other nonsalary expenses.

include preprimary students in their reports to the government. Because grants are paid on the basis of the number of students reported, grants have not been received for all preprimary students who attend. A further problem is that preprimary classes are managed by committees that are separate from the rest of the primary grade management and head teachers prioritize the other grades.

4.3 Quality and Efficiency of ECD Services

Through UNICEF support, operational guidelines and minimum standards for ECD service delivery have been developed. Operational guidelines and minimum standards for ECD service providers exist and these documents are being used in the seven LDs even though they have not yet been approved by the national government.

Minimal information is available about the efficiency and quality of services. Case study respondents reported that ECD staff and volunteer turnover—especially among CORPs—is a concern and source of inefficiencies. There are no data available to track the extent of this problem. Although service quality guidelines and standards have been developed and are being used at the district level, adherence to them is not yet required by government policy. Systems are not yet in place for consistent monitoring and tracking of efficiency and quality indicators in the seven LDs.

Observations of services during the site visits identified quality issues that could reduce effectiveness and ultimately achievement of targeted outcomes. As noted earlier, the case study team observed unevenness in the quality of services available to children, particularly in the physical setting in day care centers.

4.4 Planning, Management, and Coordination

Results-based planning for ECD is limited in Tanzania. Data are not consistently collected and used for planning and managing ECD services. Systematic monitoring and data collection to track progress and promote continuous improvement is quite limited in the seven LDs and throughout mainland Tanzania. As noted earlier, easily accessible data on service coverage are not available. Regular monitoring of home-based care, day care services, and preprimary schools at the district level is minimal. Current efforts to monitor CPAP planning outputs and outcomes in the seven LDs include a baseline and planned follow-up survey, monitoring visits by UNICEF CO staff, and use of monitoring forms and checklists for day care centers. However, no data were available to the case study team to indicate whether CPAP goals were being met or what progress toward them had been made.

Staff from the UNICEF CO visit each of the seven LDs for monitoring four times a year. These visits cover all of UNICEF's activities in Tanzania and do not focus specifically on ECD; the visits have a broad focus, rather than focusing on ECD activities in detail. For example, these staff do not conduct regular monitoring of individual day care and preprimary schools During case study field visits to Temeke and Makete districts, staff at day care centers and preprimary schools mentioned the use of monitoring and reporting forms, but district officials were not able to provide information about how many day care centers and preprimary schools met the ECD standards. This indicates that although monitoring forms might exist, they are not being used consistently to collect information about compliance with standards and the results are not used for planning and managing ECD services.

The current Republic of Tanzania–UNICEF CPAP does not include measurable targets for the ECD activities UNICEF supports in the seven LDs. UNICEF's expected outputs for ECD include developing community models for ECD and increasing access to community-based ECD services for children younger than 3 to at least 30 percent by 2010. Specific enrollment targets for each of the three main ECD services (home visits to promote early stimulation, day care centers, and preprimary schools), as well are for staff training and service implementation, are not available.

4.5 Incorporation of a Human Rights-Based Approach and Strategies to Improve Gender Equity and Participation of the Disadvantaged and Marginalized

Development of ECD policy and programming has emphasized participation of parents, ECD service providers, and other local stakeholders. The IECD policy development process included frequent consultations and information gathering from local stakeholders. District-level intersectoral ECD committees in the seven LDs emphasize local-level coordination, bringing local stakeholders together to oversee ECD activities. Parents and community members are involved in school committees for the preprimary schools and day care centers. In addition, approaches that employ local volunteers, such as CORPs, increase the likelihood that local contexts will be taken into account in service provision.

Women are well represented in policymaking positions related to ECD due to Tanzanian government policy. Consistent with UNICEF's focus on incorporating strategies to improve gender equity, during interviews at national and district levels, the case study team noted that women were well represented in leadership roles. This could be because of the *Women and Gender Development Policy* (2000) under MoCDGC. The policy has the overall objective to promote gender equality and equal participation of men and women in economic, cultural, and political affairs. It also focuses on equal opportunities for men and women in terms of access to education, child care, employment, and decision making.

Boys and girls appear to be served in equal numbers, based on reviews of national data and case study class observations. The BEST data indicate that approximately equal proportions of girls and boys are enrolled in preprimary school. Based on the case study classroom observations during field visits to both day care centers and preprimary schools, it appeared that there were roughly equal numbers of boys and girls in attendance.

There is little evidence that MVC or other disadvantaged groups are being reached with ECD services in the LDs or elsewhere. The draft IECD policy includes a brief section on serving vulnerable children; it specifies that the government, in collaboration with other stakeholders, should encourage communities to take responsibility for vulnerable children, should establish programs for reaching vulnerable children with services, and should ensure that laws aimed at protecting children are enforced. However, no specific strategies are elaborated for reaching vulnerable children with ECD services, including home-based care, day care, or preprimary education. According to UNICEF staff, orphans are supported at home and in day care centers, but including children with disabilities is a challenge due to lack of trained staff and appropriate facilities. There are no data available through UNICEF reports or government statistics to indicate whether vulnerable children are being reached with these services in the seven LDs where they are currently being implemented and coordinated. Nor is there any evidence that specific strategies are in place for reaching these hard-to-reach groups of children and targeting resources to meet their special needs.

The national programme of support for MVC might not be reaching the youngest children in need. The *National Costed Plan of Action for MVC* identifies certain groups of children as especially vulnerable; it aims to provide essential support services to these children through a community-based programme in which community MVC committees identify vulnerable children and allocate resources to provide supports such as school fees, uniforms, supplies, and possibly food support, health and legal referrals, and assistance with housing and other supports. However, those interviewed during the case study visit reported that very few children younger than 5 are identified and supported under the MVC programme. According to UNICEF, "In the actual identification process, more boys than girls are identified as MVC and very few children below school age are identified as MVC" (UNICEF 2010b). This represents a critical gap in the MVC programme, which is currently the only concerted effort (and funding stream) to reach the most disadvantaged children with services designed to protect their rights and improve outcomes related to their health, education, and security.

5. SUSTAINABILITY AND SCALABILITY

Questions regarding the sustainability and scale-up of ECD in Tanzania are expected to be addressed in conjunction with the approval of the IECD policy document in late 2010. Finalizing the IECD policy sets the stage for bringing service delivery models developed in the seven LDs to scale, using the lessons learned from those experiences to implement in new districts, and establishing a financing structure for ECD services in Tanzania.

