UNITED REPUBLIC OF TANZANIA

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

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

DECEMBER 2021

FOREWORD

Globally there are about 250 million children under five years in low-income and middle-income countries who are at risk of not reaching their developmental potential. Moreover, almost two-thirds (66%) of all children under the age of five in sub-Saharan Africa are at high risk of not reaching their developmental potential due to lack of nurturing care, poverty, malnutrition, and other socioeconomic disadvantages. To date, the development of young children has been neglected in favor of an emphasis on survival, despite the early years presenting a critical developmental window in the life-cycle of human capital. Furthermore, lost opportunities in early childhood can result in developmental deficits that perpetuate through the generations. There are global efforts and momentum in addressing early childhood development with different frameworks and guidelines targeting comprehensive interventions designed to support the achievement of the Sustainable Development Goals (SDGs). Predominant among these is the Nurturing Care Framework launched by WHO in 2018 that has a vision of "a world in which every child is able to develop to their full potential and no child is left behind". This framework provides a timely strategic guide to national governments to invest in young children's holistic development.

Tanzania is among those Low Middle Income Countries where 43% of children are at risk of not achieving their full potential for growth and development given critical risk factors including malnutrition, poverty, food insecurity, family stress, low quality resources, and child neglect and abuse. Limited interaction between the youngest children and their caregivers is compounded by a lack of comprehensive parenting initiatives. Nurturing Care programmes in Tanzania need to be given renewed priority and focus since many existing interventions are fragmented and uncoordinated, conducted as part of sectoral programmes or research interventions by partners, targeting only certain age groups, and implemented at small scale.

Inspired by the Nurturing Care Framework, the Tanzanian Government together with the support of multiple stakeholders has developed this National Multi-sectoral Early Childhood Development Programme 2021/22-2025/26 (NM-ECDP) that focuses on addressing the holistic developmental needs of children aged 0 – 8 years. The NM-ECDP complements the National Five Year Development Plan 2021/22-2025/26 by recognizing that children who do not reach their full potential is a developmental challenge and a threat to national socio-economic goals, including the efforts to build on the middle income country status.

To this end, the NM-ECDP directly invests in Tanzania's human development capital through accelerating early childhood development gains by enhancing the multi-sectoral approach to young children's nurturing care, considering the five components of: Good health of a child and caregiver; Adequate nutrition from pregnancy; Responsive caregiving; Opportunities for early learning; and the Security and Safety of our children. The NM-ECDP should be viewed as one comprehensive programme, with the combined effect of all interventions delivering a positive impact on nurturing care to be felt beyond the five-year implementation period given the vision that states ***"All children in Tanzania are developmentally on track to develop to their full potential".***

All stakeholder efforts and resources need to be devoted towards ensuring that the identified interventions are timely and effectively implemented.Development partners are called on to support the programme's vision by ensuring alignment with the prioritized activities and working closely with the Government. The allocation of adequate resources, both financial and in human capital, will be critical for the success of the NM-ECDP, and ultimately for the aspired developmental vision for all Tanzania's children.

Hon. Kassim Majaliwa Majaliwa (MP)
Prime Minister

ACKNOWLEDGEMENT

The development of the National Multisectoral Early Childhood Development Programme (NM-ECDP) has been an expansive multisectoral consultation process that brought together multiple stakeholders across government, development partners, and non-government organisations.

I would like to acknowledge the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), who realized the need for immediate action on accelerating Early Childhood Development gains and called for the development of this multisectoral programme. The management team under the leadership of the Permanent Secretary has marshalled the development of a roadmap process that brought together a wide community of stakeholders to identify and prioritise early childhood needs and collectively aspire to a visionary impact that "All children in Tanzania are developmentally on track to develop to their full potential'.

The development of the NM-ECDP was coordinated by a Task Force that brought together technical and management personnel from across different government ministries, departments and agencies as well as non-government stakeholders including development partners. Members of the Task Force were critical in pushing the vision of the NM-ECDP in their respective ministries and organizations.

I would like to acknowledge the significant contribution of the MoHCDGEC – Community Development, for chairing the Task Force and coordinating all aspects of the document development. Government Task Force members were drawn from the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Ministry of Education, Science and Technology (MoEST), President's Office -Regional Administration and Local Government (PO-RALG), Prime Minister's Office – Policy, Coordination Parliamentary Affairs, Labour, Youth, Employment and Persons with Disability (PMO-PCPLYED), Ministry of Finance and Planning (MoFP), Ministry of Home Affairs (MoHA), the Tanzania Food and Nutrition Centre (TFNC), and the University of Dodoma. I also acknowledge the significant role played by UN Agencies including UNICEF, WHO and UNESCO for their technical support and financial contribution toward development of this programme.

I would like to acknowledge the Tanzania Early Childhood Development Network (TECDEN) who performed their role effectively as co-chair to the Task Force facilitating the participation of non-government stakeholders. I take this opportunity to particularly acknowledge Children in Crossfire (CiC), Save the Children, Doctors with Africa (CUAMM), Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), BRAC Maendeleo, Catholic Relief Services (CRS), Aga Khan Foundation, Plan International, International Rescue Committee, Bright Jamii Initiative, Amani Girls Home, ADD Tanzania, Compassion International, SOS Children Village Tanzania and World Vision for their endless technical, administrative and financial support from the beginning to the end of the development of this programme.

Last but not least, I would like to acknowledge the African Early Childhood Network – Nairobi, Kenya (AfECN) that was commissioned to provide the lead consultancy facilitation of the NM-ECDP development process led by Tanzanian experts namely Josephine Ferla (Lead consultant) in collaboration with Elizabeth Macha and Arcard Rutajwaha and team from Kenya namely Lynette Okengo, Robina Omosa and George Owino.

I acknowledge that this process stretches back to the National ECD Stakeholders Forum conducted in 2018 through to the point the NM-ECDP is now ready for implementation. It is the culmination of a unique collaboration of stakeholders across Government, development partners and non-governmental organisations who have pooled together their energies, mandates, technical and financial resources, to develop this programme. I now call on this same spirit of collaboration and collective determination across all stakeholders to effectively implement the programme and deliver on its impact that we aspire to see of "All children in Tanzania are developmentally on track to develop to their full potential'

Hon. Dr. Dorothy O. Gwajima (MP)
Minister of Health, Community Development, Gender, Elderly and Children

STATEMENT OF COMMITMENT

We, the Permanent Secretaries from the Line Ministries forming the National Steering Committee (NSC) which is the highest governing body for the National Multisectoral Early Childhood Development Program (NM-ECDP), recognize that Early Childhood Development is essential for ensuring all children's needs receive serious attention and the requisite investment so that they can grow to their full potential and become well-developed human beings and competent human capital for contributing to our country's development in the near future;

We are confident that this NM-ECDP translates effectively the existing National policies and guidelines on Early Childhood Development (ECD) and related aspects of nurturing care into an evidence-based strategic action plan that also contextualizes adoption of the global Sustainable Development Goals (SDGs) and relevant regional ECD strategies that Tanzania is a state party to;

We accept that it is possible to make significant progress in addressing the holistic developmental needs of children aged 0-8 including vulnerable children and those living with disability as an important step towards consolidating and building on Tanzania's middle-income country status by 2025;

THEREFORE, THROUGH OUR SIGNATURES ATTACHED HERE TO, WE COMMIT OURSELVES TO THE FOLLOWING:

We shall take practical steps to ensure our sector policies, strategies, programmes, and budgets are sensitive to the needs of young children in their early childhood;
We shall actively participate in the coordination, implementation and reporting of the NM-ECDP through the National Steering Committee; and
We shall take the necessary leadership in the implementation of the key interventions that our sectors have been assigned by the NM-ECDP.

Dr. John K. Jingu
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ABBREVIATIONS/ACRONYMS

AfECN	Africa Early Childhood Development Network
CCD	Care for Child Development
CHMTs	Council Health Management Teams
CHWs	Community Health Workers
CiC	Children in Crossfire
COMPACT	An agreement signed by LGAs to monitor selected nutrition indicators in NMNAP
COVID-19	Corona Virus Disease -19
CREDI	Caregiver Reported ECD Index
CSOs	Civil Society Organizations
DHMIS	District Health Management Information System
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECDAN	Early Childhood Development Action Network
ECE	Early Childhood Education
EFFECTS	Engaging Fathers for Effective Child Nutrition
ESAR UNICEF	Eastern and Southern Africa Region – UNICEF
ESDP	Education Sector Development Program
ETP	Education and Training Policy
FY	Fiscal Year
FYDP-III	Five Year Development Plan -III
GDP	Gross Domestic Product
GoT	Government of Tanzania
GPE	Global Partnership for Education
HIV	Human Immunodeficiency Virus
HSSP IV	Health Sector Strategic Plan IV
HR	Human Resource
IECD	Integrated Early Childhood Development
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation

MoEST	Ministry of Education, Science and Technology
MoFP	Ministry of Finance and Planning
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NCF	Nurturing Care Framework
NM-ECDP	National Multisectoral Early Childhood Development Program
NMNAP	National Multisectoral Nutrition Action Plan
NPA-VAWC	National Plan of Action to End Violence against Women and Children
PLAN REP	Planning and Reporting System
PMO	Prime Minister's Office
PMTCT	Prevention of Mother-To-Child Transmission
PO-RALG	President's Office-Regional Administration and Local Government
PPE	Pre-Primary Education
PSSN	Productive Social Safety Nets
RCH	Reproductive and Child Health
RITA	Registration, Insolvency and Trusteeship Agency
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDGs	Sustainable Development Goals 2015
SIDA	Swedish International Development Agency
SITAN	Situation Analysis
SWASH	School Water, Sanitation, and Hygiene
TASAF	Tanzania Social Action Fund
TDHS-MIS	Tanzania Demographic and Health Survey- Malaria Indicator Survey
TECDEN	Tanzania Early Childhood Development Network
TNNS	Tanzania National Nutrition Survey
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

KEY TERMINOLOGIES

Early Childhood Development (ECD)	In this context is a holistic and interconnected process of development across all nurturing care components, including physical, cognitive, linguistic, social, cultural and emotional capacities, where integrated and coordinated approaches to child development are the most effective approach to ensure children survive, thrive and grow to their full potential[1].
Good Health	Refers to the health and wellbeing of the child and caregivers.
Adequate Nutrition	Addresses the aspect of food safety and food security since pregnancy.
Responsive Caregiving	Refers to caregiver-child interactions and the ability to respond to cues, movements, sounds and verbal requests in order to attend to the child's individual needs such as illness, protection, learning, and forming bonding and attachment.
Opportunities for Eearly Learning	Emphasizes that learning begins from conception and continues through the continual interaction of the child, the caregiver and their surroundings to support the child to acquire skills and capacities.
Security and Safety	Ensures that children who are considered vulnerable are safe and secure from physical and emotional dangers that surround them.

1 Sophie Naudeau et al., (2011) Investing in Young Children: An Early Childhood Development Guide for Policy Dialogue and Project Preparation. World Bank.

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EXECUTIVE SUMMARY

Purpose of the NM-ECDP

According to National Population Projection from National Bureau of Statistics, Tanzania has approximately a total of 16,524,201 children (8,328,142 boys and 8,196,059 girls) aged 0 – 8 years (30% of overall population), meaning nearly one in three Tanzanians are of early childhood age. This large population of young children needs particular attention and significant investment in their human capital including addressing stunting and participating in quality early childhood care and education programmes so that they can grow to their full potential and become productive adults effectively contributing to Tanzania's growing economy as well as peaceful society.

Coordinated investment across the ***five components of Nurturing Care,*** namely *Good Health, Adequate Nutrition, Responsive Caregiving, Opportunities for Early Learning, and Security and Safety,* together will accelerate early childhood development gains by enhancing the multi-sectoral approach to young children's nurturing care. As well as supporting children to reach their developmental potential, there is strong economic incentive given that for every US$1 spent on ECD interventions there is a higher return estimated at up to US$17.

The National Multi-sectoral Early Childhood Development Programme (NM – ECDP) spanning 2021/22 to 2025/26 seeks to accelerate early childhood development gains by enhancing the multi-sectoral approach to young children's nurturing care. This programme supports a coordinated approach putting into action various laws and policies relevant to ECD including the *Law of the Child Act (2009), Child Development Policy (2008), Education and Training Policy (2014), and Health Policy (2007),* to address the holistic developmental needs of children aged 0 – 8 years. The Programme calls upon all key government actors across the relevant sectors, development partners and civil society organizations to work together to ensure all children (aged 0–8 years) in Tanzania experience nurturing care, thrive and achieve their developmental potential.

The NM-ECDP recognizes the work of existing national programmes that take a multi-sectoral approach to key aspects of child development and looks to leverage on these programmes including the National Multi-sectoral Nutrition Action Plan II (NMNAP II 2021/22-2025/26) and the National Plan of Action to End Violence against Women and Children (NPA-VAWC 2017/18-2021/22). In addition, the NM-ECDP is guided by the third National Five-Year Development Plan (FYDP - III) 2021/22 - 2025/26 which focuses on "Realising Competitiveness and Industrialisation for Human Development". The NM-ECDP is fundamentally aligned to this national development plan by the fact that it focuses on investing in human development from the early years (starting with conception) to develop the strongest foundation for a child to become a healthy, responsible and productive adult, who will in turn effectively contribute to Tanzania's development.

Programme focus on the unmet needs of children aged 0 – 8 years

The NM-ECDP is responding to specific needs identified during conducting of a situation analysis for children of 0-8 years in Tanzania. The main gaps pointed to the inadequate provision of coordinated, appropriate, quality, and comprehensive nurturing care services across the country reaching children aged 0-8 years. There is inequality of services for children in urban vs rural, girls vs boys, poor vs wealthy, and children with disabilities and other vulnerabilities. The conceptual framework developed for this programme aims at addressing the needs of Tanzanian children inclusively while promoting their development through a multi-sectoral approach informed by national and global evidence in relation to Early Childhood Development. The framework views the development of young children as an outcome of interventions involving engagement of multiple sectors. The interventions are delivered within a context of nurturing care for young children and embraces key components of health, nutrition, opportunities for early learning, responsive caregiving, and safety and security, using existing structures and

systems in the country.

The development of the NM-ECDP has been guided by a blend of the Theory of Change (TOC) and the logical framework approaches. The theory of change is the visual mapping of the pathways toward achieving the desired change.

The overall impact that the NM-ECDP expects to see by the end of the five-year implementation period is that "All children in Tanzania are developmentally on track to develop to their full potential." This desired change will be measured based on impact level indicators which have been adapted from national level and global goals, indicators and targets built around the various sectoral plans and sustainable development goals (SDGs) respectively.

The NM-ECDP has prioritized and aims to address four conditions of change (expected outcomes) which will contribute to the desired impact. The four long-term outcomes are: -

i. ***Improved Enabling Environment that*** will support actors across sectors to provide holistic services to young children through: *Strengthening ECD Advocacy* at all levels to increase commitment and access to nurturing care services, *Strengthened Multi-sectoral Coordination, and Developing/ reviewing Policies, Guidelines, Curricula and training manuals* to include all Nurturing Care components.
ii. ***Strengthened Service Delivery and Quality Assurance Systems*** to ensure quality and effective nurturing care reaching all children aged 0-8 of Tanzania. This will include capacitating relevant workforce so they provide quality nurturing care services; the presence of a robust M&E system, supported by bidirectional referral system; and the effective use of data to inform provision of quality nurturing care services;
iii. ***Increased Access to Quality Coordinated Nurturing Care Services*** to ensure these services are provided in a coordinated manner in order to bring desired change. These services include increased access to: quality responsive caregiving, opportunities for early learning, quality health services, adequate and appropriate nutrition services, and security and safety (child protection) services; and,
iv. ***Caregivers, families and communities empowered to adopt practices of nurturing care for young children aged 0-8 years.*** Families and communities need to be empowered to understand and act on the importance of investing in young children early for their children's future foundation.

Targets for monitoring NM-ECDP

The NM-ECDP will be monitored through planned targets aligned with the Nurturing Care Framework and globally agreed ECD indicators captured in the monitoring framework for the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health that Tanzania is committed to report against by 2030. The NM-ECDP Results Framework has 4 impact indicators and 31 outcome indicators to be measured and reported against at midline (2023/24) and endline stages (2025/26).

Multisectoral nature of the NM-ECDP

The NM-ECDP is a multisectoral programme guided by the principles of the Nurturing Care Framework in provision of nurturing care services to all young children. Underpinned by a strong evidence base, the framework provides proven integrated and context appropriate approaches to address nurturing care needs with high impact expected results. The Multi-sectoral approach involves multiple sectors (health, nutrition, education, social protection, and WASH); through working at all levels (National, Regional, Council, Ward and Village/Street level); and working in collaboration with multiple stakeholders (Government, development partners – UN/multi-laterals/bilaterals, NGOs, CSOs, academia, and the private sector). The Implementation of the NM-ECDP is led by guiding principles lifted from the Nurturing Care Framework, namely: ***The Child's right to survive and thrive,*** focusing on ensuring that children's rights are recognized and executed; ***Leave No Child Behind***, to ensure inclusive services reaching all children of 0 – 8 years; ***Family Centred Care***, aiming at reaching the whole family in order to support the needs of the child; ***A Whole of Government Action***, focusing on all nurturing care related sectors working in a systematic, coordinated, and multi-sectoral manner so as to ensure effective provision of access and quality of services; and, ***A Whole of Society Approach,*** which involves full participation of the whole society including government, civil society, academic institutions, private sectors, families, and any other ECD actors.

Risks analysis is an essential element of any planning process. The NM–ECDP has a Risk Management structure which has analysed potential risks and proposed a mitigation plan based on the four programme outcomes. Each identified risk has its proposed mitigation strategy.

Leadership and management of the NM-ECDP

The Prime Minister's Office (PMO) will lead and coordinate the overall NM-ECDP, providing oversight to ensure that ECD is given priority particularly responsive care and opportunities for early learning components by integration in all possible and relevant programmes. Integration of Nurturing care components in the existing High-Level Steering Committee on Nutrition and relevant Technical Working Groups will be done to avoid overlaps. Ministries, Departments and Agencies (MDAs) will ensure ECD components are reflected in their relevant policies, strategies, programmes, and regulations and guidelines; and allocate adequate resources to implement their relevant parts of the NM-ECDP. Implementation of the NM-ECDP at subnational level will be under respective sectors but monitoring and coordination will be integrated in the existing forums and structures at all levels in LGAs. In line with its mandate, the President's Office - Regional Administration and Local Government (PORALG) will ensure coordination, supervision, monitoring and evaluation are conducted at the regional and local government authorities. In collaboration with relevant actors, the MoHCDGEC – Principle Department of Community Development in collaboration with PORALG will monitor, advocate and ensure resources are mobilized, and provide overall strategic technical leadership and support to the Government and all sectors and actors identified in this NM-ECDP.

Monitoring and evaluation of the NM-ECDP

The Results Framework will be used as the overall framework to monitor the NM-ECDP (see appendix 4). Specific monitoring and evaluation milestones will be assessed through:

i. An Integrated ECD database in the form of a Dashboard to track the Minimum Set of Nurturing Care Indicators taken from existing sectoral Management Information Systems will be developed. Routine data will be captured through existing systems including DHIS2 and BEST, while new indicators on responsive caregiving and opportunities for early learning will be incorporated into these existing databases.

ii. High-level Annual Joint Multi-sectoral ECD Program Review Meetings to be informed by NM-ECDP progress as reported from village to national level.

iii. Mid Term Review will be conducted at the mid-point of the programme implementation (2023/24) in order to review program progress against the indicators developed. A specific programme review study will be commissioned.

iv. Endline Evaluation of the NM-ECDP will be conducted in 2025/26 which will also be informed by the concurrent Tanzania Demographic and Health Survey (2025/26).

Cost of implementation of the NM-ECDP

The NM-ECDP has action plans developed across the four long-term outcomes which show financial projections for all activities throughout the duration of the five-year programme. The total approximated budget for the implementation of the NM-ECDP is TShs. 914,991,351,636. The budget was developed such that 76 percent of it will target activities to address the increased access to quality and coordinated ECD services. The remaining 24% of the budget goes towards supporting an enabling environment, systems strengthening, and creating awareness to caregivers/ communities towards the adoption of nurturing care practices.

Organization of the NM-ECDP document

The NM-ECDP is organized in nine strategic chapters with five appendices:

Chapter 1: Introduces the programme with definition of key terms, justification of the programme, and linkage with existing national programmes and the Five-Year National Development Plan III (FYDP-III).

Chapter 2: Summarizes situation of children aged 0-8 years in Tanzania focusing on the five components of Nurturing Care (health, nutrition, responsive caregiving, early learning, and security and safety). The chapter identifies gaps and strategic opportunities for the programme to focus on.

Chapter 3: Provides the conceptual framework for the NM-ECDP describing the rationale and pathways for the different proposed activities to reach the desired change.

Chapter 4: Indicates the expected high level key results of the NM-ECDP, the key targets and the key strategies.

Chapter 5: Provides the costing overview of the NM-ECDP with specific cost breakdowns across each of the four long-term outcomes.

Chapter 6: Describes governance and management of the NM-ECDP with an overview, illustration of the leadership, management and coordination structure, identification of key actors, their roles and responsibilities, and the Human Resources and Institutional Capacity requirements.

Chapter 7: Provides an overview of the Monitoring, Evaluation, Accountability and Learning (MEAL) framework, introducing the expected common results, resources and accountability framework. The chapter also outlines the process to be taken in monitoring, reviewing and evaluating the NM-ECDP. Learning and operational researches will also be incorporated to inform the programme.

Chapter 8: Outlines the strategic investment plan for the NM-ECDP, analyzing existing costs and the funding gap. The chapter also shares a resources mobilization plan.

Chapter 9: Identifies potential programme risks and proposes mitigation measures.

The accompanying appendices are made up of:

Appendix 1: Detailed NM-ECDP Implementation Plan
Appendix 2: Detailed NM-ECDP Activities Description
Appendix 3: Detailed NM-ECDP Costing Plan
Appendix 4: Detailed NM-ECDP Results Framework
Appendix 5: Detailed Risk Analysis

CHAPTER 1: INTRODUCTION

1.1 Overview

The National Multi-sectoral Early Childhood Development Program (NM-ECDP) that spans over a five-year period from 2021/22 to 2025/26 (Implementation Plan Appendix I) seeks to accelerate early childhood development gains by enhancing the multi-sectoral approach to young children's nurturing care. The NM-ECDP supports a coordinated approach putting into action various laws and policies relevant to ECD including the Law of the Child Act (2009), Child Development Policy (2008), Education and Training Policy (2014), and Health Policy (2007) to address the holistic developmental needs of children aged 0 – 8 years. The Programme calls upon all key government actors across the relevant sectors, development partners and civil society organizations to work together to ensure all children (aged 0–8 years) in Tanzania experience nurturing care, thrive and achieve their developmental potential. The NM-ECDP recognizes the work of existing national programmes that take a multi-sectoral approach to key aspects of child development, including the National Multi-sectoral Nutrition Action Plan II (NMNAP II – 2021/22-2025/26) and the National Plan of Action to End Violence against Women and Children (NPA-VAWC 2017/18-2021/22). The NM-ECD Programme will complement these existing national programmes by strengthening identified opportunities and responding to gaps so as to promote the provision of comprehensive ECD services to all children (aged 0–8 years) in Tanzania.

1.2 NM-ECDP alignment with Global Nurturing Care Framework

The approach is further informed by the recently launched global Nurturing Care Framework (2018) that proposes holistic and inclusive approaches to ensure all children and families including those with various needs such as HIV, girls and boys, malnourished, disabled, poor families, and children in institutional care and humanitarian settings, are also reached with specified and adequate services. The framework identifies existing platforms and services including the universal health system and early learning platforms and encourages systems and actors to work differently through a multi-sectoral collaboration to integrate all nurturing care components in order to promote the holistic development of all children considering the range of their needs. The use of multiple entry points is critical to broadening the reach and impact of child development interventions. ***The five components*** of nurturing care are: 1) ***Good health*** of the child and caregivers; 2) ***Adequate nutrition*** since pregnancy; 3) ***Responsive Caregiving***; 4) ***Opportunities for early learning***; and, 5) ***Security and Safety*** of children. In order to achieve its objectives in providing nurturing care interventions the framework recommends the implementation of five strategic actions which are: i) ***Lead and invest*** which calls for government leadership in terms of policies, funding and coordination in support of Nurturing Care Framework interventions; ii) ***Focus on families and their communities*** in terms of creating context appropriate mechanisms to empower communities in aspects of nurturing care, which also supports demand creation; iii) ***Strengthening services*** through identifying existing national platforms and workforce to potentially provide integrated services, for example within health and child protection systems; iv) ***Monitor progress*** through creating a mechanism to measure progress in all key nurturing care framework indicators and to develop indicators where they are non-existent; and, v) ***Use data and innovate*** through conducting local research, document best practices and explore innovative ways to scale nurturing care services and to create accountability[2]. While nurturing care emphasizes context relevant practices and services provided to ensure young children thrive and transform, the term ECD is much broader addressing holistic child development aspects which need to be addressed through nurturing care services. It is also noted that ECD is the most familiar term used in most contexts. As such both terms (nurturing care and ECD) will be used interchangeably in this context.

[2] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential.

1.3 Scientific evidence and justification to invest in Early Childhood Development

There are limited local studies or evidence in relation to ECD that have been conducted with nationwide coverage in the country. However, various global scientific evidence emphasizes that critical foundations should be laid during early childhood, and that this is the most critical time for investment in human potential. It has been found, for instance, that for every US$1 spent on ECD interventions there is a higher return estimated at up to US$17[3]. Furthermore, evidence shows that investments in early childhood education for vulnerable children yield an estimated return of 7 to 16 percent annually[4] . Besides, the root of human capital development lies in early childhood. A child's brain architecture is largely set during the first 5 years of life, when sensitive periods for brain functions are at the peak of their development[5]. As such, supportive services across sectors are key to enhancing child development during this critical period of brain development. Studies further emphasize that support of comprehensive ECD is the best equity strategy as vulnerable children and those who face multiple risks benefit most from integrated support of ECD. Children who receive the support they need during early childhood are set on a positive trajectory, with improved possibilities for health, education, social engagement, and economic success later in life. Children who do not access these essential ECD services, fail to develop the critical foundations that they need for future success with reduced possibilities as a result. Noting also that compensatory programmes that may be provided later in life are more costly and less effective[6] . Indeed, not only is the return on investment compelling, but the cost of inaction is substantial at both individual and societal levels. Estimated loss of average adult income per year for children at risk of not reaching their developmental potential is likely to be 26 percent, exerting a strong downward economic pull and trapping families into poverty. At a societal level, the cost of inaction for not improving stunting to a prevalence of 15 percent or less and not addressing developmental delays through preschools and home visits is projected at several times more than what some countries currently expend on health or education[7] .

1.4 Government political will and efforts to address ECD to date

Promotion of ECD in Tanzania was first substantively initiated in 2004 through UNICEF support, with high level discussions on the need for comprehensive approaches given that ECD issues were only to a limited extent integrated into social sector policies[8] . The high level engagement between government and various partners on ECD made some important progress including: the launch of the Joint CSO/ECD Working Group; the formation of the Tanzania ECD Network (TECDEN) and its formalization as the National ECD Network in Tanzania in 2004; conducting of an ECD situation and policy analysis; inclusion of ECD aspects in the Government of Tanzania's National Strategy for Growth and Reduction of Poverty (NSGRP) 2005-2010; conducting of pilot studies on Integrated ECD models and the establishment of the National ECD Advisory Committee and National ECD Technical Committee under PMO-RALG coordination in 2006. A Joint Integrated ECD Service Delivery Initiative was also launched in 2007 and implemented by key ECD Ministries of the time, namely Ministry of Health and Social Welfare (MoHSW), Ministry of Education and Vocational Training (MoEVT), Ministry of Community Development, Gender and Children (MoCDGC) and Prime Minister's Office Regional Administration and Local Government (PMO-RALG). Among major outcomes of the process were the development of the draft Integrated ECD (IECD) Policy (2011/12) and convening of the 2nd National ECD Forum in 2012 whereby all Ministers with key ECD mandates committed to greater investment on ECD in the respective sector. This historical perspective is shown below in Figure 1.

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[2] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential.

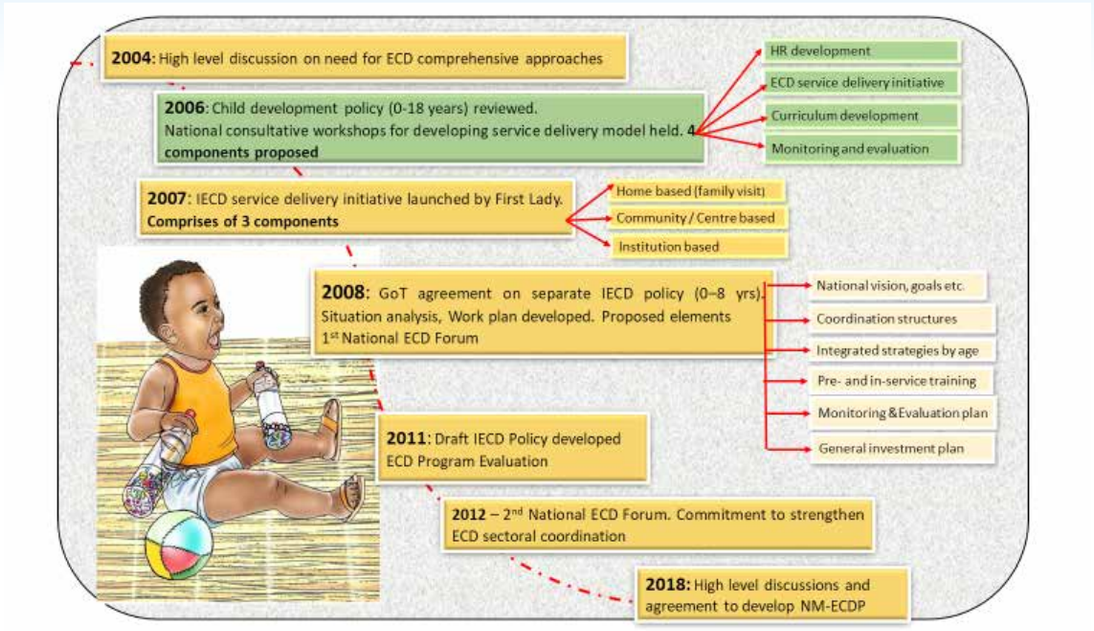
[3] Camaione, D & Muchabaiwa, B (2021) Quantifying Heckman: Are Governments in Eastern and Southern Africa Maximizing Returns on Investments in Early Childhood Development? United Nations Children's Fund (UNICEF), Eastern and Southern Africa Regional Office (ESARO)

[4] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential.

[5] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential.

[6] Heckman, J. J. (2008) The Case for Investing in Disadvantaged Young Children, CES if DICE Report, ISSN 1613-6373.

Figure 1: ECD historical perspective in Tanzania[9]



However, despite the signed declaration in 2012 to date, there has not been a full commitment of ECD interventions targeting 0 – 8 years age group in terms of evidence-based, effective, impactful and sustainable policies, strategies and actions that are implemented at scale, well-coordinated, resourced and monitored. In addressing this challenge discussions were revived in 2017 by Children in Crossfire (CiC) in collaboration with Tanzania ECD Network (TECDEN) and other stakeholders on modalities to improve sectoral collaboration in implementing ECD activities. A stakeholders' conference was then conducted in Dodoma in 2018 which resulted in a need to develop aNational Multi-sectoral ECD Programme with costed plan and monitoring framework as a key resolution. To guide the process, a National ECD Taskforce was formed in 2018 comprising of Government counterparts, representatives from various agencies, CSOs and other implementing partners co-chaired by MoHCDGEC and TECDEN.

1.5. NM-ECDP alignment with the national development agenda

In addition to responding to the various ECD related national policies indicated previously, the NM-ECDP responds to the Third National Five-Year Development Plan (FYDP-III) 2021/22 – 2025/26 which focuses on "Realizing competitiveness and Industrialization of Human Development". The main objective of the third plan is to contribute to realisation of the National Development[10] Vision 2025 goals. The goals include Tanzania becoming a middle income country status and continue with transformation of becoming an Industrial country with a human development or a high standard of living. Upon reaching its vision, the Tanzania is envisioned to have the following attributes: Peace,Stability and Unity, good governance, an educated and learning society and strong economy that can withstand competition and benefit many people[11]. Importantly, the FYDP-III adopts key performance indicators related to ECD, including reduced child mortality, reduced stunting, and increased net enrolment ratio for pre-primary. The NM-ECDP is fundamentally aligned to the FYDP-III by the fact that investing in human development from the early years (starting with conception) develops the strongest foundation for a child to become a healthy, responsible and productive adult. A good start in life (by investing in human capital such as reducing child mortality, addressing stunting, and investing in quality early childhood care and

[7] Heckman, J. J. (2008) The Case for Investing in Disadvantaged Young Children, CES if DICE Report, ISSN 1613-6373.

[8] UNICEF (2007) Joint integrated Early Childhood Development (ECD) Service delivery Initiative.

[9] United Nations International Children's Fund (UNICEF) (2009) ECD internal briefing notes, 2009-2012.

education programmes) leads to a healthy, well-nourished, and engaged community, resulting in productive adults contributing to a growing economy as well as peaceful and stable society. This good start in life, further leads to less illness, less crime, less school dropouts, and fewer less-educated adults. As such, both the increased revenue earnings and the reduced costs on social services later in life contribute to driving economic growth.

1.6 Global progress in supporting multi-sectoral ECD programming

There has been increasing efforts and growing global momentum in addressing early childhood development with different frameworks and guidelines targeting comprehensive interventions (The Lancet: Advancing Early Childhood Development 2007, 2011, 2016; Every Woman, Every Child 2010; Sustainable Development Goals 2015; Nurturing Care Framework 2018; Education 2030 Framework for Action 2015; World Bank Human Capital Initiative 2018). Moreover, 75 countries have adopted multi-sectoral ECD policies; the G20 embraced the Initiative for Early Childhood Development 2018; and the Convention on the Rights of the Child continues to be a visionary and foundational commitment[12] . The UNICEF ESAR Framework for Action 2019-2021 provides regional guidance for strategic choices in ECD by putting emphasis on multi-sectoral approaches aligning to the Nurturing Care Framework with a particular focus on caregivers' wellbeing and responsive caregiving in the provision of ECD services[13] . This NM-ECDP for Tanzania is aligned in response to these important global initiatives contextualizing them to specific grassroots needs of the country.

Early Childhood Care and Development is now a global agenda, with ECD services recognized as essential to the achievement of the Sustainable Development Goals (SDGs). The SDGs provide a crucial opportunity for achieving equity among all children globally, in turn contributing to the potential for a sustainable and safe future[14] . With every country expected to work towards achieving the SDGs by 2030, there is hope and expectation for investment in ECD interventions in individual countries. Moreover, the SDG goals focus across different areas of child development as indicated in Figure 2. Among the main SDGs that directly relate to ECD is Goal 4 that calls for governments to "Ensure inclusive and equitable quality education and promote lifelong learning". This goal tasks governments to ensure that by 2030, all girls and boys have access to quality Early Childhood Development, Care and Pre-Primary Education so that they are ready for primary education. It is further argued that through addressing ECD in a holistic way, this will provide far greater opportunities for addressing the remaining 17 SDGs which collectively aim to "eradicate poverty and hunger, restore human dignity and equality, protect the planet, manage natural resources, promote economic prosperity, and foster peaceful, just and inclusive societies". For example, in Goal 1: Eradicating poverty, whereby investing in the early years yields higher economic returns; Goal 2: End hunger and Improve nutrition, with the evidence pointing to better nutrition outcomes when integrating early stimulation and nutrition other than stand-alone interventions[15] . Tanzania is among the signatories of the SDGs which means that the country will be measured against the mentioned indicators. The NM-ECDP supports the country in its response to these indicators especially those which are currently not tracked or measured by the government such as the opportunity for early learning prior to pre-primary and responsive caregiving.

[10] Ministry of Finance and Planning (2021) The National Five Years Development Planning 2021/22 – 2025/26.

[11] Ministry of Finance and Planning (2021) The National Five Years Development Planning 2021/22 – 2025/26.

[12] Early Childhood Development Action Network (2020) Draft strategic Plan (2020 – 2023).

[13] Early Childhood Development Action Network (2020) Draft strategic Plan (2020 – 2023).

