National Multisectoral Early Childhood Development Stakeholders' Forum

3rd and 4th December 2018
Dodoma, Tanzania

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List of Abbreviations

3RSs	Reading, Writing and Arithmetic
ACRWC	African Charter on Rights and Welfare of Children
AFECN	Africa Early Childhood Network
AIDS	Acquired Immunodeficiency Syndrome
AKF	Aga Khan Foundation
AKU	Aga Khan University
CCD	Care for Child Development
CDO	Childhood Development Organization
ChCC	Chile Crece Contigo
CHW	Community Health Worker
CiC	Children in Crossfire
COSITA	Community Support Initiatives Tanzania
CPD	Continuous Professional Development
CRC	Child Rights Convention
CRS	Christian Relief Services
CSO	Civil Society Organization
DFID	Department for International Development
ECD	Early Childhood Development
ECDVU	Early Childhood Development Virtual University
EGMA	Early Grade Math Assessment
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
EGRA	Early Grade Reading Assessment
ENC	Essential New-born Care
EQUIP-T	Education Quality Improvement Programme Tanzania
ESDP	Education Sector Development Plan
ETAT	Emergency Triage Assessment and Treatment
ETP	Education and Training Policy
GDP	Gross Domestic Product
GIF	Global Investment Framework
GMP	Growth Monitoring and Promotion
HCP	Health Care Personnel
HIV	Human Immunodeficiency Virus,
HSN	Health, Social Welfare and Nutrition
IECD	Integrated ECD
IMCI	Integrated Management of Childhood Illness
INSET	In-Service Training
IYCF	Infant and Young Child Feeding
KMC	Kangaroo Mother Care
LGA	Local Government Authority
LMIC	Low- and Middle-Income Countries
MDAs	Ministries, Departments and Agencies
MELQO	Measuring Early Learning and Quality Outcomes
MIYCAN	Maternal, Infant and Young Child Nutrition

MMR	Maternal Mortality Rate
MNP	Micronutrient Powder
MoEST	Ministry of Education, Science and Technology
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MPDI	Monduli Pastoralists Development Initiative
NCF	Nurturing Care Framework
NCF	Nurturing Care Framework
NCU	Neonatal Care Unit
NMNAP	National Multisectoral Nutrition Action Plan
NNSBCC	National Nutritional Social and Behaviour Change Communication Strategy
NPA-VAWC	National Plan of Action to End Violence Against Women and Children
OUT	Open University of Tanzania
P&PE	Pre and Primary Education
PANITA	Partnership for Nutrition in Tanzania
PMO	Prime Minister's Office
PO-RALG	President's Office Regional Administration and Local Government
PPE	Pre-Primary Education
PQTR	Pupil Qualified Teacher Ratio
RCHS	Reproductive and Child Health Services
REACH	Registration, Evaluation, Authorisation and Restriction of Chemicals
RHMT	Rural Health Multidisciplinary Training
RITA	Registration, Insolvency and Trusteeship Agency
RPFC	Responsive Parenting and Family Care
RSWO	Regional Social Welfare Officer
SB-CPD	School Based Continuous Professional Development
SES	Social Economic Status
SGD	Sustainable Development Goals
SSA	Sub Saharan Africa
Std	Standard
SWO	Social Welfare Officer
TACAIDS	Tanzania Commission for AIDS
TAHEA	Tanzania Home Economics Association
TANGO	Tanzania Association of Non-Governmental Organizations
TCRF	Tanzania Child Rights Forum
TDHS	Tanzania Demographic and Health Survey
TECDEN	Tanzania Early Childhood Development Network
TENMET	Tanzania Education Network/Mtandao wa Elimu Tanzania
TFNC	Tanzania Food and Nutrition Center
TIE	Tanzania Institute of Education
TOT	Training of Trainers
TTC	Teacher Training College
TWG	Technical/Thematic Working Group

TZS	Tanzania Shillings
UDOM	University of Dodoma
UDSM	University of Dar es Salaam
UNICEF	United Nations International Children's Emergency Fund
VHND	Village Health and Nutrition Day
WASH	Water, Sanitation and Hygiene
WEC	Ward Education Coordinator
WHO	World Health Organization
ZUMM	Zungumza na Mtoto Mchanga

1. Introduction

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) in collaboration with the Tanzania Early Childhood Development Network (TECDEN) and Children in Crossfire (CiC) organized a National Multi Sectoral Early Childhood Development (ECD) Stakeholders' Forum in Dodoma from 3rd to 4th December 2018.

The main objective of the forum was to discuss the revitalization of National Multi Sectoral ECD dialogue through learning from the past; drawing from comparative multisectoral experience in other areas; and identifying opportunities for integrated interventions for effective multisectoral ECD delivery.

Furthermore, the forum represented a first key step in informing the implementation in Tanzania of the Nurturing Care Framework, which was launched globally at the World Health Assembly in 2018.

The Key themes and discussion areas at the Forum were:

S/N	Theme	Discussion Area
1.	Presenting the Evidence	Advancing ECD: From Science to Scale (Lancet Series 2016)
2.	Status Snapshot on ECD implementation in Tanzania	Under Five Health overview
		Nutrition in the first 1,000 days
3.	Responsive Caregiving and Security & Safety	Care for Childhood Development
		Parenting and Family Care Strategy
		Status of the NPA-VAWC (focus on children)
4.	Early Learning	Childcare Provision overview
		Key trends in PPE implementation
		Key trends in 3Rs implementation (Std 1-2)
5.	The Nurturing Care Framework (NCF)	An Overview Proposed Action Plan
6.	Informing the way forward for multisectoral coordination of ECD in Tanzania	A brief History of ECD multisectoral coordination in Tanzania
		Experience of multisectoral coordination at national-level (NMNAP, NPA-VAWC)
		Experience of multisectoral coordination at LGA-level (nutrition, ECD)
		Comparative Experience in ECD multisectoral coordination from the region (AFECN)

In addition, three key discussion areas were identified to lead group works in coming up with recommendations for way forward in revitalizing the ECD multisectoral dialogue process:

a) How can past experience inform ECD dialogue and coordination processes going forward?
b) How can we draw on comparative experience nationally and sub nationally in multisectoral coordination to inform multisectoral coordination of ECD going forward?
c) Outline Opportunities for Integrated Interventions that can be taken to scale for effective multisectoral ECD delivery

The forum was Chaired by the Permanent Secretary of the MOHCDGEC and Co-Chaired by the TECDEN Board Chairperson. The Detailed Timetable is attached as ***Annex 1***.

2. Background

In 2017, CiC commissioned an ECD Situational Analysis in Tanzania, primarily looking at understanding the ECD policy ecosystem including opportunities and contradictions within such, and how the current government was organised to provide effective multisectoral coordination across ECD interventions.

One universal feedback from stakeholders was the ***general lack of ECD multisectoral dialogue***, contrary to the historical vibrancy of ECD dialogue structures and processes that Tanzania championed regionally. ECD stakeholders across government, donors and Civil Society Organisations (CSOs) also noted that the lack of ECD multisectoral dialogue had coincided with the decline of the Tanzania ECD Network (TECDEN).

Recognising the gap, a strong appetite across all stakeholders to bring the stakeholders' field together again and catalyse once more coordinated ECD advocacy at the national level was revealed. Meanwhile stakeholders noted the vibrant dialogues in specific ECD sub sectors such as nutrition, protection and pre-primary education that could be used to inform the formulation of ECD multisector dialogue process. Furthermore, there were strong case studies of multisectoral coordination across specific ECD domains, including for example, nutrition (National Multisectoral Nutrition Action Plan, NMNAP), and violence against children (National Plan of Action to end Violence Against Women and Children, NPA-VAWC) that could be utilised in recommending structures for ECD multisectoral dialogue process.

CiC leveraged off the planned dissemination of the ECD Situational Analysis and started dialogue on how to bring ECD stakeholders together, with a purpose of revitalising the multisectoral stakeholder dialogue for optimising ECD coordination.

In order to maximize the participation of like-minded organizations CiC, taking on the role of Secretariat proposed formulation of a Taskteam[1] of select ECD stakeholders representing CSOs, development partners, research institutions, and representatives from MOHCDGEC. The Task Team started off by shaping the objectives and processes for reviving national ECD multisectoral dialogue coming up with 5 Outcomes:

1) Clarity among ECD stakeholders with the government's current organisation and division of responsibilities across MDA for coordinating ECD, and the main sectoral plans and priorities;

[1] To date the ECD Taskteam includes CiC-TZ, Save the Children, AKF, AKU, EGPAF, BRAC, EQUIP-T, UDSM, UDOM, OUT, UNICEF, WHO, and AFECN, under the chairmanship of TECDEN and official representation of MOHCDGEC

2) Clarity among ECD stakeholders with regards to government's priorities and processes to review the ECD policy and related instruments for multi-sectoral coordination and implementation;
3) ECD stakeholders across government, development partners and civil society familiar with the current ECD programming landscape and opportunities for improved synergies, integration and coverage across stakeholder efforts;
4) Repositioning of TECDEN as a national network for coordinating civil society organizations in their participation at ECD multisectoral dialogue;
5) ECD multi-sectoral dialogue revitalised with consensus reached on the timing and form of mechanism to be established for consistent ECD multi-sectoral dialogue going forward.

The MOHCDGEC leadership and management team endorsed the initiative as timely and responded to the mandate and priorities of the government.

Concurrently, CiC entered into partnership with TECDEN to support its institutional reform and repositioning to resume its full historical functional role. In so doing, TECDEN became pivotally positioned in co-hosting with the government the processes for revitalising ECD dialogue with close technical and financial support from CiC.

As the dialogue platform took shape and built momentum, it was evident that the ECD Taskteam needed to be expanded to effectively provide expertise and capacity to implementation of key stages of revitalizing national ECD dialogue processes. Discussions within the Task Team led to agreement that the revitalisation start off with National ECD Stakeholders' Forum with the following Main Objectives:

- Provide snapshot of scientific evidence on ECD from the 2016 Lancet Series;
- Provide status snapshot of ECD implementation in Tanzania;
- Provide an Overview of the Nurturing Care Framework (NCF) and its implications to Tanzania;
- Share past and current practices in multisectoral coordination to inform the way forward for multisectoral coordination of ECD in Tanzania; and
- Recommend steps to be taken to propose a way forward for the revitalization of multisectoral coordination of ECD in Tanzania.

3. Forum Launch

3.1 Participants Introductions - MOHCDGEC

The launch started by the MOHCDGEC welcoming participants to the forum on behalf of the Task Team. Noted that for the country to become industrialized and achieve middle income economy status, competent human resources were needed and that the forum had come at the right time to ensure a future with competent citizens.

Noted further that the Government was very much pleased to see that different stakeholders had attended the forum showing their good intention to support ECD. Thanked stakeholders from the Ministries, Departments and Agencies (MDAs) not just for their participation at the forum but also for their participation in preparation for the forum especially the Ministry of Health, Community Development, Gender, Elderly and Children- principal department of Community Development and Social Welfare who were part of the organizing Task Team.

Recognized the presence of the following stakeholders to the forum (*List of all Participants Names is attached as Annex 3*):

- ***Sector Ministries***: Ministry of Health, Community Development Gender, Elderly and Children (MOHCDCEC); Ministry of Education, Science and Technology (MOEST); President's Office Regional Administration and Local Government (PO-RALG); Prime Minister's Office (PMO); Ministry of Health Zanzibar.
- ***Development Partners*****:** WHO; UNICEF; DFID
- ***International NGOs***: Children in Cross Fire; EQUIP Tanzania; BRAC Tanzania; CRS; CUAMM; Aga Khan Foundation; Save the Children; EGPAF; Right to Play; IMA World Health Tanzania; Plan International Tanzania; Pact Tanzania; Ubongo Kids; ADD Tanzania; and International Rescue Committee,
- ***Universities***: University of Dodoma; University of Dar es Salaam; Open University; Aga Khan University.
- ***Participants from International ECD Networks***: African Early Childhood Development (AfECN)
- ***Participants from National Networks:*** Tanzania Early Childhood Development Network – TECDEN; Tanzania Education Network (TEN/MET); Tanzania Children Rights Forum (TCRF); Partnership for Nutrition in Tanzania (PANITA); and Tanzania Association of NGOs (TANGO)
- ***Participants from National NGOs***: Monduli Pastoralists Development Initiative (MPDI); Tanzania Home Economics Association (TAHEA)-Mwanza; Amani Girls Home; Childhood Development Organization; Peoples Development Forum; Maarifa ni Ufunguo; Msimbazi Montessori Training Centre; COUNSENUTH; Haki Elimu; Community Support Initiative Tanzania

(COSITA) Manyara; C-SEMA; KADOSED; Data Vision; Madrasa ECD Zanzibar; Diligent; and MHOLA

- ***Participants from Day Care Centres***: Goldian Day Care Centre; and Smart Kids Day Care Centre.
- ***Media:*** Mwananchi newspaper, Ayo TV, TBC, Global TV, Star TV, AFM, Tumaini Letu
- ***ECD Dialogue Process Consultant***

Informed that the ECD Stakeholders forum was prepared by a Task Team that comprised of representatives from Government, TECDEN and CiC and other stakeholders including UNICEF, Save the Children, Aga Khan Foundation, Aga khan University, BRAC Maendeleo, UDSM, EQUIP Tanzania, CUAMM, CRS, EGPAF, WHO, COUNSUNETH and UDOM.

Completed her remarks by thanking participants for their attendance and called upon their active engagement in discussions that would eventually lead to recommendations on how to revitalize ECD multisectoral dialogue in Tanzania.

3.2 Remarks - TECDEN Executive Director

Informed that TECDEN was an Early Childhood Development Network of national organizations working on improving the wellbeing of children in Tanzania. Its main objective was to create an enabling environment to its members and other stakeholders from national to grass roots level to actively engage in sensitization, promotion and advocating on the rights and availability of integrated Early Childhood Development services at all levels.

TECDEN was working closely with the government especially the Ministry of Health, Community Development, Gender, Elderly and Children on development of policies, guidelines and strategies to promote integrated ECD service delivery.

Informed that the Forum was a result of a Situation Analysis conducted by Children in Crossfire (CiC) in 2017 on Early Childhood Development coordination where one of the issues noted by stakeholders was the vacuum that existed in coordination of ECD services. The Situation Analysis report had emphasised on the need for coordination of ECD interventions from various stakeholders in Tanzania including government, civil society organization and development partners. Thus, stakeholders had shown the need to revive the coordination of ECD in Tanzania and seeing TECDEN taking the lead in representing CSOs participation.

In this regard CiC in collaboration with TECDEN started working on steps to implement the recommendations. Both TECDEN and CiC contacted the Ministry of Health Community Development Gender, Elderly and children and presented the need to conduct a forum as a starting point in the steps of reviving the ECD services coordination. The government accepted the idea thus together formed a task team comprising of government officials, CSOs and development partners to start the

preparation for the forum. Noted that the present date was evidence of the big efforts that the task team had undertaken.

Thanked all the stakeholders who contributed their resources and efforts to make the forum a success. Noted further that success of the forum depended entirely on their participation in discussions on revitalisation of ECD coordination particularly at a time when the country was working hard to reach the middle-income economy.

Completed his remarks by a Quote:
"It is cheaper to craft a young person to become a good and responsible citizen than to rehabilitate a damaged adult" translating to "Samaki mkunje angali mbichi".

3.3 Welcoming Note - MOHCDGEC

Informed that her role was to welcome the guest of honour to the forum: The Acting Permanent Secretary of the MOHCDGEC, Mr Patrick Golwike (Director of the Principle Department-Community Development). Proceeded to inform that in the past ECD interventions in Tanzania were implemented by departments in their sectors based on their guidelines on service delivery. For example, the Department of Child Development mandate was to give knowledge on positive caregiving to the community; Ministry of Health was implementing interventions on mother and child health and immunization; Social Welfare Department was doing registrations and regulation of day care centres, TFNC was coordinating education on nutrition to children; and RITA was undertaking child birth registration.