5.1 Factors Affecting Sustainability of ECD Services and Initiatives

Experiences with two of the key ECD services—home-based parent education about early stimulation for children ages birth to 3 and community-based day care centers for children ages 3–4—indicate that sustainability might be an issue due to inadequate funding. Other factored related to sustainability, such as community ownership and parent demand, do not appear to be significant obstacles in the seven LDs.

Sustainability of the ECD focus in c-IMCI home visits requires that CORPs who have received training on early stimulation must be retained in their positions. Currently, CORPs who deliver c-IMCI home visits are community volunteers. They receive five days of training. In the LDs, CORPs receive an additional five days of training on early stimulation. Although data on attrition rates of CORPs are not available, some evidence suggests attrition could be an issue. UNICEF and country counterparts expressed concern about the potential effect of turnover of CORPs and its effect on the quality and consistency of the ECD messages provided as part of c-IMCI. In addition, the number of CORPs per village is fairly low (such as two CORPs per village), making it challenging for CORPs to provide services to all eligible children and families. As described in Section VI, there are a number of potential approaches to reducing attrition and providing ongoing training for CORPs.

The current day care center funding approach hinders sustainability and enrollment of vulnerable children who need the services most. Day care centers are supported by the community through funds that the community authorizes, in-kind parent contributions of materials and labor, and other contributions from community elders or private businesses and benevolent organizations. Teachers do not receive a government salary; instead, they are supported by parent contributions. As noted in UNICEF's *Cost and Finance Study*, in wealthier communities, parents' fees might be sufficient and could also be used to subsidize reduced or waived fees for poor children and families. Under this funding approach, there is little incentive for well-qualified day care providers to work in poorer communities where parents cannot afford to contribute to the teacher's salary. As described in Section VI, the Government and its partners might consider additional ways to provide incentives that will attract teachers to these posts.

5.2 Factors Affecting Scale-Up of ECD Services and Initiatives

Beyond preprimary classrooms in some communities, ECD has not been scaled up outside the seven LDs.

Tanzania currently has only partial plans for scaling up intersectoral ECD services beyond the seven LDs. At sectoral levels there are some plans in development for national scale-up. For example, the draft goals of MKUKUTA II called for 100 percent net enrollment in preprimary school by 20105. It is not clear, however, if funds are available yet to implement the plans. As noted earlier, the case study team's review of ECD-related documents prepared by UNICEF and the government of Tanzania, as well as the site visit interviews, yielded little additional evidence of scale-up plans. According to UNICEF staff, Tanzania is waiting for the draft IECD policy to be finalized to develop scale-up plans for other ECD services. After approval of the policy, the government will develop a national plan of action that outlines how the new policy will be operationalized and phased plans to take selected ECD interventions to scale. It also should be noted that at sectoral levels there are some national plans, such as for universal access to preprimary classrooms, but funds are not yet available to implement the plans.

Several important steps have been taken to lay the groundwork for scaling up ECD beyond these districts but gaps in information about effectiveness hinder evidence-based decision making. As of September 2010, the draft IECD policy document was developed and approval was expected by the end of 2010. In addition, through its partnership with UNICEF, Tanzania has trained leaders and key government officials in appropriate ministries on ECD, developed programme guidelines and standards, implemented ECD in the seven LDs, and produced a cost and financing study to guide future scale-up efforts. As described in Section IV, little is known about the effectiveness of the activities implemented in the seven LDs, which leaves policymakers and programme managers with little information about where to invest scarce resources as scale-up proceeds in other districts. Section VI provides recommendations about how monitoring data and evaluations can inform decision making and build an evidence base to support scale-up.

6. CONCLUSIONS, LESSONS LEARNED, AND RECOMMENDATIONS

6.1 Conclusions

This section draws conclusions based on the case study questions outlined in the case study matrix about Tanzania and its partners as they continue to develop ECD policy and support implementation and scale-up.

Alignment with National Goals and Priorities

Tanzania has made substantial progress toward completion of an intersectoral IECD Policy. To develop its IECD Policy, Tanzania launched the IECDSDI in 2007, which established a structured system for promoting intersectoral participation from national government ministries. The initiative involved development of national ECD guidelines and standards, capacity building, data collection on ECD needs and services, and a pilot of integrated service delivery in the seven UNICEF-supported LDs. Results from this phase are being incorporated into the creation of a final IECD Policy to be completed later in 2010.

Increasing Access and Coverage

Plans for increasing coverage have not been fully developed. As noted throughout this report, the IECD policy document has been drafted but not yet approved. A cost and financing study has been completed that provides guidance for budgeting for the cost of ECD services. In addition, experiences implementing ECD in the seven LDs can provide important guidance for implementation in other districts. Thus, although important preparatory work has been undertaken, concrete plans have not yet been developed for increasing coverage of ECD services outside the seven LDs, including time frames, funding structures, and training plans for district-, ward-, and school-level staff.

Capacity Building for ECD

Capacity for developing ECD policy and implementing services has increased at all levels. In addition to the intersectoral structure for developing ECD policy described earlier, focal persons from key ministries have received extensive training from ECDVU. At the district level, intersectoral teams in the seven LDs have been equipped to implement ECD services and provide training to CORPs at the ward level through the ECD Resource Pack training they received. Although this training was limited to seven districts, it provides a blueprint for mainstreaming district-level training in the future.

Knowledge Generation for ECD

Some progress has been made toward building an evidence base to inform ECD policy and interventions in Tanzania but gaps in knowledge generation and management at all levels impede results-based planning. Through its partnership with UNICEF, Tanzania has expanded the availability of information to aid in planning ECD services. This information can provide some guidance for the government and its partners to identify service needs and to develop service delivery plans and budgets when the IECD policy document is approved later in 2010. However, gaps in knowledge about the feasibility of implementation and effectiveness of the ECD services implemented in the seven LDs remain. If implementation and effectiveness studies are conducted, their generalizibility will need to be assessed based on differences in contexts and child and family characteristics in the seven LDs compared with other districts in Tanzania.

