THE ZANZIBAR MULTISECTORAL EARLY CHILDHOOD DEVELOPMENT PROGRAMME (ZM-ECDP)

2026 | 27 – 2030 | 31

Foreword

The Revolutionary Government of Zanzibar has made steady progress in advancing human development and improving the wellbeing of its people. These achievements reflect our commitment to inclusive growth, effective public service delivery, and long-term national transformation. Central to this progress is the recognition that sustainable development begins in early childhood.

Children aged 0–8 years account for approximately one quarter of Zanzibar's population. This demographic reality represents both national responsibility and strategic opportunities. Evidence consistently shows that investments in early childhood generate the highest returns over the life course, shaping health, learning, productivity, and social cohesion. In response, the Government has prioritized Early Childhood Development (ECD) through sustained efforts in health, nutrition, early learning, child protection, and access to essential services.

The Zanzibar Multisectoral Early Childhood Development Programme (2026/27–2030/31) consolidates these efforts into a coherent and results-oriented framework. The Programme places the child at the center of national development planning and strengthens coordination across sectors, recognizing that holistic child development requires aligned action by government, families, communities, and institutions.

The Programme is aligned with Zanzibar Development Vision 2050, the Zanzibar Development Plan, and Zanzibar's regional and global commitments, including the Sustainable Development Goals the African Charter on the Rights and Welfare of the Child, and the Nurturing Care Framework. It reflects our determination to translate these commitments into nationally owned actions that deliver equitable and measurable results for all children.

The Revolutionary Government of Zanzibar remains fully committed to leading, coordinating, and financing Early Childhood Development as a national priority, in partnership with all stakeholders. I call upon development partners, the private sector, NGOs, and faith-based organizations to work together in this journey to secure lasting benefits for our children and future generations.

H.E. Dr. Hussein Ali Mwinyi
President of Zanzibar
and Chairman of the Revolutionary Council

Acknowledgement

The successful development of the Zanzibar Multisectoral Early Childhood Development Programme was made possible through the leadership, technical expertise and collective commitment of the Revolutionary Government of Zanzibar, development partners, civil society organisations, academic institutions and other stakeholders.

We extend our deepest gratitude to **H.E. Dr Hussein Ali Mwinyi,** President of Zanzibar and Chairman of the Revolutionary Council, for his visionary leadership and firm political commitment to placing the survival, development and wellbeing of Zanzibar's children at the center of national development. We also sincerely acknowledge **H.E. Mama Mariam Mwinyi,** First Lady of Zanzibar and Chairperson of the Zanzibar Maisha Bora Foundation, for her sustained advocacy and commitment to advancing the rights and welfare of children.

Special appreciation is further extended to **Hon. Lela Muhammed Musa,** Minister of Education and Vocational Training, **Hon. Dr. Sada Salum Mkuya,** Acting Minister of Health, **Hon. Suleiman Masoud Makame**, Minister of Agriculture, Irrigation, Natural Resources and Livestock; **Hon. Anna Athanas Paul,** Minister of Community Development, Gender, Elderly and Children; and **Hon. Idrissa Kitwana Mustafa,** Minister of State in the President's Office responsible for Regional Administration, Local Government, and Special Departments of the Revolutionary Government of Zanzibar, for their invaluable leadership and sectoral contributions to this process

We gratefully acknowledge the leadership of **Professor Mohammed Hafidh Khalfan,** Chief Executive Officer of the Zanzibar Presidential Delivery Bureau, whose stewardship and institutional support provided a strong foundation for the Programme development process. Particular appreciation is extended to **Dr Ibrahim Byatike Kabole,** Social Services Manager at the Zanzibar Presidential Delivery Bureau, who provided substantial technical leadership and strategic guidance in shaping the Programme framework and advancing multisectoral collaboration. We also sincerely acknowledge **Dr Maryam Juma**, Zanzibar Multisectoral Early Childhood Development Coordinator at the Zanzibar Presidential Delivery Bureau, for coordinating the technical consultations, institutional engagements and administrative processes that supported the timely completion of the Programme.

The Revolutionary Government of Zanzibar is deeply grateful to **UNICEF** for its strategic partnership and significant technical contribution throughout the Programme design process. Special appreciation is extended to **Dr Laxmi Bhawani,** Chief of the UNICEF Zanzibar Field Office, and **Dr Patrick Codjia**, Chief of Child Development and Nutrition, for their technical leadership, expert guidance and continued commitment to strengthening integrated and evidence-based Early Childhood Development systems in Zanzibar.

We further acknowledge the valuable contributions of the Zanzibar Presidential Delivery Bureau, the relevant government ministries, the ECD Technical Working Group, UNICEF, the World Health Organization, Save the Children, Big Win Philanthropy, SOS Children's Villages, the Aga Khan Foundation, Milele Foundation, the Africa Early Childhood Network, Zanzibar Maisha Bora Foundation, Mwanamke Initiative Foundation, D-tree, the State University of Zanzibar and other development partners, civil society organisations, academic institutions and community stakeholders that participated in consultations, technical reviews and validation of the Programme.

Finally, we express our sincere appreciation to the consultant team comprising **Mrs Josephine Ferla, Dr Beatus K. Leon, Professor Fortidas Bakuza, Dr Deman Yusuf, Dr Shehe A. Mohamed, Mr Henry Horombe and Ms Sharifa Majid,** for their professionalism, technical expertise and commitment throughout the design and finalisation of the Zanzibar Multisectoral Early Childhood Development Programme.

Statement of Commitment

1. Preamble

We, the Ministers of the Line Ministries and Leaders of Institutions constituting the Zanzibar Multisectoral Early Childhood Development Programme Steering Committee, as the highest governance, coordination, and oversight body for the Zanzibar Multisectoral Early Childhood Development Programme (ZM-ECDP), hereby formally affirm and declare our collective and individual commitment to advancing Early Childhood Development (ECD) as a national priority across Zanzibar.

We recognize that ECD is fundamental to enabling all children particularly vulnerable children including those with disabilities to survive, thrive, and realize their full developmental potential. We further acknowledge that sustained and coordinated investment in ECD is essential for strengthening human capital, promoting social equity, and accelerating Zanzibar's long-term socio-economic transformation.

We acknowledge that the ZMECDP operationalizes national ECD-related policies, legislation, guidelines, and nurturing care priorities into a coordinated, evidence-based, and results-oriented multisectoral program. The Programme further reinforces Zanzibar's commitments under regional and global frameworks, including the Sustainable Development Goals (SDGs) and other international agreements to which
Zanzibar is a State Party.

We affirm our shared conviction that, through strong leadership, effective multisectoral coordination, strategic investment and accountable delivery, Zanzibar can achieve measurable and sustained improvements in the holistic development of children aged 0–8 years, thereby contributing directly to inclusive development and the attainment of Zanzibar's middle-income status aspirations by 2031.

2. Statement of Commitment

NOW, THEREFORE, through our signatures appended hereto, we solemnly commit ourselves, individually and collectively, to the following obligations:

2.1 Policy and Planning Commitments

We commit to taking deliberate, practical, and sustained actions to ensure that sectoral policies, strategies, programmes, operational plans, and budgets within our respective mandates are explicitly responsive to the needs and rights of young children, including children living with disabilities and other vulnerable groups, in alignment with the objectives and priorities of the ZMECDP.

2.2 Leadership and Coordination Commitments

We commit to providing active leadership and stewardship in the governance, coordination, and implementation of the ZMECDP through the Zanzibar Multisectoral ECD Programme Steering Committee by:

i. Attending Steering Committee meetings, technical reviews, and decision-making forums as scheduled;
ii. Providing strategic leadership and clear direction for ZMECDP implementation within our respective sectors and institutions; and
iii. Ensuring that resolutions, decisions, and agreed action points of the Steering Committee are Implmented in a timely and coordinated manner, with appropriate follow-up.

2.3 Implementation Commitments

We commit to exercising institutional leadership in the implementation of ZMECDP interventions assigned to our respective Ministries and Institutions, including by:

i. Issuing sector-level policy directives, operational guidance, and coordnation instructions necessary for effective implementation;
ii. Ensuring that sector technical teams actively support implementation at national, district, and community levels; and
iii. Strengthening service delivery systems for ECD, with particular emphasis on prevention, early identification of developmental risks, referral, and integrated service provision.

2.4 Financing and Resource Commitments

Subject to prevailing Government planning, budgeting, and public financial management procedures, we commit to ensuring that ZMECDP priorities are integrated into annual sector plans and budgets, and that resources allocated or mobilized for ECD are utilized efficiently, transparently, and strictly for their intended purposes.

2.5 Reporting, Learning, and Adaptive Management Commitments

We commit to ensuring timely, accurate, and routine reporting on implementation progress, results achieved, challenges encountered, and lessons learned, in accordance with Steering Committee requirements and agreed reporting frameworks, including the use of administrative data systems, standardized reporting templates, and structured review mechanisms.

3. Accountability and Performance Assurance Framework

To ensure the effective realization of this commitment, we hereby agree to the following accountability and performance assurance arrangements, grounded in collective leadership and mutual responsibility:

3.1 Assignment of Institutional Responsibility

Each participating Ministry and Institution shall:

i. Designate a ZMECDP Sector Focal Person at an appropriate senior technical level; and
ii. Establish and maintain a functional internal coordination mechanism to ensure routine follow-up of agreed actions and effective inter-sectoral collaboration.

3.2 Performance Monitoring and Reporting

i. The Steering Committee shall convene on a quarterly basis to review implementation progress, identify emerging challenges, and agree on appropriate actions to strengthen delivery.
ii. Each Ministry and Institution shall submit quarterly progress updates against assigned ZMECDP interventions, outlining actions undertaken, results achieved, implementation challenges, and priorities for the subsequent reporting period.
iii. Reports shall be supported, where applicable, by workplans, coordination records, sector data, and budget execution updates, consistent with agreed reporting arrangements.

3.3 Performance Review, Support, and Executive Resolution

As part of continuous improvement, when routine monitoring and Steering Committee reviews highlight areas for enhanced implementation, strengthened performance, or operational adjustments, the following supportive and graduated measures will be implemented:

a) The Steering Committee shall engage the concerned Ministry or Institution through constructive dialogue to jointly review the underlying causes, agree on practical remedial actions, and adjust implementation approaches where necessary;
b) The concerned Ministry or Institution shall provide an update to the Steering Committee outlining agreed actions, indicative timelines, and any technical or resource support required to facilitate progress;
c) Where challenges extend beyond the mandate or capacity of an individual Ministry or Institution, the Steering Committee shall facilitate inter-sectoral coordination, technical assistance, or policy clarification to support effective resolution;
d) Matters requiring higher-level policy direction, cross-government alignment, or strategic guidance shall be elevated through established Government coordination and executive decision-making channels, in a manner consistent with the principles of collective leadership, mutual accountability, and respect for institutional mandates.

This process shall be guided by collaboration, problem-solving, transparency, and shared responsibility, with the objective of strengthening delivery and ensuring the effective achievement of ZMECDP outcomes.

3.4 Transparency, Documentation, and Institutional Learning

All decisions of the Steering Committee shall be formally documented through approved minutes, action trackers, and follow-up records, which shall serve as the official basis for performance review, institutional learning, and continuous improvement in the multisectoral delivery of ECD services.

3.5 Collective Responsibility

We affirm that the successful implementation of ZMECDP is a shared multisectoral responsibility. While each signatory institution remains accountable for its respective mandate and contributions, we collectively commit to supporting one another to ensure the coherence, effectiveness, and sustainability of the Programme.

4. Effective Date and Validity

This Statement of Commitment and Accountability shall take effect on the date of signature by the undersigned and shall remain valid for the duration of the implementation of the Zanzibar Multisectoral Early Childhood Development Programme, unless formally amended by decision of the Steering Committee duly recorded in official proceedings.

5. Signatories

Signed on this _____ day of _____ 2026

Hon. Lela Mohammed Mussa
Minister of Education and Vocational Training

Signature:
_____

Hon. Idrissa Kitwana Mustafa
Minister of State in the President's Office responsible for Regional Administration, Local Government, and Special Departments of the Revolutionary Government of Zanzibar

Signature:
_____

Hon. Suleiman Masoud Makame
Minister of Agriculture, Irrigation, Natural Resources and Livestock

Signature:
_____

Hon. Dr. Saada Salum Mkuya
Minister of Health
Signature:
_____

Hon. Anna Athanas Paul
Minister of Community Development, Gender, Elderly and Children
Signature:
_____

Hon. Hamza Hassan Juma
Minister of State, Office of the Second Vice President (Policy, Coordination and House of Representatives)
Signature:
_____

Hon. Juma Malik Akil
Minister of Finance and Planning

Signature:
_____

LIST OF ACRONYMS

AfECN	African Early Childhood Network
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCG	Bacillus Calmette-Guérin (tuberculosis vaccine)
CREDI	Caregiver Reported Early Development Instrument
CHV	Community Health Volunteer
CHW	Community Health Worker
CSO	Civil Society Organization
DHS	Demographic and Health Survey
DPT3	Diphtheria, Pertussis, Tetanus -3rd dose
ECCD	Early Childhood Care and Development
ECE	Early Childhood Education
ECD	Early Childhood Development
EMIS	Education Management Information System
FGD	Focus Group Discussion
FIC	Fully Immunized Child
FY	Fiscal Year
GBV	Gender-Based Violence
GER	Gross Enrolment Rate
HMIS	Health Management Information System
IDELA	International Development and Early Learning Assessment
IFMIS	Integrated Financial Management Information System
JnA	Jamii ni Afya
KAP	Knowledge, Attitude and Practices
KII	Key Informant Interview
LGA	Local Government Authority
LMICs	Low- and Middle-Income Countries
MCH	Maternal and Child Health
MCV1	Measles-Containing Vaccine – 1st dose
MDD	Minimum Dietary Diversity
MECP-Z	Madrasas Early Childhood Programme – Zanzibar
MELQO	Measuring Early Learning and Quality Outcomes
MHPSS	Mental Health and Psychosocial Support
MIS	Management Information System
MoCDGEC	Ministry of Community Development, Gender, Elderly and Children
MoEVT	Ministry of Education and Vocational Training
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MTEF	Medium-Term Expenditure Framework
NGO	Non-Governmental Organization

NCF	Nurturing Care Framework
NPA-VAWC	National Plan of Action to End Violence Against Women and Children
PFM	Public Financial Management
PHQ-4	Patient Health Questionnaire-4
POFP	President's Office of Finance and Planning
PPPs	Public–Private Partnerships
RGZ	Revolutionary Government of Zanzibar
RM	Resource Mobilization
RMNCH	Reproductive, Maternal, Newborn and Child Health
SABER-ECD	Systems Approach for Better Education Results -Early Childhood Development
SACCOs	Savings and Credit Cooperative Societies
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health and Rights
TASAF	Tanzania Social Action Fund
TDHS-MIS	Tanzania Demographic and Health Survey -Malaria Indicator Survey
ToC	Theory of Change
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
ZADEP	Zanzibar Development Plan
ZEDP II	Zanzibar Education Development Plan II
ZHBS	Zanzibar Household Budget Survey
ZMNSP	Zanzibar Multisectoral Nutrition Strategic Plan
ZMECDA	Zanzibar Multisectoral Early Childhood Development Authority
ZPDB	Zanzibar Presidential Delivery Bureau

Glossary.

Brain development (early childhood window): The rapid neurological growth occurring from conception to age three, during which responsive caregiving and early stimulation have the greatest impact on long-term learning, behaviour, and health. Child Care: refers to the supervision, protection, and support of children, usually provided by an adult (childcare worker) when the parent or primary caregiver is not available. This can be formally (through Daycare Center) or informally at home.

Community-based early learning models: Local ECD service models such as TuTu centers and MECP-Z Madrasas run by communities and often supported by NGOs to expand access where government infrastructure is limited.

Daycare Centers: a safe, supervised facility that provides care, play, and basic early learning activities for young children usually from infancy up to about 4 years old during daytime hours. These are community based established either by NGOSs or private run.

Developmental concern range: A classification assigned to young children whose cognitive, motor, or socio-emotional development scores fall below expected norms for their age.

Disaster-resilient ECD infrastructure: Early learning facilities designed or upgraded to withstand climate-related hazards and other emergencies, ensuring safe environments for young children.

Early Childhood Development: Stages of Child holistic development for children 0 – 8 years Early learning opportunities for children under three: Structured services for infants and toddlers such as playgroups, early stimulation programs, and daycare that support early cognitive and emotional development during the most critical developmental period.

Early stimulation: Intentional caregiver child interactions including play, communication, and sensory activities that support brain development and early learning, especially in children under three.

Emergency preparedness (for ECD): Plans, systems, and protective measures such as emergency protocols, health and WASH measures, and disaster-response capacity to safeguard children and learning spaces during emergencies.

Gender Responsive: An approach that addresses gender-based barriers, respects gender differences, enables structures, systems, and methodologies to be sensitive to gender.

Home-based childcare: A childcare arrangement in which a trained or registered community caregiver provides supervised care, early stimulation, and responsive caregiving to a small group of children (typically 3–6 children under 4 years) within a private home setting. These models are low-cost, community-embedded, and particularly effective in reaching children in rural, peri-urban, and underserved areas where formal Daycare Centers are unavailable or unaffordable.

Inclusive education: An education approach ensuring that all children, including those with disabilities or special needs, participate fully in learning using adapted materials, infrastructure, and teaching methods.

Multi-sectoral coordination: A governance approach where multiple ministries jointly plan, finance, deliver, and monitor ECD services to provide integrated, holistic support for children and caregivers.

Nurturing Care Framework (NCF): A WHO–UNICEF–World Bank framework that identifies five essential components of early childhood development: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety/security.

Parenting programs / parenting curriculum: Structured education packages that equip caregivers with skills in child stimulation, nutrition, positive discipline, responsive caregiving, and safe care.

Positive discipline: Non-violent, developmentally appropriate behaviour-management strategies that guide children through encouragement, communication, and consistent boundaries without corporal punishment.

Pre-primary education: The initial stage of organized instruction, designed primarily to introduce very young children to a school-type environment, that is, to provide a bridge between home and a school-based atmosphere.

Quality assurance / supervision & mentoring: Processes in early learning systems that monitor service quality including classroom observation, coaching, and regular inspections—to ensure compliance with standards.

Real-time data collection (ICT-enabled): Digital platforms that allow ministries and service providers to instantly capture, analyse, and share ECD data to improve decision-making and service delivery.

Referral mechanisms (child protection, developmental delay, disability, nutrition needs): Formal system that ensure children and families receive timely, appropriate support by guiding the identification, documentation, and transfer of cases from ECD or home settings to the relevant service providers. These mechanisms link children to social welfare services, legal and protection systems, health and nutrition services, disability assessment and rehabilitation, and other specialized support, while ensuring follow-up, feedback, and accountability across sectors.

Responsive caregiving: Consistent, attentive, and developmentally appropriate interactions such as conversation, play, and emotional support that strengthen children's cognitive, social, and emotional development.

Results-based financing: A funding model where financial disbursements are contingent upon achieving predefined performance indicators or measurable results.

Safeguarding protocols: Formal procedures and standards that protect children from abuse, neglect, exploitation, and harm within ECD centers, including codes of conduct and reporting mechanisms. School readiness: Skills and abilities children need to succeed and thrive in school, including physical well-being, motor development, social and emotional development, general knowledge, language acquisition, and how a child learns.

Universal school feeding: A government-led initiative providing free daily meals to all pre-primary pupils to enhance nutrition, attendance, and learning outcomes.

EXECUTIVE SUMMARY

Early Childhood Development (ECD) has been elevated as a national priority in Zanzibar, reinforced through high-level political commitment and strategic direction from the President of Zanzibar and Chairman of the Revolutionary Council , H.E. Dr. Hussein Ali Mwinyi. It is recognized as a cornerstone of human capital development and embedded within the Zanzibar Development Vision 2050 (ZDV 2050). With children aged 0–8 years representing 25.9 % of the total population of 1.89 million (NBS, 2022), investment in early childhood constitutes both a national opportunity and responsibility. The Zanzibar Multisectoral Early Childhood Development (ZMECD) Programme has therefore been designed to deliver a coordinated multisectoral response aligned with the five domains of the Nurturing Care Frame-work (good health, adequate nutrition, responsive caregiving, early learning, and safety and security) while applying a life-cycle approach tailored to age-specific needs and transitions. Its design is grounded in existing policy frameworks, including the Education Policy (2006), Health Policy (2019), Zanzibar Children's Act (2011), Child Care and Protection Regulations (2017), and the Persons with Disabilities Act (2006), and leverages national initiatives such as the Zanzibar Multisectoral Nutrition Strategic Action Plan (2024–2029), School Feeding Guidelines (2023), the National Plan of Action to End Violence Against Women and Children (NPA-VAWC II; 2025/26–2029/30), and the Chama Cha Mapinduzi (CCM) Manifesto 2025–2030.

Zanzibar has made notable progress in child survival, nutrition, and early learning, including reduced under-five mortality, high immunization and breastfeeding rates, expanded digital health services, and over 90 % enrolment in free, compulsory pre-primary education supported by school feeding and community-based models. Child protection systems have strengthened through improved legal frameworks and high birth registration coverage. However, service delivery remains uneven, with persistent gaps in nutrition, maternal and newborn care, parenting support, early stimulation, and early learning quality. Overcrowded classrooms, limited inclusive infrastructure, and shortages of trained teachers persist, while corporal punishment continues in schools and madrasas and safeguarding enforcement remains limited. Fragmented coordination, donor dependence, and the absence of a national ECD policy constrain coherence, disproportionately affecting children under three, children with disabilities, and families in rural and hard-to-reach communities, particularly in Pemba and remote islands.

The ZMECD Programme proposes an integrated national approach to expanding universal access to quality nurturing care while strengthening the ECD system through workforce development, referral mechanisms, Monitoring, Evaluation, Accountability and Learning (MEAL), and research. The Programme fosters an enabling environment through aligned policies, sustainable financing, and coherent governance, with equity and inclusion at its core and focus on underserved groups. Recognizing Zanzibar's strong family and faith-based foundations, the Programme emphasizes community and parental engagement, including collaboration through madrasa networks, and emphasizes behaviour change and demand creation for nurturing care. It aligns with the President's priority on digital transformation by ensuring the ZMECD Programme is digitally enabled.

By 2031, the Programme aims to achieve a long-term impact in whereby at least 90% of children in Zanzibar grow up healthy, well-nourished, and supported by quality early learning and care, enabling them to realize their developmental potential. Progress will be measured using nationally aligned and global indicators reflecting sectoral plans and the Sustainable Development Goals (SDGs)

To achieve this, the Programme will pursue four interrelated objectives:

(1) improve service delivery to ensure children aged 0–8 years have equitable access to inclusive, integrated, high-quality nurturing care services; (2) strengthen the ECD system by enhancing workforce capacity, referral mechanisms, MEAL, and evidence generation through research; (3) create an enabling environment through coherent, well-financed policies, guidelines, and age-appropriate curricula that support effective ECD implementation; and (4) empower communities to provide, advocate for, and demand quality Nurturing care services while fostering safe, nurturing, protective environments for young children. National leadership will be anchored in a Presidentially mandated and independent Zanzibar Multisectoral ECD Authority (ZMECDA), operating under the Presidential Delivery Bureau (ZPDB), supported by a National ECD Secretariat and multisectoral Technical Working Group. Subnational implementation will draw on existing sectoral structures, with district- and Shehia-level ZMECDA focal points embedded within these structures, including child protection committees, community health volunteers, pre-primary teachers, Shehas, and parents.

The ZMECDP includes detailed action plans across all four outcomes, supported by a projected five-year budget of 205,238,109,258 Tanzanian Shillings. Sixty % of the budget is allocated to priority interventions targeting young children and caregivers, with the remaining 40% directed towards systems strengthening, coordination, and cross-sectoral functions.

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Background 01

1.1 Overview

Early Childhood Development (ECD) forms the foundation for the health, well-being, and lifelong success of children in Zanzibar. The early years, from conception to age eight, are a critical period for cognitive, emotional, social, and physical development. Investments made during this stage benefit children, communities, and the nation by contributing to a healthier, better-educated, and more skilled workforce. This chapter provides the context, rationale, and process for developing the Zanzibar Multi-Sectoral Early Childhood Development Programme (ZM-ECDP), which aims to strengthen coordinated, high-quality support for every child during these formative years.

1.2 Background and country context

ECD is universally acknowledged as the foundation for lifelong learning, behavior, health, and well-being (WHO, 2020). Investments during the early years, particularly from birth to age eight, have profound and lasting impacts on educational attainment, economic productivity, responsible citizenship, lifelong health outcomes, and intergenerational parenting practices. Globally, ECD is recognized as a critical driver of human capital development, social equity, and sustainable national progress. Scientific evidence underscores this period as a window of unparalleled opportunity for development. There is an opportunity to shape a child's cognitive, emotional, social, and physical development.

Zanzibar is a semi-autonomous part of the United Republic of Tanzania, made up of the two main islands of Unguja and Pemba and several smaller islands. It has five regions, three in Unguja (Urban West, North, and South) and two in Pemba (North and South). These regions are divided into 11 districts. At the community level, Zanzibar is organised into Shehias, which are the lowest administrative units, each led by a Sheha. There are 388 Shehias. Zanzibar has a predominantly youthful population, with children under the age of eight accounting for 25.9 % of the total population of 1,889,773 (NBS, 2022). The Mjini Magharibi region remains the most densely populated, as illustrated in Figure 1.

