

Early Childhood Care and Development
in
Tanzania

An Analysis Of The Situation of Children 0 –7 years of Age
in the
Context of Families and Communities.

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‘The women have no alternative for child care.

**When they look after children they can’t work, therefore, no food and less
income;**

when they work, they can’t look after children.

It is the children who suffer as the women try to do both.’

Male Elder, Mtwara Rural.

Acknowledgements

Just as young children are social beings, intricately connected to their families, and those around them, and are very dependent upon them in so many ways, efforts to support them are equally inter-connected. AMANI ECCD would first of all like to thank the Bernard van Leer Foundation for commissioning this study and for their interest in learning more about ECCD in Tanzania, which has in turn stimulated a number of individuals and organizations to contribute to this process of building a deeper understanding of current ECCD issues in Tanzania. In particular we would like to thank,

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Chanel Croker, Director
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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on the Rights of the Child
CSPD	Child Survival, Protection and Development
OAU	Organization of African Unity
ECCD	Early Childhood Care and Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECDVU	Early Childhood Development Virtual University.
ETP	Education and Training Policy, 1995.
IEC	Information, Education, Communication
MOEC	Ministry of Education and Culture
MCDWC	Ministry of Community Development, Women Affairs and Children
MLYDS	Ministry of Labour, Youth Development and Sports
MOH	Ministry of Health
NACP	National Aids Control Programme
NPES	National Poverty Eradication Strategy
PPA	Participatory Poverty Assessment 1995
PRSP	Poverty Reduction Strategy Paper
TAS	Tanzania Assistance Strategy
TIE	Tanzanian Institute of Education
TRCHS	Tanzania Reproductive and Child Health Survey
UPE	Universal Primary Education

Currency Exchange, Mean Rate from Bank of Tanzania, July 26 2001

US\$1.00 = TSh 890

Executive Summary

Tanzania's infants and young children today, represent the human resources that will inherit the nation outlined in her development Vision for 2025, a nation with a high quality of life for all; with peace, stability, unity and good governance; which is thriving on a well educated and learning society which has enabled the development of a competitive economy and sustainable growth.

However, despite political reforms and increasing economic stability, widespread poverty still impacts on the lives of more than 50% of Tanzania's population, and thereby the capacity of families to care for their children is fragile. During the past decade, there have been some major setbacks, in earlier achievements made in improving infants and young children's survival rates. Whilst the HIV/AIDS pandemic has severely impacted on the mortality rates of both women and children, it is estimated that at least 75% of these deaths are attributed to preventable conditions, such as malaria, pneumonia, diarrhoea, malnutrition and measles.¹ Access to quality health facilities is very limited for most people, whilst cost sharing excludes the most vulnerable. Women and children's nutritional status is poor, and access to basic services such as potable water is limited in many areas. Given these realities, in practical terms, there has been little progress in ensuring that those infants and young children who do survive, really thrive, in the critical few years of their early development.

The government responsibilities for realising the goals for child survival protection and development are a complex issue shared by a number of Ministries. However, with sectoral reforms, there has been a shift in government role from being a service provider to a facilitator of increasing non-government and private sector partnerships in service provision. With decentralisation, there is a focus on shifting political, administrative and budgetary decision making to the district level, with community-based planning processes being the heart of community development initiatives.

However whilst structural changes provide a very constructive framework for future development, backed up by economic stability and a steady annual growth rate, unfortunately it is not enough to generate the income required to meet Tanzania's basic needs, and 30% of the national budget is externally funded. Prior to qualifying for Highly Indebted Poor Countries Initiative, (2001), approximately 40% of Tanzania's budget went to servicing debt. Government has now prioritised poverty alleviation, especially as it affects the most vulnerable, including women and children, as its' fundamental development challenge and focus for planning and action.

Rooted in the context of families and communities the lives of young children in Tanzania are affected by a number of key facets of poverty.

1. Low family income and high unemployment;
2. Poor quality of health services and limited access to services because of distance, cost-sharing initiatives;

3. High responsibilities but low status of women. With the majority of economically active population in rural areas being women, they are burdened by low status, poor income, poor health and nutrition and limited access to services, the responsibility of being head of 13% of households, low levels of education due to limited access, limited access to land, minimal representation in local government, no control over family finances in many cases, subservience in power relations between men and women, and under threat of a higher incidence of contracting HIV/AIDS than men. In addition they have the responsibility of care for and developing the capacity of Tanzania's future generations, in their critical years of development, in infancy and early childhood.

Whilst women recognize their childcare responsibilities, their daily burdens limit the time they have to spend with them. One study in four villages in Iringa in 1992 indicated that for those women, the time allocated for childcare in the course of their day was only 2%, (See Table 5). Understandably, women are asking for help with childcare support for their young children, and they are concerned about the quality of that care.

Whilst donor support in the ECCD field has been limited mostly to UNICEF initiatives and more recently the Aga Khan Foundation's support to the Zanzibar Madrasa Resource Centre community pre-school programmes, the last two years have seen a steady increase with Save the Children (UK) and PLAN International beginning to get involved. However, the last decade has also seen some far-reaching sectoral reforms within ministries related to ECCD initiatives, that are slowly being recognised as 'pointing in similar directions', with the challenge now being, how to realise these plans regarding the future development of ECCD in Tanzania. The foundation stones have been laid in Tanzania's development vision, poverty eradication strategies and sectoral reform processes. Government has already identified a number of issues and related strategies which recognise the importance of the early years in human capacity development and the key role of women, families, government and civil society in ensuring young children's optimal development and therefore the development of the nation. Most recently the Composite Development Goal for the Tanzania Development Vision 2025 (2000) officially recognises that

- *children acquire from their mothers not only their first basic knowledge, but also their first feelings and perceptions about the family, the society and the immediate environment. The child can only learn from the amount and quality and knowledge that the mother has to offer, which depends, amongst other things on her health, educational background sense of security and confidence, self-esteem, and economic independence.*²
- *Parents are jointly responsible for educating and caring for their offspring;*³
- *Day care centres and crèches (should be) established so that women are released to pursue careers outside the home without making the family suffer.*⁴
- *The concept of Early Childhood Education and Care and pre-school education is still new in Tanzania despite the fact that pre-school education is vital to the moulding of the human resource at an early stage. ...The impact of pre-school education on primary education is positively advantageous.*⁵

The National Poverty Eradication Strategy (1998) earlier confirmed the mutual importance of day care support for children, and women, in support of their productive roles, providing the majority of the labour force in rural areas.

Public institutions, the private sector and other organisations (should be encouraged) to establish day care centres so as to allow women to participate fully in development issues.

6

Through a review of literature, including policy documents and guidelines, together with interviews with stakeholders, survey collation and community field research in four sample districts (Temeke, Moshi Rural, Songea Urban and Rural), this study has been able to document the many challenges facing the development of ECCD in Tanzania. However, through these processes many strengths have also been identified which present stakeholders with opportunities for action, at all levels. At this point in time therefore, the key challenge to all ECCD stakeholders is, 'How committed are we to come together and take collaborative action in realising the partnership approaches to improved ECCD in Tanzania, which have been advocated for by government and civil society alike?'

Tanzania's ECCD Challenges &

➤ Current Opportunities

1. Existing Sectoral Reforms and Collaborative ECCD Responsibilities Emerging.
 - Government acknowledgement of fragmentation and lack of co-ordination in ECCD issues needs to be addressed collaboratively with all stakeholders with an emphasis on
 - strategic planning for action;
 - working towards the development of integrated, multi-sectoral policies, guidelines and approaches to supporting children 0-7 years of age alongside the piloting of innovative community ECCD initiatives to inform this process;
 - clarification of principles guiding the realisation of partnership approaches to supporting ECCD that are recommended by government.
2. Absence of Reliable ECCD Data is Hindering Planning.
 - With both government and non-government stakeholders highlighting this as a priority for future planning, priorities should be
 - collation of existing data and documentation and making it accessible;
 - investment in capacity development in research, documentation and analysis;
 - a focus on community-based child-focused research in order to document indigenous child-rearing knowledge and strengths to build on.
3. Development of ECCD Strategies Based on Building on Community-Based Initiatives.
 - We need to be developing practical strategies for the realisation of multi-sectoral approaches to ECCD, as highlighted in sectoral reforms;
 - If community-based initiatives are to be the starting points for supporting ECCD issues, then flexibility is required at all levels, including central and local government, donors and NGOs;

- The ECD Network's capacity for providing a forum for encouraging documentation of community ECCD initiatives as well as sharing and disseminating information to all stakeholders, needs strengthening.
4. Gender Development and Women's Empowerment are Key Issues in Improving ECCD
- There is an urgent need for all stakeholders to come together to concretely address ECCD issues in general, and specifically for the most vulnerable children, in the light of current Gender and Child Development policies;
 - Investment in women's empowerment and capacity development must be an integral part of supporting young children's care and education, and must be seen as a very significant poverty alleviation strategy, for this generation and the next.
5. Family-Based Care of Infants and Children in a Society in Transition Is a Struggle for Most
- There is a gradual breakdown of traditional concepts of community responsibility for childcare and therefore a high demand for community early childhood care and education guidelines and support. Commitment and action is required from all stakeholders to come together to begin working at building bridges between what communities want for their young children, and what government is aware of as being important for their development in the early years.
 - Support for ECCD can be multi-faceted including community sensitisation, family-based support, parenting education, support for women's empowerment, day care and early childhood education support for children in informal and formal settings etc. Stakeholders in Tanzania need to develop strategies and approaches to guide a wide variety of innovations through partnership approaches.
 - The escalating HIV/AIDS pandemic, and increasing number of orphans, highlights the need for piloting innovative approaches to ECCD in the context of family and community support.
6. Day Care and Pre-school Service Provision.
- Where currently guidelines related to service provision are not clear, an obvious outcome of integrated, multi-sectoral ECCD policies will be new guidelines that will clarify roles and responsibilities of all stakeholders; and agreed minimum standards regarding service provision within the context of locally-appropriate, community-based programmes;
 - While cost-sharing approaches have denied the most vulnerable access to health and education services, alternative approaches to funding ECCD interventions, e.g. community trust funds, etc, must be explored in order to ensure equitable access.
 - The demand for practical, integrated ECCD training is high for both teachers/caretakers as well as community management committees,
 - for supporting community-based initiatives through very practical training which includes the development of resources from locally available materials;
 - for the increasing number of private sector day care centres and pre-schools in urban and semi-urban areas;
 - for pre-primary programmes.
 - Government is encouraging community-based training approaches, and the training of paraprofessionals in the non-formal primary education programme. This model could be

further explored in both day care and pre-school provision, as in the Zanzibar community pre-schools.

- With a shortage of training possibilities for pre-school teachers and Day Care Attendants, the Department of Social Welfare has recently expressed an interest to work collaboratively with other government and non-government stakeholders in the development of integrated early childhood care and education training curriculum and guidelines for children 2 – 6 years of age. This could be developed through support to an integrated ECCD training resource base, which supports community initiatives through the existing network of Folk Development Colleges and Teacher Resource Centres.
- Community concepts of 'centres' for young children don't always comply with one standard model, such as a permanent building. For some informal approaches such as a community 'meeting point' for children is a good start, co-ordinated by a community member. Flexibility will be required from district personnel in working **with** communities in developing **their** programmes;
- Nutritional Status of children must be a priority for all service providers. This highlights the need for the development of integrated care and education programmes for young children, be they in home based care, community day care, pre-schools or pre-primary classes.
- In urban areas, parents high demand for English medium programmes with a very rigid 3Rs approach is indicative of the importance of involving them in ongoing ECCD discussions, sensitisation and parenting education programmes.

7. Pre-Primary Provision.

- Because government commitments (1995) for pre-primary provision have not been met, government, non-government and community stakeholders must address strategies for flexible approaches to achieving the goals for the formalisation of pre-primary, e.g. the nomination of a teacher/caretaker from the community; development of community-based training initiatives including design and development of programme resources from locally available materials and resources;
- Given the fact that pre-primary has not been included in the Primary Education Development Plan 2002 - 2006, there is not only an opportunity but a **need** for the Ministry of Education and Culture to acknowledge that communities cannot carry the full responsibility in the government suggested partnership approaches to pre-primary education provision, and therefore alternative strategies should be explored. The opportunity now arises for pre-primary to be developed within the informal sector, in partnership with day care programme development, until such time that MOEC has the resources to actively include pre-primary education in basic education.
- Opportunities exist for the development of integrated ECCD programmes and guidelines for the care and education of young children within a children's rights framework, by different stakeholders coming together to develop a vision as well as policies, strategies and guidelines which address the care and education of young children 0 - 7+ years. In this way, transition between programmes can be more readily facilitated, and links can be developed with other sectoral development plans e.g. Primary Education Development Plans.

8. Access to Primary School is Facilitated via Pre-school Participation – But at Whose Cost?

- With pre-school and pre-primary being unofficially designated as a pre-requisite for entrance to primary school, in practice, access to primary school is being denied to those children whose parents are not able to pay for pre-school services. Opportunities for innovative approaches to ensuring vulnerable children access to care and education services, lay in the formalisation of government, non-government and private sector partnerships in ECCD service provision.

9. ECCD Advocacy & Sensitisation Required at All Levels.

- There is limited practical support from government and donors regarding the ‘education begins at birth’ principle in Tanzania. There is an urgent need for advocacy and sensitisation regarding
 - the ‘eight is too late’ principle, in relation to primary school sector development planning, for example;
 - the critical importance of the early years in human resource development and poverty alleviation.

The question is not whether to invest in young children, as government has already recognised that optimal care, stimulation and education in the early years lays the foundation for success in later schooling, thereby ensuring future social and economic benefits to the nation as a whole. However, the challenge to realising these aims within existing constraints, calls for creative and innovative approaches through collaborative commitment to action.

1. INTRODUCTION

1.1 BACKGROUND

This report has been commissioned by the Bernard van Leer Foundation in order to inform their fact-finding mission to Tanzania in August 2001. So as to ensure the presentation of a broad perspective of ECCD issues in Tanzania, the report is based on a range of activities facilitated by AMANI ECCD, involving a wide cross-section of ECCD stakeholders, including:-

- An informal field research of the situation of young children and existing community-based ECCD initiatives in four sample Districts, Temeke (peri-urban), Moshi Rural, Songea Rural and Urban; (see Appendix A: District Profiles).
- Interviews and discussions with ECCD stakeholders at both government and non-governmental levels;
- Mailing of specific survey forms in Kiswahili and English to ECCD related organizations across the country;
- Research and collation of Tanzanian-based ECCD source material which has been published by any actors in the past 5 – 10 years, – including policy documents, sector development plans, training guidelines, curriculum documents, field studies, and research reports, as a comprehensive reference for all actors' programme planning and development;
- Ongoing documentation of newspaper media re issues relating to young children.

While much of this information gathering has been on-going over the period from February to July 2001, specific community surveys were conducted for a three-week period in April 2001. The process was supported by a research clearance from the Ministry of Education and Culture for the appropriate Districts. A team of six carried out the field research, having participated in a pre-study workshop to design the guidelines and a post study workshop to present both written and verbal feedback.

Limitations of the field research and survey approaches used, were that

- there was very limited response to requests for written information about ECCD initiatives, the face-to-face approach seems most successful but unfortunately the more expensive option;
- in some Districts where little or no information had been collated at District level, interest in participation was limited. What data is available regarding pre-primary education facilities, for example, seems to often contradict with the situation on the ground.

Therefore, we apologize if any ECCD related individual or organization feels that they are not duly represented in this report, but we warmly welcome any further additions as we continue to encourage ongoing information sharing through the ECD Network.

Care was taken to 'hear the voices' of a wide cross-section of the community, including children themselves in various circumstances, youth, women, men, elders, religious leaders, government leaders, NGO staff, and media personnel. The report also draws on findings of an ECCD field research carried out by AMANI ECCD for Save the Children (UK) in Mtwara Rural in 2000, as a part of their Support to Basic Education Project. Despite the many difficult circumstances families

are facing, the survey team is deeply grateful for the consistent enthusiasm of community members to share information and insights about their youngest children.

For the purpose of this report Early Childhood Care and Development (ECCD) is taken to include the web of interconnected issues that contribute to ensuring the survival **and** optimal holistic development of children 0 – 7 years of age. This will include, therefore, a focus on

- their ‘..basic needs for protection, good nutrition and health care, **as well as** their basic needs for interaction and stimulation, affection, security, and learning through exploration and discovery.’⁷
- the immediate and broader contexts in which they live – from family, to wider community contexts and the issues that impact on parents and other stakeholders ability to best support the development of Tanzania’s young children, the future of the nation.

1.2 TANZANIAN CONTEXT

Tanzania is the largest country in East Africa (945,00km²), endowed with rich natural beauty and resources, including the peaceful and friendly spirit of her culturally diverse people. With a total population of approximately 32 million (1999), 51% are women⁸, 53% are below the age of 18⁹, and 17.6% are children below the age of 5.¹⁰ Swahili is the official national language, with English being the language of business, being taught as a subject at primary school level, and the language of instruction in secondary schools and higher education.

Lying just below the Equator, Tanzania’s varied topography (ranging from Africa’s highest mountain and highlands, to rolling tablelands, grasslands, woodlands and forests, from a network of rivers and three great lakes, to a seemingly endless coastline and three islands), strongly impacts on the diversity of her people. Similarly Tanzania’s climate is equally varied and although the tropical weather pattern is for an annual short and long rainy season, this is not always predictable. For example, there have been poor rains and drought conditions in central Tanzania for the last three years, imposing a heavy toll on families, communities and the nation as a whole. With 68% of Tanzania’s population living in rural areas, the economy is very dependent on subsistence-level agricultural activities and small-scale farming.

Table 1: Demographic Profile	
Total population (thousands) 1999 (a)	32,793
% Estimated population growth rate - 1998	2.8
Population under 18 - 1999 (thousands) (a)	17,204
Population under 5 – 1999 (thousands) (a)	5,724
Population annual growth rate (%) 1970-90	3.1
1990-99 (a)	2.8
Annual number of births (thousands) (a)	1332
Annual number of under five deaths (thousands) 1999 (a)	188
Total fertility rate (a)	5.3
Under five mortality rate per 1,000 live births (a)	141
Infant mortality rate per 1,000 live births (a)	90
Life expectancy (years) - 1970	45
- 1999 (a)	48
GNP per capita (US\$) 1999 (a)	240
Total adult literacy rate 1998 (b)	68
% of population urbanized – 1999 (a)	32
% share of household income 1990 – 97	
lowest 40%	18
highest 20% (a)	46
Source: (a) UNICEF . (2001) The State of the World’s Children 2001. UNICEF. (b) Government of the United Republic of Tanzania, (1998) The National Poverty Eradication Strategy. Vice President’s Office, Dar es Salaam, p. 3	

1.2.1 Political and Socio-Economic Context

The United Republic of Tanzania represents a union between the mainland, Tanganyika, and Zanzibar. Tanganyika gained its independence from British colonial rule in 1961 and Zanzibar in 1963. In 1964 the name ‘Tanzania’ was adopted to reflect the union, and the United Republic of Tanzania was born. From independence, Tanzania’s one-party political system was guided by beliefs of socialism and self-reliance, as outlined in the Arusha Declaration of 1967. However, during the mid 80’s Tanzania began to openly admit that combined with a variety of external factors within the continent, and internationally, her development policies had failed to foster socio-economic development. Subsequent political and economic reforms led to the first multi-party elections in 1995, and since this time the role of the State has changed significantly,

*Government has shifted from being the main engine of growth and the provider of all services, to being a facilitator, a standard setter, and a provider of services that must be kept in the public domain.*¹¹

However,

*This change... has been introduced in a context of extreme resource scarcity. The combination of the speed and magnitude of the changes and the lack of resources to facilitate the changes has resulted in uneven and ill-co-ordinated implementation of new policies and reform programmes throughout Tanzania.*¹²

Following Tanzania’s severe economic crisis in the early 1980s, adjustment measures taken unfortunately lead to severe fiscal instability by 1990¹³ In 1996, the Government committed itself to a shadow programme monitored by the IMF and from September 1996, a three-year Enhanced Structural Adjustment Facility (ESAF) underpinned by a Policy Framework Paper (PFP). To-date, significant progress has been made, as

Government ... has maintained a stable macro-economic environment for several years, with an annual growth rate of 5 percent in 2000, falling interest rates, a stable exchange rate and falling Government deficits.

GNP per capita (US\$) - 1999	240
GNP per capita average annual growth rate (%)	
1965 – 80	0.8
1990 - 99	0.7
Annual rate of inflation (%) – 1990 - 98	24
% of population below \$1 a day - 1990 – 99 (b)	20
% of central government expenditure allocated in	
1992 – 99	
- to health	6
- to education	8
- to defense	16
ODA inflow in millions US\$ 1998	998
ODA inflow as a % of recipient GNP 1998	14
Debt service as a % of exports of goods and services	
1970	1
1998	10
Source:	
(a) UNICEF . (2001) The State of the World’s Children 2001.	

However,

*The deficit reductions have been managed largely as a result of a squeeze on spending through the operation of a cash budget, and continuing flows of external assistance – over 30 percent of the budget is externally financed. Rates of domestic revenue collection are low, being less than 12 percent for the GDP. The tax base is narrow and there are high levels of evasion.*¹⁴

Furthermore, this ‘squeeze on spending’ has resulted in severely ‘...curtailing Government’s capacity to deliver adequate quality services in the basic social services and infrastructure.’¹⁵ In real terms,

*More than 50% of the population of Tanzania have incomes below the poverty line. Although the economy has been growing at an average annual rate of 4% since the mid 1980s, this rate of growth is insufficient to generate an income level considered adequate to meet basic needs.*¹⁶

Escalating nation-wide poverty remains Tanzania’s greatest development challenge, and is the foundation of all recent policy development and sectoral reform. The challenge is enormous, as currently,

*The economy is heavily dependent on agriculture, which provides employment for four-fifths of the labour force, however the sector is highly labour-intensive, and is made up predominantly of small-scale farmers.*¹⁷

1.2.2 Tanzania’s Development Vision

In 1997 The Tanzania Development Vision 2025 (Mainland), and Vision 2020 (Zanzibar) replaced the Arusha Declaration policies as the guiding vision for Tanzania’s future economic, social and cultural development. These documents outline the vision that Tanzania of 2025 should be a nation with

- High quality livelihood
- Peace, stability and unity.
- Good governance.
- A well educated and learning society; and
- A competitive economy capable of producing sustainable growth and shared benefits.¹⁸

More specifically, the Composite Development Goal for the Tanzania Development Vision 2025 (2000) details human resource and gender development as key cross-cutting issues in realising this vision, with related key ECD components. This document outlines that

The concept of Early Childhood Education and Care and pre-school education is still new in Tanzania despite the fact that pre-school education is vital to the moulding of the human resource at an early stage. Pre-school programmes have increased recently, mainly in urban centres some attached to existing primary schools. There is a need to develop a national guideline on the way these should be designed and run to be consistent with the needs and

*requirements of the subsequent levels of education. The impact of pre-school education on primary education is positively advantageous.*¹⁹

Specifically then this document pinpoints the need to develop strategies to

*Sensitise the society on the importance of pre-school education and institutionalise a support system for such education.*²⁰

Furthermore, in identifying gender development as a key cross-cutting issue in Tanzania's vision, government acknowledges that women,

In their role as reproducers and providers of family care have basic influence on human resources development because children spend a greater part of their development phase with their mothers. As such, children acquire from their mothers not only their first basic knowledge, but also their first feelings and perceptions about the family, the society and the immediate environment.