Mainstreaming of ECD into National Policies and Plans

Integration of ECD into c-IMCI provides a good example of a successful intersectoral approach. Tanzania, through its partnership with UNICEF, has piloted implementation of c-IMCI home visiting that includes an emphasis on early stimulation and other ECD topics based on documented best practices in

the Kibaha district. To date, implementation has been limited to the seven LDs, but experiences in these districts can serve as a road map for broader integration and mainstreaming of these and other services.

Current funding approaches are insufficient for mainstreaming ECD. For example, capitation grants are not always provided for children enrolled in preprimary classrooms and depending on the most pressing needs of the school, do not always benefit preprimary children. Community-level workers who provide core ECD services, including CORPs who provide c-IMCI home visits and day care center teachers, do not receive regular government salaries, but instead depend on contributions from parents and other community members.

Efficiency and Quality

National ECD guidelines and standards for service delivery can facilitate consistent implementation and continuous quality improvement as services are scaled up. In collaboration with UNICEF, Tanzania has developed draft operational guidelines for its three main service delivery models: (1) home visits, (2) community-based day care centers, and (3) school-based preprimary classrooms. These guidelines include standards for facilities and service delivery environments, training and qualifications of service providers, and procedures for managing and monitoring service delivery. Although these guidelines are not yet consistently used, even in the seven LDs, they have the potential to facilitate mainstreaming of ECD and provide important guidance to district- and ward-level staff when the IECD policy document is approved. Moreover, the guidelines can serve as important tools for monitoring quality, identifying areas in need of improvement, and focusing resources and attention on addressing identified needs.

Processes for Planning, Management, and Coordination

Tanzania has developed a model for intersectoral collaboration at the national and subnational levels. As noted earlier, Tanzania has developed a clear structure for intersectoral collaboration among key ministries at the national level. In the seven LDs, intersectoral ECD teams have been established to oversee and coordinate services at the local level. Again, the structure of these teams in the seven LDs has the potential to serve as a blueprint for mainstreaming district-level intersectoral collaboration in other districts in Tanzania.

Current approaches do not include mechanisms for identifying and providing ECD services to the most vulnerable groups of children. The National Costed Plan of Action for MVC identifies certain groups of children as especially vulnerable and aims to provide essential support services to these children through a community-based programme in which community MVC committees identify vulnerable children and allocate resources to provide supports. Similarly, the draft IECD policy document emphasizes the importance of strengthening services for vulnerable children ages birth–6, including street children, orphans, and children with disabilities. The document notes that these children have become vulnerable because of parental deaths, breakdowns of the family, and stigma outside and in some cases within the family. ECD services implemented at the district level, however, requires the presence of a parent or guardian in the child's life to receive a home visit or enroll in a day care center or preprimary school. According to UNICEF, MVC committees have been formed and some children are staying with foster parents. Alternative outreach strategies are needed for this population that do not rely on parents or guardians to seek services on behalf of their children.

Factors Affecting Sustainability and Scale-Up

Tanzania has begun laying the ground work for developing scale-up plans, but planning for scale-up is not yet underway. When Tanzania finalizes its IECD policy, focused planning will be needed to scale up services implemented in the seven LDs to other districts in Tanzania. Likewise, fulfilling MKUKATA II's mandate for universal enrollment in preprimary classrooms will require examination of financing options and careful planning for scale-up throughout the country.

Role of the UNICEF-GoN Funding

The UNICEF-GoN Cooperation Programme provided important support for capacity building and policy development at the national level, as well as intensive capacity building and support for implementing strategic ECD activities at the district level. GoN funds provided critical support to Tanzania at the national level throughout the process of developing the IECD draft policy, including funding the ECD component of the situation analysis that served as the basis for developing the IECD policy, nationwide consultations, technical assistance, development of a country-specific ECD Resource Pack, and ECD Resource Pack training for key national officials. At the same time, GoN funds supported a series of strategic district-level activities that generated models and lessons learned that can be used for scale-up after IECD policy approval. These activities included district-level ECD workshops that resulted in the formation of multisectoral district ECD teams, roll out of home-based ECD services in the seven LDs, support for preprimary teacher training, and technical assistance to support monitoring in the seven LDs.

6.2 Lessons Learned

At the time of the August 2010 site visit, Tanzania was at a relatively early stage in the development and implementation of ECD policy and services. Development of the IECD policy document was underway but had not yet been completed. Implementation of ECD activities was focused primarily in the seven LDs. Nevertheless, Tanzania's experience thus far at both the national and subnational levels provides several important lessons learned that might be useful for other countries, particularly on the topic of intersectoral collaboration.

- ***Early investment in intersectoral training at the national level can foster the development of ECD expertise and strong relationships across sectors.*** At the national level, Tanzania has a well-structured ECD policy development process in which focal persons from multiple ministries and partner organizations participate in a steering committee chaired by MoCDGC. With support from UNICEF, these individuals participated in ECDVU for one year. During site visit interviews, participants reported that this experience helped the group to create shared expertise in ECD, a common understanding of the importance of ECD, and strong working relationships across sectors.
- ***Intersectoral policy development and planning fosters integrated, holistic services, rather than approaches that are implemented only in one isolated sector and do not take a holistic approach to meeting young children's needs.*** Tanzania's intersectoral approach to ECD policy development has fostered an integrated, holistic approach across health, education, and social welfare, rather than a more limited focus in a single area. Moreover, in the seven LDs, multiple service delivery strategies have been implemented across sectors simultaneously and are overseen by an integrated district-level committee.
- ***An intersectoral approach to policy development and service delivery promotes the development of services for parents and children across the ECD age span (conception–8).*** Another benefit of Tanzania's intersectoral approach has been the implementation of services across the age span. Rather than focusing on one age group—preschoolers, for example—Tanzania has developed home-based services for parents and children up to age 3, day care services for children ages 3–5, and preprimary classrooms for children ages 5 and older.
- ***Because donor groups are organized by sector, an intersectoral approach to ECD creates challenges for efficient interactions with funders.*** Tanzania receives support from a set of donor groups that is organized by sector. Because Tanzania has taken an intersectoral approach to ECD, it is difficult to engage donor groups, each of which focuses on a specific sector, in funding intersectoral ECD activities. There is no single lead ministry to connect with a particular donor group and advocate for ECD funding. Addressing this mismatch between the intersectoral country approach and the sectoral donor approach will be critical for engaging donors in funding the services needed to mainstream ECD beyond

the seven LDs. The UNICEF–GoN programme was a first step in this type of funding that could serve as a model for donor funding strategies focused on intersectoral collaboration and mainstreaming.