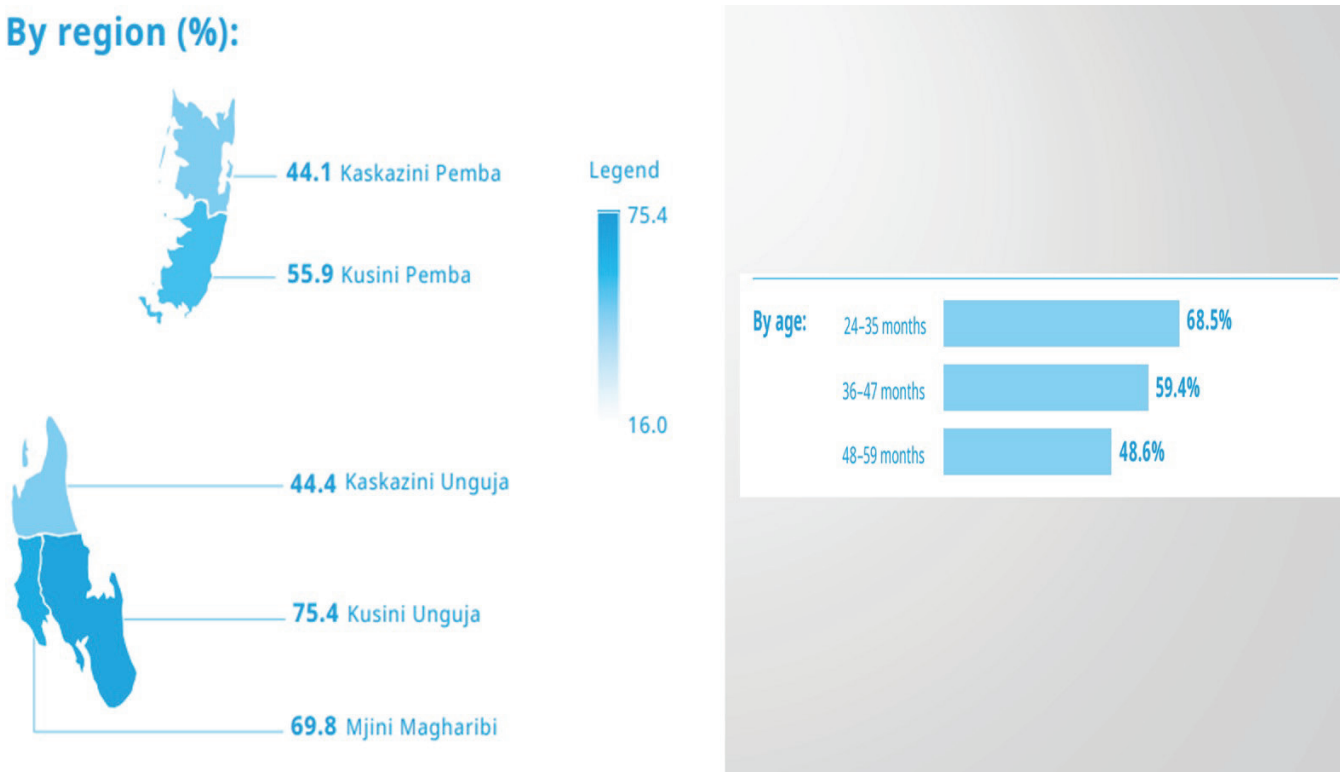

Figure 1: Map of Zanzibar showing Children Population Concentration

Source: NBS, 2022

This presents both an opportunity and a responsibility for the government and its partners to invest in early childhood. This large population of young children needs particular attention and significant investment in their human capital.

The economy of Zanzibar is shaped by its island geography, historical trading role, and a growing service-oriented structure, with most people relying on diversified livelihood strategies (World Bank, 2022; OCGS, 2025). While tourism has emerged as the leading driver of economic growth and employ-ment particularly in hospitality, transport, and cultural services, the majority of Zanzibaris contin-ue to depend on agriculture, fishing, and small scale trade for their daily livelihoods (OCGS, 2025; TICGL, 2024). Agriculture, especially spice production led by cloves, remains central to rural incomes, alongside subsistence farming of staple crops such as cassava, rice, bananas, and coconuts (Beachsafari, 2024; OCGS, 2025). Marine based livelihoods, including artisanal fishing and seaweed farming, play a critical role in food security and income generation, particularly for coastal communities and women

(The Citizen, 2025; Springer, 2024). The informal sector and petty trade are widespread, especially in urban areas, providing essential employment for youth and women despite limited access to capital and social protection (ZRCP, 2023; Makame & Ainebyoona, 2024). Overall, while Zanzibar's economic transformation has expanded opportunities, many livelihoods remain vulnerable to climate change, seasonality, and low productivity, underscoring the importance of inclusive development approaches that strengthen human capital, education, and skills development (World Bank, 2022; ZADEP, 2021–2026).

1.3 The status of Early Childhood Development in Zanzibar

Zanzibar has made important progress in advancing early childhood development (ECD), including through the digitally enabled Community Health Worker (CHW) programme, strengthened child protection systems, high birth registration coverage at 93.7 %, the Tucheze Tujifunze community learning model, and long-standing Madrassa early learning programmes. Progress is also evident in workforce development: approximately 1,200 CHWs have received ECD training, enabling them to integrate early stimulation, responsive caregiving, and developmental monitoring into routine RMNCH home visits. In the education sector, the number of pre-primary teachers increased to 4,746 in 2024, with 2,124 teachers, equivalent to 45 %, employed in government schools, compared with 1,468 teachers, or 38 %, in 2023 (MoEVT, 2024).

However, significant gaps continue to affect the delivery of equitable and high-quality ECD services. The policy and institutional environment remains fragmented, with ECD functions spread across multiple ministries and no central coordinating body or dedicated multisectoral budget. This contributes to siloed planning, inconsistent service delivery, and limited accountability. Workforce capacity also remains critically limited across all five components of the Nurturing Care Framework. In particular, there is no formal qualification pathway or standardized training curriculum for childcare workers serving children under three, leaving a major gap in early stimulation and caregiving during the most formative years of development. Despite the progress made, the overall ECD workforce remains insufficient in both size and competency to deliver quality early learning at scale. These gaps constrain Zanzibar's ability to integrate ECD into routine services, strengthen cross-sector coordination, and provide comprehensive nurturing care for all children.

Critical service gaps persist: most community-based centers lack functioning child-friendly WASH facilities; safety and protection systems remain insufficient, with 8 % of women reporting lifetime physical violence (TDHS-MIS 2022); and caregiving practices place many children at risk, with a high proportion of caregivers leaving young children under the supervision of another child below age ten (RGoZ, 2024). While pre-primary enrolment has expanded dramatically from 15 % in 2006 to almost 90 % in 2023 quality early learning remains limited, particularly in rural and underserved areas. The TDHS-MIS 2022 report indicates that only 60.8 % of children aged 24–59 months in Zanzibar are developmentally on track, lagging behind neighboring countries such as Uganda (65 %) and Kenya (78 %). Notably, the proportion of children who are developmentally on track declines as children grow older, suggesting widening gaps over time. Further, the 2024 Situation Analysis found that only 10 % of children under three years of age were considered on track to achieve their developmental potential.
Significant disparities persist between urban and rural areas, with children in rural communities facing greater disadvantages. These outcomes are compounded by systemic challenges, including the absence of a standardized early learning curriculum, an underqualified early childhood development workforce, limited daycare options for children under three, and low availability of age-appropriate learning materials in households.

Health and nutrition vulnerabilities further undermine children's developmental outcomes. Vaccination coverage remains low, antenatal care uptake is suboptimal, and micronutrient supplementation is insufficient. Nearly 28 % of children aged 18–29 months fall within the "developmental concern" range substantially above the global average of 17.5 %. Integration of the Nurturing Care Framework's components (health, nutrition, early learning, responsive caregiving, and safety/security) remains weak across sectors and particularly in rural districts (Russell, A. L., et al 2022).

Collectively, these systemic, service-delivery, and household-level gaps threaten children's developmental potential and entrench inequities across regions and social groups. Without a coordinated, adequately financed, and genuinely multisectoral ECD system, Zanzibar risks eroding recent gains and missing a critical opportunity to build the human capital essential for long-term national development.

1.4 Justification for Investing in ECD

A strong ECD foundation contributes to the development of a skilled workforce and drives long-term economic growth. High-quality ECD services are also critical for breaking cycles of intergenerational poverty and reducing inequality (UNICEF, 2021). In Zanzibar, challenges such as poverty, limited access to quality services, and disparities in child outcomes highlight the urgent need for coordinated ECD investments.

Global evidence and Zanzibar's emerging data show that investing early in children's development yields significantly higher and more cost-efficient returns than remedial interventions later in life (World Bank,2016; World Health Organi-sation & UNICEF, 2018; UNESCO, 2021; Heckman, 2011; Black, M. M., et al. (2017) and Zanzibar Planning Commission, 2020). Evidence shows that effective ECD interventions should be age-appropriate, address multiple risk factors, and leverage existing delivery platforms to enable scale-up. Developmental science further emphasizes that multi-sectoral approaches engaging sectors, parents, caregivers, and families and ensuring that health, nutrition, early learning, and child protection services are coordinated along the continuum of care are essential to provide nurturing care and help children reach their full developmental potential (Britto et al., 2017).

Scientific evidence consistently demonstrates that early experiences shape health, learning, and productivity across the life course, establishing developmental trajectories that extend into adulthood (Black et al., 2023; World Health Organization et al., 2018). Countries that monitor child development at the population level capturing both risk factors and protective conditions are better equipped to design responsive, equitable, and accountable ECD systems.

To determine country-specific progress in improving early childhood development services, Zanzibar should use consistent, comparable, population-level measures of child development and related risks (Richter, et al, 2019). The measures of progress should be contextually relevant, and indicators of success should be locally defined.

In resource-constrained settings with rapidly growing youthful populations such as Zanzibar, strategic investment in early childhood development is both urgent and economically sound. Evidence shows that interventions that reduce inequities in the early years generate significantly higher returns than remedial measures implemented later in life (Baulos and Heckman, 2022). Because families are the primary architects of children's early development, strengthening parents' and caregivers' capacity through nurturing care approaches is essential to achieving sustained, equitable, and long-term impact.

1.5 Government Efforts to Date

The Government of Zanzibar has made notable strides in advancing ECD through sectoral policies and programs initiatives across sectors as shown in Figure 2: Overall, the government has committed to ensuring that at least 90% of children under the age of eight years reach their full developmental potential by 2031, supported by a high-level steering committee and coordinated interventions across government ministries. Despite these gains, gaps remain in service coverage, quality, and sector specific interventions which tend to limit coordination, hence highlighting the need for a comprehensive, multisectoral approach to ECD.

Government Efforts On ECD Work

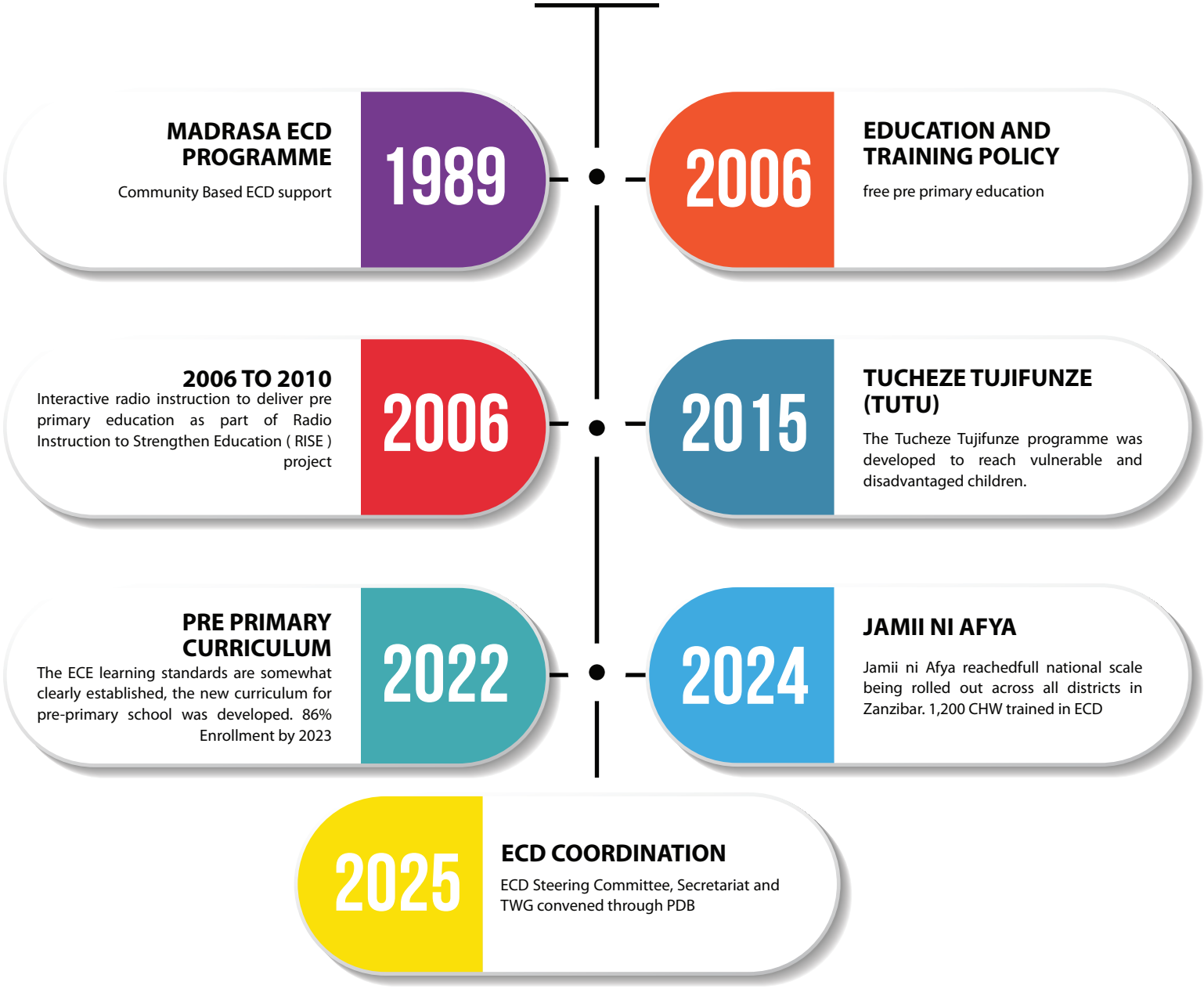

Figure 2: Government Efforts on ECD work in Zanzibar

Sources: GPE, 2023; RGoZ, 2024, EAA Observatory, 2025.

A multisectoral ECD Programme that reinforces a holistic view of young children's needs is therefore essential to enhance efficiency, reduce duplication, and promote equity and accountability in service delivery.

1.6 The ZMECDP Alignment with the National Development Agenda

The Zanzibar Multi-Sectoral Early Childhood Development Programme (ZMECDP) is strongly aligned with Zanzibar's national priorities, particularly the Zanzibar Development Vision 2050 under Pillar II: Human Capital and Social Services. The Vision emphasizes universal access to quality education, maternal and child health, nutrition, water and sanitation, and social protection, all of which are foundational to ECD. The Programme also aligns with Strategic Objective 3of the Ministry of Health, from the Health Sector Strategic Plan V working paper (HSSP,2025) which focuses on ensuring equitable access to RMNCAH+N services through high-impact interventions. In addition, the ZMECDP is consistent with the Education Policy, the Education Sector Strategic Plan, and the NPA-VAWC II (National Plan of Action to End Violence Against Women and Children), specifically Result Area II on strengthened response, support, and service delivery. The Zanzibar Development Plan (ZADEP) 2021–2026 highlights human capital and social services as one of the key pillars for inclusive development. Chama Cha Mapinduzi Manifesto 2025 – 2030 emphasizes strengthening education quality across all levels and expanding access to social services for its citizens to contribute to an enabling environment for child development

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Internationally, it supports Zanzibar's commitments to the Sustainable Development Goals (SDGs), the African Union Agenda 2063, and the Nurturing Care Framework. This alignment ensures synergy between ECD and broader national priorities in governance, inclusion, and poverty reduction.

1.7 Target audience

ZMECDP is intended for a wide range of stakeholders, including government ministries and agencies, donors, development partners, civil society organizations, the private sector, community leaders, service providers, parents, and caregivers. By engaging all relevant actors through a consultative and coordinated approach, the Programme aims to foster collective ownership, collaboration, and accountability for the well-being of Zanzibar's youngest.

1.8 Process of developing the Programme

The development of the ZMECDP was a participatory and consultative process. It involved desk reviews, stakeholder mapping, data analysis, and extensive consultations with government officials, technical experts, community representatives, and development partners. The process was guided by principles of inclusivity, evidence-based planning, and alignment with national and global best practices. Feedback from stakeholders was incorporated to ensure the Programme is responsive to the needs and aspirations of Zanzibar's children and families. Programme development began in June 2025 with an inception meeting that brought together government stakeholders and civil society partners. This was followed by a secondary data review and presentation in July. Primary data collection by the consultants took place in August, and in September the team presented the comprehensive SITAN findings and facilitated the Programme design process.

Situational Analysis

02

The Zanzibar multi-sectoral ECD Programme is informed by a situational analysis of services for children aged 0–8. drawing on a desk review and primary data from Unguja and Pemba. The chapter synthesizes evidence across the nurturing care domains: health, nutrition, responsive caregiving, early learning, and safety and security. It notes clear gains from national policy reforms, stronger community health systems, and pre-primary expansion, alongside persistent gaps in equity, quality, inclusion, and coordination. These findings provide the evidence base for a multisectoral Programme that deliver holistic, equitable, and sustainable support to all young children and their families.

2.1 Key Sectoral Policies for ECD in Zanzibar

Zanzibar's policy environment is defined by a range of sectoral policies, national plans and guidelines that promote ECD, including those in health, nutrition, education, social protection, and inclusion as described in Table 1. Although a stand-alone ECD policy has not been formed, various other policies and legal frameworks have been highlighted as creating an enabling environment for nurturing care and early learning. They collectively suggest that the Zanzibar government recognizes the importance of early infancy as a phase of human development. Coverage for routine immunization is high in Zanzibar for example;

Table 1: Key Sectoral Policies Relevant to ECD in Zanzibar

Sector	Policy / Legal Framework	Contribution to ECD	Key Gaps
Health	Zanzibar Health Policy (2019); Health Strategic Plan IV	RMNCAH, immunization, community health creates entry points for ECD through parent counseling, growth monitoring, and early stimulation	Limited psychosocial stimulation, workforce constraints
Nutrition	ZAMNSAP (2024–2029); The School Feeding Guidelines 2023.	Breastfeeding, micronutrients, and diet diversity. It recommends providing nutritious & safe school meals	Inadequate Financing, community coordination. (Revolutionary Government of Zanzibar, 2024), Lack of school meal standards. (Ministry of Education and Vocational Training, Zanzibar, 2023).
Education	ZEDP II; Education Policy (2006)	Free pre-primary as a right, measurable enrollment targets	Quality, inclusion, teacher shortages
Protection	NPA-VAWC II (2025–2030)	Violence prevention, referrals, parenting	Limited reach in ECD settings (RGoZ, 2024)
Social Protection	Social Protection Policy (2014)	Income security for vulnerable families	Inadequate ECD integration (Revolutionary Government
Rights & Inclusion	Children's Act; Disabilities Act; Birth Registration Act	Child rights, identity, inclusion	Inadequate enforcement, low awareness

2.2 Human Capital Development

Zanzibar has experienced a strong and sustained economic growth trajectory, with the economy expanding at an average rate of 6.7 %, driven largely by tourism, construction, and trade (RGoZ, 2022). Zanzibar's commitment to human capital development is aligned with its Zanzibar Development Plan (ZADEP) 2021–2026, themed "Blue Economy for Inclusive Growth and Sustainable Development" (RGoZ, 2020). The plan prioritizes strategic sectors including the blue economy, agriculture, tourism, human capital, social development, and governance. Investments in human capital are also central to achieving the SDGs and the long-term aspirations of Zanzibar Vision 2050. Recognizing human capital as a foundational driver of inclusive and sustainable growth, the Government of Zanzibar has prioritized investments across key ECD sectors to ensure that all children have access to quality education, protection, and health services.

Several human capital indicators highlight Zanzibar's progress toward national development goals and the Sustainable Development Goals (SDGs) Table 2.

Table 2: Selected Human Capital Indicators

Indicator	Zanzibar	Reference
Under-five mortality	47 per 1,000	Improved, still above SDG (TDHS-MIS 2022)
Infant mortality	42 per 1,000	Higher than neighbors (NBS, 2025)
Stunting (U5)	18%	Kenya 18% (Kenya Demographic and Health Survey 2022); Mainland: 30% (TDHS-MIS 2022)
Health service	38%	46% (World Bank,
Children developmentally on track	60.8%	Behind Uganda (65%) and Kenya (78%) but ahead of Mainland: 47% (TDHS-MIS 2022)
Pre-primary enrollment	91%	Near universal (RgoZ, 2024)
Poverty rate 2019 (Pemba vs Unguja)	43% vs 17%	Major geographic disparity (World
Life Expectancy	91%	65 years Mainland (NBS, 2025).

2.3 Target group 0 – 8 years and caregivers

Children aged 0–8 years in Zanzibar represent a rapidly growing population segment whose wellbeing, development, and learning outcomes are strongly shaped by the quality and accessibility of ECD services. If rapid population growth trends continue, Zanzibar's population could more than double by 2050 (Figure 3),

with the number of young children increasing proportionally. This age group spans both the foundational first 1,000 days where survival, brain development, nutrition, and early stimulation are critical, and the early learning years that form the basis for school readiness and lifelong achievement.

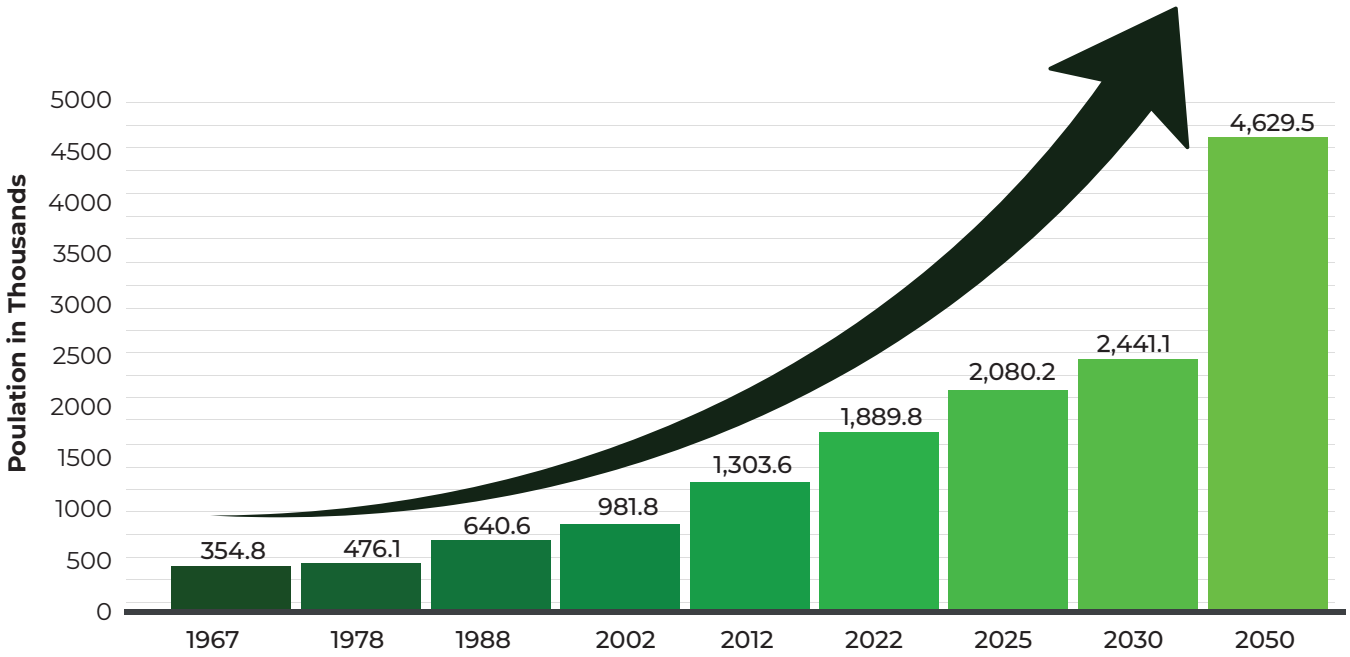


Figure 3: Population Trends in Zanzibar, 1967-2022

Source: NBS, 2022.

The situational analysis highlights that infants and toddlers (0–3 years) remain the least served by formal ECD programs. Services targeting this age group namely responsive caregiving, developmental screening, early stimulation, and structured parenting support, are fragmented and not systematically delivered through health, community, or early learning platforms.

Pre-primary learners (4–5 years) benefit from Zanzibar's policy mandating two years of free early learn-ing. However, challenges persist in teacher capacity, classroom overcrowding, inclusive learning environments, and the availability of didactic and play materials. For early primary-aged children (6–8 years), transition challenges persist as children move from foundational learning approaches to more structured primary education. In addition, there are no targeted health and nutrition services specifically designed for children in the 6–8-year age group

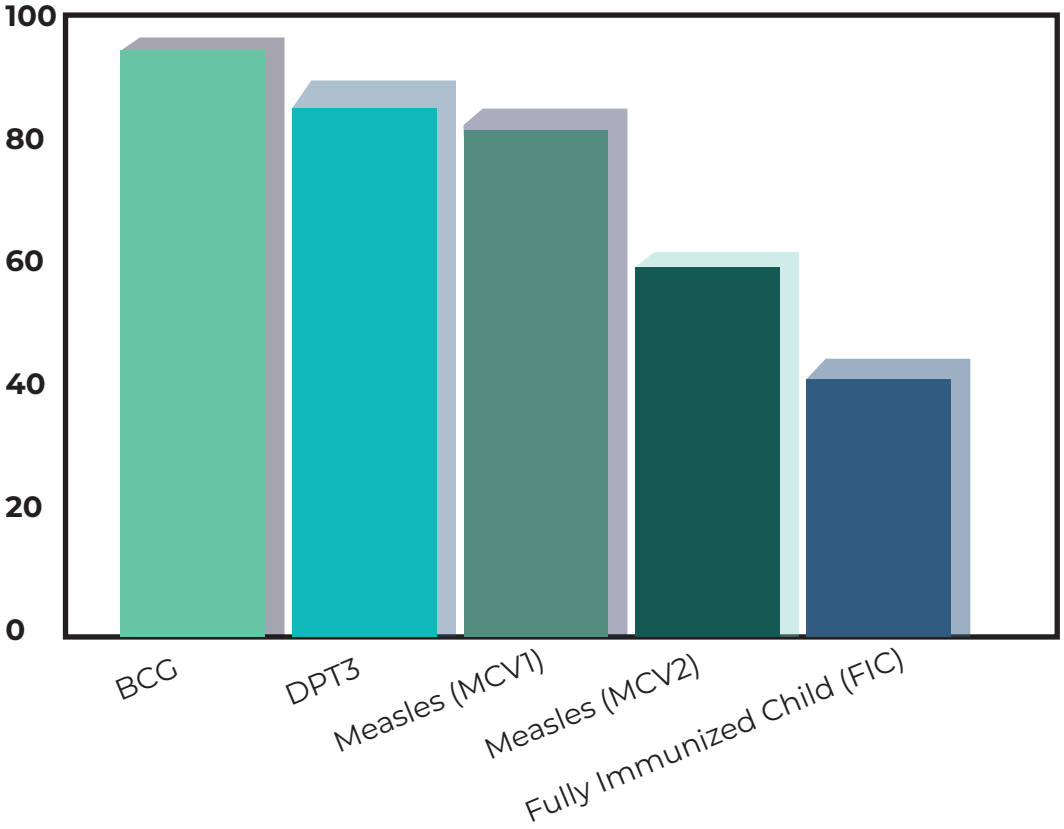
Caregivers including mothers, fathers, grandparents, domestic workers and extended family members play an essential role in nurturing care but face barriers such as limited parenting knowledge, economic constraints, weak caregiver mental health services, and insufficient community-based support systems. Gender norms place disproportionate caregiving burdens on women, while fathers have fewer structured engagement platforms.

