

### **UNITED REPUBLIC OF TANZANIA**



Day 1 National Multisectoral and Sector-Specific Policies for ECD

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Nurturing the Future Technical Meeting to Enhance Nurturing Care for Early Childhood Development in the Health Sector

25-28 February Nairobi, Kenya





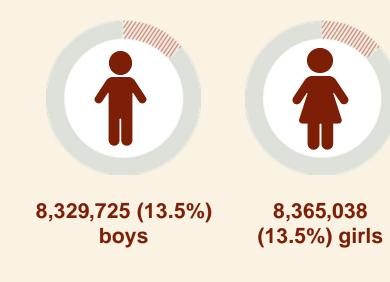
African Region

for every child

## EARLY CHILDHOOD DEVELOPMENT SITUATION IN TANZANIA

# <u>27</u>%

of the population are children aged **0–8 years** (16,694,763)<sup>1</sup>



47%

of the youngest children aged **24–59 months** living with their biological mother are **on-track** in health, learning, and psychosocial well-being<sup>2</sup>



### THE NATIONAL MULTISECTORAL EARLY CHILDHOOD DEVELOPMENT PROGRAMME (NM-ECDP 2021/2022 – 2025/2026)



UNITED REPUBLIC OF TANZANIA

#### MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN



NATIONAL MULTI-SECTORAL EARLY
CHILDHOOD DEVELOPMENT PROGRAMME
(NM-ECDP) 2021/22 - 2025/26

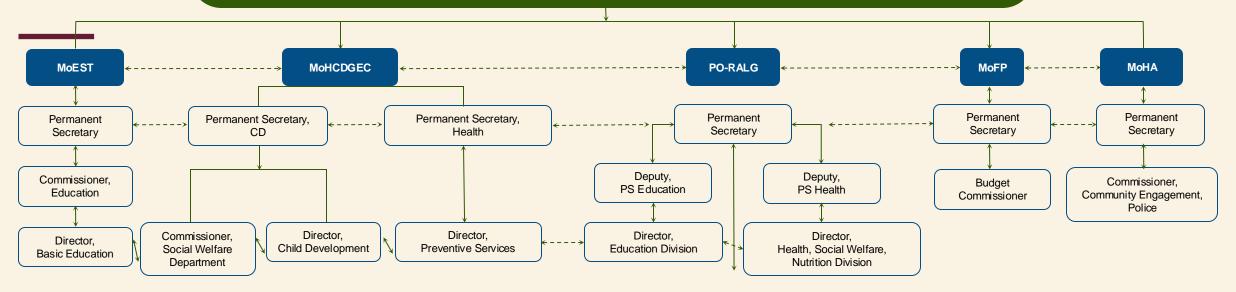
Link: <u>NM-ECDP</u>

- Guided by the principles of the Nurturing Care Framework to provide nurturing care services to all young children with four long-term outcomes:
  - Improved **Enabling Environment** for Coordination and Delivery of ECD services.
  - Strengthened Systems for Service Delivery & Quality Assurance.
  - Increased Access to Quality Coordinated Nurturing Care Services.
  - Empowered caregivers and communities to adopt nurturing care practices for young children aged 0 – 8 years.
- Multisectoral utilization of existing platforms and services: universal health system and early learning platforms to integrate all nurturing care components.
- Specific Health sector key ECD responsibilities and activities:
  - Review health related documents like ANC, postnatal care, CTC, IMCI health package to incorporate Nurturing care components.
  - Increase comprehensive health services provision, monitoring and assessment of young children.

## **COORDINATION AND MONITORING**

#### **PRIME MINISTER'S OFFICE**

(PS-Policy, Coordination, Parliamentary Affairs, Labour, Youth, Employment and People with Disabilities)