6.3 Recommendations

The evaluation team offers the following recommendations to enhance ECD policy development and implementation in Tanzania. This section presents separate recommendations for (1) the government of Tanzania, focused on intersectoral collaboration and implementation; and (2) UNICEF, focused on advocacy and provision of technical support.

Alignment with National Goals and Priorities

Government of Tanzania: ***Complete final adoption of the draft IECD policy and develop a national plan of action to facilitate implementation of the policy after its adoption.*** Final adoption of the draft IECD policy was expected by the end of 2010. When the policy is adopted, critical steps must be taken to plan for implementation of the policy, including decisions about financing, implementation of services, and scale-up outside of the seven LDs. Attention must also be given to ensuring that scale-up includes a focus on providing quality services and serving vulnerable children.

UNICEF: ***Provide technical support for developing a national plan of action.*** UNICEF can support the Government of Tanzania by providing technical support for making critical decisions about developing an implementation plan.

UNICEF: ***Coordinate with foundations and CSOs implementing ECD outside the seven LDs to support implementation of the IECD policy after its adoption.*** UNICEF can support the government of Tanzania in its implementation planning by coordinating with foundations and CSOs outside the seven LDs to align their work with the IECD policy, provide information about feasibility of implementation based on their experiences, and support implementation in the districts in which they work.

Increasing Access and Coverage

Government of Tanzania: ***Develop plans for providing ECD training to CORPs outside the seven LDs.*** As noted in Section IV, Tanzania has successfully expanded availability of holistic ECD services in the seven LDs by providing an additional five days of ECD training, with a particular focus on early stimulation, to CORPs who provide c-IMCI home visits. Tanzania should consider expanding this training to CORPs who provide c-IMCI visits in other districts.

Government of Tanzania: ***Develop plans for scaling up preprimary services to meet NER goals.*** The scale-up and sustainability section discusses this cross-cutting issue.

UNICEF: ***Develop or commission a position paper on strategies for expanding access and coverage, including c-IMCI convergence with ECD and strengthening of access to community day care centers.*** Such a paper could be invaluable for the Government of Tanzania as it develops a national plan of action for implementing the IECD policy and considers various options for financing and scaling up outside of the seven LDs.

Capacity Building for ECD

Government of Tanzania: ***Consider replicating district-level ECD training implemented in the seven LDs in other districts in preparation for broader implementation of the IECD policy.*** In partnership with UNICEF, Tanzania provided training on ECD based on customized materials from the ECD Resource Pack to district-level officials in the seven LDs and created district-level ECD resource teams to oversee ECD coordination and services at the local level. In preparation for adoption of the

IECD policy, this approach could be replicated in additional districts that are strong candidates for implementing ECD when broad implementation of the IECD policy begins.

UNICEF: ***Consider sending another cohort of national policymakers to ECDVU.*** With support from UNICEF, ECD focal persons in national ministries attended ECDVU, which increased their knowledge of ECD and fostered intersectoral collaboration across participating ministries. Due to the success of this effort, UNICEF should consider supporting another cohort of ministry-level staff to attend ECDVU to expand the depth of ECD knowledge at the national level and deepen intersectoral working relationships on ECD.

Knowledge for ECD

Government of Tanzania: ***Capitalize on existing national-level surveys to generate data on ECD.*** Currently, Tanzania does not field UNICEF's Multiple Indicator Cluster Survey (MICS). One way to gather information about ECD would be to add the MICS-4 ECD module to an existing national-level survey. This could yield high quality data to better inform planning for ECD beyond the seven LDs. For example, two existing surveys to which the MICS ECD module could be added are the Demographic and Health Survey and the National Panel Survey. The government of Tanzania would need to work closely with experts on those surveys to determine which is the appropriate vehicle for these questions and could best accommodate an additional module.

UNICEF: ***Collaborate with other donors to support rigorous impact evaluations of selected ECD interventions.*** Currently, Tanzania has no information about the effectiveness of ECD interventions being implemented in the seven LDs. When implementation procedures are fully developed, including staff training and consistent monitoring using the ECD guidelines and standards, one or more rigorous impact evaluations should be conducted to determine the effectiveness of the services to inform scale-up beyond the seven LDs.

Mainstreaming ECD into National Policies and Plans

Government of Tanzania: ***Support advocacy efforts at national, regional, district, and local levels to prioritize preprimary schools for receipt of capitation grants.*** National guidelines for capitation grants provide guidance on how the grants will be provided. At the district level, there is a process for assessing needs based on a set of criteria, with priority areas elaborated in a set of guidelines. Based on this assessment, districts prepare capitation grant budgets that are reviewed at the regional level. At the local level, school committees also provide input. Advocacy at each of these levels to increase allocation of capitation grant funds to preprimary schools is needed.

UNICEF: ***Advocate for budgeting and fiscal space for ECD.*** UNICEF should work with country counterparts and other partners to ensure that ECD is and remains a priority as national and local budgets are developed. Without sufficient funding, the IECD policy cannot fulfill its potential as a means for preparing children for primary school.

Efficiency and Quality of ECD

Government of Tanzania: C*onsider strategies to reduce and maintain lowerlevels of attrition among CORPs.* Tanzania and its partners have invested in an additional five days of training for CORPs to implement ECD, especially early stimulation, into their c-IMCI home visits. When CORPs, who are volunteers, leave their positions, this new knowledge is lost and additional investments must be made in training new staff. To address this problem, Tanzania should consider paying CORPs a regular salary, providing a smaller incentive payment, or asking for a small fee from parents who can afford it (UNICEF 2010a). In addition, periodic refresher training might also motivate CORPs to continue in their roles and increase the quality of services they provide.

Processes for Planning, Management, and Coordination

Government of Tanzania: ***Consider developing indicators for implementation of ECD programs, train district-level teams to collect data on the indicators, and use the data to monitor ECD activities and work on continuous programme improvement.*** When Tanzania's ECD guidelines and standards are finalized, indicators should be developed to monitor compliance. For example, do ECD staff and volunteers have the required qualifications and have they received the required training? Tanzania and its partners also need a system for collecting data on indicators and procedures for regular monitoring and reporting on service delivery. In addition, district-level teams could benefit from training on how to collect and use these indicators to examine implementation progress and work with service providers on continuous improvement. During field visits, the intersectoral team in one district expressed interest in collecting and using data to make midcourse corrections.