*The child can only learn from the amount and quality and knowledge that the mother has to offer, which depends, amongst other things on her health, educational background sense of security and confidence, self-esteem, and economic independence.*²¹

Therefore challenges acknowledged include, those of ensuring that women have equal access to employment, recognition and respect for women's productive and reproductive roles and thereby the need to reduce women's workload. The goals in support of Tanzania's vision therefore suggest the development of policies and strategies to ensure

- *Parents are jointly responsible for educating and caring for their offspring;*
- *Day care centres and crèches are established so that women are released to pursue careers outside the home without making the family suffer.*²²

1.2.3 The National Poverty Eradication Strategy (NPES)

Alongside Vision 2025 and Vision 2020, government have outlined the National Poverty Reduction Strategy (1998), which ambitiously aims to reduce poverty by half by 2010 and to eradicate it in the mainland by 2025 and by 2020 in Zanzibar. Towards these goals, two recent government initiatives, the Tanzania Assistance Strategy (TAS) (2000) and more specifically, the Poverty Reduction Strategy Paper (PRSP) (2000), provide the blueprints. The TAS outlines government priorities to improve the quality of life and social well being of particularly the rural poor and most vulnerable groups, through

- *The promotion of human capabilities, enhancing the chances of survival, better nutrition and addressing extreme vulnerability;*
- *Enhanced access to better quality education, health services and improved provision of safe and adequate water;*
- *Reducing mortality rates among infants and under fives and mothers through ... (among other things) immunization, AIDS-awareness campaigns and better maternal and child health services;*

- *Improving nutrition status via improved health services, including malaria control programmes and Integrated Management of Childhood Illnesses.*²³

The PRSP (2000) further outlines plans for (i) reducing income poverty, (ii) improving human capabilities, survival and social well being, (iii) containing extreme vulnerability among the poor. Specifically, six national strategic priorities for poverty reduction have been identified, namely, basic education (including pre-primary), primary health including HIV/AIDS, rural roads, rural water, agriculture, and judiciary, with a specific emphasis on assisting the rural poor and vulnerable groups including women and children. Particularly noteworthy is that the National Poverty Eradication Strategy also highlights one of its ten overall implementation strategies as,

*Encouraging public institutions, the private sector and other organisations to establish day care centres so as to allow women to participate fully in development issues.*²⁴

In support of TAS and PRSP, Tanzania now qualifies for enhanced debt relief under the Highly Indebted Poor Countries initiative. Prior to PRSP and Tanzania's qualification for HIPIC initiatives, '...the nation was spending about 40% for the public budget on debt servicing; more than allocations for education and health sectors combined.'²⁵ However, unfortunately, in the face of development prioritisation processes, support for ECCD, as outlined above, is not yet rating as a priority.

Whilst poverty is wide-spread across Tanzania, the results of a regional poverty and welfare ranking carried out in 1999, indicate the most deprived regions as Dodoma, Kagera, Lindi, Kigoma, and the Coast, with the least deprived being Dar es Salaam, Ruvuma, Kilimanjaro, Singida and Tabora. (see Appendix 2: Tanzania: Regional Variation in Poverty, 1999). Tanzania's youngest children are among the most vulnerable victims of poverty, and thereby the future of the nation is also 'crippled'. Investing in children at the primary and secondary level, without any focus on their early development is indeed a high risk investment.

1.2.4 Decentralization

A key aspect of the poverty reduction strategy is '*...to build interventions on community-based initiatives.*'²⁶ This is linked very much with decentralization and Local Government Reform processes whereby, in order to encourage community members to participate in identifying and finding solutions for their own community development issues, and to improve social service delivery, central government is engaged in a process of devolving political, administrative and financial decision making to local authorities. Administratively, Tanzania is divided into 25 regions, 20 mainland and 5 Zanzibar, include a total of 113 districts, with District Councils being the focal point for the local government reform policies. For this reform

*... process to be successfully implemented it is critical that sector reforms are integrated with decentralization and Local Government reform processes, and that the structural aspect of Local Government reform is cemented as the overarching principle.*²⁷

Community-based planning processes, and an emphasis on community-owned and managed resources and services, are at the heart of the new decentralization processes, and Tanzania's future development.

2 THE STATUS OF YOUNG CHILDREN IN THE CONTEXT OF FAMILIES AND COMMUNITIES IN POVERTY.

Widespread and multi-faceted poverty is the underlying ongoing burden of individuals, communities and the nation as a whole in Tanzania. While there is wide regional variation (see Appendix C, Tanzania: Regional Variation in Poverty, 1999), the impact of poverty is most hard felt by young children, youth, women and the very old, and particularly those in rural areas where income and expenditure levels, amongst small-scale subsistence farmers and fishing communities, are extremely low and food security is limited. These communities have little or no access to inputs including knowledge as extensions services have collapsed, poor roads inhibit access to markets, and they are dependent on nature to provide the rains when they need them.²⁸

What are the many faces of poverty that impact on the, survival and well-being of young children in Tanzania?

2.1 LOW FAMILY INCOME / VERY HIGH UNEMPLOYMENT

More than 50% of the population of Tanzania have incomes below the poverty line.²⁹ With an economy very dependent on agriculture, this sector provides '... employment for four-fifths of the labour force, however the sector is highly labour-intensive, and is made up predominantly of small-scale farmers.'³⁰ In many ways the cycle of poverty is kept in motion by the fact that because of poverty, the economy cannot generate enough opportunities to meet the demands of the labour market. In real terms it is estimated that '... about one third of the labour force is either unemployed or underemployed', e.g. in Zanzibar, 1999 estimates put unemployment at between 17 to 25 percent, being highest among those below the age of 30.³¹ This same age range of Tanzanians are a significant part of the growing rural / urban migration, indicating that the stress of poverty is very much a growing urban issue.³² In real terms, the UN Development Assistance Framework For Tanzania (UNDAF) (2001) reports that

'When I don't sell all my chapatis, I don't have enough money to pay back the flour/money that was loaned to me. So we eat have to eat the leftovers for dinner. The next day I have to borrow flour/money again from the shop, and hope that I can sell enough to pay back what was loaned to me".
Single mother of four children.

*...it is estimated that 600-650,000 job seekers entered the labour market in 1998 while only 33,000 wage sector jobs were created. Even with a sustained growth rate well-above current projections, Tanzania will be able to create wage sector jobs for only a tiny fraction of the labour force.*³³

2.2 POOR HEALTH SERVICES.

The lack of access to quality health services in Tanzania, has a profound impact on human survival and health status. Access to health services has been negatively influenced by the

introduction of user cost-sharing schemes, which in reality mean that the most vulnerable – especially women and children, are excluded from services. For those that can pay, ‘.health facilities in most cases are poorly maintained, poorly equipped and poorly staffed.’³⁴. Childbirth, for example, is expensive even for those who use government services. The Tanzania Gender Networking Programme (TGNP) report that

‘...women who have babies at the government Muhimbili Hospital (Dar es Salaam) must bring two pairs of gloves, two boxes of sanitary pads, disinfectant, two syringes, medicine, 4 bed sheets and a sheet for the baby. So even if women don’t pay fees, they pay in other ways for the birth.’³⁵

1997 figures indicate that

- The ratio of population per health facility is 7: 421
- There is 1 hospital bed per 1000 people
- There is 1 doctor per 23,188 people
- Approximately 30% of people live more than 5 kilometres from the nearest health centre.³⁶

Whilst there has been a decline in the number of women attending trained personnel for the delivery of their babies, the distance to clinics is an issue for many. One Maasai community visited explained that if a woman has a difficult labour she must go 19km to be attended by trained health personnel. Furthermore, there is growing concern that health care staff are themselves demoralized due to poor conditions and low salaries, and consequently their handling of patients is poor.³⁷

2.3. LOW STATUS OF WOMEN.

The Government of Tanzania ratified the Convention on the Elimination of all Forms of Discrimination Against Women in 1985, and showed its commitment to women’s development by establishing the existing Division for Women and Children Development as the full Ministry of Community Development, Women’s Affairs and Children in 1990. The government strategy has been to make women and gender issues a focal point in all sectoral reforms and development strategies.

Table 3: Health Sector Profile	
Leading cause of death in Dar es Salaam ages 15 – 59: AIDS % 1995 (b)	40+
Population per doctor 1996 (b)	23,188
Population per health facility 1996 (b)	7,500
Number of hospital beds per 1000 people(b)	1
Ratio of population per health facility (b)	7: 421
% of communities with a village health worker-1996 (b)	33.8
Malaria cases per 100,000 people 1995 (b)	7,942
AIDS cases per 100,000 people(b)	281.4
Prevalence of HIV infection in women attending ante-natal clinics – 1997 Rural range - % Urban range - % (e)	7.3 - 44.4 22 - 36
Leading cause of death in Dar es Salaam ages 15 – 59: AIDS % 1995 (b)	40+
% of population using improved drinking water sources 1999 total (a) - urban (d) - rural (d)	54 68 46
% of population using adequate sanitation facilities 1999 total ? (a) - urban (d) - rural (d)	90 98 86
Source: (a) UNICEF . (2001) The State of the World’s Children 2001. UNICEF. (b) UNDP. (1999) Tanzania Human Development Report, p. ii (c) UNICEF (2001) Country Programme of Co-operation for 2002 – 2006, Draft document, -Version 01.04.01. Project 1 – Equitable Access to Basic Services. (d) -Version 01.04.01. Sub-Project 2 – Community Initiatives to Save Children’s Lives. (e) United Republic of Tanzania (2000), National Report on the Follow-to the World Summit for Children, Ministry of Community Development, Women’s Affairs and Children,p.8	

In reality the user must pay for health services. ‘... doctors will tell a patient to go to a traditional healer if they think they don’t have money.’ Field Researcher..

Whilst to date some gender sensitive structural achievements have been made, for the majority of Tanzanian women, significant gender gaps prevail, inequality persists in the areas of decision-making, participation, resources control, and inheritance; and discrimination persists at all levels. Like many countries in Africa, in Tanzania, women represent the majority of the economically active population in rural areas³⁸, and yet traditional women's roles prevail, as she goes about her daily family survival work of farming, food collection and preparation, cleaning, collection of firewood and water, and childcare. Men take little or no part in household responsibilities. For many such women, when they are pregnant their heavy workload continues, impacting on their diet and care of the unborn child, and subsequent low-birth weight of the child, and the failure for it to survive.

Regarding the quality of school and clinics in Kigamboni, one mother asked in frustration,
'Do we have a say in this?'
Female Adult.

*The root cause of maternal deaths and morbidity in Tanzania are directly related to women's low socio-economic status and their limited access to quality social services (education and health.) In the current situation, complications during pregnancy and birth lead to illnesses and disabilities – and have grave consequences for women's lives and survival as well as that of their children.*³⁹

Other indicators of the status of women in Tanzania include:-

- Results from 1995 Participatory Poverty Assessment show that, '...women perceive themselves to be poorer than men owing to their vulnerability, lack of asset ownership (including land and livestock) and limited schooling.'⁴⁰
- Women and youth have very limited access to land – but they provide most of the labour. Land tenure is a male issue.⁴¹
- It is estimated that in many villages women form less than 10% of representation in village governments.⁴²
- Women '...are more likely to contract HIV than men by a ratio of 1.5 to 1.'⁴³
 - Girls in the age group between 15 – 19 years have a six times greater risk of being infected than boys of the same age group⁴⁴ This situation reflects the problems arising from gender inequalities and socio-cultural traditions in Tanzania

Table 4: Status of Women	
Life expectancy of females as a % of males 1999 (a)	104
Adult Literacy rates compared (b)	Female Male
	57.1 70.6
Ratio of boys to girls in secondary schools (b)	86.9
Contraceptive prevalence (%) 1995 – 2000 (a)	22
% of pregnant women immunized against tetanus 1997 – 99 (a)	77
% of births attended by trained health personnel 1999	Total (b)
	Rural
	Urban
	Mothers with no education
	Mother primary education
	Mother secondary education
	35.81 26.4 76.75 19.4 33.8 79.6
Maternal mortality ratio rate per 100,000 live births reported 1980 – 99 (a)	530
% of Women in paid employment in non-agricultural activities (b)	9.6
% of seats held by women in parliament (b)	16.4
Source:	
(a) UNICEF . (2001) The State of the World's Children 2001. UNICEF.	
(b) UNDP, UNDAF for Tanzania, (2001).	

- which place girls and women as subservient in male / female power relations.
- HIV/AIDS is the leading cause of death for women of reproductive age. ⁴⁵
- 46% of women begin childbearing before the age of 18. ⁴⁶
- There has been a steady decline in women access to health services for deliveries, over the past decade, from 53% in 1991/92 to 44% in 1999⁴⁷, contributing factors include existing poor facilities, cost sharing schemes and distance.
- Approximately 13% of rural households are headed by women. On average, these women have lower educational levels than men, have less access to inputs for their farming and have minimal saving capacity, which indicates that ‘ ... Female headed households on average are poorer ..’ ⁴⁸
- Women’s standard of education is low – which in turn impacts on their childcare capacity, (see Table 7).
- Women are discriminated against in the area of employment. They are employed in stereotypical occupations with minimum qualifications and low pay. ⁴⁹
- Women and girls have the responsibility for water and fire-wood collection – the lack of nearby adequate water supplies and alternative fuels demand many hours in the lives of women and children per day, which negatively impact on their health and their childcare capacity. (see Table 5)
- A girl infant is still less valued than a boy. In one community visited a male youth explained that in the event of an early pregnancy, if a girl child is born, the youth is less likely to get involved with the care of the baby than if it were a boy.
- Girl Child and Female Genital Mutilation (FGM). Recent policy reforms against FGM, have empowered government and NGOs focusing on women’s issues to be active in advocating against female genital mutilation. However, the issue is complex, not the least being that fact that the imposing of a policy on communities may generate a more complex problem. In Moshi Rural, for example, mutilation of one-day-old infant girls has become a growing ‘underground movement’ since the introduction and enforcement of policies against FGM. Beliefs have developed that the amputated clitoris is valuable in a monetary sense as it will ‘...bring you success with your business’. Whilst circumcision of

‘The women have no alternative for childcare. When they look after children they can’t work, therefore no food and less income; when they work they can’t look after children. It is the children who suffer as the women try to do both.’
Male Elder, Mtwara.

Table 5: Time Use Pattern for Women in Four Villages in Iringa Region.

	%	Hours
Food preparation	28	4
Working on the farm	25	3.3
Fetching Firewood	5	0.3
Childcare	2	0.15
Washing and Cleaning	8	1
Resting between Activities	14	2
Other Activities	15	2

SOURCE: DANIDA, Dar es Salaam, as quoted in Bureau of Statistics 1992, in Tanzania Gender Networking Programme & SARDC (1997) Beyond Inequalities: Women in Tanzania. TGNP/SARDC, Dar es Salaam & Harare.

Female Genital Mutilation practices are extending to more 1-day-old infant girls.

Since the introduction and enforcement of policies against FGM, in Moshi Rural, for example, it has become an ‘underground movement’, being carried out by female elders by one-day old infant girls. Beliefs have developed that the amputated clitoris is valuable in a monetary sense as it will ‘...bring you success with your business’, so therefore demand is high.

infant girls at birth has been a tradition of the Wapare and some Wachagga people⁵⁰, the expansion of this practice as an ‘underground movement’ is clearly an issue of critical concern.

2.4 HIGH MORTALITY RATES

- Life expectancy in Tanzania is 48 years compared to 63 in other developing countries.
- Infant mortality rate is 99 per 1,000 live births compared to 63, and under five mortality rate is 161, compared to 90 in other developing countries. These figures represent ‘... a reversal in the under-five and infant mortality rates.’⁵¹, for Tanzania. UNICEF points out that ‘ At least 75 percent of these deaths are attributed to easily preventable conditions / diseases ... malaria, pneumonia, diarrhoea, malnutrition and measles’⁵², with malaria ‘... account(ing) for at least 30 percent of all under-five child mortality.’⁵³ In Zanzibar, malaria was the leading diagnosed disease in 1999, accounting for 45 percent of all diagnosed diseases.⁵⁴ The government has recently endorsed malaria control as a national priority along with advocating for the use of treated nets which are being produced within the country.
- The increase in child mortality rates in Tanzania in recent years is also closely linked with the increasing prevalence of HIV/AIDS. Figures from the National Aids Control Programme (NACP) ‘... show that 70,000 – 80,000 newly born were infected annually, ... and that 80% of those infected at birth do not survive their second birthday and at the age of five very few will still be alive.’⁵⁵
- Maternal mortality rate per 100,000 live births is 530. The maternal mortality rates for mainland and Zanzibar indicate that approximately ‘...9,000 women die each year from causes related to pregnancy and childbirth, accounting for about 10 percent of all female deaths’.⁵⁶
- HIV / AIDS is rapidly undermining the progress which had been made in reducing mortality rates for women and children. Tanzania, is now considered to have a HIV prevalence rate of 10%.⁵⁷ With declaring HIV/AIDS a national disaster in 2000, the President alerted the nation to the fact that that this disease is not only a health crisis but a major threat to national development, and as such is

Infant mortality rate per 1,000 live births	1992	92
	1996 (b)	88
	1999 (c)	99
% Infants with low birth weight (b)		14
Infants exclusively breast-fed 0–3 months (a)		41
Under 5 mortality Rank (a)		30
Under 5 mortality rate per 1,000 live births	1992	141
	1996	137
	1999 (c)	147
Annual number of under five deaths (thousands) (a)		188
Under 5 mortality rate per 1,000 live births	1960	240
(a)	1999	141
% Under 5 suffering from		
- underweight moderate & severe		27
- underweight severe		8
- wasting, moderate & severe		6
- stunting moderate & severe (a)		42
% of EPI vaccines financed by government 1997–99 (a)		10
% fully immunized 1997–99 1 year old children		93
- BCG		82
- DPT3		81
- Polio3		78
- Measles		77
- TT2		77
% Oral rehydration therapy use rate 1995–2000 (a)		55
% of children receiving Vitamin A supplementation (a)		80
Source:		
(a) UNICEF . (2001) The State of the World’s Children 2001. UNICEF.		
(b) UNDP, (2001) UNDAF for Tanzania, UNDP. p. 9		
(c) UNICEF (2001) Country Programme of Co-operation for 2002 – 2006, Draft document, Version 01.04.01. Sub-Project 2 – Community Initiatives to Save Children’s Lives.		

being targeted as a major cross-cutting issue in all sector reform development, and poverty reduction strategies.

While accurate data is difficult to procure, currently statistics indicate that

- ‘The prevalence of HIV infection in pregnant women is about 12 percent and of those about 40% pass on the infection to their children.’⁵⁸
- In the Mainland, ‘...close to 15% of persons aged 15 – 40 are infected with HIV, while 60 percent of new HIV infections occur in the 15 – 24 year age group.’⁵⁹
- In Zanzibar, ‘...cases have risen from 3 in 1983 to 1,803 in 1999 with 85% of these cases being within the 15 – 49 age group.’⁶⁰
- Persistent obstacles re HIV/ AIDS is sue:-
 - Large numbers of people do not know they are infected and therefore continue to put themselves and others at risk.
 - Lack of access to information and means of protection for those who are most at risk e.g. youth at Kigamboni report that the last AIDS information program in their area was in 1999.
 - Continuing stigma and denial at all levels of society, indicates that indeed HIV/AIDS awareness must be integrated into all development programs.

2.5 LIMITED FOOD SECURITY AND POOR NUTRITION

Malnutrition is a major contributing factor to the high levels of mortality and morbidity, especially among young children, pregnant women and lactating mothers.

*Many Tanzanians suffer from malnutrition and under-nutrition. Also many are affected by mirco nutrient deficiencies due to nutritional illiteracy especially as it relates to best use of fruits and vegetables and proper methods of planning cereal-based diets.*⁶¹

- **Under-fives’ malnutrition** is indicated by the prevalence of children suffering from underweight 27%, stunting 42% and wasting 6%. Results from combined studies over the past decade, ‘...suggest that one in every three children in Tanzania is malnourished.’⁶² At community level, one survey field researcher noted that many women have knowledge about the need for good nutrition during their pregnancy, but they can’t afford to apply it. In some communities in Mtwara Rural the incidence of stuntedness is very high. One Head Teacher indicated that, ‘Until we had a pre-primary class we couldn’t accept some children at school because they were just too small.’

While for infants ‘...approximately 97% of mothers initiating breast-feeding and often continuing well into the child’s second year.’⁶³, infants are at risk due to negative feeding practices including, ‘...delayed initiation of breast feeding, poor use of colostrums, early introduction of complementary feeding before 4-6months, combined by poor quality, inadequate quantity and low frequency of feeding.’⁶⁴ Now with the HIV/AIDS pandemic, the

‘...we can survive on one or two meals a day, but it’s not right for young children’
Male Youth, Kigamboni.

For many p arents the issue of food provision at pre -school programs is the priority factor, ‘ ..yes parents are responsible, but then children are forced to live as parents do, with one meal a day.’
Male Adult, Mtwara.

value of breast-feeding is threatened by accumulating evidence that ‘...breast-feeding may be responsible for up to 14% of HIV cases in young children.’⁶⁵

In the Kigamboni sample community, babies are usually weaned on a maize meal porridge mixed with sugar. When the child is about walking age, 10 months to 1 year, they then eat the same foods eaten by adults, for example,

- Breakfast: Black tea and boiled cassava/ chapati/ maandazi.
- Lunch: Ugali (maize meal staple) and fish/ vegetable, although being a fishing community with limited access to water, vegetable consumption is not regular.
- Dinner: Ugali/rice and fish/ vegetable and very rarely meat.

However, it is most common that families average two main meals a day, morning and evening, and young children between 2 - 6 years, who are now ‘...considered to be grown up’ share this eating pattern. Fruit, meat, potatoes, cooking bananas and leafy green vegetables are expensive commodities for this community. The very limited water supply dictates that they cannot grow some of their own food.

On the other hand, Maasai mothers may breastfeed up to five years – as long as the child wants – supplemented by uji (maize & millet) and milk. This is also seen as an important family planning method. Maasai average 2 – 3 children per family.

- **Women’s** malnutrition is indicated by the 14% of infants born with low birth weight, as compared to 17% in other developing countries and 6% in industrialized countries. In some areas of Tanzania, cultural beliefs re pregnant women’s diet are also negatively impacting on women and infants, e.g. the pregnant woman’s diet is limited so as to ensure a smaller a baby and therefore less complications at birth.

2.6 INADEQUATE WATER & SANITATION FACILITIES.

Other issues impacting severely on the poor survival rates and health status of children and families in Tanzania are the , ‘...lack of basic amenities, in particular clean water and adequate sanitation, energy (fuel) and a safe, clean, place to live.’⁶⁶. While indicators rank water supply in urban and rural areas at 66% and 46% respectively, such figures do not reflect the actual day to day experiences of many Tanzanians – interruptions to supply for months on end, broken pipelines left unrepaired for months sometimes years, severe drought conditions, poor quality of water. ‘At any one time it is estimated that 30% of water supply schemes are not working.’⁶⁷. Compared to the figure of 46% indicated in Table 3 for rural water supply coverage, ‘...other estimates indicate that less than 29 percent of rural population have access to clean and potable water.’⁶⁸. Therefore, ‘Hygiene practices and adequate sanitation are also causes for concern and are linked to the high level of child mortality and morbidity in Tanzania.’⁶⁹ However, it is important to note that in some areas religious and cultural practices regarding personal hygiene are very strong. For example, in Kigamboni, where community members have to buy water, at the cost of 100/- shillings per 20 litre bucket of brackish water and 150/-, 200/- for better water, although untreated, there is nevertheless a strong discipline of personal hygiene and washing hands before eating. One

For one Maasai community in Moshi Rural their source of water is the refuse water from a nearby factory. They let it sit to settle, and use local medicine to clean it. The nearest alternative source of water is 5 km away, but this is also catching the factory run-off .