Experience showed that the services provided were sectoral and there was no strong multisectoral coordination resulting into big challenges on ECD service provision. As a result, many departments and institutions ended up doing similar things leading to duplications and ultimately misuse of funds.

Noted that in trying to mitigate these challenges the ministry, had in the past, implemented several interventions including contacting different stakeholders who provided services on health and ECD to form a national task team that would coordinate and monitor ECD services in Tanzania. The task team developed draft coordination structure which comprised of different committees including Steering Committee, Technical Committee and Secretariat. Due to different challenges the structure failed to take charge as intended because it did not have any legal mandate.

Highlighted that the forum therefore provided ample opportunity for the country to revitalise ECD multisectoral coordination to ensure that interventions provided by stakeholders anywhere were known, harmonized and aligned.

3.4 Summary of Official Opening Speech by Guest of Honour

Recognised the presence of several stakeholders who had a chance to participate at the forum including technical individuals from MDAs, DPs, INGOs, Universities, NGOs and international networks working on ECD stating that he looked forward to the forum recommendations setting the scene in enabling improvement of ECD services provision in Tanzania.

Informed that a number of challenges had emerged while implementing ECD interventions including lack of knowledge among caregivers and parents and inadequate coordination on ECD service provision where statistics from the Tanzania Demographic and Health Survey (TDHS 2015/2016) showed that there was a big problem on nutrition to children under five where stunting was at 34% in 2018.

Noted further that there was inadequate knowledge among parents on exclusive breast feeding whereby only 59% of children were exclusively breastfed for six months as required. Statistics also showed that only 51% of women attended clinic and that Tanzania had only 1,546 registered day care centres while only 47% of children got early learning opportunities.

Informed that the government had taken several steps to improve ECD service provision and created enabling environment which included developing the child development policy of 2008 which emphasized on the importance of ECD knowledge provision to the community. There was also the Education and Training Policy of 2014 which removed barriers to children participation in education; the Health Policy of 2007 which directed for free access to health services for children under five; the Law of the Child Act of 2009 (no. 21 of) which gave directives on how to register and regulate day care centres; and the Education Act of 1978 with amendments of 2016 which gave penalty of 30 years in prison to anyone who would force a child to discontinue with education.

Informed further that Tanzania had ratified and domesticated the Child Rights Convention (CRC-1991) and the African Charter on Rights and Welfare of Children (ACRWC 2003). The government had also managed to reduce infant mortality rate from 99 deaths in 2011 to 43 death in 2016 per 1,000 children and the same period under five mortality rates had been reduced from 147 to 67. Introduction of fee free education had led to increased number of children enrolled in schools where in 2017 the enrolled children in pre-primary had increased to 1,517,670 in 2017 compared to 1,069,823 in 2015. Moreover, the number of children enrolled in standard one in 2017 had increased to 2,078,379 compared to 1,568,378 children in 2015. Warned that the government would take drastic measures to anyone who would cause a girl child to drop from school because of any reason including pregnancy and early marriage.

Noted that various other achievements had been made by the Government including formulation of women and Children Protection Committees responsible for the security of women and children. Additionally, the Government through the Police Force had set up Gender Desks in 420 police stations all over the country so that all cases of violence against women and children would be handled promptly and legal actions taken to perpetrators. Either the government in collaboration with C-SEMA had set up a free service to provide child protection information through childcare phone service No. 116. Called upon stakeholders particularly women and children, to use those services to provide any kind of information related to violence to ensure they got fast tracked access to justice.

Completed his remarks by again thanking all stakeholders that had contributed resources to making the forum a possibility and specifically thanked Children in Crossfire (CiC) for supporting the idea leading to organization of the forum.

4. Forum Themes and Key Presentations

4.1 The Evidence: Advancing ECD from Science to Scale by Dr. Kyaw Aung- UNICEF

2016 Lancet Series Focus: Informed that the 2016 Lancet Series focus was on young children–conception to 3 years; Life-course approach; Better grounded estimates of the burden; Concept of nurturing care; Interventions to improve child development; Cost of inactions; and Case studies of scale and affordability.

Focus on ECD: Explained that Global commitments to ECD had grown e.g. the number of publications on ECD had increased while number of countries with national multi-sectoral ECD policies had increased from seven in 2000 to 68 in 2014. Also noted that there had been substantive investment in ECD worldwide.

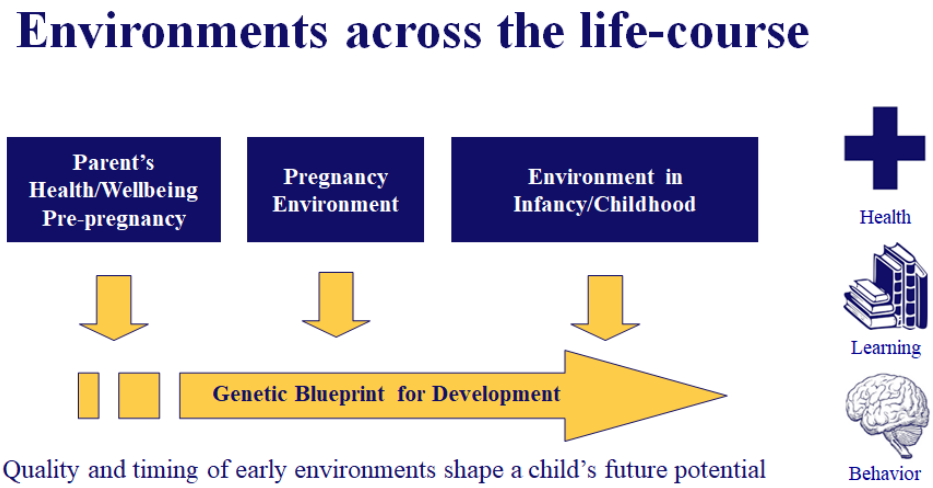
***Importance of Nurturing Care*:** Nurturing care covered early childhood development and comprised of all essential elements for a child to grow to full potential physically, mentally and socially. It included guidance around Nurturing, Nutrition, Health, Care, Love and security, Protection from danger and opportunities to learn and discover the world. Noted that supportive environments fostered nurturing care particularly the role played by parents and caregivers hence families needed capacity and support from national policies.

The Nurturing Care Ecological Model emphasized on nurturing care by parents and caregivers at the core followed by capacities to provide nurturing care, health nutrition, education, social and child protection services and national Policies at the macro level.

Noted further that both low maternal schooling and child maltreatment were related to poor child outcomes and that when those factors were together, risk for poor outcomes increased dramatically i.e. From 62.7% for stunting and extreme poverty to 75.4% with the other risk factors added. As the number of risk factors increased, the severity of impact rose. Children in LMICs were exposed to a greater number of risks hence greater severity of impact.

Importance of ECD: Noted that child development was more biological but hugely impacted by the environment (stimulation and experience). The child's brain developed fast between conception and 3 years of age hence making the first 1000 days a once-in-a-lifetime opportunity for brain development. Noted further brain growth required good nutrition and that inadequate nutrition stunted the brain growth just as it did the growth of the body. During this time the health of the mother was of critical importance.

ECD from Life Course Approach/ Perspective: Explained that multiple factors including health, nutrition, security and safety, responsive caregiving and early learning influenced the acquisition of competencies and skills that were necessary for nurturing care. While the first 1000-days was critically important we needed to consider interventions that supported family units throughout the life-course to enable all children everywhere to reach their full potential.



Nurturing Care Packages: Informed that there were three packages of nurturing care:

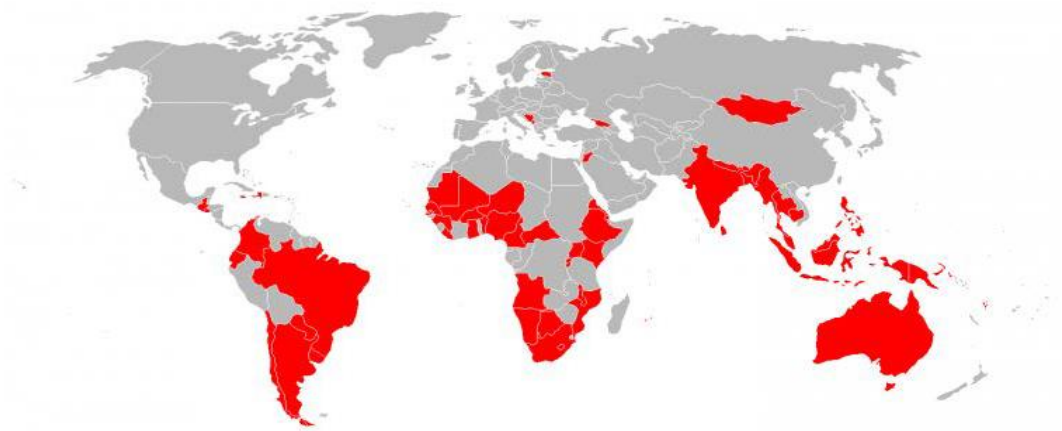
- A family support and strengthening package which included access to quality services, skills building and support to increase the likelihood that families were better able to provide nurturing care for their children.
- Multi-generational impact of early environments with a nurturing care package that emphasized care and protection of the mother's and father's physical and mental health and wellbeing, while enhancing their capacity to provide nurturing care to their child.
- An early learning and protection package which integrated the support for young children with parental support and the facilitation of teachers' and caregivers' ability to create a nurturing environment in early childhood centres, classrooms, and community settings for learning.

Effective interventions: Noted that sectoral interventions combined with elements of nurturing care and protection, could have effects on child outcomes hence the approach encouraged interventions directed at the family as a unit rather than the child alone.

Strengthening multi-sectoral coordination: Noted that this was important hence bridges needed to be built between health and nutrition, education, and social and child protection to address multiple needs of young children, especially the most vulnerable. Likewise the health sector had to expand its vision of health beyond prevention and treatment of diseases to include

promotion of nurturing care for young children i.e. Multisectoral collaboration was essential and the health sector had a special role to play.

Countries with a national multi-sectoral early childhood development policy instrument in 2014 (In red)



Societal costs of inaction: It was reported that the societal costs of inaction to protect children from risks to early childhood included cost incurred in the future from 1) cost incurred as a result of poor development, such as stunting, as well as 2) the cost of actions taken by families, the state and other actors. E.g. Cost of inaction of not reducing stunting could equate 2 or 3 times the % of GDP currently invested in health.

It was further informed that failure to scale up had severe personal and social consequences. Children at elevated risk for compromised development due to stunting and poverty were likely to forgo about a quarter of average adult income per year, and the cost of inaction to gross domestic product could be double what some countries were currently spending on health.

Noted the following as pathways to scale:

- **Effective interventions** for example the UNICEF/WHO Care for Child Development (CCD) which was initially developed as a Module of IMCI to be compatible with health service delivery in LMICs and had trained community workers to encourage, model, prompt and praise mothers/caregivers and had been expanded to 23 sites in 19 countries as well as translated into 17 languages.
- **Effective and affordable Delivery platforms** to reach families through health and nutrition services to include well-developed platform with extensive reach to women and children; existing MCH services that benefited child development. Noted various other platforms that could be used to reach families including *Education*: women's education, early

learning opportunities, child day care and pre-school centres; *Social Protection*: family health insurance and cash transfers; *Child Protection*: reduction of harsh punishment and prevention of child maltreatment; and *WASH*: access to clean water, sanitation and hygiene.

- **Country case studies of scale** giving an example of Chile Crece Contigo (ChCC) which had set a goal of enabling children to reach their potential and started its implementation 2007, translating into law in 2009. Noted that the programme was funded by the federal government and combined health services, parenting support and preschool providing universal and targeted services from pregnancy to age 4. The programme had reached 80% of target population.
- **Conducive policy environment** to enable families to provide nurturing care that involve such things as *Time*: Breastfeeding breaks at work, Parental leave, leave to look after sick children; and *Resources*: Cash transfers, Health insurance, Minimum wage and Free pre-primary education
- **Affordability:** Costed the addition of two feasible and effective interventions to the standard RMNCH package of services; Intervention to promote nurturing care (6 visits); Support for maternal depression (5 sessions); and Aligned with Global Investment Framework (GIF) for women's and children's health

Recommendations

- Emphasized on the importance of starting early as scientific evidence had proven that these were the years during which ECD services would have the most impact on the wellbeing of the individual.
- Expand political will through the SDGs which call for: Equitable opportunities, all countries to prioritise the most vulnerable, and providing unprecedented opportunity to scale-up early childhood development services.
- Create conducive policy environments by adopting a multi-sectoral framework: Start by strengthening nurturing care through health and nutrition services.
- Use the health sector as an entry point.
- Support implementation, coordination, monitoring, evaluation and learning
  - By providing a blueprint for how to implement or coordinate. Sectors may serve children and families independently under a structure for sharing responsibility nationally and locally.
  - Coordination under a single Ministry, in collaboration with other sectors.
  - Coordination under a high-level central council or similar body.
- Focus on children from conception to age 3 as this is a period with heightened susceptibility and had been neglected in favour of child survival and pre-primary education however opportunities for interventions existed through health services.

a) Issues raised during plenary session

Questions/ Comments	Responses
Relevance and success of multi-sectoral interventions	• There are several multi-sectoral interventions, and every intervention is very important and has great impact e.g. nutrition intervention can solve several associated problems. • Sectoral interventions combined with elements of nurturing care and protection, can boost the effect on child outcomes.
Are there any samples of framework to promote young children's development through multi-sectoral coordination?	• No common blueprint for how to implement or coordinate however samples are there nationally and regionally. • Each country can formulate its own framework on how to provide services. What is important is supportive environment of policies, cross-sectoral coordination and financing. • Sectors may serve children and families independently under a structure for sharing responsibility nationally and locally (e.g. China, Cameroon). • Coordination under a single ministry, in collaboration with other sectors (e.g. Bangladesh, Brazil, India, Jamaica, South Africa) • Coordination under a high-level central council or similar body (e.g. Chile, Colombia, Ghana, Rwanda)
Do Ministries and MDAs have any multi-sectoral coordination in relation to ECD service delivery? Is there a standard on how to do coordination?	• Each country has its own ways of doing coordination. For example, Malawi uses local government to coordinate, In Tanzania nutrition is coordinated by PMO. In Tanzania decentralization gives more work to local government but also each sector ministry work on its respective domain of the ECD
Are there any detailed case studies on how children with disabilities are treated/ cared?	The Bangladesh case study can be shared, children with disabilities are well represented in that.

4.2 Health and Nutrition

4.2.1 Under Five Health overview – Presented by Mary Angelo Mang'enya (RCHS)

Health Status on Key Indicators for under five children: Informed that Tanzania Demographic Health Survey indicated that Maternal Mortality Rate (MMR) was 556/10000 while Under-five mortality rate was at 67/1000 lives birth, where by 40% was related to new born deaths (TDHS 2015/16). The key causes of newborn death being Infection (sepsis) 20%, prematurity complications 25%; and Birth asphyxia 31%. With regards to development situation it was reported that 60% of under five children did not reach their full potential while 74% were living in multidimensional poverty and hence increased risk and stunting rate which was at 34% in 2016. (TDHS 2015/16).

Under five interventions: Informed that RCHS had interventions that focused on case management that focussed on thrive and transformation.