Government of Tanzania: ***Consider developing early learning and development standards, along with indicators for what children should know and be able to do at different ages, to facilitate tracking progress toward meeting the standards.*** These standards could also include standards for parent knowledge of ECD and indicators of parent knowledge that could be used to assess the effectiveness of ECD messages delivered to parents through c-IMCI. Developing these standards is a crucial step toward monitoring progress of children enrolled in different ECD services—home visits, day care centers, and preprimary schools—and determining whether each is producing expected outcomes for children. Tanzania and its partners should be able to assess, for example, the extent to which children who attended preprimary school have developed the skills and knowledge necessary to learn in a primary school setting.

UNICEF: ***Provide technical support to help Tanzania develop indicators and integrate them into existing data and monitoring systems.*** Rather than create new systems that might not be sustainable, UNICEF can provide technical support by assessing options for integrating indicators of implementation and parent and child outcomes into existing data and monitoring systems. UNICEF could also provide technical support and training for district-level officials on how to use these indicators to monitor performance and direct support and resources to address areas of need identified through monitoring.

Incorporation of a Human Rights-Based Approach and Strategies to Improve Equity

Government of Tanzania: ***Use PEPFAR II and Revision of the National Plan of Action for MVC as opportunities to integrate ECD and increase coverage.*** As described in Section III, Tanzania's current ECD service approach requires the presence of a parent or guardian who can receive c-IMCI home visits or enroll the child in a day care center or preprimary school. The draft IECD policy, however, notes the importance of developing services for vulnerable children—such as orphans, street children, and children with disabilities—some of whom might not have familial advocates to obtain services on their behalf. In other cases, relatives caring for orphans might be overwhelmed by their responsibilities and/or unaware of the availability of ECD services. Through intersectoral collaboration, there is an opportunity to engage other partners, such as the Tanzanian Commission on AIDS, in developing specific strategies for targeting these vulnerable groups of children and engaging them in services. For example, providing incentives for communities that reach enrollment targets for vulnerable children could encourage the development of local outreach campaigns. Teachers and CORPs will also likely need specialized training for working with these children.

Government of Tanzania: ***To sustain enrollment in day care centers and make them accessible to vulnerable children, government financing or scholarships for children whose families cannot afford a fee and teacher incentives should be considered.*** As noted in Section V, day care center teachers receive financial support from parent contributions, rather than a government salary. A parent fee structure might be sufficient to fund teachers in wealthier communities as well as reduced fees or scholarships for poor and vulnerable children. In poorer communities, a government subsidy to pay the teachers' salaries and provide scholarships for vulnerable children might be necessary. Teachers

incentives, such as opportunities for additional or refresher training or additional stipends, could also encourage teachers to work in day care centers with large proportions of vulnerable children.

Scale-Up and Sustainability

Government of Tanzania: ***When the IECD policy document is passed, develop concrete plans for scaling up services.*** These should include (1) plans for identifying districts that are the best candidates for implementing ECD, (2) processes for creating and training district-level intersectoral ECD teams to oversee and monitor implementation, (3) plans for financing ECD services and specific budget allocations, (4) plans for training staff and volunteers in ECD, (5) developing systems for monitoring and oversight, and (6) strategies for ensuring that vulnerable children have access to the services.

UNICEF: ***Increase coordination with other donors globally to explore integration of ECD services into existing strategies and activities and increase ECD service coverage***. Many donors provide sectoral funding to address needs in Tanzania related to HIV/AIDS, health, education, child survival, and child protection. By raising awareness of ECD issues with donors such as the United States Agency for International Development (USAID), the Swedish International Development Cooperation Agency (SIDA) and the Department for International Development (DFID) (United Kingdom), the Government of Tanzania and its partners, including GoN, could extend ECD's reach and integration into other services currently funded by these and other donors. Also, as suggested by the Cost and Financing study, the Tanzanian government could seek to form a donor group for ECD by asking for specific contributions from donors for the IECD policy. Donors could coordinate, pool resources, and contribute to specific goals or activities in the IECD policy.