Moslem community member explained, ‘...we wash before praying washing ... you don’t think about budgeting for that,.. you do it as part of your ritual. God will pay back.’. A very positive indicator of existing strengths in community care and education of children.

The issue of limited access to potable water is a fundamental struggle for all communities surveyed. Where water may be available, the direct and indirect costs in procuring fuel to boil drinking water negate this practice, and thereby people’s health suffers. Similarly, when one realizes the extent of the water problems, it is easy to understand that families’ abilities to sustain small-scale food gardens, to help feed their family, are negligible.

In urban areas surveyed, the little or no drainage systems, mean that waste water from houses flows out into the streets, forming very desirable play areas for young children. Such health hazards are common in an expanding urban area such as Dar es Salaam, where annual outbreaks of cholera have been common in recent years. Water issues are a fundamental concern to communities, and should be considered a top priority in all discussions regarding care and education provision of young children. This fact also needs to be seriously acknowledged by donors, who may not always show an understanding of the ecological web of issues related to ensuring young children’s development.

In Kigamboni, where community members have to buy water, one female elder lamented,

"If this generation has to buy water, how do you think their health is going to be?"
Female Elder

.... there is nevertheless a strong discipline of personal hygiene and washing hands before eating. As one Moslem community member explained, ‘...we wash before praying washing ... you don’t think about budgeting for that,.... you do it as part of your ritual. God will pay back.’

Female Adult.

2.7 HOMELESSNESS AND POOR HOUSING

Many Tanzanians live in very poor quality housing and this is becoming an increasing problem in urban areas where populations are rapidly expanding due to rural / urban migration. A survey conducted in 1995 has shown that 70% of the population living in the urban centres of Dar es Salaam, Arusha and Mbeya live in squatter settlements.⁷⁰

2.8 DECLINING LITERACY LEVEL AND FAILING EDUCATION SYSTEM

Whilst universal primary enrolment was almost achieved in the 70s, and Tanzania reported one of the highest literacy rates in Africa for a time, today education is in a state of crisis:-

- The literacy level has dropped from almost 90% in the 1980s to 63.4% (1998)⁷¹
- The provision of pre-school education services is very limited, ‘... being predominantly an urban service provided by some Government departments, NGOs and the private sector. UNICEF estimates that the coverage of the target population in pre-school institutions is about 3 percent (UNICEF, 1997).’⁷² However, while data available re pre-school provision is limited and inconsistent on the Mainland, in Zanzibar there has been an increase in provision of, and enrolment in pre-schools, with a gross enrolment in 1999 reportedly 11.4 percent for boys and 11.5 percent for girls.⁷³
- The net enrolment rate in primary education is low, repetition is high, and retention is poor.⁷⁴

- Approximately one-third of Tanzania’s children do not attend primary school. “It is estimated that more than three million Tanzanian children and young people between the ages of 7 and 18 years have dropped out of school or have never been enrolled.”⁷⁵ Although in Zanzibar, there has been an increase in net enrolment from 50.9% in 1991 to 67% in 1997. In Mainland Tanzania ‘...about two thirds of a cohort of Standard 1 entrants ... do not complete primary school in seven years.’; in Zanzibar, ‘...the drop-out rate is highest for Grade 7 at 13.2 percent.’⁷⁶
- Teaching and learning environments are very poor:-
 - School facilities vary widely from district to district, but many are in very poor condition and insufficient in number to meet UPE demands.
 - Teaching and learning resources are limited and distribution systems are ineffective.
 - Teachers are too few, under qualified and unmotivated.
- Educational achievement is low. For example, the 1998 primary school Standard 7 examination pass rate was 25.79% for boys and 14.58% for girls.
- 95% of children do not attend secondary schools.⁷⁷
 - ‘ The national transition rate from primary to secondary level, at 14 percent (MOEC, 1999), is among the lowest in the world.’⁷⁸
 - Gender imbalance ‘...is a major cause for concern at higher secondary and tertiary levels, and there is substantial gender differences in achievement’, for example, in Zanzibar in 1999 females made up only 33.1 % of students in upper secondary.⁷⁹
- Expansion of secondary schools has been very slow and provision varies widely from district to district.
- Only 1% of the cohort is enrolled in the three universities.
- The formal vocational training system is weak, and graduates find it difficult to gain employment due to the structure of the economy, e.g. a 1996 estimate indicates that only 14% of graduates from formal vocational training found work.⁸⁰
- Families have lost confidence in the ailing education system, and therefore see greater benefits in their children not attending school and contributing to the family economy. Using the example of Kigamboni, one community visited,
 - the number of primary schools is not in proportion to demand;

Table 5: Education Indicators			
Adult literacy rate (%)	Total		63.4
	Male	70.6	
	Female (c)	57.1	
Pre-school - Approximate % children accessing pre-school education services (c)			3
Zanzibar - Gross enrolment in pre -school in 1999 -%. (b)			11.4
Primary school Enrolment rate (%) 1999			
Gross (d)	Total	76.8	
Net (c)	Total	57.1	
	Boys	56.4	
	Girls	57.8	
Primary School leaving exam pass rate –1998 (%)			
	Boys	25.79	
	Girls (d)	14.58	
Number of qualified primary school teachers –1997 (%) (d)			44
% of school entrants reaching Grade 5 1995 - 99			81
Secondary school enrolment ratio (gross) (a)			
	Male	6	
	Female	5	
Source:			
(a) UNICEF . (2001) The State of the World’s Children 2001. UNICEF.			
(b) UNICEF, (2001) New Country Programme Draft – Zanzibar.			
(c) UNDAF . p. 11			
(d) UNDP, (2000) Tanzania Human Development Report.			

- parents are expected to contribute TSh 11,000/- as well as on going cost (like uniforms, books, tuition) and continuous contributions for exams, etc. The accumulating fees, which parents have to pay, contribute largely to high school drop-out, as children whose parents have not paid fees are excluded.
- when given a choice, parents, especially fathers, send boys to school as opposed to girls.
- children born out of wedlock are discriminated against by the community culture in that they are not given access to education.
- The fact that a primary schools does not have pre primary class is seen as an advantage, by many parents, because if pre-primary is compulsory for admission to Standard 1 then this will be an extra burden on them to find school fees. They feel that if the primary school does not provide a pre-primary program, then the school cannot deny children who have not attended pre-school, the right to enter Standard 1. In reality, primary schools prefer to receive children who have attended pre-schools, so private sector service providers across survey communities reported that priority for Standard 1 entrance is given to those children who have attended pre-school, and so once again the children of poor families are being denied their fundamental rights to education.

2.9 ENVIRONMENTAL DEGRADATION

The wealth of Tanzania's natural resources is rapidly being depleted. With an estimated 91.4% of Tanzanians relying on traditional fuels (i.e. firewood) for energy use⁸¹, the implications for forest depletion clear, but this is also an indicator of the extent of the workload of women and children who bare the burden of daily fuel and water collection. Therefore, although Tanzania is richly endowed with natural resources,

A grandmother's story.

'I went to collect firewood from the army barrack. I had quite a big pile ready to leave when an army officer caught me. He punished me by making me water their vegetable garden and leave my wood behind. I was glad that he did not beat me. I guess he couldn't do that because I am so old and I kept calling him my grandson. I had to go home with nothing, tired and nothing to cook the afternoon meal with for my grandchildren.'

Grandmother who is the caretaker for her three children's young children while they are working.

It is estimated that over 60 percent of the total land area of Tanzania may be classified as dry lands, much of it threatened by desertification. Deforestation is estimated to expand at around 300,000 – 400,000 hectares per annum. Bad fishing practices (the use of dynamite, chemical poisons and small- mesh nets) destroy aquatic life cycles and fish stock.⁸²

With increasing rural / urban migration, environmental health hazards are increasing in urban areas.

Environmental problems in urban areas are impacting severely on the care health and well-being of families and young children, especially in the unplanned, congested areas where the majority of urban dwellers live. Water supplies are lacking and sewerage disposal infrastructures are commonly non-existent.⁸³

2.10 ESCALATING NUMBER OF ORPHANS:

It is thought that some 97 percent of orphaned children (there are about 2 million currently) are living with their extended families, many of them in seriously deprived circumstances. In some communities the number of children orphaned is as high as 40% and the proportion of children in school who have been orphaned has reached 50%.⁸⁴

In Tanzania, the term ‘orphan’ takes into account both biological orphans (having lost one or both parents) and social orphans (who have been abandoned by one or both parents). In fact, communities make little distinction between biological and social orphans. Figures based on a mainland survey in Tanzania indicate that of the 11.1% of children between the ages of 3-5years, 66.7% live with both parents, 13.9% live with mother alone, yet father is alive, and 11.1% are not living with either parent even though both parents are alive. In fact, according to these figures, social orphans are far more prevalent in Tanzania than biological, although these figures may have changed drastically in recent years due to the impact of HIV/AIDS.

Age in years	Living with both parents	Living with mother alone		Living with father alone		Not living with either parent			
		Father alive	Father dead	Mother alive	Mother dead	Both parents alive	Father only alive	Mother only alive	Both dead
< 2	74.1	19.1	1.6	0.5	0.1	3.0	0.2	0.1	0.0
3 - 5	66.7	13.9	3.0	2.1	0.6	11.1	0.4	0.8	0.3
6 - 9	61.3	11.8	4.1	3.6	1.1	12.5	1.21	1.9	1.6
10 - 14	54.2	10.8	6.2	4.5	2.3	13.4	2.0	2.9	2.6
Total children Tanzania mainland	63.2	13.5	4.0	4.1		10.3	1.1	1.6	0.6

Source: Bureau of Statistics, 1997, Table 2.4. (percentages do not add up to 100 because the percentage of missing data has not been included)

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3 ECCD PROGRAMME PROVISION IN TANZANIA

3.1 **SECTORAL ROLES AND RESPONSIBILITIES.**

Just where the responsibilities lie in the planning and development of activities for ECCD is a complex issue in Tanzania. At the central government level, the National Co-ordinating Committee for Child Survival, Protection and Development has their secretariat in the Planning Commission of the Office of the President, and the Ministry of Regional Administration and Local Government is responsible for programme implementation at regional and district levels. These Ministries are guided by the policies of four others regarding the needs and rights of young children, namely the Ministry of Health, Ministry of Community Development, Women’s Affairs and Children, Ministry of Labour, Youth Development and Sports – the Social Welfare Department, and the Ministry of Education and Culture.

3.1.1 Ministry of Community Development Women's Affairs and Children (MCDWAC)

This ministry has the responsibility of co-ordinating the integrated issues of child survival, protection and development in the context of women affairs, gender issues and integrated community development. With Tanzania having ratified the UN Convention on the Rights of the Child (CRC) and signed the OAU Charter on the Rights of the Child, this ministry is responsible for coordinating the implementation of the CRC in Tanzania.

The Ministry's involvement in women and children's issues is guided by three children's rights focused and gender sensitive policy documents:-

- Community Development Policy, June 1996.
- Women and Gender Development Policy, 2000.
- Child Development Policy, October 1996 – with revised version currently tabled for approval by Cabinet. This policy defines a child from conception to eighteen years of age.

The MCDWAC also has had the overall coordination, management, facilitation and resource mobilization responsibility for Tanzania's 'National Programme of Action (NPA) to Achieve the Goals for Tanzanian Children in the 1990s'⁸⁶ since its inception in 1991. The NPA published goals related to the interconnected web of issues that impact on the care and development of young children - including, reduction of child and maternal mortality rates, reduction of malnutrition, universal access to safe drinking water, universal access to basic education and enrolment of all school aged children, reduction in adult illiteracy rates, and improved protection for children in difficult circumstances. Even though the end of the decade has not seen the realization of many of the CSPD goals, which had been planned for, the challenges set forward in the NPA remain very valid today. The programme particularly emphasized the importance of integrated multi-sectoral approaches to achieving these goals, and this challenge has since been endorsed and reiterated by wider sectoral reform processes.

3.1.2 Ministry of Health

This ministry is responsible for policies, programme regulations, strategies and guidelines related to child and family health through its Reproductive and Child Health Section, the Tanzania Food and Nutrition Centre, the national Malaria Control Programme, and the National AIDS Control Programme. In health sector reform of 1994, government '... redefines its role in the health care system from one of dominant provider, to facilitator. With a focus on ensuring more transparent, cost effective use of existing resources, and improving delivery, quality and impact of essential health care to the poor.'⁸⁷ In relation to implementation, this means that authority and budget control will be delegated to district levels.

Government priority areas for improving the health sector include, infrastructure development, effectiveness of referral system, establishing an enabling environment for private sector involvement, strengthening the legal structures related to health services deliver, staff development in service provision and management, public health education. In addition, government has prioritised

*Promoting alternative health financing arrangements such as health insurance for civil servants and community health funds.*⁸⁸

The reality of cost-sharing, introduced with social sector reform in recent years, has had the very negative effect of excluding the poor from access to basic social services. How community health funds will alter the situation is to be seen.

In addition, another priority area that government has also stressed, is the importance of improving inter-sectoral linkages in health service delivery,

*Health is a multi-sectoral responsibility for partners in education, agricultures, water and sanitation, community development etc.*⁸⁹

3.1.3 Ministry of Labour and Youth Development– Social Welfare Department

The Department of Social Welfare has had a long history as a Ministry, in their responsibility for issues related to child welfare. The Department is responsible for

- Policies, guidelines, registration of services and supervision of programmes for day care centres for children 2 – 6 years of age, including facilitation of training of day care attendants.
 - a. Day Care Centres Act, 1981 & Day Care Centres Regulations 1982.
 - b. Supervision of Training of Day Care Attendants and provision of training guidelines.
- Policies, guidelines, registration of services and supervision of programmes for children, ages 0 – 6 years of age, in difficult circumstances and in need of special protection, including orphans, children with disabilities, abused children, street children, children affected by natural disasters, children in single parent households, and children of adolescent mothers.
 - a. The Children’s Home Regulations, 1968
 - b. Adoption Ordinance
 - c. Draft National Policy Guidelines for the Care and Support for Children in Need of Special Protection.
 - d. Draft Policy re HIV AIDS Orphans, 2000 – This policy document, which is nearing final revision, emphasizes the care of orphans in the context of communities.

The Day Care Centre Act

- defines a ‘child’ as being between the ages of two and six years.
- day care centre as ‘ any premises, other than an approved school, a children’s home or a nursery school, where fifteen or more children are received to be cared for and maintained during day time the absence of their parents or guardians.’
- Prescribes
 - adult child ratio 1:25;
 - that day Care attendants should have a minimum of Standard 7 education, be at least 18 years of age, and hold a Day Care Assistants certificate.
 - provision of adequate water and sanitation facilities; play space; safety of the children;

- provision of materials for play and for the preparation of primary school;
 - that each centre should have a parents committee responsible for the management of the centre;
 - that fees may be charged as prescribed by the parents committee; and that fees may be regulated (this has not happened).
- o Indicates that programmes of the centres should
 - a. ‘..promote the development of the children .. into cultured, good mannered persons;’
 - b. provide a sound foundation for enabling the children to grow up into healthy and responsible citizens..’
 - c. have ‘..facilities.. suitable for the preparation of children for primary education.’⁹⁰

In compliance with this Act, the Department of Social Welfare developed a Day Care Attendants Training Syllabus for government and informal sector regulation of such training. In the past they have also operated a training centre (Kisangara), and they are currently setting goals to re-open that centre.

However, in reality, budget prioritisation for the child welfare sector has been minimal. There is no balanced distribution of Social Welfare officers across districts, which means that access to welfare services is very limited and non-existent in some areas, especially for the most vulnerable living in rural areas. There seems to be a high demand for Day Care Centres (nursery schools, kindergartens etc) for children between 2.5 – 6 years because of the mutual benefit such services provide both parents, especially women, and children. However, in reality, such centres are a rapidly growing urban phenomena in Tanzania, accessible to those who are able to pay fees ranging between TSh 3,000/- to TSh 300,000/- per month. Therefore for those young children whose families are trapped in a cycle of poverty, in both urban and rural areas, such fees exclude them from services. An issue of critical concern in urban and semi-urban areas is that primary schools are giving priority placement to children who have attended pre-school. In this way the most vulnerable children are doubly disadvantaged. Government primary schools have been directed by new policies in recent years to include a pre-primary program for children of 5 – 6 years, however without any specific planning and funding allocation to enable this, such a service provision is out of the reach of most schools. There is an issue that is as yet unresolved regarding the new Ministry of Education and Culture pre-primary policy overlapping with the existing Day Care Centre Act for 2 – 6 year olds. Even though the Act stipulates that a ‘centre’ does not designate a school or nursery school, in reality it appears that most centres, be they called nursery, kindergarten, pre-school or day care centre are catering for the demand for this broader age group of children, and if registered, then come under Social Welfare. There is a clear need for collaboration between the two ministries involved to streamline both policies and service provision regulations and guidelines.

Recent Developments:

- In 2001 the Department of Social Welfare has taken the lead in challenging all ECD stakeholders to work together in developing an integrated, multi-sectoral Early Childhood Care and Development Policy in Tanzania. A proposal, (see Appendix E),

has been presented to UNESCO for financing, but to date communications have not committed concrete support, and the recommendation has been put forward that other partner funders should be approached. This initiative was also presented as a concept paper, and fully endorsed, at a recent Tanzania ECD Network meeting, an informal network of government, and non-governmental organizations and individuals committed to ECCD in Tanzania.

- The Department of Social Welfare was one of the founding organizations of the Tanzania ECD Network, and is committed to opening up dialogues between all stakeholders involved in day care and pre-school programme development, so that guidelines for care and education services are consistent across the early childhood age range, 2 – 6 year olds.

3.1.4 Ministry of Education and Culture (MOEC)

The Tanzania Development Vision 2025 sees education as the foundation stones to all poverty eradication strategies and highlights that ‘...the education system should be restructured and transformed qualitatively with a focus on promoting creativity and problem solving.’⁹¹ With this in mind, Tanzania’s education reform processes have been, and continue to be driven by a campaign for Universal Primary Education and ‘Education for All’. Government’s Education and Training Policy (ETP), 1995 outlined the framework of basic education in Tanzania to include, pre-primary, primary, secondary, and non-formal education for adults and out-of-school children and youth (see Appendix D). The ETP outlined the main policy objectives of increasing enrolment, equitable access, quality improvements, the expansion and optimum use of facilities, and streamlining the efficiency of the system. For the first time Tanzania’s education policies included the formalizing of early childhood education, acknowledging that

*The non-formalization of pre-primary education in Tanzania has, apart from denying children opportunities to prepare for primary education, resulted in adverse effects on the delivery, quality, effectiveness and efficiency of education in general.*⁹²

Therefore, in support of Tanzania’s commitment to ‘Education For All’, the ETP officially acknowledges that learning begins at birth, and that in order to broaden the provision for education,

Government shall promote pre-school education 0-6 years.

*Government shall formalise pre-primary education for 5-6 year olds, and integrate it into the formal school system.*⁹³

*Government shall guarantee access to pre-primary and primary education and adult literacy to all citizens as a basic right.*⁹⁴

The ETP highlights MOEC’s specific areas of responsibility in the realization of the above as

- Curriculum

Tanzanian Institute of Education shall design and develop national curriculum guidelines for pre-primary education.

- Teachers and Teacher Training

*Government shall facilitate proper training, availability and development of a competent cadre of teachers for pre-primary schools.*⁹⁵

*Tanzanian Institute of Education will design, develop, monitor and evaluate pre-primary teacher education curricula for all certificate and diploma level courses.*⁹⁶

In line with sector wide reforms and the decentralization process, the ETP emphasizes a shift in the MOEC's role from being the sole provider of educational services, to that of 'enabler of a growing public/private partnership with specific support for disadvantaged groups'⁹⁷. Therefore, the policy indicated that

*Government ... considers that with the involvement and co-operation of parents, local communities and non-governmental agencies, possibilities abound for the systematization and formalization of pre-primary education for the 5 – 6 year old children.*⁹⁸

Whilst the participatory nature of the proposal has many positive points, as MOEC's most recently revised Basic Education Master Plan (BEMP) (2001) indicates,

*The success of this model of development will depend on the willingness and economic capacity for the communities concerned. However **there is an inherent risk in depending on the efforts of communities alone.***⁹⁹ (bold added)

Although accurate data on pre-school education is not available, recent indicators suggest that only 3% of pre-school age children access such services¹⁰⁰, although figures are higher for Zanzibar, at 11.4%.¹⁰¹ The BEMP indicates that

*A variety of factors contribute to the fact that only a small number of children are in the pre-primary schools. After adopting the ETP, no deliberate steps were taken to ensure that the pre-primary units are constructed. Through this programme (BEMP, 2001) every school, ward and district will be expected to plan for the construction and establishment of pre-primary units in every school.*¹⁰²

However, while developments in the formal sector pre-primary programme provision are minimal, in reality, there has been a mushrooming of fee-paying pre-schools in the informal sector over recent years, but this is limited to urban areas, and of course accessible to those who are able to pay.

A key component of the ETP is its focus on the liberalization of education and the ministries role in facilitating partnerships in the delivery of educational services, broadening the financial base for educational provision through cost-sharing strategies, as well as streamlining the management and sharing the responsibility for program implementation by delegating more authority to communities and local government authorities. In real terms, government plans for introducing community cost-sharing for education services, were based on the need to generate revenue to finance new sector reforms, and in this way to draw communities more into a sense of 'ownership' and monitoring of the quality of services provided. However, cost-sharing strategies combined with high levels of poverty in Tanzania have proven debilitating for the poor, resulting in more people having less access to basic services such as primary education, let alone pre-primary. In response to this situation, Tanzania's Poverty Reduction Strategy Paper

(2000) indicates a reversal of earlier policies, with government's intention to '...abolish primary school fees, starting in FY 2001/2002.'¹⁰³. Furthermore, this commitment is being enforced by the recent Education Sector Development Programme: Primary Education Development Plan (PEDP) 2002 – 2006 (July 2001) which outlines a specific plan of action for primary enrolment expansion to include the estimated three million 7 – 13 year old children who are out of school, quality improvement, capacity building, and strengthening institutional arrangements. However, the **pre-primary** sector is **not included** in the plan. Whilst the PEDP is in fact the first outcome of the Education Sector Development Plan, while provision for out-of school children is included, other areas of Basic Education, such as pre-primary, secondary, tertiary and adult education are not included in this phase. Despite early policy commitments, the situation indicated in the Basic Education Master Plan (2001), that 'In Tanzania, formal institutions play only a minor role in the provision of pre-primary education.', p. 13, will prevail for some time, and the access to early childhood care and education services will be denied to the most vulnerable children, unless the suggested partnership approaches proposed by ETP are clarified and actively facilitated.

3.1.5 Pre-Primary Education – 'A Shared Responsibility'?

The Basic Education Master Plan (2001) points out that the development of pre-primary is

*... a shared responsibility of MOEC, MRALG, Non Government Organizations (NGOs), Communities and the private sector. The MOEC trains teachers, provides necessary policy framework and encourages private sector ownership and management of pre-schools.*¹⁰⁴

However, as indicated above, in the formal sector pre-primary teachers are not being provided, training is ad hoc, and the area of early childhood education service provision is being left in the hands of the informal sector. with some government and NGO collaboration in programme development For example, the Tanzania Institute of Education and Save the Children(UK) have entered into a Memorandum of Understanding for the piloting of the revised pre-primary syllabus and the development of community sensitive and culturally appropriate teaching and learning materials as part of Save the Children's Support to Basic Education Project : Pre-Primary component, Mtwara Rural. In districts where there is already an overwhelming shortage of primary school teachers, Head Teachers are battling to realize MOECs directive that all primary schools should have a pre-primary unit. In some schools, community demand and staff interest has brought about the establishment of pre-primary programs 'under the trees', with community volunteers or primary school teachers taking on the responsibility of the younger children alongside their other class duties. However, in some cases like Mtwara, communities are nominating 'teachers / care takers' from the community and trying to work collaboratively to provide an allowance for them. Some Head Teachers and School Committees are actively supporting such initiatives, but this is posing other challenges to district level administration. However, as one School Committee chairperson pointed out, '...we can't do it on our own. We need training and we need some commitment from the government for pre-primary guidelines and resources.'¹⁰⁵.