Case Management:

- Essential New born Care (ENC): These Interventions focussed on essential care of every baby from the time of birth to discharge.
- Kangaroo Mother Care (KMC): Focussed on management of low birth weight babies (LBW) and preterm babies considering their feeding needs and warmth.
- Integrated Management of Childhood Illness (IMCI): Focussed on case management at primary level.
- Emergency Triangle Assessment and Treatment (ETAT): Focussed on a quick assessment and treatment of all children at the healthcare facility according to their presenting symptoms.
- Neonatal Care Unit (NCU): Focussed on special care neonates including setting up a special neonatal care.

In thrive and transformation RCHS interventions focussed on monitoring children's physical growth and development.

Child Care Development (CCD) was the approach that incorporated the most recent evidence on the identification of critical caregiver skills affecting the child's healthy growth and development (sensitivity and responsiveness). It demonstrated important skills that could be taught to caregivers through family counselling approach. The approach was important as it aimed at stimulating cognitive, language and social-emotional development through play and communication; improve interaction between caregivers and children (support positive relationship); improve responsive caregiving (caregivers understand children needs and respond to them appropriately).

Achieved CCD Milestones: Informed that some CCD Milestones had been achieved in Tanzania as follows:

- ✓ CCD Regional TOT held in Tanzania; June 2016 recommended adoption of WHO/UNICEF CCD package to local context.
- ✓ After the training UNICEF hired a consultant to perform a desk review of all national documents that were in relation to parenting and child development and came up with recommendations. The recommendations were taken on board by MOHCDGEC & CCD stakeholders during adaptation of the CCD training package.

***CCD National Guidelines*:** Reported that in November 2017 MOHCDGEC with CCD partners conducted stakeholders meeting which also involved region and district representatives where it was agreed to develop a National CCD Implementation guideline. EGPAF supported the hiring of a consultant to develop the guidelines. First draft of the guidelines had already been presented to stakeholders and inputs incorporated, the guideline was still in circulation for more review.

Way Forward for the Guidelines: Reported that after incorporating the inputs from stakeholders RCHS expected to present the guideline to the newborn and child health Technical Working Group (TWG); print copies to be signed by authorities and do mass printing and dissemination.

Integration of CCD messages: Noted that in line with the development of National CCD guideline and training package, some of the CCD messages and activities were being integrated in existing child health guidelines as indicate in the example below.

CCD integration in Growth Monitoring & Promotion package: Noted that CCD was integrated into health worker's routine activities through the following:

- ➢ Health workers offered CCD counselling during consultation or in waiting area.
- ➢ Community Health Workers offered CCD counselling during their home visits.
- ➢ CCD recommendations were integrated into other health messages and advices.

Experience on scaling up CCD within Health sector: Noted that in the process of adopting the CCD package there were regions which had received training and were currently implementing CCD on pilot basis in health facilities and at the community

level. The regions included Dar Es Salam, Mwanza, Geita, Tabora, Iringa, Mbeya, Njombe, Morogoro, Simiyu, Dodoma, Arusha, Kilimanjaro and Zanzibar. Reported that the intervention would be scaled up gradually when all training materials and national guidelines were finalized as part of RCH services and Nutrition programmes.

4.2.2 Nutrition in the first 1,000-days–Presented by Sikitu Simon (TFNC)

Why Nutrition matters in ECD: It was described that the first 1000 days began from conception up to when the child reached 2 years of age. The presenter recognized this as a 'critical window of opportunity' for a child to reach his or her maximum potential in terms of optimal growth, intelligence, good health, behavioural development and future success as an adult. Noted that nutrition contributed a great deal to the optimal growth explaining that it was during the first 1000 days a child could become stunted and the results were irreversible. It was insisted that interventions on child nutrition not only contributed to ECD but also were necessary to correct sub-optimal child development.

Nutrition Guidelines and Strategic Documents by TFNC: Informed that TFNC had Nutrition Strategies, Action Plans and Guidelines relevant to ECD which included Infant and Young Child Feeding (IYCF) Guideline, National Nutritional Social and Behaviour Change Communication (NNSBCC) strategy, Micronutrient guideline, National multi sectorial Nutrition Action Plan (NMNAP) and the Guideline on child growth and development – Procedure manual. Nutrition Actions relevant to ECD included the Maternal, Infant and Young Child Nutrition (MIYCAN) training to health care workers and Community Health Workers, Child health and development training and dissemination of "*Kitabu cha Afya ya Mtoto" (Child Health Booklet),* Micronutrient supplementation program for pregnant women, Training on the use of NNSBCC Kit to CHWs and HCPs and Food fortification –Micronutrient Powder (MNPs) for 6-24 months.

Gave an account of best practices on ECD/nutrition interphase including the Village Health Nutrition Days **(**VHNDs) & Community Based Growth Monitoring and Promotion (GMP) which involved:

- Quarterly Village Health and Nutrition Days (VHND) with Community Based Child GMP;
- Was one of the key innovations and a platform utilized in some partner projects: *(UNICEF, COUNSENUTH, Catholic Relief Services)* - Lishe Ruvuma in Ruvuma region; and
- Accelerating Stunting Reduction Project in Mbeya region, to monitor the growth of children U5 years.

Informed that the intention was to enlist communities in early assessment and diagnosis of growth faltering and action to prevent malnutrition and contribute to achievement of the long-term goal of "***Eradication of Malnutrition***".

Noted that the Platform was also utilized to deliver most evidence-based messages to promote positive child stimulation, nutrition and child rearing & development behaviours. It was also used to increase access to childcare and maternal services in rural communities by mobilizing whole communities to rally around ECD, nutrition, childcare and maternal services.

Noted the following in terms of implementation status:

- Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) on-job trainings to health care providers in Lake Zone: Geita, Bukoba and Mara for 316 Health Care providers;
- Pilot study on growth monitoring and development booklets in Kibaha and Mkuranga districts.
- Ongoing scaling up of the G/M booklets was in different regions (Mbeya, Iringa, Njombe and Songwe, Lindi and Shinyanga)
- Scaling up of NNSBCC kit in different parts of the country;
- Trainings of National TOTs, Regional and District and CHWs training in different regions.
- MIYCAN training to health care providers in regions/areas with nutrition partners.

	Achievements on Key Targets Area	Achievement
1	Infant and young child feeding (IYCF) interventions	Approximately 98% of all children are breast fed and 59% of children are exclusive breast fed
2	Prevention of maternal micronutrient deficiencies	90% of pregnant women receive Fefo medication
3	Scale up the use of the NNSBCC Kit	Over 30% of the regions are implementing 1000 days kit
4	Prevention and treatment of severe acute	More than 60% of Regional Hospitals provides services of integrated management of Acute Malnutrition
5	General	Promotion of healthy practices and appropriate use of health services

The presenter noted key lessons learnt from implementation of interventions related to children during the first 1,000 days as follows:

In terms of best practices, the presenter noted that:

- Incorporating early childhood development component in MIYCAN and MKOBA trainings had led to improved participants understanding and easy integration;
- Adoption of VHNDs & Community Based GMP by all ECD/nutrition programs increased access to the services, improve child stimulation & promoted child growth and development.

In terms of Challenges the presenter noted that there was:

- Lack of adequate knowledge and skills on ECD among health care providers and CHWs;
- Inadequate training to Health Care Providers and Community Health Workers on various nutrition issues due to insufficient financing;
- Shortage of staff both at facility and community levels;
- Dominating culture and taboos on maternal and child feeding; and
- Low investment on Baby Friendly Initiatives that had potential to ensure early stimulation through initiation of BF & skin to skin contact of baby with mother

In conclusion the presenter noted that the first 1000-days of life of a child was a very important period in Early Childhood Development hence stakeholders needed to prioritize the implementation of all relevant nutrition interventions that could enhance optimum child growth and development in the first 1000-days by:

- Strengthening capacity of frontline workers on ECD
- Integrating nutrition in ECD trainings.
- Promoting VHNDs & Community Based GMP – interventions

4.2.3 Issues raised during plenary session under Health and Nutrition Theme

Question/Remark	Response
Wondered at which economic group were the 27% of children becoming pregnant and whether, there was data that showed the situation at differentiated income levels.	Informed that all data was published in the Tanzania Demographic and Health Survey (TDHS) reports and that copies were available on request or on the internet. Responding to a question on how the Government ensured communicated messages to pregnant mother were correct she informed that the Government relied on health workers and community workers who had required knowledge and were found closest to households. In addition, and to ensure the quality of antenatal care TFNC teams provided supportive supervision, mentoring and coaching as well as on job trainings to the officers
Is it correct to say that there are problems that could not be reversed once the child was 2 years old noting that older Tanzanians had grown in very traditional families where parents were denied meat/eggs but still their children had turned out fine?	in modern days interventions focussed on encouraging behaviour change to reduce stunting as evidence showed that even regions that were leading in food production, they were still at the top in stunting, so the issue was more around behaviour than the actual lack of food. Added that although in the past parents may have been denied certain types of food, they still had access to very nutritious traditional foods that summed up to balanced diet but also warmed that we could not conclude that 'we turned out ok' as we

Question/Remark	Response
	would not be sure of the missed potentials. Encouraged the focus to therefore be on what scientific evidence was saying and ensure interventions focussed on helping communities to adopt recommended nutrition.
Noted that there were discrepancies in the different types of information being disseminated to communities and called for the need to coordinate to ensure there was some level of balance. Also, the Government could improve on the use of in service training-use cascade modals to reach the people at the ground.	Agreed this was a challenge and noted that imbalanced support to regions was also a challenge in the education sector where support by different donors was limited to a few regions with limited plans to scale up across the country. Informed that TFNC was already utilising the cascade training modal by preparing guides, Master trainers, trainers all the way to community as needed.
Noted that the issue around People with disabilities was politically driven. In Political arenas leaders responded easily without deep consideration. It was important for equal consideration to be given, including infrastructure such as buildings, and considering appropriate information dissemination channels.	Informed that in the health sector it was expected that if everything went as planned, corrective measures would be taken before the disability became permanent while at the same time ensuring those required specialist support were connected with respective institutions.
Asked what the country strategy was to reduce stunting since the presented statistics showed that only 9% of Tanzanian children had access to minimum acceptable diet meaning 91% were not getting required nutrition. Raised concern that the country was at a crisis mode.	Explained that minimum acceptable diet referred to the amount of meals the child ate as well as the mix of nutrition in the meal and whether or not the child got the number of recommended meals per day-up to 4. However, the reality in Tanzania showed that most children ate only one type of diet hence the reasons why the data had shown that it was not all children that ate acceptable diet.
Asked why the Government was making reference to both 1000 days (conception to 2	Informed that the Government was not saying the focus on 1000 days and CDD should go parallel instead stakeholders needed to encourage families to

Question/Remark	Response
years) and also CCD (conception to 3 years) and wanted to know whether this was not confusing for caregivers.	observe all interventions under the 1000 Days and CCD since the interventions were similar regardless of whether they were being referred to when talking about 1000 Days or CCD.

4.3 Responsive Caregiving, and Security & Safety

4.3.1 Childcare Provision Overview –Presented by Miriam Lucas, MOHCDGEC

Definition of ECD in Tanzania: Explained that Early Childhood Development (ECD) referred to the processes by which children grew and thrived physically, socio-emotionally, cognitively and in language and communication. These early years had a long-lasting impact on the full life course than any other period. Noted that this was the most vulnerable period for all forms of stunting in development if holistic development was not nurtured. Informed that in Tanzania ECD was defined as optimal development of a child from conception to 8 years and that childcare in Tanzania was provided at different settings i.e. at family level and at institutional level.

Related Policies, Acts, Guidelines: Presented ECD related implementation plans/frameworks specific to the health sector as including: Child development policy (2008), National Disability Act No. 9 (2010), National Health Policy (2007) and the Law of the Child Act, No. 21 (2009) and its regulations of 2012; and Early Childhood stimulation training guideline for cognitive and psychosocial development (2008).

Structure for multi sectoral coordination: Noted that the Government structure for sectoral coordination and implementation of the plans involved:

- **Ministry level** which took on the role of development of policies, guidelines and standards of the ECD services to be provided; Proposed development and amendment of laws and regulations pertaining to ECD; Registered ECD services according to the law of the child Act; Oversaw the implementation of service delivery in the country; and provided technical support for ECD implementation in the country.
- **PO- RALG (social welfare section under the department of Health, Social welfare and nutrition services)** which coordinated and supervised the implementation of ECD services in the Regions; Compiled reports on ECD implementation from all regions;
- **Regional Social Welfare Office (RSWO)** which coordinated, supervised and interpreted policy and guidelines regarding ECD;

- **Local Government Authority Social Welfare Offices which** coordinated the Implementation of ECD services at District level: Provided technical support for ECD implementation in the District; Provide report of ECD implementation to the relevant authorities; and Inspect ECD services provided at council level.

ECD Related Interventions: Informed that the Social Welfare Department was implementing the following ECD related Interventions specific to the health sector include:

- Day care centre services: These services were provided to children aged 2- 5 years by centres owned by individuals, registered organisations, faith based organizations and government institutions such as prisons);
- Community ECD centre services provided to children aged 2- 5 year owned by the community such as the Village, Mtaa or hamlet where some NGOs could support their operations;
- Crèche for children under 2 years. These centres were to be established at the community and working place premises in order to maximize exclusively child breast feeding for under two years children for the purpose of improving child health and nutritional status as well as their protection; and
- Childcare workers training institutions such as Montessori, Msimbazi, Kisangara Social Welfare Training Institute, Upendo Moshi, etc.

Status of implementation: Informed that up to November 2018, 1426 private Day care centres had been registered; up to November 2018, 120 community based child care centres had been established through BRAC Maendeleo project and recognized by MOHCDGEC; 25 child care workers training institutions had been registered {24 were private owned and 1 owned by the Government}. Noted further that there were other partners (TAHEA, Maarifa, and Amani Girls Home) who operated community based ECD centres, but they were unrecognized by the MOHCDGEC.

Results/Achievements: Informed that about 4,979 under five children were accessing ECD services through Day care centres and 3,600 through community based ECD centres. All registered Day care centres had qualified childcare workers from recognized child care workers training institutions and that in Community based ECD centres, the childcare workers underwent rigorous on job training in order to build their capacity on ECD. Likewise, services provided in Day care centres and Community based ECD centres were holistic in nature (providing nutrition, early stimulation, protection, health care, parenting education to parents and care givers).

Noted the following ***challenges*** in delivery of ECD services in Tanzania:

- Confusion and misconception existing in communities on the difference between Day Care Centres and Pre-Primary school services and leading to confusion on differentiating between Child Care Workers and Pre- primary teachers

- Many Day Cares Centres being established and managed without being registered noting that follow up was being done in order to make them to meet the standards for registration;
- Inadequate understanding on the importance of ECD services to child development at different levels e.g. Policy makers, families, communities;
- Absence of National guidelines that define standards for establishment and management of Crèches and community ECD centres;
- Demand of ECD services is high compared with available services;

Explained that as a way of resolving some of the challenge's engagement of other ECD stakeholders on early learning programs was important and was being encouraged to complement the efforts of the government. Encouraged partners to promote use of available local materials to reduce the operational cost of ECD centres and therefore making services affordable to many parents especially from low Social Economic Status (SES).

In concluding the presenter explained that it was important for parents, care givers, childcare workers and teachers to be patient to children while focussing interventions on creation of conducive environment, which would support children to develop to their full potentials.

4.3.2 Parenting and Family Care Strategy. Presented by Grace Mwangwa, MOHCDGEC

Background: Informed that in 2016 the Government and partners conducted mapping on parenting and family care initiatives in Tanzania to inform the steps to be taken for improving parenting practices in the society. The mapping findings identified 28 interventions in different parts of the country and 18 various communication materials were developed and used. Part of the challenges revealed was coordination and synergies among these interventions leading to missed opportunities for integration, duplication of efforts and inconsistent messaging.