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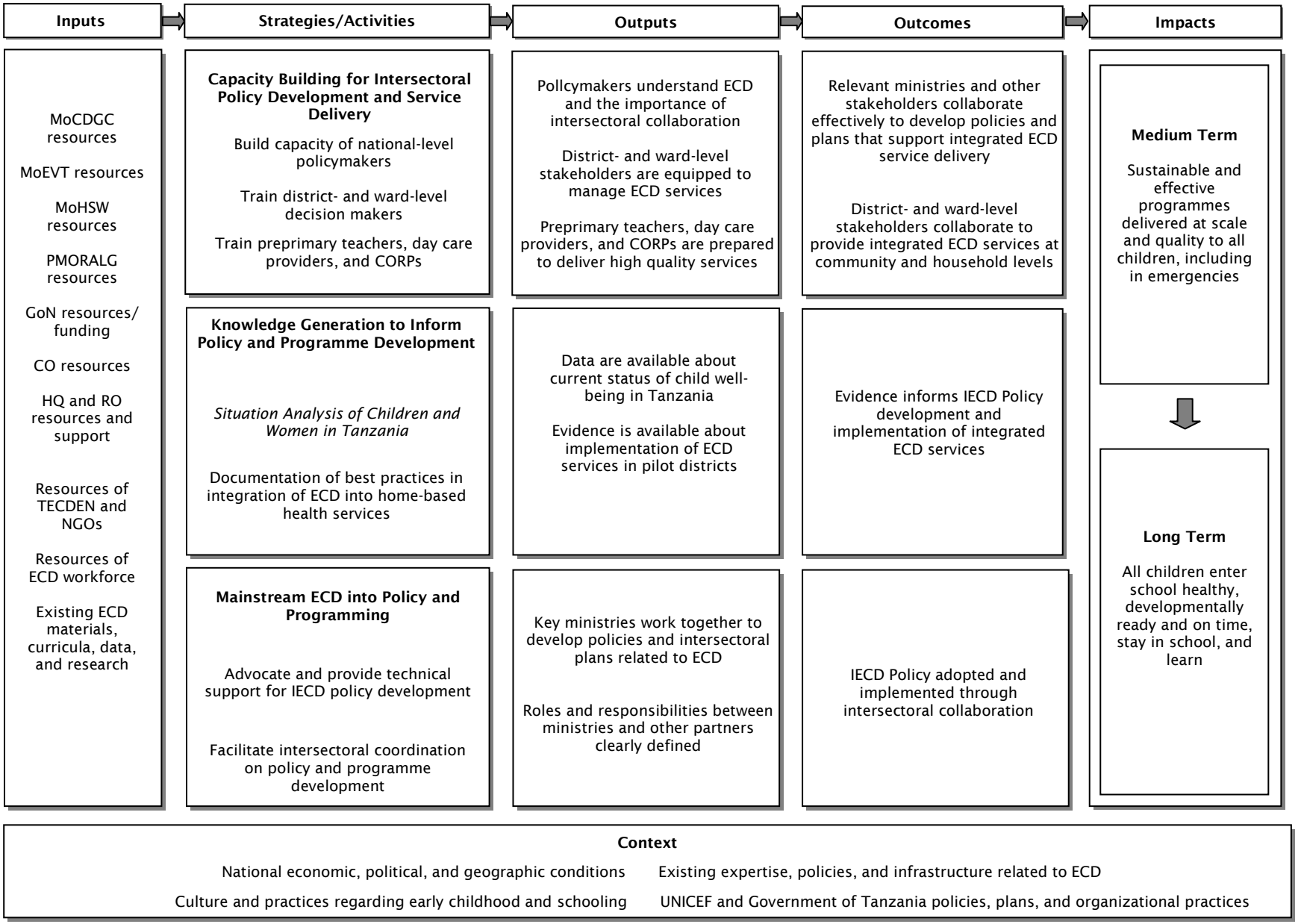
APPENDIX A

LOGICAL FRAMEWORK FOR ECD IN THE GOVERNMENT OF TANZANIA-UNICEF PROGRAMME OF COOPERATION

Figure A.1. Logical Framework for ECD in the Tanzania-UNICEF Programme of Cooperation



APPENDIX B

TANZANIA CASE STUDY MATRIX

Table B.1. Tanzania Case Study Matrix

Case Study Questions
Appropriateness and Alignment of ECD Activities with National Priorities and Needs
1. How closely do ECD components in the UNICEF-Tanzania programme of cooperation relate to priorities and expected results e development plans and strategic documents?
2. How appropriate are Tanzania's ECD strategies for expanding holistic ECD?
Effectiveness: Coverage of ECD Services
1. Have the framework and early childhood development curriculum and integrated community models been implemented in selected learning districts?
2. What is the coverage of ECD services in the seven LDs?
Effectiveness: Building Capacity for ECD
1. What factors have promoted or inhibited development of capacity of policymakers to develop policies and implement services for E
2. What results have been achieved to enhance ECD-related capacity of UNICEF Tanzania CO staff? What new skills have these sta developed, and how are these skills being used?[a]
3. What results have been achieved to enhance ECD-related capacity of preprimary teachers, day care providers, CORPs, and pare
Effectiveness: Knowledge Generation and Dissemination
1. What results have been achieved to promote knowledge generation and dissemination in support of ECD goals?
2. Have the results from these studies been used to influence programmes and policies? If so, how?
Effectiveness: Mainstreaming ECD in Policies, Plans, and Services
1. What results have been achieved to mainstream ECD in national policies and programmes in Tanzania?
2. Has national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)?
Quality and Efficiency of ECD Services
1. How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any?
2. What factors facilitate or inhibit the use of service quality information used to inform and improve ECD programmes and policies?
Planning, Management, and Coordination
1. To what extent have key elements of results-based planning and management been applied in ECD activities at the country level?
2. How have ECD programme components influenced partnerships among government, donors, NGOs, CSOs, and other key actors?
3. How effective is intersectoral coordination on ECD in the government and within UNICEF Tanzania?
Sustainability and Scalability

Case Study Questions
1. What successes or barriers have been encountered in costing policies, plans, and services related to ECD?
2. How likely are current interventions with an ECD focus (c-IMCI) to be sustained without support from UNICEF and other developm donors? What factors influence sustainability of current interventions?
3. How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?
Human Rights-Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized
1. How successfully have the key principles of a human rights-based approach been applied in planning and implementing ECD prog
2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children?
3. To what extent do disadvantaged and marginalized families and children have access to ECD services?
4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families?
5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes?

[a] The site visits focused on activities the UNICEF Country Offices identified as supported by the UNICEF-GoN programme. Investment in staff capacity development was not a central focus in Tanzania and thus this question is not addressed in this report. UNICEF staff capacity development was assessed globally through an internet survey. Those findings are presented in the final report (Boller et al. 2011).

APPENDIX C

DATA SOURCES

Table C.1. List of Interviews

Name	Position
UNICEF Tanzania Staff	
Mohamed El Munir Safieldin	Deputy Representative
Noel Ihebuzor	Chief –- Basic Education and Life Skills Programme (BELS)
Alejandro Grinspun	Chief – Policy Advocacy and Analysis Programme (PAAP)
Andrew Brooks	Chief – Child Protection and Participation Programme
Dr Abdulai Tinorgah	Chief – Young Child Survival and Development (YCSD) Programme
Abheet Solomon	Programme and Planning Specialist
Harriet Torlesse	Nutrition Manager
Niki Abrishamian	Education Specialist
Raymond Mubayiwa	Monitoring and Evaluation Specialist
Elizabeth Macha	Early Childhood Development (ECD) Specialist
Audax Tibuhinda	Education Specialist
Phenny Kakama	Child Protection Specialist
Christina Popivanova	Social and Economic Analysis Specialist
Edith Mbatia	Data Analysis Dissemination Specialist
Representatives of National Ministries, Departments, and Agencies	
Benedict Missani	ECD Focal Person – Ministry of Community Development, Gender and Children (MoCDGC)
Mboni Mgaza	Senior Community Development Officer SCDO[– ECD-(MoCDGC)
Clarence Mwinuka	ECD Focal Person – Ministry of Education and Vocational Training (MoEVT)
Alinune Nsemwa	Social Welfare Officer – ECD – Ministry of Health and Social Welfare (MoHSW)
Arun Joshi	Education Specialist – World Bank
Janneke Hartvig Jorgensen	Nutrition Specialist – World Bank
Mathew Banks	Country Director – Children in Crossfire – Tanzania Office
Mboni Mgaza	MoCDGC – ECD Virtual University Candidate
Anatori Rugaimukamu	World Vision – Arusha – ECD Virtual University Candidate
Representatives of District- and Local-Level Agencies and Committees	
Zainab Ahmad Kwikwega	District Commissioner – Makete District
Imelda Ishuza	District Executive Director – Makete District
Cyrus Kapinga	District Planning Officer – Makete District
Joseph Paulo Chota	District Administrative Secretary – Makete District
Boniface Sanga	Health Officer – c-IMCI – Makete District
Monica Mahenge	District Home Economics Officer – Makete District