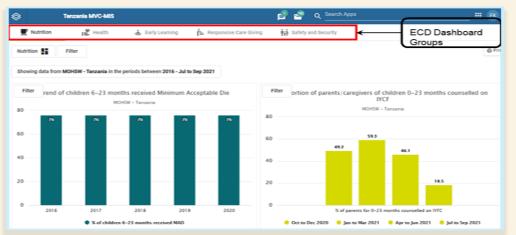


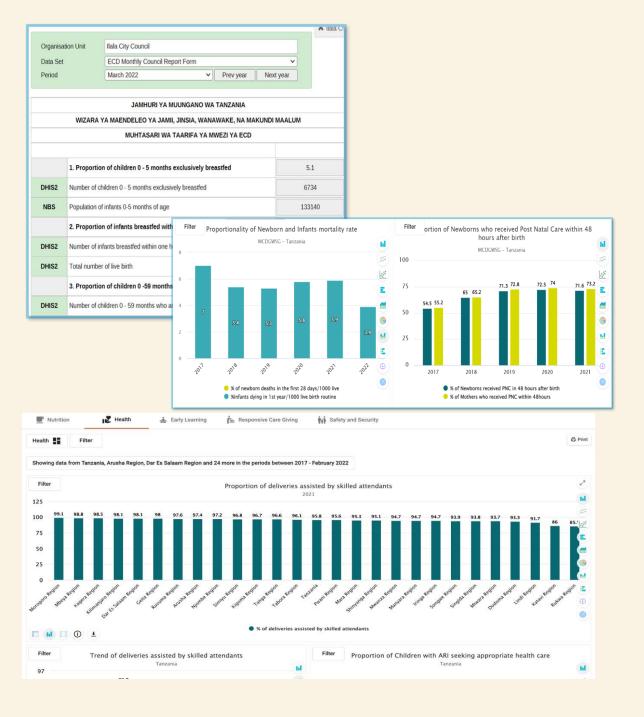
- Prime Minister's Office leads and coordinates overall NM-ECDP.
- **MoCDGWSG** takes on the technical leadership.
- PO-RALG coordinates and supervises M&E of regions and LGAs.
- MDAs ensure ECD mandates.

## **COORDINATION AND MONITORING**

#### **National ECD Dashboard**

- Enhances measurement of implementation performance of the NM-ECDP Common Results Framework Action Plan.
- Indicators from 5 major Nurturing Care Components.
- Links the data captured from the various data reporting systems i.e. HMIS, Nutrition, Sanitation, TDHS, BEST, RITA, etc.

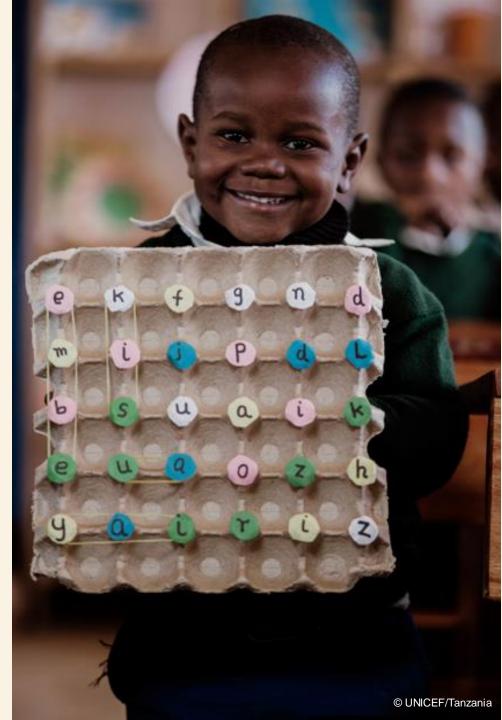




## REFLECTION

#### **Achievements**

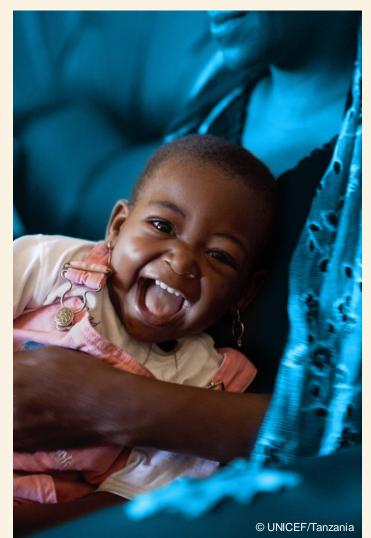
- Dissemination of NMECDP and establishment of ECD region and Council coordination mechanisms.
- A formalized CHW Cadre providing them with technical and professional resources necessary to support the implementation community health care services.
- Uptake by health sector: Responsive caregiving integrated into health policy, Child Health Booklet, national guideline for neonatal care, IMCI package and National Plan for Reproductive, Maternal, Newborn, Child and Adolescent Health & Nutrition, One plan III (2021-2026)
- Enhanced multisectoral response to nurturing care through clear coordination mechanisms
- Availability of evidence- base and linking multisectoral databases
  for targeted intervention and planning



## REFLECTION

#### Lessons learned --

- Coordination across sectors and levels is essential. ECD, being multisectoral, requires strong leadership and coordination mechanisms at different levels.
- Importance of strengthening the ECD workforce's capacity to deliver holistic services for young children. Early childhood workforce is diverse- supporting the acquisition of necessary knowledge and skills is crucial.
- Government leadership and commitment through the program cycle are fundamental for successful implementation.



#### **Challenges**

- 53% of the youngest children aged 24– 59 months are developmentally off track in health, learning, and psychosocial well-being.
- Limited fiscal space for ECD at national and local levels.
- Inadequate competent workforce to deliver integrated services.

#### **Opportunities**-

- High political will and commitment.
- Existence of different partners and platforms to support integrating nurturing care services.

## **PRIORITIES IN 2025 & BEYOND**

- Strengthen sub national coordination mechanism for NM-ECDP.
- Strengthen the capacity of ECD frontline workers (using the National integrated ECD package).
- Ensure availability and usability of child health booklets.
- Conduct NM-ECDP endline evaluation.
- Parenting for early years through the Health & Community Platform.
- Pilot and scale holistic ECD models.
- Scale up of childcare campaign to increase awareness on ECD at the community level.



# Thank you



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