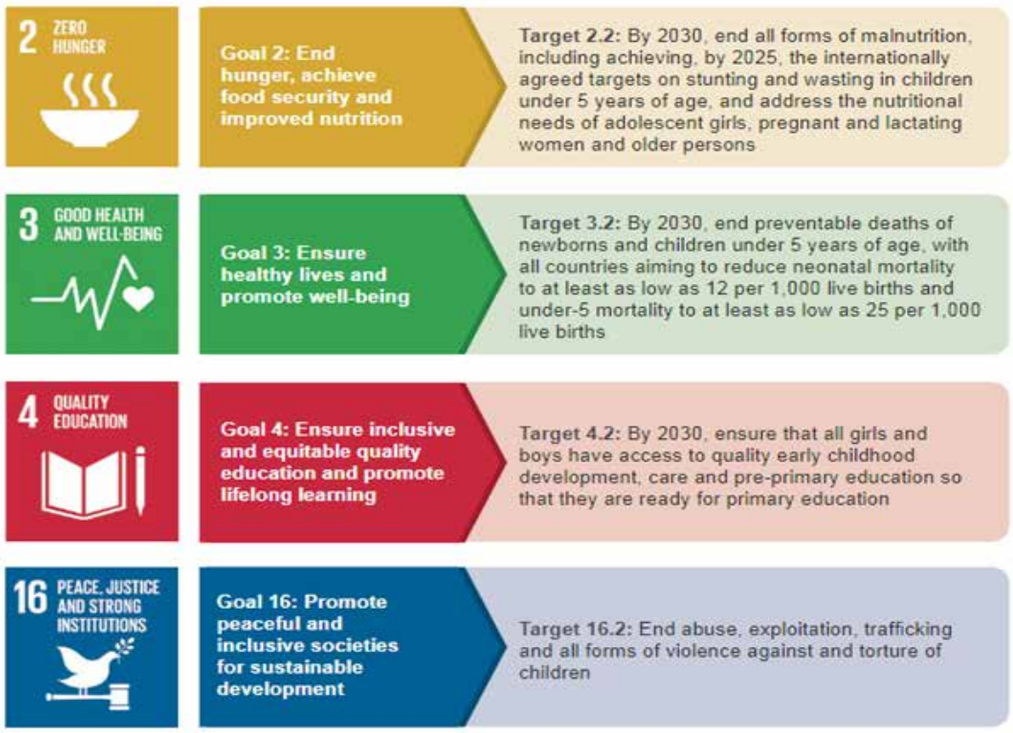
[14] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential.

[15] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential.

[16] Early Childhood Development Action Network (MMMAMAN) (2020) Draft Strategic Plan (2020 – 2023).

Sustainable Development Goals (SDGs), 2030

Figure 2: Sustainable Development Goals targeting Early Childhood Development and related indicators[16]



1.7 The main audience for the NM-ECDP

The NM-ECDP targets all key ECD stakeholders as divided across three main categories: 1) Decision makers at all levels including technical officials (national to local level) who are responsible for policy development, planning, resource allocation, and advocacy; 2) all key personnel in the implementation and provision of service delivery at all levels with strategic directions at operational level; and, 3) donors, development partners, civil society organizations, private companies, and any other institutions with interest in the ECD sector.

1.8 Process of developing the NM-ECDP

The process of development of the NM-ECDP was initiated by the Government of Tanzania and the ECD Taskforce as the main key action agreed during the National ECD Stakeholder Forum held in 2018. The development of the NM-ECDP has been participatory and consultative involving a wide range of stakeholders using multiple methodologies. It has been led by a team of consultants working collaboratively with all key ECD departments across the government together with the National ECD Taskforce (which involves government and CSOs) to ensure that the development of the program is owned by the government and wider ECD stakeholder community and to promote its effective implementation and sustainability. The process involved a desk review of key documents related to ECD to establish the gaps and opportunities that exist to support the development of the NM-ECD Programme. Mapping of stakeholders was conducted to identify existing ECD implementers, geographical and service coverage in relation to the nurturing care framework, funding available and the project's timeline. Consultations of key stakeholders was conducted through key informant interviews. The process also involved a number of face to face stakeholder's consultation meetings with participants from across the country and representation from Government Ministries, Departments and Agencies, Institutions, Development Partners, International and local NGOs, Civil Society

Organizations, the Academia, and other ECD stakeholders. This included a Programme Design Lab Consultative meeting to contribute to the programme outline and key activities. Throughout the whole process, the Government and the National ECD Taskforce have been the owners of the document and deliverables.

CHAPTER 2: SITUATION ANALYSIS AND STRATEGIC CONTEXT

This chapter provides a summary of findings from the situation analysis conducted to inform development of the NM-ECDP. The analysis reviewed existing services, policies and guidelines in place in relation to Early Childhood Development interventions in the country for children of 0 – 8 years as guided by the Nurturing Care Framework. The process analyzed specific policies and interventions available to reach specific age groups as well as vulnerable groups; but also identified gaps and opportunities which exist to strengthen nurturing care services in the country.

2.1 Tanzania development context

a. ***Economic growth:*** Tanzania is accorded the status of a lower middle-income country with gross national income (GNI) per capita having increased from $1,020 in 2018 to $1,080 in 2019. This is premised on a strong economic performance of approximately 6% GDP growth for the past decade. Nonetheless, the move to lower middle-income status for Tanzania ahead of the planned 2025 timeline is an achievement. In order to consolidate and build on the broad goal of economic growth, the country still needs to invest in various areas such as infrastructure and human development capital[17]. By investing in its people through enhancing access to and quality of health care, improving children's nutrition, the quality of education, gender equality and workers' skills development, the envisioned momentum in human development will speed up the shift to more productive jobs and increased economic growth.

b. ***Poverty:*** Despite the robust GDP, investment in human capital remains a challenge and contributes to comparatively slow poverty reduction. Basic needs poverty reported by the Household Budget Survey (HBS) has declined from 28.2% in 2011/12 to 26.4% in the 2017/18; with significant differences between urban and rural population (81% of poor population live in rural areas as compared to 19% in urban areas). While overall poverty has decreased, it is informative to note that poverty in urban areas has increased from 15.9% in 2011/12 to 19.1% in 2017/18, with the distribution of poor people in Dar-es-Salaam doubling from 1.5% to 3.0%. The same survey (HBS) reported that Mwanza region has the highest number poor people with basic needs, while Njombe region reporting the lowest[18]. High population growth is also reported to have contributed towards slow poverty reduction[19] , with Tanzania being among the fastest-growing nations globally with an annual population increase of 3.0%. Tanzania's 2012 census reported a total mainland population of 44.9 million (51.3% female and 48.7% male), and is projected to be among five other African countries to have the largest population in the region by 2100[20] .

2.2 Human development capital

Investing in human capital is especially important for future performance of the country and has a close correlation with ECD components linked to SDGs. The introduction of the human capital project by the World Bank encourages governments to invest in its human

[17] Battaile, W (2020) What does Tanzania' move to Lower Middle Income status mean? Worldbank Africa

[18] Ministry of Finance and Planning – Poverty Eradication Division (MoFP – PED) Tanzania Mainland and National Bureau of Statistics (NBS) 2019. Tanzania Mainland Household Budget Survey 2017 – 18, Key indicators Report, Dodoma, Tanzania

[19] World Bank Group (2019) Tanzania Economic Update: Human Capital – The Real Wealth of Nations.

[20] UN World Population (2020) By Numbers, Population shift: Countries with the largest number of people

capital at levels in order to achieve the highest level of human full productivity. The human capital index measures the productivity of the future, targeting children and young people, taking into consideration human capital that a child born today predicts the child's future achievement. The measurements consider the risks of poor health including nutrition status, life expectancy and education level as well as its quality in the specific country that a child lives in. The measure to achieve full productivity is considered to be a range between 0 – 1; whereby a value of 1 assumes the country to be performing optimally in terms of nutrition status of its children, quality education provided and survival rates. Tanzania is estimated to have a human capital index of 0.4 meaning its human productivity performance is only at 0.4. Tanzania's human capital is comparatively low compared to other countries in Africa such as Seychelles (0.68), Mauritius (0.63), Kenya (0.52), Gabon (0.45) and Zimbabwe (0.44). It is possible to attain higher performance with increased investments and commitments in ECD like for example in a country like Singapore which has the highest human capital investment at 0.88 that is more than twice of Tanzania's human capital index[21] . Indicators that contribute to define Tanzania's lower human capital performance include the under-5 mortality rate (67 deaths/1000 live births in 2015/16); maternal deaths (556/100,000 live births in 2015/16); under-5 stunting rate (32% in 2018), and a very low coverage of early learning programmes targeting 0 – 3 years.

The cost of inaction for not improving children's development through ECD interventions rises sharply in settings with fewer services, as well as in settings with a higher prevalence of children at risk of poor development. The loss of average adult income per year for the 43 percent of children at risk of not reaching their developmental potential as per Lancet series is likely to be 26 percent, exerting a strong downward economic pull and trapping families in poverty. At a societal level, the cost of inaction for not improving stunting to a prevalence of 15 percent or less and not addressing developmental delays through preschools for example is several times more than what some countries currently expend on health or education, respectively[22] .

2.3 Target group 0 – 8 years and caregivers

Scientific evidence shows the importance of investing early as a child's development begins at conception, and the first few years of a child's life (0-8 years) are the most formative period. Indeed, it is possible to predict the future of the child and the nation more widely through the emphasis placed on early childhood development programmes and performance. Given Tanzania's large proportionate population of young people (43.9% below 15 years; ***with young children of 0 – 9 years at 31% of the population***[23]), it is of critical concern that a large proportion of the population is at risk of not attaining their full developmental potential while exposed to high stunting rates and multidimensional poverty, requiring plans to be urgently put in place to ensure their developmental needs are addressed adequately. It is reported that the risk of not addressing these gaps early will perpetuate their effects on both the individual level and the nation now and even for future generations. Any individual with a poor start to life may continue to experience poor health, nutrition and learning which may result into low earnings in adulthood. Evidence predicts a loss of almost a quarter future income per year as an adult for children with a poor start in life[24] . Cumulatively at a national level this contributes to a significant loss. This situation analysis points to a focus gap (patchy distribution) of services between age groups, whereby for children aged 0 – 2 the focus is more on health and nutrition, then the focus shifts to children aged 5 and above regarding their education and protection. There is very limited early childhood development programming for children 3 –4 years.

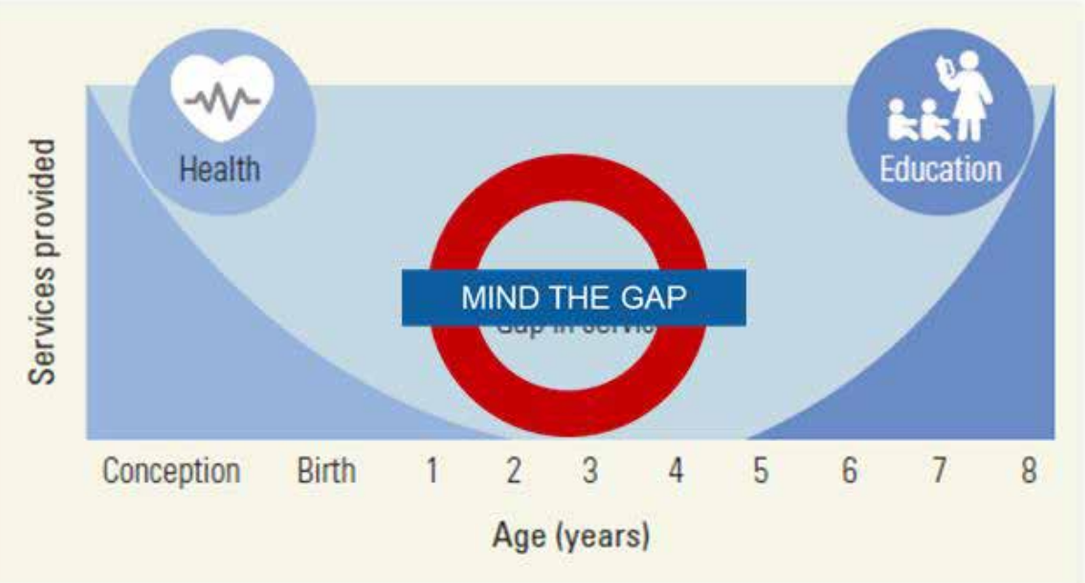
[21] World Bank Group (2019) Tanzania Economic Update: Human Capital- the real wealth of the nation

[22] Lancet series (2016) Advancing Early Childhood Development: from Science to Scale 1: Early childhood development coming of age: science through the life course

[23] National Bureau of Statistics (2013) Population distribution by age and sex, Dar es salaam Tanzania

[24] WHO & UNICEF (2016) Advancing Early Childhood Development: from Science to Scale: An Executive Summary from The Lancet's Series. The Lancet

Figure 3: Existing gap between health and education services for children 0 – 8 years[25]



Moreover, investing in early childhood development is one of the best and smartest investments countries can make because a child's earliest years open a unique window of opportunity to address inequality, break the cycle of poverty, and improve a wide range of lifecycle outcomes.

The development of a National Multisectoral ECD Programme for Tanzania has come at an opportune time to address existing gaps, further noting the scientific evidence, economic justification, and global momentum that has already taken place to accelerate the initiative. ECD multisectoral actions are also considered feasible and affordable in leveraging both human and financial resources, presenting multiple opportunities for development partners to support[26].

2.4 Tanzania's Nurturing care status for children 0-8 years

2.4.1 Good Health

The Government of Tanzania through the Health Policy 2007 has highly invested in improving the child's survival through providing free health services to pregnant mothers and children below 5 years. The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child, and Adolescent Health in Tanzania (2016-2020) provides an enabling environment to reducing maternal, newborn, child and adolescent morbidity and mortality by offering equitable quality services, by skilled attendants, in an integrated manner along the continuum of care both at community and facility level. As such there has been a gradual improvement in the health outcomes of women and children. The TDHS- MIS of 2015-16 reports almost universal coverage at 98.9% of antenatal care attendance from a

[25] Hughes R et al (2019) THRIVE-TZ: Opportunities for DFID Tanzania to invest in human capital in early childhood and adolescence

[26] Lancet series (2016) Advancing Early Childhood Development: from Science to Scale 1: Early childhood development coming of age: science through the life course.adolescence

skilled provider up from 96% in 2010. Timely starting of antenatal care in the first trimester is at 24%, with 51% of pregnant women attending four or more ANC visits as recommended. Moreover, 63% of births are being delivered in health facilities which is an improvement from on the previous TDHS at 50%[27]. The trend of basic vaccinations to children aged 12-23 months has similarly risen steadily from 71% in 2010 to 75% in 2015/2016.

a) Child survival

The government's investment in child survival is evidently observed through the decline of childhood mortality between 2010 and 2015, reported by the neonatal mortality rate declining from 40 to 25 deaths per 1,000 live births; infant mortality rate declining from 99 to 43 deaths per 1,000 live births; and under-5 mortality rate declining from 147 to 67 deaths per 1,000 live births. Of some concern is the fact that previous gains in maternal health and wellbeing have been challenged given an increase in maternal mortality ratio from 556 maternal deaths per 100,000 live births in 2015/16 as compared to 454/100,000 in 2010[28] . Another factor is postnatal follow up after delivery that targets the mother and the child from early stages to prevent and detect early any complications and to advise on family planning, immunization, breastfeeding and responsive caregiving among other services. Importantly, it is reported that almost 60% of maternal deaths and about three-quarters (75%) of neonatal deaths occur during the first week postpartum[29] . And yet, recent data reports that a total of 66% of mothers do not receive the recommended postnatal care within 2 days after birth. As a whole, despite these efforts in promoting maternal and child survival, the death rates remain unacceptably high. Furthermore, the concept of the Nurturing Care Framework is to see all children not only survive but also that they thrive and transform their human potential as they grow up.

b) HIV

With respect to HIV, Tanzania is home to 1.7 million children and adults living with HIV and in 2019 there were 77,000 new HIV infections in the country (UNAIDS HIV Estimates 2020). Violence, under-nutrition and orphanhood increase risk of under-development as well as HIV infection. Both HIV-infected and affected children are at an increased risk of developing mental health problems and neurocognitive deficiencies, as well as having overall worse nutrition than unexposed children[30]. There is also persistent stigma against children and adults living with HIV which needs to be addressed, including through ECD programmes.

As reported in the National Impact Survey of 2018, among all women (98.9%) who attended antenatal clinic while pregnant, 92.4% were advised of their HIV status. Meanwhile, of those who tested HIV positive, 97.9% were placed on ARVs[31] . The estimates show that mother to child transmission of HIV has gradually reduced to 8% (2015) and picked up again (11%) in 2020 as per UNAIDS estimates against global targets of 5%. The focused efforts under the PMTCT interventions have shown significant improvement whereby number of pregnant women on ARVs has increased from 29% (2010) to 93% (2018); and early infant diagnosis has increased from 10% (2010) to 44.8% (2018)[32] . However, reports still indicate that only 69 percent of children under the age of 15 years who are living with HIV are receiving ART. There is a need to improve diagnosis and enrollment into HIV care and treatment to ensure these children receive appropriate services and care. Importantly, with more children born by HIV+ mothers now surviving, there is a move to ensure that these children also thrive and reach their developmental potential like any other children, by integrating HIV services

[27] Ministry of Health, Community development, Gender, Elderly and Children (MoHCDGEC) (2019) National guideline for Neonatal Care and Establishment of Neonatal Care Unit. Reproductive and Child Unit.

[28] MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015 – 2016

[29] Ministry of Health, Community development, Gender, Elderly and Children (MoHCDGEC) (2016). The National Road Map strategic plan to improve reproductive, maternal, newborn, child and adolescent health in Tanzania (2016 - 2020): ONE PLAN II

[30] Rollins, N. (2018). Early childhood development among HIV exposed uninfected children. IAS. 6. Knox, J.; Arpadi, S.M., Kauchali, S., et al. (2018). Screening for developmental disabilities in HIV positive and HIV negative children in South Africa: Results from the Asenze Study. PLOS One. 13(7).

[31] National Bureau of Statistics & TACAIDS (2018) Tanzania HIV Impact Survey

[32] UNAIDS (2019) HIV data

[33] WHO & UNICEF (2020) Nurturing care for children affected by HIV

with nurturing care. WHO and UNICEF recently released a nurturing care policy brief to encourage countries to integrate nurturing care across all key components of HIV services[33]. This is in recognition of the greater risk to children who are HIV+ or exposed to reaching their developmental potential.

c) Water, Sanitation and Hygiene

In reference to sanitation and hygiene (WASH) practices, the 2015/2016 TDHS reports that only 61% of households in Tanzania have access to improved sources of drinking water with marked inequalities geographically (86% of urban households as compared to 49% of rural households). This still represents an increase in access to improved water sources as reported at 57% in 2010. However, with regard to sanitation, significant challenges prevail. Only 19% of households were reported in the period of 2015/16 to use improved and non-shared toilet facilities, with one in every 10 households having no toilet at all[34]. Furthermore, 80% of households are without improved sanitation and practice unsafe disposal of faeces[35] subjecting children who are living in those households to greater risk of contracting infectious diseases. The risk of disease transmission among children is increased by the extremely few households (2.7%) reporting having used soap for hand washing in at least two critical times[36]. These poor hygiene and sanitation practices often lead to illnesses and life-threatening diseases like diarrhea, with a reported prevalence of diarrhea affecting 12% of children under five years of age. Given diarrhoea is thought to contribute to up to 50 per cent of all child malnutrition[37] , it is clearly a major challenge to children consequently not attaining their full development potential.

d) Health interventions targeting children over 3 years

In reviewing health interventions targeting children over 3 years (i.e. 3 – 8 years) there are no specific interventions to this age group. Crucial routine health services for young children such as vaccinations are completed by the age of 2 years. Although other services such as growth monitoring and promotion, routine vitamin A supplementation, deworming tablets and integrated management of childhood illnesses continues to 5 years, experience shows that parents often cease to bring their children to RCH clinics regularly after completion of vaccinations at 2 years. Available literature further shows health and nutrition services programming specific for children aged 3-5 years is mostly overshadowed by a focus on children under 2 years to take advantage of the rapid growth and development happening at this age. Moreover, with most focused routine health services ending at 5 years of age, this gap is extended to children aged 6-8 years. This age group does benefit from interventions such as insecticide-treated nets to prevent malaria, HIV services and wider health sector reform that goes with the increase in resource allocation to the health sector that will increase the opportunity to get treatment in government facilities. However, it is important to note that effective health interventions to this age group will also create a good bridge to adolescent health services, especially given adolescents are considered as another potential sensitive group with regards human development aspects.

2.4.2 Adequate Nutrition

Efforts in addressing children's nutritional status in the country have borne significant improvement through alignment with the Scaling Up Nutrition (SUN) global movement and contextualized interventions involving a wide range of stakeholders.

[34] MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015–2016

[35] MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015–2016

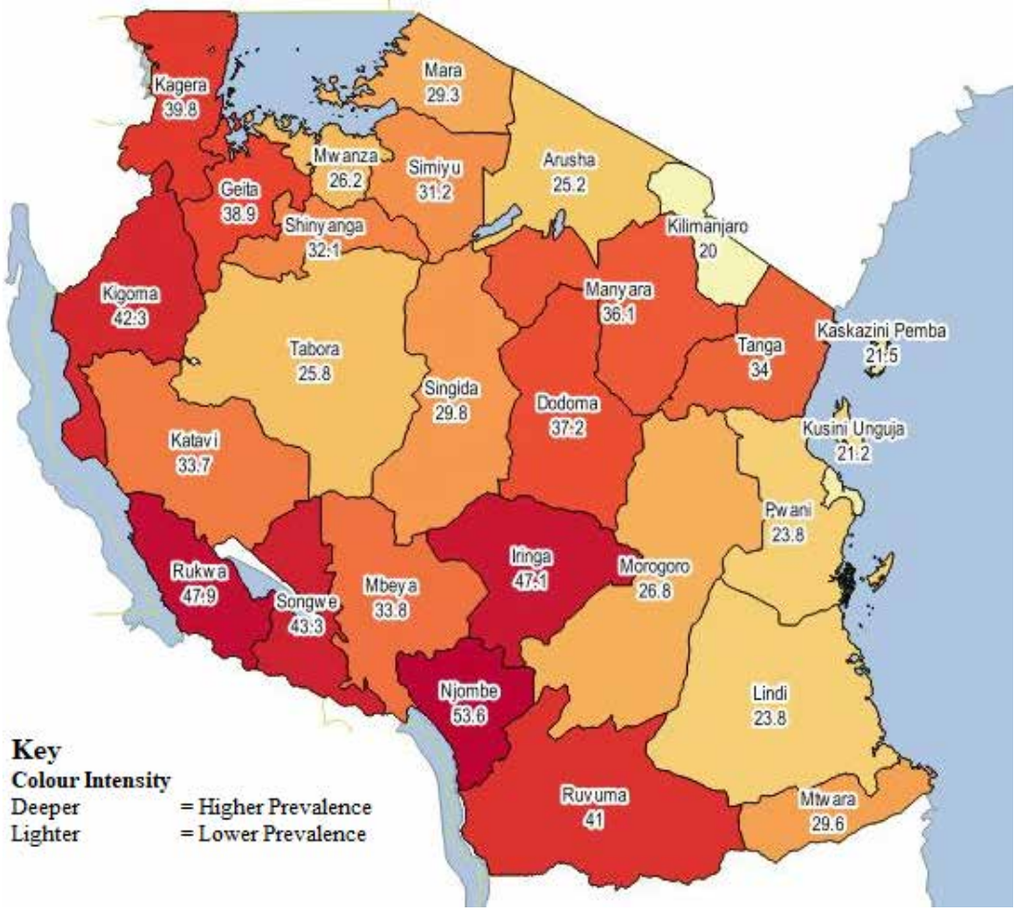
[36] MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015–2016.

[37] Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], Tanzania Food and Nutrition Centre (TFNC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS) [Zanzibar] and UNICEF, 2018. Tanzania National Nutrition Survey using SMART Methodology (TNNS) 2018. Dar es Salaam, Tanzania: MoHCDGEC, MoH, TFNC, NBS, OCGS, and UNICEF.

a) Stunting:

The improvement noted in infant and young child feeding practices including breastfeeding and complementary feeding practices is considered to be one of the important contributing factors in the reduction of stunting rate nationally from 34.7% in 2015-16 (TDHS-MIS) to 31.8% in 2018 (TNNS). Despite this improvement it is important to note that severe stunting still affects one in ten (10.0%) children nationwide, that would suggest up to an estimated number of three million children under five are stunted in the country. The risk of stunting which is linked to underachieving development potential is high as children get older, reaching a level of 40% or more among children age 18-47 months. One in six children aged 24-35 months is severely stunted. The most affected regions with a prevalence of stunting exceeding 40% were: Njombe (53.6%), Rukwa (47.9%), Iringa (47.1%), Songwe (43.3%), Kigoma (42.3%) and Ruvuma (41.0%) as indicated in the map in Figure 4 below. The prevalence of chronic malnutrition among children in Tanzania is still very high and of significant concern given stunting is among the global proxy indicators predicting a child's potential to reach/achieve their developmental milestones.

Figure 4: Map of Tanzania showing prevalence of stunting among children 0-59 months



[38] Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], Tanzania Food and Nutrition Centre (TFNC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS) [Zanzibar] and UNICEF. 2018. Tanzania National Nutrition Survey using SMART Methodology (TNNS) 2018. Dar es Salaam, Tanzania: MoHCDGEC, MoH, TFNC, NBS, OCGS, and UNICEF.

b) Infant and young child feeding practices: Breastfeeding and complementary feeding:

While virtually all (96.6%) children aged 0-23 months have ever been breastfed, there remains room for improvement in timely initiation of breastfeeding within one hour after birth (53.5%) and exclusive breastfeeding in children 0-6 months (58%). There is also a significant decline of breastfeeding in the second year, whereby 92.2% of children continued to be breastfed for the first year dropping to 43.3% for the recommended two years. At the same time, 92% of children aged from 6 to 8 months had a timely introduction of complementary food[38].

Meeting the two criteria of Minimum Meal Frequency and Minimum Dietary Diversity is critical to address the challenge of chronic malnutrition in children below 2 years. Current data indicates some improvement in dietary diversity for children 6–23 months of age from 24.5% in 2015-16 to 35.1% in 2018, coupled with an improvement of the proportion of children who received the Minimum Meal Frequency from 39% in 2015-16 to 57.4% in 2018. Similarly, the proportion of children who received Minimum Acceptable Diet has increased from a very low 9% in 2015-16 to 30.3% by 2018.

Moreover, children aged 3 – 4 years are prone to being underweight, currently affecting 14.4 -16.6% of this age group, which is above the national average of 14.7%. Family food is an important aspect in ensuring adequate nutrition in this age group. However, there is no national level data on foods consumed specifically by children aged 2 – 8 years. The distribution of poor people by food poverty could provide important insight, as reported by the 2018 Household Budget Survey. Yet, four of the regions with the highest stunting rates (Njombe, Iringa Songwe, and Ruvuma) are among those regions with the least food poverty nationally.

Children in rural areas are more likely to have poor feeding practices than those in urban areas. Micronutrients are an essential component for improving child growth and development, however anaemia which deprives iron reserves in the body still affects about three in five children aged 6-59 months including over 45% of children aged 3-4 years with those in rural areas more affected[39] . Access to micronutrient supplementation is not sufficient where only 63.7% of children aged 6-59 months accessed Vitamin A supplementation and only 59% of children aged 12-59 months were provided with deworming tablets[40] .

c) Global Acute malnutrition:

There has been a noted decrease on global acute malnutrition in Tanzania from 3.8% to 3.5% in 2014 and 2018 respectively (TNNS), categorized as a low prevalence according to global criteria, although children 12-23 months are more affected with 5.5%. However, a region like Singida which has a high prevalence of 5.2% comparing with other regions needs closer links with ECD programmes. The NM-ECDP provides an opportunity that strengthened provision of responsive care, will enhance the survival of these children.

As with the Health and Nutrition interventions, the information review has shown that most interventions have specifically targeted the 0–2 years age group, which is understandable considering the heightened risks facing this age group as well as the knowledge that the first 1,000 days of life are critical in a child's development. As such more targeted interventions such as Infant and Young Child Feeding Practices (IYCF), together with Exclusive Breastfeeding (0-6 months), Complementary Feeding and Dietary Diversity (6 – 23 months) are more prioritized. Meanwhile, the 3–5 years age group continue to receive other nutrition services such as growth monitoring and promotion, routine vitamin A supplementation, deworming tablets and integrated management of childhood illnesses. However, as noted above in the health summary, the challenge remains with parents often ceasing to bring their children to RCH clinics regularly after completion of vaccination at 2 years.

[39] MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015 – 2016.

[40] Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], Tanzania Food and Nutrition Centre (TFNC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS) [Zanzibar] and UNICEF. 2018. Tanzania National Nutrition Survey using SMART Methodology (TNNS) 2018. Dar es Salaam, Tanzania: MoHCDGEC, MoH, TFNC, NBS, OCGS, and UNICEF.

d) School feeding practices:

Notably, national documents like the Tanzania Demographic and Health Surveys, the National Nutrition Survey and feeding guidelines are silent on feeding practices for children within the age range of 3-8 years. The focus is more on maternal, infant, young child and adolescent nutrition interventions. Nutrition interventions do not adequately address needs of children in preschools/pre-primary and the early grades of primary schools. Where there are school feeding programmes, they are either in pilot phase or based on the innovations of philanthropy private sectors, or teachers and school managers through parents' food contributions. However, such provisions do not meet the optimal standard for a dietary diversity, whereby several stakeholders interviewed indicated that cereal based porridge alone is mostly provided to the children. It is noted that the MoHCDGEC through the Tanzania Food and Nutrition Centre is developing the first edition of the National Food Based Dietary Guidelines for Tanzania which covers all population groups including children 5–10 years. These guidelines should also complement the National School Feeding Guidelines recently launched by the MoEST and will provide an important opportunity for prioritizing and improving the coverage and quality of school feeding programmes including use of fortified foods and subsidized milk where feasible that will benefit children aged 3 – 8 years among other beneficiaries.

2.4.3 Responsive Caregiving

Responsive caregiving looks at parent/caregiver and child interaction, noting that the evidence highlights the importance of responding to children's cues in contributing to their development. The approach of integrating responsive caregiving within existing services such as health and nutrition is still a new concept hence the low coverage, with the few examples of integrated services mainly supported through implementing partners in different parts of the country by integrating early stimulation with health, nutrition and child protection. Existing interventions are sporadic, project focused (or research based), implemented at a small scale and integrated in health and nutrition programmes both in health facilities and at the community level. As such there are no national level data or interventions in this ECD component targeting children aged 0–3 years.

a) Care for Childhood Development (CCD):

The Care for Childhood Development (CCD) package is an evidence-based approach developed by WHO and UNICEF for health providers to provide counselling on play and communication to parents/caregivers of 0 –3 years children during routine health services. The government through the Ministry of Health's RCH department has started to invest in responsive caregiving by working with implementing partners to integrate the CCD approach together with growth monitoring training packages. To date, contextualized draft CCD guidelines and the CCD training package have been developed. The aim of the CCD national guideline is to ensure responsive caregiving services are scaled nationwide through the health system. The CCD training package builds the capacity of healthcare workers and community health workers to integrate early stimulation/responsive caregiving messages within health services. The RCH department has taken the initiative to scale the use of the CCD package by piloting the merging of the on-job training for growth monitoring together with the CCD package. The CCD package also appears in the National Guideline for Neonatal Care and Establishment of the Neonatal Care Unit. These guidelines recognize the

[41] Ministry of Health, Community development, Gender, Elderly and Children (MOHCDGEC) (2019) National guideline for Neonatal Care and Establishment of Neonatal Care Unit. Reproductive and Child Unit.

significance of communication with the child from conception, through to the newborn and sick child. Furthermore, the neonatal care guideline recognizes the significance of maternal wellbeing for an effective relationship with the child and the child's development[41] .

While the responsive caregiving aspect may be considered as a new approach in the country, it is important to recognize the rich customary family practices that can be further enriched and leveraged or advocated for, including cultural child-rearing practices where still applicable. In addition, the presence of skills and abilities of parents/caregivers and extended families to develop locally made play materials using low cost resources such as empty bottles, cardboard boxes, clothes, coconut shells, stones, and sand, should be encouraged. From these resources, families can create cars, dolls, rattles, and homemade books among other play materials. The government's health and nutrition platform also provide an opportunity to leverage costs for integrated nurturing care services. This includes the existence of the community health-based strategy to support Community Health Workers (CHWs) to conduct home visits, which presents an important platform to integrate responsive caregiving, early stimulation and child protection issues, together with health and nutrition services. Moreover, through the National Multisectoral Nutrition Action Plan, ECD activities are being integrated with nutrition programmes, further presenting significant potential for scale. There is also opportunity to leverage and scale other existing programmes and communication packages that have integrated nurturing care components, such as the Malezi project implemented by EGPAF in Tabora region; the Accelerated Stunting Reduction Program (ASRP) implemented through UNICEF support in the four regions of Iringa, Njombe, Mbeya and Songwe; and the research intervention Engaging Fathers for Effective Child Nutrition (EFFECTS) implemented by PCI Tanzania in Mara region.

b) The national parenting agenda

The National agenda for parenting and family care in Tanzania (Familia Bora, Taifa Imara) targeting 0 – 18 years has pillars of good parenting (Care – Protect – Communicate) which fits well with responsive caregiving approach. The parenting agenda provides opportunity for addressing child rearing practices and address them in the multi-sectoral ECD programme.

2.4.4 Opportunities for Early Learning

Learning begins at conception, not at preschool, and goes on throughout a person's lifetime. Early learning is a built-in mechanism of response supported by caregivers where a child acquires skills, attributes and capacities through simple actions like smiling, eye contact, talking, singing, modelling, imitation and simple games to ensure successful adaptation to changing circumstances including building relationships with other people. Appropriate early learning is therefore crucial to children's cognitive, social, emotional and physical development and to their preparation and readiness for formal schooling.

a) Pre-school:

In Tanzania, children aged 3-4 years are especially underrepresented in early childhood education programmes. Contradictions in early learning policy and law can confuse both implementers and regulators in delivering to this age group. While the education policy indicates they can access pre-primary education, the Law of the Child Act (2009) mandates the Department of Social Welfare to oversee integrated-ECD for children under 5 years. Moreover, the pre-primary curriculum and performance measures target children aged 5-years. Furthermore, given the challenging context of overcrowding and age-mix in many pre-primary streams (noting 17.6% of pre-primary enrolment in 2016 was children under 5), schools have reduced enrolling children aged 3-4 years. With no other government program targeting children aged 3-4 years, the majority of these young children miss out on early learning opportunities. This also means that there is no formal national program curriculum aligned to this age group's developmental needs, and as such where young children do attend preschool settings, they are subjected to teaching rather than the

[42] United Republic of Tanzania. (URT) (2017) situation analysis and baseline study on early childhood education in Tanzania Mainland.

recommended learning through play. While private and faith-based schools increasingly provide for preschool and pre-primary classes, however, such private provision only caters for 5% of the school-aged population in Tanzania, almost exclusively in urban settings[42] .

The government, in collaboration with various implementing partners, has invested in a number of initiatives to try and address this gap. These include developing Guidelines for establishment of Community-Based ECD Centres (2020), the National Guidelines for Establishment and Management of Crèches and National Guidelines for Establishment and Management of Day Care centres (2020), guided by the Day Care Centres and Crèches Regulations of 2012 (crèches target children aged 0-2, and day care centres children aged 2-4 years before joining pre-primary). The process also involves developing guidelines for play and learning materials for children aged under 5 (2020).

More widely, understanding of the importance of learning through play was not given priority at all levels of leadership, quality assurance, providers, educators, and the wider community, including parents. Reports point to parents' high expectations that their children learn to read and write while in early years' classes, in turn forcing providers and educators to teach children as opposed to guided play and learning activities. In addition, the pre-service early childhood teacher education does not prepare the teachers with the philosophical background of the value for play at young age. This extends across multiple sectors providing early childhood interventions including the private sectors. Play also allows for the opportunity to build children's bank of knowledge that the growing child can leverage during future learning experiences. With households reporting a lack of appropriate play materials, books, and knowledge on parenting skills and inconsistency of parents' interaction with their children also documented as a challenge. Young children's early learning through play both at home and in Centre settings is extremely limited. On the other hand, there is inadequate trained child care workers to meet the increasing demand in these early learning programs. The gap is higher in rural areas where there are no organized early learning programs for children before joining pre-primary class.

b) Pre-primary education:

Tanzania is a regional leader in pre-primary education, acknowledged as one of the first countries in the region to make early learning compulsory, with the review of the Education and Training Policy in 2014 integrating pre-primary education into basic education and as such requiring each primary school to have a pre-primary stream catering for pre-school age children[43] . Moreover, pre-primary curriculum supporting learning through play have since been developed and the government directive in 2016 for fee-free basic education also applies to pre-primary education. It is of further note that net enrolment ratio in pre-primary education is a key performance indicator adopted by the third 5-Year Tanzania National Development Plan 2021/22-2025/26.