Name	Position
Focus M. Mwita	District Community Development and Social Welfare and Youth Officer – Makete District
Thomas Mwenda	District Preprimary Schools Coordinator – Makete District
Leonce K. Panga	District Social Welfare Officer (Protection) – Makete District
Reuben R. Mbirinyi	DCCO – Immunization Programme -Makete District
Ester Lamosai	Community Development Officer (CDO) – Children Coordinator – Makete District
Ester Mary Ngogo	District Reproductive and Child Health Coordinator (DRCHCO) – YCSD coordinator - Makete District
Johnson Mgecha	District Special Needs Education Officer – Makete District
John Genda	District Education Statistics Officer – Makete District
Boniface M. Sanga	District Environmental Health Officer (DEHO), ECD ToT – Makete District
Nuru Mwendapole	Economist – Planning Officer
Steven Kongwa	Municipal Director – Temeke Municipality
Jennifa C. Omolo	Municipal Economist and Planning Officer – UNICEF Programme Coordinator – Temeke Municipality
Masole M. Masogo	Municipal Statistics and Planning Officer (MSPO) – Temeke Municipality
Dr. M. Mashombo	Health Research Coordinator – Temeke Municipality
Ruth Mwakalinga	Reproductive and Child Health Coordinator (RCHC) – Temeke Municipality
Kabuje Subisya	Social Welfare Officer (SWO) – Temeke Municipality
Halima Sonje	Municipal Adult Education Coordinator – Focal person – Education – Temeke Municipality
Victoria Mwaulambo	Ward Executive Officer – WEC Taifa Ward
Abdul Haji	Ward Executive Officer – WEC Sandali Ward
Representatives of Local NGOs	
Kassim Alawi	Chair person – TECDEN
Fortidas Bakuza	National Coordinator – TECDEN
Sophia Komba	Programme Officer – TECDEN
Mary Chiduo	Administration and Finance – TECDEN
Mathias Kimilo	TECDEN – Dar es Salaam Chapter
Andrew Nkunga	Amani ECD – Dsm
Local ECD Managers and Service Providers	
Orgen A. Sanga	Head Teacher – Lupalilo Primary School – Lupalilo Ward Makete
Frida E. Sanga	Preprimary School Teacher – Lupalilo
Salome Mahenge	Preprimary School Teacher – Lupalilo (Volunteer)
Nae Emanuel	Preprimary School Teacher – Lupalilo (Volunteer)
Deacon Elikana Kitahenga	Utsewa ECD Centre Advisor – Utsewa Ward – Makete

Name	Position
Chesco Kitumbika	Utsewa ECD Centre Committee Secretary
Leticia A. Sanga	Caregiver
Neema A. Sanga	Caregiver
Manjura Joggy	Teacher in Charge – Taifa ECD Centre – Temeke Municipality
Asmini Mchambo	Assistant Teacher in Charge – Taifa ECD Centre – Temeke Municipality
Ngailo Isdora	Teacher/caregiver
Jenifer Miringa	Teacher/caregiver

Table C.2. List of Focus Group Discussions

Locations	Participants	Estimated Number of Participants
Lupalilo Primary School – Lupalilo Ward	Parents of preschool children both in school- and community-based care	32 parents, both men and women
Lupalilo Village – at Lupalilo Primary School	Discussions with parents of children not enrolled	3
Lupalilo Primary School	Group interview with preschool teachers and caregivers for both school- and community–based care	4
Lupalilo Ward Office	Discussions with CORPs and ward-based facilitators	8
Lupalilo Ward Office	Discussions with parents and caregivers who had already been visited by CORPs and those not visited	15 (9 already visited and 6 not visited)
Sandali Ward Temeke Municipality	Discussions with parents of children in preprimary school including one school committee member	4
Sandali Ward Temeke Municipality	Discussions with preprimary school committee	4
Temeke Vocational Training Centre – Kituo cha ufundi Stadi Temeke	Discussions with preprimary school teachers – Temeke District	9
Temeke Vocational Training Centre – Kituo cha ufundi Stadi Temeke	Discussions with parents of children enrolled	3

Table C.3. List of Documents Reviewed

Document Name	Document Source
UNICEF Reports/Presentations	
Tanzania UNICEF Country Programme Action Plan 2007–2010	UNICEF
Integrated ECD in Tanzania	UNICEF
ECD Communication Framework and Some Suggestions for Consideration: Moving Beyond Messages; Building Confidence, Competence, and Partnerships	UNICEF
UNICEF Tanzania Integrated Early Childhood Development Concept Note	UNICEF
UNICEF Tanzania Progress and Utilization Report – Netherlands Government PBA SC/2008/0317 – Early Childhood Development in Tanzania	UNICEF
Implementation of the Early Childhood Cognitive and Psychosocial Development Programme – Kibaha District Experience	UNICEF
Cost and Financing Scenarios to Support the Implementation of the Integrated Early Childhood Development Policy of Tanzania	UNICEF
Children and Women in Tanzania, 2010 – Volume I: Mainland	UNICEF
A Positioning Paper For Early Childhood Development Operational Targets for MKUKUTA II	UNICEF/TECDEN/Children in Crossfire
Evaluation of the UNICEF–GoN Cooperation Programme on Early Childhood Development 2008–2010	UNICEF
Dutch Fund for ECD Tanzania	UNICEF
Early Childhood Development Proposal	UNICEF: NY presented to Ministry of Foreign Affairs, GoN
Government Data/Documents	
National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children in Tanzania	Ministry of Health and Social Welfare
Operational Guidelines and Minimum Standards for Integrated Early Childhood Development in Tanzania	The United Republic of Tanzania
The Draft of the Policy on Early Childhood Development, Tanzania (Ages 0–8 Years)	The United Republic of Tanzania
Draft of the Implementation Plan for Early Childhood Development Policy 0–8 Years	The United Republic of Tanzania
Other Reports	
Integrated Early Childhood Development (IECD) Policy Development Process in Tanzania – Phase 2 Report	Lyabwene Mtahabwa (Ph.D.)