2.4 Zanzibar's nurturing care status for children 0 – 8 years

The situational analysis assessed the status of ECD interventions across the five domains of the Nurturing Care Framework (NCF) that are: good health, adequate nutrition, responsive caregiving, early learning, and safety/security; supplemented by cross-cutting considerations such as disability, gender, equity, and climate resilience.

2.4.1 Good health

Zanzibar has made commendable progress in improving maternal and child health outcomes; however, preventable mortality, morbidity, and persistent service coverage gaps continue to undermine child survival and development. Under-five mortality has declined to 47 deaths per 1,000 live births, and infant mortality stands at 42 deaths per 1,000 live births as of 2022, representing a major improvement from the high levels recorded in the 1990s. Despite this progress, mortality rates remain above national targets and Sustainable Development Goal (SDG) benchmarks. In addition, neonatal mortality has shown a concerning upward trend, increasing from 28 deaths per 1,000 live births in 2015 to 34 deaths per 1,000 live births in 2022 (UNICEF, 2024; TDHS-MIS, 2022). This rise underscores persistent gaps in the quality, equity, and accessibility of essential newborn care services across Zanzibar.



Immunization coverage in Zanzibar is generally strong but varies across vaccines and between districts Figure 3 underscoring the need for targeted outreach and tailored community strategies.

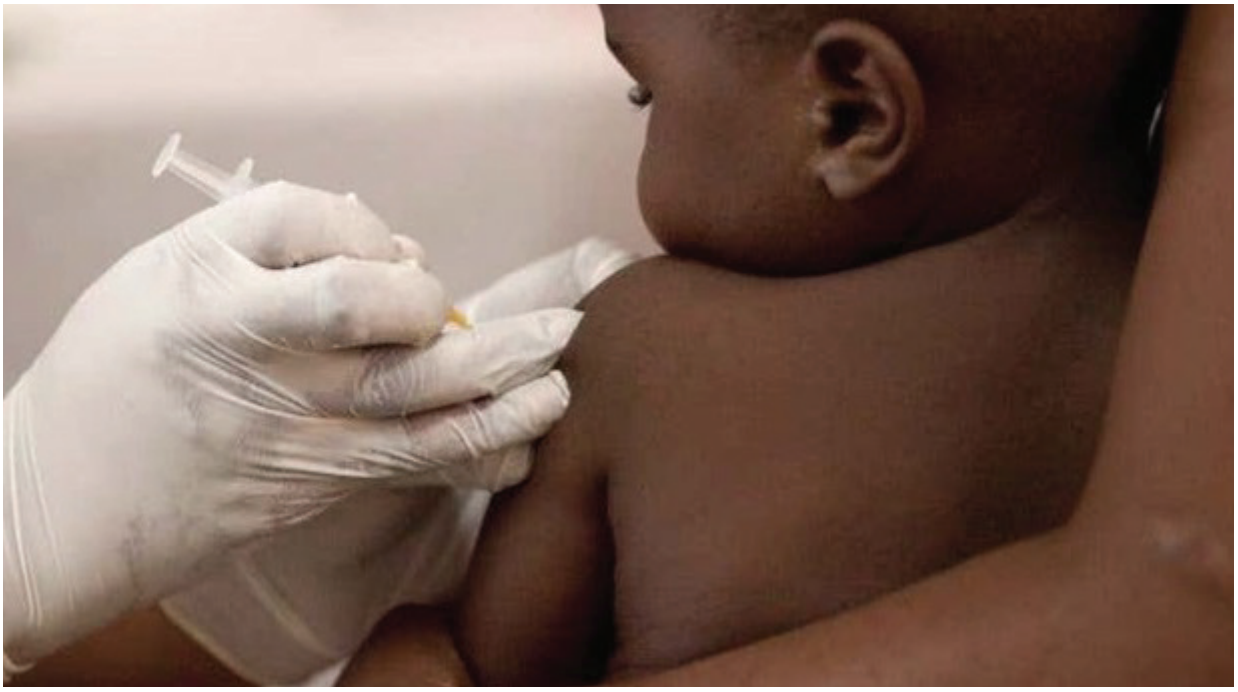
Figure 4: Immunization Coverage in Zanzibar
Source: TDHS-MIS 2022)

Maternal and newborn health indicators in Zanzibar reflect uneven progress and persistent structural gaps. The maternal mortality ratio remains high at 196 deaths per 100,000 live births. This remains far from the SDG 3.1 target of reducing the global maternal mortality ratio to fewer than 70 deaths per 100,000 live births by 2030 (NBS, 2025).

Although 83 % of births occur in health facilities (Yusuf et al., 2025), continuity and quality of care remain concerns. Antenatal care is most effective when initiated early and sustained throughout pregnancy; however, only 79.4 % of pregnant women complete the recommended four antenatal care visits (NBS, 2023). In addition, service readiness is constrained, with only 33.3 % of health facilities providing Basic Emergency Obstetric and Newborn Care (BEmONC) (Pemb, A. et al., 2019). These gaps highlight the need to strengthen both coverage and quality of maternal and newborn services to accelerate progress toward national and global targets.

Furthermore, just 16 % of caregivers of children aged four to six years attend routine child-develop-ment follow-up visits, resulting in missed opportunities for early developmental screening, counselling, and the early identification of delays (RGoZ, 2024). While the Government has made substantial investments in health services for children under five years, there are no routine services targeting children aged 6–8 years, except when they are ill and require visits to health facilities.

Community-based health systems have expanded nationwide significantly through the Jamii ni Afya (JnA), Figure 4 a community health Programme using digital tools, has improved home visitation, immunization adherence, and caregiver knowledge reaching more than 1.7 million people as of Sept 2025. Meanwhile, over 320,000 pregnant women and children younger than 5 years have received health visits (Layer, E et al, 2023). More than 2,000 community health Workers now deliver household-level services supported by digital tools and estimated to reach 3000 in 2026.



Jamii ni Afya Digital Tool

A national digital community health program enabling CHWs to deliver household services (home visits, immunization adherence, couselling) using mobile tools and supervisory dashboards

What Works	Key Gaps
>National rolled out program targeting parents and children under five years >Integrated household registry and tasking: improve follow-up and adherence. >Interoperability with broader digital health ecosystem >Data visibility for supervisors; route plannig and defaulter tracing. >Integrated early stimulation, developmental screening and father engagement components with health and nutrition services	>Variable network/power reliability; high supervision loads; limited data use at district/shehia level >Limited interoperability with EMIS/ZanEMR for cross-sector referrals. >Scale & sustainability options: Standardise an ECD add-on (Parenting sessions, PHQ-4 screening, milestone tracking) >Link JnA dashboards to ECD M&E (shared indicators, disaggregation) >Equip CHWs with inclusive screening tools; bundle with with WASH & Safeguarding prompts

Figure 5: Jamii ni Afya Digital Tool

Source: Layer, E et al, 2023

Mental Wellbeing

Mental disorders during pregnancy and in the year after childbirth are highly prevalent. An estimated 10 % of pregnant women and 13 % of new mothers experience mental disorders globally. The most common disorder is depression, which is experienced by 15–20 % of women in low- and middle-income countries (LMICs) during pregnancy or in the year after childbirth (World Health Organisation [WHO], 2022).

Evidence on the prevalence of perinatal mental health disorders is limited, but the problem is acknowl-edged as extremely concerning. Mental health conditions in the perinatal period have not always been fully integrated on MCH platforms, but their impact on nurturing care is increasingly recognized. There are no national data on mental health status in Zanzibar however the recent implementation of a pilot intervention that screened pregnant and postnatal mothers, found that 30 % of pregnant women and 26 % of postnatal mothers tested positive for depression and anxiety symptoms using the Patient Health

Questionnaire–4 (PHQ-4) assessment tool (RGoZ, 2024). These results, as well as the high prevalence of mental health disorders overall, indicate a high priority to integrate screening, prevention, and treatment measures into health policy and RMNCAH services to strengthen mental health, including systematized screening for depression at antenatal and postnatal visits, referral systems and care pathways, and counselling and treatment services.

2.4.2 Adequate nutrition

Progress in breastfeeding and nutrition programming is evident; however, malnutrition particularly stunting and anemia remains a major public health concern. Poor nutrition in early childhood can lead to serious and long-term consequences, including reduced cognitive development, impaired learning outcomes, and behavioural challenges (Soliman, A et al 2021). While stunting rates are higher on the Mainland (30 %) compared to Zanzibar (18%), Zanzibar reports a higher prevalence of wasting (8 %) than the Mainland (3 %) (NBS, 2023). Exclusive breastfeeding during the first six months remains low, at 40.7%. In addition, complementary feeding is inadequate; with only 6.9 per cent of children 6–23 months meet minimum acceptable diet, and foods introduced are often not nutrient-dense (RGoZ, 2024).

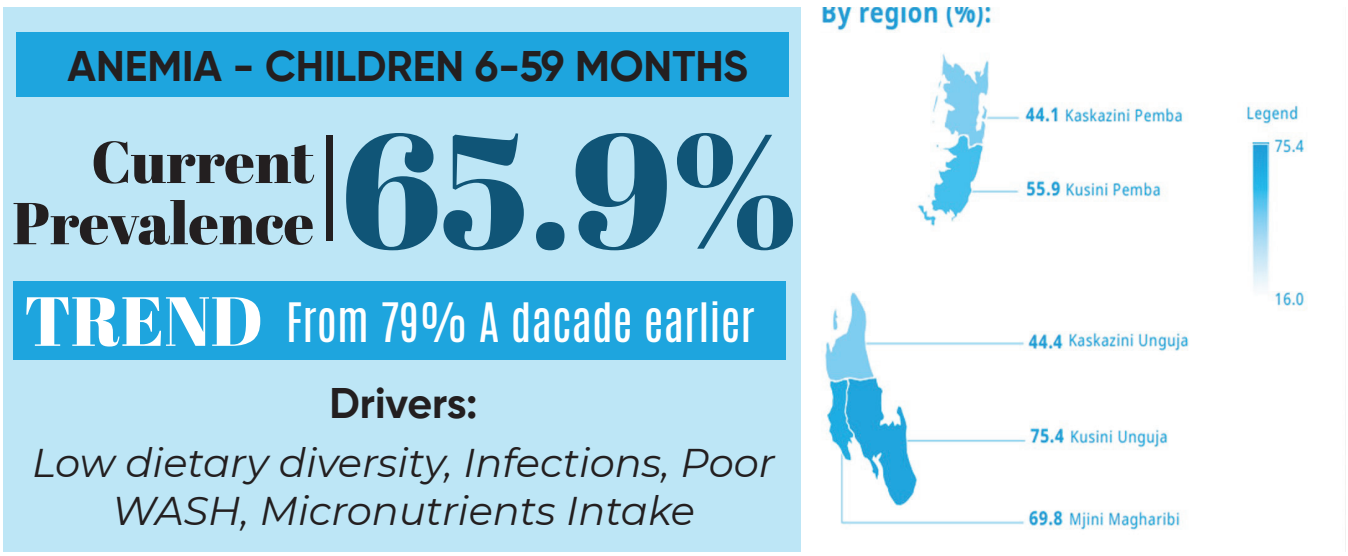


Figure 6: Anemia prevalence among children aged 6-59 months per region

Source TDHS-MIS, 2022

On the adult side, data show a dual burden of undernutrition and overweight among women aged 15–49. Among adolescent girls, 10.2% have short stature and 23.4 % are classified as thin. At the same time, 16.3 % of adolescents are overweight or obese, including 6.4 % who are obese, indicating a double burden of nutrition challenges (MoH, 2025). Although micronutrient deficiencies remain a significant concern, recent evidence shows notable improvement in household access to iodized salt. According to the TDHS-MIS 2022, over 86.3 per cent of households in Zanzibar now use adequately iodized salt, reflecting progress in enforcing the Salt Iodization Act and related policies (NBS, 2023).

However, micronutrient gaps persist due to limited dietary diversity. Many families continue to consume diets low in fruits, vegetables, and healthy fats, which undermines adequate micronutrient intake and contributes to ongoing risks of anemia and other deficiencies.

Nutrition research shows persistent gaps in complementary feeding and micronutrient intake among young children in Zanzibar. Diets are often introduced too early and lack key nutrients particularly fruits, vegetables, iron, zinc, vitamin A, and dietary fats contributing to ongoing malnutrition and suboptimal child growth and development (Kinabo et al., 2019). There are no routine nutrition services targeting children aged 6–8 years. While the Government, through the MoEVT, has established a school feeding programme that provides meals to pre-primary public schools, it does not cover early primary classes (ages 6–8). In addition, information on the programme's quality, coverage, and scale has not yet been publicly verified. The Zanzibar Multisectoral Nutrition Strategic Action Plan (2024–2029) is advancing a coordinated response across health, agriculture, education, and social protection to address underlying drivers of malnutrition and promote sustained improvements in child nutrition and development (RGoZ, 2024).

2.4.3 Responsive caregiving

Responsive caregiving remains a significant area of concern within Zanzibar's early childhood development landscape. Findings from the CREDI baseline assessment indicate that 28 % of children aged 18–29 months were categorized in the "developmental concern" range substantially higher than the global reference prevalence of 17.5 %. This elevated level of developmental vulnerability highlights persistent gaps in early stimulation, nurturing caregiving, and access to timely developmental support during the critical first years of life (Oxford Policy Management, 2022).

Despite this evidence, significant service gaps persist. Parenting programs are irregular and mainly partner-implemented rather than institutionalized within the national systems. Zanzibar lacks a national parenting curriculum, and fathers' engagement remains very limited. Community Health Workers provide only minimal coaching on early stimulation, even though many are supported by digital tools that could facilitate such guidance. In addition, there is no national mechanism for measuring caregiver–child interaction or home stimulation practices.

2.4.4 Opportunities for early learning

Access to early learning services has expanded significantly and represents one of Zanzibar's most notable achievements. Pre-primary enrolment has shown remarkable progress, rising from 15 % in 2006 to 87 % in 2023 (GPE, 2023). Most recently, enrolment has increased further, reaching 90.9 % of children across all 11 districts (RGoZ, 2024). However, inequalities in access to early learning in Zanzibar still remains with rural communities lagging behind urban areas, and enrolment rates differ between Unguja and Pemba. Quality challenges include overcrowded classrooms, shortage of ECD-trained teachers, limited inclusive education facilities, scarce learning/play materials, and weak systems for supervision and mentoring.

Community-based innovations, including TuTu centers and MECP-Z Madrasas preschools, have helped expand access, but these models rely heavily on NGO financing and are not yet fully integrated into sustainable government systems.

Tucheze Tujifunze & Madrasa Early Childhood Development Program

Tucheze Tujifunze (TuTu) Program	Madrasa Early Childhood Development Program
Community-based centres offering play based early learning and caregiver engagement, often in under-served rural/Shehia settings. Require less time and fewer resources to establish than pre-primary classrooms in schools, making it possible for more children to participate in the newly compulsory pre-primary education, especially in remote and underserved arcas. Program teaches social skills which are key life skills. A 2009 impact study showed that children attending TuTu centers had better Kiswahili, English and math skills than children who did not attend. (USAID, 2009) Recognized as part of pre-primary schools though not yet scaled nationwide. Some Tutu centers lack required minimum standards especially WASH facilities.	Faith-rooted preschools affiliated with the Madrasa Early Childhood Programme-Zanzibar; community governed, culturally resonant, aligned with the Nurturing Care Framework targeting 0 - 8 years. Assists underprivileged communities in the establishment, development, and management of preschools; offering professional development and providing tailor-made technical support to preschools, civil society, government and private organizations. Use locally available resources to develop learning materials Focuses on disability - identification, intervention, and referral incorporated in the Madrasa Curriculum The program is not scaled nationwide and it is NGO owned.

Figure 7: TuTu and Madrassa Early Childhood Programs

Source, GPE 2025

The most significant gap affects children under the age of three years: Governed by the MoCDGEC, daycare centers typically accommodate children aged 1–3 years. Operations are guided by the Children's Act and the regulations governing daycare centers established in 2021. The majority of centers are private or faith-based Daycare Centers – some involve fee payment and are in urban areas (Figure 6). Currently there is a lack of age-appropriate curriculum for the age group. Teacher's qualification not clear and available training institutions for the cadre (RGoZ, 2024). Limited early stimulation programs, organized playgroups, affordable daycare options, and government supported parenting initiatives mean missed opportunities during the period of most rapid brain development.

A further gap is the complete absence of home-based childcare as a recognized service modality for children under 4 years. Home-based childcare, in which a trained community caregiver looks after a small group of children in a home setting, represents a low-cost, scalable alternative well-suited to Zanzibar's rural, peri-urban, and island communities where formal Daycare Centers are absent or unaffordable.

Evidence from comparable Sub-Saharan African contexts demonstrates that regulated home-based childcare programmes can deliver quality early stimulation, responsive caregiving, and basic health and nutrition support at significantly lower infrastructure cost than center-based models (Munthali et al., 2014; Oloo et al., 2023; Jeong et al., 2021). Currently, no regulatory framework, training pathway, or government support exists for home-based childcare providers in Zanzibar, leaving many informal arrangements unmonitored and unstandardized.

Services for children aged 6–8 years are primarily limited to formal learning provided in early primary schools through the MoEVT. Learning environments are typically classroom-based, organised around desks and blackboards. Transition support services from home to ECD centers and from ECD centers to primary school are neither documented nor consistently observed. However, evidence highlights the significance of effective transition practices for child development (Chikwiri, 2017).

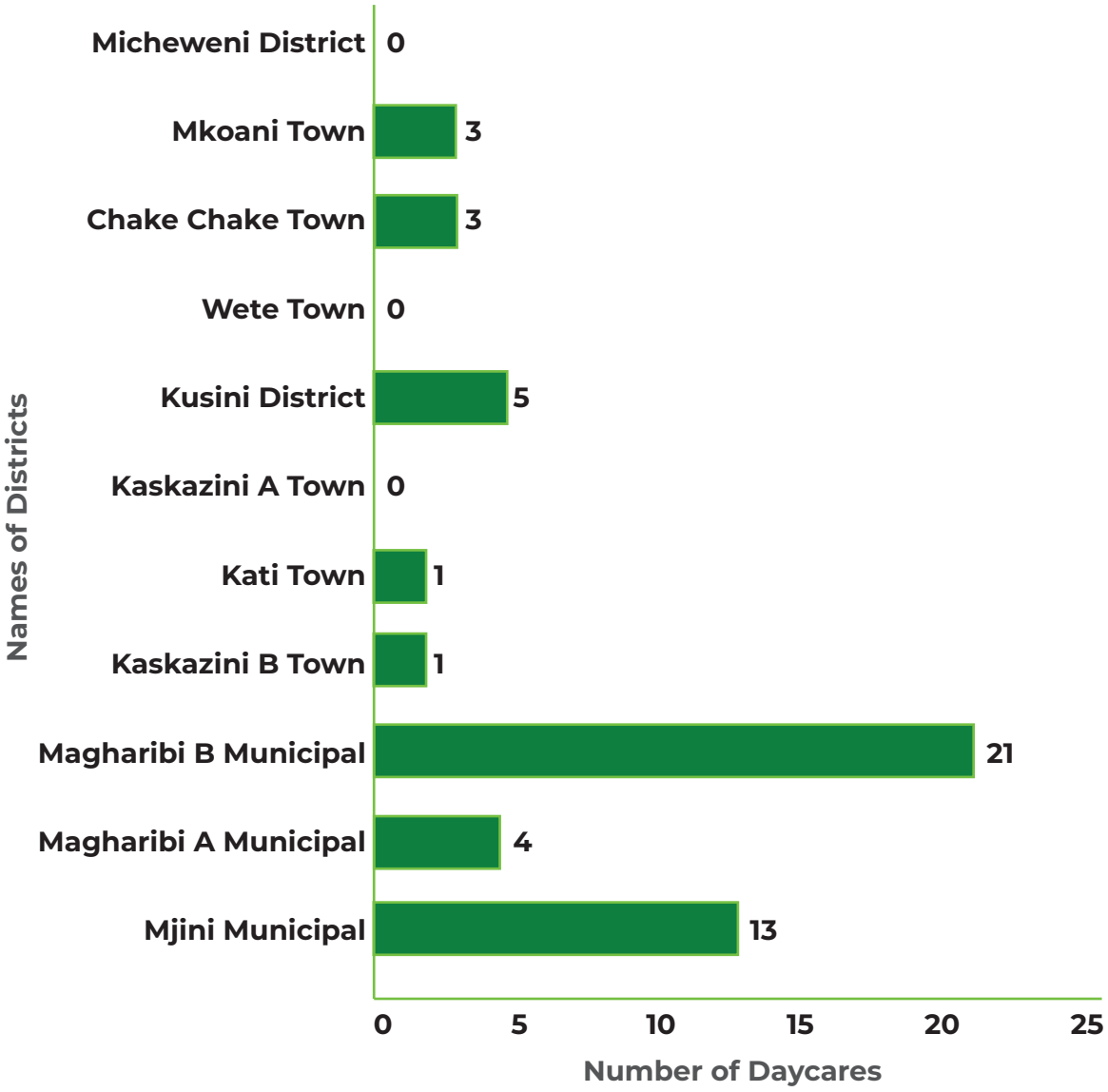


Figure 8: Number of Day Care Centers per District in Zanzibar

Source (RGoZ, 2024)

2.4.5 Safety and security

Although data on emerging forms of violence is limited, physical and sexual violence remain persistent concerns especially for younger children, girls and children with disabilities, who face overlapping risks. The TDHS-MIS 2022 reports that 8 % of women aged 15–49 have experienced physical violence since age 15, underscoring the need for stronger prevention and protection mechanisms.

Following the implementation of the National Plan of Action to end Violence Against Women and Children (NP-VAWC 1) progress has been documented through enhanced legal frameworks and community engagement programs. Recent legal reforms including the Legal Aid Act (2018), the Zanzibar Economic Empowerment Agency Act (2022), and the Persons with Disabilities Act (2022) have strengthened protection and response systems. As a result, survivors are increasingly able to access immediate medical, psychosocial, and legal support. Response structures such as One Stop Centers (OSC) and Police Gender and Children Desks (PGCDs) in Fuoni, Micheweni, and Wete ensure timely, coordinated, and cost-effective assistance, while Shehia-level gender committees on VAWC help link survivors to services and support community-level follow-up. Complementary programs providing women's empowerment and school-based interventions for children and adolescents further expand the protective environment. These combined efforts contributed to a 15 % decrease in domestic violence cases and a 20 % reduction in reported child abuse incidents by the end of implementation of NP-VAWC 1 (MoCDGEC, 2025). However, implementation in safety and security interventions within early childhood settings remains limited. Despite existing policy prohibitions, corporal punishment continues to occur in both schools and Madrasas, reflecting gaps in enforcement and community awareness.

In relation to parenting practices, the recent baseline study revealed concerning patterns in caregiver supervision, with many parents leaving children aged 0–3 and 4–6 at home under the care of another child below ten years (RGoZ, 2024). Such arrangements place young children at heightened risk of household accidents, exposure to neglect or abuse, delayed response in case of illness, and insufficient supervision to support their safety, stimulation, and emotional well-being.

Summary of Caregiving and Discipline Practices

Indicator	Children 0-3 years	Children 4-6 years	Notes
Use of positive disciplinary practices	**Inadequate**	**Inadequate**	Few caregivers praise or use positive discipline
Children left in another home for more than one hour	**82%**	**74%**	Indicates limited direct caregiver supervision
Children supervised by another child under 10 years	**88%**	**83%**	High reliance on child-to-child caregiving

Figure 9: Caregiving and Discipline Practices

Source, (RGoZ, 2024)

Several systemic weaknesses undermine protection in ECD environments: most centers lack formal safeguarding protocols; staff rarely receive training on positive discipline, early identification of abuse, or referral procedures; informal centers are infrequently monitored; and data on abuse within ECD settings are scarce. Community Development Officers and Social Welfare Assistants each carry caseloads exceeding 2,000 households, limiting follow-up (World Bank, 2013). Birth registration coverage is strong at 93.7 %, largely due to registration within health facilities (TDHS-MIS, 2022).

This is a critical protective measure, though broader child protection systems still require strengthening to ensure safety and support across all care environments. However, it is important to note that vulnerable children including orphans, those in residential homes often do not access such services.