Such a favorable policy environment has resulted in significant access gains in pre-primary education with gross enrolment increasing by almost 500,000 children in one year from 1,069,823 in 2015 to 1,562,770 in 2016[44] . Such enrolment increases have also been seen in the early grades of primary school, with Standard One enrolment increasing by 41.1% from 1,404,998 in 2012 to 2,120,667 children in 2016, while just over half (54.8%) of children enrolled in Standard One had pre-primary education[45] .

However, the high gross enrolment ratios in pre-primary education (102.6% in 2016) can distract one from important insights including the age-mix whereby less than half of the children enrolled (44.9%) were of the target age 5 years, with 37.5% aged over 5 years.

[43] Ministry of Education Science and Technology (MoEST) Education and Training Policy 2014.

[44] President's Office Regional Administration and Local Government (PORALG) (2016) Basic Education Statistics Tanzania (BEST) 2012-2016 National Data.

[45] MoEST (2016) Basic Education Statistics in Tanzania (BEST) 2012 – 2016

[46] Ministry of Education, Science and Technology (MoEST) (2018) Education Sector Performance Report 2017/18, Tanzania Mainland, draft for distribution, Sept 15th 2018

[47] Ministry of Education, Science and Technology (MoEST) (2018) Education Sector Performance Report 2017/18, Tanzania Mainland, draft for distribution, Sept 15th 2018.Ha

Furthermore, the net enrolment ratio of 46.7% also highlights that more than half of children aged 5 still miss out on pre-primary education, a trend corroborated by available data since 2016 that reports net enrolment dropping to 39.9% in 2018[46] .

In such a context of rapid access gains, the flip side has seen deep quality challenges prevail. Foremost, there is a critical shortage of pre-primary education teachers, most of whom are primary trained and not specifically qualified in pre-primary education. In 2018, the MoEST reported a 31.7% reduction in qualified pre-primary teachers in government schools from 7,861 in 2017 to 5,367 in 2018. Moreover, the national Pupil: Qualified Teacher Ratio (PQTR) in government pre-primary streams was reported at 249:1[47] against the policy norm of 25:1, exacerbated by increases in enrolment and a purge of unqualified teachers. With poor infrastructure leading to overcrowding, and the age-mix presenting substantial differences in developmental abilities across the children, the quality of learning is impacted as teachers are not able to provide the appropriate support to individual children based on their needs.

Against these odds, important efforts continue to be invested in improving quality, including the printing and national distribution of pre-primary curricular and story books across all pre-primary education streams in 2019 and the development of the national operational guidelines and minimum standards for pre-primary education in Tanzania (draft, 2020). The introduction of the pilot diploma course for pre-primary education in 2020 will go some way to relieve the challenge of qualified pre-primary teachers in the medium-term. To curb the shortage of pre-primary school teachers, the government set aside Teacher Training Colleges in each education zone to exclusively train preprimary teachers. However due to increasing number of children enrolled in Pre-primary schools, the number of teachers is still inadequate. Implementing partners such as Children in Crossfire and UNICEF are also demonstrating promising interventions in scaling-up in-service training for teachers in delivering quality improvements to pre-primary education within the overcrowded contexts and aligned to policy and curricular intentions.

2.4.5 Security and Safety

a) Birth registration:

Awareness creation and deliberate multisectoral efforts undertaken by the government to increase the accessibility of birth registration services through various interventions has contributed to an improvement in birth registration from a low coverage of 26% in 2016 to 49% in 2020 (RITA estimates). The joint MOU entered by the Ministry of Constitutional and Legal Affairs, PO-RALG and MoHCDGEC in 2014 guided the implementation of the National Under 5 Birth Registration Strategy[48] . The innovative use of health facilities that provide maternity services as a national platform for Birth Registration has proven effective given that most children under 3 years and their parents regularly attend vaccination and other medical services. Furthermore, working closely with the Registration, Insolvency and Trusteeship Agency (RITA), MoHCDGEC launched an awareness campaign for Under 5 birth registration[49] , which also supports e-registration through mobile phone applications. However, there remain significant inequities in birth registration, with rural areas reporting only 16% birth registration as compared to 50% in urban areas, as well as differences based on a household's wealth, whereby in poor households is reported at 8% as compared to wealthy households at 65%[50] .

[48] MoHCDGEC (2016) National Plan of Action to End Violence against Women and Children in Tanzania 2017/18 – 2021/22.[43] Ministry of Education Science and Technology (MoEST) Education and Training Policy 2014.

[49] MoHCDGEC (2016) National Plan of Action to End Violence against Women and Children in Tanzania 2017/18 – 2021/22[45] MoEST (2016) Basic Education Statistics in Tanzania (BEST) 2012 – 2016

[50] MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015 – 2016.

[51] World Bank (2018) Early Childhood Stimulation in Tanzania: Findings from Pilot Study from Katavi Region.

[52] EGPAF (2020) Report on Baseline Data Collection for the Study: Effectiveness of Early Child Development Multi-Media Communication on Caregiver and Community Health Worker Behaviors: Evaluation of the Malezi II Program.

[53] UNICEF (2011) Violence Against Children in Tanzania Findings from a National Survey 2009.

b) *Violence against children:*

In relation to child violence, abuse and neglect, there is very limited information on reported cases affecting young children of ECD age from 0–8 years. There are a few small community-level studies indicating cases of violence, abuse and neglect among young children committed by parents and caregivers. For example, a World Bank study undertaken in Katavi region found 18% of parents of children aged 0–3 years report to have slapped their children, with some (5%) observed to slap their children during the actual survey[51] . The Malezi II baseline study conducted by EGPAF in Nzega, Tabora and Igunga districts reported more than half (53%) of parents of children aged 0-2 years believing that children should be physically disciplined so as to educate them[52] . However, there is no representative data to show the actual situation of child violence, abuse and neglect nationwide. Corporal punishment has been a normal practice to discipline children in many schools, a situation which escalated recently to receive national attention given the excessive use of corporal punishment in schools. However, there is no documented data on the extent of the corporal punishment. The government issued a corporal punishment circular in 2012 which regulated the number of strokes to be issued to pupils. The circular also stipulates that only the head teacher can execute the said strokes that do not exceed four. The MoEST is currently in the process of reviewing the circular to make it more focused on child rights to address challenges encountered in its implementation. One noted omission is that while corporal punishment in schools is dealt with appropriate guidelines, the same is going unchecked when it occurs in the home setting. There is a need for guidelines with regards to corporal punishments that cover parents, guardians, households and community settings.

The UNICEF Report of 2011[53] regarding violence against children in Tanzania is an important data source. It indicates that nearly 1 in 3 girls and 1 in 7 boys experience different forms of sexual violence before turning 18 years old. Around three quarters of children reported to have experienced different forms of physical abuse from a close family member and teachers; while a further one quarter of girls and 3 out of 10 boys reported to have experienced emotional abuse. The report also indicates that children experienced a combination of violence including sexual and physical violence (84%); and sexual and emotional violence (43%). Only a few victims of abuse were able to report their experience to any trusted adult, with one half of all girls and 2 out of every 3 boys not sharing their experience with anyone. Out of those who reported the violence, only a very small number (1 in 8 girls and less than 1 in 20 boys) received the required services. However, it is noted that from an ECD perspective this study focused on a sample of children of 13 years and above, meaning that children under 8 years were out of the scope.

c) *Violence against women and children:*

Pregnant women also have reported to experience different forms of abuse, with between 7–10% experiencing gender-based violence, with implications including missing attending routine health services such as ANC[54] . Higher rates of physical violence against women of reproductive age between 15-49 years is consistently reported, whereby 40% report ever having experienced physical violence and 17% ever having experienced sexual violence, a situation that has remained the same since 2010. The recent data reported an increase in abuse cases to children of all ages (sexual, physical, neglect) with 13,457 cases reported in 2017, 14,419 in 2018 (equivalent to a 7.2% increase), followed by 15,980 abuse cases documented in 2019 (equivalent to a 10.8% increase) as documented in the Police Register of criminal records on abuse cases between 2017 - 2019[55] .

To address violence against women and children the government has established the National Plan of Action to End Violence Against Women and Children, 2016/17 – 2021/22 (NPA-VAWC). This multisectoral plan seeks to address violence in a comprehensive manner, with interventions including parenting education, safe schools, implementation and enforcement of laws, and safe environment among others. Efforts to date under this

[54] MoHCDGEC (2016) The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016 - 2020): One Plan II.

[55] MoHCDGEC (2019) Kitabu cha takwimu ya hati ya uhalifu kilichotolewa na Jeshi la Polisi

[56] MoHCDGEC (2016) National Plan of Action to End Violence Against Women and Children in Tanzania 2017/18 – 2021/22.

[57] FHI 360 (2020) Maternal Depression: The potential role of nutrition in prevention and treatment: Technical brief.

[58] CRS (2018) Endline Evaluation Report: Incorporating Maternal Mental Well-being interventions into an Early Child Developmental Program: Pilot Research Using a Mixed Methods Quasi – Experimental Design in Selected Communities in Geita and Mwanza Regions, in Northern Tanzania.

plan include the developed National Parenting Education Training Manual (for children aged 0-18 years) and national guidelines for crèche and daycare centres. Moreover, there is also a well-defined coordination structure established from national to village level whereby the coordination mechanism includes child protection teams comprising of social welfare, gender and police officers. Furthermore, gender-based violence desks have been established in police stations, as well as a national child helpline[56] . Stakeholders consulted further talked about actions to be taken to review victim-centred approaches for example shortening the time spent for the client to receive services after experiencing sexual abuse.

2.5 Cross Cutting issues for children aged 0 – 8 years

2.5.1 Maternal depression and anxiety

Maternal depression and anxiety which can occur to women during pregnancy and in the first few years of her child's life is considered to have a significant impact on maternal health including morbidity and self-care and even worse it has a significant harmful impact on the development of the infant or child. Mothers who are depressed during pregnancy are more likely to have low birth weight or preterm babies. The mother – baby/child relationship is compromised when a mother is depressed whereby consequences include the child's developmental delay such as language acquisition and cognitive ability[57] . Though studies do not give actual figures on the extent of the issue of maternal wellbeing in the country, maternal depression and anxiety are considered a major challenge affecting women across the globe. Social and environmental factors including poverty, lack of access to quality health services, safety aspects and partner violence, are considered among challenges facing women that result into anxiety or even depression. In a small study conducted by Catholic Relief Services (CRS) in the districts of Geita, Sengerema and Buchosa to a cluster of mothers with young children, overall 18% of these mothers had anxiety symptoms which is comparable with the same population from other developing countries. The CRS study further indicated that maternal wellbeing challenges can be addressed through integrated community-based interventions like that of the care group model which also addresses other aspects of children's developmental outcomes[58] .

2.5.2 Teenage Pregnancy

Tanzania has a high rate of teenage pregnancy whereby 27% women of age 15- 19 have reported to have given birth or are pregnant (TDHS 2015/16). The trend shows an increase from previous national surveys from 26% in 2004/05 and 23% in 2010. Teenagers in rural areas are considerably more likely to have begun childbearing earlier than their urban counterparts (32% of rural teenagers versus 19% of urban teenagers). Regions of Mara, Tabora, Shinyanga, Morogoro and Dodoma have high rates of teenage pregnancy ranging from 37% to 43% in comparison to other part of the country. The report also indicates that the education level and wealth of households are among key determinants for teenage pregnancy[59] . Therefore, a lot is needed to be done for this age group considering the risk they face including maternal mortality during birth, low birth weight to the child, difficulties associated with ability of teenage mother in raising children at young age and also missing out on their own education/future development. Adolescent parents are also reported to experience ostracism by their families and communities. Such isolation has a negative impact on the quality of parenting that children of adolescent parents receive[60] .

[59] MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015 – 2016.

[60] UNICEF (2018) A National Agenda for Responsible Parenting and Family Care in Tanzania

[61] National Bureau of Statistics Ministry of Finance & Office of Chief Government Statistician Ministry of State, President Office, State House and Good Governance (2016) Disability Monograph.

[62] Tanzania Albinism society: 2019 Baseline Survey on Socio-Economic Status of Persons with Albinism and Their Households in The Lake Zone).

[63] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential.

[64] Caritas Kigoma Diocese et al (2018) Joint Education Needs Assessment Tanzania: Report of an Assessment of Refugee Education in Three Refugee Camps in The Kigoma Region, Tanzania.

2.5.3 Children with Disability

Tanzania's 2012 population census reports an estimate of 9.3% of people with disability in a population of 7 years and above, suggesting that in every 1000 people, 93 live with disability[61] . However, it is likely that this figure is an underestimate as young people and children with disabilities remain largely hidden and excluded from such data, as do certain forms of disability. Definitions of disability vary between survey instruments creating challenges for consistency and accuracy. In addition, absence of tools for early identification of delays or disability in health facilities, day care/community ECD centres and pre-primary/ primary schools presents a significant challenge to appropriately identify and support these younger children. In addition, there are very limited services and professionals available to support children with disabilities, and the focus is on older children. Though studies focus on older children, experience shows that all children with disability, including those who are physically challenged and with albinism, are more often excluded from crucial services for their development. For example, a study in Lake Zone shows that children with albinism face challenges in accessing education and health care, are often subjected to violence, and typically live in poverty. Furthermore, despite the census's estimate of 9.3% of people living with disability, the Basic Education Statistics Tanzania (BEST) consistently reports a minimal number (less than 1%) of children with disabilities enrolled in school. Such challenges increase the likelihood of children with disabilities being affected negatively in terms of their physical, cognitive, emotional and social development notwithstanding their age range.[62]

2.5.4 Children in special settings (Humanitarian/Refugee and alternative care settings)

Among children experiencing adversities, there are those experiencing war, displacement, parent's death and various disasters, who are also at particular risk of suffering poor development. These children are more likely to experience issues of insecurity, safety, separation from families, poor diets or food insecurity and lack of health care services among others. As such it is even more important to ensure that the Nurturing Care Framework approach is taken to address policies and guidelines for such contexts[63] . Tanzania hosts refugees from various countries including the Democratic Republic of Congo, Rwanda and Burundi, recently reporting up to 358,520 people hosted in the three refugees' camps in Kigoma region and with indications of an influx of more refugees from the Democratic Republic of Congo and Burundi due to recent continuation of armed and political conflict in these countries[64] . Legislation guiding these refugee settings is provided by the Refugee Act of 1998 and the National Refugee Policy of 2003, supported under the Ministry of Home Affairs.

A recent study conducted in the Kigoma refugee camps indicated various challenges facing children living in refugee settings. These include major disruption to their education whereby many of the children either delayed joining or dropped out of school, with only 56.1% of all children in the refugee camps enrolled in pre-primary to secondary schools. Children who are most likely not to be enrolled in schools are those from poor families, unaccompanied children, children with disabilities or orphans[65] . Lack of or little food, mental health issues affecting parents, child abuse and neglect are also documented as challenges to refugee families. Apart from health and nutrition services, there is a gap in interventions for children aged 0 – 3 years in relation to responsive caregiving and early

[65] Caritas Kigoma Diocese et al (2018) Joint Education Needs Assessment Tanzania: Report of an Assessment of Refugee Education in Three Refugee Camps in The Kigoma Region, Tanzania.

[66] Moving Minds (2019) ECD and Early Learning for Children in Crisis and Conflict Brief adapted from a background paper commissioned for the 2019 Global Education Monitoring Report

[67] MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015 – 2016.

[68] Makuu M (2019) Situation Analysis of Orphans and Vulnerable Children in Existing Alternative Care Systems in Dar es Salaam, Tanzania. Social Work and Society International Online Journal

[69] PORALG (2017) Pre-primary, Primary, Secondary, Adult and Non-Formal Education Statistics 2017, Regional Data.[63] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential

[70] PORALG (2017) Pre-primary, Primary, Secondary, Adult and Non-Formal Education Statistics 2017, Regional Data.

[71] National Bureau of Statistics (2015) The 2012 Population and Housing Census Gender Dimension Monograph

stimulation. Yet, studies recommend that responsive care protects children from conflict and crisis effects and supports them to achieve healthy development[66] . This means that addressing all nurturing care components of a child's development as well as parental mental wellbeing is critical. However, given there is a presence of multiple partners in the refugee camps providing different services in nutrition, health and education in partnership with different ministries (MoHCDGEC, MoEST, and PO-RALG), the analysis indicates inadequate coordination between these agencies. At least at the camp level there are sector specific working groups such as in education and health who plan and work together. Furthermore, reliance on donor funding is also a challenge that results in the short life span of various interventions reaching these children.

2.5.5 Orphans

Orphans as defined in the Tanzanian DHMIS as any child under 18 years without one or both parents. The TDHMIS 2015/16 reports 8% of children under 18 years are orphans which has dropped from 10% as reported in 2010. The percentage of orphanhood increases by age whereby orphans below 2 years are at 1% and those who are 9 years and below are at 7%[67] . In Tanzania, orphans are taken care of through different arrangements including traditional extended families, foster care, adoption, child-headed households, and residential care. It is reported that there are more than 500 residential care centers nationwide reaching children of different age groups. Studies on situation analysis of Orphans and Vulnerable Children in existing alternative care systems in Dar-es-Salaam indicated that there were 11,565 children (various age groups) who were in residential care, while 80 were in detention facility, 80 in approved schools, and 453 in prison. However, there are limited studies conducted on situation of these settings in terms of care, quality, and standards[68] . For example, there are pregnant women or mothers with babies or young children in prisons. However, studies do not give the actual status on services they receive while in incarceration. Furthermore, although children in residential care access basic services such as food and shelter, there are incidents where they have experienced abuse and poor parental care. A few studies have shown the challenges faced by these children including extreme poverty and poor supervision and lack of care in the household level. However, there are no studies reporting actual figures on the situation specifically with regards to informal settings especially for children in the young age group.

2.5.6 Addressing Gender issues targeting children aged 0 – 8 years

In Tanzania, there are more women (51.3%) than men (48.7%). There has been progress made in achieving gender parity across primary school and secondary school enrolments, with 2017 enrolments for boys and girls reported at 49.7% and 50.3% respectively for primary school, and 49.6% (boys) and 50.4% (girls) for secondary school[69] . However, an enrolment gap starts at high school, with total enrolment across Forms 5 and 6 for boys and girls reported at 59.1% and 40.9% respectively[70] . The gender gap widens at population level as the level of education increases with the inequality more evident at tertiary level, with 18% of boys enrolled against 9.6% of girls[71] . Men are reportedly playing a significant role in decision making including in health-related matters for the wife and children. However, male involvement in RMNCAH programmes for example is still reported to be low (e.g. in PMTCT program only 30% of clients come for couple counselling with their partners)[72]. Culture and work pressure are considered as a barrier to facilitate fathers and male caregivers to play parenting roles in the family[73]. This is the same case when it comes to childcare where culturally it is the woman's role and male participation is reported to be low. As such male involvement has become an important agenda. The government has implemented several interventions to ensure gender issues are being addressed in different national policies, guidelines and programmes. In relation to interventions targeting children aged 0–8 years, RCH services include interventions to ensure father/male participation in antenatal clinics

[72] MoHCDGEC (2016) The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016 - 2020): One Plan II.

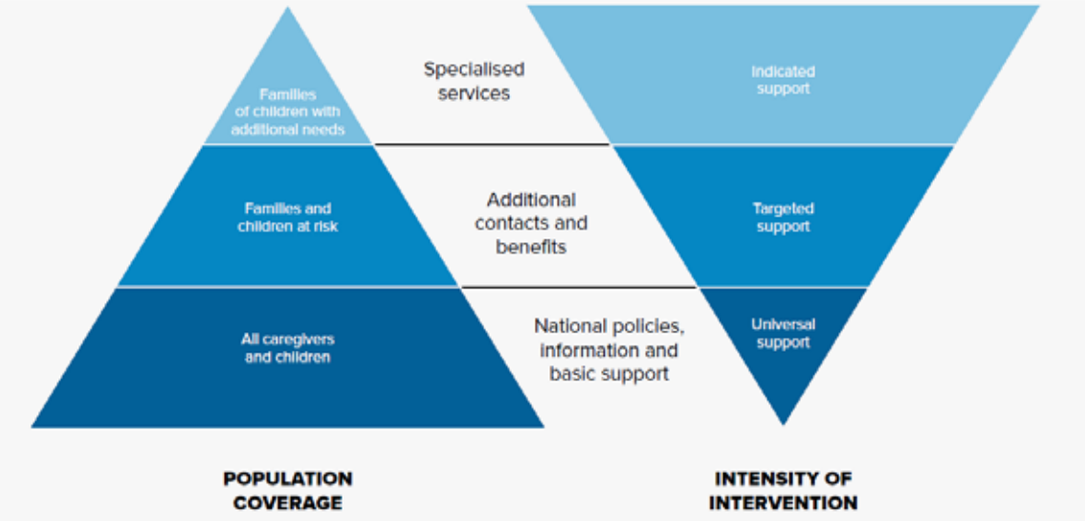
[73] UNICEF (2018) A National Agenda for Responsible Parenting and Family Care in Tanzania

such as HIV counselling and testing and in under five clinic services including vaccination and growth monitoring and promotion. Family friendly services are increasingly provided at the health facilities for example the use of terms 'Services for mother, father and child' instead of as previously phrased as 'services for mother and child'.

2.5.7 Reaching the vulnerable

Vulnerable children in the NM-ECDP context are those children who are at risk of reaching their developmental potential due to various factors surrounding them. Vulnerable children in this context are those with malnutrition/stunting, any form of disability, developmental delay, HIV+ or exposed, orphans, children cared for by an elderly, adolescent/sibling or very sick caregiver, children in hard to reach areas and very poor families. Children who have experienced any form of violence, displaced, humanitarian or those in special settings such as children who have accompanied their mothers to prison, are also considered in this category. In order to address inequities and to ensure that no child is left behind, the NM-ECD program will address the specific needs of children and families at risk, including those with developmental difficulties or disabilities or who are exposed to multiple needs deprivations. All children require comprehensive services, however, the intensity will be different based on the needs of the individual child. For example, a child with learning difficulties may need a different way of learning in comparison to a child without learning difficulties. This is the same to a child from a family with an elderly or sick caregiver/parent who may need a more intensive schedule of home visits in comparison to a child from healthy young parents. The NM-ECDP will use a term 'all children' to refer to all children 0 – 8 years including vulnerable children. The NM-ECDP borrows the Nurturing Care Framework approach and has grouped services to families into three different levels as indicated in the Figure 5***: Universal support*** – is for all families, parents/caregivers and children in the country, focusing on service provision and promotion; ***Targeted support*** - focuses on individuals or communities who are at risk due to factors such as poverty, undernutrition, adolescent pregnancy, HIV, violence, displacement and humanitarian emergencies, and as such targeted services are set to address those issues for example cash transfers to support poor households as provided by TASAF; and ***Indicated support*** – for individual families or children who have additional needs such as children with disabilities, developmental difficulties or severe malnutrition. These children and families need extra services and assistance based on their identified needs.

Figure 5: Meeting individual families and children's needs[74]



[74] WHO (2018) Nurturing Care Framework for Early Childhood Development: A Framework for helping children survive and thrive to transform health and human potential

2.6 Why the slow progress in multisectoral ECD investment?

Analysis shows that ECD multisectoral dialogues and various investment initiatives have been led by the government and other stakeholders in Tanzania since 2004, but with limited tangible results across a child's holistic development. What is evident is important progress within different components of ECD, with laws, policies, guidelines and substantial investments made especially in young children's health, nutrition, and pre-primary access.

Various factors may have contributed to this gap in multisectoral gains, including limited knowledge of holistic early childhood development and the benefits of collaborative response and investments across the different Nurturing Care components of ECD, namely Responsive Caregiving, Good Health, Adequate Nutrition, Safety and Security and Opportunities for Early Learning. While it is of note that child mortality, stunting and pre-primary access are all key performance indicators in Tanzania's current third 5-Year National Development Plan 2021/22 – 2025/26 (FYDP-III), there still remains inadequate understanding among key policy and decision makers on the critical importance of early investment in children during their early age (0-8 years) for their growth and development, and the lifelong benefits therefrom. This lack of awareness of the importance of ECD also prevails at the community level, meaning integrated ECD services are not as of yet demanded for by the public as compared to other sectors and services.

Ineffective coordination among ECD stakeholders continues to hold back progress, underpinned by presence of various sectoral policies with inadequate coordination aspects to guide multisectoral coordination of nurturing care services. Instead, each ECD related sector has its own policy that specifically guides the implementation of programmes/ activities within the respective sector. In some cases, there are also policy contradictions across sectors. Importantly, there are already existing government administrative and management structures at national, regional and district council levels which can be leveraged on and further invested in to support multisectoral coordination of ECD. There are also existing national programmes that demonstrate multi-sectoral collaborations which provide unique opportunity to both inform and support delivery of national ECD programming including the National Multisectoral Nutrition Action Plan (NMNAP) and the National Plan of Action for Ending Violence against Women and Children (NPA-VAWC). The existence of the decentralization policy and practice of joint planning and working at regional and district/local government levels coordinated through PO-RALG provides the ideal platform for integrated service-delivery at the community level. Through the decentralization policy, integrated planning and budgeting is already taking place at the council level. However, the institutionalization of multisectoral coordination remains a challenge under the current modus operandi since the parent ministry/department and public institutions responsible for ECD do not have the mandate or guiding plan to convene high-level multisectoral ECD coordination meetings for ECD decision-makers. The convening power for multisectoral government business rests with the Prime Minister's Office (PMO) which has been in the past relatively disengaged with ECD initiatives in the country, although recent initiatives by the PMO to convene and coordinate ECD dialogue and multisectoral planning provides a window of opportunity.

The low investment in ECD has also highly depended on donor funding which has been documented to bring together about 25 implementing agencies with an annual operating budget of between USD $10-18 million to support ECD programming and activities. The wide range of budget documented is due partly to the lack of disaggregated ECD funding tracking within existing programme budgets. Over recent years, primary donors for ECD activities in Tanzania have included: UNICEF, WHO, World Bank, UKAID, USAID, Irish Aid, Conrad Hilton Foundation, Better Way Foundation, UK Comic Relief, Dubai Cares, Global

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[75] Children in Crossfire (CiC) (2018) Early Childhood Development (ECD) Situational Analysis in Tanzania - May 2018.

[76] National multisectoral nutrition action plan (NMNAP) from evidence to policy to action July 2016 to July 2021.United Republic of Tanzania.

[77] PORALG (2017) Pre-primary, Primary, Secondary, Adult and Non-Formal Education Statistics 2017, Regional Data

Methodology (TNNS) 2018. Dar es Salaam, Tanzania: MoHCDGEC, MoH, TFNC, NBS, OCGS, and UNICEF.

Affairs Canada, Firelight Foundation, Johnson & Johnson, Lego Foundation and Sida.[75] However, most organizations do not specifically dedicate funding for ECD activities, but rather consolidate it within their wider programming. This variation makes it difficult to identify the funding resources available for ECD among the community of stakeholders. To improve funding for ECD activities in Tanzania, the government should first develop a costed multisectoral strategy for ECD. From there, stakeholders would be better positioned to raise funds and mobilize wider resources specifically for holistic and targeted ECD initiatives. The greatest share of the FYDP-II budgetary allocation was described under Nutrition Sensitive Interventions with health allocated (30%), followed by WASH (26%), social protection (19%) which is mainly committed to TASAF, agriculture (17%), education and early childhood development combined at (8 percent), and environment (with less than 1 percent).[76]

Lack of multisectoral national level ECD indicators is a gap whereby components including responsive caregiving, early learning for children aged 2-4 years, feeding practices of children 24 – 59 months, and health and nutrition status for children aged 5 – 8 years are not monitored at program level or captured at the country level. As such there is a lack of comprehensive surveillance of ECD indicators across all nurturing care components, meaning several critical components of ECD are at risk of being overlooked or underinvested. Currently, sector specific indicators are reported through each ministry/department, and the country also conducts various national population surveys such as the Demographic and Health Survey, which together support data tracking of different Nurturing Care components in line with global indicators including the SDGs. With Tanzania being among the countries measured as part of the Countdown to 2030 Initiative that monitors progress against various nurturing care indicators, there is an opportunity to ensure all key ECD indicators are being reported on.

2.7 Inequities in Coverage

There are number of characteristics which reveal significant inequality in the coverage of service provision among young children based on their geographical location, gender and social status, among other factors. In 24 out of the 26 regions, primary school attendance is higher among girls than boys (while the gender gap favors boys the higher the level of education). Net enrolment in pre-primary education varies substantially across (and within) the regions, ranging from 17.7% in Dar-es-Salaam to 67.8% in Mara[77]. In addition to that, children from wealthy families have more access to school (primary and secondary) than their counterparts from poor families. Such inequities on access of services or experience of nurturing care is also felt across the other Nurturing care components, similarly influenced by geographical, gender and social status. For example, the coverage of children consuming Vitamin A supplementation ranges widely from 84.9% in Iringa to 30.0% in Katavi[78]; while children receiving all basic vaccinations ranges from a high rate of 93.4% in Kilimanjaro to 54.1% in Katavi[79]. Importantly, the same inequities are felt at the community/household level and not just across service supply. For example, the percentage of infants exclusively breastfed for the first six months ranges from 90.8% in Kigoma to 29.7% in Arusha and the safe disposal of children's (0-3 years) stools varies from 99.7% in Dar-es-Salaam to 68.0% in Simiyu[80].

Such inequities are also more acute for vulnerable children, including children with disabilities, as highlighted earlier. Inequities also exist across age, with children of ECD age seemingly more disadvantaged. For example, while only 36.2% of children with disability aged 5–24 years attended school in comparison to children without disability of the same

.[78]Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], Tanzania Food and Nutrition Centre (TFNC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS) [Zanzibar] and UNICEF. 2018. Tanzania National Nutrition Survey using SMART

[79]MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015 – 2016.

[80]MoHCDGEC (2016) Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015 – 2016.

[81]National Bureau of Statistics Ministry of Finance & Office of Chief Government Statistician Ministry of State, President Office, State House and Good Governance (2016) Disability Monograph.

[82]Children in Crossfire (CiC) (draft 2020) Tanzania ECD Dashboard: Consolidated

age (49.2%[81]), education statistics report that less than 0.1% of the pre-primary enrolment is children with disability, suggesting the vast majority of young children with disability miss out on early learning opportunities. Poverty is associated with vulnerability and also significantly affects the nurturing care experience, with poverty higher in rural areas (81%) than in urban areas (19.1%). However, it is important to note that with rapid urbanization there is an increase in urban poverty. Understanding urban poverty better and its effects on ECD is an important, topical and less understood area in Tanzania.

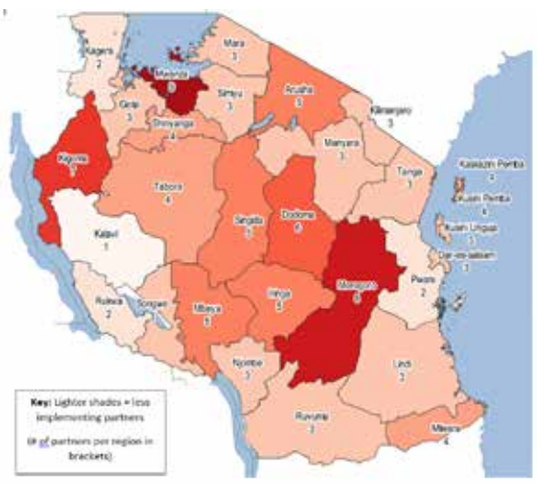
2.8 ECD Stakeholders in the country

ECD stakeholders in the country have played a key role in moving the agenda forward especially in advocating towards multisectoral coordination. The National ECD Task Force which brings together ECD focal persons across all government ministries, departments and agencies with different ECD mandate, also has representatives from across institutes of higher learning, donors, and civil society representing different sectors (including health, nutrition, education and child protection). The National ECD Task Force is a product of the recently revitalized ECD national dialogue. The process to initiate the development of this national multisectoral ECD programme (NM-ECDP) is also a result of the dialogue as resolved by stakeholders during the National ECD Stakeholders Forum held in late 2018.

ECD stakeholders in the country implement interventions across all components of nurturing care, depending on the mandates and scope of their organizations. ECD interventions covered by the mapped organizations include integrated interventions across health, nutrition, education and social/child protection programmes, as well as independent programmes focusing on a particular nurturing care component whether health, nutrition, child protection, early learning or early stimulation and responsive caregiving. These programmes are being implemented in several regions and/or councils depending on the scope of each organization. Moreover, the duration of mapped interventions ranges from one year up to five years with most projects indicating to end in the period of 2020 – 2023.

Analysis indicates that ECD interventions implemented through partners are widely distributed throughout the country, although there appears to be higher concentration across a few regions (including Morogoro, Dodoma, Singida, Arusha, Mbeya, Mwanza, Iringa and Kigoma), as noted below in Figure 6. Meanwhile some regions including Katavi, Rukwa, Kagera and Pwani have minimal support from implementing partners, also noting that some of these regions are among the poorest performing regions across key ECD indicators as noted in the CiC dashboard[82]. It is also important to note that within regions there are councils and geographical areas that receive minimal programme support. On the other hand, there is no stakeholder that implements ECD interventions at national scale and as such there is limited evidence on good practices that can be implemented at scale and that could inform the development of the National Multi-sectoral ECD Program. With substantial ECD investments reported to be in the pipeline across health, nutrition and early learning, it is anticipated that stakeholders will benefit from comprehensive guidance to be provided by a National ECD Program which is key to ensuring harmonized interventions that benefit all ECD aspects and Nurturing care components thus achieving a greater coverage and more nuanced targeting of beneficiaries.

Figure 6: Concentration of ECD Implementing Partners by region



CHAPTER 3: CONCEPTUAL FRAMEWORK FOR THE NM-ECDP

3.1 The Conceptual Basis

Promoting the development of young children across the lifecycle requires a well-coordinated and well-resourced multi-sectoral approach. To guide the development and implementation of this plan, we have borrowed the following conceptual framework to promote young children's development through a multi-sectoral approach from the Lancet Series on Early Childhood Development[83] . This framework views the development of young children as an outcome of interventions involving engagement of multiple sectors such as education, health, safety and protection. The interventions are delivered within a context of nurturing care for young children and embraces key nurturing care components of health, nutrition, opportunities for early learning, responsive caregiving and safety and security. Nurturing care is defined as "parent/caregiver sensitivity to children's physical and emotional needs, protection from harm, provision of opportunities for exploration and learning and interactions with young children that are responsive, emotionally engaging, and cognitively stimulating"[84] . This development takes place within critical care settings including the home with key care providers being parents, family members and other caregivers. Care also takes place within crèches, early learning centers such as daycare centers, community based ECD centers, Pre-primary and early primary schools.

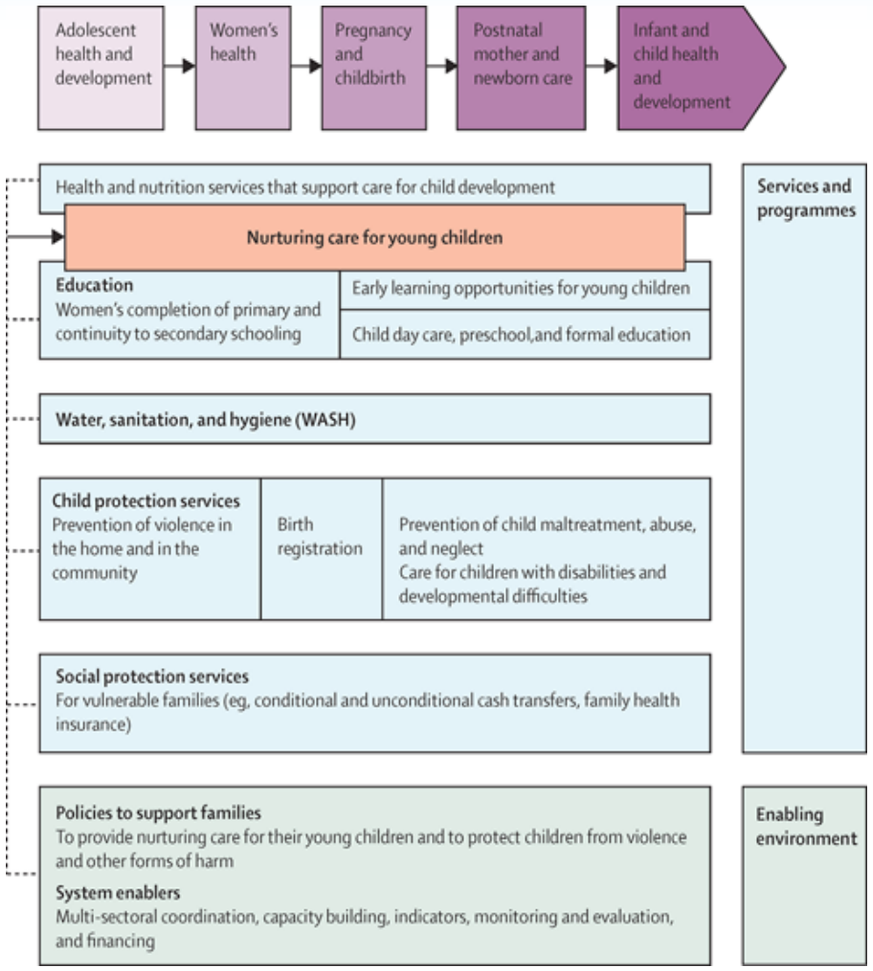
For families and communities to provide optimal levels of care for their young children within the context of nurturing care, they need a supportive and enabling environment made possible through comprehensive ECD policies, multi-sectoral coordination and adequate resources. Also critical for success is support for parents and caregivers to overcome constraints related to poverty, food insecurity, maternal mental health, toxic stress as well as violence and insecurity. This would require a whole society approach bringing together key players in sectors vital to child growth and development. Critical sectors include education, health, justice, social services and community development and security.