Document Name	Document Source
Integrated Early Childhood Development (IECD) Policy Development Process in Tanzania – Progress Report	Lyabwene Mtahabwa (Ph.D.)
Report: Planning for the Development of the IECD Policy – Phase 1: Preparation – Planning Team Training and Way Forward	Ministry of Community Development, Gender and Children
Profile of Early Childhood Development (IECD) Policy Development Process in Tanzania	Ministry of Community Development, Gender and Children
Joint Intersectoral ECD Service Delivery Initiative – 2007	Ministry of Community Development Gender and Children 2007
Early Childhood Service Delivery Mapping and Baseline Study in Bagamoyo, Hai, Magu, and Mtwara – Summary of Findings and Recommendations	Professor A.S. Mbise for the Ministry of Education and Vocational Training; Ministry of Community Development, Women and Children; and TECDEN
Facilitators Manual for Training of IECD Service Providers	Ministry of Education and Vocational Training, First Edition 2008
Formulation of Nationally Integrated Early Childhood Development Programme – Concept Note	
National Strategy for Growth and Poverty Reduction (NSGPR) I/II	Ministry of Finance and Economic Affairs
Profile of Early Childhood Development (IECD) Policy Development Process in Tanzania	Ministry of Community Development, Gender and Children

APPENDIX D

POLICY SUMMARY

Table D.1. Policy Summary

Policy	Year(s)	Ministry Responsible for the Policy	ECD-Related Content
Tanzania Education and Training Policy	1995	Ministry of Education and Vocational Training (MoEVT)	• Calls for collaboration among government, communities, and NGOs to provide preprimary education • Proposed that education be provided through preschool centers and preprimary schools • Targets children Ages 5–6
Child Development Policy	1996	Ministry of Community Development, Gender and Children (MoCDGC)	• This policy addressed children's rights, survival, development, and protection, and covers children ages 0–18. • Specific policy goals included establishing preschools and day care centers and educating parents about preschool and good learning environments • Policy objectives included educating the community about child rights and safety; providing direction and guidance on child survival, protection, development, and upbringing; helping children become good citizens; and clarifying the roles and responsibilities of children, guardians, community, institutions, and the government in planning, coordinating and implementing plans for children while emphasizing adult responsibilities related to children
Primary Education Development Plan 2002-2006 (PDEP)	2002	Ministry of Education and Vocational Training (MoEVT)	• Established capitation grants of 10 (US$) per child enrolled in primary schools
National Strategy for Growth and Reduction of Poverty 2005-2010 (MKUKUTA)	2005	Vice President's Office	• Goals include increased access to quality primary and secondary education for children; improved survival, health, and well-being of children and women, and of specially vulnerable groups; reduced environmental risk; social protection and provision of basic needs and services for the vulnerable and needy; and effective access systems to public services • Plans to expand primary school system to include preprimary programmes linked to child welfare services, including community-based day care services
National Strategy for Growth and Reduction of Poverty 2010-2015 (MKUKUTA II)	2005	Ministry of Finance and Economic Affairs (MoFEA)	• Currently under development; drafts indicate that goals are related to increasing child preparation for primary school and broadening access to preprimary and primary education • Goals include 100 percent net enrollment in preprimary education; improvements and expansion of school infrastructure, especially ECD centers; and expansion of community awareness on parental knowledge on nutrition and HIV/AIDS mainstreaming

Policy	Year(s)	Ministry Responsible for the Policy	ECD-Related Content
Primary Education Development Plan II 2007-2011 (PDEP II)	2007	Ministry of Education and Vocational Training (MoEVT)	• Calls for establishment of preprimary schools in each primary school[a] • Extended capitation grants to preprimary students[a]
Integrated Early Childhood Development Service Delivery Initiative	2007	Ministries of Education and Vocational Training (MoEVT), Health and Social Welfare (MoHSW), Community Development, Gender and Children (MoCDGC), Prime Minister's Office-Regional Administration and Local Governments (PMORALG), and Tanzania Early Childhood Development Network (TECDEN)	• Includes developing operational guidelines and integrated ECD service provision standards, national and district ECD team capacity building, ECD service survey and mapping, and integrated service delivery pilots in some areas • Establishes a collaborative system among MoCDGC, MoEVT, MoHSW, PMORALG, and TECDEN • Covers children ages 0-8
National Costed Plan of Action for Most Vulnerable Children	2008	Ministry of Health and Social Welfare (MoHSW)	• Focuses on policy and service delivery environment, household- and child-level care, and the protection and security of MVC • MVC include children under 18 who are living in child-headed households, households headed by the elderly, or who have lost one or both parents or have disabilities and live in poverty • Outlines the identification of MVC, provision and monitoring of services for MVC, and roles and responsibilities at national and subnational levels for the intersectoral management of MVC service provision
Integrated Early Childhood Development Policy	Not yet complete	Ministry of Community Development, Gender and Children (MoCDGC)	• An intersectoral policy meant to support delivery of ECD services for children ages 0-8 through intersectoral collaboration at all levels • Goals include engaging young children and stakeholders to establish programs and strategies • Objectives include strengthening services and outcomes for infants; improving day care services for children ages 4-5; providing integrated and intersectoral services to children ages 5–8; and providing essential and basic services to vulnerable children including orphans and children living with HIV/AIDS, among others

Source: Documents provided to Mathematica in 2010 by UNICEF Headquarters, Tanzania County Office, and Tanzania government staff.

[a] This policy document was not available for review by the evaluation team. This information was conveyed in a personal communication with the ECD focal person, Ministry of Education and Vocational Training.

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