Table 3: Zanzibar Early Childhood Development-Nurturing Care Framework

Domain	Achievements	Gaps / Challenges	Opportunities / Priorities
Good Health	- Under-five mortality: 47/1,000; infant mortality: 42/1,000 (2022) - 83% of births in health facilities - Jamii ni Afya Programme reached 1.7M people; 320,000+ pregnant women & children under 5 - CHWs supported by digital tools	- Neonatal mortality rising (34/1,000) - Maternal mortality high (196/100,000) - Only 16% of children 4–6 attend development follow-ups - Limited perinatal mental health services	- Expand home visits and follow-ups - Integrate maternal mental health screening & support - Strengthen early developmental surveillance
Adequate Nutrition	- Stunting: 18%; wasting: 8% - Household iodized salt coverage: 86.3% - School-feeding Programme operational	- Exclusive breastfeeding low (40.7%) - Complementary feeding inadequate (6.9% meet minimum diet) - Double burden of malnutrition in women/adolescents - Persistent micronutrient deficiencies	- Strengthen caregiver nutrition education - Promote locally available nutrient-dense foods - Scale multisectoral nutrition interventions
Responsive Caregiving	- 28% of children 18–29 months at developmental risk (CREDI assessment)	- Irregular, mostly partner-led parenting programs - No national parenting curriculum - Limited father engagement - Minimal CHW coaching on early stimulation - No national monitoring of caregiver–child interaction	- Systematize parenting programs - Strengthen CHW early stimulation support using digital tools - Promote father engagement - Develop caregiver–child interaction monitoring systems

Table 3: Zanzibar Early Childhood Development-Nurturing Care Framework

Domain	Achievements	Gaps / Challenges	Opportunities / Priorities
Opportunities for Early Learning	- Pre-primary enrollment: 90.9% (2023) - 60.8% of children 24–59 months developmentally on track - Community innovations (TuTu centres, Madrasas) expand access	- Overcrowded classrooms, few trained teachers, limited learning materials - Children under 3 underserved: lack of curriculum, trained teachers, daycare - NGO-dependent programs not fully integrated into govern-ment systems	- Expand teacher training & learning resources - Develop age-appropriate curriculum for under-3s - Integrate community models into sustainable government system
Safety & Security	- Legal reforms and NP-VAWC 1 contributed to 15% drop in domestic violence, 20% reduction in child abuse - One Stop Centres, Police desks, Shehia committees operational - Birth registration: 93.7%	- Corporal punishment persists in schools and Madrasas - Weak safeguarding in ECD centres; staff untrained in abuse detection/referral - Young children often left in care of other children (<10 yrs) - Vulnerable children (orphans, residential homes) often excluded	- Strengthen ECD safeguarding policies & enforcement - Train staff on positive disci-pline, abuse detection, referral - Promote safe caregiving practices at home & community level

2.4.6 Cross cutting issues for 0 – 8 years and caregivers

Madrasas are a major asset for ECD scale-up, while also requiring targeted support to strengthen quality, inclusion, safeguarding, and WASH. Strengthening Madrasas will require targeted investments in teacher capacity, curriculum reform, infrastructure, and inclusive practices, alongside improved quality assurance focused on pedagogy as well as facilities. Evidence from East Africa, including MECP-Z, shows faith-based ECD can be strengthened via community governance, learning materials, and training; addressing discipline practices and WASH remains critical. Madrasas' acceptance and reach, despite current risks, make them valuable partners for expanding ECD. With support, regulation, and capacity building, they can transition from weak link to cornerstone, including for children with disabilities and other vulnerable groups.

Madrasas are both Zanzibar's greatest strength and its greatest vulnerability in ECD.

Opportunities:

They are culturally embedded, affordable, trusted, and community owned. They provide legitimacy, reach, and moral foundations for children's development.

Risks:

They have weak professional capacity, teacher-centered pedagogy, poor inclusivity, rely on corporal punishment, and have inadequate WASH facilities.

2.4.6.2 Inclusion and Equity

Approximately 2 % (1624 children) of all children enrolled in early childhood education (ECE) centers in Zanzibar were identified as having special needs in 2024, up from 1 % in 2016 (RGoZ, 2024). Although policies, including the Disabilities Act (2006) and Education Policy (2006), promote inclusion, operationalization within ECD programs is uneven. Early identification and screening of developmental delays/disabilities is limited; referral pathways are weak and inconsistent. Infrastructure and learning materials often lack disability-friendly adaptations; teachers have limited training in inclusive pedagogy. As a result, children needing additional support struggle to participate fully.

Children in remote rural areas, fishing communities, informal settlements, and Madrasa-based environments are disproportionately underserved by essential health, nutrition, and early learning programs due to service availability, geographic isolation, and infrastructure constraints.

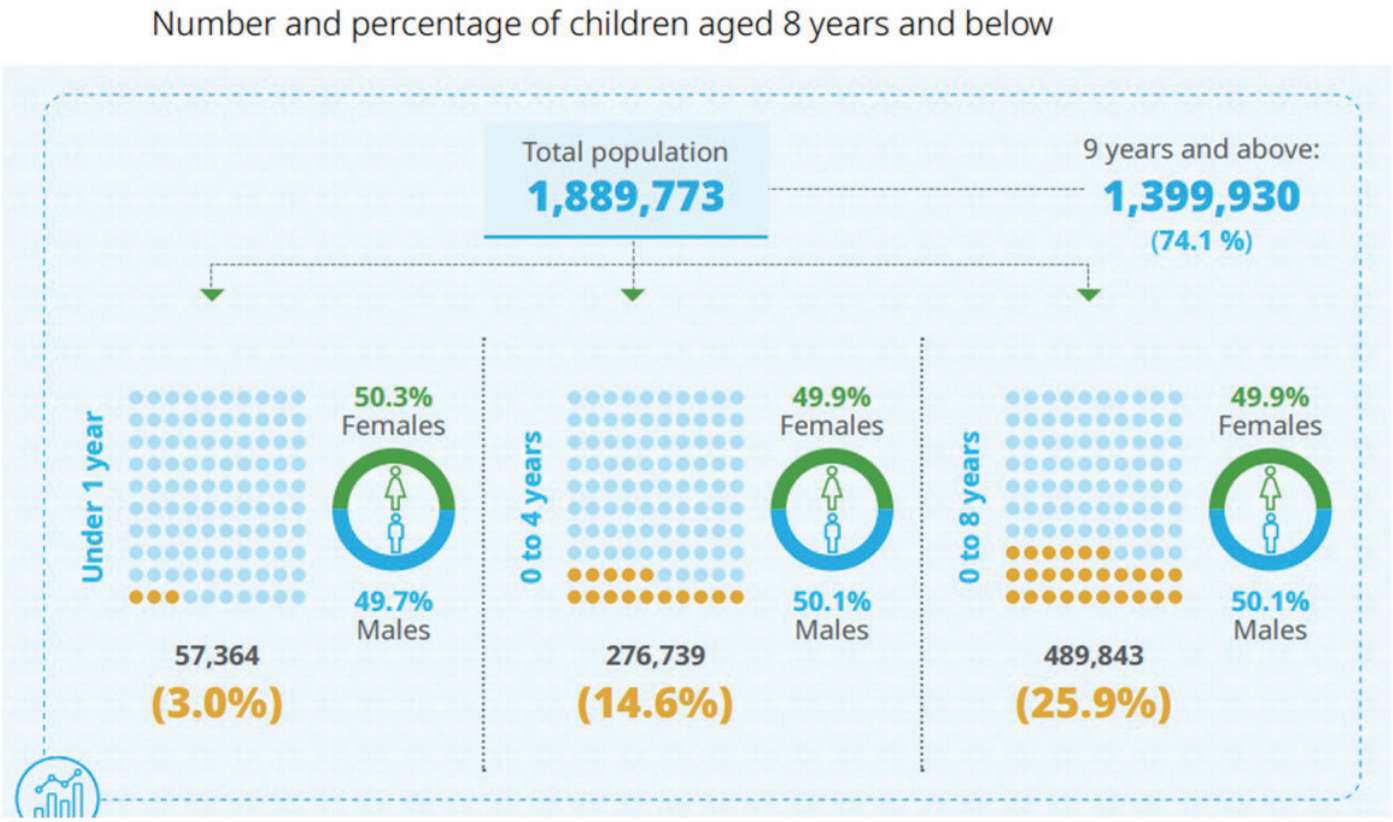
2.4.6.3 Gender

The care economy is clearly gendered: women perform the vast majority of unpaid domestic and caregiving work, limiting time for income generation, accessing health services, and providing early stimulation to children (NBS & OCGS, 2023; UN Women, 2024). Male engagement is low; many fathers rarely accompany children to health visits or engage in bonding activities (UNICEF, 2022).

Gender-based violence (GBV) and violence against children (VAC) increase toxic stress and weaken school readiness. ECD programming must integrate GBV/VAC prevention, positive discipline, and referral pathways (WHO et al., 2018). Adolescent and young mothers are another vulnerable group. While early marriage and childbearing are lower in Zanzibar with only 8.2 % (compared to 27 % in mainland), pockets of very young mothers with low schooling and limited parenting confidence persist (UNICEF, 2021). Their children face elevated risks of low stimulation and undernutrition. The ECD Programme should therefore include a targeted package for adolescent or first-time mothers practical parenting sessions, peer groups, and strong links to social protection. Finally, although pre-primary enrolment is gender-balanced, girls slightly outperform boys on school-readiness assessments such as IDELA, and boys are more frequently in the "not yet" category (UNICEF & RGoZ, 2024). However, evidence from later grades consistently shows that girls face increasing risks of dropout, reduced participation, and constrained learning opportunities. Protecting and building on girls' early readiness therefore remains essential, alongside the adoption of gender-responsive pedagogy that addresses boys' emerging disengagement.

2.4.6.4 Poverty

Poverty strongly predicts early childhood outcomes. Roughly 25.7 % of the population lives below the basic needs poverty line (OCGS & World Bank, 2020) and 8 % below the food poverty line. Among children 0–8 years, 27 % live in basic-needs poverty and 10 % in food poverty (UNICEF, 2019). Poverty exposes young children to overlapping deprivations that hinder brain development and school readiness (Black et al., 2017; Walker et al., 2011). Rural districts such as Micheweni and Wete face higher deprivation and weaker service access (UNICEF, 2019). Social protection efforts through TASAF provide modest support (about TZS 16,000/month to 32,000 households) (World Bank, 2022) and links families to services; however, Zanzibar lacks disaggregated evidence for under-fives, and disability support funds do not adequately reach young children with developmental delays (de Hoop et al., 2019). Integrating ECD with social protection via cash-plus models, targeting rural/peri-urban areas, expanding childcare options, and embedding poverty indicators in ECD monitoring are critical to break intergenerational deprivation.



2.4.6.5 ECD Stakeholders in Zanzibar

Multiple actors are engaged in ECD activities in Zanzibar across national, district, and community levels, creating strong opportunities to leverage diverse resources, expertise, and partnerships Table 4. However, despite this broad and active stakeholder ecosystem, coordination remains fragmented. Existing coordination platforms under the ZPDB provides an important foundation, but stronger alignment, clearer roles, and institutionalized collaboration mechanisms are needed to ensure integrated, efficient, and coherent ECD service delivery across sectors and levels.

Table 4: Key ECD Stakeholders and their Roles in Zanzibar

Stakeholder Group	Key Actors	Primary Roles in ECD
Government	Ministries of Health; Education & Vocational Training; Community Development, Gender, Elderly & Children; Home Affairs	Policy development, regulation, service delivery across health, education, protection, and social welfare
Development Partners	UNICEF, WHO, Save the Children, Aga Khan Foundation, D-Tree	Technical assistance, financing, pilots, system strengthening
Local NGOs	MECP-Z, Milele Zanzibar Foundation, Maisha Bora Foundation	Community-based service delivery, caregiver support, nurturing care services expansion
Religious Institutions	Mufti's Office, Madrasas	Early learning, moral and social development, community legitimacy
Community Structures	Shehia committees, Community Health Workers (CHWs), Pre-primary teachers.	Grassroots outreach, referrals, household-level support
Private Sectors	Banks, Hotels, Malls, Schools, hospitals, industries/factories	Provide CSRs, ECD services, funds, employment
Coordination Bodies	ECD Secretariat & Technical Working Group (ZPDB)	Cross-sector coordination and collaboration

2.4.6.6 Climate Change and ECD

Climate change disproportionately affects young children. An estimated 90 % of the health burden from climate-related air pollution, vector-borne diseases, and malnutrition falls on children under five, who are biologically more vulnerable (UNICEF, 2023). In Zanzibar, rising temperatures, changing rainfall, coastal flooding, and saltwater intrusion disrupt ecosystems and livelihoods, reducing agricultural yields and fish stocks and undermining food and income security. These losses contribute to malnutrition and caregiver stress and reduce dietary diversity, particularly for children and pregnant women (World Bank, 2022). Climate hazards increase exposure to contaminated water, vector-borne infections, and poor sanitation during the critical first 1,000 days (UNICEF, n.d.). Policies such as the Blue Economy Policy (2020) and Disaster Management Policy (2011) signal commitment, but early learning centers, health facilities, and community parenting programs show limited integration of climate-resilient practices (e.g., safe infrastructure, psychosocial support post-shocks, nutrition-sensitive approaches aligned with local food systems)

2.4.6.7 Private Sector

In Zanzibar, the private sector is significant in providing health, education, and childcare services in both formal and informal settings. Demand for ECD services often exceeds public capacity in many urban and peri-urban areas, and most early learning centers, daycare facilities, and preschools are privately owned and operated, often by community or faith-based organizations. There is limited monitoring and accreditation of these institutions by the Ministry of Education and Vocational Training (MoEVT) or the Ministry of Health (MoH), and they are not formally integrated into the existing ECD system (Revolutionary Government of Zanzibar [RGoZ], 2024).

The private sector also shapes the enabling environment for ECD, through workplace policies, corporate social responsibility (CSR) commitments, and employment practices. The private sector, which is the largest employer in Zanzibar across tourism, agriculture, and the service industries, has a critical role to play in supporting family-friendly workplaces such as on-site childcare, breastfeeding rooms, and flexible working hours for parents. Yet, evidence from the field indicates that such services and benefits are rare, even with the 2014 Public Service Regulations recognizing breastfeeding as an "acceptable reason for absence to contribute to the health and productivity of children and mother" (International Labour Organisation [ILO], 2023). This further constrains women's economic participation and productivity while pushing caregivers, particularly those from low-income households, to informal, unregulated, or unsafe childcare arrangements. The private sector also plays a key role in financing and service delivery innovation.

Public-private partnerships (PPPs) have expanded ECD teacher training, developed local ECD learning and assessment materials, and improved ECD infrastructure through co-financing mechanisms in other African countries (Aga Khan Foundation, 2023; World Bank, 2021). In Zanzibar, PPPs could help scale up low-cost, high-quality daycare centers or care models, digital platforms for training and materials, or "greening" facilities and approaches in line with the Blue Economy national framework. Microfinance and local savings and credit cooperatives (SACCOs) can also support women's empowerment and entrepreneurship to establish and run community-based childcare centers, generating employment for women and meeting local demand for care.

2.5. Coordination and Governance of ECD

ECD in Zanzibar is based on the principle that nurturing care for young children is multisectoral; optimal services require coordinated delivery across health, nutrition, education, child protection, and social welfare, and across national, district, and community levels. While sector policies exist, effective cross-sector coordination at service delivery points is essential for comprehensive ECD.

2.5.1 Coordination at National level

ECD leadership operates within the Office of the President, coordinated by the Zanzibar Presidential Delivery Bureau (ZPDB), aligning ECD with national development priorities and accountability frameworks. National coordination currently operates through a coordinator and a national steering committee comprising key implementing ministries (health, education, social welfare, community development), supported by a secretariat of ministerial focal persons and a ECD Technical Working Group, as figure 10 below. Despite its multisectoral mandate, ECD in Zanzibar continues to operate largely within sectoral silos. While individual ministries maintain strong policy and technical frameworks, collaboration remains ad hoc rather than anchored in formalized, shared accountability mechanisms. For example, the Ministry of Health's technical guidelines are not systematically integrated with education or social welfare systems, and the MoEVT's ECD policies are not formally linked to health screenings or psychosocial support services. Similarly, the MoCDGEC frequently establishes temporary technical working groups tied to specific projects rather than sustained cross-sector platforms. As a result, coordination is activity-based rather than institutionalized, with limited joint planning, pooled resources, and mutual performance accountability. This fragmentation contributes to the duplication of services, inefficiencies, and i nconsistencies. Strengthening ECD outcomes will require moving beyond informal collaboration toward a structured co-accountability framework.

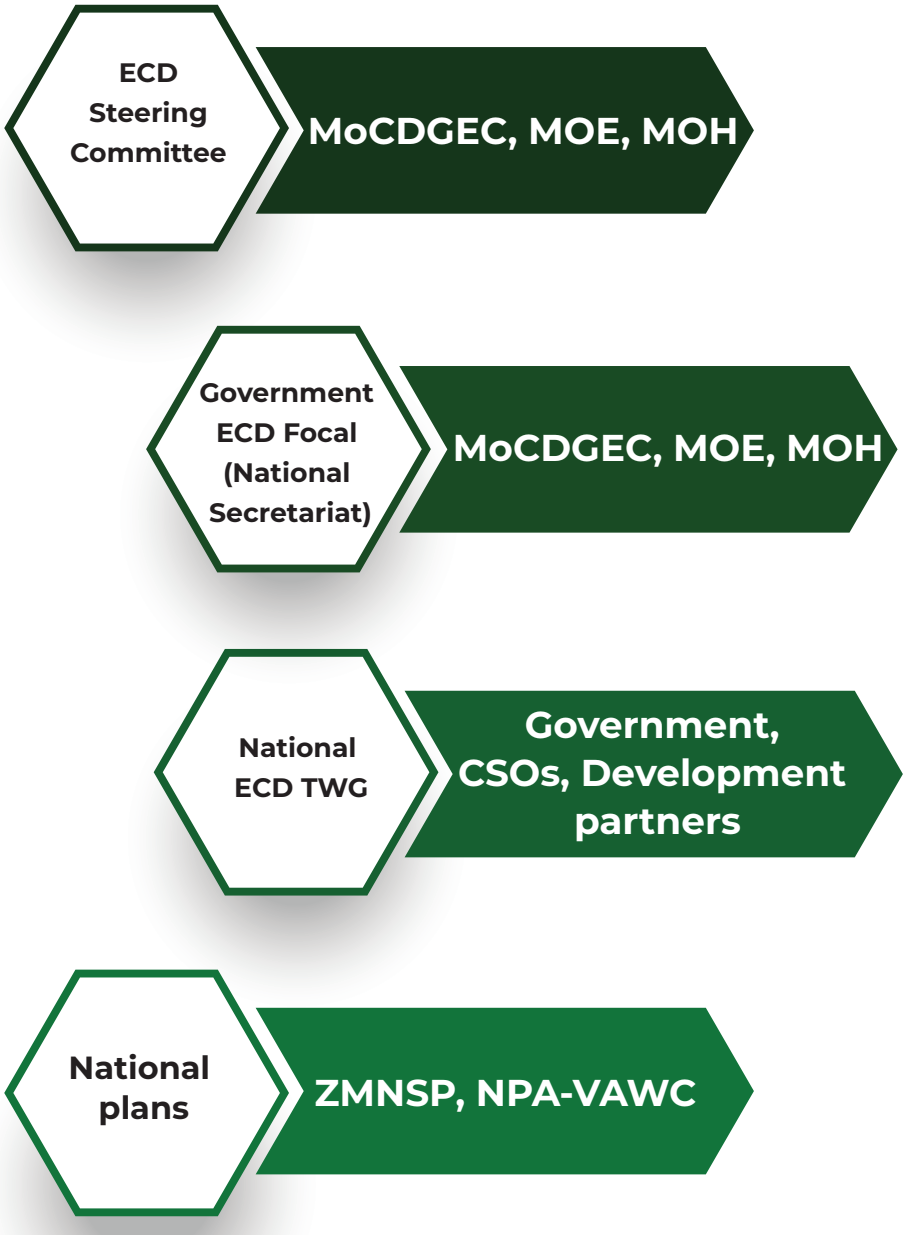


Figure 10: National level coordination structure of ECD activities in Zanzibar

2.5.2 Coordination at Sub-National Levels: Districts and Regions

Sectoral officers within various districts, including those responsible for education, health, nutrition, social welfare, and community development, are responsible for implementing ECD related services. These districts serve as a critical intermediary between ministries and local communities. The degree of coordination at this level differs across districts. In certain districts, established mechanisms facilitate joint planning and reporting, whereas in others, officers operate independently with minimal cross-departmental integration. In some context, officers from national level would be responsible in implementation of activities at district level. These variations are indicative of differences in leadership, resource allocation, and institutional culture among districts.

2.5.3. Coordination At Community Level: Shehia Structures and Committees

The Shehia is the smallest unit of formal community governance and the first point of contact between citizens and the government. Service delivery at this level relies on committees for health, education, child protection, social welfare, and community development. These committees are important points for caregivers and local leaders to connect families with services and refer them to the next level of care. In practice, however, committees often work in silos. They meet irregularly, with overlapping roles and duplicated efforts. Parents explained that joint work was most likely during imminent threats affecting the entire community, such as a cholera outbreak, when schools would be used for health education. In routine situations, collaboration was more directive-driven, and inter-sectoral work only happened if higher authorities ordered it.

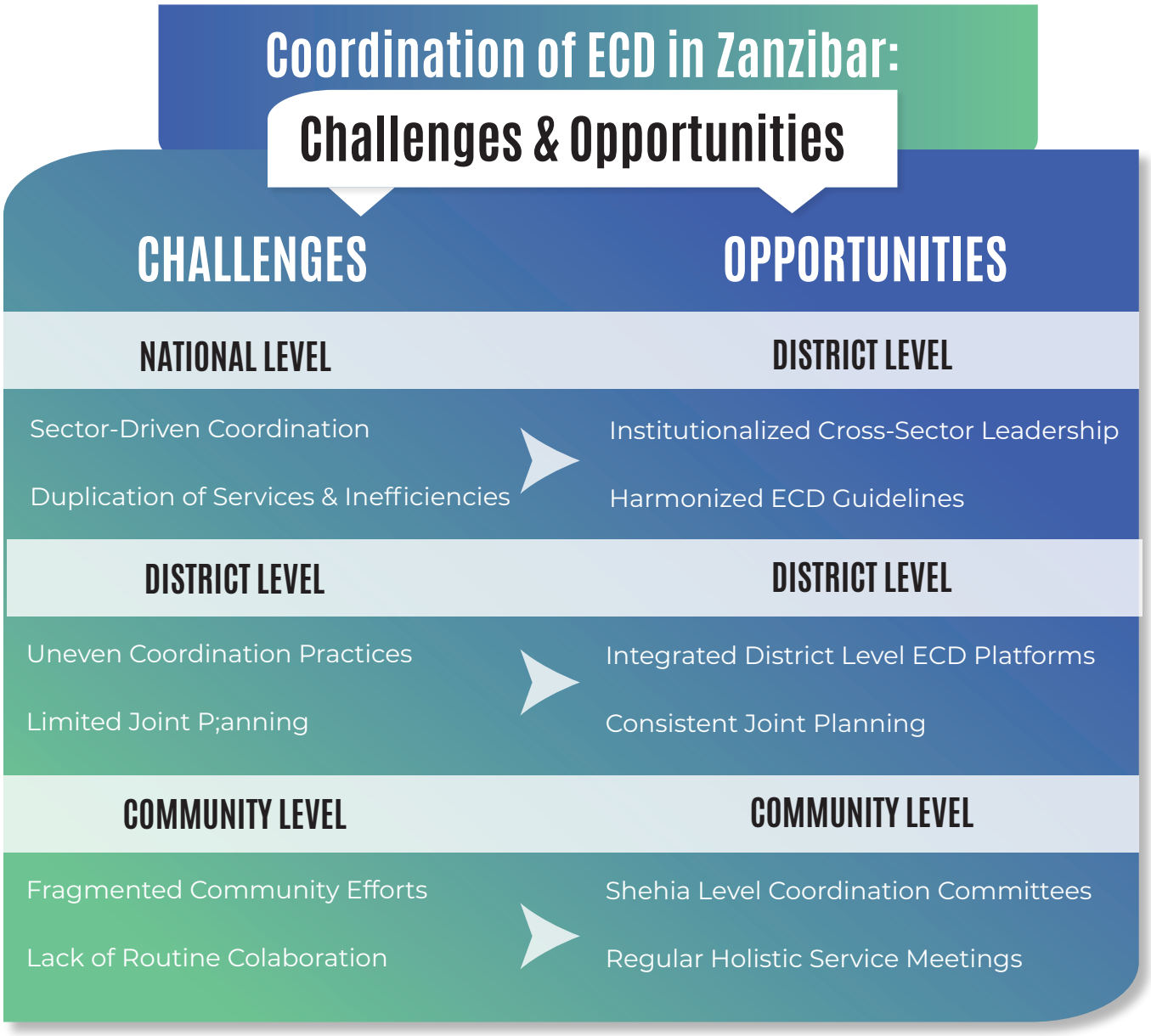


Figure 11: Summary of Challenges and Opportunities in ECD Coordination

2.6 Fiscal and Budgetary Framework for ECD in Zanzibar

The current financing landscape for ECD in Zanzibar is to inform a long-term costed investment case and funding mobilization strategy. A sustainable ECD financing model for Zanzibar must rest on transparent, fair, and efficient public fiscal management (PFM). In recent years, the President's Office of Finance and Planning (POFP) has implemented fiscal reforms that strengthened budget governance, improved expenditure tracking, and institutionalized gender and equity-responsive budgeting mechanisms (Ministry of Finance and Planning [MOFP] & UNICEF, 2024; World Bank, 2023). These efforts have enhanced transparency in social-sector spending and established accountability measures that link fiscal allocations to child development outcomes.

The Budget Monitoring and Accountability Unit, in collaboration with the Gender and Equity Budgeting Roadmap (2018–2024), has established frameworks that link ECD spending to outcomes in health, education, and community development RGoZ & UNICEF, 2023). These public finance changes align with the goals of Zanzibar's long-term plan, Zanzibar Development Vision 2050, which aims for inclusive human development, gender equity, and social protection for all (RGoZ, 2020). At the Second High-Level Budget Monitoring Symposium in January 2025, the POFP stated that TZS 59.19 billion (approximately USD 22 million) was allocated for programs focusing on gender and equity, indicating that the government is more clearly linking spending to early childhood goals (MOFP & UNICEF, 2024).