Based on implementation experience and the lessons learnt in implementing ECD services in Tanzania, the NM-ECDP brings together key actors from both government and non-government agencies. This wide array of stakeholders has been involved in the development of the plan and will be vital in its implementation, review and evaluation. A common approach for childcare service provision is a more cost-effective mechanism as it eliminates duplication and helps create synergies around common goals guided by a unified coordination, implementation resourcing and monitoring, evaluation and learning mechanism.

[83] Richter, Linda M.; Daelmans, Bernadette; Lombardi, Joan; Heymann, Jody; Boo, Florencia Lopez; Behrman, Jere R. et al. (2017): Investing in the foundation of sustainable development: pathways to scale up for early childhood development. In The Lancet 389 (10064), pp. 103–118. DOI: 10.1016/S0140-6736(16)31698-1.

[84] Richter, Linda M.; Daelmans, Bernadette; Lombardi, Joan; Heymann, Jody; Boo, Florencia Lopez; Behrman, Jere R. et al. (2017): Investing in the foundation of sustainable development: pathways to scale up for early childhood development. In The Lancet 389 (10064), pp. 103–118. DOI: 10.1016/S0140-6736(16)31698-1.

Figure 7: Framework for action to promote young children's development across the life course through a multi-sectoral approach[85].



3.2 Theory of Change

The development of the NM-ECDP has been guided by a blend of the Theory of Change (TOC) and the logical framework approaches. The theory of change is the visual mapping of the pathways toward achieving the desired change (impact in the logical framework language). The pathways indicate that certain conditions (equivalent of expected outcomes in logical framework) need to be changed and that these if changed would lead to the desired change. The conditions for change are not wholly within the control of the NM-ECDP implementers. These conditions are embedded within a complex social system that does not always work in predictable ways and includes the cultural, social, political, religious, economic, historical, geographical and relational realities operating within the country[86]. The NM-ECDP actors are however in control of the conditions to be changed (expected outputs in logical framework). These conditions to be changed (outputs) are the direct result of implementation of activities by various actors who will implement the NM-ECDP. These outputs are planned to be the means to lead to changes at the outcome level and ultimately to the desired change (impact).

[85] Richter, Linda M.; Daelmans, Bernadette; Lombardi, Joan; Heymann, Jody; Boo, Florencia Lopez; Behrman, Jere R. et al. (2017): Investing in the foundation of sustainable development: pathways to scale up for early childhood development. In The Lancet 389 (10064), pp. 103–118. DOI: 10.1016/S0140-6736(16)31698-1.

[86] United Republic of Tanzania (2016): National Multi-sectoral Nutrition Action Plan (NMNAP) for the period July 2016 – June 2021.

In contrast to the logical framework, the theory of change approach allows for planners to articulate the assumptions that underlie the pathway to achieving desired changes. ***Assumptions*** highlight conditions that are ***important to the success*** of a Theory of Change, or some portion of it, but are ***outside of a project's control***[87]. In the logical framework approach, assumptions are conditions needed to achieve results while in the theory of change scheme of things, the assumptions are the theoretical postulations that govern the way planners think and thus influence the way the pathways of change are designed.

The change that the NM-ECDP expects to see at the end of the five-year implementation period is that "All children in Tanzania are developmentally on track to develop their full potential." The desired change will be measured based on impact level indicators which have been adapted from national level and global goals, indicators and targets built around the various sectoral plans and sustainable development goals (SDGs) respectively.

The NM-ECDP has prioritized four conditions of change (expected outcomes) which are a product of a situation analysis conducted to help describe the context of ECD service provision in Tanzania. The situation analysis highlighted the status of nurturing care services noting the existing services, the opportunities for improvement and key gaps that needed to be addressed. It is envisioned that the four ***expected outcomes*** will contribute to the desired change (impact in logical framework).

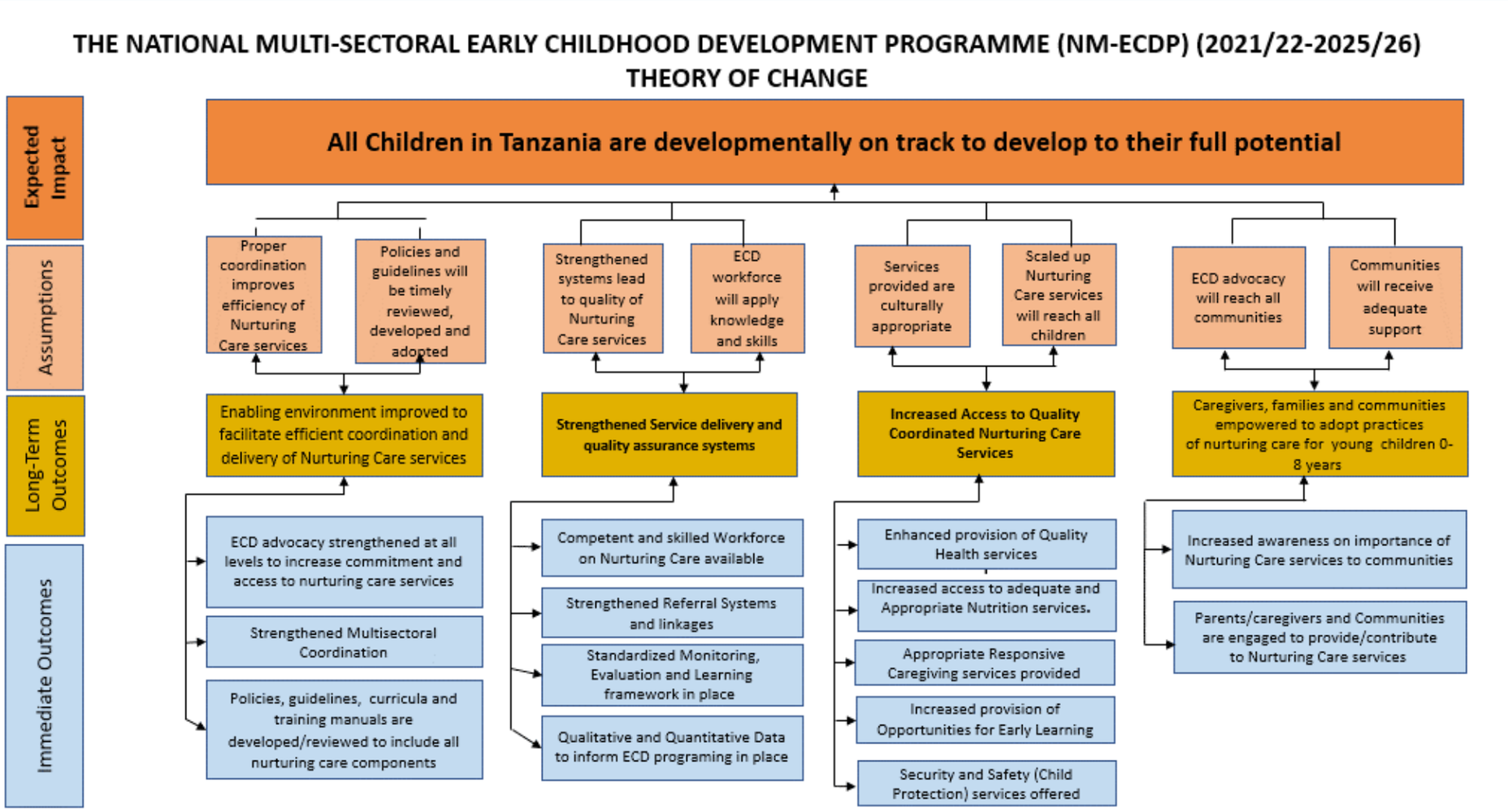
The four Long term Outcomes are:

1. Enabling environments are improved to facilitate efficient coordination and delivery of ECD services;
2. Service delivery and quality assurance systems capacity is strengthened for delivery of Multisectoral ECD services ;
3. All young children 0-8 years and their caregivers have Increased access to quality and coordinated ECD services;
4. Caregivers, families and communities empowered to adopt good parenting practices of nurturing care

Figure 8 is a summary of the pathway of change as envisioned within the context of NM-ECDP. It codifies the three main levels of results including Intermediate Outcomes, Long term Outcomes, the Assumptions and the Expected Impact.

[87] Starr, L. (2019) Theory of Change: Facilitator's Guide. Washington DC: The Technical and Operational Performance Support TOPS) Programme.

Figure 8: Theory of Change



CHAPTER 4: EXPECTED RESULTS AND KEY STRATEGIES

4.1 Guiding Principles

The Implementation of NM-ECDP will be guided by guiding principles borrowed from the Nurturing Care Framework. These are

i. ***The Child's right to survive and thrive*** which focuses on ensuring that children's rights are recognized and executed, with understanding that Tanzania is among countries that ratified the Convention on the Right of the Child and General Comment No. 7 (2005) Implementing child rights in early childhood.
ii. ***Leave No Child Behind*** which focuses on ensuring that nurturing care service is inclusive that reaches all children of 0 – 8 years including gender, vulnerability such as HIV affected children, orphans, very sick children including those with malnutrition, children in prisons and humanitarian settings and children with developmental delays and disabilities.
iii. ***Family Centred Care*** refers to the approach of reaching the whole family in order to address the issue of the child. This is in recognition on the importance of involving families i.e. mothers, fathers, grandparents and other caregivers are educated and included in the program interventions so they are able to provide nurturing care services.
iv. ***Whole of Government Action*** focuses on all ECD related sectors to work in a systematic, coordinated multi sectoral manner to ensure effective provision of access and quality provision nurturing care services.
v. ***A Whole of Society Approach*** refers to the full participation of the whole society including government civil society, academic institutions, private sectors, families and any other ECD actors. The approach encourages society ownership and shared responsibility among at different levels, meanwhile appreciating culture, local context and diversity. .

4.2 Expected impact, long term outcomes and Immediate outcomes

The National Multi-sectoral ECD Program of Tanzania, has a long-term target to ensure that "All children in Tanzania are developmentally on track to develop to their full potential".
In order to achieve this high-level target, the program seeks to strategically work on four long term outcomes that are expected to address systemic and programmatic challenges that affect growth and development of young children 0-8 years in Tanzania through strategic interventions that will be implemented by different stakeholders to contribute to improved outcomes for young children in Tanzania. For each of the long-term outcomes there are strategies that will be used to implement strategic interventions for the NM-ECDP. The NM-ECDP will work to bring change for young children through:

4.2.1 Improved enabling environment

In order to effectively provide multi-sectoral services for young children in Tanzania, there should be enabling environments that will support actors across sectors to provide holistic services to young children. The requisite environment includes supportive laws and frameworks that prioritize ECD services provision; allocation of adequate resources for ECD interventions across sectors; effective ECD coordination structures and systems at all levels and adequate number of ECD advocates for issues of young children to stimulate change in ECD practices, attitude and behavior at all levels. Based on identified gaps this KRA is comprehensively addressed in Immediate Outcome 1.3 Improved policies/guidelines/ Curriculum that reflect on ECD to be achieved through the following outputs; Reviewing policies, guidelines, curricula and manuals to include all Nurturing care components; Strengthening multi-sectoral Coordination and Strengthening ECD advocacy at all levels to increase commitment, mobilization of resources and access to services.

4.2.2 Strengthened service delivery and quality assurance system for Multisectoral ECD services

The implementation of the NM-ECD program requires adequate, competent and skilled workforce, strengthened referral systems, adequate research and data on ECD and common MEL framework to effectively promote positive results for young children 0-8 years. This outcome outlines activities that address these areas to support service provider's participation in the implementation of the program. Key results will be: Availability of competent and skilled workforce to deliver nurturing care; strengthened referral systems and linkages; availability of local research/studies to inform programming, availability of Common Monitoring, Evaluation and Learning framework across sectors.

4.2.3 Increased access, quality and coordinated services to young children 0-8 years

The ultimate results for this program is to increase access through multi-sectoral ECD services provision to young children where children get adequate nutrition, good health are safe and secure in their environment, receive responsive care from their parents and caregivers and have adequate opportunities for early learning. These services need to be well coordinated and multi-sectoral in their implementation. All young children are accessing integrated ECD services that promote whole child development leading to positive outcomes for young children 0-8 years. Key results will be: Increased access to adequate and quality nutrition services; Increased access to quality health services; Increased access to security and safety services; appropriate responsive care services provided and increased provision of opportunities for early learning.

4.2.4 Caregivers, families and communities empowered to adopt practices of nurturing care

The NM-ECD program intends to stimulate change among ECD actors from national to local level including families and communities. This will be through sensitization and awareness raising on the importance of investing in young children, community and stakeholder engagement in provision of holistic Nurturing Care Services. The program also aims at incorporating local voices, beliefs, cultures and norms in the provision of multi-sectoral services where parents and caregivers are leading.

4.3 Long term Outcomes, Immediate Outcomes and Outputs

The NM- ECDP presents details on the long-term outcomes, Immediate Outcomes and Outputs. The detailed activities are attached in the Appendix 2

Long term Outcome 1: Enabling environment improved to facilitate efficient coordination & delivery of nurturing care services

The outcome will look at ensuring that enabling environment for nurturing care services reach all children in the country through presence of sustainable financial support, guiding policies, laws and guidelines, continual advocating for inclusion of nurturing care components in curricula and manuals for training service providers across sectors to ensure provision of holistic services for all children.

Immediate Outcome 1.1: ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services

This immediate outcome will ensure that there is an increased awareness, knowledge and skills among decision makers at all levels and other key ECD stakeholders/actors on the importance of investing in young children 0-8 years from national level to local levels. In order to achieve this, various key strategies will be undertaken:

Output 1.1.1: ECD Advocacy Strategy developed

A National ECD Advocacy Strategy will be developed to give directions the programme in conducting advocacy related activities at all levels for improved ECD nurturing care services provision for young children.

Activity 1.1.1.1: Develop an inclusive National ECD Advocacy Strategy that translates the Nurturing Care Framework

Output 1.1.2: Advocacy to leaders at all levels conducted

Among initial activities to be implemented through the NM-ECDP is providing knowledge and awareness on the importance of investing in young children among leaders. The knowledge creation among all leaders at all levels will ensure their engagement and able to make key decisions in relation to Nurturing Care components.

Activity 1.1.2.1: Conduct consultative meeting to obtain buy- in /commitment from development partners

Activity 1.1.2.2: Conduct advocacy meetings for Members of Parliament selected from different parliamentarian committees to create awareness of multi-sectoral ECD programme

Activity 1.1.2.3: Conduct advocacy for high level officers of Sectoral ministries on deeper ECD awareness and incorporation of ECD missing indicators in the existing Information Management Systems

Activity 1.1.2.4: Orient journalists to enhance their understanding on comprehensive ECD so that they can create informed awareness on issues of young children aged 0-8 years

Activity 1.1.2.5: Advocate for review of curriculum for universities and colleges (education), teachers training colleges, nursing colleges, and social welfare institutes, to incorporate pre-primary education and nurturing care issues respectively

Activity 1.1.2.6: Advocate for inclusion of nurturing care issues in the inter-religious sermon guide

Immediate Outcome 1.2: Strengthened Multi-sectoral Coordination

Families and communities need integrated systems to support nurturing care. This will be done through strengthening systems for effective program coordination, periodic programme reviews and strengthening ECD advocacy for increased commitment at all levels.

Output 1.2.1: National level system for programme coordination strengthened

ECD services will be coordinated through existing structures at all levels (national to local level) to ensure efficiency in provision of comprehensive nurturing care services. As such there will be a process of strengthening existing systems in order to accommodate nurturing care in a well-coordinated manner.

Activity 1.2.1.1: Review coordination guidelines/TOR to incorporate NM-ECDP at all levels (National - Regional - Council - Ward - Village)

Activity 1.2.1.2: Orient members of the National Multi-sectoral Committee on ECD issues and coordination at national level

Activity 1.2.1.3: Orientation of members of National Multi-sectoral ECD-Technical Working Group on NMECDP and their roles and responsibilities

Activity 1.2.1.4: Orientation of 20 Regional Facilitators per region on NM-ECDP in all 26 regions

Output 1.2.2: NM-ECD Programme Reviewed

The programme shall include annual review, high level, and periodic technical working group meetings at national and local level that will help the government to understand the status of performance, success and or challenges faced during implementation to inform improvement.

Activity 1.2.2.1: Conduct Biennial ECD Multi-sectoral Forum

Activity 1.2.2.2: Conduct Annual Multi-sectoral ECD Programme Review Meeting

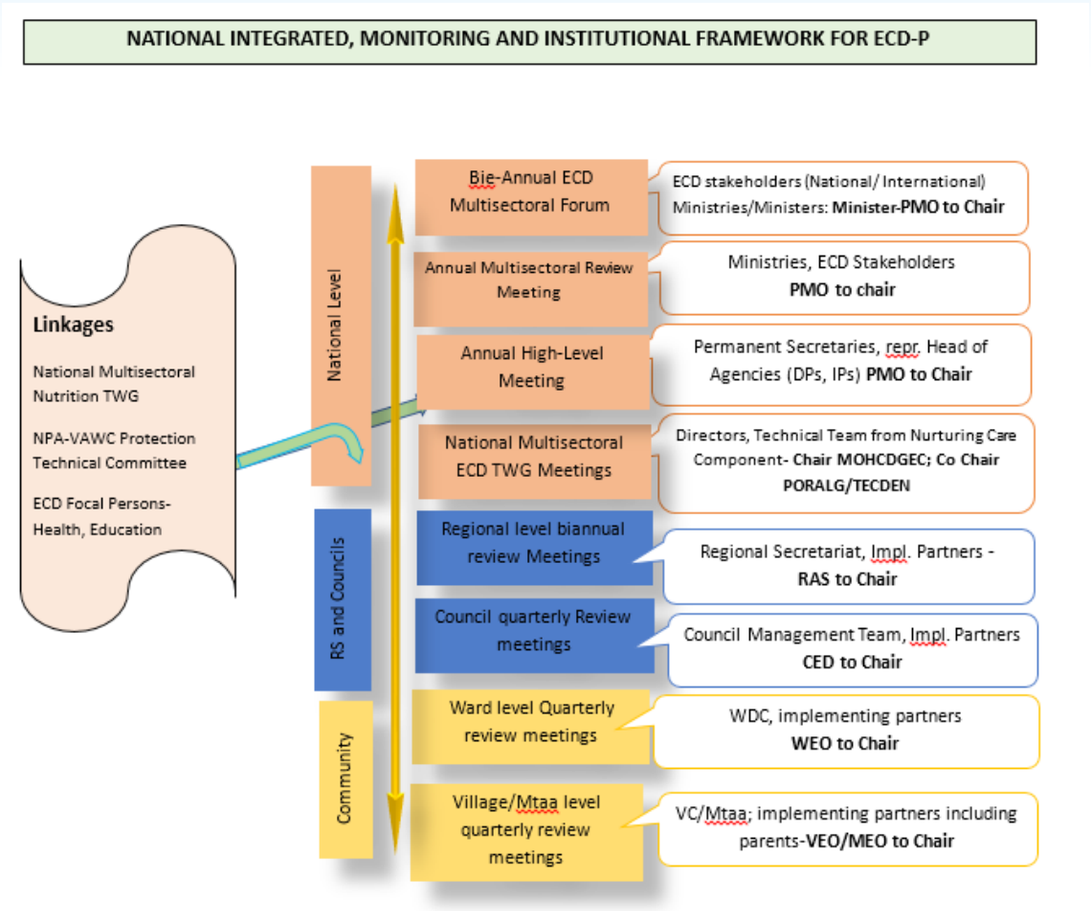
Activity 1.2.2.3: Annual High-Level Meeting

Activity 1.2.2.4: Conduct quarterly National Multi-sectoral ECD Technical Working Group Meetings

Activity 1.2.2.5: Conduct quarterly Regional NM-ECD Programme Review Meetings at Regional level

Activity 1.2.2.6: Conduct quarterly Review Meetings at Council level

Figure 9: : ECD National Coordination, MEL and Implementation Structure



Immediate Outcome 1.3: Policies, Guidelines, curricula and training manuals are developed/reviewed to include all Nurturing Care components

The Implementation of the NM-ECDP is guided by the Nurturing Care Framework thus requiring policies, guidelines, curricula and manuals to be reviewed and or developed to facilitate effective implementation of the programme.

Output 1.3.1: Key ECD related Policies reviewed and approved

The government plans to work with relevant stakeholders to review existing Child Development Policy to strengthen the Nurturing Care components that are critical for child development in early years but are addressed inadequately. Similarly, the Law of Child Act 2009 will be reviewed and disseminated to ensure Nurturing Care is comprehensively addressed but also prepare a simplified version for increasing awareness of community members on rights of children and how they can be fulfilled and protected.

Activity 1.3.1.1: Review Child Development Policy to incorporate nurturing care issues

Activity 1.3.1.2: Dissemination of the reviewed Health Policy

Activity 1.3.1.3: Review the Law of Child Act 2009 to incorporate nurturing care issues

Output 1.3.2: Key Guidelines Reviewed/Developed

In order to ensure that nurturing care services are comprehensively addressed, various guidelines will be developed and/or reviewed.

Activity 1.3.2.1: Review and harmonize guidelines for the joint supportive supervision, to include ECD issues

Activity 1.3.2.2: Conduct review sessions of Child Care Workers Manual to incorporate specific content for 0-2 years of age

Activity 1.3.2.3: Finalize the draft National Implementation Guidelines for Care for Child Development

Output 1.3.3: Curricula/Manuals reviewed

The existing curriculum and manuals will be reviewed to ensure that nurturing care components are comprehensively incorporated.

Activity 1.3.3.1: Develop National culturally and developmentally appropriate ECD curriculum for 0 – 8 years for Child Care Workers (Certificate and diploma level based on NACTE accreditation NTA level 4-6)

Activity 1.3.3.2: Develop an integrated ECD training package to include nurturing care components

Long term Outcome 2: Strengthened Service Delivery and Quality Assurance Systems

The long term Outcome 2 will look at strengthening systems for service delivery so to ensure quality and effective nurturing care reaching all children of Tanzania. This will include capacitating relevant workforce so they provide quality nurturing care services; availability of quality assurance guidelines and tools, presence of robust M&E system, supported by bidirectional referral system. In addition, conducting local researches and documentation of innovative practices in relation to ECD will inform future program planning.

Immediate Outcome 2.1: Competent and skilled workforce on Nurturing Care available

This output is to ensure Tanzania has skilled and competent resourceful humans able to support in the provision of nurturing care services at all levels. A number of strategies will be involved that include:

Output 2.1.1 A team of National ECD Trainers (Master Trainers) created

For the effective implementation of the NM-ECDP, there is a need of having national ECD master trainers for provision of nurturing care services. With this activity, master trainers will be identified and trained using national integrated ECD package which will be cascaded at all levels by the trained national master trainers.

Activity 2.1.1.1: Conduct training session on National Integrated ECD (nurturing care) package for Core team of National ECD Trainers (Training of Master Trainers)

Activity 2.1.1.2: Conduct training session on national integrated ECD (nurturing care) package for regional level trainers (TOTs)

Activity 2.1.1.3: Conduct cascade training session on National Integrated ECD (nurturing care) package for Council Level Trainers

Output 2.1.2: Strengthening the Capacity of PPE Teachers and Child Care Workers on ECD

ECD knowledge among PPE and early class teachers is very crucial in the learning and development trajectory for young children in PPE classes.

Activity 2.1.2.1: Review of Continuous Professional Development program for PPE teachers

Activity 2.1.2.2: Conducting In-service Training for tutors in Teachers Training Colleges (TTC), Child Care Workers (CCW) Training Institutions, Folk Development Centres (FDC) and universities on ECD

Activity 2.1.2.3: Facilitate recruitment/deployment of interns and volunteers from universities and teacher training colleges to support learning in PPE and early primary schools

Output 2.1.3: Capacity of frontline workers on integrated ECD (nurturing care) package strengthened

This output seek to strengthen capacity of various key ECD workforce so as to effectively provide quality multi-sectoral services to young children 0-8 years. Learning begins before birth and once the child is born, has to experience stimulating environments that will support a continuous learning process throughout the early years where the foundation for their future is built. In this learning trajectory, parents, caregivers, Child Care workers, Health Workers, PPE and early primary teachers are key. Equipping them with skills and hands-on tools that support their work is one of the key elements the NM-ECDP will focus on. The capacity building will cover Integrated ECD package, reviewed RMNCH, new child growth monitoring and development booklet and Care for Child Development package. A close mentorship and supervision will be part of routine supervision happening at the council level.

Activity 2.1.3.1: Conduct training on Integrated ECD (nurturing care) package

Activity 2.1.3.2: Conduct cascade training at council level on mental and psychosocial counselling and support for victims of violence

Activity 2.1.3.3: Conduct cascade training at Ward level (3956 Wards) for mental and psychosocial counselling and support for victims to cover the entire country

Activity 2.1.3.4: Conduct training for Health Workers on new child growth monitoring and development booklet, merged with Care for Child Development package

Activity 2.1.3.5: Strengthen responsive caregiving, early learning and WASH components in the reviewed Community Health Workers (CHW) package (RMNCH)

Output 2.1.4: Integrated ECD package for pre service cadre developed

The pre-service cadre is key in promoting growth and development of young children. To achieve this the program intends to build the capacity of this cadre on integrated ECD package

Activity 2.1.4.1: Development of online Distance Learning Program on Integrated ECD in child care workers and PPE Teachers Training Colleges

Activity 2.1.4.2: Orientation of PPE and early primary teachers on reviewed PPE curriculum that incorporate ECD components

Output 2.1.5: Orientation of birth registration committees

Activity 2.1.5.1: Orientation of birth registration committees in 8 regions

Immediate Outcome 2.2: Strengthened Referral Systems and Linkages

Children and their families need effective referral system to ensure that all their needs are addressed to receive nurturing care services. Services might require referral include health, nutrition and child protection. There is also a need of effective linkage between stakeholders to ensure these services are provided in a coordinated manner.

Output 2.2.1: VAC cases referral system strengthened

The referral systems are meant to provide child friendly response services by ensuring central base system links with toll free call 116 to track and capture information on child abuse is strengthened. The Government will work with key stakeholders to enhance access to safe and child friendly reporting pathways and responsive services. Building on the fact that all 144 Primary Courts in the country have been assigned to fast track child abuse related cases there are 86 councils already oriented in VAC and referral system and there are 420 police gender and children desks established across the country, efforts will be made to accelerate these services countrywide.

Activity 2.2.1.1: Review child protection systems (Gender Desk) and develop a community-based guideline for documentation, reporting and referral system on child abuse and neglect that covers younger children 0 - 8 years

Activity 2.2.1.2 Orientation of Community Owned Resource Persons on community-based guideline for documentation, reporting and referral system on child abuse and neglect that covers younger children 0 - 8 years

Activity 2.2.1.3: Conduct mapping of ECD stakeholders at different levels

Activity 2.2.1.4: Identify and reach TASAF beneficiaries with children 0 - 8 years with nurturing care services

Output 2.2.2: Safe and/or child-friendly reporting pathways are scaled up

Reporting of the child abuse cases looks to be very low though there is continued abuse cases that are happening in communities. Scaling up safe and or child friendly reporting pathways will provide more chances for reported child abuse cases.

Activity 2.2.2.1: Orient school PPE/child care workers/CHWs and teachers on safe and/or child-friendly reporting and designate them as counselors

Activity 2.2.2.2 Identify and refer children without birth certificates to nearest birth registration centres

Immediate Outcome 2.3: Standardized Monitoring, Evaluation and Learning framework in place.

Collaborations and partnerships in ECD services provision is key to promote best outcomes for young children. This will happen if there is a joint monitoring system that is multi-sectoral to track the developments in the implementation of NM-ECDP activities. Key activities planned to be conducted to achieve this output will include:

Output 2.3.1: ECD information system and improved integration of ECD in District Information System and Surveys strengthened

ECD indicators are key in each of the existing information management system that are in use in the country. To ensure each system captures ECD information comprehensively, the program will hold a one-day technical meeting to identify national ECD indicators from existing sectoral information Management Systems including project-based information relevant to ECD (DHIS2, BEMIS - BEST, School Information System linked to BEMIS, CPMIS, Integrated Case Management Information System and include the missing indicators.

Activity 2.3.1.1: Conduct analysis of the existing Information Management Systems relevant to identify ECD related missing indicators

Activity 2.3.1.2: Integrate developed ECD missing indicators into the existing sector Information management systems and national surveys

Activity 2.3.1.3: Develop Integrated ECD database in form of Dashboard to track the Minimum Set of nurturing care Indicators from existing sectoral information Management Systems

Activity 2.3.1.4. Orient members of ECD forums at regional and council level on the use of Integrated ECD database dashboard for tracking the Minimum Set of nurturing care Indicators

Activity 2.3.1.5 Train Service providers on the use of Integrated ECD database for tracking the Minimum Set of nurturing care Indicators

Activity 2.3.1.6 Conduct joint annual ECD monitoring visit at the council level (in schools, Centres, Health centres /facilities)

Output 2.3.2: Quality Assurance tools to incorporate specific abilities of the child strengthened

The best learning outcomes for children can only be achieved if there are quality standards that govern provision of ECD services at all levels from daycare centres, pre-primary schools and early primary school. In the context where these standards are available, the challenge remains adherence to quality standards. It is therefore very important to ensure the quality assurance framework include not only issues of Crèches, Day Care Centres, pre-primary, early primary and issues of individual children's abilities.

Activity 2.3.2.1: Review of Quality Assurance tools for PPE to incorporate specific abilities of the child

Activity 2.3.2.2: Disseminate Quality Assurance tools for (PPE, Community based ECD centres, Day care centres and crèches) which incorporate specific abilities of the child

Output 2.3.3: Screening tools to identify children with disabilities in crèche's, day care, and community-based centers developed

Early identification of children at risk due to various factors such as disabilities and developmental delay is critical to child development. This has to be done in different entry points where children interact with qualified health providers.

Activity 2.3.3.1: Revise the available tools to include screening for children below the age of PPE

Activity 2.3.3.2: Orient key council officials on the revised quality assurance tools which include identification of children with disability and special needs

Activity 2.3.3.3: Review and finalize draft child development milestone checklist to extend up to 8 years

Immediate Outcome 2.4: Qualitative and Quantitative Data to inform ECD programing in place

Evidence based programming is key in promoting effective and sustainable ECD program in Tanzania. The NM-ECDP intends to support ECD researches that will help obtain data to guide the implementation of interventions in the country.

Output 2.4.1: Research on morbidity and mortality of children 5 - 8 years conducted

Currently there is scanty information on the health and nutrition status of children 5-8 years despite the fact that they are in the risk group of not reaching development potential due to many factors including poverty, hunger and toxic stress contributed by abuse and violence among others. The information captured will be linked to existing Demographic and Health Surveys under NBS, Morbidity and Mortality records in Health facility/ Health Insurance Fund records. Research is needed to understand their situation to assist in developing appropriate interventions to promote their thriving and transforming for a brighter future in adulthood.

Activity 2.4.1.1: Develop research protocol

Activity 2.4.1.2: Undertake field data collection

Activity 2.4.1.3: Conduct data analysis, interpretation and report writing workshop

Activity 2.4.1.4 Conduct workshop to disseminate research findings

Output 2.4.2: Research on responsive caregiving practices for children 0 - 8 years conducted

Due to limited data on responsive care practices, the Government and other key stakeholders will conduct research to understand the existing situation, the information will help inform programming. Pilot programmes on responsive caregiving practices are currently being implemented in small scale by UNICEF and EGPAF.

Activity 2.4.2.1: Develop research protocol

Activity 2.4.2.2. Undertake field data collection

Activity 2.4.2.3 Organize data analysis, interpretation and report writing workshop

Activity 2.4.2.4 Conduct workshop to disseminate research findings

Output 2.4.3: National Integrated Nurturing Care Indicator Surveys conducted

In order to strengthen existing monitoring systems by adding nurturing care indicators, key ministries in implementing ECD in the country will work with key stakeholders to conduct national ECD Surveys to collect outcome indicators on nurturing care. Due to difficulties in integrating nurturing care indicators in national surveys such as DHS, a possibility of conducting a separate Multiple Indicator Cluster Survey will be sought. Reference and link will be made to existing Demographic and Health Surveys under NBS, BEST and National Nutrition Survey where currently some key nurturing care indicators such as those tracking child development are not captured. As such it is planned to prioritize a list of nurturing care indicators and collect information on the situation of ECD nationwide every two years by December 2022.

Activity 2.4.3.1: Develop research protocol

Activity 2.4.3.2: Undertake field data collection

Activity 2.4.3.3: Organize data analysis, interpretation and report writing workshop

Activity 2.4.3.4: Conduct workshop to disseminate research findings

Output 2.4.4: Review of NM-ECDP conducted

The program will be reviewed at different levels in the course of its implementation to assess progress. The Midterm review is key to provide an opportunity to assess programme interventions, progress in terms of targets, quality, identify gaps and re-plan where possible before the end of programme. The endline review will provide overall programme success and gaps; to allow planning of the new phase.

Activity 2.4.4.1: Conduct a midterm review of NM-ECDP

Activity 2.4.4.2: Conduct an end line evaluation of NM-ECDP

Long term Outcome 3: Increased Access to Quality Coordinated Nurturing Care Services

Services for young children 0-8 years are diverse and need planned and coordinated efforts to ensure these services are provided in a coordinated manner in order to bring desired change. Access to quality nurturing care services entails provision of appropriate responsive care giving services; increased opportunities for early learning; increased access to quality Health services; increased access to adequate and appropriate nutrition services and increased access to security and safety services.

Immediate Outcome 3.1 Enhanced provision of quality Health services

This outcome covers all interventions that will strengthen provision of quality ECD related health services and increase equitable access to all children.

Output 3.1.1.: Health and Nutrition status of children 0-8 years identified

Health and wellbeing of young children as they grow is key to their future success in life. Tracking their health status in crèches, early learning centers, pre-primary and early primary is key to support their development.

Activity 3.1.1.1: Conduct periodic mobile early identification developmental delay services in crèches, day care centres, community based centres, pre-primary and early primary classes

Output 3.1.2: Increased comprehensive health services provision, monitoring and assessment of young children in health facilities

Comprehensive health services provision to children under five and those in pre-primary and early primary schools is key to ensure these children stay healthy and therefore able to effectively learn as they play. The programme will provide for these service ensuring they reach all children in the country.

Activity 3.1.2.1: Review ANC, postnatal care CTC and IMCI health packages to incorporate Nurturing Care components

Activity 3.1.2.2: Develop Child Health and Development booklets using braille language to increase access to information on child health for people with visual impairment

Activity 3.1.2.3: Establish RCH mobile health services to reach children in crèches, day care centers and pre-primary schools

Activity 3.1.2.4: Procurement of growth monitoring and development tools (weighing scales, length boards and age appropriate playing materials) in Health facilities

Immediate Outcome 3.2: Increased access to adequate and Appropriate Nutrition services

Although Nutrition services are broadly covered under NMNAP, they still need strengthening in some components under NM-ECDP to increase access to services.

Output 3.2.1: NMNAP-II reviewed to incorporate Nurturing care components

Recognizing that nurturing care is inadequately addressed in the current NMNAP particularly on early learning and responsive caregiving. The Government and key stakeholders will review the existing NMNAP II to integrate the missing components.

Activity 3.2.1.1 Conduct NMNAP II review meetings to ensure nurturing care components are comprehensively addressed in the reviewed version

Output 3.2.2: Nutrition programmes are incorporated in pre-primary and early primary schools

Assessment of nutritional status for school children will enable the government to identify gaps and there able to plan interventions to address them for improved outcomes for young children in these facilities.