However, whilst the Tanzania Institute of Education has recently (2001) published a revised pre-primary syllabus, communities are very much 'on their own' in this issue, because other

Government commitments (1995) for pre-primary provision have not been met – such as the provision of

- Pre-primary facilities at primary schools
- Pre-primary teachers
- Pre-primary training curriculum
- Pre-primary guidelines and teaching and learning materials, including the delivery of the new syllabus to schools across the country.

Just how the provision of pre-primary education through a system of a ‘*..shared responsibility of MOEC, MRALG, Non Government Organizations (NGOs), Communities and the private sector*’ is to be realized at community level is a challenge that needs to be urgently addressed at all levels.

3.2 TOWARDS INTEGRATED, MULTI-SECTORAL APPROACHES TO SUPPORTING ECCD IN TANZANIA.

The call for integrated, multi-sectoral approaches to the development of social service programmes in Tanzania is a key element in sector and local government reform processes. In the area of early childhood care and development, such approaches were detailed in The National Programme of Action (NPA) to Achieve the Goals for Tanzanian Children in the 1990s.(1993). The NPA emphasized the importance of such approaches in working towards achieving the child survival, protection and development (CSPD) goals, ‘since no goal for children can be achieved by a single sector working on its own.’¹⁰⁶ The NPA, for example called for the expansion of early childhood development as a core component of the educational empowerment programme, with the first recommendation being , ‘... the development of an integrated policy on early childhood development, as well as curricula.’(see Box 1.)

Since the publishing of the NPA, other sectoral reforms, which reinforce the idea of sectors sharing the multi-sectoral responsibility for early childhood care and development, have been developed. It would seem then, that the time is now right, to review the NPA together, and prioritise related strategic planning, which focus on the developing ‘ ...low cost systems that communities can implement.’

3.2.1 Growing Support from Different Sectors for Collaborative Approaches to Early Childhood Care and Development Issues in Tanzania.

a. Ministry of Community Development, Women Affairs and Children.

Tanzania’s Child Development Policy, outlines this ministry’s role in early care and parenting education being

*68. To advocate for the establishment of pre-schools and day care centres and improvement of their services; as well as to establish a system of educating parents on the importance of pre-school education and assist in developing a conducive learning environment for the child.*¹⁰⁷

In addition, this policy outlines that

78. *The ministry responsible for Education in collaboration with ministries responsible for Social welfare, Children Affairs, Local Government, other institutions and communities should raise the standards of pre-school education.*¹⁰⁸

Box 1.

Expansion of Early Childhood Development

extract from, The National Programme of Action (NPA) to Achieve the Goals for Tanzanian Children in the 1990s, pp 57

– 58

4.2.4 Expansion of Early Childhood Development

4.2.4.1 Background

Research has clearly demonstrated that organized childcare promotes cognitive development while also facilitating the physical development of the child. This is manifested in significantly higher levels of performance in primary schools. The government has begun to pay more attention to this area and has recently released a draft policy document in this area.

Some communities, religious organizations and donors have set up their own pre-school and childcare centers. There is a clear need to develop and disseminate effective low cost systems which communities can implement.

4.2.4.2 Activities for the Expansion of Early Childhood Development.

- i. Develop an integrated policy on early childhood development, as well as Curricula (The Ministry of Education and Culture - MEC),
- ii. Production and dissemination of pre-school materials utilizing both private and parastatal publishers (The MEC to co-ordinate)
- iii. To support the establishment of child care centers such as feeding centers and pre-schools primarily financed and controlled by the communities (MEC, NGOs, Communities)
- iv. To develop monitoring indicators and systems to ensure that child care centers meet the requirements for health safety, food provision, materials etc (MEC)
- v. Train childcare attendants at ward and district levels to assist in the running of child-care centers. These training activities will follow guidelines established by the Department of Social Welfare in collaboration with the Ministries of Education, Community Development and Health. (Integrated training package, PHC committees)
- vi. Expand the training of pre-school teachers in Teachers Colleges.
Advocacy and communication at all levels concerning the importance of pre-school.

b. Ministry of Labour, Youth Development and Sports – Department of Social Welfare.

The Department of Social Welfare has recently put forward a proposal for the development of an integrated, multi-sectoral Early Childhood Care and Education Policy in Tanzania, outlining that currently

- *There is no coordination, networking and linkages between ministries responsible for ECCE issues.*
- *There are no clearly defined structures for the roles, responsibilities, management and implementation of ECCE services from village, district to national level.*
- *There are no clearly defined objectives and roles for the activities already being operated, e.g. nursery schools, day care centers, pre-schools and kindergartens.*
- *To date, low government priority on ECCE programmes activities and therefore little or sometimes no funds allocated to the national fiscal budget for ECCE.*
- *Early childhood care and education service provision is generally left to the private sector and NGOs, with minimal co-ordination or guidelines from government.*
- *Private sector service provision favors the minority of children of urban middle-to-higher income level families, leaving the majority of urban and rural poor with no access to ECCE services or family support.*
- *Community governance and participation is missing even where the ECCE programmes are already in existence.*
- *Family education in ECCE issues has been limited to date on health and nutrition issues. However, current statistics show that malnutrition and infant and child mortality has increased over the past decade; and the impact of HIV/Aids is yet to be addressed in large-scale family education programmes.*
- *High public demand for a national policy of ECCE.* (see Appendix E)

c. Ministry of Education and Culture

The recently revised Basic Education Master Plan (2001) outlines that

The government recognizes the importance of early childhood education in national development and hence its inclusion in the policy (ETP, 1995) as an integral part of the formal education system. Currently however, the main form of early childhood education offered is pre-primary education.

Even though formal pre-primary provision is in fact very limited, MOEC's understanding of the current confused state of affairs re early childhood education in Tanzania acknowledges that

There is fragmentation and lack of co-ordination among the ministries, NGOs and CBOs responsible for the provision of early childhood care and development and pre-primary education.

There is no reliable statistical data and information available for planning purposes. Information and data available does not often reflect on non-government provision.

*There is also insufficient linkage of provision to indigenous knowledge and practices of child rearing.*¹⁰⁹

*The Department of Teacher Education is given the responsibility of training teachers but there is little harmonization and coordination in the training of teachers among the stakeholders.*¹¹⁰

Therefore, the opportunities clearly exist and the challenge now is for all stakeholders, government, non-government and donors, to come together at this critical point in time, in order to harness these springboards, and to move forward with co-ordinated strategic planning for the improved care and development of Tanzania's youngest children. It is critical that such planning and programme development, involves all stakeholders, including families, communities, local non-government organizations, religious organizations and the private sector that have taken the lead in service provision.

The field research that has informed this report has indicated the growing demand for early childhood services at all levels, and particularly from marginalized members of the community to have access to support for themselves as parents and providers, and for the realization of their dreams – the best development of their children. What are the issues raised by families and other stakeholders re the care and development of young children.

3.3 FAMILY - BASED CARE AND DEVELOPMENT OF YOUNG CHILDREN

The sample communities visited, reflect varying degrees of the situation of young children as earlier outlined. By focusing on hearing a cross-section of opinions from different communities, statistical data 'was given a human face'. Community members were very happy to have their opinions asked, and the information collated indicates that whilst obstacles and challenges are very well known to them, they also have very concrete suggestions regarding the support they need in order to enable them to give their young children the best care and support they require.

3.3.1 The Transition From Community To Nuclear Family Responsibility for Children

One elder lamented the reality of changing cultural patterns. For him,

Children belong to the community. The whole community should play its part in bringing these children up. e.g. we all see these children and should share in disciplining them. Not just leave it to the teachers and their parents. ... We should all talk to each other then the children will know we are united and they will follow suit. Male Elder, Kigamboni.

They feel that the change from the concept of community upbringing of children with community values, to nuclear family upbringing and individualistic values is impacting very negatively on children. In the words of one male elder from Kigamboni,

... these days children belong to individuals and not to the whole community, people talk of 'my' child and not 'our' child like they did before.

Whilst the elders may have much wisdom to contribute to the upbringing of their community's young children, in some communities, the elders feel that they are no longer heard. Where there may be Council of Elders, in Kigamboni, for example, they expressed that they are no longer consulted. The issue of moral values are of key concern to the elders, both male and female.

3.3.2 Gender and Childcare

Without the community sense of responsibility for childcare and children's upbringing, the sole responsibility on a day-to-day basis rests with the mothers. Because of their tremendous work pressures, family responsibilities in the situation of escalating poverty, break-down of family structures, alcohol abuse by partners, and little or no say in family finances, many women feel that they are 'on their own' regarding the care and development of their young children. This reality gives a different perspective to single parent family statistics.

A limitation of this field research is that the voice of fathers of young children has not been equitably heard. Whilst traditionally the issue of young children's care was predominantly a women's issue, this was in the context of specifically designated roles of fathers in family support and provision. The Girl Child in Tanzania research carried out by UNICEF in 1995 indicates that,

While patriarchal systems remain largely in tact, the role of the father has been seriously undermined, often correctly, by a combined onslaught of the law, the school system, religion, politics etc. The traditional certainties of this authority have all been questioned and in some case punished. While this onslaught may have been correct... it has had the effect also of fathers...clinging to the shell of their authority while... abdicating all responsibility, even those ... assigned to him by tradition. ¹¹¹

Ironically then, women have found themselves with ever-expanding responsibilities for child care and family provision. In the research areas, there seems to be a growing feeling among younger mothers that men should take a more active part as fathers, starting with sharing the responsibilities for adolescent pregnancies, and including their developing a closer relationship with their young children so that they are approachable, as young children are often afraid of their fathers. It is noteworthy that male youth in a group discussion in Kigamboni acknowledged the heavy workload of women,

They have to make sure there is food in the house. ...They have to maintain the house.... Fetching water, participating in the common duties of cleaning the compound, finding fuel for cooking, etc.....They have to listen to the children's problems e.g. the food is not enough ... we need school fees ... I don't want to get married yet, I want to go to school.

Such awareness surely indicates very important opportunities for further sensitisation and education of these male youth, in their future roles as fathers and parents who may accept more shared responsibility, on a day-to-day basis, for the development of their children.

Whilst statistics indicate the direct correlation between women's higher levels of education and better care of their young children, this is balanced by women in the field research areas

expressing their demand for access to educational opportunities, especially those related to improving their income generation capacity.

3.3.3 Day Care of Young Children – who is responsible and how are they supported?

Regarding the day care of their young children, women indicated that children up to 1 year of age are taken with them as they go about their daily work. After weaning at the age of 1.5 – 2 years, children in rural areas are left at home with caretakers, being older siblings, of the age 7+ years or grandmothers. In upland Moshi Rural, it is common that siblings do not start school to approximately 10 years of age, so they are the primary day caretakers of their younger siblings. In Mtwara Rural, it has been noted that following a district wide campaign to boost primary school enrolment, families were enrolling more of their children, but mothers complained that in so doing they had lost the caretakers for their younger children. In one school, the Head Teacher noted that when registration for pre-primary for 5 – 6 year olds was called for, mothers were registering their 3 – 4 year olds first as they said they needed to keep the 5 – 6 year olds at home to take care of the siblings of 1.5+ years.

In urban areas, in addition to the above, families may take in a ‘house-girl’ for domestic duties including caring for the children. These girls are most often young teenagers, from particular regions where the people are respected for their hard-working and respectful natures, but also from areas where family poverty often denies girls the right to education, and she may be forced out to work to contribute to family income. Their workload is often very heavy, and working hours are long. Survey team members reported that these girls are paid an average of TSh4,500/- per month (while the minimum basic salary is TSh35,000/-), subsidized by provision of food and clothing. As documented by one UNICEF study (Children in Need of Special Protection Measures: A Tanzanian Study, 1999) such domestic workers are often also subjected to physical, sexual and emotional abuse by employers. No studies have been done on the impact of such situations on the quality of care of a high proportion of young children, in these situations, are receiving.

In situations of poverty, mothers are under tremendous pressure, and they are concerned about the quality of care their young children are getting, but they are often in no situation to improve it. As women, their workloads are heavy, with their average time for childcare reduced to a fraction.(see Table 5) They believe that young children are a lot of work for grandmothers to manage, especially when she may have the responsibility for the children of more than one of her children. Furthermore, in urban areas grandmothers are not often living with the family. Sibling care-takers are not able to respond to emergency situations that come up, and often have a heavy schedule of household duties to perform. As one mother in Kigamboni expressed,

Actually, our youngest children (2 - 4 years) ... are left really to fend for themselves for the biggest part of the day. We want help to take care of this group.

The government should help us fight for our rights specially when our husbands leave us or don't give us money for domestic use because he leaves you with the children, no support, and the children suffer.

Female Adult

While some mothers of young children in Kigamboni, suggested that they need a safe place where they could leave their young children during the day while they are working, where children could ‘... play, have a nutritious meal and rest’, interestingly, grandmothers and female elders stressed the need for

...place where they children can be until their parents come home. This place should teach them education but also community culture like discipline. We are old and cannot provide proper care for them all on our own.

Grandmother, Kigamboni.

It is also very significant that the youth in some areas responded very positively to being asked their opinions about the care and development of young children. As well as highlighting the need for better health care for them, they also pointed out young children’s needs for

- ‘.. more meals per day than just two and they should be nutritious’.
- ‘... areas that they can play safely.’

Male Youth.

For children between the ages of approximately 3 – 7, in urban areas, there is much community concern about the break-down of community care, and children of this age group wandering freely in the streets. Women, elders, and youth all most commonly agreed that these children need places where they can be collectively cared for,

...which can provide for their play, nutrition and education because education is the only way to be independent, a means out of poverty.’

Research Team Member

Also, in two of the four districts visited, a special note was made of the need for bringing together the children with have places for children with special needs, because there seems negligible support for these children under before the age of seven.

Whilst the increasing pattern of children being left to their own resources, and for some migrating to urban centres in pursuit of better future, is an indicator of family breakdown and weakening of community support for children, issues of the quality of care that families under the stress of poverty can provide, is not being holistically addressed. Over the past decade a number of NGO services have developed, from the Children’s Rights perspective, which aim to address the needs of the increasing number of ‘street children’, with a high priority given to integrating them back into their families and communities. However, the fundamental issue for families is, how can they ‘make ends meet’ to best provide for their children. For example, one drop-in centre for disadvantaged children aged 5 – 25 years in Dar es Salaam, has recently been challenged by the appearance of an increasing number of children 3 years +. Whilst the centre is not equipped to cater for such young children, they are facilitating partnership support to assist them, because they feel that they cannot turn these children away. The centre recognizes that these are the young children of women who are trying to make a living for their families by selling food-stuff on the streets of Dar es Salaam. Their demand for child-care is high, but they have no means to pay for such services. Clearly, if family economic sustainability is a key focus of poverty reduction strategies in Tanzania, then day-care for young children, which mutually

supports women, is fundamental. The National Poverty Eradication Strategy Paper, (1998) clearly outlines that one of the ten overall implementation strategies will be,

*Encouraging public institutions, the private sector and other organizations to establish day care centres so as to allow women to participate fully in development initiatives.*¹¹²

This challenge demands urgent collaborative attention.

3.3.4. Children’s Curiosity and Eagerness for Learning is Expressed Through Their Play

Field researchers especially noted young children’s occupation with a wide variety of play, including very creative and concentrated, exploratory play with all sorts of materials in their immediate environment, pretend or mimicking play, drawing and making with any found materials, and group games as the children get a little older. They also noted that these young children tend to play in small groups of 2 – 5, and that the social element in their play seems very important to them. Although it was noted that adults do not tend to participate in children's play, elders, mothers and youth all noted that play is important for children’s development. From an earlier field research in Mtwara, rural communities consistently nominated play as a key element to be included in programmes designed to support young children.¹¹³ As one father indicated, ‘Play is very important because children need exercise; play brings children together and they rejoice; it helps intellectual development; children play very much. If I could count the games they play maybe they play up to 40 games a day!’ However, despite this level of awareness, the value of children’s play is often not equally recognized in organized programmes for childcare and education.

‘Play is very important because children need exercise; play brings children together and they rejoice; it helps intellectual development; children play very much. If I could count the games they play maybe they play up to 40 games a day!’

Male Adult, Mtwara.

While it was noted that adults or youth do not tend to interact with young children at play, and parents do not tend to engage in a lot of interaction per se with young children, at the same time children are not excluded from everyday activities going on at the family level and so they acquire the skills they see modelled around them and they imitate these in their play. The research team noted that there is not a strong culture of listening to children of any age in the areas visited, and this relates to both the family and school level. This is an area requiring further research, in the context of pursuing a deeper understanding of the culture of childhood in Tanzania today, highlighting culturally specific child-rearing practices, patterns and beliefs in different areas.

3.3.5 Care of Orphans at Community Level.

An additional issue of major concern at community level, is the incidence of HIV/AIDS, the escalating number of orphan children and the fact that communities feel ‘left on their own’ in supporting young orphaned children. Without resources to provide for their own children, community members are stretched beyond their limits to take in children who are orphaned, even though culturally this is their practice. In Moshi Rural district, community members talked of the high number of AIDS related orphans, pointing out however, that the District Council does not officially identify these children, because the census that has been taken of orphans included

‘An orphan is only an orphan when they reach Standard 1’

Community members, Moshi Rural.

only those children from the age of 7 upwards, who are in primary school. These communities, expressed their frustrations that ‘an orphan is only an orphan when they reach Standard 1’, indicating that with the younger children, communities are not accessing any support for the care of these children.

3.3.6 Opportunities for Supporting Families and Communities in Child Care

The field research that has informed this report, indicates some significant opportunities for supporting parents and communities as the primary caretakers and first educators of young children, including,

- support for young children may best be directed within the context of community initiatives, which serve the mutual benefits of different community members, especially women and children;
- some communities are very clear that they want to be in control of their own development, for example, the Maasai elder in one community visited in Moshi Rural, was eager for his community to discuss with the research team member, but he asked her ‘...to work **with** us, following **our** lead.’
- discussing ECCD issues at community level brings up a wide range of community concerns that impact on families and young children. Therefore, for sustainability, ECCD issues must be addressed within the context of these community issues, and not in isolation. If the entry point for supporting ECCD in one community is tackling water issues, for example, then that is the issue that has to be addressed. In another community, the entry point may be different. Such approaches demand flexibility and from government, donors and NGOs;
- the curiosity, concentration and creativity that can be observed as young children are engaged in their play, is a testimony to their inherent potential and a guiding light for all those who seek to design programmes to support their development. For children, their ‘play is their work’, a natural vehicle for exploring and discovering their world, which they take very seriously. This natural learning mode of Tanzania’s young children, demands more in-depth research in order to inform the development of community and culturally appropriate care and education programmes.

Whilst noted earlier, local government reform processes are highlighting the importance of community leadership and participation in their own development, research team members noted this is a real challenge to all community development initiatives, because, in the words of one research team member, ‘They are used to have others tell them their plans.’ Regarding community discussion and shared problem solving which reflect a balance of gender and ages, another team member suggested, ‘We are not used to it, even at a family level. We are not used to discussing issues together.’ Therefore there is a strong need for community development programmes to be based on community empowerment and capacity development of all its members.

In conclusion, the collective voice of a small group of children 6 years of age and below, shared their reflections with one research team member, give some indication of the dreams and fears of young children ...

‘I want to go to school.’

‘I don't want to be beaten.’

‘I want a place to meet with my friends so that we can play.’

‘I don't like the hospital. They frighten you there.’

‘The police scare me.’

‘Why can't we have water at home?’

‘I don't like going home in the afternoon and mummy is not there.’

‘Daddy is aggressive. I don't talk to him.’

3.4 ECCD SERVICES PROVIDED BY FORMAL AND INFORMAL SECTOR

3.4.1 Centres Providing Services for Young Children – In Sample Communities.

Lack of clarification regarding areas of responsibility at the sectoral level, translates to a somewhat confused state of affairs at centre programme provision level. Centres for children between the ages of 2 – 7 are operating, some registered, many not, with no updated guidelines or regulations, and centre owners feeling that they have no resource base to draw on to improve their programs.

Linked with the lack of clarity, the collation of accurate data regarding programmes provided for young children is very difficult. Where information is registered at District level, district officers themselves could not verify its accuracy. At this level, it is the norm that many centres are not registered with the Department of Social Welfare, nor Ministry of Education and Culture if the pre-school is affiliated to a primary school. Some District offices are interested to keep records of programmes that are being offered, be they government pre-primary programmes, NGOs or private; and others have little interest at all, due to their lack of resources, and no clarification of sectoral responsibilities.

From what data was made available, the following picture emerges:-

DISTRICT	Govt. pre-primary	Private	Religiou s	Community Organization	NGO	Average Adult: Child Ratio	Age Range of Children	Total no.. of children
Moshi Rural	11	12	10	5	1	1:39	3 – 6	2028
Temeke (urban and rural)	11	72	17	3	-	1:41	3 – 7	4223
Songea – (urban and rural)	98*	4	10	2	-	1:45	2-7	4995*

* The reliability of this data has not been verified.

Clearly community demand is high, in both urban and rural areas, as indicated by expressed needs communicated above, high enrolments in centres visited and overcrowding in many cases. In Temeke district children randomly sampled who were not involved in such programmes, communicated that they would like to join such a centre as they see in their neighbourhood, but their parents can't afford it.

From observations and discussions in a sampling of eighteen centres in Temeke district (rural and urban) (see Appendix F), four in Moshi Rural and fourteen Songea (rural and urban) the following issues emerged.

3.4.1.a Centre Service Providers

As can be seen in Table 8, the range of based-based services care and education services in Tanzania include, government pre-primary attached to primary schools and local councils pre-schools, religious organizations, private individuals and organizations, e.g. plantation owners, community organizations such as women's groups and NGOs. In addition to those noted in sample areas, other service providers include government provision for the young children of staff of military and para-military, prisons, and para-statal organizations such as Tanzania Harbours Authority – although these services are declining. In addition with growing investment in Tanzania, sectors such as the mining industry are investing in community development in areas where they are located and where their staff are living. Provision of centres for young's children's care and education is being prioritised by one such community in Shinyanga district, and CARE Tanzania are currently involved in carrying out related field research under contract from the mining company, who is supporting community development.

3.4.1.b Centre Funding & Programme Fees

The majority of centers are totally dependent on parent contributions in fees to operate. In the 18 centers visited in Temeke district, these fees range from TSh1,000/ per month to 10,000/- per month. As an indication, there are also pre-school programs for young children in the same district, which are charging Tsh 350,000/- per month, but for the purposes of this survey, team members focused on programs that are more likely to be accessed by the majority of Tanzanians. Of these 18 programs, only 2 have been successful in gaining some funding support for centre facility improvement, but none are subsidized in any way to support improved access for the most vulnerable children. Also for government pre-primary programmes in some areas, parents are asked to contribute an annual fee to TSh, 2,000/- per year (equivalent to the Universal Primary Education, UPE, fee for primary school) and the teachers are community volunteers. Whilst such initiatives are commendable, District level administration is not always flexible to such informal approaches within the formal sector structure. In Moshi Rural, one teacher reported that many children don't pay the contribution, but they are able to attend anyway.