Working on mapping findings: Informed that a National Parenting Task Force was established to spearhead the process of working on the mapping findings, convening several consultative meetings of National Parenting Task Force which led to proposed development of National Responsive Parenting and Family Care Agenda and costed action plan. The drafting of the Agenda and its costed plan begun March, 2018 and was ongoing.

Informed that main areas of the agenda included:

- ✓ *An agenda for everyone:* Tanzania's future wealth and well-being lied in the hands of parents and caregivers and the way current and future generations of our children are raised."
- ✓ *An Agenda for Parents and Caregivers:* emphasizing on putting parents and caregivers front and centre as empowered partners in social development, for children from pre-conception to 18 years; noting that parents had been

an under-utilized and often under-appreciated resource in social development; and that change in parent or caregiver behaviour lied at the root of most national goals involving children

- ✓ *An agenda for change:* that encouraged mobilizing fathers to take a more active role in parenting from pregnancy, birth, infancy and early childhood until children reach adulthood; and boosting the confidence of parents to communicate with their children more effectively.
- ✓ *An agenda for now*: which called upon the Tanzanian society, to support parents, strengthen families and maintain nurturing homes in which all children thrive; and Involve Parliamentarians, Health workers, Teachers, Social workers, Faith Based Orgs, Civil Society Org, Social Media, Mass Media, Private Sector, Other influencers and Parents themselves.

Stresses on parents today: Informed that the Agenda recognized the stress that parents today went through noting increased mobility which left nuclear families isolated from social networks and support; rising inequality putting pressure on families struggling with poverty and Gaps in child-rearing practices with little involvement of fathers.

Further informed that the agenda recognized education challenges where parents did not know how or were too busy to help their children; challenges brought about by HIV/AIDS stigma obstructing disclosure, testing etc. and changes in social norms including traditional practices recognized as harmful and a focus for elimination of Child marriage, FGM, Ending violence and Gender discrimination.

Informed that other challenges causing stress had been outlined during a validation workshop and these included increased rates in divorce – father obligations; Polygamy – father obligations; Promiscuity/multiple mistresses; Time-consuming and costly pressures–in-laws; funerals; weddings; Traffic jams; and exclusion of adolescent parents – school, church and the community.

Reported that the Agenda emphasized on targeting families in crisis by responding immediately to families affected by violence, neglect, abuse, family breakdown; Families at risk – supporting vulnerable families due to extreme poverty, disability, low education, low maternal age, HIV; and helping all families to give children the best start in life.

The Agenda also emphasized on the need to create a dynamic agenda for social change that attracted champions, created space for all, use multiple channels and promoted revealing of results, responding to feedback as well as staying positive by promote hope, passion, conviction and self-belief.

Further, the Agenda encouraged the need to be everywhere through a strong, sustained and affordable public communication platform using; Multiple channels (radio, community theatre, social media, mobile phones); and edutainment methods

–serial radio drama that help transform parenting attitudes and promote positive practices.

Pillars of the Agenda: Informed that the Agenda had three pillars which were:

a) **Care:** For mothers, fathers and all care-givers to children up to 18 years and insisted on pre-conception, pregnancy and birth, new-borns, infants, , adolescents including children with disabilities, reproductive health, infant, child and adolescent health, nutrition, self-care- fitness, sports, hygiene and sanitation and HIV.
b) **Protect:** For mothers, fathers and all care-givers to children up to 18 years and Infants, Children, Adolescents through Preventing accidents, Protecting citizenship, Positive discipline, Positive family role models, Protection from and response to abuse, alert to risks including online and Protecting children with disability
c) **Communicate:** For mothers, fathers and all care-givers to children up to 18 years and Pregnancy, New-borns, Infants, Children, Adolescents through talking to the unborn child; Talking, playing, singing songs to infants; Listening and talking with all children; Encouraging learning; Motivating children to stay in school; Equal communication – girls, boys; Rights, responsibilities and respect; and Communicating with children with disabilities

Noted that children thrived when all three elements were in place and RPFC was an agenda for everyone that could help to relieve parental stress and deliver benefits for all.

Further explained that in c**are, protect and communicate** the agenda emphasized on observing that parents who were poor were not necessarily poor at parenting while wealthier parents/caregivers may provide all the elements of care, yet be too busy to ensure protection and or to build strong relationships based on good communication.

Way forward: Informed that the next steps included finalizing the Responsible Parenting and Family Care Agenda in Tanzania (RPFC) and its costed action plan and thereafter the document would be launched.

4.3.3 Status of the NPA-VAWC (Focus on Children): Presented by Sete Ojwando MOHCDGEC

Progress made on NPA –VAWC implementation: It was reported that the National Plan of Action to End Violence against Women and Children was launched in 2016 and started implementation July 2017. The Plan was developed to put in place collective strategic interventions that would bring about significant reduction of incidences of violence against women and children by 50% come 2021/22. The development of the plan adopted INSPIRE model and it is multisectoral in nature implemented by wide range of stakeholders.

Informed that the NPA VAWC had 8 thematic areas which were: Household Economic strengthening; Norms and Values; Safe Environment in public spaces; Parenting, Family Support and Relationships; Implementation and Enforcement of Laws; Response and Support Services; Safe Schools and Life Skills; and Strengthen Coordination, Monitoring and Evaluation

Informed further that Women and Children Protection Committees had been established at all 26 Regions, and at 180 Councils, 1,640 Wards and 5,609 Village/Mtaa levels as follows:

Region	No Regions	Councils	Wards	Village/Mtaa	Region	No Regions	Councils	Wards	Village/Mtaa
Arusha	1	7	127	271	**Njombe**	**1**	**6**	**0**	**0**
Dsm	1	5	0	0	Iringa	1	6	103	497
Dodoma	1	4	19	0	Tabora	1	8	0	0
Geita	1	6	45	491	Pwani	1	9	0	0
Kigoma	1	8	121	874	Rukwa	1	4	4	12
Kilimanjaro	1	6	155	511	Ruvuma	1	8	131	408
Lindi	1	6	153	418	Songwe	1	5	101	0
Mbeya	1	7	20	22	Mwanza	1	9	0	0
Morogoro	1	9	92	350	Tanga	1	12	0	0
Katavi	1	5	17	4	Kagera	1	8	119	0
Manyara	1	7	0	0	Mara	1	9	171	708
Simiyu	1	6	73	0	Singida	1	4	0	0
Mtwara	1	10	0	0	Shinyanga	1	6	126	600
					Total	26	180	1,640	5,609

A total of 10 committees at the region level had been trained, while 96 committees at the LGA level had also received training, as well as 258 at the Ward level and 922 at the Village/Mtaa levels.

The following achievements were noted:

- ***Parenting, Family Support and Relationship***
  - Development of National Parenting education Manual to facilitate the parenting training at family level
  - Development of Draft Responsive Parenting and Family Care Agenda in Tanzania
- ***Norms and Values***
  - Finalized development of Communication Strategy to address stereotypes social –cultural practices affecting children in the society
  - Campaign against early pregnancy and child Marriage reaching 7,409 Children, 97 Teachers, 1,800 Parents, 100 decision makers and 78 religious' leaders in 5 regions namely; Shinyanga, Katavi, Lindi, Tanga and Tabora;

- ***Implementation and Enforcement of Laws***
  - Enactment of the Legal Aid Act No. 1 of 2017 and its Regulation of 2018 on the provision of legal aid victims of violence against women and children
  - Amendment of the Law of Child Act Section 119 to include provisions to improve the protection of children.
  - Enactment of social media act of 2018, which include provisions on the prevention of violence against women and children.
  - Integrated the Police Gender and Children Desk (PG&CD) Advanced Training Manual into Police Academy's Curriculum.
- ***Safe school and life skills***
  - Development of the National Strategy for inclusive education (2018-2021). The strategy will promote children development regardless of their gender challenges;
  - Increase supply of Materials to students with disabilities and special needs
  - Developed Guidance and Counselling Guide for Primary, Secondary school teachers and Teacher college tutors
- ***Response and Support Services***
  - Developed draft National guidelines for reintegration of Children Outside the Family Care with their families
  - Facilitated the establishment of pilot safe house/shelter and provision of assistance to a total of 42 (M 15, F 27) victims of human trafficking and other forms of violence in Kasulu Town.
  - Drafted the National Strategy for the Elimination of Child Labour - 2018/2021;
  - Reviewed Child Protection Systems strengthening Guidelines to accommodates NPA–VAWC interventions
  - Developed the National guidelines for early identification of Most Vulnerable Children
  - Developed and disseminated the case Management national Job aids for Community Case workers to various stakeholders in 68 Local Government Authority.

Planned budget for NPA –VAWC Implementation: Informed that according to the NPA –VAWC TZS 90,863,373,080 was budgeted for implementation for financial year 2018/19. However, after analysis in 11 Ministries and 158 councils the funds allocated for implementing NPA –VAWC in financial year 2018/19 was found to be TZS 30.49billion with distribution in thematic areas as follows:

S/N	THEMATIC AREA	AMOUNT PLANNED
1.	Household Economic Strengthening	20,924,987,307
2.	Norms and values	89,414,493
3.	Safe Environment	423,002,500
4.	Parenting, Family Support and Relationships	2,039,259,000

S/N	THEMATIC AREA	AMOUNT PLANNED
5.	Implementation and Enforcement of law	406,108,000.
6.	Safe School and Life skills	3,771,934,224
7.	Response and Support Service	2,454,257,514
8.	Coordination, Monitoring and Evaluation	384,634,870.
	TOTAL	**30,493,597,908**

Noted the following challenges in implementation of NPA -VAWC

- Inadequacy human resource like CDOs, SWOs and Labour Officers
- Inadequate funding to implement NPA -VAWC
- Culture of silence and reluctance to disclose the violence cases at family settings
- Few response services like One Stop Centres (10), PGCD (420), Safe Houses (No data) to care for victims of violence

4.3.4 Plenary Discussions: Responsive Caregiving and Security & Safety

During the plenary sessions various comments and remarks were given as follows:

That Tanzania had only 25 colleges for training social workers and that aspects of special needs education had not been included in the curriculum. Called for the need to put in place strategies to increase the number of ECD professionals by increasing the number of colleges producing social workers and ECD professionals.

Commended the formation of women and children protection committees however noted that the presented data had indicated a decrease. Also asked whether the committees were functioning in terms of their roles and responsibilities for example on reporting of issues of abuse and neglect.

Called for the need for MoEST and MOHCDGEC to collaborate on registration of ECD centres in order to eliminate the confusion in establishment and operationalization of ECD and PPE centres. Encouraged the Government to take actions in raising awareness regarding ECD including ensuring children agenda was included in election manifestos for all political parties as well as the use of Technology in teaching children e.g. TV programmes, Apps and multi- media etc.

Called for strategies to be put in place on how to finance the NPA VAWC- from TZS billions planned to TZS millions raised was an indication that the NPA VAWC was not a national agenda hence devise ways through which the NPA VAWC would draw attention and get financed.

Noted that Quality Assurance was a challenge as there were no clear demarcation where day care ended, and PPE started. This resulted into stakeholders going from Ministry to Ministry looking for guidance. Proposed for a closer collaboration between the Ministries in order to ensure all stakeholders were supported to provide better childcare services

Noted that parents lacked skills on how to communicate with children and that Multisectoral cooperation where programmes such as ZUMM could be implemented would lead to social and behaviour change.

Reminded that stakeholders had gone through a long process to develop ECD Operational Guidelines and Minimum standards in 2008 hence it was incorrect to say there were no guidelines. Regardless of the existing guidelines there were still challenges on how to establish community day care centres, those initiated, operated, sustained, and owned by the community. These included center registration, how to employ someone with certificate as the centers were facilitated by volunteers. Noted that if the Government was to put too many conditions on the establishment and operationalization of the centres then community contribution in establishment of centres would be diminished. Encouraged the Government to reduce bureaucracy to encourage the private sector and communities to invest and establish more ECD centres.

In terms of achievements participants showed concern that what the country had achieved in terms of number of centres and registered children was minimal and therefore efforts were needed to increase the numbers. Suggested a review of the National Minimum standards for establishment of ECD centres noting that the requirements were way too high. Opportunities for review could be through NPA-VAWC.

4.4 Early Learning

4.4.1 Key Trends in PPE implementation- Presented by Dr. George Jidamva, PORALG

Overview of the pre-primary system in Tanzania: It was presented that Basic education in Tanzania was decentralized and different roles were assigned to sector ministries. The Ministry of Education Science and Technology was responsible for policy formulation and regulations, quality assurance, curriculum development, teacher training, examination and assessment and technical and higher education while PORALG was responsible for coordination, management, administration of basic education which included pre-primary, primary, and ordinary secondary school. Both Ministries share the role of monitoring and evaluation.

PPE related Policies, Acts, and Guidelines: The 2014 Education and Training policy (ETP) called for one year of PPE compulsory basic education for 3-5 years. PPE was integrated into the formal schooling system and was fee-free. A PPE curriculum was available for both Government and Non-Government schools and teacher colleges. Likewise, PPE was integrated in the Education Sector Development Plan (ESDP) and that there was a specific inclusive education strategy to ensure inclusion of all children (National Strategy on Inclusive Education, 2009-2017).

Key Performance Indicators: Provided status update on the performance of Key Indicators at the Pre-Primary level as follows:

S/N	*Indicator*	*Value (2017)*
1.	Number of children enrolled in pre-primary classes	1,517,670
2.	Number of Government and private schools with pre-primary classes	17,238
3.	PPE Gender Parity Index-GPI	1.0
4.	Estimated number of Out-of-school children (6-year olds)	797,000
5.	Number of Pre- primary Teachers	13,313
6.	PPE Pupil-Teacher Ratio	1:114
7.	PPE Pupil-Qualified Teacher Ratio	1:145

Quality and learning materials: Informed that there were inadequate teaching and learning materials in classrooms and that Pre-primary classrooms generally provided emotional and physical safe environments. Pre-Primary teachers had received instructional support and that enhanced pre-primary curriculum was in place with teaching considered a facilitation of learning rather than a transfer of knowledge. Additionally, emphasis was given on learner entered teaching and learning, and knowledge construction and the building of skills, attitude and competences.

PPE Interventions and support: SB-CPD)/INSET was delivered through face to face; self-learning and school and ward level reflection meetings focusing on improved pedagogical skills. Training materials/modules covering all basics of quality pre-primary education focused on implementation of new pre-primary and primary curriculum. In addition, coaching and Mentorship was provided by trained resource teachers from selected or mother schools (for satellites). Provision of learning materials in stimulating and protective learning environments including Story books, Toolkit, development as well as parents' engagement through training of School Management Committees and Parent/Teacher Partnerships.

Informed that there was also the School Readiness program which was a 16 weeks program developed by Tanzania Institute of Education using story books to complement national efforts to increase provision of formal pre –school. This focused on provision of pre-school education to children marginalized by distance, geographical location in relation to schools. Likewise, construction of PPE infrastructure such as classrooms, child friendly latrines, outdoor games etc. and engagement of RS and LGA (ward/district/regional) in trainings, monitoring/follow up and mentoring were some of the ongoing interventions.

Key Achievements

Informed that enrolment in PPE had increased, from approximately 800,000 children in 2015 to 1,500,000 children in 2017/18. Likewise, there had been improved coordination and collaboration amongst key stakeholders (TIE, TTCs, CSOs, LGAs, and Schools), community while (PTP, Parent Teacher Partnership).

Explained that Capitation grants included PPE and that the formula was under review to ensure increased provision of funds to cater for school needs. Additionally, efforts were being employed to ensure improved availability of data on PPE Quality and Learning outcomes which would facilitate policy support, evidence-based national action planning and budgeting for Pre-primary Education.