Activity 3.2.2.1: Screening for nutritional status for children 5 - 8 years in pre-primary and early primary as part of school health programme

Output 3.2.3 The School Feeding programme for children in pre-primary and early primary school implemented

The school feeding guidelines has recently been launched. To ensure consistency, quality and that all children benefit from the feeding programme, the Government in collaboration with other stakeholders will orient responsible stakeholders on the school feeding programme and advocate for the implementation of the school feeding programme involving parents, caregivers and other stakeholders at all levels.

Activity 3.2.3.1: Conduct three days orientation meeting to 20 national facilitators on the use of the school feeding programme guideline at national level

Activity 3.2.3.2: Conduct three days orientation meeting for facilitators and trainers on the use of the school feeding programme guideline at regional and LGA levels

Activity 3.2.3.3: Conduct three days orientation meeting to 2 teachers per school, and 2 ward officers in all LGAs

Activity 3.2.3.4: Establish poultry, small animals and garden keeping programme at school level to supplement provision of nutritious food to children through the school feeding programme

Output 3.2.4 Village Health and Nutrition Days (VHND) including RCH outreach commemorated

This output is meant to increase access to nurturing care services for children in early years including using community established crèches, Day Care Centres, Community Based ECD centres and schools. Village Health and Nutrition Days have been an important forum and contact point where community members including parents, caregivers and their children below 5 years attend to access information and services on health, nutrition, responsive care, sanitation and hygiene as well as protection provided through assessments, counseling and demonstration.

Activity 3.2.4.1 Conduct Village Health and Nutrition Days commemorations in communities

Immediate Outcome 3.3: Appropriate Responsive caregiving services provided

Child growth and development is dependent on the type and quality of supportive services they get as they grow. They need to grow in stimulating environments as they interact with their peers, parents and caregivers. Counseling to parents and care givers on their responsive care giving role is key. Provision of adequate and appropriate play and learning materials in homes and in service centers paves way for better learning opportunities.

Output 3.3.1: Inclusive ECD corners with adequate and appropriate play and learning materials established

Children learn through play, the programme intends to provide opportunities for early learning in all facilities where children visit with their parents/caregivers as they attend services or when they are attending in existing early learning facilities. The play, learning and teaching materials are essential to increase their learning potential but also provide space for play and communication between caregiver and child and also support identification of children's disabilities or developmental delays to inform appropriate referral.

Activity 3.3.1.1: Establish inclusive ECD corners with adequate and age appropriate play and learning materials in all health facilities

Output 3.3.2: Regular counseling sessions to parents and caregivers are conducted

Families and communities are primary care givers for young children. Conducting counselling sessions for parents and care givers as they go with their children in health facilities is key to equip them with requisite knowledge on responsive care giving and other nurturing care components that are essential for growth and development of their children.

Activity 3.3.2.1: Conduct regular counselling sessions to parents and caregivers

Immediate Outcome 3.4: Increased provision of Opportunities for Early Learning

In order to achieve this goal, the NM-ECDP will invest in the provision for opportunities for early learning at all levels. This will be done through establishment of crèches for 0-2 children, day care/community owned ECD centres targeting 3 - 4+ years children and pre-primary and early primary classes for 5 – 8 year old children, which is formal as per education and training policy of 2014. The NM-ECDP will also engage in advocacy and awareness raising for parents, caregivers, families and communities on the importance of investing in young children in their early age which written in more detail in intermediate outcome four of this programme.

Output 3.4.1: Increased opportunities early learning services for children

Children learn as they explore environments around them, this include in their home, centre, and school environments. The quality of these environments become a key aspect in their learning trajectory. Establishment of crèches, early learning centres, pre-primary and early primary classes that are equipped with child friendly and age appropriate play, learning and teaching materials is key. The government will invest in these facilities to enhance learning for young children.

Activity 3.4.1.1 Support establishment and operationalization of Crèches in formal and informal working places to enhance breastfeeding, responsive caregiving and early learning

Activity 3.4.1.2 Support establishment of community-owned ECD centres in communities

Activity 3.4.1.3 Support establishment/construction of PPE classrooms in formal and informal settings

Output 3.4.2 Increased support to families and communities to provide parenting education and nurturing care services for children

These services will be provided in crèches, community based ECD centres, pre and early primary facilities and in communities.

Activity 3.4.2.1: Support establishment of parenting groups in communities

Activity 3.4.2.2: Support parenting groups with seed money

Immediate Outcome 3.5: Increased access to Security and Safety services

Children's security and safety is among key components in the nurturing care framework; which lies in the hands of those taking care of them. The SITAN has reported less documentation of violence and abuse cases to young children (0-8 years). This calls for a need to establish mechanisms that will increase access to information and services in relation to security and safety aspects to everyone.

Output 3.5.1: One Stop centres providing security and safety services established

In order to address security and safety aspect there is a need of establishing one stop centres in all communities equipped with qualified professionals, materials and space to provide efficient, age appropriate and friendly services. There are only 16 one-stop centres currently established nationwide. Through NM-ECDP, more one stop centres will be established across the country.

Activity 3.5.1.1: NM-ECDP facilitates establishment of one-stop centres in 97 council hospitals in the country that will provide services on security and safety for young children 0 – 8 years

Activity 3.5.1.2: Conduct orientation for service providers on child friendly services

Activity 3.5.1.3: Establishment/Construction of 81 new "one stop centers" within council hospitals

Long-Term Outcome 4: Caregivers, families and communities empowered to adopt practices of nurturing care

Empowering caregivers, families and communities at large on the significance of investing in early years, has expectation that the acquired knowledge will create a demand and positive practices of nurturing care services. These stakeholders will be reached through different platforms including media and meetings.

Immediate Outcome 4.1: Increased awareness on importance of Nurturing Care services to communities

Families and communities need to be empowered with knowledge to understand the importance of investing in young children early for their children's future foundation. This can be done through provision of nurturing care services required to support their children's growth and development. Families and communities are the first and major stakeholders in this partnership expected to play key role in supporting the NM-ECDP implementation. As such the NM-ECDP will use different approaches to reach families and communities to create awareness.

Output 4.1.1: Sensitization of communities on importance of investing in young children in their early years conducted

This output will be delivered through radio and community level meetings. Sensitization of families and communities is key to stimulating change among families and communities on the importance of investing in young children at their early age. In order to ensure nurturing care practices are being sustained by communities, there must be a marked demand and change in attitude, practice, and behavior on nurturing care services provision. The programme will use community mobilization and engagement model from the National agenda for responsible parenting and family care agenda to support the process. The NM-ECDP use a number of strategies to ensure wide stakeholder awareness on the importance of investing in ECD.

Activity 4.1.1.1: Development of ECD Radio messages

Activity 4.1.1.2: Raise awareness among Key ECD actors

Activity 4.1.1.3: Organize sensitization meetings for community leaders, religious leaders, private sector and influential leaders

Activity 4.1.1.4: Conduct meetings with councilors to promote increased investments in Nurturing Care service

Immediate Outcome 4.2: Parents/caregivers, Families and Communities are engaged to provide/contribute to Nurturing Care services provision

Engagement of parents, caregivers, families and communities in issues of young children broadens the quality of services children are getting and increasing the level of protection children have in families and communities. The NM-ECD programme will work extensively to ensure these key actors in ECD are adequately engaged in ECD issues at all levels.

Output 4.2.1: Guidelines on safe and child-friendly desks disseminated

Adherence to quality standards in the provision of services to young children is very important to ensure children get appropriate and timely services as needed. Service providers on the other hand need to have adequate knowledge and skills to effectively provide these services.

Activity 4.2.1.1 Disseminate guidelines on safe and child-friendly desks to council level and ward level SWOs, CDOs and Education Officers

Output 4.2.2: Crèches, day care centers and community-based ECD centers established

The NM-ECDP will provide for organized care and learning for young children in the country by promoting the establishment and operationalization of crèches, day care centers, community based ECD centers, pre-primary and early primary facilities throughout the country.

Activity 4.2.2.1: Engage community members, parents and caregivers in supporting improvement of nurturing care services

Activity 4.2.2.2: Facilitate establishment and operationalize crèches, day care centres, and community-based ECD centres in formal and informal settings to enhance nurturing care services

CRAYONS

CHAPTER 5: THE COSTED ACTION PLANS TO IMPLEMENT NM-ECDP INTERVENTIONS IN THE KEY RESULT AREAS

5.1 Overview

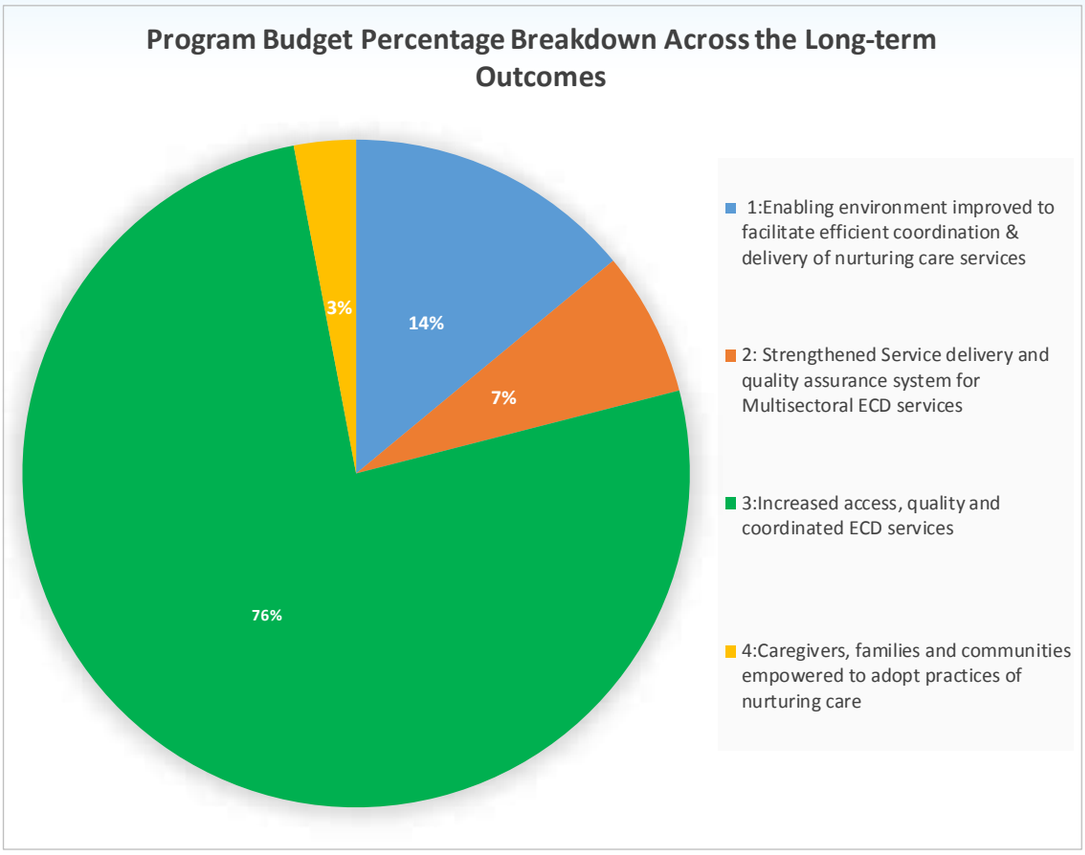
The costed action plans spanning a five-year period will deliver on the four long term outcomes: Improved enabling environment; Strengthened service delivery and quality assurance systems for multisectoral ECD services; Increased access, quality and coordinated ECD services; and Caregivers, families and communities empowered to adopt practices of nurturing care. The total budget for the NM-ECD Program for a period of five years is 914,991,351,636 Tanzanian Shillings which is equivalent to USD 394,392,824 (refer to Table V: Summary of the minimum financial requirements for the National ECD Programme).

The budget cost has been allocated to support all four long term outcomes, as summarised in Figure 10 below. The highest allocation of the program budget i.e. 76%, is towards service delivery targeting beneficiaries (children and caregivers), namely Long term Outcome 3: Increased access, quality and coordinated ECD services responding to the children's needs (0-8 years). Critical gaps identified included very limited coverage of nurturing care services especially in rural areas and specific services targeting 2 – 4 years old. The poor condition or inadequate learning infrastructure is a particular challenge, as well as limited availability of responsive caregiving and play/learning materials. As such significant investment has been prioritized to respond to such gaps, including support to establish 200 Crèches in the working place and within communities to enhance breastfeeding, responsive caregiving, and early stimulation /learning for the youngest children between 0-2 years. Moreover; establishment of Community Owned/Based ECD centres in all 12,319 Villages/Mitaa targeting children from 3-4 years; the construction of quality pre-primary classes in all 16,401 government primary schools targeting children from 5-6 years; as well as the establishment of child-friendly spaces in one stop centres established in 97 council hospitals and procurement of growth monitoring tools.

The situation analysis also identified gaps in terms of coordination among stakeholders, inadequate numbers of trained/qualified ECD related practitioners, poor quality standards, and a need to have policies and guidelines/curriculum in place that address nurturing care services. Minimal ECD knowledge at the level of decision makers and the community at large was also identified as a gap. Moreover, being a new programme, it is crucial that systems and structures are established to sustain the program. As such, the remaining budget has been allocated across the three remaining long term outcomes, namely:

- Long term Outcome 1: Enabling environment improved to facilitate efficient coordination and delivery of nurturing care services through advocacy, development/review of relevant policies and guidelines, and facilitation of coordination among stakeholders, which has an allocation of 14% of the program budget;
- Long term Outcome 2: Strengthened service delivery and quality assurance system for Multisectoral ECD Services which has an allocation of 7% of the programme budget, with a particular focus on capacity building to frontline workers, conducting of local research to inform the programme, as well as establishment of M&E, quality assurance and referral systems;
- Long-term Outcome 4: Caregivers, families and communities empowered to adopt practices of nurturing care, which has an allocation of 3% of the programme budget. This outcome focuses on creating knowledge and demand across parents and communities through sensitization meetings, radio messages, and support groups in relation to the nurturing care framework.

Figure 10: Programme Budget Percentage breakdown across the Long term Outcomes



NM-ECDP costs can be broadly divided into the following three main categories:
1. Overhead costs (upper level management in government, plus design, start-up and evaluation costs);
2. Direct costs (infrastructure construction, meetings, training, food and supplements, uniforms, cash transfers, equipment, direct administration and monitoring); and
3. Imputed costs (volunteer time and opportunity costs of buildings used).

Important variables affecting costs in the NM-ECDP that are included in the standardized costing tool[88] are:

1. ***Services provided:*** nurturing care services will be provided in combination; (for example, integration of responsive caregiving messages in health services; conducting of nutrition assessment in pre-primary and day care centres). There is an advantage of using existing system to integrate services for example health and responsive caregiving as it is considered to be less labor intensive as such it may not add much marginal labor to another program, and the cost of administering programs jointly could be lower. On the contrary, adding a labor-intensive service such as pre-primary education may not result in efficiencies. Further, coordination costs between ministries could arise in bundled programs.
2. ***Programme frequency and duration:*** NM-ECDP programs, particularly child care, parenting programs, and preschool, vary dramatically in terms of program frequency and duration, from five hours to ten hours per day, five days a week. More vulnerable children may also require more extensive, and often expensive, services.
3. ***Staff supervision and professional development:*** NM-ECD programs vary greatly in the degree to which process quality, which has been proven critical to program impact is supported. Number of days in trainings also varies from 1 – 5 days. Trainings are among higher costs in the program due to perdiem and transport allowances. Expenditure in this area is often inadequate, because it is more difficult to measure than elements of structural quality).
4. ***Geography:*** Rural programmes may have higher unit costs for several reasons: providers may serve fewer children, there may be higher transportation costs and costs of transporting building or learning materials to remote locations could be higher. On the other hand, wage standards in urban areas may make programs more expensive.
5. ***Delivery setting:*** ECD interventions delivered in beneficiaries' homes rather than purpose-specific centers, require lower infrastructure costs but could require more transportation expenses. For example, in NM-ECDP home visits conducted by CHWs.
6. ***Programme scale:*** Programmes beginning the process of scaling up or at scale such as NM-ECDP may have higher unit costs because of the up-front investments required for system building, and additional costs of extending services to harder-to-reach populations. However, it is also noted that small scale programs may have higher unit costs than large scale programs, as overhead costs are generally higher to cover fixed startup costs.

Given this variation, it was critical to obtain descriptive information on the activities of the NM-ECD program, and to collect disaggregated cost information to understand the context and quality of the service provided. Assumptions were also included in determining the cost of the activities. This information is included in Appendix 3 (Costed plan).

There are a number of challenges associated with collecting data related to ECD costed programmes: (a) there are often many actors involved in providing one service, which means it can be difficult to capture the full picture, and to avoid double counting of beneficiaries. (b) ECD services more frequently rely on volunteer labor than in other areas of education. Volunteer labor is a form of imputed cost and despite their importance, imputed costs are often omitted from costing analyses[89]. (c) Accounting systems often count expenditures rather than costs, and separate capital costs from operating costs[90]. Consequently, capital expenditures are often poorly accounted for; for example, counted only in the year of initial expenditure[91]. (d) Estimating unit costs, rather than overall program costs, introduces the challenge of measuring the number of beneficiaries of a given programme. In particular, ECD programmes may have spillover benefits to other children in the family; for example, to all siblings born after a parenting education intervention.

[88] The Standardized Early Childhood Development Costing Tool (SECT). A Global Good to Increase and Improve Investments in Young Children. Emily Gustafsson-Wright, Izzy Boggild-Jones and Sophie Gardiner. September, 2017

[89] Myers, R. (2008b). A note on costs and costing of early childhood care and development programmes. in E. Vargas-Barón & S. Williams (Eds.), Coordinators' Notebook, 30, 29-32.

[90] Myers, R. (2008b). A note on costs and costing of early childhood care and development programmes.In E. Vargas-Barón & S. Williams (Eds.), Coordinators' Notebook, 30, 29-32.

[91] Myers, R. (2008b). A note on costs and costing of early childhood care and development programmes.In E. Vargas-Barón & S. Williams (Eds.), Coordinators' Notebook, 30, 29-32.

5.2 Costed action plans to strengthen NM-ECDP

These costed action plans are included in detail in appendix 3 and draw from the NMNAP (2016-2021) costed action plans to scale up nutrition interventions in key result areas of the NMNAP. This and other ECD programs will inform the already costed items which will not be costed under NM-ECDP.

5.2.1 Costed action plans to improve an enabling environment to facilitate efficient coordination and delivery of nurturing care services

The proposed action plan is expected to achieve the following immediate outcomes: (i) ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services (ii) Strengthened Multisectoral Coordination at all levels (iii) Policies, guidelines, curricula and training manuals are developed/reviewed to include all nurturing care components as shown in Table I. Specific funding for improved intra and inter-ministry ECD training and coordination could unlock more policy awareness and foster institutional linkages.

5.2.2 Costed action plans to strengthen service delivery and quality assurance systems

The following immediate outcomes will achieve the long-term outcome of strengthened service delivery systems: (i) Competent and skilled workforce on Nurturing Care available; (ii) Strengthened Referral Systems and Linkages; (iii) Standardized Monitoring, Evaluation and Learning framework in place; and (iv) Qualitative and Quantitative Data to inform ECD programing in place, as shown in Table II.

5.2.3 Costed action plans to increased Access to Quality Coordinated Nurturing Care Services

The proposed action plan to increase access, quality and coordinated ECD services is expected to include the following immediate outcomes: (i) Enhanced provision of quality Health services; (ii) Increased access to adequate and Appropriate Nutrition services; (iii) Appropriate Responsive Caregiving services provided; (iv) Increased provision of Opportunities for Early Learning (v) Increased access to Security & Safety services; as shown in Table III.

5.2.4 Costed action plans to increase knowledge, motivation and support for caregivers and the community

The following immediate outcome will achieve the long-term outcome of increased knowledge, motivation and support for caregivers: (i) Increased awareness on importance of Nurturing Care services to communities; and, (ii) Parents/Caregivers and Communities are engaged to provide Nurturing Care services as the breakdown shown in Table IV.

Table I: Enabling environment improved to facilitate efficient coordination and delivery of nurturing care services

Expected Results	TOTAL	2021/22	2022/23	2023/24	2024/25	2025/26
Long term Outcome 1:						
Enabling environment improved to facilitate efficient coordination & delivery of nurturing care services	TSHS	TSHS	TSHS	TSHS	TSHS	TSHS
Immediate outcomes						
1.1: ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services	719,353,513	543,280,000	81,433,000	28,592,300	31,451,530	34,596,683
1.2: Strengthened Multisectoral Coordination	124,122,243,178	19,825,730,000	24,012,010,000	23,194,223,800	29,025,268,580	28,065,010,798
1.3: Policies, Guidelines, curricula and manuals are developed/ reviewed to include all Nurturing Care components	3,006,432,000	1,188,330,000	1,818,102,000	0	0	0
TOTAL 1	***127,848,028,691***	***21,557,340,000***	***25,911,545,000***	***23,222,816,100***	***29,056,720,110***	***28,099,607,481***

Table II: Long term Outcome 2: Strengthened Service delivery and quality assurance system for Multisectoral ECD services

Expected Results	TOTAL	2021/22	2022/23	2023/24	2024/25	2025/26
Long term Outcome 2:						
Strengthened Service delivery and quality assurance system	TOTAL	2021/22	2022/23	2023/24	2024/25	2025/26
Immediate outcomes						
2.1: Competent and skilled workforce on Nurturing Care available	29,086,421,300	2,883,444,000	23,870,570,500	2,038,522,000	293,884,800	0
2.2: Strengthened Referral Systems and Linkages	22,675,640,800	186,660,000	22,488,980,800	0	0	0
2.3: Standardized Monitoring, Evaluation and Learning framework in place	13,127,891,110	7,530,850,000	1,312,300,000	1,312,661,000	1,427,214,100	1,544,866,010
2.4: Qualitative and Quantitative Data to inform ECD programming in place	4,595,801,000	923,620,000	1,215,577,000	962,160,000	0	1,494,444,000
TOTAL 2	***69,485,754,210***	***11,524,574,000***	***48,887,428,300***	***4,313,343,000***	***1,721,098,900***	***3,039,310,010***

Table III: Long term Outcome 3: Increased access, quality and coordinated ECD services

Expected Results	TOTAL	2021/22	2022/23	2023/24	2024/25	2025/26
Long term Outcome 3:						
Increased Access to Quality Coordinated Nurturing Care Services	TSHS	TSHS	TSHS	TSHS	TSHS	TSHS
Immediate outcomes						
3.1: Enhanced provision of quality Health services	32,942,277,628	859,280,000	14,182,685,000	15,498,539,100	1,143,701,680	1,258,071,848
3.2: Increased access to adequate and Appropriate Nutrition services	39,022,388,457	10,986,462,000	16,104,453,200	3,604,674,700	3,965,142,170	4,361,656,387
3.3: Appropriate Responsive Caregiving services provided	13,456,043,700	0	4,065,270,000	4,471,797,000	4,918,976,700	0
3.4: Increased provision of Opportunities for Early Learning	605,205,889,120	99,131,200,000	109,044,320,000	119,948,752,000	131,943,627,200	145,137,989,920
3.5: Increased access to Security and Safety services	2,168,089,000	432,355,000	374,000,000	411,400,000	452,540,000	497,794,000
TOTAL 3	***692,794,687,905***	***111,409,297,000***	***143,770,728,200***	***143,935,162,800***	***142,423,987,750***	***151,255,512,155***

Table IV: Long-term Outcome 4: Caregivers, families and communities empowered to adopt practices of nurturing care

Expected Results	TOTAL	2021/22	2022/23	2023/24	2024/25	2025/26
Long term Outcome 4:						
Caregivers, families and communities empowered to adopt practices of nurturing care	TSHS	TSHS	TSHS	TSHS	TSHS	TSHS
Immediate outcomes						
4.1: Increased awareness on importance of Nurturing Care services to communities	16,900,042,320	4,866,800,000	6,776,528,000	2,620,376,000	1,255,399,200	1,380,939,120
4.2: Parents/Caregivers and Communities are engaged to provide Nurturing Care services	7,962,838,510	0	2,330,130,000	2,563,143,000	2,736,189,940	333,375,570
TOTAL 4	***24,862,880,830***	***4,866,800,000***	***9,106,658,000***	***5,183,519,000***	***3,991,589,140***	***1,714,314,690***

CHAPTER 6: GOVERNANCE AND MANAGEMENT OF THE NM-ECDP

6.1 Overview

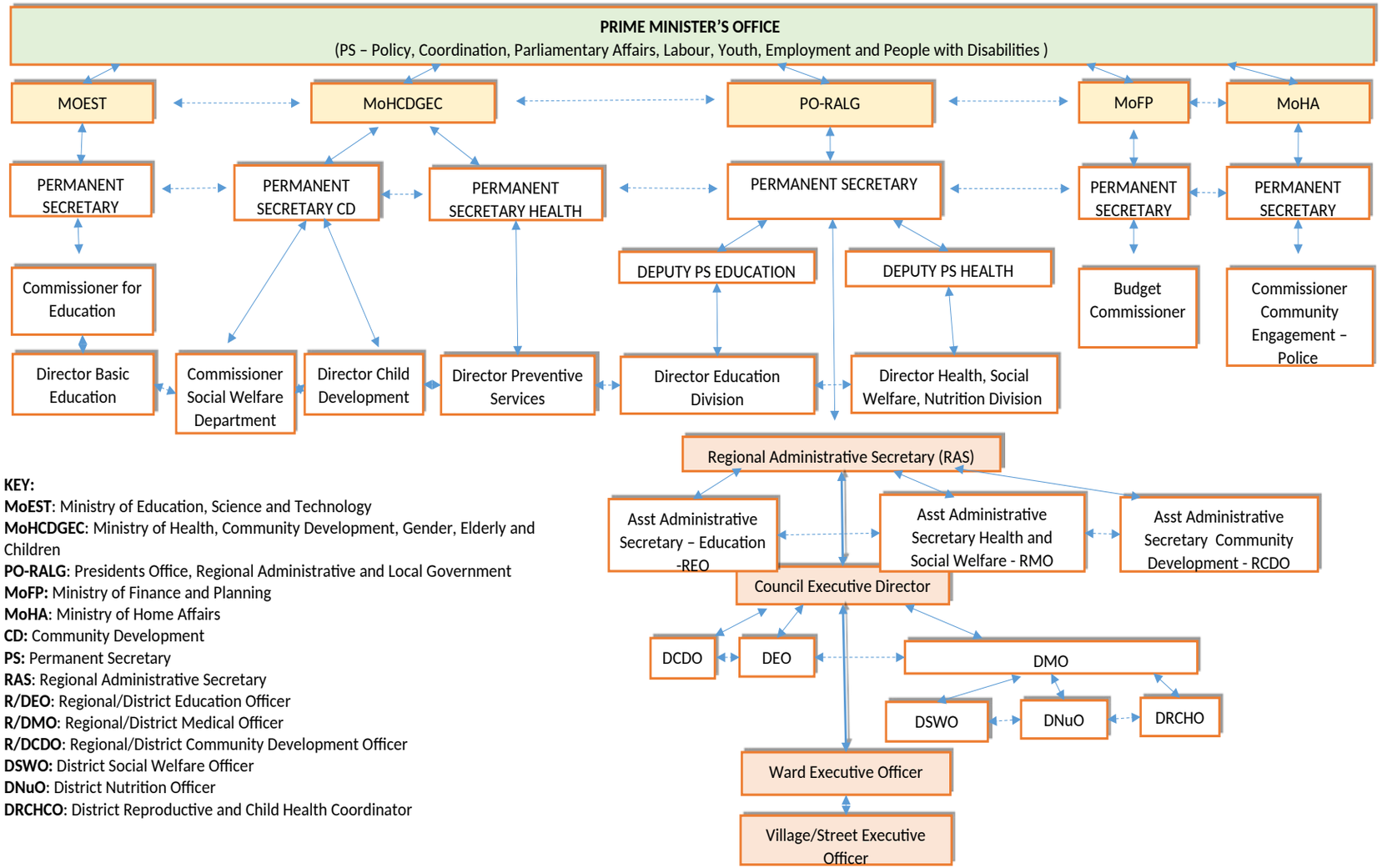
Multisectoral collaboration is crucial for improving children's well-being in order to address the complex challenges that we face in our efforts to improve early child development and reduce inequalities and inequities. The NM-ECDP is designed to ensure all ECD related sectors are engaged by interlinking and integrating relevant actions, forums and structures to maximize provision of services and increase access to reach all children irrespective of their status. The analysis has shown that Tanzania has great potential opportunities for implementing NM-ECDP due to existence of favorable policies, national guidelines, feasible operational structures, committed government and partners that could be used in leveraging resources to scale up provision of ECD services. For example, lessons could be drawn from experiences of previous and existing programmes such as Integrated ECD Service Delivery Initiative implemented in 2008-2011, which had functional coordination structures. Other notable examples are NMNAP (2016-2021) and NPA-VAWC (2017/18 – 2021/22) that have successfully been implemented in multisectoral collaborations.

The NM-ECDP will address coordination challenges existing in the past years through implementing commitments made by Ministers in 2012 ECD forum among them included: strengthening of inter-sectoral coordination and ensuring the institutional capacity to coordinate ECD and authority to meet its mandate; development of a prioritized and costed ECD plan; strengthen partnerships and inter-sectoral coordination at national and sub national levels; capacity building for service providers; innovation and resource mobilization for ECD.

6.2. Leadership, management and coordination structure

A proposed structure has been developed for the leadership and management of the NM-ECDP which determines roles and responsibilities of key stakeholders. The PMO will lead and coordinate the overall NM-ECDP, provide oversight to ensure that ECD is given priority particularly responsive care and opportunities for early learning components by integration in all possible and relevant programmes. A possibility of integrating Nurturing Care components in existing High-Level Steering Committee on Nutrition and Technical working groups will be sought to avoid overlaps. Ministries, Departments and Agencies (MDAs) will ensure ECD components are reflected in their relevant policies, strategies, programmes, regulations and guidelines; and allocate adequate resources to implement their relevant parts of the NM-ECDP. Implementation of NM-ECDP at subnational level will be under respective sectors but monitoring and coordination will be integrated in existing forums and structures at all levels in LGAs. The President's Office-Regional Administration and Local Government (PO-RALG) due to its mandate will ensure coordinating, supervision, monitoring and evaluation are conducted at the regional and local government authorities. In collaboration with relevant actors, MoHCDGEC (Community Development) in collaboration with PO-RALG will monitor, advocate and ensure resources are mobilized, provide overall strategic technical leadership and support to the Government and all sectors and actors identified in this NM-ECDP.

Figure 11: National Multisectoral ECD Organization and Coordination Structure



KEY:
MoEST: Ministry of Education, Science and Technology
MoHCDGEC: Ministry of Health, Community Development, Gender, Elderly and Children
PO-RALG: Presidents Office, Regional Administrative and Local Government
MoFP: Ministry of Finance and Planning
MoHA: Ministry of Home Affairs
CD: Community Development
PS: Permanent Secretary
RAS: Regional Administrative Secretary
R/DEO: Regional/District Education Officer
R/DMO: Regional/District Medical Officer
R/DCDO: Regional/District Community Development Officer
DSWO: District Social Welfare Officer
DNuO: District Nutrition Officer
DRCHCO: District Reproductive and Child Health Coordinator

6.3: Key actors roles and responsibilities

NM-ECDP guided by the Nurturing Care Framework, has multiple Nurturing Care components which are health, nutrition, early learning, responsive caregiving, security and safety that cut across multiple government departments. These are PO-RALG, PMO, MoEST, MoHCDGEC, MoHA and MoFP for budgetary support. Within these ministries there are specific departments and institutions which are responsible for provision of ECD services. These include Community Development, Basic Education department, Social Welfare, Reproductive and Child Health Services, Gender Desk and Tanzania Food and Nutrition Centre among others. Each ministry has its own specific mandates in relation to supporting children within the Nurturing Care Framework as per existing laws and policies.

6.4: Human Resources and Institutional Capacity requirements

Strengthening human resource capacity to ensure that the NM-ECDP is strategically managed at all levels will be crucial. The program will ensure delivery of quality ECD services through development of competent and skilled workforce by integrating nurturing care components in training manuals, curricula and guidelines while strengthening capacity of service providers at all levels both in learning institutions, pre-primary, facility and community levels. In addition, NM-ECDP will advocate for increase of service providers particularly for pre-primary education and child care workers and strengthening of referral systems to ensure all Nurturing Care services are provided equitably and comprehensively.

6.5: Action Plan for NM-ECDP

Based on situation analysis and identified gaps, the NM-ECDP is focusing on four key result areas with respective outputs and action plans including: (i) Improved enabling environment, (ii) Strengthened capacity of systems for delivery and quality assurance system of Multisectoral ECD services, (iii) Increased access to quality ECD services for young children 0-8 years, and (iv) Caregivers, families, and communities empowered to fully participate in provision of quality ECD Services. The Immediate Outcomes for each of the Long-term Outcomes (Key Result Areas) are as follows:

Key Result Area 1:	Enabling environment improved to facilitate efficient coordination and delivery of Nurturing Care services
Immediate Outcome 1.1	ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services
Immediate Outcome 1.2	Strengthened multisectoral coordination at all levels
Immediate Outcome 1.3	Policies, guidelines, curricula and training manuals developed/ reviewed to include all nurturing care components
Key Result Area 2:	Strengthened Service delivery and quality assurance for enhanced multisectoral delivery of Nurturing Care services
Immediate Outcome 2.1	Competent and skilled workforce on nurturing care available
Immediate Outcome 2.2	Strengthened referral systems and linkages
Immediate Outcome 2.3	Standardized Monitoring, Evaluation and Learning framework in place
Immediate Outcome 2.4	Qualitative and Quantitative Data to inform ECD programming in place
Key Result Area 3:	Children 0-8 years and their caregivers have increased access to quality and coordinated Nurturing Care services
Immediate Outcome 3.1	Enhanced provision of quality Health services
Immediate Outcome 3.2	Increased access to adequate and appropriate Nutrition services
Immediate Outcome 3.3	Appropriate Responsive Caregiving services provided
Immediate Outcome 3.4	Increased provision of opportunities for Early Learning
Immediate Outcome 3.5	Security and Safety (child protection) services provided
Key Result Area 4:	Caregivers, families and communities empowered to adopt practices of nurturing care
Immediate Outcome 4.1	Increased awareness on importance of Nurturing Care services to communities
Immediate Outcome 4.2	Parents/caregivers and communities are engaged to provide/ contribute Nurturing Care services

CHAPTER 7: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

7.1 Overview

An integrated and harmonized Monitoring, Evaluation, Accountability and Learning (MEAL) framework is a critical infrastructure in ensuring cost-effective and timely implementation of activities and achieving intended programme results. The NM-ECDP MEAL infrastructure seeks to realize a consolidated information system for tracking the minimum set of ECD-Nurturing Care indicators related to programme implementation. The information will be used to generate evidence through annual ECD reviews, midterm and end-line evaluations and through implementation research. The evidence gathered will be useful in informing ongoing implementation, planning, policy making and future programming. The MEAL framework brings together multiple sectors and actors that encompass MDAs, RS, LGAs, IPs, DPs, CSOs, Private and Corporate Sector, and the community.

Information and data on ECD available in Tanzania are sector based and are maintained through different existing information systems with relevance to nurturing care programming that include DHIS2, BEMIS, DHS, CPMIS, Integrated Case Management Information System, Health Management Information Systems, Growth Monitoring, Education Information Management System (EIMS), Tanzania Commission for AIDS (TACAIDS) Information System, and the Multi-sectoral Nutrition Information System (MNIS).

Even though they contain components of nurturing care, these information systems have not been evaluated with an ECD lens. Consequently, several key nurturing care indicators may be missing from these systems. Through this plan, an analysis will be done on the existing information systems to identify and include the missing indicators. Several studies and surveys have also been conducted in the recent past year addressing various aspects of the nurturing care. Some of these studies include the Situation Analysis and Baseline Study on Early Childhood Education in Tanzania Mainland, Analysis and Mapping of Parenting and Family Care Practices and Interventions in Tanzania (UNICEF), Early Childhood Development Situation Analysis in Tanzania (2018) by Children in Crossfire (CiC), and Tanzania National Nutrition Surveys among others. However, these studies are not done from an information system strengthening perspective. Similarly, they may not have wide-ranging applicability across the entire country. Through the MEAL plan, a systematic and coordinated approach to knowledge generation is going to be formalized.

The overall responsibility for actualizing the integrated multi-sectoral ECD information system and overall oversight over the MEAL plan of the NM-ECDP is the MoHCDGEC. The MoHCDGEC with other stakeholders will provide technical support and resources to build capacity of service providers on the use of the Integrated ECD database for tracking the Minimum Set of nurturing care indicators. This focused mandate to the MoHCDGEC will ensure that data collection, analysis and utilization is well synchronized with programme implementation.