One centre visited in Moshi rural is being supported by the sugar plantation management, as a facility for the children of the staff. This program started in 1986 from the initiative of

management to provide care and education for staff children, 3-6 years of age. This programme has further developed as a result of the Tanzania Plantation Workers Union support to the empowerment of women labourers employed by the sugar plantations in Tanzania. The issue of quality pre-school and day care provision was an issue of key concern for the women, and so over a period of five years (ending 2001) the MWEMA project has facilitated the commitment of TPC management, in all five plantations, to the provision of improved pre-school facilities for staff children, as well as mobile day care provision for infants, using light-weight tents that are transported with the women and their youngest children to whatever area of the plantation the women are working in each day. Such a provision facilitates women breast-feeding.

The programmes are funded by the sugar plantation management, including salaries, teaching and learning materials, and supply of food for children and the tents, in the case of the mobile day-care programmes. Parents also contribute a small fee of TSh3,000/- per annum. Through the MWEMA project facilitation, these programs represent an exemplary private sector/union partnership and commitment to early childhood care and development provision in Tanzania.

Lack of funds is a major hindrance to programme development, and many centre owners expressed that their top priority for resources allocation is in the area of access to training for their teachers / caretakers. There is some popular criticism that in urban areas in particular, the rapid 'mushrooming' of centres for young children in recent years represent '...money-making ventures only'. However, many programmes visited report that the fees they charge don't always cover the running costs, their teachers / caretakers are paid an allowance only because there is not enough for a salaries. Many of the centre operators expressed great interest in improving their services, if access to information and training is available.

As from 2002, all primary school fees will be abolished in Tanzania. Given that the Primary Education Development Plan refers to Standard 1 upwards, it is apparent that for those schools with pre-primary classes, these children will not be included in the total figure for school enrolment and hence capitulation grant allocation.

3.4.1.c Distance from children's homes.

Many communities reported that children's access to pre-primary programmes in primary schools, where they exist, are also hindered by the sometimes long distance from their sub-village where the school may be located. This is understandable in the context of the general shortage of primary schools in the country. Many women in Moshi rural explained that their children do not go to pre-primary because they have to walk too far. In the same area, pre-school programs often begin at 9.00am, instead of 8.00 like the primary, to allow a longer time for the young ones to get to school. However, such arrangements are not mutually supportive for parents, because distance is far. The Day Care Centres Act recommends that centres should be close to where children live, and this is indeed the case in urban areas, but such services are rarely available in rural areas. Mothers, who were explaining their need for organized care for their young children, almost unanimously highlight close proximity to home as a priority for them.

3.4.1.d Nutrition

In most of the centres visited, the programs last for three hours. In most Moshi Rural programmes no food is provided. In Temeke, of the 18 centres visited, 5 provide no food at all, 13 centres provide breakfast and two with longer hours provide lunch as well. Most centres that are providing food are adding supplements to boost the nutrition level of the porridge being served. However, in general, it is felt that the private centres give less priority to children's nutrition, but for religious organizations it is priority.

Considering that for most of these children, breakfast is black tea with sugar, and it is most probable that food is not readily available for them when they go home, the issue of food and children's nutrition as a very important aspect of centre provision, and needs to be opened up for discussion and clarification in policy reforms. Whilst some primary schools are making a great effort to provide food for children through school income-generating activities, the practices which are often mutually supportive to home and school. For example, in Moshi Rural, children from Standard 3 upwards are provided food at school from parents contributions, but Standard 1 & 2 have shorter class times, from 8.00 – 11.00, and pre-primary from 9.00 – 11.00, so it is planned that these children return home to eat. However, in reality it is most common that they have to fend for themselves when they get home and besides collecting fruits along the way, they wait till evening for their meal.

3.4.1.e Health

Generally it seems apparent from most centres visited that children's health is considered the responsibility of parents and not of immediate, practical concern to the centres. For example, in Temeke,

- only 2 centres have regular medical check-ups for children in the centre;
- Others keep record of child's medical history as recorded at time of enrolment, but not updated;
- Centres access private and public dispensaries for any necessary emergency treatment of children. There does not seem to be any specially established links between care centre and dispensaries, children are treated like any other patient.

In order to work collaboratively on addressing children's poor health status in Tanzania, there are very significant opportunities that need to be explored, including centres being a meeting point for trained personnel concerned with children's health, nutrition, as well as stimulation, education etc.

3.4.1.f Water & Sanitation

Of the centres visited in Temeke, 10 have water on site, with other eight depending on public water source taps and wells. Therefore there are problems of accessibility and reliability of water being available. Only six centres boil drinking water for children's use. The other centres consider this as parent's responsibility and make no provision or planning for this.

Centres for women and children, could also very productively be developed as models for sustainable human settlements, with renewable energy systems (bio-gas, wind, solar), low cost rainwater harvesting systems and a demonstration site for small-scale intensive food gardens.

3.4.1.g Parent Involvement

In the centres visited in Temeke, five reported very positive co-operation between parents, teachers and owners/managers. However, in contrast the staff of the remaining 13 centres reported very poor parent participation. This is thought to be due to the fact that it is difficult for parents to keep paying fees so that they avoid direct contact with teachers. The issue of lack of parent involvement is a problem of a different kind in some of the more affluent areas of Dar es Salaam, where some centre owners have reported that for a number of children, 'house girls' are the home/home contact person, with parents rarely appearing to discuss issues about their children.

Without policy and regulation clarification with all stakeholders, and further supervision of these regulations, very positive aspects of existing structures are being lost. For example, the Day Care Centre regulations stipulate that a parents committee should manage centres. The chairperson should be elected from among the parents, the secretary being the head day care assistant, with four other members form among the parents that represent the sectors of health, agriculture, community development, and education. It is important to note that one government pre-primary programme in Temeke district is being managed by a very active parents committee, and the teachers highlighted this as one of the greatest strengths of their programme. Parents at the sugar plantation pre-school in Moshi Rural explained that they '...enjoy the good understanding the teachers and assistant show their children. They say that they can be at peace when they are at work knowing their children are well cared for.'

Further documentation of such initiatives would contribute greatly to informing other communities and the related ministries.

Box 2: Parent Demands From Centre-based ECCD Programmes

In one centre in Temeke district, the nursery school teachers were trained at the Msimbazi Centre, in the two year full-time Montessori Training Program. Their training was in very activity-based approaches to supporting children's learning, but after graduation the parent community unfortunately pressured these Montessori teachers into abandoning this approach to teaching and learning.

Initially, the teachers developed learning activities based on active exploration of the environment, but such an approach was misunderstood and criticized by parents. Parents protested that the centre was neglecting the teaching of 'useful things', such as writing, counting, reading and English language, these being the main reason why they sent their child/ren to this centre. The centre suffered from both complaints and student withdrawals, as parents chose to find a centre where their child could get a 'good education'.

Mounting pressure forced the centre owner to abandon the Montessori approach and focus on writing, counting, and reading. Mats were also replaced with rows of desks and chairs. According to the discontented teachers, this new approach introduced education methodology and concepts more suited to standard one or two in primary school. Teachers voiced their concern about the mental and physical burdens placed on these young children, being incongruent with their age. They also questioned the outcomes for children's mental and physical development. But parent pressure dictates.

The teachers continue, although feeling discouraged and disappointed. They do however continue to hold their Montessori teaching materials (and approach), under lock and key, for future possibilities.

Field Researcher

3.4.1.h Programme Content and Approaches

In general, centre-based programmes designed for young children, whether they are 2 or 7 years of age, focus on preparing children for primary school. In reality, this means that much of children's time is taken up with early reading, writing and number work, with little understanding of the role of children's play as a natural vehicle for children's development and understanding of such concepts. In brief, in the absence of practical programme guidelines, centre day care attendants / teachers draw on the primary school syllabus and methodologies as a framework, drawing on their own school experiences. Programmes lack creativity and diversity, with little or no use of locally available materials, but high demand for teaching and learning materials. The centres that are considered 'lucky' are those with imported toys and teaching / learning materials, and teachers / caretakers report that the centres that have these, attract the most children. While the Tanzania Institute of Education recently (2001) released a revised pre-primary syllabus for pre-primary programmes for 5 – 6 year olds, many informal sector service providers operate programmes for a broader age group of children and are seeking very practical guidelines and resources to use with children on a day-to-day basis.

With current primary education reform processes, focusing on developing child-friendly school environments, and developing the capacity of teachers in activity-based teaching / learning approaches, there is an excellent opportunity to include a revision of existing programme guidelines and approaches in early childhood care and education service provision, and to develop new approaches that integrate the holistic care and education of young children, that is, not only focused on preparing children for primary school. It should be highlighted that the springboard for such an initiative is firmly rooted in already existing recommendations made in the The National Programme of Action (NPA) to Achieve the Goals for Tanzanian Children in the 1990s, (1993), that

Research has clearly demonstrated that organized childcare promotes cognitive development while also facilitating the physical development of the child. There is a clear need to develop and disseminate effective low cost systems which communities can implement. (p.57)

The nature of programmes offered for children is also very much determined by 'market demand'. As Box 2 indicates, much of the pressure for very formal '3rs' programmes is from parents. The impact of such demands is also indicated by the fact that among urban parents, being able to opt for an English medium pre-school program is a high priority, hence the escalation in the number of English medium day care centres and pre-schools in urban, and increasingly, district towns. Clearly there is an urgent need to involve parents in discussions of who or what defines quality ECCD programmes, and to embark on popularised ECCD sensitisation programmes. There is a prime opportunity to include such a programmes in the Information Education Communication (IEC) programmes being currently developed to mobilize the primary education development plan.

3.4.1.i Transition From Pre-school to Primary School

Whilst the Education and Training Policy states that there will be no examination for the transition from Pre-primary to Standard 1, the reality is very different. In urban areas where the number of primary schools are too few for the demand, parents feel that they must invest in pre-school programmes in order to ensure that their children get a place in Standard 1. This is the case for both government primary schools and private. In many cases, even though a primary school is not offering a pre-primary programme, many centre owners indicated that children who attend their centres are given priority access to Standard 1. Head teachers openly admit that they prefer to receive children from pre-schools into their primary schools, ‘...because they adapt to being in school much faster and they are already understanding much.’ Unfortunately this reality has not been considered in the current primary education development plan. Many of the more affluent private primary schools in Dar es Salaam require children applying for admission to Standard 1 (even within their own school system) to sit a written entrance exam, which focuses on their ‘3Rs abilities’. A number of private nursery school owners have expressed that they know they should be working not so rigidly with young children, but they feel that they have no choice than ‘...to really cram the children in their last year of pre-school so to be sure that they pass their entrance exams.’ It is for this reason too that many parents, who can afford it, involve their children in tuition programmes, already from nursery school level, which continues throughout their school life. For most people aspiring to a good education for their children, tuition is synonymous with school, you cannot have one without the other. For parents, who are committed to supporting their children’s education, but would like a more flexible holistic education system, they feel that they have no other choice than to go with what is demanded from schools. On the other hand, the schools claim that they are only reacting to ‘what parents want’. There is a pressing need to facilitate both parents and private sector service providers, in discussions with government and NGOs for clarifying and defining early childhood care and education service provision in Tanzania.

Another important issue is that whilst there is no current data available in Tanzania on this issue, as in other parts of the world, it would appear that children’s involvement in pre-school programmes impacts very positively on improving primary school enrolment, which has been a significant problem for a number of years in some parts of Tanzania. With early childhood care and education programmes being of mutual support to children and families, especially mothers, it is reasonable to presume that there may be far greater commitment from some parents to such programs, than to primary school programs for children who are of the age that they can also alleviate parent work loads and contribute to family finances. A question requiring further research, is that if young children are involved in early childhood programs, are they more likely to enrol in primary school, not drop out of school, and succeed? If this is the case, as has been indicated by international research, then the implications for planning are clear for both government and donors.

3.4.1.j Programme hours.

Most centres visited offer three-hour programs for children, and some centres operate a morning and afternoon shift. Whilst some centres suggested that Day Care Centre regulations

state that programs should operate for a minimum of three, maximum of four hours, representatives from the Department of Social Welfare indicate that the guidelines state that programme hours should comply with community demands, and be set by the management committee. In reality, for those women who can afford to send their children to such centres, many complain that the hours are too short in relation to their workloads, and indicate that their young children often return home to minimal care. The need for childcare and education services to be integrated with mutual needs of women to have quality care for their young children whilst they get on with their heavy work loads, is critical. This may interpret to the need for flexibility with programme hours, to match with family work roles, seasonal variations etc.

3.4.1.k Centre Facilities.

In more than half the centres visited, space, indoor and outdoor, for children's active learning is an issue of concern. Especially in urban areas, it is common for centres to operate in rooms of family houses and rented rooms of living quarters – therefore space is very limited. Also, space allocation for young children in more affluent pre-schools is often limited. It is not uncommon to see young children 'locked behind their desk' for the whole morning because there is no other space in the room. In some of these schools the children have very little opportunity for physical play, because the school compound is too small, so outside time is scheduled for just once a week. Taking into consideration that many of these children live in apartments with no outside play facilities, and attend tuition classes in the afternoons after their pre-school programme, their development must be hindered.

An issue of increasing public concern over recent years overcrowding in urban residential areas and the building on areas that had been formally designated as public recreation areas. This is an issue requiring collaborative advocacy at all levels.

Most centre owners stressed their need for improved facilities including outdoor play facilities, and indoor equipment and expendable materials. It was noted that teachers / caretakers are not used to thinking of re-cycling found materials to create centre facilities and yet such creativity is very much a part of the communities they operate in. These are important elements to include in training programs, including drawing on community resource people to contribute their ideas, and work co-operatively on developing learning materials and programme facilities.

3.4.1.l Teachers / Day Care Attendants (DCA)

All centre staff visited, highlighted the lack of training opportunities as their major concern. Of the 18 centres visited in Temeke, 7 centres have no trained teachers/ DCAs, 11 have trained teachers / DCAs with training ranging from three months to 2 years. ALL teachers are requesting for training, refresher courses, upgrading, seminars etc, with a preference for after-hours courses so that they can work in the mornings and attend classes in afternoon. For many, the fees for the few training programmes that do exist, are a barrier. Two teachers from two different centres related experience of being able to attend a 2 week course conducted by Social Welfare for fee of 15,000/- , which they found affordable. In particular there is high

demand for courses in care and education and management, materials production; and courses to upgrade to professional pre-primary teachers as required by the Ministry of Education and Culture, (see Appendix D: section 3.5.2 Training).

As noted earlier, in many of the centres visited, teachers / DCAs are paid allowance rather than a salary because the fees collected from parents are not enough to cover costs. Therefore staff motivation and commitment varies widely, and teachers/ DCAs feel little pride for the important work they are doing. It was noted that in programs where the community themselves had nominated their teacher / DCAs for their children, there is a strong sense of pride in their work and a very important sense of being valued. Despite their very low financial remuneration most teachers expressed a great eagerness to access ECCD training and to improve the work they do.

3.4.1.m Centres, Orphans and Children with Special Needs

Provision or inclusion of children with special needs was minimal in the areas visited. In Songea, Catholic Missions are the main providers, and in Temeke only one centre visited (Salvation Army) incorporates physically disabled children into their program, as well as providing a centre for orphans. The National Guidelines for Orphans Support highlights that where possible, orphans should be cared for in their community by their extended family. However, as noted earlier, many communities feel that they are 'on their own' in dealing with young children orphaned particularly by HIV/AIDS. Where families are already struggling, extending the few resources they have to a larger extended family of children potentially the same age as their own, means a competition for resources for many of them.

Whilst support for orphans at community level is a struggle for most, and specific support initiatives were not identified in the identified research areas, there is a gradual emergence of community-based support initiatives particularly through the NGO sector, in partnership with government guidelines. For example, under the Ministry of Health's National AIDS Control Programme and the support of DANIDA, the Society of Women Against AIDS Tanzania (SWAAT), Rufiji Branch, have developed the 'Mama Mkubwa' model for community-based support of orphans. In this model, a SWAAT member of any background can be selected from the community, based on agreed criteria, including her literacy level, economic stability and proven status as a role model in the community. The orphaned children, below the age of 14 years, are supported materially, financially and psychologically as the Mama Mkubwa identifies their needs in the context of the extended families where they are living¹¹⁴ This model has been piloted in three communities and is extending in the Rufiji District. Some identified gaps in the implementation include problems with the Mama Mkubwa keeping contact with families and children as they move seasonally to access productive farming land, and a lack of consultation with children in the selection of the Mama Mkubwa.

3.4.1.n Child Abuse

A number of centres expressed their growing concern about the incidence of physical and sexual abuse of young children. As the media has begun to bring such cases into open

discussion in recent years, so are they being raised at community meetings. Whilst teachers and DCAs may be aware of such issues at their centres, they express their frustration at not knowing where to go with such problems, and so nothing is done. This problem is coming up at all levels of society, including the more affluent centres in Dar es Salaam. When Head Teachers discuss the problem with mothers, they often also feel ‘trapped in silence’ by their religious, social or cultural groups.

3.4.2 The Call For Day Care Support

Given that most parents interviewed stressed the need for programmes that support the care and education of their young children, opinions about what form such programmes would take and how they could be organized, varies from community to community. For many mothers in Kigamboni for example, they want children 5+ years of age in centres because for most they don’t access Standard 1 until the age of age 9, so they are a number of years ‘freely roaming’. Also they indicated that at the age of 9mth – 1 year, when the child starts walking, this is end of close mother /child interaction, and they would like support in community organization in grouping their youngest children together for day care. Whilst the concept of a ‘centre’ is quickly associated with a formal structure, some communities indicated ‘informal meeting spots’ in the community as a starting point for child care provision, so long as a trusted caretaker was available. Alternatively, for women in Moshi Rural they were clear about their needs to best facilitate their ideas for day care, as they expressed, ‘We have local materials but no-one to co-ordinate.’ The elders in one community in Mtwara Rural explained the idea of a centre as being purposely made differently to a school building, with a combination of a cement floor and local materials for a small wall around it, and a leaf roof. But for them, most importantly, the space should be round in shape, with no desks, so it easier for young children to talk together, as they gestured to our discussion group naturally sitting in a circular shape.

When community members were asked to think of the important elements that should make up their idea of a ‘centre’, suggestions included centres ...

- close to where mothers are working or which are accessible to home;
- with good sanitation & drinking water;
- where children are safe;
- where food is provided;
- with play materials;
- with space inside and outside;
- where women can meet and access education programmes;
- which meets diverse community needs, e.g. one informal women’s group in Kigamboni is discussing an initiative of developing a community centre which will act as a meeting point for young children, particularly in the mornings, and a centre for women and youth education and meeting in the afternoons, and a prayer ‘hall’ in the evenings;
- as a meeting point for children’s cultural and religious education as highlighted by religious leaders and elders;
- with ‘trained, friendly teachers who LOVE the children’; with ‘kindly teachers who are trained on how to care for children’;

- with ‘Good salaries for teachers so they stay.’;
- with regular visits by health workers;
- with co-operation between teachers and parents;
- as meeting points for young children of different ages; and
- which are as diverse as communities themselves. For example, for some communities, a children’s centre is more of an informal meeting point for children, with an adult to facilitate that; for others they have expressed that the meeting point should also have a roof of local materials to provide shelter from sun and rain; for others a more formal building is what they have in mind, which is a meeting point for a variety of children’s services as well as other community activities.

3.4.3 Training

Training for Day Care Assistants and Pre-school Teachers is in high demand yet services offered are limited and often not accessible (due to limited finances) to the majority working in this field.

The existing training service providers include:

a. Government

i. Faculty of Education, University of Dar es Salaam

The Faculty of Education includes a unit course on Early Childhood Education within their Bachelor of Education studies, but as yet it is not possible to specialize in this field at this university.

ii. Ministry of Education and Culture:

- Teacher Training Colleges.

Of the total of 35 Teacher Training Colleges in Tanzania, currently there are five (mainland and Zanzibar) registered as offering training for pre-primary teachers. These courses range from a three-month to a one-year fulltime course for teachers with existing primary school qualifications. There has been much emphasis on raising the standard of primary teachers qualifications in recent years, with the aim of all teachers holding a minimum of Grade 111A qualifications by 2005. However, with a general shortage of primary teachers, and few pre-primary training possibilities, this seems currently unrealistic. Of the five colleges offering training, they report that there is no formalized pre-primary training curriculum, resources are extremely limited, and they lack resource people with expertise in early childhood education.

iii. Ministry of Labour and Youth Development and Sports –Social Welfare Department.

The Department of Social Welfare is not currently directly involved in providing training, but rather have the responsibility for supervision of non-governmental organizations training Day Care Assistants (DCA), who work with children 2 – 6 years of age.

However, the department is actively seeking to re-open their DCA training centre at Kisangara (Mwanga District), and to take the lead, at government level, in developing training programmes which build on existing knowledge and strengths of parents and elders, and focus on children's holistic development through interactive, play-based, approaches to working with children. The Department of Social Welfare are advocates for training initiatives and programme guidelines being developed which build on existing community knowledge and strengths. In this way they see such a training institute ideally developing as a resource base for the research and development of community and culturally appropriate care, stimulation and education programmes for young children, that can be disseminated through district level centres and community-based training initiatives.

b. Religious Organizations

These organizations have a long history of early childhood education training service provision in Tanzania.

i. Montessori Training Centres.

In the early 1960s the Aga Khan Foundation invited a consultant from the UK to advise on early childhood education. Her expertise was in Montessori approaches, and so subsequently, the first Montessori Training programme started, with a nursery class attached, located at the existing Aga Khan Nursery school location in Dar es Salaam.

Today there are five Montessori Training centres in Tanzania,

- Moshi - operated by Lutheran Ushirika wa Neema Sisters
- Mtwara - operated by Catholic Benedictine Sisters, for 9 yrs.
- Mwanza – operated by Catholic Baldegg Sisters, 3 yrs
- Lushoto – operated by Usambara Sisters
- Dar es Salaam – operated by Catholic Baldegg Sisters, for 30 years.

These centres come under the regulations of the Social Welfare Department's Day Care Centre Act, and follow the related Training Guidelines as a framework in the context of Montessori training content and approaches. These are two-year full-time course, which include three months teaching practice. A very important part of these courses students have to make their own teaching /learning resource materials, skills which help equip their first programmes and enable them to maintain and replace them when broken. A number of these training centres act as models and resource centres for other service providers, for example, Mtwara supervises a vast majority of the formal nursery schools and has good relationship with the District council.

ii. The Baptist Training Centre for Day Care Attendants – Moshi

This is a course that is mainly for Sunday school teachers and/ or teachers working with children for religious-purpose schools. It focuses on childcare 25% and 75% religious studies. It is a two-year part-time course, which includes bible studies for young children and child development.

iii. Zanzibar Madrasa Resource Centre (ZMRC)

ZMRC started in 1990 in Zanzibar with the aim to establish community preschools that are well managed and financially sustainable, thus offering high quality education at costs affordable to local communities. Linked with similar programmes in Uganda and Kenya, Madrasa Pre-school Programmes were initiated in response to communities seeking assistance with improving their children's access to education, and improving attainment levels. The programmes were developed on two key concepts:- a) that research on educational achievement indicates that the foundation for future success is laid in the early years, and b) that parent responsibility and active participation in their children's education is fundamental. In addition, an important element in the content of these programmes is that Islamic beliefs and culture are the foundations stones of the programmes.

The project's resource centre acts as a training centre, a coordinating body and supporting centre for community pre-schools' development through technical inputs such as curriculum development, learning materials development and teacher training models.

The ZMRC programmes are active in supporting community mobilization and capacity development for those wishing to start pre-schools in their community. They help communities set up, fund and manage their pre-schools.

The ZMRC teacher-training model is as a two-year part time course for community-nominated preschool teachers, with a minimum of Standard 7 education level. The training approach involves weekend workshops and as well as community outreach with trainers visiting trainees in their schools on a regular basis. ZMRC also continues in-service training for teachers after their graduation.