Key challenges and lesson learnt

- ✓ Large classes (Overcrowding of pupils) hinder the effective use of and access to materials and books. Inadequate pre-primary classrooms posed a challenge in learning and teaching
- ✓ Inadequate story books for oral language development and pre-literacy skills development.
- ✓ Pupils Teachers Ratio (PTR) was still high and the use of paraprofessionals is a challenge as it needs more time and resource to train them
- ✓ Need for addressing PPE infrastructure challenge which compromised quality delivery of PPE
- ✓ Inadequate capacity building for QAOs and WEOs on quality of PPE monitoring
- ✓ Some crosscutting themes particularly child protection, nutrition, ICT, gender, WASH was not included in PPE
- ✓ Limited access for children with special need in education system

Conclusion: It was reported that TIE finalized and distributed 12 titles of story books (TP) for use in PP classrooms (large and small books). These and other books would be distributed to all schools across the country. Likewise, the training of PP teachers to use story books for instruction was planned as well as ongoing recruitment and deployment of qualified PPE teachers to mitigate the high PQTR in government schools. Called upon larger investments in physical infrastructure for PPE especially by encouraging collaboration among school, family and communities.

4.4.2 Key trends in 3Rs implementation (Standard 1-2) – Presented by Joel Mwamasangula, MOEST

The MoEST was guided by the Education and Training Policy (ETP – 2014), Acts 1978, Regulations, Circulars and Guidelines and that the Ministry was committed in ensuring expanded access and Quality education from Pre-primary to higher education. Collaboration with other Ministries, Partners and Stakeholders was also encouraged in order to achieve successfully the expansion of access to basic education and improvement of Quality education. Noted that recommendations from Educational researches, workshops, meetings, monitoring and Evaluation on the drifting trends and on how to improve education at the basic education level necessitated the Government in collaboration with other Ministries, offices, partners and stakeholders to plan new strategies for improved 3Rs which included the following:

- Development of competency Framework and curriculum.
- Std I – VI curriculum and associated materials. This included specific 3Rs curriculum for Pre-Primary, Standard I&II.
- Reading, Writing and Arithmetic (3Rs) textbooks
- Introduction of 3Rs assessment indicators.
- Modules for teachers to facilitate teaching and learning practices; and
- Community Engagements in awareness of 3Rs.

Status of the Implementation of 3Rs

It was reported that a lot of work had been done in relation to 3Rs implementation which included the following:

Development, Printing and Distribution of Teaching and Learning Materials:

- Curriculum, syllabi and guides for Pre-Primary, standards I-VI.
- 3Rs books for Standards I & II.
- ECD curriculum package to be used to help children to develop foundation skills as an integral part of the primary education curriculum delivery.
- SB CPD Modules to be used by teachers to build the foundation knowledge and skills for pupils.

Teacher Training

- Training of Pre-Primary, standard I&II teachers on the 3Rs
- Training of standard III&IV teachers on the revised curriculum
- Training of Special Needs Education Teachers
- Training of Non-Formal Education Centre Facilitators

Assessments and information dissemination on 3Rs

- Conducted 3Rs Assessments for standard II pupils in 2013, 2015 and 2017 for increased use of data for evidence-based planning.
- Conducted International Conference on Literacy and Numeracy which was held in Tanzania. It attracted participants from 11 countries.
- Conducted Measuring Early Learning and Quality Outcomes (MELQO in 2017) study.

Quality Assurance and Close to School Supervision

- Supported provision of motorbikes for ALL WECs to help them supervise 3Rs in their respective areas.
- Orientation of School Management Committees on Whole School Planning and Community Mobilization including supervision activities of ECD and 3Rs at school.
- Training of Head Teachers and Ward Education Coordinators on new 3Rs curriculum.
- Trained and oriented Education Managers and leaders on how to improve and handle ECD learning outcomes at their respective areas in centres, schools, wards and Districts.

Noted the following Challenges in implementation of the 3Rs programme:

- Quality of Pre and Primary Education was suffering with overcrowding in the classrooms as well as shortage of Quality Pre-Primary Infrastructure especially in peripheral and hard to reach areas.
- Insufficient Qualified teachers with specialized Pre and Primary training and inadequate playing materials, story and picture books at primary level of education for both Special Needs and regular pupils.
- MELQO, EGRA and EGMA were not administered to pupils with Special Needs as well as the use of EGRA and EGMA in assessing Learning outcomes of pupils at Early Learning as it was proven to be too expensive.
- Lack of Guideline to improve and sensitize communities to contribute towards the construction of classrooms and relevant buildings.
- Regardless of establishment of satellite schools to reach children living far from schools, children who attended satellite centres were still walking too far at an average of 8.8 km.

Issues under consideration:

- Need to develop a guideline to sensitize communities to contribute towards the construction of classrooms and other relevant buildings.
- Continue with efforts to increase enrolment of pre - service teachers and capacitate in service teachers to be use used in all levels of education including on Pre – Primary Education.
- Plan on how to provide play materials, picture and story books for all pupils including those with Special Needs.
- Plan on how to set assessment tools and administer assessments to the pupils with Special Needs.
- Complete a comprehensive mapping of Pre-Primary Education Provision identifying gaps in universalization of access in order to inform current and future planning.

4.5 Plenary Discussion: Early Learning

Desks vs Mats:

Observed that in Morogoro CiC supported establishment of learning corners where instead of sitting on desks learners were encouraged to sit on mats, and where classrooms size was small tents were provided. The plan was to cascade to other schools. Asked whether the Government advocated to use desks or mats in Pre-primary classes.

Responded that the Government was aware about children sitting on mats instead of desks and that had given directive to use mats and not desks. Encouraged partners to continue with the use of mats and few desks in corners where learners could practice writing.

Harmonization of interventions:
Observed that there were so many interventions along PPE hence wondered what the Government was doing to harmonize those interventions in making sure at least children get similar quality education regardless of geographical localities.
Informed that PORALG was doing mapping of all interventions in RALG and had directed all partners not to do interventions without consultation with PORALG to make sure all interventions are regulated and coordinated in line with government policies, guidelines and plans.

Cancellation of Diploma in Education:
Asked for reasons why the Government had decided to phase out Diploma in education.
It was *informed* that there was certificate in education (PPE) which allowed for carrier pathway all the way to higher education and hence student teachers still had opportunity to pursue Diploma once they had completed the certificate course.

ECD Teacher graduates opting to teach in secondary:
Informed that UDOM had specific ECD bachelor's degree courses where student teachers are exposed to methodology on how to teach young children but when they graduate they chose to go teach in secondary schools.
Responded that all teachers were employed based on their qualification and that ECD graduate teachers could still have qualifications to teach in higher levels. If the ECD graduate teachers applied to teach at higher levels, the Government would have no choice but to go with their decision. Called for Universities and Teacher colleges to encourage their students to teach in lower classes.

Satellite Schools:
Asked whether learners in Satellite Schools were allocated capitation grant and whether quality assurers visited satellite schools
Responded that Satellite schools formed part of mother schools, hence enrolment of pupils at the satellite schools was recognized as enrolment of pupils at the mother school. The satellite schools got all support from the mother school including capitation, teachers and that they were visited and support by quality assurer.

TIE's capacity: In response to whether TIE had capacity to prepare, review, approval, and print and distribute books it was informed that the role of TIE was to coordinate and ensure quality of teaching and learning materials and working in collaboration with associate boards, institutions and partners.

Fee free education and community contribution: Informed that there was a circular that provided guidance on how to contribute and parents had their role to play, hence stakeholders needed to continue clarifying the circular to parents and community to ensure increased understanding.

ECD centers in Zanzibar: Explained about the experience in Zanzibar where private ECD centres accommodated almost 50% of all age appropriate children

while the rest were in government centres. Tanzania mainland was encouraged to learn from that experience.

Platform for teaching and learning materials: Notified that Data Vision was developing a platform to allow for online access to teaching and learning materials for teachers where teachers could use phones to download the materials from the website.

Encouraged stakeholders to come up with innovations that could contribute to education delivery to communicate with the MoEST to discuss and enter into contractual agreements so that they could be used by whoever they were meant for.

4.6 Recap on Day Two

Led by Frank Samson, CiC (Rapporteur)

The second day of the forum started off with participants' reflections of the day one presentations and discussions. The recap session was facilitated by Rapporteurs where participants were asked to give one account of lesson learned:

- *Had learned that the Government was ready to work with other stakeholders. This was confirmed by officials present at the forum*
- *In Nurturing Care: Challenges were in all domains hence it was important to incorporate interventions in national plans that touched all domains*
- *There was a need to coordinate implementation of ECD interventions in order to avoid duplications. For example, many ECD guidelines were being produced but remained in draft form for long time, causing new projects to develop new ones as if the older ones were inexistence hence it was important to fast track completion of the guidelines.*
- *Concentration of interventions in few geographical localities caused some communities benefiting more than others and hence the mapping of interventions was important in order to come up with a minimum package for delivery at every community.*
- *The displays by different organizations had revealed a lot of good experience on ECD interventions presenting opportunity for way forward utilizing all experience and scaling those that could be scaled up.*
- *There were challenges in understanding ECD at different levels- gap on implementers not understanding the issues hence it was important to invest in awareness raising and training of implementers.*
- *The forum had been informative and mind opening with all participants being excited and wanting to ask questions for clarifications. This showed the need to meet often*

for development of ECD and PPE.

- *There was a need to strategize on how to involve fathers and the whole community in child rearing.*
- *The presentation from Data Vision had shown that the power of ICT was not yet fully utilized and that there was work to be done as stakeholders in ECD to ensure dissemination of guidelines electronically. Information dissemination through online platforms should include teaching and learning materials that are otherwise found on bookshelves but not online. We have seen books in displays but aren't found online.*
- *There was political will from the Government to work closely with CSOs but linkage was not clear. That was an opportunity to call for collaboration. TECDEN was in best position to ensure engagement of Non State Actors.*
- *There was a lot of investment that the Gov had done, e.g. fee free education that had increased enrolment of children.*
- *The forum was an opportunity for NGOs to learn from one another and to learn from the Government so that their investment would focus in areas where the Government wasn't currently investing.*
- *"Exciting being here seeing stakeholders and Government passion to move ECD interventions forward. Timely we are all here meeting at the same time when globally there is more commitment to ECD… We need to celebrate the attention being given to ECD"*
- *That many people were not ready to look at how to reach Children with Disabilities as a special group. This could be seen in many interventions including the lack of trainings to SWs on how to take care of CWDs. Also the teachers being prepared to teach in ECD were not given any skills on how to work with CWDs.*
- *That a forum such as this should also happen at region and LGA level. This will reduce a lot of challenges at those levels and will help in strengthening coordination nationally but also at the sub national level.*
- *Although the Gov was working well with stakeholders, collection of data on ECD was weak. Emphasized for collection of proper data on ECD*

4.7 The Nurturing Care Framework (NCF)

Presented by Dr. Nemes Iriya, WHO

a) Overview of the Presentation

The presenter started off by giving an account of the unique convergence of evidence and political momentum for ECD starting off with the MDG Goals and how

they had transformed into the SDGs. Reminded participants of the 2000 Millennium Development Goals as: Reduce poverty and social exclusion; achieve Universal Primary Education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS and Tuberculosis; ensure environmental sustainability; and partnership for development. Informed that these were followed by various other processes including the ECD Lancet series of 2007; WHO Commission on Social Determinants of Health in 2008 and the ECD Lancet series of 2011.

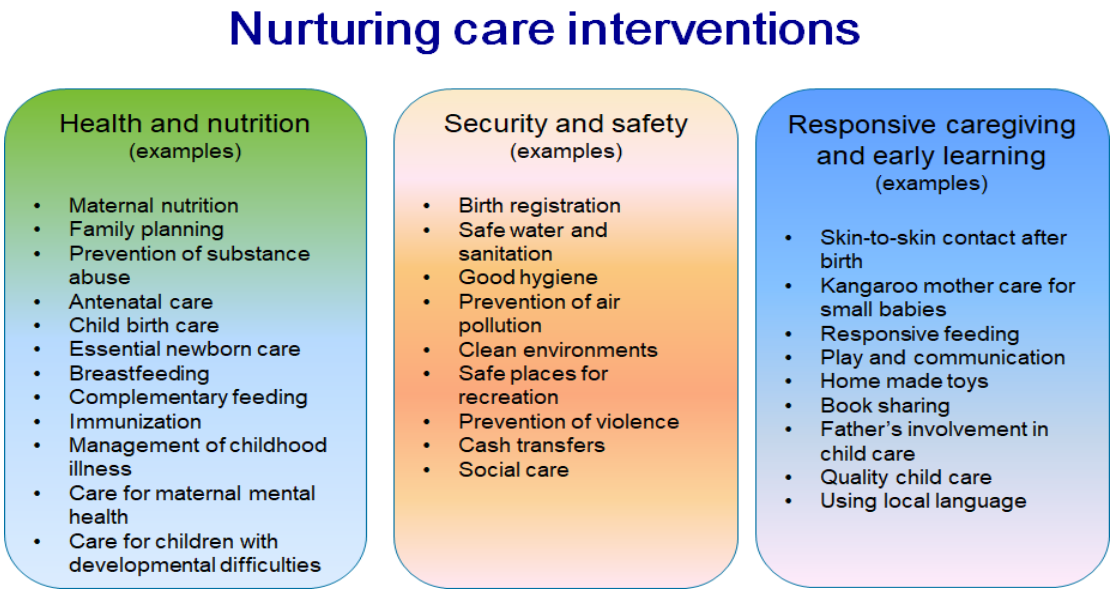
In 2015 there were 17 Sustainable Development Goals: No poverty; Zero hunger; Good health and well-being for people; Quality education; Gender equality; Clean water and sanitation; Affordable and clean energy; Decent work and economic growth; Industry, Innovation, and Infrastructure; Reducing inequalities; Sustainable cities and communities; Responsible consumption and production; Climate action; Life below water; Life on land; Peace, justice and strong institutions; and Partnerships for the goals. The SDGs were again followed by the 2016 Lancet Series and the global strategy on women's, children's and adolescent's health, 2016-2030.

Reiterated the risk factors preventing children to develop to full potential as poverty; nutritional deficiencies; inadequate stimulation; maternal depression; family stress; violence and child maltreatment. Informed that further processes to ensure greater focus on ECD led to development of the Nurturing Care Framework (NCF) which was launched at the time of the 71st World Health Assembly in 2018. The framework was a road map that outlined:

- Why efforts must begin in the earliest years, from pregnancy to age 3 years;
- How nurturing care protected children from the worst effects of adversity; and
- What caregivers needed in order to provide nurturing care.

It was noted that the framework was meant for Social Welfare; Environment; Health and Nutrition; Education and Child Protection and that Five Strategic Action Areas had been identified to guide its implementation:

- Provide leadership, create commitment and invest in nurturing care
- Focus on families and communities: recognize that families and communities are at the heart of Nurturing Care
- Strengthen Services- create enabling environments through policies, information and services
- Monitor progress in implementation, results and impact
- Use data and innovative



The NCF also recognized the need for stakeholders to ensure children different needs were met by ensuring that all caregivers and children were receiving universal support; families and children at risk were receiving targeted support; and families of children with additional needs were receiving indicated support. Additionally, the framework identified enabling environments for nurturing care as enabling policies, supportive services, empowered communities and caregiver capabilities.