7.2 Objective of the NM-ECDP MEAL Framework

The objective for the ECDP MEAL seeks to achieve two outcomes: to ensure that a “common monitoring, evaluation and learning framework across sectors” is “available” and to generate research data to inform ECD programming. As a way of achieving this plan, the NM-ECDP has proposed a number of strategic actions:

i. To strengthen ECD information system and improve integration of ECD into District Information System and Surveys
ii. To strengthen quality assurance tools to incorporate specific abilities of the child
iii. To develop screening tools to identify children with special needs in crèches, day care, and community-based centers

iv. To promote research on morbidity and mortality of children 5 - 8 years
v. To conduct research on responsive caregiving practices for children 0 - 8 years in Tanzania, and
vi. To conduct National Integrated ECD Indicator Surveys to assess progress on ECD indicators in the country

7.3 Common Results,Resources and Accountability Framework

The NM-ECDP has adopted the Common Results, Resources and Accountability Framework (CRRAF) from the NMNAP developed in 2016. The CRRAF (Appendix 4) which serves as a basis of integrating implementation with monitoring and evaluation, resources and responsibilities/accountabilities for action. The ingredients of a CRRAF include:

i. Expected results (outputs, outcomes and impact) to improve early childhood outcomes
ii. Defined populations whose life chances will be improved by proposed interventions
iii. An outline of the interventions which if implemented will lead to the intended improvements
iv. Clear delineation of responsibilities of line ministries and MDAs within government for implementation of the planned interventions
v. The roles and responsibilities on non-state actors
vi. A common framework for monitoring performance and for evaluation
vii. A matrix of the costs which identifies contributions from both governmental and non-governmental agencies

7.4 Monitoring, Reviews and Evaluation

The NM-ECDP implementation will be monitored through joint annual review meetings at the national level; biannual review meetings at the regional level; and quarterly meetings at the Council, Ward and Village levels. These meetings already exist as mechanism for monitoring provision of services although they are patterned on a sectoral basis. However, Nurturing Care is not fully incorporated into these sectoral plans. Through this programme, activities have been planned to incorporate the missing nurturing care indicators into existing sectoral plans and to include monitoring of these indicators in existing programme review meetings at the various levels of government.

In addition, mid-term and end-term evaluations are planned at the mid-point mark in 2023/24 financial year and at end point in 2025/26 financial year. Annual reports will be prepared based on the implementation status every year till the end of the programme in 2026. As part of routine activities, the quarterly meetings will be used as forums to assess progress on achievement of outputs, the products of implementation of activities. The output achievement will contribute to the achievement of higher-level results envisaged in the CRRAF and theory of change. The mid-term review in 2023/24 will be used as a way of tracking progress towards achieving results. In the final year, the Joint Review meeting will be used as an opportunity to evaluate the entire programme.

7.5 Learning and Operational Research

Research has been planned to help generate information on the implementation process geared towards identifying innovations, best practices, barriers and enablers. Two research studies are planned to provide data in the critical areas of responsive caregiving practices for children 0-8 years, and morbidity and mortality status of children 5-8 years. Findings from these studies will act as baseline data on indicators that are currently not being captured in existing sectoral plans. Annual review meetings will also be leveraged on to identify areas requiring in-depth investigation and more evidence to inform adjustments to the NM-ECDP plan and to inform future programming. In order to strengthen measurement of indicators targeting children with special needs and specific abilities, screening and quality assurance tools will be developed.

CHAPTER 8: STRATEGIC INVESTMENT PLAN FOR THE NM-ECDP

8.1 Overview

Access to Early Childhood Development (ECD) programs has expanded globally. However, in low and middle-income countries like Tanzania, children from disadvantaged backgrounds are often left-out, and programs are often of low quality. Despite the desperate need for investing in young children, current levels of ECD financing fall short of those necessary to provide access to high quality services for all children from birth[92].

There has been extensive research on the financing of ECD services globally. Experts estimate that a minimum public investment of 1 percent of gross domestic product (GDP) is required for the provision of quality early childhood care and education[93]. Combining the public investments required for the education, health, and protection interventions within ECD, it is estimated that between 2 percent and 2.5 percent of GDP should be invested in ECD[94]. Despite these estimates, domestic governments are only spending an average of 0.1 percent of GDP on ECD. Other sources of financing, both international and domestic, have helped fill this gap. Within the category of international aid, multilateral aid is the greatest source of financing, and has been larger than bilateral aid since 2012. International aid for ECD represents only 2 percent of aid allocated to basic education. Foundations are also playing an increasing role in the financing of ECD[95]. Relative to other social services, parent contributions, both in terms of fees and volunteer time, are significant for ECD services.

It is difficult to raise funds for ECD as most governments consider these programs informal and thus do not budget for them. The financing in this sector is also heavily dependent on donor funding which is not always consistent. Currently, governments and donors are failing to reflect the importance of pre-primary education in their budgetary priorities. Relative to other levels of education, this subsector is severely underfunded, particularly in low- and lower-middle-income countries. Shortfalls and stagnant financing trends in domestic and international funding are impeding progress towards universal access of early childhood development programs[96].

[92]Financing Early Childhood Development -An analysis of International and Domestic sources in Low- and Middle-Income countries August 2016. International commission on financing Global Education Opportunity. Results for Development.

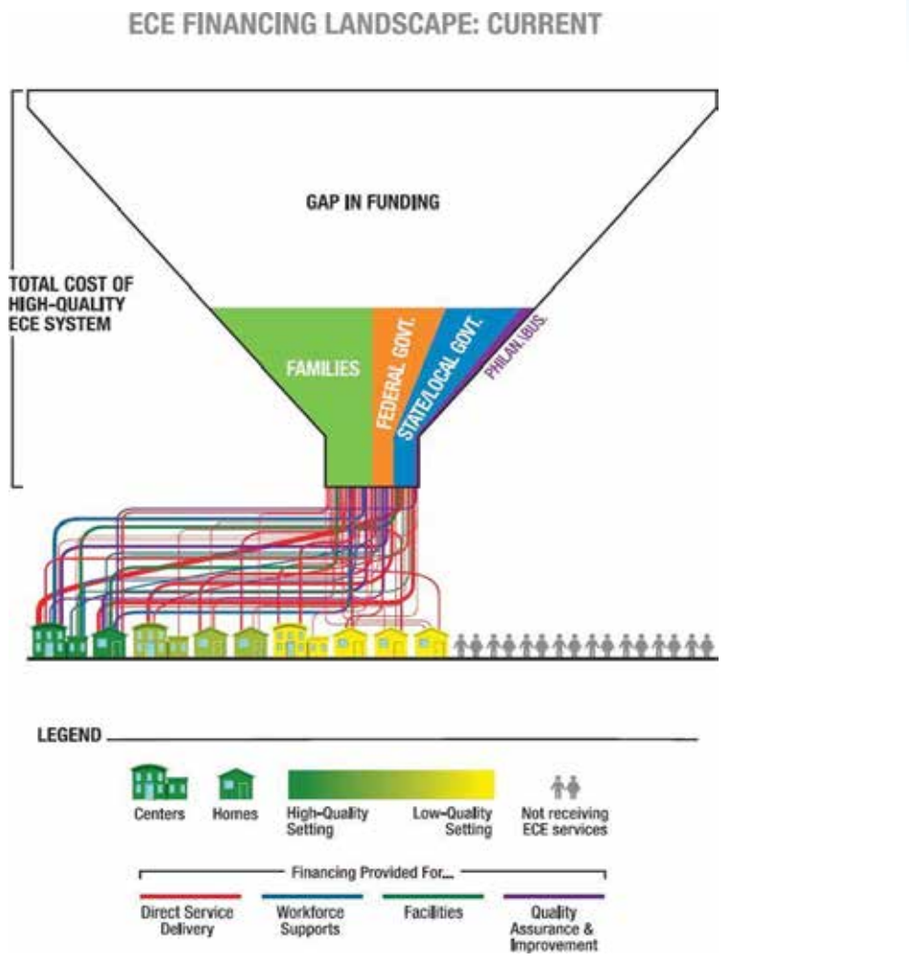
[93]Neuman, M.J. & Devercelli, A. E. (2013). What matters most for early childhood development: A framework paper. Systems Approach for Better Education Results (SABER) working paper series; No. 5. Washington, DC: World Bank Group. Retrieved from: https://openknowledge.worldbank. org/handle/10986/20174

[94]Vargas-Baron, E. (2008). Participatory ECD policy planning in francophone West Africa. In M. H. Garcia, J. E. Evans & A. Pence (Eds.), Africa's future, Africa's challenge: Early childhood care and development in Sub-Saharan Africa (pp. 187–198). Washington, DC: The World Bank.

[95]Financing Early Childhood Development -An analysis of International and Domestic sources in Low- and Middle-Income countries August 2016. International commission on financing Global Education Opportunity. Results for Development

[96]A World Ready to Learn: Prioritizing quality early childhood education, UNICEF, April 2019.

The diagram for Figure 12 depicts the current financing landscape for most countries[97]



The type of expenditures that tell us the general areas that receive funding related to ECD include but are not limited to: Health expenditures which relate to antenatal care and immunizations. Nutrition specific interventions for maternal, infant, young child and adolescent nutrition (MIYCAN), integrated management of acute malnutrition (IMAM), micronutrient supplementation and breastfeeding promotion. Nutrition Sensitive Interventions (NSI) expenditures which include agriculture and food security. Health and HIV; Water, Sanitation and Hygiene (WASH); Education and early childhood development; Social protection, environment and climate change. Education expenditures (pre-primary education and parenting programs) and Social Protection programs (cash transfers and programs for orphans and vulnerable children or children with disabilities). These expenditures are comprehensively shown in the Figure 12 below.

Funding for ECD programs is received from both state and non-state organizations. These include the central government, local governments, development partners, donors, civil society organizations, faith-based organizations, corporations, communities, and households. It is estimated that the development partners in collaboration with the government, private sector, schools and communities will pool their resources, which could be both monetary and non-monetary together to implement the NM-ECD program.

The financing structure requires a framework that is strategically focused, results-oriented, inclusive of all key stakeholders, and one that enhances national ownership, leadership

[97] Transforming the Financing of Early Care and Education. Committee on Financing Early Care and Education with a highly qualified workforce La Rue Allen and Emily P. Backes 2018.

Figure 13: Expenditure in relation to ECD[98]

<table>
<tr><th></th><th>Pregnancy</th><th>Birth</th><th>12 months</th><th>24 months</th><th>36 months</th><th>48 months</th><th>60 months</th></tr>
<tr><td rowspan="4">Nutrition</td><td rowspan="2">Counseling on adequate diet during pregnancy</td><td rowspan="3">Exclusive breastfeeding promotion</td><td colspan="2">Complementary feeding</td><td colspan="3">Supplementary feeding</td></tr>
<tr><td colspan="5">Counseling on optimal feeding practices and nutrition</td></tr>
<tr><td rowspan="2">Iron and folic acid for pregnant women</td><td colspan="5">Therapeutic zinc supplementation for diarrhea</td></tr>
<tr><td colspan="6">Growth monitoring promotion (prevention and management for acute malnutrition)</td></tr>
<tr><td colspan="7">Micronutrient and fortification</td></tr>
<tr><td rowspan="6">Health</td><td>Antenatal Visit</td><td colspan="6">Immunization</td></tr>
<tr><td colspan="2">Attended Delivery</td><td></td><td colspan="4">Deworming</td></tr>
<tr><td colspan="7">Disease prevention (malaria, mother-to-child transmission of HIV, and other diseases)</td></tr>
<tr><td colspan="7">Planning for family size and spacing</td></tr>
<tr><td colspan="7">Access to health care (including well—child visits, screening for delays and disabilities, injury and disease treatment)</td></tr>
<tr><td colspan="7">Prevention and management of maternal depression</td></tr>
<tr><td rowspan="3">Water and sanitation</td><td colspan="7">Access to safe water</td></tr>
<tr><td colspan="7">Hygiene and Hand Washing</td></tr>
<tr><td colspan="7">Adequate sanitation</td></tr>
<tr><td rowspan="3">Education</td><td colspan="7">Parent support or training (early stimulation, growth and development)</td></tr>
<tr><td></td><td colspan="6">Stimulation</td></tr>
<tr><td colspan="4"></td><td colspan="3">Quality early childhood and pre-primary programs</td></tr>
<tr><td rowspan="4">Social protection</td><td></td><td colspan="6">Birth registration</td></tr>
<tr><td></td><td colspan="6">Parental leave and adequate child care and day care</td></tr>
<tr><td colspan="7">Social assistance transfer programs (targeted income support, child grant or allowance, conditional or unconditional cash transfers)</td></tr>
<tr><td colspan="7">Child protection interventions (prevention and response to child abuse or special protection for orphans)</td></tr>
<tr><td rowspan="2">Governance</td><td colspan="7">Governance reflecting ECD interests</td></tr>
<tr><td colspan="7">Policy or regulation on nutrition, health, education, and social protection (child protection regulation)</td></tr>
</table>

[98]Denboba, A.; Sayre, R.; L, Wodon; Rawlings, Elder, L; Lombardi, J..2014.Investing in young children: key interventions and principles to ensure all young children reach their full potential (English). Education notes; no. 3 Washington, D.C: World Bank Group.

and participation. This means that the program should ensure that Early Childhood Development is a Government priority included in strategic discussions and is part of the monitoring, reporting and evaluation of the medium- and long-term development planning, such as the Development Vision 2025 (MKUKUTA). It should also be noted that Tanzania has already transitioned from low-income country (LIC) into a middle-income country (MIC), as such the period of this NMECD program is timely. The aid structure and funding opportunities are likely to shift from grants, normally targeted at human development, to physical infrastructure loans. This aspect needs to be part of the strategic discussions.

Increased decentralized funding levels for Local Government Authority coordinated ECD activities will enable adequate utilization of funds and enhance national ownership, leadership and participation from all key stakeholders like the government, communities, schools, households, development partners, faith-based organizations and private organizations.

8.2 Financial requirements of the NM-ECDP

A summary of the minimum financial requirements to implement the National ECD Program disaggregated by long term outcomes areas is provided in Table A below. The costed action plans in section 5.2 show the resources required by immediate outcomes and key interventions based on the adopted conceptual framework and theory of change.

Looking at the budget from the long -term outcomes, the highest allocation is for the Long-term Outcome 3 for increased access, quality and coordinated ECD services that focuses on service-provision (75.72 percent), followed by Long-term Outcome 1 focusing on policy and coordination for an improved enabling environment (13.97 percent) and Long-term Outcome 2 focusing on systems strengthening (7.59 Percent). The allocation for the Long-term Outcome 4 that supports demand-side initiatives to increase knowledge, motivation and support for caregivers and community is 2.72 percent (see Table A below).

Table V: Summary of the minimum financial requirements for the National ECD Programme

NM-ECDP Budget 2021/22-2025/26	2021/22	2022/23	2023/24	2024/25	2025/26	Total	Total*	%
Long-term Outcomes	TZS	TZS	TZS	TZS	TZS	TZS	USD	
1: Enabling environment improved to facilitate efficient coordination and delivery of nurturing care services	21,557,340,000	25,911,545,000	23,222,816,100	29,056,720,110	28,099,607,481	127,848,028,691	$ 55,106,909	13.97%
2: Strengthened Service delivery and quality assurance system for Multisectoral ECD services	11,524,574,000	48,887,428,300	4,313,343,000	1,721,098,900	3,039,310,010	69,485,754,210	$ 29,950,756	7.59%
3: Increased Access to Quality Coordinated Nurturing Care Services	111,409,297,000	143,770,728,200	143,935,162,800	142,423,987,750	151,255,512,155	692,794,687,905	$ 298,618,400	75.72%
4: Caregivers, families and communities empowered to adopt practices of nurturing care	4,866,800,000	9,106,658,000	5,183,519,000	3,991,589,140	1,714,314,690	24,862,880,830	$ 10,716,759	2.72%
Total	149,358,011,000	227,676,359,500	176,654,840,900	177,193,395,900	184,108,744,336	914,991,351,636	$ 394,392,824	100 %

* Exchange Rate used of TSHS:USD 2,320 as per average Bank of Tanzania exchange rate in 2021.

8.3 Financial resources available and the funding gap

The process of developing the resource mobilization plan for the NM-ECDP will also estimate the resources available from Government, development partners, civil society organizations, local communities, faith-based organizations and the private sector and establish funding gap. This will be done through a consultative process which will include presentation of the key result areas and requesting stakeholders to describe their estimated financial commitments for the period of the programme from 2021/22 – 2025/26.

The GoT should harness the Sustainable Development Goals agenda, also reflected in its 5-Year National Development Plans, to increase clarity and funding levels around ECD. Other financing sources may include funding from international/local NGOs; faith-based organizations; the private sector private donations; and school self-reliance funds. Community contributions such as cash, labor and materials; and Council/Village/Street own sources of revenue should be counted. All partners are encouraged to share their budget in a transparent manner, which is among pillars of the Open Government Partnership (OGP). This will ensure good planning, distribution and tracking of financial flows.

8.4 Resources mobilization plan

The resource mobilization strategy will be developed outlining a coordinated approach to resource mobilization for implementation of NM-ECDP. Part of the resources will be mobilized as core funds through the government LGAs contributions and some funds will be met from the different partners including Multi-lateral agencies, bilateral donors and other ECD stakeholders.

A key strategy for resource mobilization is the formation of a “thematic working group on resource mobilization” that will develop a “Resource Mobilization Strategy”. The thematic working group guided by the National ECD Task Force, MoHCDGEC (Community Development) and PO-RALG will support fund mobilization at national, regional and international level using the following strategies:

Strengthening Government Ownership and Leadership

- Inclusion of key ECD indicators in various national plans and strategies, so as to increase the strategic legitimacy for investing in the ECD budget. This entails ensuring that the 3rd National Development Plan emphasizes human capital and relevant ECD indicators; and follow on sectoral strategies for Education (EDSP), Nutrition (NMNAP), and Safety/ Security (NPAVAWC), Health (One Plan 3) all coming to an end in 2021, have key ECD indicators.
- Engagement of the key planning and financing units in activities, to appreciate the importance of investing in ECD/human capital in early years. These include directors in Ministry of Finance and Planning, as well as related Budget Planning Committees; POPSM (President’s Office Public Service Management), and other actors who ultimately set budgeting parameters, and employment quotas, so as to ensure for example increased ECD workforce.
- Enhance PO-RALG support to ensure ECD priorities are included in the annual budget guidance, given to councils so that the budgets being developed from the bottom-up include ECD aspects aligned to the NM-ECDP (and other relevant strategies). This central instruction can efficiently ensure decentralized budgeting reflects the ECD priorities nationally, and comes out strongly in the consolidated national (sectoral) budgets.
- Community mobilization: Mobilize community support for contribution in service delivery such as infrastructure for ECD Centers /PPE classrooms and food where feasible, motivation for volunteers etc.

Enhancing Partnership

- Mobilize Development Partners and other ECD stakeholders for contributions and investment around the Nurturing Care Framework. Multilateral Agencies such as; UNICEF, WHO and World Bank to be organized for leadership in coordinating DP efforts to promote the NCF through investment in implementation of NM-ECDP.

- Strengthen TECDEN as the National ECD Network to take responsibility to organize and coordinate non-government ECD stakeholders to be engaged and accountable to delivering against the NM-ECDP.
- Explore opportunities for engagement of private sector, especially in context of expanding program scale up and access to services. This will be done through scanning where private sector resources can be unlocked to directly support NM-ECDP activities, examples of such including incentivizing crèche facilities in industries; large-scale donations of cement, timber, roofing sheets from respective industries for PPE classrooms / ECD Centers; free/subsidized media coverage of ECD related communications; sponsorship programs to support studies of student teachers in ECD such as PPE Diploma, drawing from midwifery sponsorship program led by AMREF Health Africa etc.

Monitoring of Resources

- Use of mechanism for NM-ECDP financial tracking, alignment to program activities, and follow up on the Government's commitment to allocate TZS 1000 per child under-five per annum for strengthening Nutrition programs by councils as a benchmark.
- Maintain an annual calendar of the Resource Mobilization strategy detailing the donors and partners involved, the amounts requested from the donors and funded for accountability.

8.5 Strategic prioritization of proposed action plans

Specific activities that will need to be prioritized in case of funding constraints are those that contribute to Long-term Outcome 3 including mitigation of risks which is: Increased access, quality and coordinated ECD services. The main reasons for prioritizing the above areas is to ensure that the program objectives are met to ensure that all children in Tanzania are developmentally on track to develop their full potential.

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CHAPTER 9: RISK ANALYSIS AND MITIGATION

9.1 Risks Analysis

Risks analysis is an essential element of any planning process. Risks are adverse events that may impede the implementation of the programme and hence jeopardize the achievement of planned results. Risk analysis can be envisioned as a four-step process that involves risk identification, risk impact assessment, risk prioritization analysis and risk mitigation. The planning team engaged in a process of identifying risks based on the four programme outcomes. Each output and the main activities were reviewed to identify what would be the impediments to implementation. For each risk, the groups assessed whether the likelihood of occurrence, was high, medium, or low. They also addressed the impact of the risk if ever it occurred. Finally, each group proposed what would be the mitigation strategy.

Thereafter, the results of the risk analysis exercise for each group were consolidated and a number of overlaps and common themes were grouped together. This yielded a risk analysis and mitigation matrix which has been presented in Table VI and VII.

The action plan has integral mechanisms geared to addressing the potential risks. The risk analysis exercise granted the participants an opportunity to think through the proposed activities and outputs and to strengthen those activities that will to a greater degree influence the success of the project. For instance, the plan proposes that all categories of stakeholders will be actively engaged and involved in the entire implementation process of the plan. This will be done through advocacy at all levels, orientation meetings to bring all key players on board as to the various processes and activities and actual engagement with these stakeholders in the implementation. Also built in is capacity building of the various frontline workers to equip them for effective and impactful implementation.

9.2 Risk Mitigation

Risk mitigation is what planners formulate as the necessary responses to address the identified risks. Mitigation mechanisms are meant to prevent, reduce the effect of or take control of the identified risks. Several options are available to mitigate risks. Some of these that have been adopted in the NM-ECDP include the following:

a. Assume or accept: under this option, implementers acknowledge that a particular risk exists. However, they do not put in place any steps to tackle the risk but accept to live with it.
b. Avoid: Under the option of avoidance, deliberate adjustments are made to the programme requirements or constraints in order to minimize or eliminate the identified risk.
c. Transfer: This involves a process of reallocation of the implementation responsibility to a different organization than the one in the original plan, with the important consideration that this newly assigned organization is willing to undertake the risk.
d. Control: Under this option, the implementers take deliberate action (s) to minimize the effects or likelihood of the risk occurring.
e. Watch/Monitor: This involves no prior deliberate plans being put in place to address the risks. It involves observing the operating environment to detect changes that might dictate the nature and impact of the risks. Based on the interpretation of the observation, appropriate response mechanisms are initiated.

The detailed risk analysis and mitigation framework is outlined in attached in Appendix 5, which contains the identified risks, the likelihood of their occurrence, the level of impact of each risk to the program and mitigation measures to address those risk when they do occur.

Potential risks for the NM-ECDP has been identified in all 4 outcomes; Outcome 1 where 2 activities are considered to have extreme risk, Outcome 2 and 3 with one activity each in medium risk and Outcome 4 with one activity as high risk. The Risk Register in Table VI presents a summary of the analysis and status with corresponding Risk Action Treatment Plan in Table VII.

Table VI: Summary of Risk Analysis

OBJECTIVE/ TARGET	RISK TITLE	CATEGORY OF RISK	RISK ID	RESIDUAL RISK ASSESSMENT		RISK RATING (I X L)	RISK STATUS	PRINCIPAL RISK OWNER
				IMPACT (I)	LIKELIHOOD (L)			
Outcome 1	Failure to hold meeting of national Multi-sectoral ECD technical working group meetings according to schedule	Extreme	1.2.2.4	2	3	6	Medium	PMO Director Coordination of Policy and Government Business
Outcome 1	Limited readiness of universities and training colleges to change their training curricula	Extreme	1.1.2.5	3	3	9	Medium	Responsible MDs directors
Outcome 2	Limited technical capacity of regional level facilitators to deliver quality ECD transfer training to council level frontline workers	*Medium*	2.1.1.2	3	1	3	Low	Director: Division of Health, Social Welfare and Nutrition at PO-RALG
Outcome 4	Limited motivation of communities to integrate comprehensive ECD interventions in parental care for their children 0 - 8	*Medium*	3.4.2.1	3	1	3	Low	Director: Child Development Director, Commissioner for Social Welfare at MoHCDGEC
Outcome 4	Low adoption rate of ECD recommended practices by communities	High	4.2.2.1	3	2	6	Medium	Director: Child Development Director, Commissioner for Social Welfare at MoHCDGEC

Key

Risk Category	*Value range*	*Description*
Extreme or severe	15 - 25	Possibility of occurrence is very likely with high negative impact
High	10 - 14	Possibility of occurrence is likely with medium negative impact
Medium	5 - 9	Possibility of occurrence is moderate with low negative impact
Low	1 - 4	Possibility of occurrence is unlikely with low negative impact

Source: Curtis, P. & Carey, M. (2012) Risk Assessment in Practice. Deloitte & Touche LLP https://sanzubusinesstraining.com/probab ility-impact-matrix/ accessed on 05/11/202

Table VII: Risk Treatment Action Plan

Title & ID (From Risk Register in priority order)	*Proposed Treatment/Control Options*	*Person Responsible for Implementation of Treatment Options*	*Time-table for Implementation* *(Give specific start/ end dates)*	*How will this risk and treatment options be monitored*
ID: 1.2.2.4 - Failure to hold meeting of national Multi-sectoral ECD technical working group meetings according to schedule	Set a prior TWG meeting schedule and resource mobilization for timely implementation. Priority of funding to allocate for technical working group will be key during NM-ECDP resource mobilization	PMO Director Coordination of Policy and Government Business	January 2021 – June 2026	Quarterly TWG meetings High Level ECD Coordination and Management meeting
ID 1.1.2.5 - Limited readiness of universities and training colleges to change their training curricula	Advocate for university and training institutions to develop tailor made training content with integrated ECD knowledge and skills prior to curriculum review	Director: Ministry of Education, Science and Technology	January 2021– June 2022	Quarterly TWG meetings
ID 2.1.1.2 - Limited technical capacity of regional level facilitators to deliver quality ECD transfer training to council level frontline workers	Regional facilitators to train under supervision of national level Master Trainers	Director: Division of Health, Social Welfare and Nutrition at PO-RALG	July 2021 – June 2022	Quarterly TWG meetings High Level ECD Management meeting
ID 3.4.2.1 - Limited motivation of communities to integrate comprehensive ECD interventions in parental care for their children 0 - 8	Conduct advocacy and sensitization on adoption of ECD practices at community level	Director: Child Development Director, Commissioner for Social Welfare at MoHCDGEC	January 2021 – June 2026	Quarterly TWG meetings
ID 4.2.2.1 - Low adoption rate of ECD recommended practices by communities	Conduct advocacy and sensitization on adoption of ECD practices at community level	Director: Child Development Director, Commissioner for Social Welfare at MoHCDGEC	January 2021 – June 2026	Quarterly TWG meetings High Level ECD Management meeting

APPENDICES

Appendix 1: Implementation Plan

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Long-Term Outcome 1: Enabling environment improved to facilitate efficient coordination & delivery of nurturing care services																															
1.1	Immediate Outcome 1.1: ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services																															
1.1.1	Output 1.1.1: ECD Advocacy Strategy developed																															
	Develop an inclusive National ECD Advocacy Strategy that translates the Nurturing Care Framework	1. Hire consultant (30 days@400,000 per day), 2. Conduct 2 (50pax) stakeholders meetings to obtain information (sharing findings and inception meeting and validation of the strategy) 3. Conduct 2 Technical Working Group meetings with (15 pax) for 3days 4. Conduct one day management meeting for final input and endorsement (30pax) 5. Approval and launch of strategy 6. Translation of the strategy to kiswahili version (consultancy, conduct meeting (15 days with 20px), 7. Printing, and conduct 6 zonal (60pax) dissemination meetings of the approved strategy (185 LGAs)"	MoHCDGEC	Development Partners, Implementing Partners, MDAs and LGAs	Advocacy strategies for other ECD domains	A completed ECD national advocacy strategy	A completed ECD national advocacy strategy; ECD Progess report	None	ECD national advocacy strategy developed and approved	None	None	None	None	ECD national advocacy strategy developed and approved																			
1.1.2	Output 1.1.2: Advocacy to leaders at all levels conducted																															
1.1.2.1	Conduct consultative meeting with development partners to obtain buy-in and resource commitments to implement the NM-ECDP	Conduct 1 day advocacy meeting with 50 Development Partners for resource mobilization (5 government officials to attend in Dar)	PMO (Coordination)	MoHCDGEC, DPs, CSOs	Government Policies e.g Sector policies, National Budget guidelines	Number of meetings conducted	Advocacy document;Meeting reports; ECD Progess report	2 ECD Advocacy meetings conducetd in 2019	1	1	1	1	1	5 Annual meetings																			

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
1.1.2.2	Conduct advocacy meetings for Members of Parliament selected from different parliamentarian commitees to create awareness of multisectoral ECD program	Conduct 1 day advocacy meeting with 40 parliamentarians every year	PMO and MoHCDGEC	Development Partners, Implementing Partners, MDAs and LGAs		Number of commmittee members trained	Meeting reports; ECD Progess report	None	1 advocacy meeting with 40 parliamentarians	1 advocacy meeting with 40 parliamentarians	1 advocacy meeting with 40 parliamentarians	1 advocacy meeting with 40 parliamentarians	1 advocacy meeting with 40 parliamentarians	5 annual advocacy meetings with parliamentarians reaching 200 parliamentarians in five years																				
1.1.2.3	Conduct advocacy for High Level Officers of sectoral ministries on deeper ECD awareness and incorporation of ECD missing indicators in the existing Information Management Systems	"1. Pre advocacy meeting session of experts (10 people for duration of 2 days) 2. Advocacy meeting for Inter Ministerial High Level Officers (100 people, 1 day session). "	PMO	MoHCDGEC, PMO-PCPLYED, MoEST, MoCLA, MoHA, PO-RALG, TFNC, DP, IPs (CSO)	Most Vulnerable Children Management Information System, District Case Management Information System	VCMIS, Integrated CMIS covering all regions/ councils	Meeting reports; Integrated CMIS ; ECD Progess report	DCMIS training covered 6 UNICEF Regions, and MVC - MIS covered 106 councils	Incorporation of ECD missing indicators in the existing Information Management Systems and train all Councils Social Welfare Officers					Incorporation of ECD missing indicators in the existing Information Management Systems; 184 Councils Social Welfare officers trained on MVCMIS and DCMIS;																				
1.1.2.4	Orient journalists to enhance their understanding on comprehensive ECD so that they can create informed awareness on issues of young children aged 0-8 years	Conduct awareness meetings to (10) journalists per region (26) on comprehensive ECD for two days	PO-RALG	MoHCDGEC, PO-RALG, PO-LYED, MICAS, DPs, CSOs	Media	# of journalists oriented	Meeting reports; ECD Progess report	0	260 journalist oriented					260 journalisists																			
1.1.2.5	Advocate for review of curriculum for university (education), teachers training colleges, nursing colleges, and social welfare institutes, to incorporate pre-primary education and nurturing care issues respectively.	Conduct 6 sensitization meetings on the need to review curriculum with heads of institutions, (20) participants for 1 day.	UNIVERSITIES	DPs eg UNICEF, Implementing Partners, MDAs, and LGAs, MoEST	Middle and High learning institution Curriculum	Number of heads of training instituions sensitized to incorporate ECD issues in their curriculum	Meeting reports; ECD Progess report	0		6 sensitization sessions conducted to 120 heads of training institutions				20 heads of training instituions sensitized to incorporate ECD issues in their curriculum																				
1.1.2.6	Advocate for inclusion of nurturing care issues in the inter-religious sermon guide.	Conduct sensitization meeting with 60 members of the inter-faith forum to integrate ECD issues for 3 days	MoHCDGEC	IRCPT; Interfaith Standing Committee for Economic Justice and Integrity of Creation (ISCEJIC)	NPA-VAWC, Sermon guide	Number of religious leaders sensitized to incorporate ECD issues in the interreligious sermon guide	workshops reports attendnce register; ECD Progess report	Sermon guide review in progress	60 religious leaders					60 religious groups sensitized to incorporate ECD issues in the inter- religious sermon guide																				

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
1.2	Immediate Outcome 1.2: Strengthened Multisectoral Coordination at all levels																															
1.2.1	Output 1.2.1: National level System for programme coordination strengthened																															
1.2.1.1	Review coordination guidelines/TOR to incorporate NM-ECDP at all levels (National - Regional - Council - Ward - Village)	Conducting 2 working review sessions with 15 participants from ECD Nurturing care components (Health, Nutrition, Responsive care, Security and safety, Early learning) each 3 days (the team will review existing coordination structures, TWGs at all levels, and prepare TOR to align NC components including roles and responsibilities - each sector will have a separate working session)	PMO	Development Partners, Implementing Partners, MDAs and LGAs	NPA-VAWC, NMNAP, Government Policies e.g TASAF III, Sector policies	Coordination guidelines/ ToR that incorporate NM-ECDP at all levels	Review session meetings reports; ECD Progess report	Implementation and Review in progress.	Guidelines for establishing Multisectoral ECD coordination committees.					Guidelines for establishing Multisectoral ECD coordination committees.																			
1.2.1.2	Orient members of the National Multisectoral Committee on NC issues and coordination at national level (Steering and Technical Committees) (existing TWGs on Health, Nutrition, Protection, Education where Responsive care and opportunities for early learning will be integral part of each group)	"1. Orient 35 Steering Committee members for 1 day on NM-ECDP issues and on their roles and responsibilities 2. Orient 50 Technical Working Group members on NM-ECDP and on their roles and responsibilities "	MoHCDGEC and PMO	Relevant sectoral ministries, Development Partners, Implementing Partners, MDAs and LGAs	NPA-VAWC, NMNAP, Government Policies e.g TASAF III, Sector policies	" Number of national ECD Steering and Technical Committees members oriented on NC and coordination of NM-ECDP"	Orientation reports; ECD Progess report	Implementation and Review in progress.	85 national ECD Steering and Technical Committees members oriented on NC and coordination of NM-ECDP					85 steering committee and TWG members oriented on the National Multisectoral committee on ECD coordination guidelines by 2025.																			
1.2.1.3	Orientation of members of NM- ECDP-Technical Working Group (TWG) on NM-ECDP and their roles and responsibilies	1. Orient 40 NM-ECDP TWG for 2 days on reviewed National Multisectoral ECD Program coordination mechanism (Government and CSOs).	MoHCDGEC and PMO	Relevant sectoral ministries, Development Partners, Implementing Partners, MDAs and LGAs	Training package on different ECD package from sectors and stakeholders	Number of NM-ECDP-Technical Working Group (TWG) Members oriented on NM-ECDP and their roles and responsibilies	Orientation reports; ECD Progess report	None	40 TWG members					40 TWG members																	
1.2.1.4	Orient Regional facilitators on NM-ECDP in all 26 regions (20 per region).	1. Conduct orientation meeting to 20 regional facilitators in 26 regions for 3 days, with 2 facilitators each region done by National multisectoral TWG members	MoHCDGEC and PO-RALG	Development Partners, Implementing Partners, MDAs and LGAs	Training package on different ECD package from sectors and stakeholders	Number of ECD -regional facilitators oriented on the NM-ECDP	Orientation reports; ECD Progess report	None	520 regional facilitators oreinted on NM-ECDP					520 regional facilitators oreinted on NM-ECDP																	
1.2.2	Output 1.2.2: NM-ECD Programme Reviewed																															
1.2.2.1	Conduct Biennial multisectoral ECD Forum	3 days meeting with 400 Participants (120 Government officers who will be paid DSA	PMO , MoHCDGEC	Development Partners, Implementing Parners, MDAs and LGAs.	Existing National Steering Committee for nutrition, NPA-VAWC and Child Labour	Number of Biennial multisectoral ECD Forum conducted	Meeting reports; ECD Progess report	None		1		1		2 Forums conducted in every 2 years																	
1.2.2.2	Conduct Annual Joint multi-sectoral ECD Program review meetings	Conduct 3 days Annual National multi-sectoral ECD Program review meetings with 120 participants (80pax will be paid DSA and transport and 40 not paid; conference packages for all)	MoHCDGEC, PMO	Development Partners, Implementing Parners, MDAs and LGAs.	Existing National Steering Committee for nutrition, NPA-VAWC and Child Labour	Number of Annual Joint multi-sectoral ECD Program review meetings conducted	Meeting reports; ECD Progess report	None	1	1	1	1	1	5 High-level NM-ECD review meetings																	