ZMRC curriculum is based on active, developmentally appropriate and culturally relevant early childhood practices. The learning materials used in the schools are low-cost, and made by the teachers during the course of their training.

iv. Infant and Child Care Course

The Upendo Centre in Moshi which is operated by the Catholic Precious Blood sisters, run a three-year course that is focuses on the training of attendants caring for children below the age of 3 years in orphanages, health centers, etc. The course includes first aid and introductory health care training, child nutrition, and general care.

c. Private Organizations and NGOs.

In addition to religious organizations there are some private organisations conducting training programmes, but access to information about these programmes has been difficult. Suffice it to mention here the names of any organization that have been involved in the training initiatives in the past, and some notes on those organizations that made information available.

- MAM Training Centre, Dar es Salaam.
This centre runs a nine-month certificate course, and 18 months Diploma course (self-certified) that is for nursery school/kindergarten teachers. Both the courses are part-time and they use the Social Welfare DCA training syllabus as a guide. These are English medium courses.
- Parents Association, Dar es Salaam.
- Rock Foundation, Korogwe.

d. Tanzania's involvement in the international Early Childhood Development Virtual University (ECDVU) programme.

As a unique initiative to support the capacity development of ECD leadership in Africa, Tanzania is proud to be accepted as one of the participating countries with four candidates in the first cohort of this Masters level programme.

Tanzania's four candidates were selected from twenty applications, by an inter-organizational committee that had worked together to draft and present Tanzania's ECDVU Country Proposal (see Appendix G). A key aspect of the programme is that individual candidates, and their organizations, be committed to not only their own professional development, but to the fact that they are '... first and foremost "conduits" for ECD capacity building in their home countries'¹¹⁵ supporting the broader ECD community of colleagues through their leadership roles, Tanzania's group of candidates include Mr. George Kameka, Commissioner of Social Welfare, Ms Asha Mohammed – Zanzibar Madrasa Resource Centre, Ms Leoncia Salakana-PLAN International, Mr. Benedict Missani – Save the Children (UK).

4 ORGANISATIONS SUPPORTING ECCD IN TANZANIA

4.1 INTERNATIONAL NGOS

	International NGO	Specific Projects	Time Frame	Funding	Location/s
1	Aga Khan Foundation	Zanzibar Madrasa Resource Centre		AKF CIDA	Zanzibar & Pemba.
2	CARE Tanzania	Empowerment of marginalized groups. Improving Infrastructure for Basic Education. Pre-primary teachers capacity development in partnership with Tanzanian Home Economics Association.	Ended 2000	CARE International	Mwanza
3	PLAN International	Supporting ECCD in the context of Education for All, Clean and Green Settlements, Community-based Health Care and Child Survival initiatives.	ongoing	Foster parent programmes.	Ilala (DSM) & Kisarawe.
4	Save the Children (UK)	Pre-primary component of Support to Basic Education Project. 84 primary schools in Mtwara Rural.	1999 - 2004	DFID	Mtwara Rural
5	UNICEF	Child Survival Protection and Development	New country programme: 2002 - 2006	UN	Three-pronged focus: - nationwide - core 57 districts - * intensive learning districts, 15 mainland, 4 Zanzibar
* Government of Tanzania / UNICEF Country Programme 2002 – 2006, intensive learning districts:- 15 mainland – Bagamoyo, Hai, Kibaha, Kibondo, Kilosa, Kisarawe, Magu, Masasi, Mbarali, Mtwara Rural, Mufindi, Musoma Rural, Ngara, Songea Rural, Temeke; 4 Zanzibar – Unguja west and urban, and Wete and Chakechake in Pemba.					

4.2 TANZANIA ECD NETWORK

The process of ECD related organizations coming together in 2000 to draft and present Tanzania's ECDVU Country Proposal led to the formation of the Tanzania ECD Network – an informal network of government, NGO, religious organisations, private sector and community-based organizations committed to ECD issues in Tanzania.

The Network aims to complement the efforts of all, by facilitating the strengthening of national early childhood

* Networking and Information Exchange, * Awareness Raising, * Advocacy,

for the purpose of a collective commitment to

- Influencing policy and programme development;
- Providing a leadership role in ECD initiatives;
- Contributing to ECD curriculum development and training;
- Contributing to ECD capacity building of CBOs;
- Promoting inter-sectoral collaboration;
- Surveying, researching, documenting and disseminating information regarding existing community knowledge and strengths;
- Piloting, documenting and disseminating information about community-based ECD initiatives in order to influence future sector development; and
- Promoting and participating in integrated, multi-sectoral ECD planning and programme development.

The founding Network members nominated an Advisory, with the Commissioner of Social Welfare as its Patron / Advisor, AMANI ECCD as the Secretariat. Membership to the Network is free and currently there are a total of 61 members from across the country, including representatives from government ministries and service providers, members of parliament, international and national NGOs, religious organisations, the private sector and community-based organisations.

4.3. NATIONAL NGOS & CBOS

	Name of Local NGO	Activities	Specific Projects + Time Frame	Funding	Location
1	AMANI ECCD	Supporting the development of community sensitive and culturally appropriate care and education for young children, through research, sensitisation, advocacy and capacity development. Liaison organisation in Tanzania for ECDVU.	Early Childhood Care and Education: Foundations of Development. 2001 – 2004 *	Royal Netherlands Embassy. Consultancy	DSM - Temeke & Ilala districts; Moshi & Arusha
2	ANPPCAN - DSM	Community sensitisation of children's rights + child labour issues.			DSM
3	ARK FOUNDATION	Community support for HIV/AIDS infected and affected.	Community mobilization in educational provision. Nutrition Programme Women and Youth Education.	Ark Foundation	DSM Kisarawe
4	EMAWATA - DSM	Research on early childhood care and education. Consultancy service for care and education training.			DSM
5	COTN Tanzania	Improving living & health conditions of homeless rural children Health clinic MCH			Mwanza & Shinyanga Rural

	Name of Local NGO	Activities	Specific Projects + Time Frame	Funding	Location
6.	Good Samaritan Social Services	Health care. Mother & child care and development Mothers and children	On going		DSM Kinondoni, Morogoro, Mbeya
7.	HUDUMA	Early childhood education Rights of girl child to attend school			Mbulu
8.	KAVIDEA	Early childhood education with an emphasis on culture.			Karagwe District
9.	KIKUSHI	Improve health & educational status of children	On going		Moshi Shimbwe Ward
10.	KIWOHEDE – Kiota Women’s Health and Development Organization	Promotion of children and women rights Protection of destitute children, in prisons, orphans, domestic workers, prostitution and in streets.	Ongoing		DSM
11.	KULEANA	Sensitisation, Advocacy and Capacity Development re children’s rights.			Mwanza & DSM
12.	KWETU COUNSELLING	The centre works with girls and young mothers who are most vulnerable e.g. sex workers, abused house girls, child mothers. Provide access to education, day care for children.	Ongoing	Salvation Army	Mbagala
13.	Maarifa ni Ufunguo Arusha	Supporting early childhood care and education in disadvantaged communities through, community sensitisation, advocacy and capacity development. Project Partner: Early Childhood Care and Education: Foundations of Development. 2001 – 2004 *	Ongoing on volunteer basis. Partnership support 2001 – 2004.	Royal Netherlands Embassy & Consultancy	Arusha and Moshi
14.	Mchungaji Mwema	Supporting community social organization for the care and education of socially disadvantaged young children in squatter settlements. Project Partner: Early Childhood Care and Education: Foundations of Development. 2001 – 2004 *	Supporting women’s social organisation in the care and development of their children in squatter settlements in Arusha.	Income generating activities. * ECD Pilot Project Partnership Support	Arusha
15.	Mwanza Women Dev. Association	Women’s empowerment. Building pre -primary classes and committee training			Mwanza
16.	National Family Planning (NFP) - DSM	Family Planning Education.	Ongoing		Nationally
17.	Network Against Female Genital Mutilation	Eradication of female genital mutilation.	On going		Moshi

	Name of Local NGO	Activities	Specific Projects + Time Frame	Funding	Location
18.	Partage Tanzania	To assist in the development of social and community services for children. To support orphans care and rights.	Since 1989	Partage International	Kagera
19.	Songea Women Community-Based peer Educators Association	To educate parents on ECCD in respect to HIV/AIDS. Educating mothers re pre-natal care.	Ongoing		Six villagers & four hamlets in Ruvuma Region.
20.	Tanzania Home Economic s Association (TAHEA)	Women's empowerment; Sensitize parents re early childhood education. Capacity development of pre-school teachers.	Ongoing Project ended 2000.	CARE Tanzania	Branches across the country. Mwanza
21.	Youth Cultural Information Centre (YCIC)	Arts and culture - based support for street children 5 – 25 years. Developing support programmes for young children 3 – 5 accessing the center. Project Partner: Early Childhood Care and Education: Foundations of Development. 2001 – 2004 *	Ongoing. Partnership support 2001 – 2004.	Comic Relief, Save the Children UK, Concern, Christian Aid.	DSM Ilala Kigamboni
22.	Tanzania Plantation and Agriculture Workers Union	MWEMA Project: Empowerment of women sugar plantation workers; mobile day care centers & health clinics	5 years -ended 2001.	Royal Netherlands Govt., & ILO	5 sugar plantations across Tanzania.
23.	Tumaini Orphans Care Centre	To support the care and education of orphans.	Ongoing		Bagamoyo
24.	Voluntary services Overseas (VSO)	Two early childhood education volunteers.			Zanzibar Karagwe
25.	WAMATA	HIV/AIDS sensitisation, support to children & widows/ers & victims Health centres			Bukoba Rubya area
26.	WEVIDHA	Environmental care. HUMULIZA p roject: Support for orphans; medical care, counselling.			Muleba District
27.	Youth Cultural & Information Centre (YCIC) *	Developing support and family links for growing demand of children 3 – 7 years at their centers. Arts and culture -based support for street children and youth, 5 – 25 yea	2001 – 2004 Ongoing	Comic Relief, Concern, Save the Children (UK), CARE. * ECD Pilot Project Partnership Support	

	Name of Local NGO	Activities	Specific Projects + Time Frame	Funding	Location
28.	YWCA	Day care Centres alongside women's education programmes. Centres for children below age of 10 with cerebral palsy. They offer certificate training. AIDS sensitisation, education + counselling.	Ongoing		Branches throughout Tanzania
* Partner organisations in current ECCD project: Early Childhood Care and Education: Foundation of Development, funded by Royal Netherlands Embassy, 2001 – 2004.					

5. TOWARDS IMPROVED ECCD SUPPORT IN TANZANIA

Clearly the over-arching and deeply rooted challenges women, families, communities and the nation are facing regarding investing in the best care and development of Tanzania's youngest children, is widespread poverty. However, whilst sectoral reforms and collaborative government/donor development strategies have highlighted the development of human resources as a fundamental poverty reduction strategy, to date, the challenge of the importance of investing in children's holistic development in the foundation years, is yet to be taken up. As international research indicates, the brief years of infancy and early childhood represent the most critical period for laying the foundations for human resource development, and the development of an active and creative workforce, which will be the key for breaking the ongoing cycle of poverty. Whilst Tanzania's National Programme of Action to achieve the CSPD goals in the 1990s, did provide a very constructive and far-reaching framework for integrated, multi-sectoral approaches to realizing these goals, achievements have been limited in the face of limited national resources.

Whilst the call for inter-sectoral collaboration and decentralization was a major challenge and uncertainty in the early 90's, a decade later, time has helped mature the concepts somewhat, and with that, a growing body of reforms, regulations and guidelines have emerged in support of what NPA was putting forward then. Therefore, whilst in reality, there is much frustration from some, regarding the seemingly minimal commitment, from government and donors alike, to young children's holistic development, today, the many pressing challenges are also steadily being balanced by emerging opportunities. It should be not forgotten however, that the foundation stones for developing ECCD in Tanzania lay in **existing** government vision, poverty eradication strategies and sectoral reform processes.. As outlined in this report, government has already indicated a number of key issues which recognise the importance of the early years in human capacity development and the key role of women, families, government and civil society in ensuring young children's optimal development and therefore the development of the nation. Such statements include;-

- *...children acquire from their mothers not only their first basic knowledge, but also their first feelings and perceptions about the family, the society and the immediate environment. The child can only learn from the amount and quality and knowledge that the mother has to*

*offer, which depends, amongst other things on her health, educational background sense of security and confidence, self-esteem, and economic independence.*¹¹⁶

- *Parents are jointly responsible for educating and caring for their offspring;*
- *Day care centres and crèches (should be) established so that women are released to pursue careers outside the home without making the family suffer.*¹¹⁷
- *public institutions, the private sector and other organisations (should be encouraged) to establish day care centres so as to allow women to participate fully in development issues.*¹¹⁸
- *The concept of Early Childhood Education and Care and pre-school education is still new in Tanzania despite the fact that pre-school education is vital to the moulding of the human resource at an early stage.*
- *The impact of pre-school education on primary education is positively advantageous.*
- *There is a need to develop a national (pre-school) guideline on the way these should be designed and run to be consistent with the needs and requirements of the subsequent levels of education.*¹¹⁹
- *(There is a need to) sensitise the society on the importance of pre-school education and institutionalise a support system for such education.*¹²⁰

Whilst attempts have been made in sectoral reform to pinpoint what should happen, the opportunities that exist are beginning to show themselves more and more at both the macro and micro levels.

4.2 CURRENT ECCD CHALLENGES & OPPORTUNITIES – STRENGTHS TO BUILD ON.

ISSUE	CHALLENGES	OPPORTUNITIES
1.	Sectoral Reforms and Collaborative ECCD Responsibilities Emerging.	
a.	ECCD issues have been divided between a number of ministries with little collaboration, resulting in conflicting regulations and guidelines, confusion at service delivery level, and some policies, regulations and guidelines which are not child and community friendly or mutually supportive to women.	1. ECCD related ministries are individually acknowledging that there is fragmentation and lack of co-ordination among ministries, NGOs and CBOs responsible for the provision of early childhood care and development programmes (MOEC, BEMP, 2001); Social Welfare Department has taken the lead in proposing the collaborative efforts between all ECCD stakeholders in the development of integrated, multi-sectoral ECCD policies, regulations and guidelines for children 0-7 years of age; the MCDWCA's revised Child Development Policy (2001) emphasises a child rights perspective in all development issues related to children, 1993; the Ministry of Health's revised Health Policy (1994), emphasises multi-sectoral collaboration in achieving the CSPD goals for children.
b.	Human resource development lies at the heart of poverty reduction strategies, and the future of the nation. To date there has been little collective focus on support to ensure that children not only survive, but thrive.	1. Tanzania has committed to 'learning begins at birth', and 'Education for All', and government has called for a partnership approaches between government, non-government organisations and communities in realising these goals. What is now needed is clear strategies and guidelines to 'springboard' these processes. 2. Given the policy contexts as indicated above, this is an opportune time for Tanzania to officially recognise that human resource development is built on the foundation of the early years, and therefore ECCD should be considered a fundamental cross-cutting issue to be addressed in all development planning. i.e. an ECCD focus to development, in partnership with a gender focus to development.

ISSUE	CHALLENGES	OPPORTUNITIES
2.	Absence of Reliable ECCD Data is Hindering Planning.	
a.	Reliable data on ECCD is limited, and it does not include initiatives by the private sector and non-government organisations who have taken the lead in this field, or documentation of existing community ECCD knowledge and practices.	<p>1. Both government and non-government stakeholders are highlighting this as a priority. The issue was shared most recently (April 2001), through discussions within the ECD Network forum and the World Bank IMPACT ECD database project. Key stakeholders were unanimous that an important priority is (a) collation of existing data and documentation, although limited, in such a way that is accessible and (b) an investment in capacity development in research and documentation in order to begin working towards an up-to-date and reliable database of ECCD information, to facilitate planning. Qualitative and quantitative electronic database resources already exist in Tanzania for the accessible storage of information.</p> <p>2. This is an opportunity to further develop existing structures for Community-Based Management Information Systems (CMIS), and to empower community resource people in child-focused community research.</p>
3.	Development of ECCD Strategies Based on Building on Community-Based Initiatives for Development.	
a.	Communities are not used to taking the lead in planning and taking the steps to realize their own community development and having their voices heard regarding increased access to services and basic facilities.	Investment in community capacity development is being highlighted in local government and sectoral reform processes, such as the current Primary Education Development Plan.
b.	ECCD issues are imbedded in the context of family and broader community development issues e.g. nutrition must be linked with agriculture; health and hygiene with water and sanitation etc.	Through inter-sectoral collaboration, opportunities exist for the development of improved ECCD support through a multiplicity of community development issues.
c.	<p>We need to find out more about what are the current cultures of childhood in Tanzania. Many children, who once felt secure in the safety net of the concept of community 'ownership' of children, are now slipping through the holes created by communities and a nation in political, social, economic and cultural transition.</p> <p>There is a growing concern about the appearance of 'imported' programmes for young children.</p>	<p>The Ministry of Education has indicated that, <i>'There is also insufficient linkage of provision to indigenous knowledge and practices of child rearing.'</i> (BEMP, 2001)</p> <p>Therefore, an important part of the commitment to research and documentation is a focus on learning more about existing knowledge and strengths re ECCD at community level that will inform the development of programmes that are sensitive to, and will build on the strengths of, Tanzanian communities and their cultures.</p>
4	Gender Development & Women's Empowerment are Key Issues in Improving ECCD	
a.	a. The low status of women is directly impacting on the worsening of the situation for infants and young children.	Through the new Gender Policy (2001) there is a growing focus on integrating a gender perspective into all development planning. The high demands on women's time and the minimal time they have for childcare must be emphasised in all ECCD advocacy, as very negatively impacting on women's productive roles and the development of their children, Tanzania's future human resources.

ISSUE	CHALLENGES	OPPORTUNITIES
b.	ECCD and women's empowerment are in separable issues.	Investment in women's empowerment and capacity development must be an integral part of supporting young children's care and education., and must be seen as a very significant poverty alleviation strategy, for this generation and the next.
c.	Gender equitable participation in childcare in many communities is negligible.	Build support for ECCD in the context of existing structures and achievements for women's empowerment and gender equity strategies.
5	<p>Family-Based Care of Infants and Children in a Society in Transition.</p> <p><i>Maybe the most common observation in all research areas is the lack of guidance and direction given to young children, especially at an early age Children are left to their own devices most of the time. This is compounded by the decline of the extended family, which means that alternative caretakers who contribute to bringing up the children are not, there. Then, when the children approach and reach adolescence the parents often wake up to undesirable characteristics in their children but it is too late because the character has already been formed.</i>¹²¹</p>	
a.	Tanzania is a society in transition, '...these days children belong to individuals and not to the whole community, and people talk of 'my' child and not 'our' child like they did before.' Community values are being replaced by individualistic values.	It has been suggested that, 'The question of parenting should be come the topic of major national debate at all levels, with an emphasis on the moral, emotional and intellectual aspects' ¹²²
b.	The impact of HIV/AIDS in many communities is devastating, resulting in an escalating number of orphans. Currently communities feel left on their own to deal with this issue. As yet, formal support is only organized for orphans of primary school age.	The increasing number of orphans and families and communities infected and affected by HIV/AIDS, together with policies which stress that communities have the first responsibility for taking care of orphans, magnify the urgent need that communities have for support in realising their solutions to community-based care and education for their young children. Families and communities in poverty cannot be left on their own to face these escalating problems.
c.	<p>There is a high demand for childcare support because:-</p> <ul style="list-style-type: none"> • Tanzania is losing the traditional care, protection and support structures families and communities have relied on for the nurturing of their children; • Women's workload has intensified and men's share in the responsibility of family support has decreased; • Many women feel that when their infant starts walking (9mth – 1 year), this marks the end of close mother/child interaction. At this stage some communities would like to develop informal community organization in grouping their youngest children together for day care. • Increasing social issues are causing family breakdown; 	<p>Tanzania's NPA (1993) already argues the case that, <i>Research has clearly demonstrated that organized childcare promotes cognitive development while also facilitating the physical development of the child. This is manifested in significantly higher levels of performance in primary schools.</i>p.57</p> <p>It is possible that the use of the word 'organized' has been taken to mean 'formalized', and therefore the realization of childcare provision has been limited, especially in rural areas. There is a real opportunity, in the context of the challenges from different Ministries for inter-sectoral collaboration, to also open up the proposals set forward in the Education Training Policy (1995) for 'partnership approaches' between government, non-government and the private sector in the establishment of formal and informal models of community-based care and education, which are '.. low cost systems which communities can implement'. (NPA, p.56)</p> <p>It may be also a valuable at this point in time for the formal sector to officially acknowledge its limitations and constraints, and to pave the way for more non-government ECCD partners to participate. Such proposals need clarifying, guidelines developed and clear strategies should be set forward for facilitating more government and non-government partnerships.</p>

ISSUE	CHALLENGES	OPPORTUNITIES
6.	Day Care, Pre-school Service Provision	
a.	Guidelines and regulations for service provision are not clear to service providers, and where they exist, seem not appropriate to holistic ECD.	An obvious outcome of integrated, multi-sectoral ECCD policies will be new guidelines that will clarify roles and responsibilities of all stakeholders; and agreed minimum standards regarding service provision within the context of low-cost community-based programmes, including children's health, nutrition, safety, stimulation, flexibility of program hours to match parent needs, age range of children etc,
b.	Community management of care programmes has been stipulated by Social Welfare but is often not realized.	Community ownership and management of their own development is being highlighted by all sectoral reforms. Community management capacity building will facilitate these processes.
c.	<p>Who should bare the cost of childcare provision and access to services?</p> <p>Existing Services provide for a small minority of children (approximately only 3% of children in the 3 – 6 age range), and exclude the most vulnerable children because without subsidies parents must pay. While the system of cost sharing has already negatively impacted on CSPD through the health and education sectors, in most cases, the full costs of day care and pre-school provision rest with parents.</p>	<p>Cost sharing for basic social services has marginalized the poor even more, in the areas of health and education services. There is ample opportunity to learn from past experiences and for all ECCD stakeholders to acknowledge that the issue of subsidizing early childhood care and education must be addressed if poverty alleviation and wide-scale human resource development is to be achieved. Experiences can be drawn from other African nations, which contribute very positive outcomes from alternative approaches to funding ECCD interventions, e.g. community trust funds, etc.</p> <p>In many cases, communities are willing to contribute, but they find it difficult to sustain programs, on their own, overtime. Although it must be noted that government commitments for pre-primary provision are not yet met, but still some school communities are managing to keep informal programs going. Some communities, in Mtwara Rural, have built on the strengths of recent School Committee management training, and have willingly included informal early childhood services in their management structures. School committee training is a key component of the current Primary Education Development Plan.</p>
d.	Most vulnerable children (those whose families are trapped in poverty, those with disabilities, those who are abused, orphans) are consistently being denied access to adequate care, health, nutrition, stimulation and education.	Through the formalisation of partnership approaches between government, non-government and community stakeholders, low cost, but innovative strategies for supporting these children's development must be found. For example, one existing program designed to support street children in Dar es Sakam is being challenged to meet the demands for child care of working mothers from a nearby squatter area, who are selling food items on the streets. These 3 - 5 year old children are much younger than other who access this drop-in centre.