In terms of countries moving forward with its implementation the Presenter noted that there was need to introduce missing interventions aimed at building capacity for interventions that support responsive caregiving and early learning; building capacity for interventions that supported maternal mental health; and strengthening primary health care services to provide holistic support for nurturing care. Others included the need to:

- **Improve quality of care by** ensuring high quality antenatal care, new born care, support for infant and young child feeding, high coverage of immunization and management of childhood illness
- **Facilitate multisector inputs by** promoting water, sanitation and hygiene (WASH) electricity in all communities and health facilities; reducing in and outdoor air pollution; and ensuring a referral system with close linkages between health, education, child and social protection

It was further informed that a draft NCF Implementation Plan for the United Republic of Tanzania (URT) had been developed based on the 5 NCF Strategic Actions as follows:

1. Lead and Invest
2. Focus on families and their communities
3. Strengthen services

4. Monitor progress
5. Use data and innovate

The draft NCF Action Plan for URT is attached as ***Annex 2***.

b) Panellist discussion on significance of NFC for Tanzania context

A panel discussion involving Panellists from EGPAF (Ms Josephine Ferla), UNICEF (Ms Elizabeth Macha) and MOHCDGEC (Ms Grace Mwangwa) was held to give an account of the importance of the NCF for Tanzania. The key issues raised during the panel were as follows:

1. ECD Stakeholders needed to remember whatever they were doing was for the purpose of preparing competent citizens and the NCF was timely since it provided a guide on integrating ECD services. In Tanzania Stakeholders' needed to think of how the NCF could guide service delivery even to children with above 3 years.
2. Community members were not aware of some components like early stimulation; therefore, sensitisation was much needed once implementation of the proposed action plan started.
3. Early learning and responsive care still had challenges in different programmes. Awareness needed to be raised to communities that learning start at home.
4. According to social norms, the role of caring for children was left to mothers only; awareness was more needed on the importance of fathers in caring for their children.
5. All five (5) components i.e. health; nutrition; education; child protection (security) and social protection (safety) should be provided to children.
6. Nurturing care was not a new thing in Tanzania context; community members have been practicing them. But the framework provided a more systematic and comprehensive way of serving young children. For example, mothers are educated on proper ways of breastfeeding; early stimulation was done to some extent, but more capacity building was needed.
7. The influence of media on nurturing care should not be ignored. It had been observed that media and technology had big influence on nurturing care
8. Different sectors needed to work together. Comprehensive approach was needed, and all 5 components of nurturing care needed to be equally addressed.

4.8 Informing the way forward for ECD multisectoral coordination

4.8.1 A brief History of ECD multi-sectoral coordination in Tanzania- Presented by Mr. Mathias Haule, MOHCDGEC

Informed that traditionally, ECD services in Tanzania were provided in a sectoral manner. ECD Multi sectoral approaches was adopted beginning 2000 after its importance was revealed by research findings. Every sector was delivering ECD services regarding their sector mandate and had final decision from planning to implementation. Stakeholders supported Government in conducting ECD interventions through sectors plans.

It was reported that before 2015 there was an attempt to establish multi-sectoral coordination where a national coordination structures was established as follows:

- National Steering ECD Committee Chaired by MOCDGC. The committee comprised PSs from MOVET, PO RALG, Health, DPs and CSOs/TECDEN.
- National ECD Technical Committee: Directors and the Commissioner of Social Welfare. Chair was the Director of Child Development; Members- Directors of Line Ministries, TACAIDS, TFNC, TECDEN
- Secretariat: Technical People from line Ministries and TECDEN

Achievements

Developed Guidelines, printed and distributed ECD Guidelines for in service Training of Caregivers and Pre-Primary Teachers.

Challenges

- Overlapping of interventions among stakeholders working in one thematic area of ECD.
- Difficulties in measuring results since the outcome were contributed by many implementers who were unknown
- Ineffective utilization of resources due to overcrowding of stakeholders while in some areas there were none
- The sector could not have ability to connect or link their intervention with others due to limited working scope
- Low level of awareness among stakeholders as a result there were low priority of ECD in their plans.

4.8.2 Experience of multi-sectoral coordination at national level (NMNAP, NPA-VAWC) – Presented by Mr. Asanterabi Sangenoi, PMO

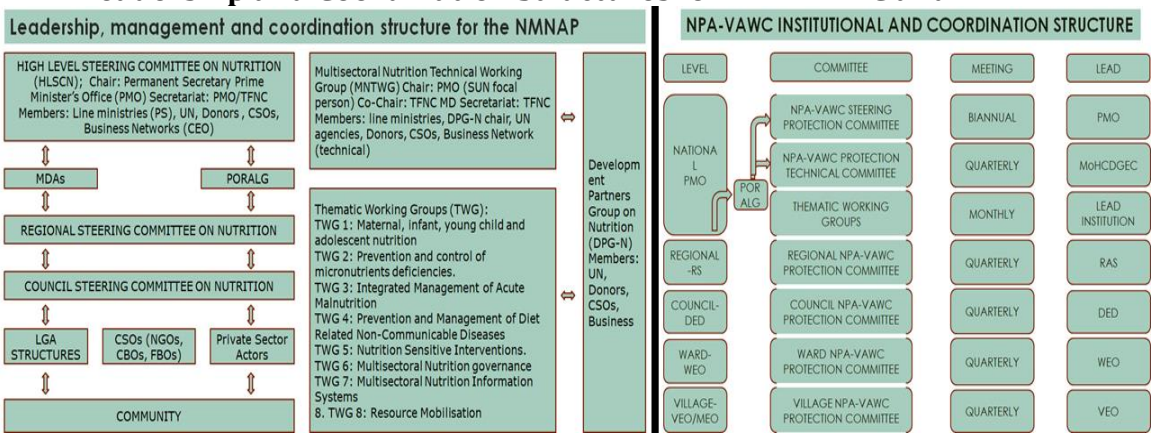
Case studies on multisector coordination (NMNAP, NPA-VAWC): Informed that PMO was responsible for coordinating interventions that were being implemented across different sectors. Through the department of Coordination of Government Business, the Prime Minister's Office monitored and provided directives on performance of the Government in all sectors. The leading agencies (mandated MDAs) were responsible for all aspects of technical implementation of the plans.

Informed further that currently PMO was coordinating the NPA VAWC (mandated Ministry being the Ministry of Health Community Development, Gender, Elderly and Children-MOHCDGEC) as well as the NMNAP (the Mandated Agency was Tanzania Food and Nutrition Centre-TFNC).

Provided a comparison between the NMNAP and the NPA VAWC noting that the NMNAP was a strategic multisectoral coordination system to help put in place "three Ones" (One Plan, One coordination system and One M&E mechanism) for nutrition whose aim was to ensure robust multisectoral and multi-stakeholder coordination mechanisms at the different levels and to facilitate Public-Private-Partnerships. Similarly, the NPA VAWC was a unified multisector body to oversee implementation of the plan aimed at tackling Violence against Women and Children and also served as a coordination and partnership framework between relevant stakeholders to eliminate violence against women and children and improve their welfare.

Informed that the Leadership, management and coordination structure for the NMNAP included The High Level Steering Committee on Nutrition (HLSCN) Multisectoral Nutrition Technical Working Group (MNTWG) while at the Sub-national level there were nutrition steering committees at Regional and Council levels will be institutionalized and their composition and terms of reference reviewed to support implementation of the NMNAP. Noted that in comparison the NPA VAWC had similar leadership and coordination structures and had been well stipulated in the NPA VAWC document.

Leadership and Coordination Structures for NPA VAWC and NMNAP



NMNAP **NPA VAWC**

Current Coordination Mechanisms: Informed that the Structures that were in the documents were being implemented as they were planned where in each framework meetings were held separately because of the members being different although the PMO Chaired both Steering Committees held at different timeframes.

Noted that the PMO's role remained at coordination and the mandated Ministries implemented directives from coordination meetings. As a result of effective coordination NMNAP and VAWC issues had received high attention from Government leaders hence speeding up activities implementation due to improved networking. Coordination had also improved relationship between Government and stakeholders particularly CSOs; enhanced sustainability of key interventions due to establishment of Gender Desks under NPA VAWC; minimized duplication of efforts due to transparency and clear roles and responsibilities; reduced financial challenges in implementation of coordinated interventions; and, in NMNAP, a system for nutrition information management has been developed to be supervised by TFNC.

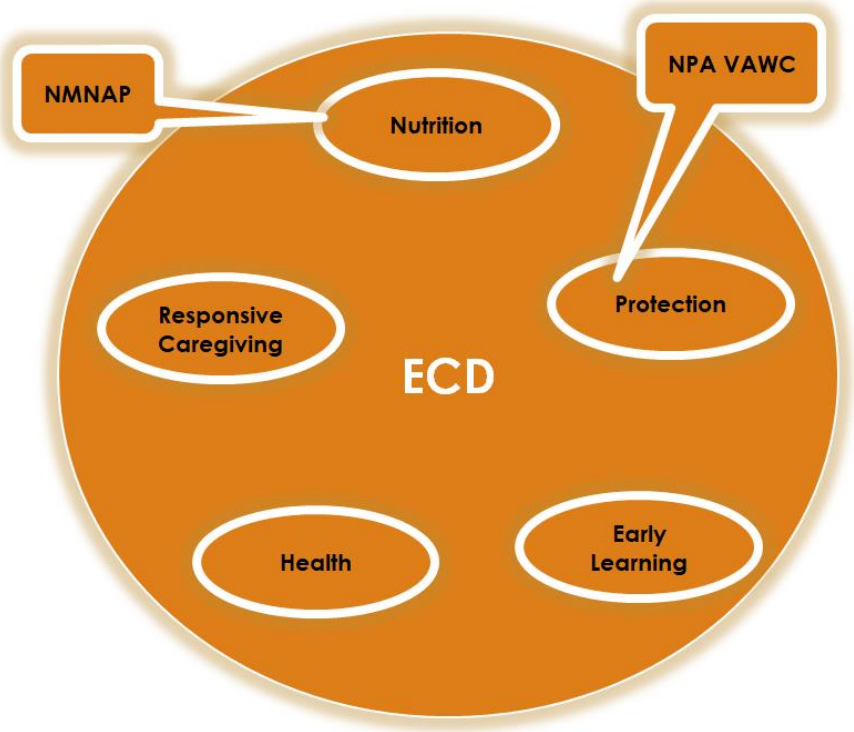
Noted the following constraints and challenges:

- Unsatisfactory coordination at the sub national levels
- Technical Working Groups failure to identify stakeholders implementing coordinated plans under their mandates hence lacking information required for coordination.
- Low representation of key stakeholders by CSOs Umbrella organization
- Little awareness amongst some stakeholders at all levels in regard to coordinated frameworks slowing down implementation.
- Limited fund to facilitate activities such as to conduct regular joint multisectoral monitoring visits to the LGAs on the implementation of the NPA-VAWC.

In conclusion the presenter noted that it was important to consider;

- Proposing ECD coordination structure that would ensure effective participation of key stakeholders including senior level officials.
- Considering which Ministry should take the Lead role especially one that can ensure participation of senior level officials from different sectors
- The NPA VAWC and the NMNAP provide cases for how some ECD components are being coordinated. This can be used as examples of how a holistic ECD coordination structure would look like.
- It will also be important to think of a single coordination framework
- PMO would like to participate in further discussion on recommendations from this forum.

See illustration below.



4.8.3 Experience of multi-sectoral coordination at LGA level (nutrition, ECD): Presented by Shabani A. Muhali- PORALG

It was reported that the Government had established the Division of Health, Social Welfare and Nutrition Services (HSN) in July 2015 at PO-RALG with the main objective of managing Regional Secretaries and Local Government Authorities to provide better health care, Social Welfare and Nutrition through coordinating, planning and budgeting, support Supervision, monitoring and evaluation, policy and guidelines dissemination and conducting of research.

Informed that the RHMTS as a coordination body at regional level had the following functions:

- To advise Regional Secretariat on Health, Social Welfare and Nutrition issues to help improve the delivery of these services at Community level.
- To ensure policies are translated, implemented according to planned plans and budgets
- To ensure good relations between the health & Social Welfare department and other departments at the regional level and the councils
- To ensuring the relationship between the Government, the private sector and civil society institutions is strong for improving health services.
- To prepare RHMT plans and information
- To disseminate policy, Guidelines and documents for Councils
- To Coordinate the Nutrition and Social Welfare Services in the Regions and Councils

- To Coordinate human resource issues
- Manage LGAs in implementing their responsibilities
- To ensuring the provision of good health services
- To conduct participatory management visits ECDs at Health facilities, Social Welfare Institutions and Community ECDs.

The key challenges faced by the Division included the following:

- Lack of ECD guideline to be used at community level
- Limited budget for ECD implementation at LGAs level
- Inadequate awareness on the importance of ECD among stakeholders at all level

Called for support to the Ministry to develop National ECD Guideline for ECD implementation also for stakeholders implementing ECD programs to incorporate their budget into the RALG plans as well as providing support to establishment of National and District ECD teams/focal points to ensure integrated programs were developed and reflected in the MTEFs.

Informed that PORALG had established ***WADAU PORTAL*** with the main aim of coordinating ECD interventions and service providers and asked for stakeholders to ensure they registered on the portal which was already operational.

4.8.4 Comparative Experiences in ECD Multi-sectoral Collaboration from the region: Presented by Ms Alice Kabwa-AFCEN

Purpose of Multisectoral Approaches to ECD: Noted that the purpose of a multi-sectoral approach was to deliberate collaboration between stakeholder groups and across sectors. Multi-sectoral Coordination usually provided comprehensive education, health, nutrition, protection and sanitation services required to achieve holistic child development and effective parenting. Effective multi-sectoral approaches included:

- Reduced redundant activities i.e. Partners communicate in design and implementation;
- Promoted quality programmes i.e. Partners bring their programmatic strengths to the interventions;
- Encouraging comprehensive engagement with communities i.e. Partners agree and coordinate on key messages across sectors; and
- Provide access to additional resources, opportunities, skills & knowledge

Modals for Multi-sectoral approaches to ECD in Sub Saharan Africa (SSA):
Informed that Multi-sectoral approaches to ECD in SSA were based on 3 models:

1. *Coordination through an independent body: This* could involve a new department or agency or Integrate duties within an existing department. It requires commitment & prioritization from all. *Challenges:* High level convening power can be a challenge if the body is not at ministerial level; Limited affiliation with the ministry can result in a reliance on donor funding and a risk

to sustainability; Lack of ownership at Ministerial level can result in low prioritization that negatively impacts implementation; Departments/agencies within Ministry's risk low prioritization and low funding allocation; Limited impact due to lack of convening power.

2. *Coordination under a single ministry or department:* This requires: Strong leadership/political will for multi-sectoral collaboration, and ability to engage with and involve other ministries. *Benefit:* Focused attention on ECD related activities from at least 1 ministry; Ministry has ownership of ECD activities and can drive implementation; and available financing from Ministry budget. *Challenges include:* Unbalanced attention to one specific component of ECD, Lack of convening power to call high level ministerial coordination, ECD may not be a priority activity within the ministry, and Implementation heavily reliant on 1 ministry

3. *Coordination through a ministerial multi-sectoral committee:* This encourages equal participation. *Benefits:* Shared responsibility for ECD implementation across ministries, joint planning and collaboration can take place through a technical working group/committee. *Challenges:* Legislative guidance helpful to grant the coordinating body with power to convene across ministries; Lack of commitment if not institutionalized in the government; and Lack of dedicated personnel and budget allocation if not institutionalized.