2.7 Conclusions

Zanzibar has shown strong political commitment to ECD and measurable progress in health, nutrition, early learning, and child protection. Despite these gains, services remain fragmented, sector-specific, inequitable, and insufficiently resourced. The most significant gaps affect children under three, children with disabilities, and families in rural or low-in-come communities. Weak coordination and limited domestic financing undermine sustainability and reach. Advancing nurturing care will require integrated service delivery, stronger policy foundations, predictable and pooled financing, active community engagement, and systems inclusive and resilient to climate risks. With increasing political commitment and emerging structures, Zanzibar is well positioned to transform its ECD landscape through a coherent multisectoral program.

2.8 Recommendations

The Situation Analysis revealed that while Zanzibar has a strong policy environment for ECD, fragmentation, access barriers, and constrained financing inhibit system scale, quality, and sustainability.

2.8.1 Coordination and Governance

i Facilitate systemic reform, an ECD coordination and governance structure must be developed at all levels. This would entail institutionalizing existing ECD related policies, strategies, and plans into a single, crosscutting, and legally binding ECD Policy and Act.

ii Establish a National ECD Authority within the ZPDB, with a clear mandate and the capacity to lead integrated ECD planning, budgeting, and joint monitoring across all relevant line ministries and sectors, including health, education, nutrition, protection, community development, and religious affairs.

iii Formalize vertical/horizontal coordination across regional, district, and shehia platforms; strategically engage parents/caregivers, Madrasas and other community providers to align curricula and practices with nurturing care, inclusion, and protection standards. Joint planning, budgeting, and mutual accountability should reduce duplication and transaction costs and institutionalize multisectoral cooperation.

2.8.2 Quality and Service Delivery

i Improve access to high-quality, integrated ECD services, especially for children under three.

ii Link integrated service delivery models with health, nutrition, early learning, and child protection at the point of service, e.g., through CHW and teacher joint outreach, Madrasa, school-based health services, and child stimulation during a national scale Jamii ni Afya (JNA) community sessions.

iii Mainstream Responsive caregiving through CHW curriculum and caregiver parenting programs that promote the role of play, emotional connection, and positive parenting in children's development, as well as early identification and support for children's mental health needs.

iv Invest in pre-primary infrastructure, teacher capacity, and play-based pedagogy to improve quality and learning outcomes.

v Ensure continuity and sustainability of access in rural areas and Pemba, e.g. by scaling MECP-Z and TuTu–Tucheze Tujifunze services supported through public-private subsidy schemes.

vi Develop a regulatory and support framework for home-based childcare to extend access to children under 4 years, particularly in rural Shehias, remote islands, and peri-urban areas where formal Daycare Centers are unavailable. The framework should define minimum standards for caregiver training, group size, safety, early stimulation, and registration, under the oversight mandate of MoCDGEC, with linkages to community health and child protection systems.

vii Ensure continuity of nurturing care services from home to ECD centres, pre-primary education and early primary education.

viii Use existing platforms, including schools, to reach children aged 6–8 years with appropriate health, nutrition and child-protection services.

ix The government establishes a Quality and Inclusion Framework for ECD that sets standards for ECD centers, including WASH and community facility safety and hygiene, caregiver–child ratios, and best practices to ensure inclusivity for all children.

2.8.3 Inclusion, Gender Equity, and Accessibility

i Pay special attention to children with disabilities, those under three, children from poor or rural house-holds, and adolescent mothers. Upgrade the infrastructure to make it accessible to all, especially in ECD, WASH, and community areas. Train teachers, CHWs, and caregivers to spot developmental issues early and use inclusive practices, supported by locally adapted materials and assistive devices.

ii Incorporate gender equity and inclusion throughout ECD planning, budgeting, and evaluation. Build referral/follow-up mechanisms where digital platforms such as JnA and ZanEMR can support identification, tracking, and referral. Add GBV prevention to ECD and Jamii ni Afya programs, involve fathers more in caregiving and early learning, and recognize unpaid care work in social protection and Labor rules.

iv Increase workplace childcare and breastfeeding spaces in both public and private sectors to support women's employment and nurturing environments.

2.8.4 Monitoring, Evaluation, and Learning Systems

i Strengthening Programme accountability and improving information use, ECD requires an integrated and functional Monitoring and Evaluation (M&E) system. Establish a unified and cost-effective Monitoring and Evaluation (M&E) system aligned with the Nurturing Care Framework, incorporating harmonized indicators into existing M&E structures (EMIS, HMIS, Jamii ni Afya) and coordinated by the ZPDB.

ii Provide capacity-building at the district and shehia levels to ensure that data is systematically collected, analysed, and utilized for informed decision-making. Developing dashboards to collect real-time ECD data should be digitized to support planning and performance tracking. Foster targeted, contextually appropriate innovations within ECD, using data and evidence to continuously improve service quality, reach, and equity.

iii Introduce tools for child development tracking (e.g., CREDI or IDELA) which could be piloted for longitudinal monitoring of ECD outcomes. Disaggregate ECD M&E data by gender, geography, disability, and income to ensure equity and inclusion are systematically tracked.

2.8.5 Financing

i Establish domestically driven and predictable financing to replace reliance on external donor resources for ECD.

ii Establish an ECD budget line item within the national Integrated Financial Management Information System (IFMIS) to track annual allocations across ministries and sectors.

iii Establish a multisectoral ECD pooled fund to combine domestic and partner resources to incentivize pooled financing, with allocations based on shared performance indicators. Support district and shehia districts plan and use ECD funds to meet local needs. Raise domestic funding to cover at least 25–30 % of ECD costs and explore community and private-sector co-funding to maintain broad and long-lasting support. Consider workplace childcare incentives and public-private partnerships to share costs and bring in private investment.

2.8.6 Knowledge and Data Gaps

i Undertake a national ECD baseline and service quality mapping to document responsive caregiving practices, workforce capacity, inclusion, and access disparities. Findings could be coordinated through a centralized ECD Knowledge and Learning Hub under ZMECDA, linking government, research institutions, and partners to ensure evidence informs policy and programming.

ii Expand routine data systems to include indicators on responsive caregiving, father engagement, caregiver mental health, and child development outcomes. Data collection must be systematized and disaggregated by gender, disability, and location to support equitable planning and resource allocation. Ongoing operational research and participatory M&E will be critical for adaptive learning and Programme relevance.

2.8.7 Systemic Sustainability

i Embed ECD within the country's existing PFM, coordination, and M&E institutional structures. A legal framework, local resource funding, and mechanisms for decentralized accountability are essential to support it. The government must lead sector integration efforts, while community and religious platforms are used to build local ownership and trust.

ii With s.ustained political leadership, Zanzibar should mobilize domestic resources, institutionalize multisectoral coordination, and embed ECD within national public financial management, governance, and M&E systems. These actions will position the country as a regional leader in delivering a nurturing, inclusive, and sustainable ECD system ensuring that every Zanzibari child, regardless of gender, disability, or socioeconomic status, can survive, thrive, and reach their full potential.

Conceptual Framework of the ECD Program

03

3.1 Overview

ZMECDP is a holistic, integrated initiative that responds to the developmental needs of children from conception to eight years of age. Grounded in global evidence and guided by Zanzibar's sociocultural realities, the Programme aims to ensure that every child survives, thrives, and reaches their full potential. The conceptual framework provides the philosophical and strategic foundation of the program. It describes how coordinated actions across sectors will collectively ensure that all children in Zanzibar survive, grow, learn, and thrive.

This framework is aligned with international commitments such as the United Nations Convention on the Rights of the Child (UNCRC), the Sustainable Development Goals (SDGs), particularly SDG 4.2, which calls for access to quality early childhood development, care, and pre-primary education, and the Nurturing Care Framework (NCF) developed by WHO, UNICEF, and the World Bank. Equally, it responds to Zanzibar's national development priorities as articulated in the Zanzibar Education Development Plan (ZEDP III), the Zanzibar Development Vision 2050, and the Revolutionary Government of Zanzibar's policies on health, nutrition, education, and child protection.

3.2 The Conceptual Basis

Promoting the development of young children across the life course requires a well-coordinated, well-resourced, and multi-sectoral approach. A life-course perspective recognizes that healthy development begins before birth and continues through infancy, childhood, adolescence, and adulthood. It emphasizes that early interventions during critical periods such as pregnancy, infancy, and early childhood can significantly reduce risks, prevent disease, and promote lifelong health, learning, and well-being.

This programme is grounded in the conceptual framework from the Lancet Series on ECD, which positions child development as an outcome of interconnected interventions across multiple sectors including health, nutrition, education, child protection, water, sanitation and hygiene (WASH), and social protection. The framework highlights that children's development does not occur in isolation but within an ecosystem that provides nurturing care encompassing good health, adequate nutrition, early learning opportunities, responsive caregiving, and safety and security as informed by the Nurturing Care Framework (NCF).

Applying this approach in Zanzibar, the ZMECDP builds upon lessons learned from past ECD implementation and leverages a multi-sectoral platform that integrates efforts across government and non-government actors. This collaboration ensures that services are delivered coherently along the life course from adolescent health and life skills, through women's health and pregnancy, to early childhood development.

To sustain this holistic approach, the ZMECDP emphasizes the importance of an enabling environment, supported by strong policies, governance, financing mechanisms, capacity building, monitoring, and coordination structures. Through this integrated system, Zanzibar seeks to ensure that every child not only survives but thrives reaching their full developmental potential and contributing to the nation's equitable human and sustainable development.

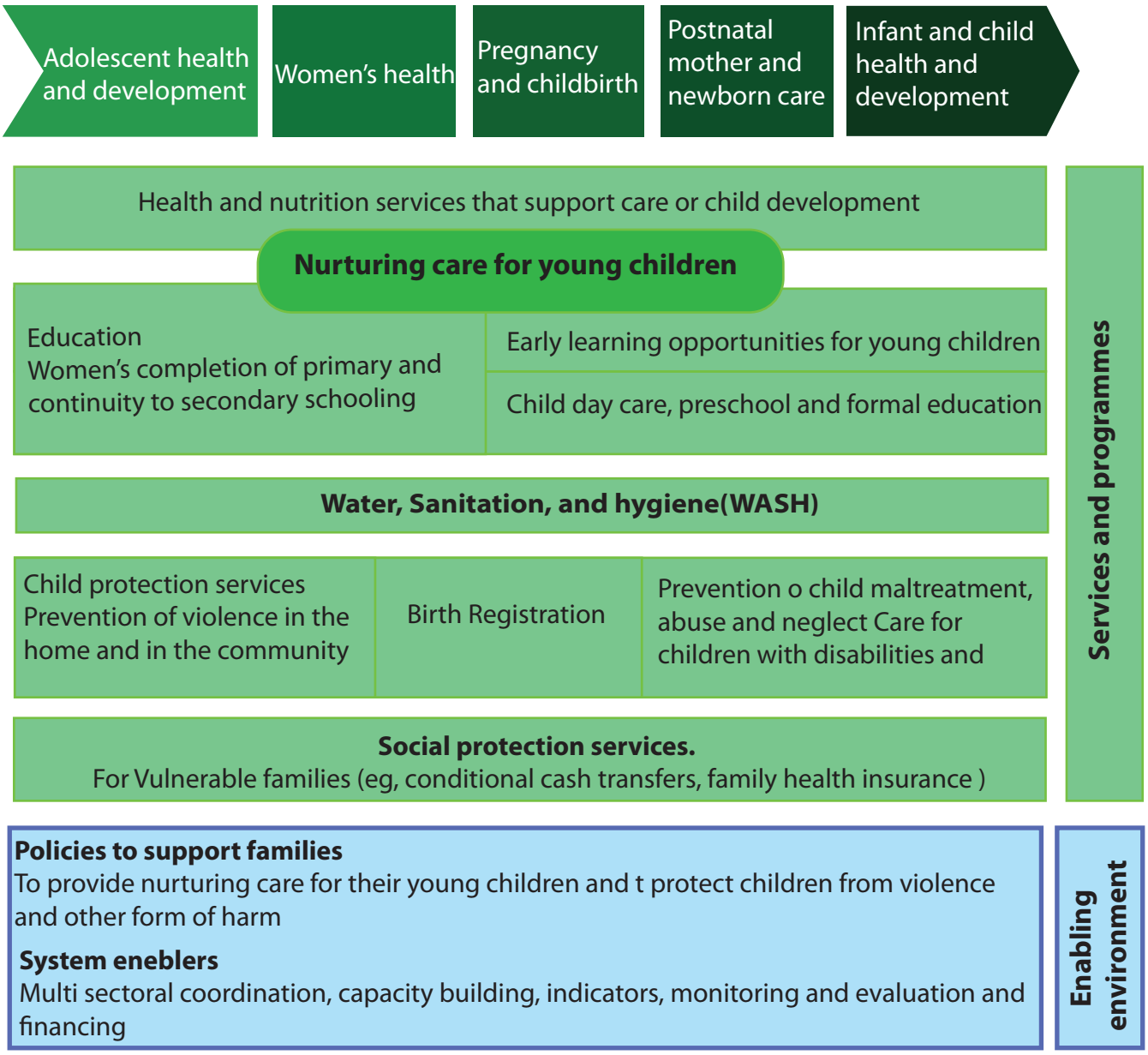


Figure 12: Promoting young children's development across the life course through a multi-sectoral approach.

Source: Ritcher, L et al 2017

3.3 Guiding Principles

The ZMECDP is guided by a set of principles that reflect the best global practices and Zanzibar's unique social, cultural, and policy context. These principles ensure that ECD implementation is inclusive, equitable, coordinated, sustainable, and rooted in the values of the Zanzibari people.

3.3.1. Child Rights and the Best Interests of the Child:

ZMECDP is anchored in the recognition that every child has the inherent right to survival, protection, development, and participation, as affirmed in the Constitution of Zanzibar, the Children's Act (2011), and the UN Convention on the Rights of the Child (UNCRC). All policies, programs, and services must uphold the best interests of the child as a primary consideration ensuring dignity, respect, and equal opportunity for every child, regardless of gender, ability, or background. This principle underpins every decision and action taken within the ECD system. Mandatory Safeguarding guidelines will be developed to guide program implementation.

3.3.2. Equity and inclusiveness:

ZMECDP places strong emphasis on equitable access to quality ECD services for all children, particularly those at risk of exclusion. The Programme prioritizes targeted outreach and tailored support for:

- Children with disabilities or developmental delays,
- Children in remote islands and hard-to-reach areas, and
- Children from low-income or socially marginalized households.

Equity also entails addressing gender disparities and ensuring that no child is left behind because of geography, culture, socioeconomic status, or ability. Efforts will focus on removing systemic barriers and promoting inclusive learning environments that enable all children to thrive. An Inclusion plan for the overall program is included in Appendix 1.

3.3.3 Holistic and integrated approach

Children's development is influenced by multiple, interconnected factors: health, nutrition, learning, family, protection, and environment. ZMECDP adopts a multi-sectoral and integrated approach, bringing together the education, health, nutrition, child protection, and social welfare sectors. Through national and district-level coordination structures such as the National ECD Coordination Committee and district ECD platforms, the Programme promotes joint planning, delivery, and accountability to ensure every child receives comprehensive, continuous support from conception to age eight.

The Programme will strengthen the capacity of the workforce across all relevant sectors to ensure the delivery of high-quality, integrated, and comprehensive services for children aged 0–8 years. During the initial phase, the Programme will undertake a workforce capacity assessment and develop a structured skills framework and continuous professional development (CPD) pathways. These pathways will define core competencies, certification standards, supervision mechanisms, and career progression routes for professionals working in health, early learning, childcare, nutrition, and child protection. This approach will promote professionalization, improve service quality and consistency, and ensure that the ECD workforce is equipped to deliver coordinated, child-centered services aligned with national standards and long-term human capital goals.

3.3.4. Evidence-based practice:

The ZMECDP is committed to using data, evidence, and research to inform decisions, guide programming, and measure results. Existing systems such as the Health Management Information System (HMIS), Education Management Information System (EMIS), and Jamii ni Afya digital platform will be leveraged for integrated monitoring and accountability. Where data gaps exist, the Programme will invest in research, evaluations, and learning systems to build a robust national ECD knowledge base that supports adaptive management and policy development..

3.3.5. Community participation and ownership

Families and communities are the primary nurturers and protectors of young children. ZMECDP recognizes that sustainable change depends on empowered and engaged communities. The Programme will strengthen community dialogue platforms, Shehia ECD committees, faith-based and Madrassa networks, and parent support groups to promote nurturing care, encourage father involvement, and foster local accountability for child wellbeing. By positioning communities as co-creators and custodians of ECD, Zanzibar will ensure interventions reflect local realities and sustain impact beyond external support.

3.3.6. Cultural relevance:

ZMECDP interventions will respect, preserve, and build upon Zanzibar's rich cultural, linguistic, and religious heritage recognizing these as strengths in promoting child development and identity formation. Traditional practices such as storytelling, music, songs, and play will be incorporated into ECD programming, while harmful practices that compromise children's health or rights will be addressed through dialogue and advocacy. Partnerships with religious and traditional leaders will ensure that ECD messaging aligns with community values and is delivered through trusted channels.

3.3.7. Gender responsive and shared caregiving

ZMECDP promotes gender-responsive ECD systems and shared caregiving responsibilities. While caregiving is often viewed as a mother's duty, the Programme emphasizes that fathers, mothers, and extended family members all play vital roles in nurturing and educating young children. Through awareness, training, and community engagement, the Programme will:

- Encourage fathers' active involvement in caregiving and learning,
- Promote gender balance in ECD leadership and workforce participation, and
- Ensure equal opportunities for both girls and boys in early learning environments.

Gender equality in ECD is both a moral imperative and a pathway to stronger families and communities.

3.3.8. Sustainability and local capacity:

Sustainability in the Zanzibar context means embedding ECD within existing government systems, local institutions, and community structures. This means the Programme is coordinated by the Government through a specified unit, integrated within policies and strategies and aligned with existing workforce. ZMECDP will strengthen local government ownership, promote public–private partnerships, and build community capacity to manage and finance ECD services sustainably. Integration of ECD priorities into sectoral budgets and alignment with the Zanzibar Development Vision 2050 will ensure long-term institutional and financial sustainability. By building local knowledge, leadership, and innovation, Zanzibar will establish a resilient ECD system capable of sustaining progress beyond donor support.

3.4 Vision and Mission

3.4.1Vision

The vision of the ZMECDP is: A Zanzibar where every child from conception through age eight grows, learns, and thrives in nurturing, inclusive, and supportive environments that build the foundation for lifelong wellbeing and national prosperity

This vision reflects a holistic understanding of child development as a multidimensional process encompassing health, nutrition, safety, responsive caregiving, early learning, and social protection. It expresses Zanzibar's aspiration for all children regardless of gender, location, or socioeconomic status to have equal opportunities to thrive. The vision embodies three interlinked aspirations:

i. Equity: Ensuring all children, including those from disadvantaged and vulnerable groups, have access to high-quality ECD services.

ii. Holistic development: Recognizing that child development is multi-dimensional and requires an integrated response.

iii. Future readiness: Preparing children for lifelong learning, health, and productivity.

3.4.2 Mission

To coordinate and deliver equitable, integrated and high-quality nurturing care services for all children aged 0–8 years by strengthening multisectoral systems, empowering families and communities, and promoting sustainable policies, financing, evidence use and accountability.

3.5 The ZMECDP Theory of Change:

3.5.1Rationale

Zanzibar has made notable progress in child health, nutrition, education, protection and ECD-related policy reform. However, persistent challenges relating to equity, inclusion, workforce capacity, financing, service quality, data systems and multisectoral coordination continue to limit the reach and effectiveness of ECD services.
Young children, particularly those living in rural, underserved and low-income communities and children with disabilities, continue to experience preventable barriers that restrict their access to essential nurturing care services and undermine their ability to reach their full developmental potential.

The ZMECDP Theory of Change therefore provides a framework for transforming fragmented ECD interventions into an integrated, equitable, adequately financed and sustainable national system. It explains how coordinated action by government, families, communities, development partners, civil society and service providers will contribute to improved developmental outcomes for children aged 0–8 years.

3.5.2 Conceptual Framework for Measuring Changes in Results

The ZMECDP Theory of Change (ToC) explains how coordinated, evidence-based interventions will lead to improved child development outcomes in Zanzibar. It links actions to measurable results across inputs, activities, outputs, outcomes, and impact. Inputs comprise the financial, human, institutional, technical and material resources required to implement the Programme. These inputs support activities such as workforce development, service integration, policy reform, community engagement, data-system strengthening and resource mobilization.

Activities generate immediate and tangible outputs, including trained frontline workers, strengthened referral systems, improved service-delivery points, harmonized policies and guidelines, functional coordination structures and expanded parenting and behaviour-change interventions.

These outputs contribute to intermediate outcomes, which represent short- to medium-term changes in service coverage, quality, institutional capacity, behaviours, data use, accountability and systems performance. When sustained and reinforced, the intermediate outcomes lead to long-term outcomes in service delivery, system strengthening, the enabling environment and community engagement.

Collectively, the long-term outcomes contribute to the Programme's intended impact on children's health, nutrition, safety, learning, wellbeing and overall development. Figure 13 presents the Programme's results hierarchy and conceptual framework, while Figure 14 presents the complete ZMECDP Theory of Change.

3.5.2.1 Impact

By 2031, 90% of children in Zanzibar grow up healthy, well-nourished, and supported with quality early learning and care, enabling them to thrive and realize their full potential.

This impact statement reflects Zanzibar's aspirations for inclusive human development and aligns with the Zanzibar Development Vision 2050, Sustainable Development Goal 4.2, and the Nurturing Care Framework.
n aged 0–8 years.

3.5.2.2 Long term outcomes

The ToC identifies four long-term outcomes as the pillars for achieving the desired impact. The outcomes have been derived to focus on service delivery, system strengthening, enabling environment and community awareness, and demand creation:

- Improved Service Delivery: At least 90% of Children aged 0–8 years equitably access inclusive, high-quality, and integrated nurturing care services.
- Strengthened system: The ECD system is strengthened through workforce capacity, referrals, MEAL, and research to deliver high-quality, accountable, and inclusive nurturing care services.
- Enabling Environment: A coordinated, well-financed policy environment with aligned advocacy, policies, guidelines, and curricula sustains integrated ECD services.
- Empowered Communities: Parents, caregivers, and communities are empowered with knowledge and actively engaged in providing and demanding ECD services, while fostering safe, nurturing, and inclusive environments for young children.

3.5.2.3 Intermediate outcomes

To reach the long-term and strategic outcomes, the ZMECDP focuses on achieving the following intermediate outcomes which are grouped into four main pathways as explained in the next section of change pathways. These intermediate outcomes represent the short- to medium-term shifts needed for system transformation, will contribute into achieving the four Long term outcomes.

3.5.2.4 Service Delivery:

1.1. At least 90% of children aged 0–8 years in access a minimum package of quality integrated nurturing care services (health, nutrition, early learning, protection and responsive caregiving)

1.2. At least 90% of children aged 0–8 years, including children with disabilities and those from the lowest income quintiles, have equitable access to essential ECD services.

1.3. At least 90% of children aged 0–8 years live in households that provide safe, non-violent, and developmentally stimulating environments as measured by standardized nurturing care indicators.

3.5.2.5 System Strengthening:

2.1. At least 90% of ECD service delivery points meet nationally approved quality standards, and at least 90% of frontline ECD workers are certified and trained in integrated nurturing care approaches

2.2. At least 95% of ECD indicators are routinely reported, analyzed, and publicly disseminated annually, and 90% of districts achieve data completeness and timeliness rates above 90%.

2.3. All ECD-related ministries and districts integrate data-driven targets into their Medium-Term Expenditure Frameworks (MTEFs), and at least 80% of planned ECD interventions demonstrate alignment with program performance evidence

2.4. At least 80% of children aged 0–8 years are screened for developmental delays and risk of abuse using standardized tools, and at least 85% of identified cases receive documented referral and appropriate follow-up support services

3.5.2.6 Enabling Environment:

3.1. By 2031, 100% of sectoral policies, guidelines, and curricula in health, nutrition, education, and protection are harmonized with the national integrated nurturing care framework.

3.2. Functional multisectoral ECD coordination structures operate at national and 100% of district levels, holding at least two documented coordination meetings annually.

3.3. All ECD-related expenditures are coded, tracked, and publicly reported annually, with at least 15% increase in domestic ECD financing from 2025 baseline.

3.4. High-level ECD advocacy results in documented policy commitments and at least 15% increase in domestic financing for ECD.

3.5.2.7 Community Engagement:

4.1. At least 80% of caregivers adopt at least three core positive nurturing care practices.

4.2. At least 90% of communities are reached by BCC interventions, resulting in ≥50% increase in nurturing care awareness.

4.3. All ECD commitments are publicly reported annually, with biennial independent reviews conducted and corrective actions implemented.

3.5.3 Key pathways of change

Figure 13 demonstrates the logical framework of the programme, illustrating a clear hierarchy of results and causal pathways. The framework begins with low-level results in the form of activities, which represent actions implemented using available inputs. These activities generate immediate and tangible outputs, such as improved learning environments and a capacitated ECD workforce. These outputs, in turn, contribute to short-term results (intermediate outcomes), reflecting early changes in capacities, behaviours, service quality, and systems performance.