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
1.2.2.3	Annual High level meeting	Conduct I day meeting with PM , Directors and Ips with 50 pax (30 pax will paid DSA)	PMO , MoHCDGEC	Development Partners, Implementing Parners, MDAs and LGAs.	Existing National Steering Committee for nutrition, NPA-VAWC and Child Labour	Number of Annual High level meetings conducted	Meeting reports; ECD Progess report	None	1	1	1	1	1	5 Annual High Level meetings				■				■				■				■				■
1.2.2.4	Conduct quarterly National Multisectoral TWG meetings	Conduct quarterly TWG meetings with 70 participants for 2days	MoHCDGEC, PMO	Development Partners, Implementing Partners, MDAs and LGAs	Existing National Steering Committee for nutrition, NPA-VAWC and Child Labour	Number of quarterly national ECD TWG meeting conducted	Meeting reports; ECD Progess report	None	4	4	4	4	4	20 TWGs group meeting conducted		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
1.2.2.5	Conduct Quarterly Regional NM-ECD Program Review meetings at Regional level	Conduct Quarterly Regional ECD review fora with 80 stakeholders for 2 days in each of the 26 regions to share and recommend the councils ECD progress report	MoHCDGEC, PO-RALG	Development Partners, Implementing Partners, MDAs and LGAs	PO-RALG reporting system	Number of quarterly Regional NM-ECD Program Review meetings conducted	Regional meeting reports; ECD Progess report	None	104	104	104	104	104	520 quarterly regional NM-ECDP meetings		■		■		■		■		■		■		■		■		■		■
1.2.2.6	Conduct quarterly ECD Program Review meeting at council level to share and recommend the councils ECD progress report from wards and villlages	Conduct quartely ECD review fora with 40 stakeholders in 184 councils for 1-day each to share and recommend the councils ECD progress report				Number of quarterly council NM-ECDP review meetings conducted	Council meetings reports; ECD Progess report	None	736	736	736	736	736	3680 quarterly council meetings	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
1.3	Immediate Outcome 1.3: Policies, guidelines, curricula and training manuals are developed/reviewed to include all nurturing care components																															
1.3.1	Output 1.3.1: Key ECD related policies reviewed and approved																															
1.3.1.1	Review Child Development Policy to incorporate nurturing care issues	1. Hire consultant (90 days, 500,000 per day), Conduct evaluation of the Child Development Policy 2. Conduct 2 (50pax) stakeholders meeting to obtain information (sharing finding and inception meeting and validation of the policy) 3. Conduct 4 Technical working group meeting with (15 pax) for 3 days 4. Conduct one day management meeting for final input and endorsement (30pax) 5. Approval and launch of policy 6. Translation of the policy to kiswahili version (consultancy, conduct meeting (15 days, with 20px), printing , conduct meetings for developing simplified kiswahili version 7. Conduct 6 zonal (60pax) dissemination meetings of the approved policy (185 LGAs)	MoHCDGEC	Development Partners eg UNICEF, Implementing Partners, MDAs and LGAs	NPA-VAWC, NMNAP, Government Policies e.g TASAF III, Sector policies	NC issues incorporated in the reviewed Child Development Policy	Reviewed Child Development Policy; ECD Progess report	Evaluation in progress	Reviewed Child Development Policy to incorporate nurturing care issues					Reviewed Child Development Policy to incorporate nurturing care issues	■	■	■	■																

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
1.3.1.2	Dissemination of reviewed Health Policy.	Conduct dissemination meetings of the health policy in 26 regions using existing forums	MoHCDGEC	Development Partners, Implementing Parners, MDAs and LGAs	RCH Reproductive child healthcare, NPA-VAWC, NMNAP, Government Policies e.g TASAF III, Sector policies	Number of regions conducted dissemination meetings on reviewed health policy	Reviewed Health Policy; ECD Progess report	Evaluation in progress	Dissemination meetings conducted on Reviewed Health Policy in all 26 regions					Dissemination meetings conducted on Reviewed Health Policy in all 26 regions																				
1.3.1.3	Review the Law of Child Act 2009 to incorporate nurturing care issues	"1. Amendment of the Law of the Child Act (NO COST) 2. Translation of the LCA to kiswahili version (consultancy) 3. Conduct review meeting (15 days with 20 px) 4. Conduct meetings for developing simplified kiswahili version 5. Conduct dissemination meetings of the amended LCA in 26 regions using existing forums"	MoCLA	Development Partners eg UNESCO, Implementing Parners, MDAs and LGAs	NPA-VAWC, NMNAP, Government Policies e.g TASAF III, Sector policies	The Law of Child Act 2009 reviewed to incorporate nurturing care issues	Reviewed Law of Child Act 2009; ECD Progess report	Evaluation in progress	Review of Law of Child Act 2009 to incooperate nurturing care issues					Review of Law of Child Act 2009 to incooperate nurturing care issues																				
1.3.2	Output 1.3.2: Guidelines Reviewed/Developed																															
1.3.2.1	Review and harmonize existing guidelines (from RCH, Social Welfare, Community Development, education and local government) for joint supportive supervision, to include nurturing care issues	Conducting 5 working sessions with 20 participants each for 3 days to review existing guidelines and develop a consolidated tool	MoHCDGEC	MoEST, PO-RALG, PO-LYED, DPs, NGOs, INGOs	NMNAP, ESDP	A harmonized comprehensive supportive supervision tool developed	Guideline review sessions reports; ECD Progess report	Existing supervision guidelines	Approved Comprehensive monitoring tool by year one					Approved Comprehensive monitoring tool																				
1.3.2.2	Conduct review sessions of Child Care Workers Guide to incorporate specific content for 0-2 years of age	"1. Conduct 6 review sessions of Child Care Workers Guide with 20 participants each 4 days to incorporate specific contents for 0-2 years of age. The package will ensure needs of all children are addressed (children with malnutrition, developmental delay, sick children, children with disabilities and special needs, gender, HIV+ or exposed, abused) 2. Printing 1000 copies "	MoHCDGEC	Development Partners eg WFP, Implementing Partners, MDAs and LGAs.	NPA-VAWC and the Law of the Child Act	Child Care Workers Guide reviewed to incorporate specific content for 0-2 years of age	Review session meetings reports;ECD Progess report	Evaluation in progress	Approved Child Care Workers Guide that incorporate specific content for 0-2 years of age by year one					Approved Child Care Workers Guide that incorporate specific content for 0-2 years of age by year one																				
		2. Orient 200 Social Welfare Officers and Community Development Officers on Child Care Workers Guide for 7days				Number of SWOs and CDOs oriented on CCWG	Training reports;ECD Progess report			200 SWOs and CDOs				200 SWOs and CDOs oriented on CCWG																				
1.3.2.3	Finalize the draft of National Implementation Guideline for Child Care and Development.	"1. One day stakeholders meeting to review the guideline (50 pax) 2. Technical meeting to encorporate the input 2 days meeting with 15 pax. 3. One day Manangement meeting for endorsement (25pax)"	MoHCDGEC	Development Partners eg WFP, Implementing Partners, MDAs and LGAs.	NPA-VAWC and the Law of the Child Act, NM-NAP,	National Implementation Guideline for Child Care and Development Finalized	Stakeholder meeting reports;ECD Progess report	None	National Implementation Guideline for Child Care and Development Finalized					National Implementation Guideline for Child Care and Development Finalized																				
1.3.3	Output 1.3.3: Curricula/Manuals Reviewed																															

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
1.3.3.1	Develop National culturally and developmentally appropriate ECD Curriculum for 0 - 8 years for Child Care Workers. (Certificate and Diploma level based on NACTE accreditation level 4-6)	"1. To conduct 22 days writers workshop for 20pax 2. Checking arrangement and refining the curriculum 3 days, 10 pax. 3. One day stakeholders meeting 50 pax. 4. Technical meeting to encorparate comments from stakeholders meeting 10pax for 2 days 5. Cost for submission of the draft to NACTE (2,000,000/=) 6. Technical working group meeting 2days 10 pax. 7. Submission of the final draft of the curriculum to NACTE (2,000,000/=)"	MoHCDGEC	Development Partners eg UNICEF, Implementing Partners, MDAs and LGAs, NACTE,MoEST, PO-RALG	ECD programs in childcare workers institutions.	Developed National cultururally and developmentally appropriate ECD Curriculum for 0 - 8 years for Child Care Workers	National age appropriate ECD curriculum for children (NTA levels 4, 5 & 6); ECD Progess report	Evaluation in progress i.e 21 childcare workers institutions.	National age appropriate ECD curriculum for children (NTA levels 4, 5 & 6) developed by 2022.					National age appropriate ECD curriculum for children (NTA levels 4, 5 & 6) developed by 2022.																			
1.3.3.2	Develop an integrated ECD training package to include nurturing care components	"1. Hire facilitator: to support review of existing packages (CHW packages, PSS module, Afya ya familia and CCD package). 2. Technical session of 5 days each for 20 pax; to review and develop zero draft of packages 3. 2x3 days x 20 pp working session to solict inputs and fine tune first draft packages (technical group & stakeholders) 4. One day stakeholders meeting to validate the packages 50 pax, 5. Management meeting to input and endorse the package 25 pax for day (just conference packages). The process will develop zero draft package with training manual including facilitator guide, participant manual, flip chart and a module on mental well being."	MoHCDGEC (Social Welfare Dept)	MoEST (PPE Dept), PoRALG, PO-LYED, TIE, TFNC, Development Partners eg WFP, Implementing Parners, MDAs and LGAs.	NPA-VAWC, NMNAP, CHWs Training Guideline, Afya ya Familia training guidelines and flip chart and CCD package	An integrated ECD training package to include nurturing care components developed	Approved integrated ECD package;ECD Progess report	Training manual in various ECD components lacking integrated ECD package	Approved integrated ECD package					Approved integrated ECD package																			
2	Long term Outcome: Strengthened Service delivery and quality assurance system for Multisectoral ECD services																																
2.1	Immediate Outcome 2.1: Competent and skilled Workforce on Nurturing Care (NC) available																																
2.1.1	Output 2.1.1 A team of National ECD trainers (Master Trainers) created																																
2.1.1.1	Conduct training session on National Integrated ECD (nurturing care) package for Core team of National ECD Trainers (Training of Master Trainers)	"a) Identification of 20 master trainers from sectoral facilitators b) Train 20 Master Trainers x 5 days "	MoHCDGEC (Community Development) , PMO	MoEST (PPE Dept), PO-RALG, TIE, TFNC, DP, IP, Nutrition Section, RCH	NPA-VAWC, NMNAP	Number of Master Trainers trained in integrated ECD Package	Training report;ECD Progess report	National Master trainers in different ECD domains available	20					20 Master Trainers trained in integrated ECD Package																			
2.1.1.2	Conduct training session on National Integrated ECD package for Regional Level Trainers (TOTs)	"a) Identification of trainers b) Train 130 Regional Trainers (26 regions x 5 per region) for 5 days training (Training to be done by 2 National Facilitators per region)"	MoHCDGEC (Community Development)	MoEST (PPE Dept), PO-RALG, TIE, TFNC, DP, IP, Nutrition Section, RCH	NPA-VAWC, NMNAP	Number of Regional Level Trainer of Trainers (TOTs) trained in intergrated ECD package	List of Regional Master Trainers of Trainers; Training report;ECD Progess report	Regional Master trainers in different ECD domains available		130				130 Regional Level Trainer of Trainers (TOTs) trained in intergrated ECD package																			

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.1.1.3	Conduct cascade training session on National Integrated ECD package for Council Level Trainers	"a) Identification of Council level trainers b) Train 920 Council level trainers (5 per council) for 5 days, Training to be conducted by Regional Facilitators in 30 sessions and each region to be supervised by 2 Supervisors. Participants to include SWO, CDO, DEO, Nutrition/Agric, Health"	MoHCDGEC (Community Development)	MoEST (PPE Dept), PO-RALG, TIE, TFNC, DP, IP, Nutrition section,RCH	NPA-VAWC, NMNAP	Number of Council Level Trainers Trained in integrated ECD package	List of Council Level Trainers of Trainers; Training report; ECD Progess report	Council Master trainers in different ECD domains available		920				920 Council Level Trainers Trained in integrated ECD package																				
2.1.2	Output 2.1.2: Strenghening the Capacity of PPE Teachers and child care workers on ECD																															
2.1.2.1	Review of Continuous Professional Development program for PPE teachers	Hire Consultant(s): Inception Report; Develop Zero draft Programme; Technical Working Sessions; and Incorporating Inputs; Hold a five day technical working session to review zero draft; Hold a three day technical working session to review/fine tune final draft	PMO, MoEST, PO-RALG, MoHCDGEC	Universities, TTCs, DPs, IPs	Teacher Education Support Program (MoEST & TIE), and In-service Training for CCW (Childcare workers) under MoHCDGEC	Reviewed Integrated ECD CPD Program	Lead facilitator contract, inception report, review meeting reports, final reviewed CPD Program for Teachers; ECD Progess report	Draft CPD Program for Teachers (including PPE teachers) in place	Aproved Integrated ECD CPD Program for Teachers					Aproved Integrated ECD CPD Program for Teachers																			
2.1.2.2	Conducting In-serviceTraining for Tutors in Teachers Training Collegess (TTC), Child Care Workers (CCW) Training Institutions, Folk Development Centres (FDC), and universities on ECD	Train 85 tutors in 2 sessions (15 from TTC, 30 from CCW Training college, 35 from FDC, 5 from Universities - one per each entity, for a duration of 5 days (Training to be facilitated by Master Trainers using the Integrated ECD package)	MoEST, MoHCDGEC (RCH, SWD), PO-RALG	DPs, Ips	TIE Training Package, Inservice Training Materials for CCW under MoHCDGEC	Number of Tutors trained in Integrated ECD package	Training report: List of tutors trained; ECD Progess report	0		85				85 tutors from various institutions trained																				
2.1.2.3	Facilitate recruitment/ deployment of interns and volunteers from universities and teacher training colleges to support learning in PPE and early primary schools (EPS)	Deployment of 368 interns per annum (2 interns / council / year), Each costing a stipend of 50,000/= per month	MoEST, PO-RALG	DPs, IPs	None	Number of PPE and EPS interns and Volunteers deployed	Progress Report; ECD Progess report	0	368	368	368	368	368	368 interns (2/ council/year) deployed; 1 PPE & 1 EPS																			
2.1.3	Output 2.1.3: Capacity of frontline workers on integrated ECD package strengthened																															
2.1.3.1	Conduct training on Integrated ECD package	27,600 (184/council) (5 days training session), involving DL ECD Trainers; Regional and Master Trainers to supervise; Supervision 2 people per region. Facilitated by regional level TOT trainers. (30 people/council/year)	MoHCDGEC, PMO-PCPLYED, MoEST, PO-RALG	TFNC, MoCLA, MoHA, DPs, IPs (CSOs)	NPA-VAWC	Number of Frontline workers trained on Integrated ECD Training package in council	Training reports, list of frontline workers trained per council; ECD Progess report	0		27,600				27,600 (5,520 people per anum)																				
2.1.3.2	Conduct cascade training at council level on mental and psychosocial counselling and support for victims of violence	This activity is in NPA-VAWC and is ongoing therefore does not need a budget	MoHCDGEC, PORALG, MoEST		NPA -VAWC	Number of counselors trained on mental and pysychosocial counselling at councils	Training report (including List of Trained HCWs, CHWs and others); ECD Progess report	423 counselors in 27 councils; and total of 540 members of WCPCs trained in 27 councils, Existing MoEST Guideline		1,256	1,256			2,512 counselors																				

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
2.1.3.3	Conduct cascade training at ward level on mental and psychosocial counselling and support for victims to cover entire country	This activity is in NPA-VAWC and is ongoing therefore does not need a budget	MoHCDGEC, PORALG		NPA-VAWC	Number of counselors trained on mental and psychosocial counselling at ward-level	Training report (including List of Trained HCWs, CHWs and others); ECD Progess report	0		1,978	1,978			3956 counselors trained																				
2.1.3.4	Conduct training for Health Workers on new child growth monitoring and development booklet, merged with Care for Child Development package	"1) Identify and Train 10 Master trainers/ supervisors per council 2) Orient and diseseminate 1,840 copies of the health and development booklet with health workers per facility (12,319) including those with braille in all LGAs - the orientation will be through On Job Training (OJT) taking only one day in each health facility. 26 national facilitators to orient 26 regional level - 184 council - 2 providers per health facility "	MoHCDGEC, PO-RALG	TFNC, DPs, IPs (CSOs)	New growth monitoring booklet	Number of Trained health workers on the new child growth monitoring and development booklet, and Care for Child Development package	Training report;ECD Progess report	120 Master trainers and 4,000 CHWs trained in Iringa, Mbeya, Njombe and Songwe - UNICEF supported Regions	12,319	12,319				24,638 Frontline workers Trained on GMP and CCD																				
2.1.3.5	a). Strengthen responsive caregiving, early learning and WASH components in the reviewed Community Health Workers (CHW) package (RMNCH)	"1. 1 day stakeholders meeting to review the package (20 pax) 2. Technical meeting to incorporate the inputs, 2 days meeting with 20 pax "	MoHCDGEC	PO-RALG, CSOs	CHWs community package already exists	a).Reviewed Community Health Workers (CHW) package	Reviewed CHWs package with incorporated responsive caregiving, early learning and WASH components ; ECD Progess report	0		Reviewed and approved CHWs package				Reviewed and approved CHWs package																				
		"1). Identify and Train 10 Master trainers/ supervisors per council on the upated package 2) Conduct on job mentorship for at least 2 Health workers per facility in each council 3) Conduct 3 days training for CHWs 2 per council for 3 days"	MoHCDGEC	PO-RALG, CSOs	CHWs community package already exists	b) Number of Master trainers trained and Health workers mentored and trained	Reports; list of workers trained per council; ECD Progess report	0		1,840 master trainers trained; 368 CHWs trained and 12,319 Health workers in mentorship program	12,319 Health workers in mentorship program	12,319 Health workers in mentorship program	12,319 Health workers completed the mentorship program																				
2.1.4	Output 2.1.4: Integrated ECD package for pre service cadre developed																																
2.1.4.1	Development of online Distance Learning Program on Integrated ECD in Child-care Workers (CCW) and PPE Teachers Training Colleges	"Procurement of recording equipement (include Table showing list of equipment) Workshop for recording and editing of Lectures, Hire Artists, Camera crew, graphic designers, Web Hosting, Web registration"	MoHCDGEC, MoEST	TFNC, DP, IP, eGA, PPE Teachers Training Colleges, and CCW Training Colleges	NPA-VAWC, NMNAP	Online Training Program on Integrated ECD	Reports; Online training program;ECD Progess report	0			Online Training Program on Integrated ECD in place			Online Training Program on Integrated ECD in place																				
2.1.4.2	Orientation of PPE and early primary teachers on reviewed PPE curriculum that incorporate ECD components	To orient 50,806 teachers (3 teachers/school) in 16,402 schools on the reviewed curriculum that incorporates ECD components	MoHCDGEC, PO-RALG, MoEST, CSOs, DPs	MoHCDGEC	MoHCDGEC, PO-RALG, MoEST, CSOs, DPs	Number of Govt primary school teachers oriented	Orientation reports; ECD Progess report	0			50,806			50,806 teachers in Govt primary schools oriented																				

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
2.1.5	Orientation of birth registration committees in 7 regions	Orientation of regions on birth registration process guided by Birth and Death regulations. UNICEF has already funded 19 regions ((Lindi, Mtwara, Iringa, Mbeya, Shinyanga, Mara, Njombe, Simiyu, Geita, Songwe, Dodoma, Singida, Morogoro, pwani, Ruvuma, Kilimanjaro, Tanga, Manyara, Arusha); remaining 7 regions will be supported through: orientation of councl level Under 5 birth registation team (6 people i.e. Community Developmetn Officer, DRCHCO, Social Welfare Officer, Planning Officer, IT, Procurement Officer, Migration, Security Officer, RITA Officer from DC office), this will be followed up by orientation of birth registration assitants (4 per health facility) for 4 days facilitated by RITA. Equipment required (Ruter and Computer per council; smart phone trained registration assistant and stationeries (correction fluid, pen, paper).	PORALG	RITA, Implementing partner, Mobile phone companies (Tigo, Vodacome, Airtel and Halotel)	NPVAWC	Number of regions orientated on birth regisration services	Orientation reports, list of workers trained per council; ECD Progress report	19 regions UNICEF	7 regions					7 regions orientated on birth regisration services (not funded UNICEF)																			
2.2	Immediate Outcome 2.2: Strengthened referral system and linkages																																
2.2.1	Output 2.2.1:VAC cases referral system strengthened																																
2.2.1.1	Review child protection systems (Gender Desk) and develop a community based guideline for documentation, reporting and referral system on child abuse and neglect that covers younger children 0 - 8 years	Series of workshops: 4 writers workshops each covering the duration of 3 days, involving 20 technical people	MoHCDGEC (SWF)	PMO-PCPLYED, PORALG, MoEST, DPs, CSOs, MoHA	Gender Desk	Reviewed community based child protection system that covers children age 0-8	Reports; Community-Based guideline; ECD Progress report	System already in NP-VAC	Reviewed community based child protection system that covers children age 0-8 piloted	Reviewed community based child protection system that covers children age 0-8 in place				Reviewed community based child protection system that covers children age 0-8 piloted and in place																			
2.2.1.2	Orientation of Community Owned Resource Persons on community based guideline for documentation, reporting and referral system on child abuse and neglect that covers younger children 0 - 8 years	3,956 people oriented (one person per ward covering all 3,956 wards in Tanzania) - one day orientation workshop	MoHCDGEC (SWF)	PO-RALG, DPs, CSOs	Gender Desk, C-Sema Toll Free Helpline	Number of people Oriented on community based child protection system that covers children age 0 - 8	Orientation reports;CD Progress report	0		3,956				3,956 people oriented, Reporting and referral system on child abuse and neglect for children 0 - 8 years established																			
2.2.1.3	Conduct mapping of ECD stakeholders at different levels (Regional, Council and Ward level) in order to facilitate effective referral system and linkage	"a) Field work for 14 days, involving 52 people and 4 workshops - (30 people) involving development of data collection tools, Inception, Data analysis and intepretation, and validation) b) Print and disseminate 1,000 copies inventory of ECD stakeholders at different levels "	MoHCDGEC, PO-RALG	DP, IP (CSOs), MoEST, PMO-PCPLYED	DFID mapping	Number of ECD stakeholders disaggregated by level of operation	Reports; ECD stakeholders inventory; CD Progress report; CD Progress report	0	ECD stakeholders disaggregated by level of operation					Inventory of ECD Stakeholders in Tanzania in place (ECD stakeholders disaggregated by level of operation)																			

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
2.2.1.4	Identify and reach TASAF beneficiaries with children 0 - 8 years with nurturing care services	Compile a list of TASAF beneficiaries and reach them with nurturing care services include them in counseling groups (NO COST)	MoHCDGEC, PO-RALG	TASAF, Ips,	PSSN III	Number of TASAF beneficiaries with children < 8 yrs identified	TASAF Reports;CD Progress report	No data	100% TASAF beneficiaries with children of 0-8yrs reached					100% TASAF beneficiaries <8yrs reached																				
2.2.2	Output 2.2.2: Safe and/or child-friendly reporting pathways are scaled up																																
2.2.2.1	Orient school PPE teachers / child care workers/ CHWs on safe and/ or child-friendly reporting and designate them as counselors	36,304 PPE teachers oriented as child councilors (2 PPE teachers in 16,401 public schools and 1,751 private schools); 920 Facilitators at DC level. Duration orientation is two days. In addition, at least 1 Childcare worker and 2 CHWs per village in all 12,319 villages by 2025	MoEST, PO-RALG, MoHCDGEC.	DP, IP (CSOs), PMO	NPA-VAWC	Number of PPE teachers, CWs and CHWs oriented on safe and/or child-friendly reporting and designated as counselors	Orientation reports,, list of trained/oriented PPE teachers, CWs and CHWs trained; CD Progress report	No data		74,261 frontliners (36,304 PPE teachers, 12,319 CWs & 24,638 CHWs)				74,261 frontliners (36,304 PPE teachers, 12,319 CWs & 24,638 CHWs) oriented as child counselors																			
2.2.2.2	Identify and refer children without birth certificates to nearest birth registration centres	Use of existing entry points including Community ECD centres, Creches, ECD corners and home visits, identify children with no birth certificate and refer to registration centres (health facility and Ward Executive Offce). Health providers, Child Care workers in creches, community based ECD centres and PPE classrooms are responsible to refer these children. They would have been trained through National Integrated ECD package.	PORALG	RITA, Implementing partner, Mobile phone companies (Tigo, Vodacome, Airtel and Halotel)	Birth and Death Act; Birth and Death Regulations 2019	Proportion of children without birth certificates identified referred to health facilities and Ward Executive Office for birth registration	Existing data apploaded in to Under five birth registration system; CD Progress report	19 regions are implemeting birth registrtation for Under five children program	15% of children registered	30% of children registered	45% of children registered	60% of children registered	75% of children registered	75% of children without birth certificates registered																		
2.3	Immediate Outcome 2.3: Standardized Monitoring, Evaluation and Learning framework across in place																																
2.3.1	Output 2.3.1: ECD information system and improved integration of ECD in District Information System and Surveys strengthened																																
2.3.1.1	Conduct analysis of the existing Information Management Systems relevant to identify ECD related missing indicators	Hold a one day technical meeting to identify national ECD indicators from key sectoral departments	MoHCDGEC, MoEST, MoCLA, MoHA, PO-RALG, eGA, PMO-PCPLYED	NBS,DP, IPs (CSO)	DHIS2, BEMIS - BEST, School Information System linked to BEMIS, Most Vulnerable Children Management Information System, District Case Management Information System	Number of ECD indicator not incorporated in the existing Sectoral databases relevant to ECD	"Technical meeting report; CD Progress report "	None	ECD indicators for children 0 - 8 years missing in the Sectoral databases incorporated in the ECD databases					ECD indicators for children 0 - 8 years missing in the Sectoral databases incorporated in the ECD databases																			
2.3.1.2	Integrate developed ECD missing indicators into the existing sector Information management systems and national surveys	3 review meetings to review relevant indicators, 20 pax 3 days, hire consultant to develop ECD dash board (500,000 for 90 days), 2 days orientation meeting to 30 participants in sector ministry, training two council officers on data collection (184 Councils y2 50, y3 45, y4 45, y5 45)	MoHCDGEC, MoEST, MoCLA, MoHA, PO-RALG, eGA, PMO-PCPLYED	NBS,DP, IPs (CSO)	DHIS2, BEMIS - BEST, School Information System linked to BEMIS, Most Vulnerable Children Management Information System, District Case Management Information System	% of ECD indicator incorporated in the existing Sectoral databases relevant to ECD	Meeting reports;CD Progress report	ECD indicator not incorporated in the existing Sectoral databases relevant to ECD	50% of ECD Indicators Incoporated	75% of ECD Indicators Incoporated				75% of ECD Indicators Incoporated																			

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
2.3.1.3	Develop Integrated ECD database in form of Dash board to track the Minimum Set of nurturing care Indicators from existing sectoral information Management Systems	Conduct Working session to Identify and agree on a set of Indicators, Indicator Framework and Dashboard	MoHCDGEC, MoEST, MoCLA, MoHA, PO-RALG, eGA, PMO-PCPLYED	NBS, TFNC, DP, IPs (CSOs)	DHIS2, BEMIS - BEST, School Information System linked to BEMIS, Most Vulnerable Children Management Information System, District Case Management Information System	Integrated ECD database dashboard developed	Sessions Report; CD Progress report	Sectoral databases relevant to ECD not communicating to each other	Integrated ECD database dashboard with comprehensive set of indicators from all sectors					Integrated ECD database dashboard with comprehensive set of indicators from all sectors																			
2.3.1.4	Orient members of ECD forums at regional and council level on the use of Integrated ECD database dashboard for tracking the Minimum Set of nurturing care Indicators	1 day meeting for 5 people from diferrent sectors to be oriented from each of 184 councils, 26 regional level; Working session to develop a dashboard	MoHCDGEC, MoEST, MoCLA, MoHA, PO-RALG, eGA, PMO-PCPLYED	NBS, TFNC, DP, IPs (CSOs)	DHIS2, BEMIS - BEST, School Information System linked to BEMIS, Most Vulnerable Children Management Information System, District Case Management Information System	Number of Service providers oriented on the use of Integrated ECD database for tracking the Minimum Set of ECD-NC Indicators	Training reports, list of workers trained per council; CD Progress report	0	946 Service providers orianted on the use of Integrated ECD database for tracking the Minimum Set of ECD-NC Indicators					946 Service providers orianted on the use of Integrated ECD database for tracking the Minimum Set of ECD-NC Indicators																			
2.3.1.5	Train Service providers on the use of Integrated ECD database for tracking the Minimum Set of nurturing care Indicators	608 people trained (3 from each of 184 councils, 26 regional level; and 30 from sectoral MDAs), Two days workshop	MoHCDGEC, MoEST, MoCLA, MoHA, PO-RALG, eGA	NBS, TFNC, DP, IPs (CSOs)		Number of service providers trained on the use of Integrated ECD database for tracking the Minimum Set of ECD-NC Indicators	Training reports, list of workers trained per council; CD Progress report	0	608 service providers trained on the use of Integrated ECD database for tracking the Minimum Set of ECD-NC Indicators					608 service providers trained on the use of Integrated ECD database for tracking the Minimum Set of ECD-NC Indicators																			
2.3.1.6	Conduct joint annual ECD monitoring visit at the council level (in schools, Centres, Health centres / facilities)	1 joint Monitoring visits (MoEST, PO-RALG, MoHCDGEC, PMO, Stakeholders), 20 TWG members from National level (for 5 select region each year for five years) for 5 days in each region	PO-RALG	MoEST, PO-RALG, PMO-PCPLYED DPs, NGOs, INGOs,	NMNAP, ESDP	Annual Joint Monitoring visit conducted	Annual Joint Monitoring visit reports; think of qualitative indicator (Case studies and best practices); CD Progress report	0	1	1 Monitoring visits	1 Monitoring visits	1 Monitoring visits	1 Monitoring visits, 1 final report; Best Practices and learning experiences documented	5 Monitoring visits, 5 Reports, 1 final report; Best Practices and learning experiences documented																			
2.3.2	Output 2.3.2: Quality Assurance tools to incorporate specific abilities of the child Strengthened																																
2.3.2.1	Review of Quality Assurance tools for PPE to incorporate specific abilities of the child	To conduct 5 review sessions (MoHCDGEC, MoEST, PO-RALG, Stakeholders - 15 for 3 days); 1 Validation meeting (40 for 2 days); 1 review and finalisation (20 for 2 days)	MoHCDGEC, MoEST	DPs, CSOs	Quality assurance Tools for PPE, ECD centres, and Creches	Number of Quality Assurance tools for PPE reviewed to incorporate specific abilities of the child	Quality assurance Tools for PPE, ECD centres and Creches which incorporate specific abilities of the child ; CD Progress report	Quality assurance Tools for PPE, ECD centres, and Creches which do not incorporate specific abilities of the child	5 review sessions					5 review sessions																			

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
2.3.2.2	Disseminate Quality Assurance tools for (PPE, Community based ECD centres, Creches) which incorporate specific abilities of the child	Orientation on reviewed quality assurance framework (10 at National level), 6x26 at regional level and 184 x5 at LGA level (184 District Academic Officers, 3 x 184 School quality assurers, WEOs (3,720), Academic teachers (16,401). Conduct orientation meetings: 1 meeting at national level for 3 days for 10 people - developing a National team; 5 meetings in zones for 3 days for 166 ToT at Regional level; 184 meetings for 1 day for 1,076 at LGAs; 32,802 teachers, 3,720 WEOs, oriented for 1 day (fare and food provided to participants)	MoHCDGEC (SWD)	PO-RALG, DPs, CSOs	Quality assurance Tools for PPE, ECD centres and Creches	Number of stakeholders oriented on Quality assurance Tools for PPE, ECD centres and Creches which incorporate specific abilities of the child	Orientation reports; CD Progress report	0	54,009 stakeholders oriented on quality assurance tools for PPE, ECD centres and Creches which incorporate specific abilities of the child					54,009 people oriented on quality assurance tools for PPE, ECD centres and Creches which incorporate specific abilities of the child																			
2.3.3	Output 2.3.3: Screening tools to identify children with disabilities in crèche's, day care, and community-based centers developed																																
2.3.3.1	Revise the available screening tool of children with disability and special needs to include screening for children below the age of PPE	(2 Workshops involving 15 people, for duration of 5 days)	MoEST, MoHCDGEC, PMO	DPs, IP (CSOs), PO-RALG	MoEST Screening tool	Screening tool that include children with disability and special needs below the age of PPE	Reports; Reviewed Screening tool ; CD Progress report	MoEST Screening tool	Revised and approved Screening tool that include children with disability and special needs below the age of PPE					Revised and approved Screening tool that include children with disability and special needs below the age of PPE																			
2.3.3.2	Orient key council officials that include DEOs, District Academic officer, school quality assurers, WEOs, Academic teachers, SWOs, and Head teachers on the revised screening tools of children with disability and special needs .	1,840 key council officials oriented on Screening tool of children with disability and special needs (10 per council) one day orientation	MoEST, PO-RALG, MoHCDGEC,PMO	DPs, IP (CSOs)	Guidelines on Establishment and management of Creches and Day Care Centres	Number of key council officials oriented on Screening tool of children with disability and special needs	Reports; Reviewed Screening tool; CD Progress report	Existing screening tool for children 4+ years	1840 key council officials					1,840 people oriented on Screening tool for identification of children with disability and special needs																			
2.3.3.3	Review and finalize draft child development milestone checklist to extend up to 8 years	Review draft Child Development Milestone checklist for 0-3 years to include 0-8 years (2 Workshops involving 20 people each for 5 days each workshop)	MoHCDGEC/ Nutrition unit, PMO	DPs, IP (CSOs)	MoHCDGEC Child Development Milestone Checklist 0 - 3 years (Nutrition Section)	Reviewed child development milestone checklist.	Reports: Reviewed Child Development Milestone Checklist 0-8 years; CD Progress report	Child Development Milestone Checklist 0-3 years	Approved Child development milestone checklist.					Approved Child development milestone checklist.																			
2.4	Immediate Outcome 2.4 : Qualitative and Quantitative Data to inform ECD programing in place																																
2.4.1	Output 2.4.1: Research on morbidity and mortality of children 5 - 8 years conducted																																
2.4.1.1	Develop research protocol	Peer reviewed Research Protocol (3 Writers workshop involving 10 researchers, for 7 days each workshop)	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, COSTEC, NIMR, PMO	Demographic and Health Surveys under NBS, Morbidity and Mortality records in Health facility/ Health Insurance Fund records	Peer reviewed Research Protocol in place	Peer reviewed Research Protocol; CD Progress report	No report on mortality and morbidity for children 5 - 8 years	Approved Peer reviewed Research Protocol					Peer reviewed Research Protocol																			