Recommendations for best practices in multi-sectoral collaboration in SSA:

1. *Political legislation:* To support multi-sectoral approaches at cabinet level and ensure effective convening power to bring together high-level stakeholders
2. *Strong communication systems:* Routine communication to all stakeholders
3. *Strategy documents:* Agreed upon documents to guide implementation, roles and responsibilities for all stakeholders and costed work plans.
4. *Monitoring and accountability systems:* Co-designed frameworks and guidance to hold stakeholders accountable to agreed strategy and implementation plan
5. *Government buy-in:* Collaboration with relevant government agencies to ensure institutionalization of the approach and reduce reliance on donor funding

Steps towards establishment of a national ECD status report included:

(i) Developing a multi-sectoral tool that collects key ECD related indicators across sectors: Education: Early learning opportunities; Health: Nutrition &Responsive caregiving; Protection: Safety and security, WASH; and Collect national data from each sector

(ii) Advocate for regular sharing within a forum anchored in a government initiative (i.e. Where possible a multi-sectoral forum).

5. Recommendations for Multi sectoral ECD coordination

Participants spent the last hours of the forum discussing and deliberating on the best way forward towards revitalization of ECD multisectoral dialogue in Tanzania. Discussions were held in 6 groups out of which two groups discussed and came up with various resolutions and recommendations

5.1 Past Experience to inform future ECD Dialogue and Coordination

Group 1:

NOTED the need for coordination structures and activities to build on:

- Government commitment at all levels, such as Arusha ECD declaration of 2012;
- Development partners' commitment and prioritization of ECD;
- Common understanding of all actors on ECD.
- ECD being a global agenda which was a result of systematic; needs assessment, awareness creation, capacity building, dialogues/conferences etc.; and
- Inclusion of ECD into national plans.

PROPOSED the following as what needed to be done differently going forward:

- One multi-sectorial coordination structure with appropriate mandate to hold accountable key actors to the success of the plan (proposed to be under PMO);
- Review of Child Development Policy of 2008 and integrating draft IECD policy;
- Government allocation of resources to ECD for sustainability;
- Grassroots' initiatives to create awareness and community engagement in resources mobilization and implementation of ECD national plans to ensure ownership and sustainability;
- Making ECD a national agenda through previously proven approaches;
- Integration of ECD into the existing NPAEVAWC;
- Strengthening national ECD Network; and
- Bi-annual reflection spaces for all actors

Group 2

- NOTED that ECD was not new and that traditionally there had been family level childcare services and that children were raised by the village
- Formally ECD activities were under specific sectors and that the Government facilitated Capacity Building of Human Resources at National Level to manage ECD program (ECDVU Program)

- Joint ECD Service Delivery Initiatives, included Education, Social Welfare and CDC
- Capacity Building on Media House on ECD reporting (TVs & Radios programs were improved)
- Sensitization of Policy makers and politicians (Directors, PSs and Ministers

NOTED that the outcome of all these led to:

- Development/revision of Policies e.g. EPT 2014
- Timely release of Capitation Grant
- Passing of the Law of the Child Act No. 21, 2009
- Development of Modules (In-service capacity building – joint initiative and Common agreement in programming)
- Draft of ECD Coordination Structure
- Holding of National 2007 and Sub-regional 2008 conferences and the 2012

NOTED that in the past ECD multisectoral coordination followed a structure that involved the following:

- National Steering Committee
- National Technical Committee
- National Secretariat comprised of Focal persons from each line Ministry

NOTED further that ECD integrated initiatives were built on already existing programs

NOTED three key challenges for ECD multisectoral coordination:

- Coordination did not have legal mandate
- Change of government setup and leadership
- Lack of national data base on ECD services and stakeholders

5.2 Comparative experience to multisectoral coordination of ECD.

Group 3

- Noted that it was important for there to be a neutral body to coordinate ECD implementers across different stakeholders and that the NPA VAWC and NMNAP provided examples of how ECD could be coordinated.
- Noted that although the NPA VAWC and NMNAP frameworks had structures that could be used as examples, they themselves were not sufficient to coordinate ECD stakeholders as they only represented 2 of the 5 ECD domains.
- Proposed an overarching ECD coordination framework that could consider all five domains such that the existing NPA VAWC and NMNAP would form 2 of the 5 required frameworks.
- In terms of ECD coordination structure the following was proposed:

Level	Proposed structure
National Level	PMO
Coordination structure for ECD	Coordination structure for ECD was needed and could be established by considering a Hybrid of the NPA VAWC and NMNAP leadership and coordination structures.
Lead Ministry	The Prime Ministers' Office (PMO)
Committees	• Joint Multisectoral ECD Review Committee- PMO to be the Chair and Line Ministry Ministers to be the members • National Steering Committee for ECD all domains to feed into that with PMO as the Chair • Multisectoral technical working groups-PMO to Convene and line Ministry Focal Points to be members • Thematic/Technical Committees for the five pillars • Annual stakeholders consultative meeting Chair PMO/Secretariat PORALG • Parliamentary group on child rights nutrition and food security.
Meetings	• Annual Joint Multisectoral ECD Review • Biennial National Steering Committee for ECD • Quarterly Multisectoral technical working groups • Annual stakeholders consultative meeting • Quarterly Thematic/Technical Committees for the five pillars
Sub National level	PORALG through a hybrid of the NPA VAWC, NMNAP and the current structure under PORALG

- In terms of Involvement of external stakeholders at each level group 3 proposed the following membership categories:
  - Joint Multisectoral ECD Review:
    PMO takes Lead; Line Ministry Ministers; Multilateral and Bilateral Representatives per domain; CSO umbrella Organisation; Business Network; and Representatives from Parliamentary Group on child rights nutrition and food security; and Media
  - National Steering Committee for ECD
    PMO takes Lead; Line Ministry PSs; Multilateral and Bilateral Representatives per domain; CSO umbrella Organisation; Business Network; and Media
  - Multisectoral technical working groups
    PMO takes Lead; Line Ministry Technical Persons; Multilateral and Bilateral Representatives per domain; CSO umbrella Organisation; Business Network; and Media

- Annual stakeholder's consultative meeting/forum-Chair PMO/Secretariat PORALG-Once a year:
  PMO takes Lead; Line Ministries; All bilateral and multilateral Agencies; CSO; Media; and Private Sector
- Thematic/Technical Committees for the five pillars:
  Held at Ministerial/Agency level; All bilateral and multilateral Agencies; CSOs; Media; and Private Sector.

- Proposed that in order to further discuss and come up with recommendations on ECD Multisectoral coordination structure PMO to convene a smaller multisectoral technical meeting to develop a draft structure within two months from the last date of the forum.

Group 4:

The group recommended adoption of the NPA-VAWC existing structure for ECD multi-sectoral coordination noting the following strengths, weaknesses and recommendations:

Strengths:

- PMO has a comparative advantage (mandate) to convene meetings for all other ministries
- MOHCDGEC to be Secretariat to coordinate day to day functioning of ECD activities
- Technical issues to be handled by respective technical ministries.

Weakness:

- Funds availability
- Human resource capacity
- Weak M&E structure
- Weak communication mechanisms
- Uncoordinated ECD activities by different stakeholders

Recommendations:

- Adequate allocation of funds to respective ministries (MDAs)
- Capacity building and allocation of appropriate & adequate HR
- Strengthen M&E structure and provide with MIS for data capturing
- Strengthen internal communication system (vertical and horizontal) among different departments and operational levels
- Strengthen mechanisms of collecting information on ECD interventions done by other stakeholders including having MoUs with other implementing actors

5.3 Opportunities for Integrated Interventions

Group 5

The group proposed sharing of information through existing and available platforms e.g. Ubongo Platform and TECDEN noting that these platforms had a wider reach and that they were a one stop solution instead of having to go to different places to get different service knowledge.

Noted that the platforms had funding challenges for ECD interventions hence NGOs and other stakeholders needed to think of how to support them in advance when setting budgets for the next years.

Proposed that Pact Tanzania Training sessions as a package would be a worth package.
Noted lack of comprehensive knowledge of other stakeholders and their specialties and product offerings for facilitation of collective training session.
Suggested undertaking of a comprehensive mapping exercise of all stakeholders.

Proposed the use of existing community based ECD centres and bringing professional experts to talk on different subject matters on issues e.g. ECD. However, noted the following disadvantages:

- Costly to get them off the ground: might not be in the government budget
- Expensive to keep running with salaries and supplies, to bring experts, etc.
- Distance from those who need them most

Proposed use of existing health facilities and bring professional experts to talk about different ECD issues. For example, during Under 5 Clinics, *Wazazi Nipendeni program* and home visits. The advantages are that there are several in the area. The challenges are:

- Overwhelming for health workers, hence need to train them on different expertise.
- Not all mothers have phones and not all of them can read

Proposed use of social networks to disseminate information to parents, young parents and teens/children noting they are quick at dissemination of information however with key challenge of how to control wrong information.

Recommended the following approaches relevant to Tanzanian context that can be piloted / leveraged on for integrated interventions

1. Adapt internationally tested and tried programs such as REACH (where clinics are used as meeting centres with parents, both pre and post-natal) to also train and teach parents about other things to do with the child
2. Parent Partnership Program (community services centres where parents meet and plan activities together)
3. Training private sector businesses on how to educate their employees about ECD practices (make it as part of the workplace benefits)
4. Introduce holistic development learning already in the training colleges

5. Train volunteers and responsible/committed personnel (from district to community level) to be able to identify different developmental needs (developmental delays, nutritional issues, lack of safety etc.) in the child and therefore be able to refer the child to the necessary facilities that provide the needed services

Group 6:

Noted the following opportunities in terms of integrated ECD interventions for multisectoral ECD coordination

- Child Health and Nutrition Month
- Women and Child Protection Committees
- National Child Helpline "116"
- Use of Existing ECD Centres
- Using Existing Structures e.g. School clubs and Junior Councils
- Use of existing platforms and networks for GBV, Child marriage and girls empowerment
- Cultural celebrations platforms
- Media platforms
- Use of existing Life skills training to adolescents
- Fee free education policy
- In-service Teachers Training
- Availability of National strategy for inclusive education
- People living with disabilities committee

- Provided the following recommendations in terms of integrated ECD interventions for multisectoral ECD coordination
  - Packaging current programmes for sustainability
  - Training for the house help
  - Availability of playground
  - ECD Technical Guide to avoid high variations that are within existing ECD centres
  - Integrated ECD policy
  - Strengthen Psychosocial Support to pregnant women
  - CPD for ECD teachers/Caregivers
  - Locally available materials available at gender and children desk
  - Investing in digital technology
  - Government subsidies for ECD centres to align with fee free education policy
  - Change of community mind-set towards ECD
  - Prioritization on ECD-Gov. owned institutions, employment, etc.
  - Establish ECD courses in existing Teachers Colleges
  - Special Needs Education provided to service providers
  - National strategy for inclusive education to be implemented at all levels

6. Forum Closing

6.1 Closing Remarks by TECDEN

The closing remarks from the TECDEN Executive Director are summarised in 5 key points:

- One multisectoral ECD coordination structure
- ECD be a national Agenda
- National Multi –sectoral ECD Framework
- Multi Sectoral ECD Interim Committee to advise on way forward for implementation of the recommendations
- Using existing structures to inform the ECD Multisectoral coordination setup

6.2 Closing Remarks by CiC-TZ Country Director

Noted the close, interdependent and mutually reinforcing relationship between the different ECD domains for child development, including early stimulation, nutrition, early learning, health, and child protection, and that stakeholders' collaboration in interventions around these domains had not just started at the Forum but been recently revitalised through a series of discussions in the lead up to the Forum that involved representatives from the Government and Non State Actors. Recognised the MOHCDGEC Assistant Director for Parenting and Family Care Education who was part of the Task Team that organized the forum as co-chair working with TECDEN. Noted that if the collaboration was to be continued then we would be taking concrete steps for the wellbeing of our children and their future prosperity hence producing competent citizens, as an echo to the Permanent Secretary's earlier opening words.

Recognised the enormous success that had so far been realised under each of the domains which should be celebrated and not taken for granted, for example the Tanzania's achievement of MDG 4 in reducing by more than two-thirds under 5 child mortality rates; officially incorporating pre-primary education into fee-free basic education, and witnessing a surge in access to early learning with half a million additional children enrolling in pre-primary education in 2016; and even the trend of reduction of stunting gives cause for optimism with prevalence having reduced to 35% in 2015 from the extremely high point of 42% reported only five years earlier. While it is noted that significant challenges remain across all these examples given, however we must celebrate the progress being made.

Noted that the development of the country's children was a journey and that on the part of present stakeholders it did not mean that this Forum presented an end in itself, but only the beginning of revitalised dialogue to seek solutions to ensure the achievements were sustained. The forum was about the need to collaborate to ensure the survival and thriving of the country's children as this was only possible if stakeholders worked together, comparing the dependency across ECD domains with

our hands which have five fingers, each symbolising one of the five ECD domains: early stimulation, nutrition, health, child protection and early learning. If one was missing, we would still be able to hold on to something but not as effectively as we would with all the five fingers.

Noted further that Tanzania had a good history of collaboration and coordination of ECD interventions which had inspired similar coalitions and coordinated dialogues regionally, and yet over recent years Tanzania's multisectoral efforts specifically to holistic ECD had significantly declined. While at the same time there have been very strong examples of multisectoral coordination in areas relevant to ECD including nutrition and violence against children, from which valuable insights and potential approaches could be drawn from for effective ECD coordination. As such, and corroborated by wide stakeholder feedback in a situational analysis, hence the reason why ECD stakeholders saw the importance of revitalising multi-sectoral coordination in order to ensure that children accessed holistic ECD services, and that Tanzania was able to most efficiently use the available resources for maximum benefit of our children's development.

Reminded that various recommendations had been given and hence would form the starting point for the way forward with the host ministry giving guidance on the first steps to be taken. Emphasised that if all the country's children had equal opportunity to ECD services then they would present a crucial foundation in the country's efforts to achieve middle income status and sustained growth and equitable development.

6.3 Closing Remarks by Guest of Honour- Permanent Secretary MHCDGEC

Thanked participants for their participation that had led to various issues relating to ECD being presented and hence providing an opportunity for ECD service delivery improvements. Noted that when opening the forum various challenges related to ECD in the country were outlined some of which weaknesses related to coordination because of the lack of formal ECD coordination Structure. Another issue was the lack of ECD experts for ECD service delivery and knowledge at all levels and limited financing in ECD due to stakeholder's insufficient knowledge on ECD.

Other key issues raised in the closing remarks included the need for stakeholders:

- To work collaboratively in ECD delivery.
- To align their plans/budget with those of districts/ LGAs
- To use existing structures to achieve intended objectives
- To involve Religious Leaders in multi-sectoral coordination.
- To invest more in ECD, and leverage off the greater impact that can be achieved by maximising complementarities across different ECD domains
- To continue with the process of identifying ECD stakeholders and interventions
- To involve profit making companies

Informed that he was aware the Forum had made recommendations on how important steps could be taken to more effectively coordinate multisectoral planning and delivery of ECD services in the country, and promised that the Ministry would work on the recommendations at technical Management meetings which would also involve ECD stakeholders in the country. The Ministry in collaboration with the other Ministries and Institutions that implement ECD interventions in the country, would look to use the opportunity of domesticating the recently launched global Nurturing Care Framework to ensure that Tanzania developed its own costed National Multisectoral ECD Plan.

Called upon stakeholders to continue learning from outside but warned that they should not copy and paste instead they should ensure whatever was borrowed was contextualised as needed.