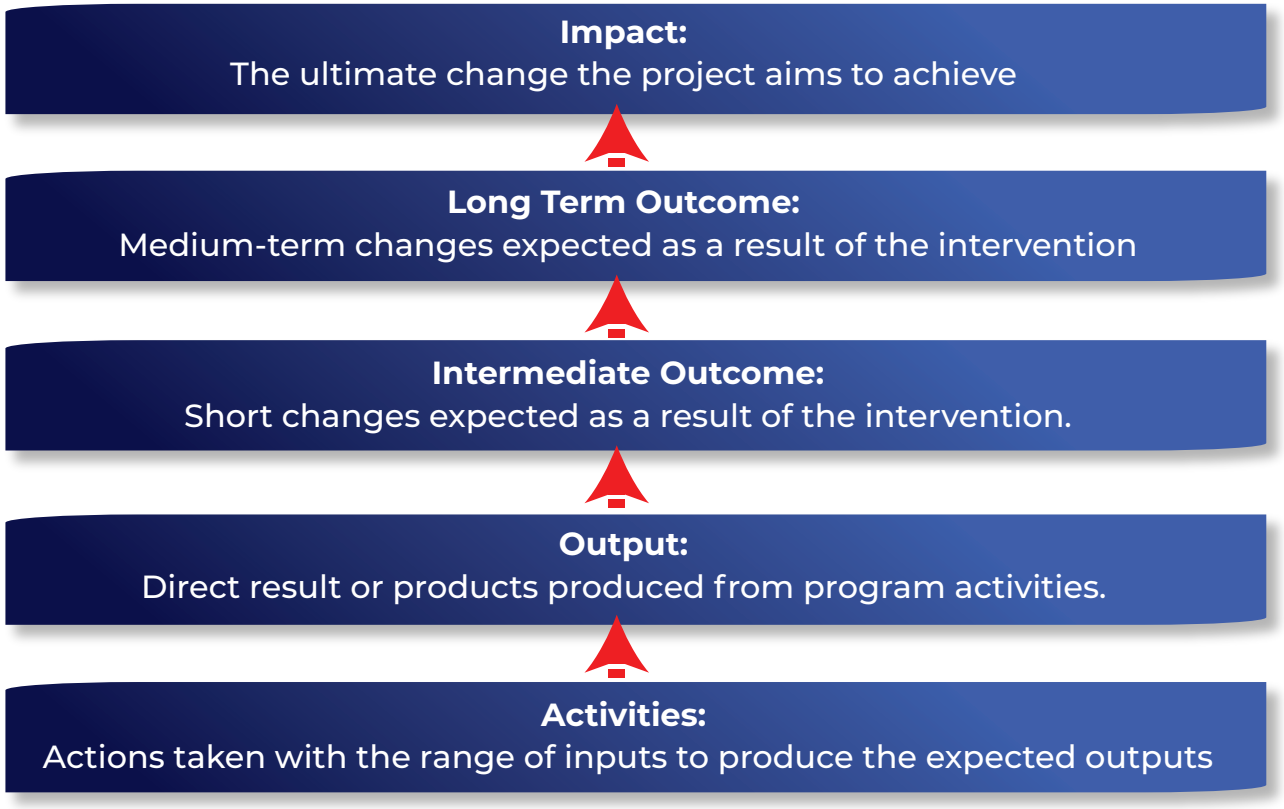


Figure 13: Theory of Change Conceptual Framework

As these intermediate outcomes are sustained and reinforced, they lead to medium-term results (long-term outcomes), characterized by increased utilization of services, improved quality, inclusiveness, and reliability of ECD interventions, as well as strengthened multisectoral ECD systems and enabling environments. Collectively, these medium-term outcomes contribute to higher-level results (impact), representing the ultimate and lasting change in child development, learning, wellbeing, and thriving that the programme seeks to achieve. Figure 14 demonstrates ZMECDP theory of change..

3.5.4 Assumptions

The theoretical framework also makes explicit the logical linkages and underlying assumptions at each level of change, ensuring that progress can be systematically monitored and that potential risks and external factors influencing results are clearly identified and addressed.

For the programme to successfully achieve its objectives and realize the intended impact, the following assumptions were taken into consideration:

i. essential ECD services remain available and accessible to all children, including vulnerable and hard-to-reach families;

ii. caregivers are willing and able to adopt recommended nurturing-care practices;

iii. frontline workers have sufficient capacity and supervision;

iv. participating institutions maintain political and financial commitment; and

v. reliable data are available for decision-making

By 2031, 90% of children in Zanzibar grow up healthy, well-nourished and supported with quality early learning and care, enabling them to thrive and realize their full potential

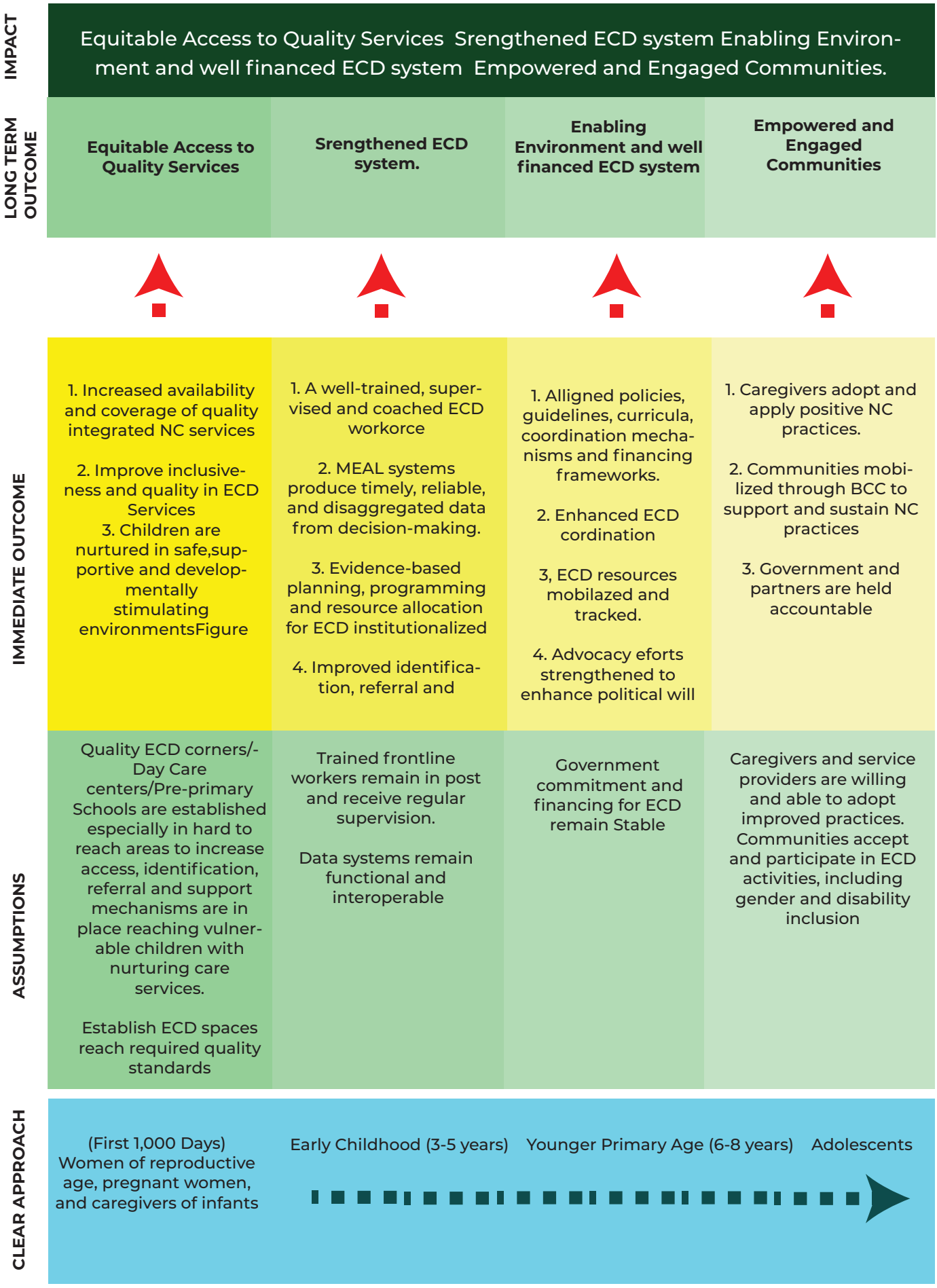


Figure 14: ZMECDP Theory of Change

Objectives, key result areas, expected results, targets and strategies

04

4.1. Overview

he desired change for the ZMECDP is that by 2031, every child in Zanzibar grows up healthy, well-nourished, and supported with quality early learning and care, enabling them to thrive and realize their full potential. In order to achieve the expected result, the Programme seeks to achieve a total of four (4) Long Term Outcomes as defined in Chapter 3. Therefore, the objectives of the ZMECD Programme are to:

- Improve service delivery to ensure that children aged 0–8 have equitable access to inclusive, integrated, and high-quality nurturing care services.
- Strengthen the ECD system by enhancing workforce capacity, referral mechanisms, monitoring, evaluation, accountability and learning (MEAL), and evidence generation through research.
- Create an enabling environment through coherent, well-financed policies, guidelines, and age-appropriate curricula that support effective ECD implementation.
- Empower communities to actively provide, advocate for, and demand quality ECD services, while fostering safe, nurturing, and protective environments for young children

4.2 Planned ECD targets for Zanzibar

The ZMECDP sets clear, time-bound targets aligned to its vision. These targets draw from the MEAL Matrix, annual and quarterly target matrix, and sectoral indicator reference sheets, providing a coherent trajectory toward improved child health, nutrition, learning, protection, and family support

i. Child Health and Survival Targets (2031)

- Under-five mortality rate reduced progressively from 47 to 40 per 1,000 live births through HMIS/TDHS monitoring, aligned to national trajectories.

- Substantial reduction in preventable child deaths by reducing perinatal mortality from 39 to 25 per 1,000 births, neonatal mortality from 25 to 12 per 1,000 live births, infant mortality from 43 to 25 per 1,000 live births.

- Stillbirth rates to be reduced from 20 to 12 per 1,000 births.

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- Mothers with 4+ ANC visits increased from 78 % baseline to 95 % by 2030.

ii. Nutrition Targets (2031)

- Stunting prevalence among under-5s reduced from TDHS/MICS baseline following MEAL Matrix impact indicators.
- Minimum Acceptable Diet (MAD) coverage for children 6–23 months increased from 32 percent (baseline) to 70 percent.

iii. Early Learning and ECD Access Targets (2031)

- ECD enrollment (below 3 years) increased to 80 percent of coverage.
- Attendance in organized learning one year before primary tracked through EMIS/MICS.

iv. Quality of ECD Services (2031)

- ECD centres meeting national quality standards increased from 25 percent baseline to 90 percent.
- Integrated ECD delivery points meeting minimum standards expanded and assessed quarterly.

v. Inclusive and Disability-Responsive ECD Targets

- Proportion of ECD facilities compliant with inclusive and WASH standards monitored through facility audits.
- Children with disabilities benefiting from ECD services monitored through inclusion of disaggregation rules.

vi. Parenting, Caregiving, and Community Engagement Targets

- Caregivers completing a standard parenting package tracked quarterly via Programme MIS.
- Functional child safeguarding and protection systems established in all facilities by 2030.

vii. System Strengthening and Workforce Capacity Targets

- ECD workforce positions filled and trained to standard tracked through HRH information systems.
- Comprehensive ECD indicators integrated into all MIS platforms (HMIS, EMIS, Social Welfare, MIS).
- ECD dashboard, community scorecards, and referral systems are fully operational by 2031.

viii. Equity-Focused Targets (2031)

The MEAL system applies sex, geography, disability, and socioeconomic disaggregation.
Illustrative 2031 equity targets:

- Urban ECD enrollment: 85 percent; Rural: 75 percent
- Children with disabilities accessing ECD services: 60 percent

4.3 Expected results per Long Term Outcome, Outputs and Activities

The ZMECDP adopts a lifecycle approach, delivering interventions across key stages of development, including women of reproductive age, pregnant women, caregivers of infants and young children, early childhood (3–5 years), younger primary age (6–8 years), and adolescence. The integrated package for each age group is defined in appendix 2. Most ECD interventions proposed under the ZMECDP will be piloted during the initial years to test implementation models, assess cost-effectiveness, and generate evidence for phased scale-up. At the same time, the programme will build on and strengthen existing proven initiatives, including pre-primary education delivered through TuTu Centers and the Madrassa Early Childhood Development Programme, as well as community-based platforms such as Jamii ni Afya. Leveraging these established models will reduce duplication, accelerate impact, and support sustainable expansion within government systems. The programme specifically focuses on the five components of the Nurturing Care Frame-work with the aim of reaching all children and their families, particularly the most vulnerable and those living in hard-to-reach areas. The following matrix summarizes long term outcome 1 and output, the expected results and the activities expected to lead to those results. Full matrix is attached as appendix 3.

The implementation timeline is shown in the five-year implementation framework in Appendix 7 which is sequenced to ensure disciplined system building before large-scale expansion. Years 1–2 (Foundation Phase) of the work plan focuses on establishing the governance architecture, service standards, workforce systems, pilot interventions, and baseline evidence required for sustainable and accountable scale. Years 3–5 (Expansion and Institutionalization Phase) prioritize scaling proven models, strengthening domestic financing, and embedding performance and accountability mechanisms to deliver measurable improvements in child outcomes and national productivity.

Table 5: Expected results per long term Outcome, Output and Activities

IMPACT: By 2031, 90% of children in Zanzibar grow up healthy, well-nourished, and supported with quality early learning and care, enabling them to thrive and realize their full potential.		
Long term Outcome 1: Equitable Access to Quality Services: At least 90% of children aged 0–8 years have fair and consistent access to high-quality, inclusive, and integrated nurturing care services, across health, nutrition, early learning, child protection, and responsive care.		
1.1. At least 90% of children aged 0–8 years in urban, rural and underserved Shehias access a minimum package of quality integrated nurturing care services (health, nutrition, early learning, protection and responsive caregiving)	1.1.1. Integrated ECD services established in underserved areas	1.1.1.1. Conduct mapping to identify underserved areas for ECD/CDCC centre establishment of:
		1.1.1.2. Day Care Centre for children below 3 years
		1.1.1.3. Home-based childcare programme for children under 4 years in underserved and rural Shehias
		1.1.1.4. ECD Corners in Health facilities
		1.1.1.5. Pre-primary Classes
		1.1.1.6. Construct or rehabilitate ECD/CDCC centres with safe WASH, inclusive infrastructure, and play
		1.1.1.7. Day Care Centre for children below 3 years
		1.1.1.8. Home-based childcare hubs for children under 4 years (adaptation of existing homes with basic safety and stimulation standards)
		1.1.1.9. ECD Corners in Health facilities
		1.1.1.10.Pre-primary Classes
	1.1.2. Integrated ECD services established in underserved areas	1.1.2.1. Deploy mobile multi-sectoral outreach teams to reach rural and hard-to-reach communities.
		1.1.2.2. Integrate Perinatal Mental Health and ECD into routine RMNCAHN Services
		1.1.2.3. Integrate health and nutrition services in schools.
		1.1.2.4. Establish school- and community-based demonstration gardens and farms to promote nutritious, diversified diets.
		1.1.2.5. Establish Breastfeeding and ECD corners in health facilities and working places
		1.1.2.6. Establishment of functional Neonatal Care Unit

IMPACT: By 2031, 90% of children in Zanzibar grow up healthy, well-nourished, and supported with quality early learning and care, enabling them to thrive and realize their full potential.		
Long term Outcome 1: Equitable Access to Quality Services: At least 90% of children aged 0–8 years have fair and consistent access to high-quality, inclusive, and integrated nurturing care services, across health, nutrition, early learning, child protection, and responsive care.		
1.2. At least 90% of children aged 0–8 years, including children with disabilities and those from the lowest income quintiles, have equitable access to essential ECD services	1.2.1. Health facilities and ECD centres adapted with inclusive, disability-friendly infrastructure and learning/play materials, and operated by qualified staff	1.2.1.1. Retrofit ECD centres with ramps, accessible toilets, and adapted furniture. Provide inclusive teaching and play materials (Braille,
		1.2.1.2. Integrate routine child development assessment through classroom activities
		1.2.1.3. Conduct comprehensive child development screening and early identification on developmental delays in health facilities
		Renovate and equip rehabilitation centres in district and referral
	1.2.2. Targeted support programs for vulnerable children	1.2.2.1. Introduce nutrition supplements and learning kits for poor households.
		1.2.2.2. Provide conditional cash transfers or fee waivers for vulnerable families.
		1.2.2.3. Partner with NGOs to support disadvantaged children in rural and marginalized areas.
1.3. At least 90% of children aged 0–8 years live in households that provide safe, non-violent, and developmentally stimulating environments as measured by standardized nurturing care indicators	1.3.1. Parenting education and responsive caregiving programs institutionalized in Health Facilities	1.3.1.1. Deliver parenting session to parents including fathers peer groups.
		1.3.1.2. Integrate parenting sessions into community health and education platforms
	1.3.2. Child safeguarding and protection systems strengthened	1.3.2.1. Link community-based child protection committees to ECD centres.
		1.3.2.2. Establish and Strengthen One Stop Centres and Safe houses for Survivors of Gender-Based
		1.3.2.3. Strengthen formal referral pathways for abuse, neglect, and exploitation cases.
	1.3.2. Child safeguarding and protection systems strengthened	1.3.3.1. Assess madrasa facilities for safety, WASH, and child-friendly learning/play spaces
		1.3.3.2. Provide inclusive and disability-friendly adaptations (ramps, adapted toilets, sensory play materials)
		1.3.3.3. Supply age-appropriate ECD learning/play kits integrated with madrasa curricula

Institutional Governance and Management of the Programme

05

5.1 Overview

Multisectoral collaboration is essential to advancing ECD in Zanzibar, as no single system can deliver comprehensive nurturing care. The ZMECD Programme promotes coordinated action across key sectors through aligned mandates, harmonised activities, and integrated service delivery for children from conception to age eight, ensuring equitable access regardless of location or socioeconomic status.

While Zanzibar has a generally enabling policy and programmatic environment, fragmentation in service delivery, weak alignment of planning and budgeting, and inconsistent reporting have limited impact. The ZMECD Programme addresses these gaps by strengthening inter-ministerial coordination, clarifying accountability mechanisms, and promoting costed, sector-aligned annual plans at national and subnational levels.

This chapter outlines the governance and management arrangements guiding implementation in line with Zanzibar Vision 2050, applying a results-based management approach to translate commitments into measurable improvements in child development and wellbeing

5.2 Overall Governance and Coordination Framework

The ZMECD Programme is implemented through existing government structures at national, regional, district, and Shehia levels to ensure coherent, accountable, and sustainable delivery of integrated ECD services. Overall strategic leadership and multisectoral coordination are anchored under the Office of the President, reflecting the cross-cutting nature of early childhood development and its central role in national human capital development. The Zanzibar Multisectoral Early Childhood Development Authority (ZMECDA) should be established. An interim organ will be established under the ZPDB to serve as the central coordination and system stewardship mechanism, responsible for multisectoral planning, oversight, and performance monitoring of ECD interventions across government and partners.

The Zanzibar Early Childhood Development Policy shall provide the permanent legal and institutional basis for the mandate, functions, governance, and sustainability of ZMECDA and for the full implementation of the ZM-ECD Programme. A one-year roadmap (2025–2026) will guide the establishment, staffing, and operationalization of this coordination mechanism.

Technical ministries, namely the Ministry of Health (MoH), Ministry of Community Development, Gender, Elderly and Children (MoCDGEC), Ministry of Education and Vocational Training (MoEVT), Minister of State in the President's Office responsible for Regional Administration, Local Government, and Special Departments of the Revolutionary Government of Zanzibar, Minister of Agriculture, Irrigation, Natural Resources and Livestock, and the Ministry of Home Affairs retain full responsibilities for service delivery within their mandates. These ministries will work collectively through the Zanzibar ECD Secretariat to support implementation and reporting under the overall coordination of ZMECDA.

5.3. 1 Roles and responsibilities of the different Stakeholders

5.3.1 Office of the President and Zanzibar Presidential Delivery Bureau (ZPDB)

The Office of the President provides the highest level of political leadership and strategic oversight for the ZMECD Programme. Through the Zanzibar Presidential Delivery Bureau (ZPDB), it ensures that early childhood development remains a national priority aligned with Zanzibar Vision 2050 and broader human capital development goals.

The ZPDB serves as the highest champion for nurturing care, reinforcing its importance in building human capital.

Key responsibilities include:

i. Reviewing Programme performance and addressing implementation bottlenecks;

ii. Providing policy direction and political oversight of the ZMECD Programme;

iii. Championing multisectoral collaboration and accountability across government;

iv. Linking the ZMECD Programme to broader national development agendas and public sector reforms.

v. Supporting national level accountability by receiving periodic reports on Programme performance and follow-up on commitments.

vii. Chair high level national and international Programme meeting Figure 14.

ZMECDP Implementation & Review

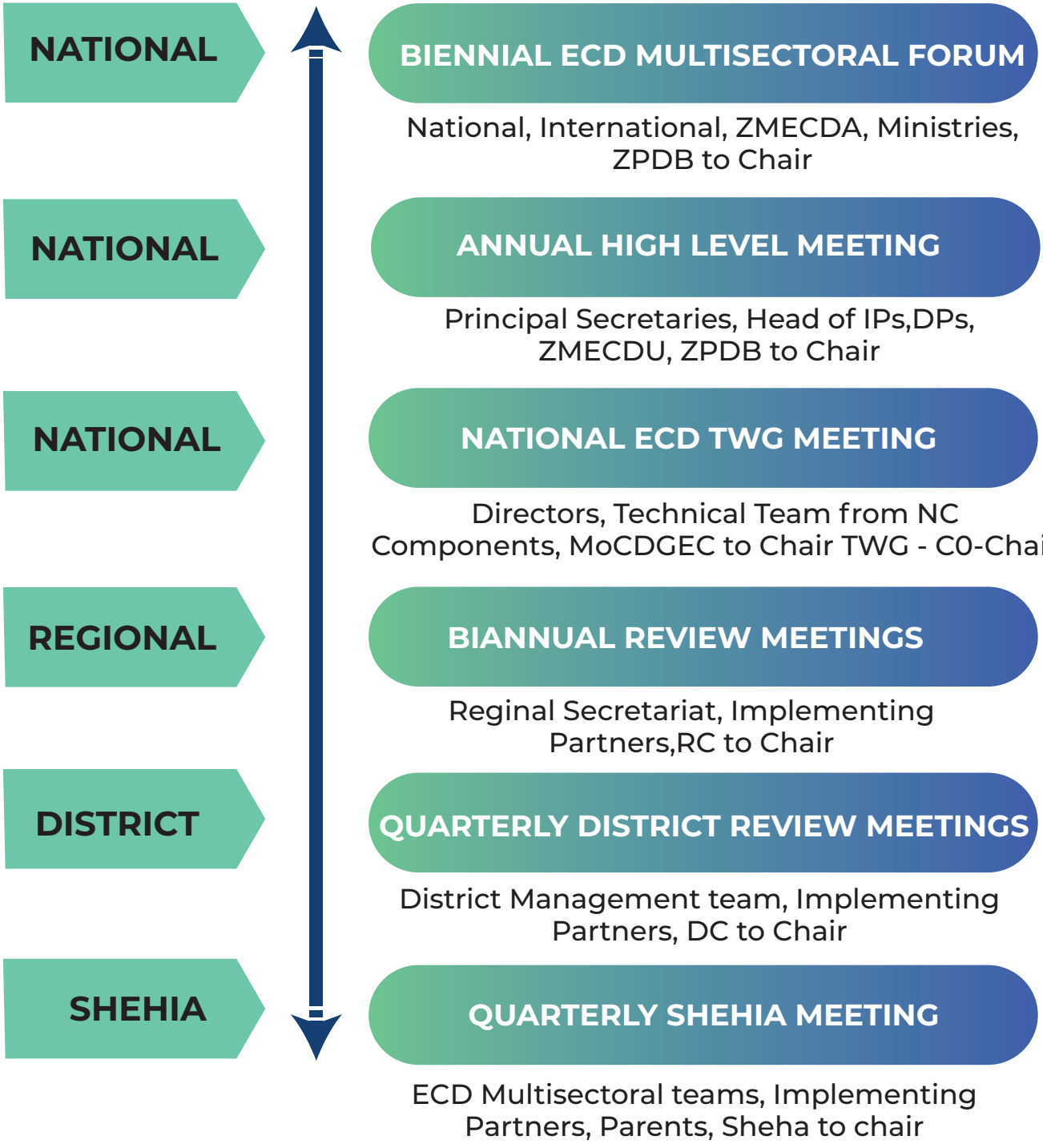

Figure 15: ZMECDP Implementation and Review

5.3.2 Zanzibar Multisectoral Early Childhood Development Authority (ZMECDA)

The Zanzibar Multisectoral Early Childhood Development Authority serves as the central coordination body for the ZMECD Programme. Operating under the Office of the President and guided by the legal framework established through the National ECD Policy, ZMECDA is responsible for system stewardship, multisectoral coordination, and performance monitoring. ZMECDA will not replace or centralize the statutory authority of line ministries. Its role is to institutionalise collective accountability by coordinating joint planning, standards, reporting, performance review and graduated escalation, while implementation remains within existing sector mandates

A transition plan for establishing ZMECDA is attached in Appendix 4. ZMECDA will comprise four functional divisions: Technical Coordination and Programme Delivery; Monitoring, Evaluation, Accountability, Learning and Research; Partnerships, Advocacy and Resource Mobilisation; and Finance and Operations as shown in the organogram Figure16

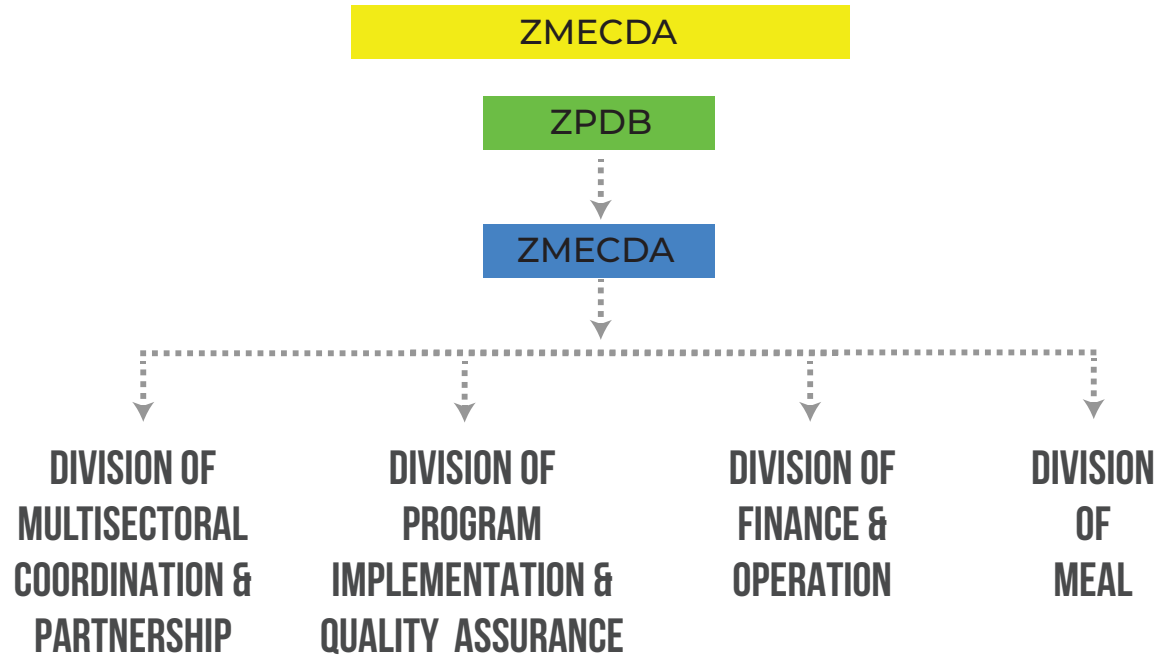

Figure 16: ZMECDA Organogram

A. Division of Multisectoral Coordination and Partnerships

This division coordinates engagement across government ministries, civil society organizations, faith-based institutions, development partners, academic institutions, and the private sector. Its functions include:

i. Convening national and sectoral coordination forums and dialogues;
ii. Harmonizing sector plans, policies, and budgets with the ZMECD Programme framework;
iii. Strengthening partnerships with community structures, including madrasas, churches, mosques, Shehas, women's groups, and youth groups;
iv.Promoting transparency and alignment of partner-supported interventions.