ISSUE	CHALLENGES	OPPORTUNITIES
e.	<p>Very limited provision for training for pre-school / pre-primary teachers and Day Care Attendants (DACE) Therefore high percentage of untrained staff and poor quality programmes.</p>	<p>The Ministry of Education and Culture recognize that, <i>The Department of Teacher Education is given the responsibility of training teachers but there is little harmonization and coordination in the training of teachers among the stakeholders. (BEMP, 2000, p.12)</i></p> <p>The Department of Social Welfare has recently expressed an interest to work collaboratively with other government and non-government stakeholders in the development of integrated early childhood care an education training curriculum and guidelines.</p> <p>Parents in rural areas are calling of training opportunities to be community-based. MOEC is supporting this approach through a focus on ongoing teacher in service training being based at ward level Teacher Resource Centres. This model has excellent possibilities for capacity development in early childhood care and education.</p>
f.	<p>Nutritional Status of children a top priority.</p> <p>The official age for starting Standard 1 primary school is 7, but as one Head Teacher in Mtwara Rural pointed out, wide spread stuntedness in their community means that they have an age range in Standard 1 from 7 –13 years.</p> <p><i>Until we had a pre-primary class we couldn't accept some children at school because they were just too small.</i> Head Teacher</p>	<p>A UNICEF report on the girl child in Tanzania points out that <i>'... it is not enough just to decree that all children should be sent to school at the age of seven, unless there is also a concerted campaign to improve the nutritional status of children from an early age.'</i></p> <p>This challenge must be taken up by the inclusion of children's nutrition (and health services) as an integral part of all community childcare programs, informal and formal.</p>
g.	<p>Lack of Teaching / Learning Guidelines and Resources.</p>	<p>The Tanzania Institute of Education has recently published a revised pre -primary syllabus and has asked for NGO participation in piloting it at community level and to work together on developing community appropriate guidelines and teaching and learning materials to support it. (Save the Children (UK) & TIE)</p> <p>Within the current Primary Education Development Plan, a total collaborative review of curriculum and methodology is planned. This is an excellent opportunity to include a revision of existing pre -primary programme, so as to ensure links with new primary curriculum developments. There is ECCD representation on the Technical Working Groups involved in these processes.</p> <p>Department of Social Welfare has proposed the collaborative, multi-sectoral review of all early childhood training curriculum and guidelines so that continuity is assured and service providers are all working towards children's holistic development, for ages 2 – 6 years.</p> <p>The Tanzania Institute of Education is prioritising the development of low cost teaching and learning resources from local materials. These skills should be an integral</p>

		part of all training initiatives and be based on community research.
h.	In urban areas, parents are demanding English medium programmes with a very rigid 3Rs approach to working with young children	Parents should be involved in discussions of who or what defines quality ECCD programmes, and have access to parenting education programmes.
ISSUE	CHALLENGES	OPPORTUNITIES
7.	Pre-Primary Provision	
a.	<p>Government commitments (1995) for pre-primary provision have not been met, (teacher deployment and training, facilities, teaching and learning guidelines and resources).</p> <p>The responsibility for provision of pre-primary programmes rests with communities, many of whom are already 'locked' into problems of limited access to social service provision due to cost-sharing measures.</p> <p>Where programmes do exist, programmes reflect 'mini primary school' programme content and approaches. There are urgent questions that need to be addressed, such as, 'What is the impact of young children's development of being forced into abstract rote learning at an early age?' 'Will such approaches hinder or support Tanzania's vision for 2025 for creative innovative human resources?'</p>	<p>Government, non-government and community stakeholders must address strategies for flexible approaches achieving the goal for the formalisation of pre-primary school. For example, it has been suggested that</p> <p><i>The Ministry of Education Culture should drop its emphasis on Grade A teachers to staff centres but should rather concentrate on preparing day care attendants, maybe in collaboration with Folk Development Colleges.¹²³</i></p> <p>Teacher shortages are counterbalanced by an eagerness of some communities to nominate community members to work in care and education programmes with their children. However, this blending of formal and informal approaches requires flexibility from local authorities. It was noted that in programs where the community themselves had nominated their teacher / DCAs for their children, there is a strong sense of pride in their work and a very important sense of being valued by the community.</p> <p>Through informal approaches, there is an opportunity to integrate pre-primary initially with the day care issue, as this meets mutual needs of women and children. Although the issue of covering costs of day care have to be addressed from within the community, there may be a stronger readiness for this as mutual needs are being met. Much can be learned by all stakeholders through the piloting of such approaches.</p> <p>This field research suggests that parents in rural areas value children's play as an important and necessary part of their development, however, programmes for young children in rural and urban areas show little emphasis on play. There is a very important opportunity here for in-depth research on children's play as the foundation for programme development.</p>
8.	Access to Primary is Facilitated via Pre-school Participation – But at Whose Cost?	
a.	Where informal sector pre-school programs exist, priority for Standard 1 entrance is given to those children who have attended pre-school, and so once again the children of poor families are marginalized once again.	<p>Opportunities for innovative approaches for ensuring vulnerable children access to care and education services, lay in advocating for the formalising government, non-government and private sector partnerships in ECCD service provision.</p> <p>The impact of pre-school enrolment enhancing school enrolment needs further research.</p>

9.	ECCD Advocacy & Sensitisation Required at All Levels.	
a.	<p>Limited concrete awareness, at all levels, of the critical importance of the early years in human resource development and poverty alleviation.</p> <p>With 46% of women beginning childbearing before the age of 18¹²⁴, youth (both male and female) should be also prioritised in ECCD sensitisation and education.</p>	<p>The Poverty Reduction Strategy Paper emphasizes CSPD, and human resource development as key factors contributing to poverty alleviation.</p> <p>There is a need for advocacy and sensitisation with government and donors regarding the ‘eight is too late’ principle, which indicates the critical importance of young children’s good health and nutrition coupled with stimulation and interaction, to ensure early brain development and thereby success in later schooling, resulting in far-reaching social and economic benefits from investing in early years human resource development.</p> <p>National and District radio stations and popular theatre are existing channels for popularising ECCD issues nation-wide.</p> <p>There is a prime opportunity to link such programmes with the Information Education Communication (IEC) programmes being currently developed for national mobilization of the new Primary Education Development Plan.</p>

6. CONCLUSION

Tanzania’s Development Vision 2025, has highlighted human resource and gender development as keys to opening the locks that hold individuals, families and the nation in an ongoing cycle of poverty. Today’s infants and young children will be the young adults of 2025. However, as has been seen, the infant and or young child of Tanzania today is worse off than her relative, ten years ago. She runs a higher risk of dying of very preventable diseases, and if she survives, it is highly likely that her development will be hindered by poor nutrition, lack of access to health services, and limited stimulation and emotional support because her mother has to bear the full responsibility of providing for her family. If she is lucky enough to survive, and gains access to primary school at the age of seven, her full potential may never be known because there were no support structures to help her mother, her family, her community ensure her optimal development in the critical early years. As an infant of today, how can she be best supported to survive and flourish?

To date, Tanzania’s limited resources have meant that investment priorities have had to be made. While the social service sectors are being targeted as key areas for development investment, still the sole responsibility for nurturing the holistic development of Tanzania’s infants and youngest children is being left to the women – those members of society who have the heaviest workloads, and the least time to invest.

Whilst Tanzania’s greatest development challenge is widespread poverty, her greatest hope lies in supporting infants and young children and the women that try to nurture them. For a low risk investment in human resources, there is no choice but to start with the infant when she is just a

seed of new life, full of boundless potential. In Tanzania, her hope lies first with her mother. As a woman her mother's contribution to society is high. She gives birth to the next generation, she represents the majority of the economically active population in rural areas, and she contributes highly to the economy that is still very much dependent on labour intensive agriculture. But in comparison, the support she receives is minimal. Her status in society is low, her level of education is lower than that of men, her income is poor, she suffers from poor health and nutrition because her workload is heavy, and she has to pay costs for poor health services. She is head of approximately 13% of households, but she has limited access to land, and she has minimal representation in her local government.

Yet, in the majority of cases, she has the sole responsibility for nurturing her children, Tanzania's human resources, in their critical years of development during infancy and early childhood.

She is **not** asking to be relinquished of her responsibility for her children or Tanzania's future; but she **is** asking to be supported in developing her own capacity and raising her children in the context of her family and community so that they realise their full potential and that Tanzania benefits from their contributions to society in the future.

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Field Research District Profiles:

1. Temeke District

Temeke District is located in the south of Dar es Salaam region. Although it is a part of Dar es Salaam city it also includes peri-urban and rural areas, with levels of family poverty and poor infrastructure, similar to very remote parts of Tanzania. Temeke District includes an area of 656 square kilometres. Temeke's coastal location with temperature ranges between 25C - 35C, and an average annual rainfall of 800mm – 1200mm, impacts on the life-styles of the people.

As Temeke is one and the same time a district of Dar es Salaam city and incorporating outlying rural areas, the economy of the district is equally varied, ranging from small-scale fishing and subsistence agriculture to petty businesses and trading, to some large industries and service industries such as the port of Dar es Salaam.

The population of the District in 2001 is estimated at 1,103,495 people, approximately one-third of Dar es Salaam's total population, with a growth rate of 8%. The District has 24 administrative Wards, incorporating urban communities and 15 rural villages.

During this field research, a more intensive family-based care study was carried out in Kigamboni, a semi-urban / rural ward with Temeke District.

2. Moshi Rural

Moshi Rural District is located on the north east border of Tanzania with Kenya, and includes both the slopes of Mt. Kilimanjaro as well as surrounding lowlands. The climate and rainfall of the district is strongly influenced by the mountain, with an average annual rainfall of 700mm – 2000mm per annum and temperatures ranging from 15°C – 25°C.

The estimated population of Moshi Rural in 2000 was 430,276, with the majority engaged in mainly subsistence agriculture & livestock keeping. Moshi Rural District is a coffee cultivation area, but this industry has not been flourishing in recent years and the impact on these communities can be clearly seen.

The District includes an area of 1713 square kilometres, with 150 villages and 27 administrative Wards; 191 Primary schools; 4 Hospitals; 4 Rural Health Centres; 85 Dispensaries.

3. Songea Rural & Urban

Songea Rural and Urban Districts are a part of Ruvuma region, bordering with Mozambique in the south, and Lake Nyasa and Malawi in the west. on Tanzania's southern central borders.

Songea Urban District represents the area around Songea town, whilst Songea Rural incorporates an area of 33825 square kilometres, with an estimated population of 330,576, in 116 Villages and 22 administrative Wards.

The Songea area has an average annual rainfall between 800mm – 1800mm per annum, and temperatures ranging from 13C – 30C. The District economies in rural areas depend on subsistence crop cultivation & shifting cultivation, with maize, beans, and sweet potatoes being the main crops; as well as some cattle as livestock keeping.

Songea Rural has a total of 147 Primary schools, 6 Hospitals, 6 Rural Health Centres, 45 Dispensaries. Provision of social services in Songea districts has been supported by a long history of mission involvement.

Tanzania: Regional Variation in Poverty, 1999

Box 3. Tanzania: Regional Variation in Poverty, 1999			
Indicator	Least deprived region	Most deprived region	Most deprived regions
Per capita DGP in 1997 (Tanzanian shillings)	371,811 US\$608)	95,623 (US\$156)	Kilimanjaro, Dodoma, Kigoma, Kagera.
Literacy rate (percent) 1/	96.4	68.1	Shinyanga, Arusha, Singida, Kigoma.
Gross primary school enrolment rate (per cent)	100	63.0	Kagera, Kigoma, Rukwa, Tabora, Dodoma
Boys	99	65.0	Tabora, Dodoma, Kagera, Kigoma, Rukwa
Girls	100	60.0	Tabora, Dodoma, Kagera, Kigoma, Rukwa
Life expectancy (years)	59	45	Dodoma, Morogoro, Mtwara, Kagera, Rukwa, Iringa
Men	57	44	Dodoma, Morogoro, Mtwara, Kagera, Rukwa, Iringa
Women	62	45	Dodoma, Morogoro, Mtwara, Kagera, Rukwa, Iringa
Infant Mortality (per 1000)	52	130	Dodoma, Lindi, Kagera, Mtwara
Under-five mortality (per 1000)	78	220	Dodoma, Lindi, Kagera, Mtwara
Low birth weight (percent)	4.7	15.6	Mara, Ruvuma, Mwanza, Morogoro
Severe malnutrition (per cent)	2.7	14.7	Iringa, Lindi, Kagera, Singida
Food security (cereal equivalent) 2/	590	177	Coast, Dodoma, Morogoro, Tanga
1/ For women the most deprived regions were Shinyanga, Tabora, Coast and Kigoma			
2/ Availability of cereal equivalent levels (in kilograms) during 1992-96			

Source: Government of Tanzania (2000). Poverty Reduction Strategy Paper., p. 12-13

EARLY CHILDHOOD EDUCATION IN THE CONTEXT OF EDUCATION SECTOR REFORMS.

1. Education and Training Policy (ETP) 1995, Ministry of Education and Culture.
2. Education Sector Development Program (ESDP) 1999, First Phase - 1999 – 2004
3. BASIC EDUCATION MASTER PLAN (BEMP) 2nd Draft, Revised Edition. February 2001. Medium Term Strategic and Programme Framework 2001 – 2005.

1. EDUCATION AND TRAINING POLICY (ETP) 1995, MINISTRY OF EDUCATION AND CULTURE.

Extracts.

1.0 AIMS AND OBJECTIVES OF EDUCATION AND TRAINING

1.2.1 Pre-primary Education

Infants and young children (0-6years) are cared for and receive initial education both at home and in the few existing day-care centres, kindergartens, nursery and other pre-schools located mostly in urban areas. While taking cognisance of the fact that pre-school education is very important, it does not appear economically feasible to formalize and systematize the entire pre-school education for this age group.

Government, however, recognizes that the early years of life are critical for the development of a child's mental and other potentials and, in particular, its personality development and formation. Infants and young children are normally very active, learn by imitation, emulation and are ever eager to try out things and in so doing constantly discover their environment,

Government, therefore, considers that with the involvement and cooperation of parents, local communities and non-government agencies, possibilities abound for the systematisation and formalization of pre-primary education for the 5 – 6 year old children. However, both pre-school centres and pre-primary schools will be used, among other functions, to identify children with special learning abilities or difficulties and take appropriate measures.

The aims and objectives of pre-primary education are: -

- To encourage and promote the overall personality development of the child, that is, his or her physical, mental, moral and social characteristics and capabilities;
- To identify children with abnormal patterns of development or educational potentials and devise special programmes for them;
- To mould the character of the child and enable him/her to acquire acceptable norms of social conduct and behaviour;

- To help the child acquire, appreciate, respect and develop pride in family, his or her cultural backgrounds, moral values, customs and traditions as well as national ethics, identity and pride;
- To provide the child with opportunities to acquire and develop communication, numerical and manipulative skills;
- To prepare the child for primary school education

2.0 SYSTEM AND STRUCTURE OF EDUCATION AND TRAINING

2.3 Formal Education and Training System

2.3.1 The structure of the Formal Education and training System shall be 2 -7 - 4 - 2 - 3+ (that is, 2 years of pre-primary education, 7 years of primary education, 4 years of secondary Ordinary Level, 2 years of Secondary Advanced Level and a minimum of three years university education.)

Pre-Primary Education

While taking cognisance of the importance of pre-school education (0 –6 years), it would not be economically feasible to formalize and systematize the entire education spectrum of this age group. The nursery, day care centres, kindergarten, etc. for ages 0 – 4 will continue to be not part of the formal education and training system. However, possibilities abound for the systematisation and formalization of pre-primary education for children of ages 5 – 6 years. The pre-primary school cycle will last for two years with no examinations for promotion purposes. Therefore, in order to broaden the provision of education and to systematize pre-primary education:

2.3.2 Government shall promote pre-school education for children aged 0 – 6 years. This education shall ensure maintenance of our cultural values.

2.3.3 Pre-primary school education for children aged between 5 and 6 years shall be formalized and integrated in the Formal School System.

Primary Education

2.3.4 Primary education shall continue to be of seven years duration and compulsory in enrolment and attendance.

3.0 ACCESS AND EQUITY IN EDUCATION AND TRAINING

3.2.1 Government shall guarantee access to pre-primary and primary education, and adult literacy to all citizens as a basic right.

3.2.2 Government shall promote and ensure equitable distribution of education institutions.

- 3.2.3 Government shall promote and facilitate access to education to disadvantaged social and cultural groups.
- 3.2.16 Government shall ensure that adequate resources are made available and provided to enhance access and equity in education
- 3.2.17 Government shall promote school and college feeding and health programmes.

5.0 FORMAL EDUCATION AND TRAINING

5.2 Pre-primary Education

Formalization of Pre-Primary Education.

The non-formalization of pre-primary education in Tanzania has, apart from denying children opportunities to prepare for primary education, resulted in adverse effects on the delivery, quality, effectiveness and efficiency of education in general. However, the government sees the need for a policy on pre-primary education, which has hitherto been lacking. Therefore:

- 5.2.1 Pre-primary school education for children of ages 5 to 6 shall be formalized and promoted in the Formal Education System.

Establishment of Pre-Primary Schools

The Ministry of education culture, together with other ministries, public and private institutions, will handle pre-school education of children between 0 – 6 years. Currently, there are only 175 centres. Total enrolment is not documented, as the administration of these centres is not effectively co-ordinated. As we enter the 21st Century, “Education for All” will entail expansionary measure to meet pre-school and primary enrolments. This expansion will have to be undertaken while at the same time ensuring that quality is maintained. Both quantitative and qualitative considerations will demand a lot of inputs and resources, which the Government alone cannot shoulder without appreciable support and contribution from parents and NGOs interested in offering pre-school education. Therefore:

- 5.2.2 Government shall promote, give incentives and liberalize the establishment and management of pre-primary schools.

Medium of Instruction

- 5.2.3 The medium of instruction in pre-primary schools will be Kiswahili, and English will be a compulsory subject.

Pre-Primary School Teachers

The lack of a clear policy on pre-school education has also resulted, among others, in having pre-primary schools, which have both trained and untrained teachers, with the latter being the majority. A few of the trained teachers have Grade C, B or A Certificates, while the majority have a three to six months training in centres run by non-government organizations. Given the government intention to formalize pre-primary education, efficient delivery of this education will require qualified and competent teachers to ensure quality. The supply of these teachers will have to be matched appropriately with the demands necessitated by liberalization and expansion measures for pre-primary enrolments. To this extent:

- 5.2.4 Government shall facilitate proper training, availability and development of a competent cadre of teachers for pre-primary schools.

5.3 Primary Education

Primary school education consists of 7 years of basic education after pre-primary. This education is universal and compulsory to all school age going children. The primary school cycle being with Standard One entry, and ends with Standard Seven in the final year.

- 5.3.1 Primary education shall be universal and compulsory to all children from the age of 7 years until they complete the cycle of education.
- 5.3.2 Government shall set and establish standard infrastructure and facilities for primary schools such as desks, educational equipment, libraries, and instructional materials necessary for effective delivery of and acquisition of good quality education. (pre-primary is not mentioned)
- 5.3.5 Owners of pre-primary and primary schools shall be responsible for the provision of adequate instructional and school materials approved for use in schools.

6.0 SCHOOL CURRICULA, EXAMINATIONS AND CERTIFICATION

- 6.2.1 Tanzania Institute of Education (TIE), shall be responsible for pre-primary, primary, secondary and teacher education curriculum design, development, dissemination, monitoring and evaluation.

Pre-Primary Education Curriculum

At pre-primary education level, there have been a number of agencies developing curriculum for their own schools without central coordination. If this practice is allowed to continue, it will be difficult to ascertain curriculum balance, continuity, and maintenance of national standards and achievement of the objectives of pre-primary education. It is therefore necessary to have central coordination and control in content

selections, organization, implementation and monitoring of the pre-primary education curriculum. In order to realize this objective:

- 6.2.8 The Tanzanian Institute of Education shall design, and develop national curriculum guidelines for pre-primary education.

Primary Education Curriculum

- 6.2.9 The Tanzania Institute of Education shall design, develop, monitor, review, and update the primary school curriculum.

Teacher Education Curriculum

- 6.2.12 Teacher education curricula for all certificate and diploma level courses shall be designed, developed, monitored and evaluated by the Tanzania Institute of education.

10.0 FINANCING EDUCATION AND TRAINING

- 10.1 Financing of educational training shall be shared between Government, communities, parents and end-users.
- 10.2 Government shall provide incentives to individuals, communities and NGOs to establish and develop pre-primary, primary, secondary, vocational, teacher education, tertiary and higher education and training institutions.
- 10.4 Government shall give incentives to local design, production, procurement and distribution of education equipment and materials.

2. EDUCATION SECTOR DEVELOPMENT PROGRAM (ESDP) 1999 FIRST PHASE - 1999 – 2004

The planned objective of ESDP is to ensure equitable access to pre-primary schooling, by district and gender, reaching an enrolment of 1,000,000 by 2004, to be realized through:

- School mapping to obtain reliable and valid data on the needs of the pre-primary sector;
- Improving the quality of pre-primary school teachers, using Community Resource Centres / TRCs, and that of private training institutions, in participatory and practical child-centered methodologies;
- Supporting the development and production of pre-school curriculum;
- Introducing a sustainable teaching material supplies program through continued market liberalization, textbook quality assurance mechanisms, and additional cost recovery systems;
- Supporting the construction and rehabilitation of pre-school classrooms;

- Expanding locally-based co-ordinational hours, through strict supervision of teaching and learning processes;
- Promoting and offering incentives and liberalizing the establishment and management of pre-schools;
- Introducing innovative strategies to secure the participation in providing for children from disadvantaged areas and groups through public sensitisation programs, complementary school and incentive schemes;
- Securing optimum use of existing classrooms through increased enrolments and multi-shift teaching for pre-school pupils of ages 5 – 6 years. ¹²⁵

3. BASIC EDUCATION MASTER PLAN (BEMP) 2nd Draft, Revised Edition., February 2001. Medium Term Strategic and Programme Framework 2001 – 2005

BEMP emphasizes:-

- Access, equity, quality, management and financing of pre-primary, primary and adult literacy.
- Promoting concept of child-friendly school.

With reference to the ‘Education for All’ targets, the BEMP outlines that Tanzania is committed to implementing this international agreement on six development targets for education, the first of which is, ‘...Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.’ P.1.

Pre Primary Education

2.6 Early Childhood Education Care and Development (ECCD) constitutes a distinct age cohort 0 – 4 and is co-coordinated by the Ministry of Labour, Youth – Social Welfare Department, based on the Act regulating the establishment of Day Care Centres (1981). Pre-primary education is intended for the age cohort 5 –6 years, and prepares children for pre-primary education.

2.7. The ETP directs that Pre-primary education is to be integrate into the formal education system. However, its development is a shared responsibility of MOEC, MRALG, Non Government Organizations (NGOs), Communities and the private sector. The MOEC trains teachers, provides necessary policy framework and encourages private sector ownership and management of pre-schools.

Promotion and development of pre-primary education is hampered by the following problems:

- For many poor rural parents, pre-primary education is considered an unnecessary preparatory burden. It is therefore benefiting a small proportion of children form financially better-off urban and rural families.

- The Education and Training Policy (1995) recognizes the importance of pre-primary education and considers that, with the involvement and cooperation of parents, local communities and non-governmental agencies, possibilities abound for the systematisation and finally formalization of pre-primary education. The success of this model of development will depend on the willingness and economic capacity for the communities concerned. However there is an inherent risk in depending on the efforts of communities alone.
- There is fragmentation and lack of co-ordination among the ministries, NGOs and CBOs responsible for the provision of early childhood care and development and pre-primary education. There is no reliable statistical data and information available for planning purposes. Information and data available does not often reflect on non-government provision. There is also insufficient linkage of provision to indigenous knowledge and practices of child rearing. P. 12
- The ETP requires the establishment of pre-primary school units attached to all primary schools. The Department of Teacher Education is given the responsibility of training teachers but there is little harmonization and coordination in the training of teachers among the stakeholders. P. 13
- Because of the limited commitment and priority, pre-primary facilities are often under-resourced in terms of infrastructure, teaching and learning materials, play-grounds, etc. The teaching /learning and play materials are often not adapted to local conditions and culture.