"Let's continue talking about ECD. Let it be like the Uhuru Torch"

Annex 1: Forum Timetable

Tanzania National ECD Stakeholders Forum
Dodoma, 3-4 December 2018
Provisional Timetable - Day One

Sessions Chairs:

- Permanent Secretary-MOHCDGEC
- Chairperson-TECDEN

Time	Agenda	Responsible
DAY ONE THEME: THE EVIDENCE AND THE STATUS		
Arrivals and Registration		
07:30 – 08:30	Registration	All
08:30 – 09:00	Convene in Conference Venue	All
Opening Sessions		
09:00 – 09:10	Introductions and overview of timetable	MOHCDGEC/TECDEN
09:10 – 09:20	Opening Remarks	CDD
09:20 – 09:30	TECDEN opening Remarks	TECDEN Executive Director
09:30 – 09:35	Welcoming GOH to speak	CDD
09:35 - 10:00	Guest of Honour words and official opening	MOHCDGEC PS
Presenting the Evidence		
10:00 – 11:00	Advancing ECD: From Science to Scale (Lancet Series 2016)	UNICEF
11:00 – 11:30	**Tea Break**	
Status Snapshot: Where We are Now		
11:30 – 13:00	**Health and Nutrition**	Moderator - *AD-RCHS*
11:30 – 12:00	• Under Five Health overview	*RCHS - ECD Focal Person*
12:00 – 12:30	• Nutrition in the first 1,000 days	TFNC
12:30 – 13:00	Plenary clarifications provided by Panel	Moderator
13:00 – 14:00	**Lunch**	
14:00 – 15:30	**Responsive Caregiving and Security & Safety**	Moderator - *CSW*
14:00 – 14:20	• Care for Childhood Development	*RCHS - ECD Focal Person*
14:20 – 14:40	• Parenting and Family Care Strategy	MOHCDGEC - *AD-PFCE*
14:40 – 15:00	• Status of the NPA-VAWC (focus on children)	MOHCDGEC – *DPP*
15:00 – 15:30	Plenary clarifications provided by Panel	Moderator
15:30 - 17:00	**Early Learning**	Moderator – *MOEST Commissioner*
15:30 – 15:50	• Childcare Provision overview	MOHCDGEC – DSW
15:50 – 16:10	• Key trends in PPE implementation	PORALG - *AD-PPE/PE*
16:10 – 16:30	• Key trends in 3Rs implementation (Std 1-2)	MOEST – *Director Basic Education*
16:30 – 17:00	Plenary clarifications provided by Panel	Moderator

DAY 2

Time	Agenda	Responsible
	DAY TWO THEME: PLANNING TO TAKE ECD TO SCALE	
Arrivals, Registration and Recap		
07:30 – 08:30	Registration	All
08:30 – 09:00	Convene, Recap and Introduction to the Day	All
09:00 – 10:30	**An Overview of the NCF**	Moderator - CDD
09:00 – 09:30	• Presenting the Nurturing Care Framework (NCF), including draft Action Plan	WHO *Dr. Nemes Iriya*
09:30 – 10:00	• Panellist discussion on significance of NCF	*Grace Mwangwa (MOHCDGEC) Elizabeth Macha (UNICEF), Josie Ferla EGPAF*
10:00 – 10:20	**Tea Break**	
10:20 – 16:00	***Informing the way forward for multisectoral coordination of ECD in Tanzania***	Moderator: *PMO (Director Gov Business)*
10:20 – 10:50	• A brief History of ECD multisectoral coordination in Tanzania	MOHCDGEC (DPP) / TECDEN
10:50 – 11:20	• Experience of multisectoral coordination at national-level (NMNAP, NPA-VAWC)	PMO - *Assist. Director, Coordination Gov Business*
11:20 – 11:40	• Experience of multisectoral coordination at LGA-level (nutrition, ECD)	PORALG – Assist. Director, Health, Nutrition, and Social Welfare
11:40 – 12:00	• Comparative Experience in ECD multisectoral coordination from the region	AFECN
12:00 – 12:20	• Plenary brief discussion on ECD coordination experience	Moderator
12:20 – 12:30	Organise into groups, and introduce key themes	Moderators*:* *Mwajuma Magwiza (CDD)* *Agripina Habicht (ECD Dialogue Consultant)*
12:30 – 13:30	<u>Group Work</u>: • How can Past Experience inform ECD dialogue and coordination processes going forward? • How can we draw on comparative experience nationally and sub nationally in multisectoral coordination to inform multisectoral coordination of ECD going forward? • Outline Opportunities for Integrated Interventions that can be taken to scale for effective multisectoral ECD delivery	Moderators *Group facilitators will need to be prepared in advance for group work facilitation so as to reach clear recommendations*
13:30 – 14:30	**Lunch**	
14:30 – 16:00	<u>Plenary:</u>	Moderator

Time	Agenda	Responsible
	Discussion of Group Work Recommendations to Inform Way Forward for Multisectoral Coordination of ECD	
16:00 – 17:00	**Official Close**	
16:00 – 16:15	Summarising Recommendations arising from ECD Stakeholders Forum	TECDEN *Executive Director*
16:15 – 16:25	Word of appreciation on part of stakeholders	*ECD Taskteam*
16:25 – 16:30	Welcoming the Guest of Honour	MOHCDGEC - *CDD*
16:30 – 17:00	Guest of Honour words and official close	MOHCDGEC - *PS Health*
19:00 – 21:00	ECD Stakeholders Cocktail	MOHCDGEC / TECDEN

Annex 2: Draft NCF Implementation Plan for URT

Concrete activities	Responsible unit	Timeline and completion date	Link to strategic action area in the NCF	Work plan linkage (government and/or partner)
Priority area: LEAD AND INVEST				
Convene ECD stakeholder's forum	MOHCDGEC	End of November 2018	1	Government and partners plan
Convene multi sectoral working group	MOHCDGEC	End of January 2019	1	Government and partners plan
Convene ECD technical working group	MOHCDGEC	End of January 2019	1	Government and partners plan
Convene ECD Implementing partners meeting	MOHCDGEC	End of February 2019	1	Government and partners plan
Develop a multi sectoral ECD action plan (stating a clear age group)	MOHCDGEC	End of March 2019	1	Government and partners plan
Conduct advocacy NC framework (parliamentarians, Professional associations, Regional local authorities	MOHCDGEC	continuous	1	Government and partners plan
Priority area: FOCUS ON FAMILIES AND THEIR COMMUNITIES				
Conducting an assessment to identify positive parenting practices, voices, beliefs and needs (Identify best practices and local champions in ongoing programs on nurturing care)	MOHCDGEC	End of September 2019	2	Government and partners plan
Conduct organization review of Tanzania ECD network to strengthen its capacity to implement ECD activities	MOHCDGEC	End of December 2018	2	Government and partners plan
Reviewing existing sectoral communication strategies to strengthening NC component	MOHCDGEC	End of December 2019	2	Government and partners plan
Priority area: STRENGTHERN SERVICES				
To reviewing existing sectoral strategies, identify opportunities of strengthening NC component	All sectoral department	End of September 2019	3	Government and partners plan

Concrete activities	Responsible unit	Timeline and completion date	Link to strategic action area in the NCF	Work plan linkage (government and/or partner)
To reviewing existing intervention within sectors to identify opportunities of strengthening NC component	All sectoral ministries	ongoing	3	Government and partners plan
To review in service, preservice and community training package to strengthen NC component	All sectoral ministries	ongoing	3	Government and partners plan
Priority area: MONITOR PROGRESS				
Identify indicators for tracking progress in early learning, responsive caregiving and protection	All sectoral Ministries	End June 2019	4	Government and partners plan
Update routine health, community, social welfare and education information systems to include ECD indicators	All Sectoral Ministries	End of June 2019	4	Government and partners plan
Priority area: USE DATA AND INNOVATION				
To constitute an ECD technical research team in order to coordinate and build capacity for local research and dissemination	MOHCDGEC and academic institution	May 2019 and ongoing	5	

Annex 3: List of Participants Names

S/N	NAME	POSITION	ORGANIZATION
Government Participants			
1.	John Jingu	Permanent Secretary	MOHCDGEC
2.	Patrick Golwike	Director CD	MOHCDGEC
3.	Mwajuma Magwiza	Ag. Director- CDD	MOHCDGEC
4.	Dr. Naftali Ng'ondi	Commissioner SW	MOHCDGEC
5.	Rabikira O. Mushi	Ass. Com SW	MOHCDGEC
6.	Miriam Luka	SSWO	MOHCDGEC
7.	Cristina Ngowi	PCDO	MOHCDEGEC
8.	Emmanuel Burton	SCDO	MOHCDEGEC
9.	Mary A. Mang'enya	P.O. RCHS	MOHCDEGEC
10.	Grace Mwangwa	Ass Director - family	MOHCDEGEC
11.	Sete Ojwando	Economist	MOHCDGEC
12.	Happy Msimbe	LO	MOHCDGEC
13.	Lilian Makyao	SSEO	MOHCDGEC
14.	Raymond Mushumbusi	Information Officer	MOHCDGEC
15.	Sebastian Kitiku	Ass. Director	MOHCDGEC
16.	Erasto Ching'olro	HGLU	MOHCDGEC
17.	Mathias Haule	SCDO	MOHCDGEC
18.	Zamda mamulya	P. Secretary	MOHCDGEC
19.	Hilda Mkandawire	PEO	MoEST
20.	Joel A. Mwamasangula	Ag. DPE	MoEST
21.	Paulina K. Mkonongo	Ag. Comm. Education	MoEST
22.	Adamson Shimbatano	Ag. Ass. Director CSNE	MoEST
23.	Oscar Msalila	PEO	MoEST
24.	Asha H. Salmin	Nutritionist	MoH - ZNZ
25.	Maryam J. Bakari	Child Health Co	MoH - ZNZ
26.	Shabani A. Muhali	SWO	PORALG
27.	Rasheed H. Maftah	Asst. Director	PORALG
28.	Dr. George Jidamva	Asst. Director	PORALG
29.	Borase Chibuda	ECO	PORALG
30.	Oliver Njogopa	SWO	PMO
31.	Happiness Mugyabuso	Economist	PMO
32.	Asanterabi C. Sang'enoi	Ass. Director	PMO
33.	Medina Wandella	SRO – Nutrition	TFNC
34.	Sikitu Simon	Ag. Director NET	TFNC
35.	Ruth Mkopi	SRO-Nutrition	TFNC
36.	Sarah I Kiunsi	Curriculum Developer	TIE

S/N	NAME	POSITION	ORGANIZATION
Development Partners			
37.	Dr. Iriya Nemes	Prog Officer	WHO
38.	Dr. john Lusingu	Ed. Advisor	DFID
39.	Sunday John	P. Officer	DFID
40.	Kyaw Aung	Health	UNICEF
41.	Tuzie Edwin	U. Officer	UNICEF
42.	Hafsa Khalfani	HIV/AIDS	UNICEF
43.	Jackeline Namfua	Child Protection	UNICEF
44.	Cliodhna Ryan	Education	UNICEF
45.	Audax Tibuhinda	Edu. Specialist	UNICEF
International NGOs			
46.	Craig Ferla	Country Director	CIC-TZ
47.	Heri Ayubu	Program Manager	CIC-TZ
48.	Frank Samson	Project Coordinator	CIC-TZ
49.	Davis Gisuka	Tech Coordinator	CIC-TZ
50.	Chiku Lweno	Advocacy + Partnership	CIC-TZ
51.	Agripina Habicht (AECCO Consulting)	Consultant- ECD Dialogue	CIC-TZ
52.	Gloria Genes	Finance & Admin	CIC-TZ
53.	Amani Msumari	Education Advisor	AKF
54.	Sarah Wragg	Edu Coordinator	IRC
55.	Eric Kilala	T. Lead Specialist	EQUIP-T
56.	Charles Fungo	TA. ECD	CRS
57.	Magdalena Mtoni	Nutritionist	Pact Tanzania
58.	Farasi Godlove	PFO	CUAMM
59.	Laura Mrukwamba	RLS	EQUP-T
60.	Josephine Ferla	ECD Senior Manager	EGPAF
61.	Suzan D. Bipa	Program manager	BRAC Maendeleo
62.	Ramadhan J. Ismail	ECD Trainer	BRAC Maendeleo
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65.	Bundala Ng'wandu	Regional CC	PCI
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67.	Veronica Censi	P. Manager	CUAMM
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69.	Tumsifu Mmari	Head of Education	Plan International
70.	Creptone Madunda	Program Officer	ADD International
71.	Sue Wiebe	P.M. Education	AKF
72.	Alexa du Plessis	Partnership	HDIF
73.	Emily Weiss	PM – ECD	Save the Children

S/N	NAME	POSITION	ORGANIZATION
74.	Joseph Kol Mugyabuso	Reg. Nut. Cord	IMA World Health
75.	Rose Tesha	CD	ADD International
76.	Johan Bentinch	National Coordinator	EQUIP-T
77.	Christina Bwana	CPO	Ubongo Kids
78.	Flora Nyagawa	Tech Manager	Pact Tanzania
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79.	Bruno Ghumpi	Executive Director	TECDEN
80.	Andrew Nkunga	P. Officer	TECDEN
81.	Merina Maneno	P. Officer	TECDEN
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84.	Ngunga Tepani	Executive Director	TANGO
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86.	Eric S. Guga	Coordinator	TCRF
87.	Arcard Rutajwaha	Regional Coordinator	AfCEN
88.	Alice Kabwe	Program Manager	AfCEN
89.	Happiness Mchomvu	Lead Child care	Diligent
90.	Obeid Mwangwa	Director	Goldian Day Care Centre
National/Local NGOs			
91.	Mohamed Nkinde	Board Chair	TECDEN
92.	Patrice Gwasma	Board Member	TECDEN
93.	Christopher Peter	Project Coordinator	CDO
94.	Suleiman M. Said	Board Member	TECDEN
95.	Neema Nkotagu	Sen. P.O	COUNSENUTH
96.	Sr Dorosella Malingumu	Vice Principal	Montessori
97.	Felistas Kalomo	ED	CDO
98.	Revocatus Sono	Program Manager	Amani Girls Home
99.	Seleman Idrisa	Director	KADOSED
100.	Bhoke Erasto	Assistant	KADOSED
101.	Mary Kabati	Director of Program	TAHEA Mwanza
102.	Damas Joachim	ECD PC	TAHEA Mwanza
103.	Sarah C. Daniel	Comm. Officer	Amani Girls Home
104.	Hamis A Said	Director	Madrassa ECD
105.	Clarence Mwinuka	Consultant	Data Vision Int
106.	Fatuma Kamramba	Chl Managers	C-Sema
107.	Patrick Ngowi	Consultant	Data Vison Int
108.	Godwin E. Mongi	P. Manager	PDF
109.	Godfrey Bonaventura	Head of program	HakiElimu
110.	Saulo Malauri	Director	MHOLA
111.	Kachocho Timanywa	ED	Tumaini Letu

S/N	NAME	POSITION	ORGANIZATION
112.	Amani Lukumay	ED	Maarifa ni Ufunguo
113.	Claudia Mtui	Head Teacher	Smart Kids
Universities			
114.	Richard Shukia	Lecturer/Researcher	UDSM
115.	Ignasia Mligo	Lecturer/Researcher	UDOM
116.	Daphina L. Mabagala	Lecturer/Researcher	OUT
117.	Theresia J. Shavega	Lecturer/Researcher	OUT
118.	Nipaeli Mrutu	Lecturer/Researcher	AKU – IED – EA
119.	Fortidas Bakuza	Lecturer/Researcher	AKU – IED – EA
120.	Euginia Kafanabo	Dean School of Education	UDSM
Individuals			
121.	Elizabeth Macha	ECD Specialist	Independent Consultant
122.	Loserian Sangale	ECD Specialist	Independent Consultant
Media			
123.	Ernest Erick	Journalist	AFM
124.	Twaha Kivale	Journalist	Star TV
125.	Sharon Sauwa	Journalist	Mwananchi
126.	Khalfan Binde	Journalist	TBC
127.	Michael Msombe	Journalist	Ayo Tv
128.	Mohamed Zenswa	Journalist	Global Tv
129.	Joyce Mwakalinga	Journalist	Star Tv

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TECDEN	unicef
UKaid from the British people	Better Way FOUNDATION