B. Division of Programme Implementation and Quality Assurance

Working closely with line ministries and local government authorities, this division supports effective and equitable service delivery. Its responsibilities include:

i. Coordinating rollout and supervision of integrated ECD services at national, council, and Shehia levels;
ii Coordinating the development and enforcement of service standards and guidelines across health,
iii. nutrition, early learning, child protection, and parenting support;

C. Division of Monitoring, Evaluation, Learning, and Research

This division leads performance monitoring, learning, and evidence generation for the ZMECD Program. It is responsible for:

i. Integrating data from HMIS, EMIS, Jumuishi Management Information System (JMIS), nutrition systems, civil registration, and child protection databases into a national ECD dashboard;
ii Coordinating evaluations, operational research, and learning activities;
iii. Strengthening collaboration with academic and research institutions, including State University of Zanzibar, Zanzibar University, Alsumait University, the Open University of Tanzania, and health training institutions;
iv. Supporting evidence-informed decision-making and continuous programme improvement.
v Facilitating routine programme review meetings and quality assurance processes.

This division leads performance monitoring, learning, and evidence generation for the ZMECD Program. It is responsible for:

D. Division of Finance and Operations

This division leads all operations and finance including human resources for the ZMECDP. It is responsible for:

i. Developing, managing, and overseeing the financial and administrative functions of the ZMECD Authority to ensure efficient, transparent, and compliant programme implementation.
ii Provide timely and adequate financial and administrative support to programme implementation, ensuring smooth operational delivery across all programme components.
iii. Provide oversight and coordination in the Unit's engagement with the Ministry of Finance and other relevant government authorities.
iv. Coordinate with key ECD ministries and development partners to support ECD budgeting, expenditure tracking, financial monitoring, and identification of financing gaps.
v Support resource mobilisation and fundraising efforts, including engagement with donors and partners to expand financing opportunities for ECD.

5.3.2. Decision-Making Authority and Escalation Protocol for Adaptive Measures

To ensure disciplined implementation, multisectoral coherence, and institutional accountability, the ZMECDP establishes a formal Decision Rights and Escalation Protocol. This protocol clarifies coordination authority within the Programme's governance architecture and provides a structured mechanism for addressing performance gaps, non-compliance, and implementation delays. It operationalizes the mandate of the ZMECDA, under the oversight of the Steering Committee, while fully respecting the statutory mandates of participating Ministries and Institutions.

The protocol does not centralize sector authority. Rather, it institutionalizes collective accountability through clearly defined coordination powers, compliance timelines, and graduated escalation procedures to safeguard programme integrity and results.

Decision Rights

Within established Government systems and sectoral mandates, the ZMECDA is authorized to exercise coordination-focused decision rights in four core areas:

i. **Convening Authority**
Convene mandatory joint planning sessions and quarterly performance review meetings with sector focal points and technical representatives. These platforms ensure alignment of sectoral plans, outputs, and performance indicators with the Common Results and Accountability Framework (CRAF).

ii **Performance Reporting Oversight**
Formally require the timely submission of agreed performance reports and CRAF indicator datasets using approved reporting schedules and standardized templates. The Authority will review submissions for completeness, consistency, and compliance to ensure unified programme monitoring.

iii. **Budget Tagging and Expenditure Tracking**
Apply ZMECD budget-tagging codes to sector Medium-Term Expenditure Framework (MTEF) submissions and annual budget plans. The Authority will review compliance to strengthen consolidated ECD expenditure tracking across sectors.

iv. **Corrective Action Requests**
Where agreed milestones, reporting obligations, or quality standards are not met, formally notify the relevant Ministry or Institution and request a time-bound corrective action plan. The Authority will establish submission deadlines and monitor implementation of remedial measures.

These decision rights are administrative and coordination based. They reinforce implementation discipline without overriding institutional autonomy.

Compliance Requirements

To promote predictability, transparency, and performance discipline, the Programme establishes the following compliance timelines:

i. Quarterly progress reports must be submitted within 30 days of the end of each quarter.
ii Budget-tagging confirmation must accompany annual MTEF submissions.
iii. CRAF data must be submitted in accordance with agreed reporting frequencies.
iv. Corrective action plans, where required, must be submitted within 30 days of formal notification.
v. Failure to comply with these timelines activates the structured escalation process.

Escalation Process

The escalation framework follows a graduated three-tier approach designed to prioritize resolution and institutional strengthening.

Level 1: Technical Resolution

The ZMECDA engages the relevant Ministry or Institution at the technical level to identify bottlenecks and agree on remedial actions. Agreed actions and timelines are formally documented.

Level 2: Steering Committee Review

If unresolved, the matter is formally tabled at the next Steering Committee meeting. The sector concerned presents its position, and the Committee issues formal recommendations and revised timelines. Decisions are recorded in official minutes and reflected in the Programme Action Tracker.

Level 3: Executive-Level Resolution

Where resolution requires cross-government coordination, policy clarification, or resource realignment beyond the authority of the Steering Committee, the matter is elevated through established executive channels for determination.

This structured approach prioritizes problem-solving, performance improvement, and institutional coherence over punitive action.

Accountability and Documentation

All actions undertaken under this protocol are formally documented in meeting minutes and captured in the Programme Action Tracker. Quarterly reviews assess compliance trends, corrective measures, and systemic constraints to support adaptive management and institutional learning.

Governance Principles

Implementation of this protocol is guided by the following principles:

i. Collaborative multisectoral engagement
ii Transparency and formal documentation.
iii. Proportional and predictable response to non-compliance
iv. Institutional strengthening and capacity building
v. Commitment to measurable outcomes for children

5.3.3 Zanzibar ECD Secretariat

The National ECD Secretariat (i.e. MoH, MoCDGEC, MoEVT, MRALGSD, MoA and MoHA) functions as the technical and operational arm of the ZMECD Program. It is composed of designated focal persons from key technical ministries and supports day-to-day coordination while ministries retain full responsibility for service delivery.

The Secretariat is responsible for:

i. Coordinating the development of multisectoral annual plans, budgets, and performance frameworks;
ii Harmonizing tools, guidelines, training packages, and reporting instruments;
iii. Supporting districts and Shehia structures to implement integrated interventions;
iv. Consolidating routine data and preparing quarterly and annual progress reports;
v. Coordinating multisectoral supervision and joint quality assurance visits;
vi. Serving as the secretariat for the ECD Technical Working Group.

The Secretariat ensures coherence, alignment, and continuity of Programme implementation across all levels of government.

5.3.4 ECD Technical Working Group

The ECD Technical Working Group provides technical guidance and quality assurance to the ZMECD Program. It is composed of representatives from civil society organizations, UN agencies, faith-based organizations, local NGOs, and technical experts implementing ECD interventions in Zanzibar.

Its key functions include:

i. Support in the establishment of non-state actors platform who are key in the program implementation;
ii Reviewing and endorsing technical guidelines, standards, and capacity-building materials;
iii. Advising on integration of nurturing care across sector policies and programmes;
iv. Supporting thematic working groups (health, nutrition, early learning, child protection, community engagement, and data systems);
v. Promoting innovation, documentation of best practices, and cross-learning;
vi. Reviewing programme data and recommending corrective actions.

TWG ensures technical consistency and supports quality implementation across sectors.

Table 6: Role Matrix for ECD Coordination Functions in Zanzibar

Legend:

R = Responsible (leads and does the work)

A = Accountable (final authority / answerable for results)

C = Consulted (provides technical input)

I = Informed (kept updated)

Number	ECD Coordination Functions	Office of the President / ZPDB	National ECD Steering Committee (PS-Level)	ZMECDA	National ECD Secretariat	ECD Technical Working Group (TWG)	Sector Ministries	District ECD Committees	Shehia ECD Committees
1	Political leadership & strategic direction for ECD	A/R	I	C	I	I	I	I	I
2	Maintain ECD as national priority aligned to Vision 2050	A/R	C	C	I	I	I	I	I
3	National multisector planning & coordination	C	A	A/R	R	C	C	I	I
4	Convene national & sector dialogues for alignment	C	A	R	C	I	C	I	I
5	Harmonise sectoral plans with ZMECD Programme priorities	I	A	A/R	R	C	C/R	C	I
6	Develop multisectoral plans, budgets & performance frame-works	I	A	A	R	C	C	C	I
7	Harmonise tools, guidelines, training packages & service standards	I	I	A	R	C/R	C/R	C	I
8	Support rollout & supervision at national/council/shehia levels	I	I	A	R	C	R	R	C
9	Ensure service providers adhere to national quality requirements	I	I	A	C	C	R	C	I
10	Consolidate routine data and prepare quarterly/annual reports	A	I	C	R	I	R	R	R
11	Submit Programme perfor-mance reports to national accountability structures	A	I	R	R	I	C	I	I
12	Coordinate multisector supervi-sion & quality assurance visits	I	I	A	R	C	R	R	C
13	Provide technical guidance to ensure evidence-based imple-mentation	I	I	C	C	R	C	I	I
14	Review/endorse technical guidelines & capacity strength-ening materials	I	I	C	C	A/R	C	I	I
15	Review Programme data and advise corrective actions/ad-justments	I	I	A	C	R	C	I	I

Number	ECD Coordination Functions	Office of the President / ZPDB	National ECD Steering Committee (PS-Level)	ZMECDA	National ECD Secretariat	ECD Technical Working Group (TWG)	Sector Ministries	District ECD Committees	Shehia ECD Committees
16	District-level coordination of planning, budgeting & monitoring	I	I	C	C	I	C	A/R	C
17	Community mobilisation, early identification, and household follow-up	I	I	I	I	C	C	C	A/R
18	Day-to-day multisector programme management & continuity	I	I	A	R	I	C	C	I
19	TWG secretariat/administration	I	I	A	R	I	I	I	I
20	Integrate sector data systems into national ECD dashboard (HMIS/EMIS/ nutrition/CRVS/child protec-	I	I	A/R	R	C	R/C	R	C

5.4 Institutional arrangement

For the effective, efficient, and accountable delivery of the ZMECD Programme, the institutional arrangement has been strengthened by the creation of a dedicated national coordination agency, which reports directly to the Office of the President. Experience at the international level and within the region has shown that having a central ECD authority at the national level has led to improved multisectoral coordination, service quality, and Programme performance.

5.4.1 National Level Governance

I. Office of the President (Political Leadership and Strategic Direction)

II. The Office of the President provides the highest level of political leadership for early childhood development, ensuring that ZMECD remains a national development priority.

III. It oversees and guides the functioning of the Zanzibar Multisectoral Early Childhood Development Unit.

Zanzibar Multisectoral Early Childhood Development Authority – ZMECDA (Central Coordination Body)

I. A dedicated national Authority will serve as the institutional anchor for the implementation of ZMECDP.

II. The Authority is responsible for multisectoral planning, coordination, resource mobilisation, harmonisation of guidelines, supervision, reporting, and performance monitoring by working with key ministries (Secretariat).

National ECD Steering Committee (Inter Ministerial Decision Making)

I. A Permanent Secretary-level committee of key ECD ministries will approve multisectoral plans and budgets, provide strategic guidance, and address policy barriers affecting Programme implementation.

ECD Technical Working Group (Technical Coordination and Quality Assurance)

I. The Technical Working Group supports ZMECDA by providing thematic expertise, reviewing tools, generating evidence, and guiding quality improvement.

5.4.2 Ministerial Level Governance

I. Sector ministries retain their mandates while aligning their plans, budgets, and monitoring frameworks with ZMECD program. Each ministry appoints an ECD focal person who coordinates sector inputs and ensures alignment with ZMECDA processes.

5.4.3 Regional, District and Shehia Level Governance

I. Working through the President's Office, Regional Administration and Special Departments, the District ECD Committees coordinate district-level planning, budgeting, and monitoring. Shehia Child protection Committees support household follow-up, community mobilisation, early identification, and reporting. ZMECDP focal person among the committee members will be identified at regional, district and Shehia level to support the program.

II. At the regional and district levels, Social Welfare Officers will serve as the focal points for coordinating all ZMECDP activities, working closely with Community Development, Nutrition, Reproductive and Child Health (RCH), Education Officers, and Regional/District Medical Officers. Regular ZMECDP review meetings will be convened to assess programme progress, address implementation challenges, and strengthen multisectoral collaboration.

III. The ZMECDP focal person (Social Welfare Officer), in collaboration with the multisectoral team, will be responsible for preparing consolidated progress reports and presenting them as required at the regional and district levels to support coordination, accountability, and informed decision-making.

IV. At the Shehia level, the Child Protection Committee will designate a focal person from among its members to work closely with the Sheha and the District ZMECDP Focal Person in coordinating and supporting ZMECDP activities. The focal person will monitor ZMECDP implementation at Shehia level and prepare progress report to submit to Sheha who will then submit to District level.

5.4.4 Civil Society, Faith-Based Organisations, Academic Institutions

I. Join non-state actors platform as guided by the Stakeholder's Engagement plan appendix 5).
II. Participate in the planning and reflections meetings organized by the ZMECDA.
III. Civil society organisations, faith-based institutions, and academic institutions support quality standards, community engagement, capacity building, research, and service delivery.
IV. Faith Institutions include Mufti office, Madrasas centres, churches, Kadha and Children Courts.
V. Academic and research institutions including Zanzibar University, Alsumait University Zanzibar, the Open University of Tanzania, and the Zanzibar School of Health.

5.4.5 Development Partners

I. Development partners provide technical and financial support aligned with national priorities through ZMECDA -coordinated mechanisms.

5.5 Institutional arrangement

Effective governance of the ZMECD Programme requires integrated data and coordinated information systems to support planning, decision-making, and accountability. ZMECDA will lead the integration of sectoral information systems including HMIS, EMIS, Jumuishi Management Information System (JMIS), nutrition databases, civil registration, and child protection systems into a unified national ECD dashboard.

This integrated system will support:

I. Routine performance monitoring and reporting;
II. Evidence-based planning and budgeting;
III. Tracking of equity, service coverage, and quality;
IV. Accountability at national and subnational levels

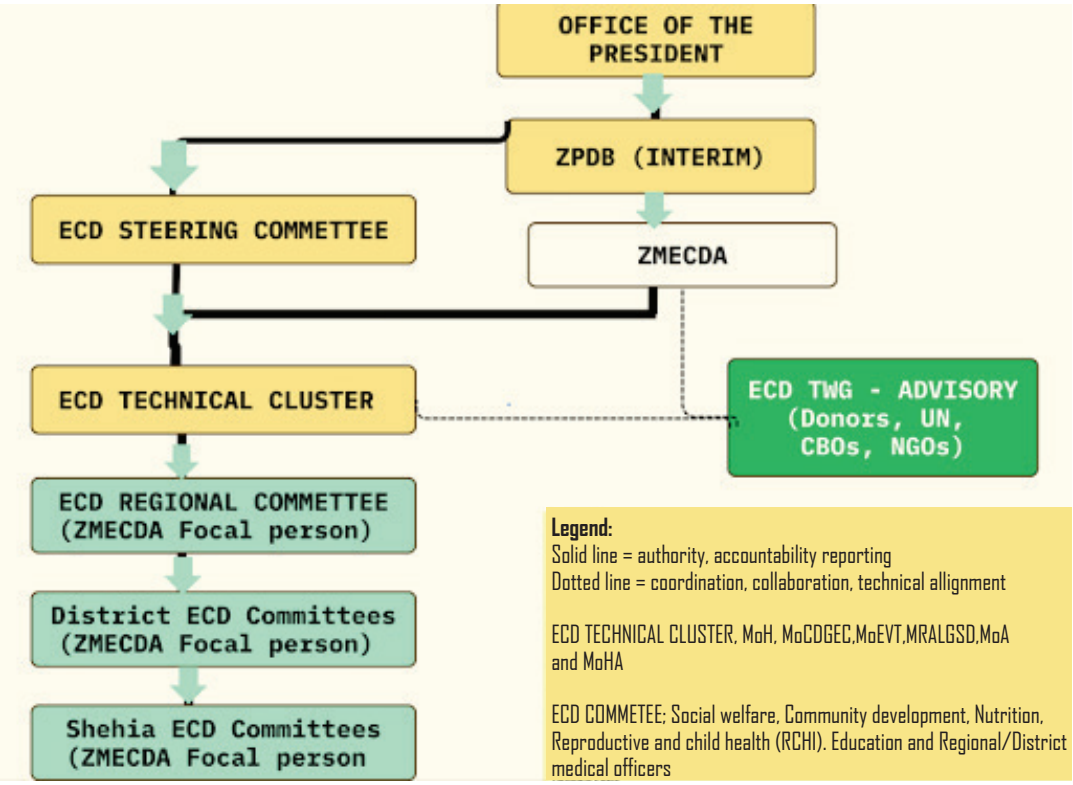

Figure 17: Zanzibar Multisectoral ECD Programme Coordination Structure

Financing of the integrated ECD Programme

06

6.1 Introduction

This chapter presents the overall resource framework required to implement the ECD Multisectoral Five-Year Programme. It explains the costing methodology, outlines the total financial requirements, and provides a breakdown of budget allocations across the four Long Term Outcomes: Enabling Environment, System Strengthening, Service Delivery, and Community Engagement. The approach integrates contributions from multiple sectors ensuring transparency, and avoids of duplication.

In addition, the chapter underscores alignment with national and inter-na-tional policy commitments, including the Zanzibar Development Vision 2050, the Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA IV), ECD related Policy and Strategies. Internationally, it draws on global frameworks such as the UN Convention on the Rights of the Child (CRC), the Sustainable Development Goals (SDGs), the Nurturing Care Framework and the African Union's Agenda 2063.

By linking resources to results, it emphasizes the long-term social and economic returns of investing in young children. This chapter also strengthens accountability by providing evidence-based foundation for resource mobilization and allocation, supporting sustainable, inclusive, and high-quality early childhood

6.2 Costing approach

The costing for the ECD Multisectoral Five-Year Programme was under-taken using an Activity-Based Costing (ABC) methodology, applied consistently across all participating sectors, including education, health, agriculture, community Development and all relevant ministries. This approach allows for a detailed estimation of resources by linking specific interventions to unit costs, thereby ensuring precision, comparability, and accountability in financial planning.

The costing method involved identification of all activities under each of the Long Term Outcome, specifying respective tasks and sub-tasks, and then assigning cost for each activity. The method provides accurate basis for determining full cost for implementing each activity.

Key features of the methodology include:

Activity level costing: Assigning unit costs to interventions such as early learning services, health and nutrition programmes, protection mechanisms, WASH initiatives, and community mobilization activities. The activities are then linked to KRAs and provides clarity on how resources are tied to specific outputs and outcomes.

Annual phasing: The process is aligned to a feasible programmatic workplan which shows timing of implementing each activity under each of the Long term outcome. The workplan is used as the basis for allocating costs across the five-year cycle, capturing the progression from initial start-up and capacity building investments to the scaling up of services and systems.

Cross sector integration: Consolidating contributions from multiple ministries, local government authorities, development partners, civil society, and the private sector to prevent duplication, maximize efficiency, and strengthen synergies across sectors.

Assumptions: Incorporating key financial assumptions such as projected inflation rates, confirmed government commitments, anticipated partner contributions, and in-kind support from communities and civil society.

ABC applied a structured costing approach to ensure that resources are strategically aligned to programme priorities and Zanzibar's commitments. It also enables evidence-based decision-making, providing a clear link between planned interventions and financial requirements. The methodology facilitates transparency in resource allocation, comparability across sectors and years, and the identification of funding gaps that require further mobilization efforts. By doing so, it supports stronger advocacy for sustainable domestic and external financing for early childhood development.

6.3 Overall resource requirements for the ZMECDP

The program's total estimated cost over the five-year period represents the aggregate resource envelope required for the successful implementation of all planned interventions under the ECD Multisectoral Program. This comprehensive financial picture provides policymakers, development partners, and other stakeholders with a clear understanding of the scale of investment needed to deliver integrated, high-quality, and inclusive services for children aged 0-8 years.

The resource requirement is structured to include annual projections of financial needs, which illustrate the phasing of investments from Programme inception through to full scale-up. These projections highlight year-on-year expenditure patterns, balancing start-up and capacity-building costs with service delivery expansion and system strengthening. In addition, the budget is disaggregated by source of funds, showing expected contributions from Government, development partners, civil society organizations, and the private sector, as well as anticipated in kind contributions from communities. This transparency ensures clarity on shared responsibilities and strengthens accountability for resource mobilization.

A critical component of this section is the funding gap analysis, which identifies shortfalls between projected financial needs and available resources. This analysis not only provides a basis for targeted advocacy and resource mobilization but also serves as a call to action for increased domestic financing and sustainable external support. By demonstrating the investment case for ECD, this overview emphasizes that financing early childhood interventions yields long-term social and economic returns, including improved health, education outcomes, productivity, and reduced social inequalities. In this way, the resource framework makes a strong argument for prioritizing ECD within national budgets and development financing strategies.

Summary of resource requirement during the five-year implementation period is presented below:

Table 7: ZMECDP five-year implementation period budget

DESCRIPTION	AMOUNTS IN TZS	% OF TOTAL BUDGET
Community Engagement	23,499,036,000	11%
Enabling Environment	4,662,310,000	2%
Service Delivery	123,456,301,400	60%
Systems Strengthening	16,203,522,000	8%
MEAL	12,515,000,000	6%
Governance	10,583,002,003	5%
Overheads	14,318,937,855.23	7%
GRAND TOTAL	**205,238,109,258.23**	**100%**

Overhead cost is estimated to be 7% of the direct cost of the program. Direct costs are cost for implementing activities for each of the Long term outcome, i.e., Community Engagement, Enabling Environment, Service Delivery and Systems Strengthening. The Overhead costs are envisioned to include day-to-day cost for operating a Programme coordinating office such as telecommunication, administration expenses, fuel, stationery, postage and courier services.

6.4. Programme Work Plan and Budget by Long term outcome

The financial requirements of the ECD Multisectoral Five-Year Programme are further elaborated under the four long term outcome, ensuring that allocations are directly aligned with the programme's results framework. This approach links resources to intended outcomes and allows for effective tracking of investments against progress. Each outcome outlines expected results, priority activities, and annual financial projections over the five-year implementation period.

The tables below provide cumulative five-year totals, providing clarity on the distribution of resources, identifying funding gaps, and ensuring accountability for results. This structured breakdown strengthens programme planning, facilitates partner alignment, and enhances transparency in financial management.

The budget is prepared on the basis that yearly workplans for each long-term outcome are in place, accompanied with annual budgets. Financial forecasting will be undertaken periodically to reflect progress in implementing Programme activities, actual financial spend and remaining unspent funding to be used in subsequent periods.

6.4.1 ong Term Outcome 1: Service delivery

Focuses on ensuring equitable access to quality early learning, health, nutrition, WASH, protection, and caregiving services for children aged 0-8 years. Budget allocations prioritize infrastructure development, recruitment and training of service providers, supply of learning and health materials, service delivery innovations, and strengthening Madrasa platforms as integrated centres for nurturing care.

Table 8: Budget estimates for Service Delivery

Expected Results	Amounts in TZS
Long Term Outcome 1	
At least 90% of children aged 0–8 years have fair and consistent access to high-quality, inclusive, and integrated nurturing care services, across health, nutrition, early learning, child protection, and responsive care. Enabling Environment	
Long Term Outcome 1	
1.1. At least 90% of children aged 0–8 years in urban, rural and underserved Shehias access a minimum package of quality integrated nurturing care services	**108,363,868,000.00**
1.2. At least 90% of children aged 0–8 years, including children with disabilities and those from the lowest income quintiles, have equitable access to essential ECD services.	**6,899,120,000.00**
1.3. At least 90% of children aged 0–8 years live in households that provide safe, non-violent, and developmentally stimulating environments as measured by standardized nurturing care indicators.	**8,193,313,400.00**
	123,456,301,400.00

6.4.2 Long Term Outcome 2: System strengthening

Supports the development of a robust ECD system through capacity building of the workforce, enhancement of monitoring, evaluation, accountability, and learning (MEAL) systems, integration of ECD within sectoral plans, and promotion of evidence-based planning. Resources are dedicated to training, institutional support, research, and strengthening referral mechanisms, particularly for children with disabilities, developmental delays, or risk of abuse.