In Tanzania, formal institutions play only a minor role in the provision of pre-primary education. P. 13

Proposal Presented to UNESCO by the Ministry of Labour, Youth Development and Sports – Social Welfare Department, 17th April 2001.

RE: **Expression of interest in UNESCO Early Childhood and Family Education Programmes for 2002 - 2003.**

We are writing to inform you of our particular interest in your proposed activities in Supporting Macro ECCE Policy Development.

Project 1.1: Ministerial auspices and financing for ECCE: Action Plan Development.

Project 1.2: Developing operational guidelines for early childhood Indicators

In particular, through ongoing discussions with other government partners, NGOs and the private sector, we see a critical need for focusing attention on the

Project: The development of integrated, multi-sectoral ECCE national policy in Tanzania.

1. THE CONTEXT IN TANZANIA.

- There is no coordination, networking and linkages between ministries responsible for ECCE issues.
- There are no clearly defined structures for the roles, responsibilities, management and implementation of ECCE services from village, district to national level.
- There are no clearly defined objectives and roles for the activities already being operated, e.g. nursery schools, day care centers, pre-schools and kindergartens.
- To date, low government priority on ECCE programmes/activities and therefore little or sometimes no funds allocated to the national fiscal budget for ECCE.
- Early childhood care and education service provision is generally left to the private sector and NGOs, with minimal co-ordination or guidelines from government.
- Private sector service provision favors the minority of children of urban middle-to-higher income level families, leaving the majority of urban and rural poor, with no access to ECCE services or family support.
- Community governance and participation is missing even where the ECCE programmes are already in existence.
- Family education in ECCE issues has been limited to date on health and nutrition issues. However, current statistics show that malnutrition and infant and child mortality has increased over the past decade; and the impact of HIV/Aids is yet to be addressed in large-scale family education programmes.
- High public demand for a national policy of ECCE.

2. DEVELOPMENT OBJECTIVE

- Raise awareness of ECCE as a key issue in poverty alleviation and education for all.
- Develop a national, multi-sectoral policy for integrated ECCE.

3. IMMEDIATE OBJECTIVE

- Produce a situational analysis of ECCE in Tanzania from the perspective of all stakeholders, including integrated policy recommendations based on building on community strengths.
- Drafting of integrated, multi-sectoral policy guidelines.
- Develop a national strategic plan for integrated ECCE policy implementation, which will clarify the roles and responsibilities of all stakeholders, including donors.

4. OUTPUT

- Integrated, multi-sectoral national policy for ECCE in place that reflects community involvement, and shared roles and responsibilities of all stakeholders.
- Policy guidelines in place.
- Co-ordinating body of integrated ECCE issues in place.
- Strategic Plan in place.
- Funding mechanism for ECCE issues is articulated.

5. ACTIVITY

- Appointment of Project Co-ordinating Team and Technical Assistance where required.
- Capacity-development of central and local government, NGO and community personnel for carrying out situational analysis on ECCE issues.
- Carry out situational analysis and reporting.
- Based on recommendations, preparation of writing the ECCE national policy.
- Workshops for drafting policies, policy guidelines and strategic plans.
- Distribution of drafts to all levels, for comments.
- Writing final drafts for ratification.
- Printing and distribution of final drafts for use.

6. BENEFICIARY

- Children
- Parents
- Policy makers.
- Service providers
- Social welfare officers.
- Central and Local government personnel

7. BUDGET

	Name of Centre	Service Provider	Began	Number of Children.			Fees	Age Range	Hours	Food Provision
				B.	G.	Total				
1	ATAWABU	Women's Group	1998			15	2,000/= Per month	3 - 7	3 Hours	Boiled cassava & Tea, soft porridge
2	BUTTERFLY	Women group (Good Hope)				25	3,000/= Per month	3 - 7	3 Hours	Soft porridge with G-nut flour & sugar
3	RC YOMBO	Roman Catholic	1990			40	2,000/= Per month	3 - 7	3 Hours	Soft porridge & sugar.
4	KOMBORA	Women group	1996			45	1,000/= Per month	3 - 7	3 Hours	-Nil-
5	RC MBAGALA ZAKHEM	Catholic	1985			198	28,000/= Per year.	2 ½- 6	3.5 Hours	Soft porridge + milk & sugar
6	MODERN	Private	2000	16	42	58	1,000/= Per month	3 - 8	3 Hours	Soft porridge & sugar (Mon & Friday Only)
7	KILAKALA PRE-PRIMARY	MOEC (Govt)	1995	53	60	113	1,000/= Per month Plus 20/- per day for a cup of food.	5 - 6	3 Hours	Soft porridge with rice & Coconut juice
8	SALVATION ARMY	Salvation Army Church.	1993			140	20,000/= Per 3 months	2 ½- 6	9 Hours	Soft porridge & Milk <u>Lunch:</u> Stiff porridge or rice with meat, veges. & beans
9	MAM NURSERY SCHOOL	Private	1997			67	85,000/= Per year	2 ½- 7	5 Hours	Tea & Bread <u>Lunch:</u> Rice & Beans
10	GEZAULOLE PRE-PRIMARY	MOEC	1992	29	17	46	No fees.	4 - 7	3 Hours	-Nil-
11	ULOA DAY CARE	Private	1997				5,000/= Per month	2 ½-6	3 Hours	Parent's req. to prepare drinks & bites.
12	RC CHANG'OMBE	Roman Catholic	1980	41	59	100	40,000/= Per year	3 - 6	3.5 Hours	Soft porridge with milk & sugar.
13	GARDEN	MOEC (Govt)					1,000/= Per month	5 - 6	3 Hours	Soft porridge with rice & coconut juice
14	YCIC	YCIC (NGO)				700	No Fees.	2 ½- 12		-Nil-
15	SUDI NURSERY SCHOOL	Private				30	1,000/= Per month	3 - 6	3 Hours	Soft porridge with Margarine& sugar
16	JOY NURSERY SCHOOL	Private	1998	13	16	29	2,000/= Per month	3 - 7	3 Hours	-Nil-
17	TTC CHANG'OMBE	MOEC (Govt)		69	69	138	33,400/= Per year	5 - 6	3 Hours	Soft porridge with Milk& sugar. Soya beans flour added in 3 days of a week.
18	WAILES NURSERY SCHOOL	MOEC (Govt)					1,000/= Per month	5 - 6	3 Hours	Soft porridge with rice & coconut juice.

Tanzania's ECDVU Country Proposal

ECDVU PROPOSAL FORM FOR COUNTRY PARTICIPATION

Please complete this form and email to: ecdvu@uvic.ca with a cc: to apence@uvic.ca .
If you cannot e-mail this form, please fax to: (250)721-8977 (in Canada). Thank you.

Date:	1 st September 2000
Contact Name :	Chanel Croker
Organization submitting this proposal:	AMANI ECCD (On behalf of ECDVU Planning Committee)
Country:	TANZANIA

Part 1: ECD in your country

#1 Please identify in **point form** the major ECD-related organizations in your country

N.B. Those organizations indicated with * have been involved in drafting this proposal.

Organization	Role/Activities
<p>* Ministry of Education and Culture</p> <ul style="list-style-type: none"> - * Primary Education + Inspectorate - * Tanzanian Institute of Education - Teacher Education 	<ul style="list-style-type: none"> ▪ Policy formulators and supervisory role. Education and Training Policy (1995) advocates for pre-school education 0-6; aims to formalize pre-primary education 5-6. ▪ Curriculum development + co-ordination for both teachers and teacher trainers. ▪ Pre-primary teacher training – ranging from 2 month to 1 year programs.
<p>* Ministry of Labor and Youth Development - Department of Social Welfare</p>	<ul style="list-style-type: none"> ▪ Formulates policies and set standards guidelines for Day Care Centres and their staff which serve children 0 – 6. ▪ Developed Day Care Centre policies which were officially enacted in 1981. ▪ Responsible for Day Care Attendant curriculum and supervising NGO training of Attendants. ▪ Responsible for care for orphans, and fostering and adoption regulations.
<p>* Ministry of Community Development, Women’s Affairs and Children</p>	<ul style="list-style-type: none"> ▪ ‘responsibility for organizing and mobilizing support for the well-being and development of women, children and the communities in which they live’ ▪ Facilitating the development of a multi-sectoral Child Development Policy .
<p>Ministry of Health</p>	<ul style="list-style-type: none"> ▪ responsible for health services, provision of rural sanitation and development of policies and strategies; Child and Reproductive Health; School Health Program
<p>Ministry of Regional Administration and Local Government</p>	<ul style="list-style-type: none"> ▪ Responsible for multi-sectoral policy and program implementation at Regional, District, Ward levels.
<p>The Ministry of Water</p>	<ul style="list-style-type: none"> ▪ Formulates and implements programs for improved water supplies; urban sanitation; hygiene promotion.
<p>Ministry of Agriculture, Livestock Development and Cooperatives</p>	<ul style="list-style-type: none"> ▪ ‘Responsible for household food security; policies and strategies for food adequacy; cooperative institutions with special responsibilities for promoting the organization of primary producers into viable economic groupings.’

University of DSM	<ul style="list-style-type: none"> ▪ ECE component in Teacher Education Degree
* UNICEF	<ul style="list-style-type: none"> ▪ Advocacy and support of policy development from a children's rights perspective ▪ Supporting government initiatives in CSPD.
* Save the Children(UK)	<ul style="list-style-type: none"> ▪ Support to development of pre-primary education through basic education support in Mtwara Rural District. ▪ Developing comprehensive ECD programs as a major focus. ▪ Involved in advocacy at all levels based on practical on-the-ground experiences.
* PLAN International	<ul style="list-style-type: none"> ▪ Initiating ECD as a major focus of work in Tanzania, with a priority on community-based management of pre-school centers and community inspired programs for young children.
* Aga Khan Foundation	<ul style="list-style-type: none"> ▪ Zanzibar Madrasa Resource Centre – co-ordinating and supporting the development of community managed pre-schools through community ECD sensitisation, and technical support in community management capacity building, teacher training, and resource materials development.
* Montessori Training Centre, Ilala	<ul style="list-style-type: none"> ▪ Training of Child Care Attendants– two year full-time Certificate training course for Attendants working with children 3 – 6.
EMAWATA	<ul style="list-style-type: none"> ▪ The association of early Childhood Care, Development and Education, Tanzania – advocacy, consultancy and co-ordination of resources.
* AMANI ECCD	<ul style="list-style-type: none"> ▪ Advocating for integrated approaches to ECD provision which recognize, support and develop the role and cultural contexts of parents, families and communities in ECD. ▪ Networking, ▪ Consultancy.

#2 Briefly (100 words) describe in point form the most important ECD developments/events to take place in your country over the past 5 years.

Important ECD developments in Tanzania.

- Re drafting the Child Development Policy from a child's rights perspective, and that this process was facilitated through a multi-sectoral , inter-organizational approach.
- Ministry of Education – Education and Training Policy inclusion of MOEC's role of advocacy for pre-school education (0-6) and formalization and systemization of pre-primary education (5-6) as part of Basic Education.
 - Some in-service pre-primary teacher education.
 - Revision of pre-primary curriculum guidelines – although not inter-sectoral.
- Current education sector development plan recognizes the importance of early childhood education. Therefore, even though government resources are limited, NGOs and the private sector are encouraged to participate in ECD initiatives.
- Significant increase in private sector involvement in ECD service provision which is increasing community demand and providing examples for the sector.
- Increase in NGO participation in ECD which is encouraging greater clarity re these issues at both the sectoral and community levels.
- Significant mobilization on Children's Rights advocacy.

#3 Does your country currently have:

(a) A government policy re ECD?	Yes	No
<p>Yes, but current policies are disjointed and the current ECD related sector development plans for the next 10 years do not include specific policy guidelines for ECD.</p> <ul style="list-style-type: none"> - Day Care Centre Act (1981) for 3 – 6 year olds, Dept of Social Welfare - Education and Training Policy (1995), Ministry of Education Re pre-primary education for 5 – 6 year olds. - Child Development Policy for 0 – 18 year olds, redrafted 1999 through a multi-sectoral approach, including NGOs, coordinated by Ministry of Community Development, Women’s Affairs and Children. 	<p>✓</p> <p>?</p>	
(b) Post-secondary ECD training initiatives?	Yes	No
<ul style="list-style-type: none"> ▪ Government: - To date commitment to ECD is limited, therefore resources + capacity for provision for ECD training is very limited at government level. ▪ NGOs – 5 Montessori Training Centres, Aga Khan Foundation – Zanzibar; Moslem Training Centre, Lutheran Training Centres, Rock Foundation 	<p>✓</p>	
(c) Regional ECD coordination or training?	Yes	No
<ul style="list-style-type: none"> ▪ Limited regional training mostly conducted by mission training centers – e.g. Montessori. ▪ With the introduction of government decentralization over the past two years, the structures for regional co-ordination in ECD are in place but yet to be realized. 		<p>✓</p>
(d) Key ECD related research/evaluation documents?	Yes	No
<ul style="list-style-type: none"> ▪ ECD research and evaluation in Tanzania is mostly limited to individual organizations (NGOs) and is therefore not always widely accessible. Generally there is a substantial co-ordinated ECD research and evaluation. 		<p>✓</p>
(e) Formal ECD network(s) that meet(s) regularly?	Yes	No
<ul style="list-style-type: none"> ▪ There is a commitment from those organizations that have come together for the ECDVU planning, that this group represents the beginning of an ECD Network. 		<p>✓</p>

#4 Based on your inter-organizational ECD meeting please: - identify 6-10 major objectives for ECD in your country over the next 5 – 8 years; - briefly describe how each objective could be addressed, directly or indirectly, through ECDVU participation.

	ECD Objective	How the objective could be addressed through ECDVU participation
1	<ul style="list-style-type: none"> ▪ To develop a national, inter-sectoral ECD policy. 	<ul style="list-style-type: none"> ▪ One of the ECDVU learners will take a leadership role in facilitating this process.
2	<ul style="list-style-type: none"> ▪ To promote inter-sectoral collaboration in ECD 	<ul style="list-style-type: none"> ▪ ECDVU learners will work together to actively promote inter-sectoral collaboration.
3	<ul style="list-style-type: none"> ▪ To pilot, document and disseminate community-based experiences of ECD initiatives in such a way that will influence future sector development. 	<ul style="list-style-type: none"> ▪ ECDVU learners involved in community-based initiatives will commit to careful documentation and dissemination of information re initiatives they are involved in such a way that will inform Tanzania's ECD sector development.
4	<ul style="list-style-type: none"> ▪ Develop certified and accredited, inter-sectoral ECD training curriculum and guidelines which reflect the importance of ECD workers, working in partnership with parents and communities. 	<ul style="list-style-type: none"> ▪ One of the ECDVU learners will have as their major responsibility preparation to serve as a leader in the development of training guidelines and conducting of ECD training.
5.	<ul style="list-style-type: none"> ▪ To develop ECD program guidelines which are community and culturally sensitive. 	<ul style="list-style-type: none"> ▪ One of the ECDVU learners will facilitate the process of co-ordination, review and assessment of existing ECD program guidelines, with particular emphasis on their community and cultural sensitivity, in view of developing integrated, intersectional ECD program guidelines.
6	<ul style="list-style-type: none"> ▪ To develop and maintain an active ECD network through strong institutional links between ECD related organizations. 	<ul style="list-style-type: none"> ▪ One ECDVU learner will commit to the development of an active ECD network, supported by other ECDVU colleagues.
7	<ul style="list-style-type: none"> ▪ To conduct regional ECD surveys and research, including base-line surveys, and documentation of community initiatives. 	<ul style="list-style-type: none"> ▪ The ECDVU learners who commits to the development of an active ECD network, will take a leadership role in facilitating the design, development and implementation of community, district, regional and national ECD surveys and research.
8	<ul style="list-style-type: none"> ▪ To advocate for ECD supporting policies and budgetary allocation from the government and donors. 	<ul style="list-style-type: none"> ▪ The ECDVU learners will work co-operatively through the ECD Network to advocate for ECD program support.

Part 2: Potential ECDVU Learners

#5

***NB:**

1. The focal objectives in **bold** are areas of nominated priority by the candidates, and the others are secondary focal objectives or those that will be focused on through a team approach.

	Candidate Name	Employing Organization	Focal Objectives from #4
1	Mr George Kameka	Department of Social Welfare, under the Ministry of Labour and Youth Development	1, 2, 3, 8
2	Ms Leoncia Salakana	PLAN International	1, 2, 6, 8
3	Ms Asha M. Ahmed	Aga Khan Foundation	4, 5, 7
4	Mr Benedict Missan	Save the Children (UK)	3, 5, 8, 7.

Part 3: Employers of Potential ECDVU Learners

#6 Attached to the resume of each ECDVU candidate, please include a statement from the employing organization noting their ability to provide:

- a) transportation to 4 ECDVU seminars (approximately every 9-10 months – all held in Africa)
- b) food and accommodation for 2-3 weeks for each seminar at approximately \$50 US/day
- c) access to a computer (Pentium 1 or higher with a web browser of 3.0 or higher) with email and internet connectivity and 2 hours of connect time per week.

*** N.B** Candidate documentation and employer commitments will follow by courier dispatch from Tanzania September 5.

Part 4: Mentors for ECDVU Learners

#7 One of the features of the ECDVU is that students should have access to in-country mentors, particularly individuals who could support them in their research and thesis work. Please identify individuals in-country who themselves have graduate degrees and would be willing to provide support to in-country, and possibly out-of-country, ECDVU participants.

Name	Degree	Area of Expertise	Title & Organization	Tel/Fax/Email
Dr. Bishara Seif	PhD	Early Childhood Education	Project Director, Zanzibar Madrasa Resource Centre	Ph- 255-24-2232277 Fax 255-24-2234897 zmrc@zanzinet.com
(no others identified as yet)				

Thank you for your completing this proposal

**Please e-mail or fax all of the information by
Thursday, July 20th**

Email to: ecdvu@uvic.ca with a cc: to apence@uvic.ca .

Fax to: (250)721-8977

Endnotes

- ¹ UNICEF (2001), Country Programme of Co-operation for 2002 – 2006, Draft document, Version 01.04.01. Sub-Project 2 – Community Initiatives to Save Children’s Lives.
- ² Government of the United Republic of Tanzania (2000), Composite Development Goal for the Tanzania Development Vision 2025. Planning Commission, Dar es Salaam, p. 33.
- ³ Ibid, p.58
- ⁴ Ibid, p.60.
- ⁵ Government of the United Republic of Tanzania (2000), Composite Development Goal for the Tanzania Development Vision 2025. Planning Commission, Dar es Salaam, p. 33.
- ⁶ Government of the United Republic of Tanzania (1998), The National Poverty Eradication Strategy. Vice President’s Office, Dar es Salaam, p. 45
- ⁷ Consultative Group on Early Childhood Care and Development. Early Childhood Care and Development: A Definition. <http://www.ecdgroup.com/eccdinfo01.asp?id=3> (July 30 2001)
- ⁸ Government of the United Republic of Tanzania. (2000) Tanzania Assistance Strategy: A Medium Term Framework for Promoting Local Ownership and Development Partnerships. p. iii
- ⁹ UNDP (2000), Tanzania Human Development Report 1999, p.i
- ¹⁰ UNICEF (1999) The State of World’s Children, UNICEF.
- ¹¹ UNDP, (2001) United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p.16
- ¹² Ibid, p. 16
- ¹³ Government of the United Republic of Tanzania. (2000) Tanzania Assistance Strategy: A Medium Term Framework for Promoting Local Ownership and Development Partnerships, (2000) p 3
- ¹⁴ UNDP, (2001) United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 18
- ¹⁵ Government of the United Republic of Tanzania. (2000) Tanzania Assistance Strategy: A Medium Term Framework for Promoting Local Ownership and Development Partnerships, p.4
- ¹⁶ Government of the United Republic of Tanzania, (1998) The National Poverty Eradication Strategy. Vice President’s Office, Dar es Salaam, p. 4
- ¹⁷ UNDP, (2001) United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p.13
- ¹⁸ Government of the United Republic of Tanzania, The Tanzania Development Vision 2025. Planning Commission.
- ¹⁹ Government of the United Republic of Tanzania (2000), Composite Development Goal for the Tanzania Development Vision 2025. Planning Commission, Dar es Salaam, p. 33.
- ²⁰ Ibid, p. 55.
- ²¹ Ibid, p.58
- ²² Ibid, p.60.
- ²³ UNDP, (2001) United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 21
- ²⁴ Government of the United Republic of Tanzania (1998), The National Poverty Eradication Strategy. Vice President’s Office, Dar es Salaam, p. 45
- ²⁵ Government of the United Republic of Tanzania (2000), National Report on Follow-up to the World Summit for Children., Ministry of Community Development, Women’s Affairs and Children. p. 6
- ²⁶ UNDP. (2001). United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 21
- ²⁷ Ibid, p. 16
- ²⁸ Ibid, p. 13
- ²⁹ Government of the United Republic of Tanzania, (1998) The National Poverty Eradication Strategy. Vice President’s Office, Dar es Salaam, p. 4
- ³⁰ UNDP. (2001). United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p.13
- ³¹ Ibid, p.14
- ³² Ibid, p.13
- ³³ THDR p. i
- ³⁴ UNDP. (2001). United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 10
- ³⁵ Tanzania Gender Networking Programme. (1999). Budgeting with a Gender Focus. TGNP, Dar es Salaam
- ³⁶ Government of the United Republic of Tanzania. (1998). The National Poverty Eradication Strategy. Vice President’s Office, Dar es Salaam, p. 3
- ³⁷ UNICEF (2001) Country Programme
- ³⁸ Tanzania Gender Networking Programme & SARDC (1997). Beyond Inequalities: Women in Tanzania. TGNP&SARDC, Dar es Salaam. P. 25.
- ³⁹ UNICEF (2001) Government of Tanzania / UNICEF Country Programme of Co-operation for 2002 – 2006., Draft document, Version 01.04.01. ECD sub project 1.3: Women and Adolescent Sexual and reproductive Health.
- ⁴⁰ UNDP. (2001). United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 13.
- ⁴¹ Ibid, p. 12
- ⁴² UNICEF (2001) Government of Tanzania / UNICEF Country Programme of Co-operation for 2002 – 2006, Draft document, Version 01.04.01. Project 2: Enhancing Community Participation for early Childhood Development
- ⁴³ UNDP. (2001). United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 8
- ⁴⁴ Ibid, p. 8.
- ⁴⁵ Ibid, p.9.
- ⁴⁶ UNICEF (2001) Government of Tanzania / UNICEF Country Programme of Co-operation for 2002 – 2006, Draft document, Version 01.04.01. Project 2: Enhancing Community Participation for early Childhood Development
- ⁴⁷ UNICEF (2001) Government of Tanzania / UNICEF Country Programme of Co-operation for 2002 – 2006, Draft document.
- ⁴⁸ UNDP (2000), Tanzania Human Development Report 1999. p.4
- ⁴⁹ UNDP. (2001). United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 14

- ⁵⁰ *ibid*, p. 55
- ⁵¹ UNDP. (2001). United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 9
- ⁵² UNICEF (2001), Country Programme of Co-operation for 2002 – 2006, Draft document, Version 01.04.01. Sub-Project 2 – Community Initiatives to Save Children’s Lives.
- ⁵³ *ibid*
- ⁵⁴ UNDP. (2001). United Nations Development Assistance Framework For Tanzania, 2002 – 2006, p. 9
- ⁵⁵ Government of the United Republic of Tanzania (2000), National Report on the Follow-to the World Summit for Children, Ministry of Community Development, Women’s affairs and Children, p. 16
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