Table 9: Budget estimates for System Strengthening

Expected Results	Amounts in TZS
Long Term Outcome 2	
The ECD system is strengthened through workforce capacity, referrals, MEAL, and research to deliver high-quality, accountable, and inclusive nurturing care services.	
Intermediate Outcomes	
2.1. At least 90% of ECD service delivery points meet nationally approved quality standards, and at least 90% of frontline ECD workers are certified and trained in integrated nurturing care approaches	**4,388,636,000**
2.2. At least 95% of ECD indicators are routinely reported, analyzed, and publicly disseminated annually, and 90% of districts achieve data completeness and timeliness rates above 90%.	**3,627,936,000**
2.3. At least 95% of ECD indicators are routinely reported, analyzed, and publicly disseminated annually, and 90% of districts achieve data completeness and timeliness rates above 90%.	**3,643,015,000**
2.4. At least 80% of children aged 0–8 years are screened for developmental delays and risk of abuse using standardized tools, and at least 85% of identified cases receive documented referral and appropriate follow-up support services.	**4,543,935,000**
	16,203,522,000

6.4.3 Long Term Outcome 3: Enabling environment

Prioritizes policy and legal reforms, the operationalization of the national ECD strategy, and advocacy initiatives. Financial resources focus on developing and harmonizing policies, curricula, and guidelines across sectors, strengthening coordination mechanisms, resource mobilization, and institutionalizing budget allocation and tracking systems for ECD.

Table 10: Budget estimates for Enabling Environment

Expected Results	Amounts in TZS
Long Term Outcome 3	
A coordinated, well-financed policy environment with aligned advocacy, policies, guidelines, and curricula sustains integrated ECD services.	
Intermediate Outcomes	
3.1. All sectoral policies, guidelines, and curricula in health, nutrition, education, and protection are harmonized with the national integrated nurturing care framework	**1,404,220,000.00**
3.2. Functional multisectoral ECD coordination structures operate at national and 100% of district levels, holding at least two documented coordination meetings annually	**760,650,000.00**
3.3. All ECD-related expenditures are coded, tracked, and publicly reported annually, with at least 15% increase in domestic ECD financing from 2025 baseline.	**1,071,900,000.00**
3.4. High-level ECD advocacy results in documented policy commitments and at least 15% increase in domestic financing for ECD.	**1,425,540,000.00**
	4,662,310,000.00

6.4.4 Long Term Outcome 4: Community engagement and support

Emphasizes the role of families and communities in nurturing care. Allocations support parenting education programs, awareness campaigns, psychosocial support services, and strengthening local ECD committees. Budget lines cover outreach, training of community facilitators, development of IEC materials, and participatory community forums.

Table 11: Budget estimates for Community Engagement and Support

Expected Results	Amounts in TZS
Long Term Outcome 4	
All families and communities are equipped with the knowledge, resources, and support to provide equitable nurturing care, ensuring no child is left behind.	
Intermediate Outcomes	
4.1. At least 80% of caregivers adopt at least three core positive nurturing care practices.	**16,112,881,000.00**
4.2. At least 90% of communities are reached by BCC interventions, resulting in ≥50% increase in NC awareness	**5,878,195,000.00**
4.3. All ECD commitments are publicly reported annually, with biennial independent reviews conducted and corrective actions implemented.	**1,507,960,000.00**
	23,499,036,000.00

Each long term outcome is accompanied by detailed annual budget tables and cumulative five-year totals, providing clarity on the distribution of resources, identifying funding gaps, and ensuring accountability for results. This structured breakdown strengthens Programme planning, facilitates partner alignment, and enhances transparency in financial management.

6.5. Resource mobilization

The Programme is to be funded through multiple sources of financing. Firstly, allocation of Zanzibar's government funding, i.e., a portion of domestic revenues from fiscal budget for each of the years throughout the Programme period and beyond to ensure sustainability of activities.

Secondly, financing from International Development Partners which includes funding through grants and concessional loans from international partners, such as: The World Bank Group (including IDA), UN (UNDP), The African Development Bank Group (AfDB), The International Monetary Fund (IMF), various other bilateral donors and philanthropic foundations. External Funding includes financial aid from other nations (like India, for social development projects), and Private Sector Investment (PPP, direct investment). The financing methods are aligned to Zanzibar's key Development Strategies including ZADEP 2021-2026 which aims to mobilize resources from government, private sector, and development partners.

6.6. Financial management

Financial management is structured and aligned with Zanzibar's government systems involving budget preparation, authorization, execution, and accountability & audits. The framework is governed by legal documents such as the Public Finance Act of 2005 and the Public Procurement Act of 2016 and aims to achieve sound Programme financial management and effective service delivery. Funds allocated to the Programme are to be included within the Zanzibar's government fiscal budget within the Mid-Term Expenditure Framework (MTEF). The budget details are aligned to format required for inclusion into MTEF.

Financial spend, fund allocation, and disbursements are monitored through Treasury and Finance Ministry in collaboration with respective key Ministries, PDB and Programme coordinating unit.

In addition, funds are allocated and disbursed to Programme coordination authority for financing specific costs and activities which are implemented by the coordination authority such as governance, overheads and pre-agreed activities.

6.7. Financing mechanisms and assumptions

ECD Program financing involves mechanisms used by the Revolutionary Government of Zanzibar to fund projects and social services. Program financing will be relying on budgetary allocations and increasingly, partnerships with the private sector. The core objective is to deliver public value rather than profit, utilizing mechanisms that ensure fiscal responsibility and service sustainability.

Core financing. Major financing mechanisms will be through a mix of traditional budgetary tools and innovative approaches, which will include considering the following options:

- **Budgetary Appropriations:** The primary source, where general taxes collected from individuals and businesses are allocated through the fiscal budgeting cycles.
- **Public-Private Partnerships (PPPs):** Long-term contracts where the private sector handles certain components of the Program such that the Revolutionary Government of Zanzibar will benefit from expertise, cost-savings, timely execution and efficiencies. For example, private sector may be involved in construction works and support operating public assets.
- **Availability Payments:** Regular government payments made only if the service/asset is available to the specified quality.
- **Outcome-Based Financing (RBF):** Instruments like the World Bank's Program-for-Results (PforR), where funds are disbursed upon verification of specific outcomes rather than inputs.

- **Innovative Financing:** Mechanisms beyond traditional Official Development Assistance (ODA), including social impact bonds, solidarity levies (e.g., on airline tickets), and catalytic mechanisms to unlock private investment.

- **Government Support & Subsidies:** Loans, grants, or guarantees to bridge viability gaps because the Program is economically necessary, and to certain extent requires enhancement to become financially lucrative.

- **Transitioning to sustainable program financing:** It is assumed that during start-up and up until year two, program implementation will be heavily relying on support from development partners, who are expected to be funding about 80% of the budget. During mid-phase of the ECD Program, in years 3-4, the Revolutionary Government of Zanzibar would have mobilized extra domestic resources to be able to finance between 40-60% of the yearly budget. Towards the end of the Program in years 4-5, it is anticipated that significant portion of the funding, ranging from 60-80% will be from fiscal budget for the Revolutionary Government of Zanzibar. At the end of the five years, external funding will be about 10% and transitioning towards 100% funding from the Revolutionary Government of Zanzibar through fiscal budget. The program's overhead and governance costs (estimated to be 12% of the budget) will be fully covered by the Revolutionary Government of Government and may include additional funding from partners and private sector. Overhead cost is recurring and include routine expenses such as salaries, essential travels, utilities, routine program meetings (e.g., monitoring and reviews). The expenses are already being incurred by the Revolutionary Government in the course of delivering public services linked to ECD Program. The budget will be flexible to undertake specific and/or additional program activities in alignment with the funding levels and financing mechanisms available at any point. Further details will be clarified as the program establishes fund mobilization strategy.

- **Budget tracking:** The budget for the Program will be broken-down into an annual budget for each of the years within the life of the Program. The annual budgeting process will be undertaken jointly by each of the Ministry involved. It is assumed that the Ministry of Finance and Planning of the Revolutionary Government of Zanzibar will ensure Program budget is included within a Medium-Term Expenditure Framework (MTEF), in annual fiscal budget with Program codes which are indefinable and enables tracking at various levels and times.

- **A Medium-Term Expenditure Framework (MTEF):** will be effectively used as a budgetary tool for setting multi-year, spending limits for respective Ministries and departments to ensure fiscal discipline, improve resource allocation, and predictable funding.

- **Separate account:** If needed, a dedicated account will be held by Treasury for enhancing financial management systems, processes and transparency; the arrangement will meet such a requirement when it becomes a precondition for accessing financial aid from development partner(s).

Monitoring, Evaluation, Accountability and Learning framework

07

7.1 The common results and accountability framework (CRAF)

The Zanzibar Multisectoral ECD Programme (ZMECDP) adopts a Common Results and Accountability Framework (CRAF) to unify efforts across ministries, agencies, and community actors. The CRAF operationalizes the MEAL system by providing a single, coherent structure that ensures all stakeholders work toward the same shared outcomes, using a consistent set of indicators, harmonized reporting tools, and clear accountability loops from the community to the national level.

7.1. 2 Shared Outcomes and Indicators:

The CRAF defines common results that cut across all ECD pillars—health, nutrition, early learning, protection, and responsive caregiving. Each result area is accompanied by a set of standardized indicators, aligned to national priorities and global benchmarks
(e.g., SDGs, UNICEF MICS, DHS). This guarantees that ministries and partners are not tracking parallel or duplicative indicators but are instead contributing data to the same agreed-upon measures.

7.1. 3 Harmonized Reporting and Data Systems:

Implementation of the CRAF requires ministries and agencies to harmonize their reporting templates, timelines, and data definitions. Existing systems such as EMIS, HMIS, and M&E dashboards will be linked through interoperable data-sharing protocols. At the community level, frontline actors (such as CHWs, ECD centre committees, and Shehia leadership) will collect and feed information upwards through standardized reporting tools, ensuring that local realities are accurately captured and integrated into district and national databases.

7.1. 4 Accountability Loops:

A key innovation of the CRAF is the creation of accountability loops that ensure data flows both upwards and downwards. Community scorecards and citizen-reporting mechanisms will allow parents and caregivers to provide feedback on service delivery. District and national authorities will then respond with corrective measures, resource allocations, or policy adjustments, ensuring that accountability is not only upward to government and donors but also downward to communities.

7.1. 5 Roles and Responsibilities

The framework clarifies the responsibilities of all actors. Ministries and sectoral departments remain responsible for service delivery and reporting on sector-specific indicators, while the ZMECDP Secretariat and Presidential Delivery Bureau oversee cross-sectoral integration, results tracking, and performance reviews. Development partners and NGOs contribute data through joint reporting mechanisms, while communities hold service providers accountable through structured engagement platforms.

7.1. 6 Results-Based Reviews and Learning:

Implementation of CRAF is embedded into regular Programme review cycles. Quarterly district review meetings, biannual national learning forums, and annual Programme performance reports will all use CRAF indicators and results to assess progress, identify bottlenecks, and share best practices. This ensures that the MEAL framework is not a compliance exercise but a dynamic learning process that drives continuous improvement.

7.1. 7 Integration with Resource Tracking:

The CRAF links results to financing and resource mobilization. By tagging budgets and expenditures to the common results framework, the Programme can monitor not only whether outcomes are achieved but also whether resources are equitably allocated and efficiently used. This strengthens transparency and accountability in the use of public funds and donor contributions.

7.2 The MEAL framework

The MEAL system is structured around the long-term outcomes that represent the four pillars of the ECD Theory of Change (ToC). Indicators are aligned with global standards (SDGs, MICS, DHS) and Zanzibar's national systems (EMIS, HMIS, OCGS). The Appendix 6 shows MEAL Matrix with all indicator by level (i.e impact, outcome, output), along with its source (means of verification) and frequency of measurement:

7.3 Learning, Research, and Adaptive Management

Learning is institutionalized as a continuous and structured function within the ZMECDP to drive evidence-based decision-making, adaptive management, and system strengthening. The Programme will operationalize a comprehensive learning agenda that includes biannual multisector learning forums, an annual State of the Child in Zanzibar Report, rigorous impact evaluations, and structured South–South exchanges to benchmark progress against regional and global best practices. To generate actionable evidence for implementation and scale, the Programme will prioritize the following research and learning streams:

1. Pilot Implementation Studies

Targeted pilot studies will be conducted to test feasibility, cost-effectiveness, and scalability of new interventions introduced under the Programme. Initial pilots will focus on:

i. Integration of ECD within Madrassa classes
ii. Functioning of Coordination mechanims
iii. Strengthened linkages between health and nutrition services and early learning
iv. Community-based childcare service models

Findings will inform scale-up decisions, financing strategies, and policy adjustments.

2. Impact Evaluation of Behaviour Change Interventions

The Programme will conduct impact evaluations to assess changes in caregiver knowledge, practices, and child outcomes following Behaviour Change Communication (BCC) interventions. These evaluations will measure improvements in nurturing care practices, early stimulation, nutrition behaviours, and protection practices at household and community levels.

3. Child Development Measurement and Surveillance

Children Aged 0–3 Years

The Programme will implement annual population-level developmental surveillance using validated caregiver-reported tools appropriate for early childhood measurement.
This approach will:

i. Monitor trends in cognitive, language, motor, and socio-emotional development
ii. Identify emerging developmental risks at an early stage
iii Inform referral pathways and early intervention mechanisms
iv. Enable district-level equity analysis to guide targeted resource allocation

Children Aged 4–6 Years

Structured school-readiness and developmental assessments will be conducted using the International Development and Early Learning Assessment (IDELA) at three key time points: Baseline, Midline, and Endline. These assessments will measure: Early literacy and numeracy, Socio-emotional development, Executive functioning and Learning readiness. IDELA findings will be triangulated with classroom quality indicators, teacher training data, and programme implementation metrics to assess system-level contributions to child learning outcomes. Through this structured learning architecture, the ZMECDP will move beyond activity-based monitoring toward an evidence-driven, performance-oriented ECD system capable of continuous improvement, equitable service delivery, and measurable gains in child development outcomes.

7.4 Financial tracking and budget analysis

Financial accountability will be strengthened through annual ECD expenditure reviews, integration into the Medium-Term Expenditure Framework (MTEF), and equity-focused expenditure analysis. A resource-tracking dashboard will be institutionalized within the Ministry of Finance and Planning.

7.5 Resource mobilization strategy for ZM-ECDP

The strategy will blend domestic government financing, donor partnerships, private sector engagement, and innovative financing mechanisms. This ensures sustainable delivery of ECD services across Zanzibar.

7.6 Institutional arrangements for M&E

The MEAL system is coordinated by the ZMECD Secretariat with data inputs from sectoral ministries, validation by district ECD committees, and strategic oversight by the Zanzibar Presidential Delivery Bureau. Civil society and communities will provide accountability through scorecards and forums.

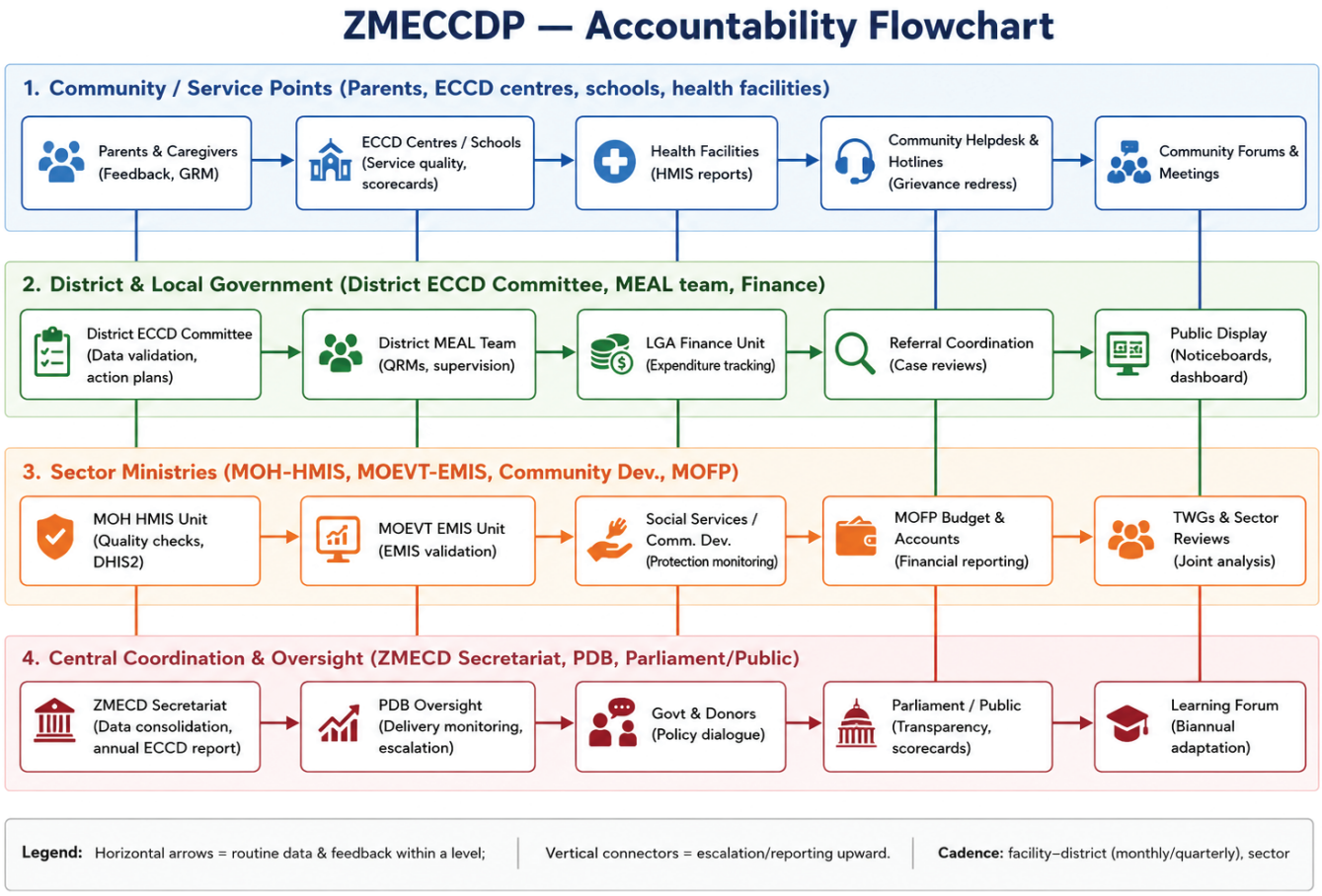

Figure 18: Accountability flow chart

Risk Analysis and Mitigation

08

Effective implementation of the Zanzibar Multi-sectoral Early Childhood Development Programme (ZMECDP) requires a thorough understanding of the risks that may hinder its success. It is important to emphasis that the development of multi-sectoral Early Childhood Development Programme is suggesting the transformation in the working culture, from sector silos to joint planning, implementation and evaluation. There are working experiences, perceptions and attitudes on ECD all of which may be barriers to the success of intended goals and objectives of expanding service delivery. Risk analysis is therefore central to planning, execution, monitoring, and sustainability of the programme. This chapter presents an overview of risks that could affect the delivery of ECD interventions, evaluates their magnitude and likelihood, and proposes appropriate strategies for mitigation. It draws from the contextual realities of Zanzibar and insights from the programme's Theory of Change, while also aligning with global best practices in early childhood development programming.

8.1 Risk identification, assessment and prioritization

Risks in the ZMECDP can be categorized into strategic, operational, financial, institutional, and contextual/environmental risks. The following table summarizes the main risks, their likelihood, potential impact, and relative priority.

Table 12: Risk Identification and Prioritization

Risk Category	Identified Risk	Likelihood	Potential Impact	Priority Level
Strategic	Weak political will or leadership changes that shift priorities away from ECD	Medium	High	High
Operational	Limited inter-sectoral coordination among health, education, nutrition, and social welfare actors	High	High	Very High
Financial	Inadequate or unsustainable funding for ECD interventions due to donor withdrawal or economic shocks	High	High	Very High
Institutional	Shortage of skilled workforce (teachers, caregivers, health workers) with capacity for ECD	Medium	High	High
Community/Social	Cultural beliefs, gender norms, and limited parental awareness hindering Programme uptake	Medium	Medium	Medium
Data & M&E	Weak monitoring and evaluation systems to track progress	Medium	High	High
Environmental/Contextual	Natural disasters or disease outbreaks disrupting ECD service delivery	Low–Medium	High	Medium
Technological	Limited ICT infrastructure to support data systems and digital learning	Medium	Medium	Medium

8.2 The SWOT analysis in managing risks

A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis provides a strategic lens through which ZMECDP can assess internal and external factors influencing risks and mitigation strategies.

The SWOT analysis suggests that while ZMECDP has strong foundations and enabling opportunities, it must proactively address systemic weaknesses and external threats to ensure effective risk management.

STRENGTH

Strong government commitment to ECD, reflected in the establishment of the ZMECP

Existing policies and frameworks (education,health, nutrition,child protection) that support intergrate approaches
A growing network o development partners and CSOs engaged in child development

International support

WEAKNESS

Fragmented services delivery due to sectoral silos

limited skilled human resources to deliver quality and holistic ECD interventions

Weak data collection and M&E systems for accountability and learning

Heavy dependence on donor funding forsome interventions

Limited parental and caregivers participation in national ECD program

OPPORTUNITIES

Political momentum for human capital development in Zanzibar

International frameworks (e.g. Nurturing Care Framework, SDGs) providng global advocacy leverage

Advancements in technology to strengthen information training, M&E,
Communication

Community structures and local leadership that can be mobilized for ECD advocacy

THREATS

Economic status that may limit government finacing
Climate change and environmental risk that could disrupt service delivery

Resistance from cultural or religious to speciic ECD interventions (eg gender equality or nutrition practices)

Global health crises (eg pandemics) that can divert attention and resources

8.3 Risk mitigation measures

To safeguard Programme success, ZMECDP must embed risk management strategies into its implementation framework. Key mitigation measures include:

Table 13: Risk–Mitigation Matrix for ZMECDP

Risk Category	Key Risks	Mitigation Strategies	Responsible Actors
Strategic/ Governance	Weak political will or shifting leadership priorities	• Institutionalize ECD in national development plans and budgets • Establish high-level inter-ministerial ECD committees • Strengthen policy advocacy with Parliament and Cabinet	ZPDB, MOEVT, MOH, MCDGC, House of Representatives
Operational	Weak inter-sectoral coordination	• Establish a coordinating body with mandate to work with all key ministries • Joint planning and monitoring frameworks • Regular multi-sectoral coordination meetings • Clear roles and responsibilities in ECD service delivery	ZPDB, MOEVT, MOH, MCDGC, LGAs
Financial	Inadequate or unsustainable funding	• Introduce ECD budget lines in ministries • Develop mechanism to monitor and report ECD planning and spending • Diversify financing through PPPs, donor support, and community contributions. A resource mobilization strategy will be developed. • Apply results-based financing models	MOFP, MOEVT, MOH, Development Partners

Risk Category	Key Risks	Mitigation Strategies	Responsible Actors
Institutional / Workforce	Shortage of skilled human resources and turnover	• Expand pre-service and in-service ECD training • Incentive schemes for rural deployment • Partnerships with teacher training colleges & universities	MOEVT, SUZA, Training Institutions
Community/ Social	Cultural beliefs and limited parental awareness	• Awareness campaigns on nurturing care • Engage religious leaders and community elders • Promote male involvement in childcare	MCDGC, CSOs, Local Leaders
Data & M&E	Weak monitoring and evaluation systems	• Strengthen M&E units across ministries • Use ICT for real-time data collection and reporting • Conduct annual learning reviews • Integrating use of data in every reflection space	MOEVT, OCGS, MOH, Development Partners
Environmental / Contextual	Climate change, disasters, disease outbreaks	• Disaster-resilient ECD infrastructure • Emergency preparedness plans • Integrate WASH and health protocols in centres	MOEVT, MOH, LGAs, Disaster Management Dept.
Technological	Limited ICT infrastructure	• Invest in ICT for ECD data systems • Leverage mobile technology for caregiver education • Partner with telecom companies for affordable solutions	MOEVT, MOICT, Private Sector

Conclusion

Risk management is integral to the success and sustainability of the ZMECDP. Through systematic risk identification, SWOT analysis, and the adoption of mitigation strategies, the Programme can anticipate challenges, minimize disruptions, and strengthen resilience. This proactive approach will not only safeguard investments but also ensure that children in Zanzibar receive the nurturing care, protection, and learning opportunities they need to thrive.

Appendices

APPENDIX 10: List of participants and key contributors in the design of Zanzibar Multisectoral ECD program

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6	Ms. Fatma Mode Ramadhan	Director of Pre-Primary and Primary Education, Ministry of Education and Vocational Training
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8	Ms. Mwanaidi Ali Ahmada	Senior Budget Officer, Ministry of Finance
9	Dr. Fatma Kabole	Deputy Director of Preventive Services, Ministry of Health
10	Dr. Farhat Salim Saleh	Pediatrician, Ministry of Health; Member of the ZM-ECDP Secretariat
11	Ms. Hamida Naufal Kassim	Head of Primary Mental Health, Ministry of Health; Member of the ZM-ECDP Secretariat
12	Mr Rashid Maulid Rashid	Ministry of Health
13	Dr Idris Y. Hamad	State University of Zanzibar
14	Ms. Zainab Hassan Moyo	Member of the ZM-ECDP Secretariat from Ministry of Agriculture, Irrigation, Natural Resources and Livestock
15	Ms. Aziza Juma Ali	Zanzibar Presidential Delivery Bureau
16	Ms Muarabu Ali Hamad	Zanzibar Presidential Delivery Bureau
17	Mr. Abdullah Juma Omar	Zanzibar Presidential Delivery Bureau
18	Mr. Abdul-ghafur Fadhil Juma	Zanzibar Presidential Delivery Bureau
19	Mr Saad Hassan Jumbe	Zanzibar Presidential Delivery Bureau
20	Mrs Josephine Ferla	Lead Consultant, ECD, Save the Children
21	Dr Beatus K. Leon	Deputy Lead Consultant, Capacity and Institutional Systems Strengthening
22	Prof Fortidas Bakuza	Consultant, Early Childhood Education, Aga Khan University
23	Dr Deman Yusuf	Consultant, ECD, Child Protection and Social Policy
24	Dr Shehe A. Mohamed	Consultant, Early Childhood Education, State University of Zanzibar
25	Mr Henry Horombe	Consultant, Financial Analytics
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