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
2.4.1.2	Undertake field data collection	Raw data on morbidity and mortality for children 5 - 8 years available (52 data collectors - 2 per region, for 14 days of data collection in 26 regions)	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, COSTEC, NIMR, PMO	Demographic and Health Surveys under NBS, Morbidity and Mortality records in Health facility/ Health Insurance Fund records	Raw data on morbidity and mortality for children 5 - 8 years collected	Collected Raw data on morbidity and mortality for children 5 - 8 years; CD Progress report	No report on Mortality and Morbidity for children 5 - 8 years	Raw data on morbidity and mortality for children 5 - 8 years available					Raw data on morbidity and mortality for children 5 - 8 years available																				
2.4.1.3	Conduct data analysis, intepretation and report writing workshop	Report on morbidity and mortality for children 5 - 8 years in place (20 report writers; 4 data analysis and writers workshops, each workshop covering the duration of 7 days)	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, COSTEC, NIMR, PMO	Demographic and Health Surveys under NBS, Morbidity and Mortality records in Health facility/ Health Insurance Fund records	Report on morbidity and mortality for children 5 - 8 years is place	Report on morbidity and mortality for children 5 - 8 years in place; CD Progress report	No report on Mortality and Morbidity for children 5 - 8 years	Report on morbidity and mortality for children 5 - 8 years in place					Report on morbidity and mortality for children 5 - 8 years in place																				
2.4.1.4	Conduct workshop to disseminate research findings	100 ECD stakeholders for 1 day dissemination workshop; Printing of 500 copies of the report	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, ECD Stakeholders, COSTEC, NIMR	No report on morbidity and mortality of children 5 - 8 years	Number of stakeholders reached in the dissemination of findings on morbidity and mortality for children 5 - 8 years research	Worshop Report; CD Progress report	0		100 ECD stakeholders for 1 day dissemination : Gov - 20 National and 20 RALG, 20 IPS, 20 Development Partner, 20 Private Sector				100 ECD stakeholders for 1 day dissemination																				
2.4.2	Output 2.4.2: Research on responsive caregiving practices for children 0 - 8 years conducted																																
2.4.2.1	Develop research protocol	Peer reviewed Research Protocol (3 Writers workshop involving 10 researchers, for 7 days each workshop)	MoEST, MoHCDGEC (RCH, SWD)	Universities, DPs, IP, NBS, COSTEC, NIMR, PMO	Pilot programs on responsive caregiving practices (UNICEF and EGPAF)	Peer reviewed Research Protocol	Peer reviewed Research Protocol;CD Progress report	No report on responsive caregiving practices for children 0 - 8 years		Peer reviewed Research Protocol				Peer reviewed Research Protocol																				
2.4.2.2	Undertake field data collection	Raw data on responsive caregiving practices for children 0 - 8 years available (52 data collectors - 2 per region, for 14 days of data collection in 26 regions)	MoEST, MoHCDGEC (RCH, SWD), PO-RALG	Universities, DPs, IP, NBS, COSTEC, NIMR, PMO	Pilot programs on responsive caregiving practices (UNICEF and EGPAF)	Raw data on responsive caregiving practices for children 0 - 8 years collected	Collected Raw data on responsive caregiving practices for children 0 - 8 years; CD Progress report	No report on responsive caregiving practices for children 0 - 8 years		Raw data on responsive caregiving practices for children 0 - 8 years available				Raw data on responsive caregiving practices for children 0 - 8 years available																				
2.4.2.3	Organise data analysis, intepretation and report writing workshop	Report on responsive caregiving practices for children 0 - 8 years in place (20 report writers; 4 data analysis and writers workshops, each workshop covering the duration of 7 days)	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, COSTEC, NIMR, PMO	Pilot programs on responsive caregiving practices (UNICEF and EGPAF)	Report on responsive caregiving practices for children 0 - 8 years is in place	Report on responsive caregiving practices for children 0 - 8 years; CD Progress report	No report on responsive caregiving practices for children 0 - 8 years		Report on responsive caregiving practices for children 0 - 8 years in place				Report on responsive caregiving practices for children 0 - 8 years in place																				
2.4.2.4	Conduct workshop to disseminate research findings	100 ECD stakeholders for 1 day dissemination workshop; Printing of 500 copies of the report	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, ECD Stakeholders, COSTEC, NIMR, PMO	No report on responsive caregiving practices of children 5 - 8 years	Number of stakeholders reached in dissemination of research findings in responsive caregiving practices for children 0 - 8 years	Worshop Report; CD Progress report	0		100 ECD stakeholders for 1 day dissemination: Gov - 20 National and 20 RALG, 20 IPS, 20 Development Partner, 20 Private Sector				100 ECD stakeholders for 1 day dissemination workshop																				

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
2.4.3	Output 2.4.3: National Integrated nurturing care Indicator Surveys conducted																																
2.4.3.1	Develop research protocol	Peer reviewed Research Protocol (3 Writers workshop involving 10 researchers, for 7 days each workshop)	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, COSTEC, PMO	Demographic and Health Surveys under NBS, BEST, National Nutrition Survey	Peer reviewed Research Protocol in place	Peer reviewed Research Protocol, ECD Progress Report, Workshop Report	No report on Comprehensive Integrated ECD Indicator Surveys for children 0 - 8 years			Peer reviewed Research Protocol			Peer reviewed Research Protocol																			
2.4.3.2	Undertake field data collection	Raw data on Comprehensive Integrated ECD Indicators for children 0 - 8 years available (52 data collectors - 2 per region, for 14 days of data collection in 26 regions)	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, COSTEC, PMO	Demographic and Health Surveys under NBS, BEST, National Nutrition Survey	Raw data on Comprehensive Integrated ECD Indicators for children 0 - 8 years collected	Collected Raw data on Comprehensive Integrated ECD Indicators for children 0 - 8 years, ECD Progress Report, Workshop Report	No report on Comprehensive Integrated ECD Indicators for children 0 - 8 years			Raw data on Comprehensive Integrated ECD Indicators for children 0 - 8 years available			Raw data on Comprehensive Integrated ECD Indicators for children 0 - 8 years available																			
2.4.3.3	Organise data analysis, intepretation and report writing workshop	Report on Comprehensive Integrated ECD Indicators for children 0 - 8 years in place (20 report writers; 4 data analysis and writers workshops, each workshop covering the duration of 7 days)	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, COSTEC, PMO	Demographic and Health Surveys under NBS, BEST, National Nutrition Survey	Report on Comprehensive Integrated ECD Indicators for children 0 - 8 years	Report on Comprehensive Integrated ECD Indicators for children 0 - 8 years, ECD Progress Report, Workshop Report	No report on Comprehensive Integrated ECD Indicators for children 0 - 8 years			Report on Comprehensive Integrated ECD Indicators for children 0 - 8 years in place			Report on Comprehensive Integrated ECD Indicators for children 0 - 8 years in place																			
2.4.3.4	Conduct workshop to disseminate research findings	100 ECD stakeholders for 1 day dissemination workshop; Printing of 500 copies of the report	MoEST, MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS, ECD Stakeholders, COSTEC, PMO	No report on Comprehensive Integrated ECD Indicators of children 0 - 8 years	Number of stakeholders reached in dissemination of findings in Comprehensive Integrated ECD Indicator Surveys for children 0 - 8 years	ECD Progress Report, Workshop Report	0			100 ECD stakeholders for 1 day dissemination workshop			100 ECD stakeholders for 1 day dissemination workshop																			
2.4.4	Output 2.4.4: Review of NM-ECDP conducted																																
2.4.4.1	Conduct a mid term review of NM-ECDP																																
2.4.4.1.1	Develop research protocol	1). Develop ToR and Engagement of consultant, (Inception report 3 days, Training & Data collection 14 days, Data cleaning & transcription 4 days, data analysis and wirting 20 days = 21 days	MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS	NMNAP, NPAVAWC	Mid term review of NM-ECDP conducted	Mid term review of NM-ECDP report, Workshop Reports; ECD Progress Report	Evaluation studies available conducted for NMNAP and NPAVAWC ECD, Situation Analysis Report			1 Mid term review of NM-ECDP			1 mid term evaluation report in place																			
2.4.4.1.2	Undertake field data collection	Conduct Data collection (104 data collectors - 4 per region, for 14 days of data collection in 26 regions)	MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS	NMNAP, NPAVAWC																												
2.4.4.1.3	Organise data analysis, intepretation and report writing workshop	(10 report writers technical people; 4 data analysis and writers workshops, each workshop covering the duration of 5 days)	MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS	NMNAP, NPAVAWC																												
2.4.4.1.4	Conduct workshop to disseminate research findings	Validation and dissemination workshop (100 ECD stakeholders, 1 day, 500 Printing of reports). Report will also be disemminated in relevant review and donor meetings.	MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS	NMNAP, NPAVAWC																												

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
2.4.4.2	Conduct an endline evaluation of the NM-ECDP																																
2.4.4.2.1	Develop research protocol (including proposal, methodology, literature review, analysis plan, dissemination and data collection tools design)	1). Develop ToR and Engagement of consultant, (Inception report 3 days, Training & Data collection 14 days, Data cleaning & transcription 4 days, data analysis and wirting 20 days = 21 days	MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS	NMNAP, NPAVAWC	Endline evaluation of NM-ECDP conducted	Endline evaluation of NM-ECDP report; ECD Progress Report	Evaluation studies available conducted for NMNAP and NPAVAWC, Midterm Review of NM-ECDP, ECD Situation Analysis Report					1 Endline evaluation of NM-ECDP	1 end term evaluation report in place																				
2.4.4.2.2	Undertake field data collection	Conduct Data collection (104 data collectors - 4 per region, for 14 days of data collection in 26 regions)	MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS	NMNAP, NPAVAWC																												
2.4.3.2.3	Organise data analysis, intepretation and report writing workshop	(10 report writers technical people; 4 data analysis and writers workshops, each workshop covering the duration of 5 days)	MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS	NMNAP, NPAVAWC																												
2.4.4.2.4	Conduct workshop to disseminate research findings	Validation and dissemination workshop (100 ECD stakeholders, 1 day, 500 Printing of reports). Report will also be disemminated in relevant review and donor meetings.	MoHCDGEC, PO-RALG	Universities, DPs, IP, NBS	NMNAP, NPAVAWC																												
3	Long-Term Outcome 3: Increased Access to Quality Coordinated Nurturing Care Services																																
3.1	Immediate Outcome 3.1: Enhanced provision of quality Health services																																
3.1.1	Output 3.1.1: Health and Nutritional Status of children 0-8 years Identified.																																
3.1.1.1	Conduct periodic mobile early identification of developmental delays services in crèches, day care centres, community based centres, pre-primary and early primary classes	To conduct at least 4 sessions of early identification of developmental delays services on the health and nutrition status of children in creches, day care centres, Community based ECD centres, PPE and early primary schools in all 184 LGAs.	MoHCDGEC	MoHCDGEC, PO-RALG, PMO-PCPLYED, MoEST, DPs, CSOs	NMNAP	Number of children assesssed on health and nutrition status (in crèches, day care centres, community based centres, pre-primary and early primary classes)	Assessment report; ECD progress report	None	3,200,000 (20% of children population as per projection 0-8 yrs)	6,400,000 (40% of children population as per projection 0-8 yrs)	3,200,000 (20% of children population as per projection 0-8 yrs)	3,200,000 (20% of children population as per projection 0-8 yrs)	0	16,000,000 children aged 0-8 years																				
						Number of sessions conducted to identify children with delays in health and nutrition (in crèches, day care centres, community based centres, pre-primary and early primary classes)	Assessment report; ECD progress report	None	5 session in each council	5 session in each council	5 session in each council	5 session in each council		20 sessions from all 184 LGAs (5 sessions in each FY)																				

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
3.1.2	Output 3.1.2: Increased comprehensive health services provision, monitoring and assessment of young children in health facilities																															
3.1.2.1	Review of ANC, postnatal care, CTC and IMCI to incorporate Nurturing care components that will facilitate comprehensive services provision; monitoring / assessment of children's developmental milestones	Conduct Series of workshops to review health packages to incorporate Nurturing care components that will facilitate comprehensive services provision, monitoring and assessment of children developmental milestones: 4 review workshops each covering the duration of 3 days, involving 20 technical people per workshop	MoHCDGEC	PO-RALG, PMO-PCPLYED, DPs, CSOs	NMNAP	Number of review meetings conducted to incorporate Nurturing care components into ANC, postnatal care, CTC and IMCI etc packages	Review meeting reports; ECD progress report	No data	4 sessions					4 review workshops conducted																			
					NMNAP	Number of Health Packages reviewed to incoparate Nurturing care components	Reviewed document packages (ANC, postnatal care, CTC and IMCI etc); ECD Progress Report	Existing Packages sucha as ANC, Postnatal care, CTC, IMCI etc does not have Nurturing Care components	4 packages (ANC, postnatal care, CTC and IMCI etc)					4 packages (ANC, postnatal care, CTC and IMCI etc)																			
3.1.2.2	Develop Child Health and Development booklets using braille language and large font printing to increase access to information on child heath for people with visual impairment	To transcribe at least 10 copies of Child Health Booklets in braille for 184 LGAs for use in communities for people with visual impairment. Contract braille experts to transcribe existing booklets in braille at least 10 copies per LGA.	MoHCDGEC	PO-RALG, PMO-PCPLYED, MoEST, DPs, CSOs	NMNAP	Number of LGAs with Child Health and Development booklets with braille language and large font printing	Braille transcription contract; Delivery report; ECD Progress Report	No data		184 LGAs				184 LGAs having copies (10 copies) of Child Health and Development booklets																			
3.1.2.3	Establish RCH mobile health services to reach children in creches, day care centers and preprimary schools/streams	Conduct 3 mobile health visits per year in creches, Daycare centres,community based ECD Centres and 16, 401 PPE classes to provide health related services to young children in these facilities. - Healthcare workers to reach 3 creches per village(12619), 3 day care centres per village; 16,401, PPE schools. -	MoHCDGEC	PO-RALG, MoEST	NMNAP	# of Mobile RCH health visits in conducted per quarter in creches, day care centers and preprimary schools/ streams	Visit report; ECD progress report	No data	129,972 (37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE and early primary children/ schools / centres)	129,972 (37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE and early primary children/ schools / centres)	129,972 (37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE and early primary children/ schools / centres)	129,972 (37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE and early primary children/ schools / centres)	129,972 (37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE and early primary children/ schools / centres)	Mobile RCH services reaching 37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE and early primary children/schools /centres																			
			MoHCDGEC	PO-RALG, MoEST	NMNAP	Number of creches, day care centers and preprimary school covered/ reached with Mobile RCH Health Visit	Visit report; ECD progress report	No data	37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE	37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE	37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE	37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE	37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE	37,857 Creches, 37,857 day care centres , 37,857 Community based ECD centres and 16,401 PPE (each center to be visited 3 times each year)																			

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
3.1.2.4	Procurement of growth monitoring and development tools (weighing scales, length boards and age appropriate playing materials in Health facilities)	To procure weighing scales and length board for supply in all (12,319) heath facilities to support services for young children attending in health facilities. Each facility to have one piece of each (i.e. weighing scale one piece @ 500,000 and Length board one piece @ 350,000 and age appropriate playing materials in Health facilities).	MoHCDGEC	PO-RALG, DPs, CSOs	NMNAP	Number of health facilities with growth monitoring and development tools (weighing scales, length boards and age appropriate playing materials)	Dissemination list; Inventory lists; ECD progress report	No data		6160 (the target was devided by 2 years of implementation)	6159 (the target was devided by 2 years of implementation)			All health facilities (# 12,319) with 12,319 weighing scales, 12,319 length board, and age appropriate playing materials																			
3.2	Immediate Outcome 3.2: Increased access to adequate and Appropriate Nutrition services.																																	
3.2.1	Output 3.2.1 NMNAP-II reviewed to incorporate Nurturing care components																																	
3.2.1.1	Conduct NMNAP II review meetings to ensure nurturing care components are comprehensively addressed in the reviewed version.	Participate in the NMNAP-II review meetings to incorporate nurturing care components. NM-ECDP secretariat to track NMNAP review meetings ensuring participation to include nurturing care components in a reviewed version. No budget required.	MoHCDGEC	MoHCDGEC, PMO-PCPLYED, PO-RALG, MoEST	NMNAP	Reviewed NMNAP document with nurturing care components incorporated	Reviewed NMNAP document; ECD progress	Existing NMNAP document	1					Reviewed NMNAP document																			
3.2.2	Output 3.2.2: Nutrition programs are incoporated into pre primary and early primary schools in Tanzania.																																	
3.2.2.1	Screening for nutritional and developmental status for children 5 - 8 years in preprimary and early primary as part of school health programs	Conduct 4 child screening visits per year to 16,401 PPE schools to identify children with nutritional and developmental problems and addressing their needs that include counselling to parents for children with these challenges	MoHCDGEC	PO-RALG, MoEST,	NMNAP	Number of PPE schools conducted child screening visits to identify child nutritional and developmental problems ;	Screening reports;ECD progress report	No data	16401 (to be reached in 4 quarters)	16401 (to be reached in 4 quarters)	16401 (to be reached in 4 quarters)	16401 (to be reached in 4 quarters)		65,604 visits for PPE																			
3.2.3	Output 3.2.3 The School feeding program for Children in preprimary and early primary school implemented																																	
3.2.3.1	Conduct 3 days orientation meeting to 20 national facilitators on the use of the school feeding program guideline at national level	Conduct 3 days orientation meeting to 20 national facilitators on the use of the school feeding program guideline at national level	MoEST	PO-RALG, MoEST, NGOs, INGOs, DPs	Existing School Health Program and ESDP	Number of National facilitators oriented in the the use of the school feeding program and guideline	Training/ Orientation reports; ECD Progress Report	No data	20					20 national facilitators oriented in the use of the school feeding programme and guideline																			
3.2.3.2	Conduct three days orientation meeting for facilitators and trainees on the use of the school feeding program guideline at regional and LGA levels	Conduct three days orientation meeting for 6 facilitators from 26 regions and 5 trainees from 184 LGAs (1076 pax) on the use of the school feeding program guideline at regional and LGA levels	MoEST	PO-RALG, MoEST, NGOs, INGOs, DPs	Existing School Health Program and ESDP	Number of facilitators oriented on the use of the school feeding program guideline at regional levels	Training/ Orientation reports; ECD Progress Report	No data	156 Facilitators (6*26)					1,076 trainers oriented in 26 RAs and 184 LGAs by 2025																			
						Number of trainees oriented on the use of the school feeding program guideline at LGA levels	Training/ Orientation reports; ECD Progress Report	No data	920 trainees (5*184)																									

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
3.2.3.3	Conduct 3 days orientation meeting to teachers and ward officers in all LGAs on school feeding program guideline	Conduct 3 days orientation meeting to two teachers per school in all 16,401 schools (32,802 teachers), 2 ward officers in 3,720 wards (7,440 Ward Education Officer and Ward Executive Officer) in all 184 LGAs	MoEST	PO-RALG, MoEST, NGOs, INGOs, DPs	Existing School Health Program and ESDP	Number of teachers oriented on school feeding program guideline;	Training/ Orientation reports; ECD Progress Report	No data	16401 teachers (2 teachers per school* 8201 schools)	16401 teachers (2 teachers per school* 8200 schools)				32,802 teachers oriented																			
						Number of Ward Officers oriented on the use of the school feeding program and guidelines	Training/ Orientation reports ;ECD Progress Report	No data	3720 ward officers (2 ward officers per ward*1860 wards)	3720 ward officers (2 ward officers per ward*1860 wards)				7,440 Ward Officers (WEOs) oriented																			
3.2.3.4	a) Establish poultry, small animal and garden keeping program at school level to supplement provison of nutritious food to children through the school feeding program and familiy level change in feeding habits	Orientation of school commitees to establish school /home gardens, small animals and poutry keeping in 16,401 schools that will then sensitize communities through community meetings that will promote establishment of home gardens at familiy level (engage School committees - 12 people)	PO-RALG	MoEST, CSOs, DPs, TFNC, PO-RALG	NMNAP	"Number of schools with gardens, small animals and poultry keeping program established "	Council and school reports on school feeding;ECD Progress Report	9 regions covered by Equip-T and PCI (5,331schools)		11,070 Schools with established school gardens, small animals and poultry keeping programmes				16,401 Schools with established school gardens, small animals and poultry keeping programmes																			
			PO-RALG	MoEST, CSOs, DPs, TFNC, PO-RALG	NMNAP	Number of School committee members oriented on establishment of school / home gardens, small animals and poutry keeping	Council and school reports on school feeding; ECD Progress Report	63, 972 school committee members		132,840 (12 x 11,070) School Committee members oriented on establishement of school gardens, small animals and poultry keeping programmes				196,812 (12 x 16,401) School Committee members oriented on establishement of school gardens, small animals and poultry keeping programmes																			
	b). Follow-up on the implementation of the establishment of school /home gardens, small animals and poutry keeping	Follow-up on the implementation of the establishment of school / home gardens, small animals and poutry keeping in all 16,401 schools. The LGAs need to have regular follow-up on the establishment of school gardens using existing monitoring systems.	PO-RALG	MoEST, CSOs, DPs, TFNC, PO-RALG , MoHCDGEC	NMNAP	Number of School committee (oriented on establishment of school / home gardens, small animals and poutry keeping) visited	"Monitoring reports, ECD progress report "	No data		33,210 School Committee visited	33,210 School Committee visited	33,210 School Committee visited	33,210 School Committee visited	132,840 School Committee visited																			
			PO-RALG	MoEST, CSOs, DPs, TFNC, PO-RALG , MoHCDGEC	NMNAP	Number of Schools (oriented on establishment of school / home gardens, small animals and poutry keeping) visited	"Monitoring reports, ECD progress report "	No data		4,100 Schools visited	4,100 Schools visited	4,100 Schools visited	4,100 Schools visited	16,401 Schools visited																			
3.2.4	Output 3.2.4: Village Health and Nutrition Days (VHND) including RCH outreach commemorated																															
3.2.4.1	Conduct Village Health and Nutrition day's commemorations in communities.	To mobilise community members and ECD actors in communities to participate in Village Health and Nutrition days in all LGAs (184 LGAs to mobilise forums; Preparation meetings 1x 12,319 villages (5 council team x1 day x 12,319 x refreshments); Implement the VH&D through demonstrations, use of equipment and tools. This involves support team of all extension officers at ward and village levels (5)	PO-RALG	MoHCDGEC (Community Development, Health departments), PMO-PCPLYED, (Departments of HNSW), MoEST, TFNC, INGOs, NGOs	NMNAP	Number of Villages commemorated Health and Nutrition days	Nutrition compact report, ECD Progress Report	UNICEF pilot (4- Mbeya, Songwe, Njombe, Iringa 1549 villages); IMMA World Health (Shinyanga 48 villages) Total = 1,597.	2,144 (20% of total villages)	3,216 (30% of total villages)	3, 217 (30% of total villages)	2,144 (20% of total villages)		24,638 Village Health Nutrition Days conducted in 12,319 villages by 2025																			

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
3.3.	Immediate Outcome 3.3: Appropriate Responsive Caregiving services provided																															
3.3.1	Output 3.3.1: Inclusive ECD corners with adequate and appropriate play and learning materials established																															
3.3.1.1	Establish inclusive ECD corners with adequate and age appropriate play and learning materials in all 12,319 health facilities in all 184 LGAs that will provide space for play and communication between caregiver and child and also support identification of children's abilities and disabilities to inform appropriate referral	To establish 2 inclusive ECD corners per health facility (in RCH and paediatric ward) in 12,319 health facilities. The cost of 1 ECD corner is about Tzs 300,000/- (Setting up the room with paint decorated walls and play mats and materials). The ECD corner will be equipped with age and ability appropriate locally made play/ learning materials to accomodate all children. The ECD corners will be a platform for demonstration of play and communication activities for parents and their children.	MoHCDGEC	PO-RALG, Development Partners (DPs), ECD actors	ECD Program - Care for Child Development (CCD) Package & Guideline on developing play/learning materials under ECD	Number of health facilities with inclusive ECD corners	Support visit report; Councils' quarterly reports, ECD Progress Report	No data		4,106 Health facilities with inclusive ECD corners	4,106 Health facilities with inclusive ECD corners	4,106 Health facilities with inclusive ECD corners		24,638 ECD corners established in 12,319 health facilities in 184 LGAs by 2025																	
3.3.2	Output 3.3.2: Regular nurturing care counseling sessions for parents and caregivers conducted																															
3.3.2.1	Conduct regular counselling sessions to parents and caregivers on nurturing care	Conduct at least 2 counselling sessions per month in all 12,319 health facilities for parents/ caregivers attending in the health facilities on Nurturing care aspects covering different topics each session including responsive caregiving, early learning, parental mental wellbeing, social support (safety nets), WASH, development of age appropriate and inclusive play/learning materials using locally available resources, and male involvement for effective responsive care giving	MoHCDGEC	PO-RALG, Development Partners (DPs), ECD actors	ECD Program - Care for Child Development (CCD) Package & Guideline on developing play/learning materials under ECD	Number of health facilities cunducted counselling sessions on nurturing care	Participants list; List of Health facilities conducting counseling services; ECD Progress Report	0		3,077 health facilities conducted counselling sessions	3,077 health facilities conducted counselling sessions	3,077 health facilities conducted counselling sessions	3,077 health facilities conducted counselling sessions	2,319 health facilities conducted 24,638 counseling sessions (12,319 x 2)																	
3.4	Immediate Outcome 3.4: Increased provision of Opportunities for Early Learning																															
3.4.1	Output 3.4.1 Increased opportunities for early learning services for children																															
3.4.1.1	Support establishment and operationalization of Crèches in formal and informal working places to enhance breastfeeding, responsive caregiving and early learning.	To support establishment of 200 creches in working places and communities by 2025 -furnished with Furniture/equipment, play / learning materials to enhance early stimulation and learning for children in the centres (costs will be based on National guidelines)	MoHCDGEC	PO-RALG, NGOs/FBOs	Guidelines on minimum standards for operationalisation of Day care centres and creches	Number of creches established in communities and working places	LGAs, HIS reports; ECD Progress Report	No records	50	75	75			200 creches in community and working places in all 184 LGAs																	

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
3.4.1.2	Support establishment of Community Owned/Based ECD centres in communities	To support establishment of Community Based ECD centres in communities around all 16,401 primary schools by 2025 -furnished with Furniture/equipment and learning and play materials (costs will be based on National guidelines)	MoHCDGEC	MoEST, PO-RALG, NGOs/ FBOs	Guidelines on minimum standards for operationalisation of Day care centres and creches	Number of Community Based/ Owned ECD centres established in existing Primary schools	LGAs, HIS reports; ECD Progress Report	No records	3280	4920	4920	3281		16,401 Community Based ECD Centres in 184 LGAs																				
3.4.1.3	Support establishment/ construction of PPE classrooms in formal and informal settings	To support establishment/ construction of additional 16,401 PPE classrooms to reduce conjestion in schools by 2025 - to increase infrastructure to decongest pre-primary streams	PO-RALG	MoEST, NGOs/ FBOs	PPE guideline and standards	Number of PPE classrooms established/ constructed in formal and informal settings	LGAs, HIS reports; ECD Progress Report	No data	3280	4920	4920	3281		16,401 additional PPE classrooms in 184 LGAs																				
3.4.2	Output 3.4.3 Increased support to families and communities to provide parenting education and nurturing care services for children																															
3.4.3.1	Support establishment of parenting groups in communities.	Support establishment of parenting groups in communities to 12,319 villages to promote parenting education and nurturing care services provision for children in communities. These groups will include parents with children in the ECD centres established	MoHCDGEC	PO-RALG, NGOs/FBOs	Guideline on Establishment of Parenting Groups	Number of parenting groups established in all 12,319 villages	LGAs, HIS reports; ECD Progress Report	3,963 parenting groups established	4,135	6,203	6,202	4,135		24,638 parenting groups established (2 groups per 12,319 villages)																				
3.4.3.2	Support parenting groups with seed money	Support parenting groups with seed money in 12,319 villages to support Income Generations that will increase household income and increased support to children in families	MoHCDGEC	MoEST, PO-RALG, NGOs/ FBOs	Guideline on Establishment of Parenting Groups	Number of parenting groups supported with seed money	LGAs, HIS reports; ECD Progress Report	No data	4,928	7,391	7,391	4,928		24,638 parent groups suported with seed money																				
3.5	Immediate Outcome 3.5: Incresed access to security and safety access																															
3.5.1	Output 3.5.1 : One stop centres providing security and safety services to young children in the country established.																															
3.5.1.1	NM-ECDP facilitates establishment of one stop centres in 97 council hospitals in the country that will provide services on security and safety for young children 0-8	Identification of service providers (5 service providers per center - counselor, nurse, police officer, doctor, SWO) in all one-stop centres in 97 councils (NO COST)	MoHCDGEC	PO-RALG, MoHA, MoCLA (Paralegal), Development Partners (DPs), ECD actors, CSOs	NPA-VAWC (Guideline for establishment of one-stop center)	Number of One Stop Centers established in Health facilities	"ECD Progress Report; "	16 existing One stop centres	16 One Stop Centers established	16 One Stop Centers established	16 One Stop Centers established	16 One Stop Centers established	17 One Stop Centers established	97 One stop Centres in Council Hospitals																				
3.5.1.1.1	Conduct orientatioin for service providers (counselor, nurse, police officer, doctor, SWO)	Orientation of 5 service providers per center(counselor, nurse, police officer, doctor, SWO) in all one stop centres in 97 council hospitals on child friendly servicies (Conduct training for (97 centres x5 participants) 485 new service providers for 5 days).	MoHCDGEC	PO-RALG, MoHA, MoCLA (Paralegal), Development Partners (DPs), ECD actors, CSOs	NPA-VAWC (Guideline for establishment of one-stop center)	Number of service providers in one stop centres oriented on One Stop Center Management	"ECD Progress Report; Training Reports "	Providers in 16 One stop Centres in Council Hospitals	485 service providers					485 service providers in 97 One stop Centres																				

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
3.5.1.1.2	Establishment/ construction of 81 new "one stop centers" within council hospitals and refurbish 40 one stop centres acquired from existing buildings within the hospitals and provide furniture and equipment including, child friendly corners with play materials.	"a) Establishment/construction of 81 new ""One stop centres"" within council hospitals *Construction cost of one new centre is 20,000,000 excluding furniture b) Refurbishment of 40 one stop centre facilities acquired from existing buildings within the hospital c) Provision of furniture and equipment including, child friendly corner with play materials "	MoHCDGEC	PO-RALG, MoHA, MoCLA (Paralegal), Development Partners (DPs), ECD actors, CSOs	NPA-VAWC (Guideline for establishment of one-stop center)	Number of one-stop centers established in Council Hospitals	ECD Progress Report	16 centres in councils hospitals	16	24	25	16		81 one stop centres established.																				
						Number of centres refurbished;	ECD Progress Report	No data	8	12	12	8		40 centers to be refurbished																				
4	Long-Term Outcome 4: Caregivers, families and communities empowered to adopt practices of nurturing care																																
4.1	Immediate Outcome 4.1: Increased awareness on importance of Nurturing Care services for communities																																
4.1.1	Output 4.1.1: Sensitization of communities on importance of investing in young children in their early years conducted																																
4.1.1.1	Develop ECD radio messages to sensitize and increase knowledge on the importance of investment in Nurturing care services via radio (broadcast media)	To develop 60 ECD messages (1 message/month) in 34 community radios 2 times a month (to focus on prime times) for the whole program period of 5 years	MoHCDGEC	Health Promotion department, MICAS, PORALG, CSOs,	National parenting strategy/ NPA-VAWC	Number of ECD Messages developed	Community radio report & Actual radio spots; ECD Progress Report	12 ECD messages developed by EGPAF	10	10	10	10	8	60 ECD messages developed																				
						Number of Community radios aired ECD messages	Community radio report & Actual radio spots monitoring database; ECD Progress Report	3 radio stations under EGPAF	31	34	34	34	34	34 community radios aired ECD messages																				

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
4.1.1.2	Raise awareness among key community actors on importance of investing in young children in their early years at ward level	"b) To organize 1,978 meetings (1-day each) at ward level for 15 key community ECD actors in each meeting including (CBOs, FBOs, and Extension officers for Health, Community Dev, Police, Agriculture, Education etc) for 50% of wards in Tanzania. The meeting will carry ECD agenda to raise awareness on importance of provision of holistic Nurturing care services to young children 0-8 years including those with disability and with special needs. Discussions should also include importance of: i) Establishment and enrolment of children in creches, daycare centres, community based daycare/ ECD centres, pre and early primary services for children 0-8 years; ii) Recruitment of child care workers for day care centres and modalities for incentives; iii) Child rights, different forms of violence, available responsive pathways, child friendly response services including establishing safe and child friendly desks; and iv) Establishment of parenting groups a) To develop 60 ECD messages (1 message/month) and air them 3,600 times in 34 community radios 2 times a day (to focus on prime times) for the whole program period of 5 years "	MoHCDGEC	PORALG, MoEST, MoHA, PMO-PCPLYED,CBOs	National parenting strategy/ NPA-VAWC	Number of wards conducted sensitization on importance of investing in young children in their early years	Meeting Reports;ECD Progress Report	0	989	989				1,978 (=50% of 3,956 wards)																				
4.1.1.3	Organize sensitization meetings on importance of investing in young children in their early years for community leaders, religious leaders, private sector and influential leaders	"c) To organize meetings for 20 community leaders, private sector and influencial leaders including representatives of Women and Children Protection Committees (WCPCs) and People with Disability in each of 8,292 villages and streets to raise awareness on importance of provision of holistic Nurturing care services, including: i) adequate nutrition, good Health, responsive care giving, early learning, security and safety with emphasis on male involvement, and care for children with disability and special needs to young children 0-8 years; Also including importance of: ii) Child rights, different forms of violence, available responsive pathways and child friendly response services, iii) Birth registration and following up child registration as a child right, iv) Positive parenting including avoiding use of harmful practices eg force feeding should be discussed v) Use of rehabiliataion units for children with special needs vi) Establishment of parenting groups"	MoHCDGEC	PO-RALG, MoEST, MoHA, PMO-PCPLYED, CBOs	National parenting strategy/ NPA-VAWC	Number of vilages conducted sensitization on importance of investing in young children in their early years to the key influencial leaders	Meeting report	0		4,146	4,146			8,292 villages/ mitaa																				
4.1.1.4	Conduct meetings with councilors to promote increased investments in Nurturing care services	Conduct 40 advocacy/sensitization meetings (1-day/council) to 1,840 councilors at 92 councils with 20 councilors in each meeting. The meetings will be distributed through year 1 (40 meetings) and year 2 (52 meetings)	MoHCDGEC	PO-RALG, MoEST, MoHA, PMO-PCPLYED, CBOs	NPA-VAWC	Number of councilors sensitized in nurturing care at council level	Meeting report; ECD Progress Report	0		1340	500			1,840 councillors of the councils (20 councellors * 92 councils)																				

S/N	Outputs & Activities	Activities description (include sub-activities, quantities, frequencies, duration)	Lead Institution	Collaborating Organizations	Link with existing national program	Ouput Indicators	Means of verification	Baseline	Annual Target FYI	Annual Target FY2	Annual Target FY3	Annual Target FY 4	Annual Target FY 5	Cummulative Targets	FY1				FY2				FY3				FY4				FY5			
															01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04	01	02	03	04
4.2	Immediate Outcome 4.2: Parents/Caregivers, families and communities engaged to provide/contribute to nurturing care provision																																
4.2.1	Output 4.2.1: Guidelines on safe and child-friendly desks disseminated																																
4.2.1.1	Disseminate guidelines on safe and child friendly desks through conducting orientation for education coordinators and SWOs/CDOs from all wards and councils	Conduct 184 council level 1 day orientation meetings with 46 participants in each, covering 7,912 ward education coordinators and SWOs/CDOs from all 3,956 wards and 552 from all 184 councils including SWO, CDOs and DEO making the total of 8,464. This will sustainably facilitate establishment of safe and child-friendly desks in creches, ECD centers, and primary schools. The orientations will be distributed through year 1 (92 councils) and year 2 (92 councils). The guidelines on safe and child friendly will be distributed during orientation meetings.	MoHCDGEC	PORALG, MoEST, CSOs	NPA-VAWC, Guidelines on Safe and Child Friendly	Number of SWOs, CDOs and Education officers oriented on guidelines on safe and child friendly desks disseminated at ward and council level	"Meeting reports; ECD Progress Report "	0		4,232	4,232			8,464 SWOs, CDOs, and Education Officers oriented by 2024																			
4.2.2	Output 4.2.2: Creches, day care centers and community-based day care centers/ ECD centers established																																
4.2.2.1	Engage community members, parents and caregivers in supporting improvement of nurturing care services in creches, day care centres, community-based ECD centres, and preprimary and early primary classes	Conduct orientation meetings to community members, parents and caregivers in supporting improvement of nurturing care services in creches, day care centres, community-based ECD centres, and preprimary and early primary classes in all 12,319 villages	MoHCDGEC	MoHCDGEC,PO-RALG, CSOs, INGOs, DPs	NMNAP	"Number of villages oriented community ECD stakeholders in suporting the improvement of nurturing care services "	Activity reports; ECD Progress Report	No data		6160	6159			12,319 villages																			
4.2.2.2	Facilitate establishment and operationalise crèches, day care centres, and community based day care/ECD centres in formal and informal settings to enhance nurturing care services	Conduct nine zones 2-day orientations to 420 regional and district community development officers and social welfare officers in groups of 47 each at zonal level on national guidelines to establish Creches and daycare centers reaching out to all 184 councils across Tanzania. The 9 zones and centers are highlighted in blue: 1. Dar, Pwani and Moro, 2. Dodoma, Singida and Manyara, 3. Mbeya, Songea and Rukwa, 4. Katavi, Tabora and Kigoma, 5. Kagera, Geita and Mwanza, 6. Simiyu, Mara and Shinyanga, 7. Arusha, Kilimanjaro and Tanga, 8. Lindi and Mtwara, 9. Ruvuma, Njombe and Iringa.	MoHCDGEC	MoEST, PMO-PCPLYED, PO-RALG, NGOs/ FBOs	Guidelines on minimum standards for operationalisation of Day care centres and creches	Number of community development officers and social welfare officers oriented on national guidelines to establish Creches and daycare centers	LGAs reports and actual orientation report; ECD Progress Reports	No data		105	105	105	105	420 community development and social welfare officers oriented																			

Appendix 2: Detailed Activity Description per Outcome

Long term Outcomes, Immediate Outcomes and Outputs

Long term Outcome 1: Enabling environment improved to facilitate efficient coordination & delivery of nurturing care services.

Immediate Outcome 1.1: ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services.

Output 1.1.1: ECD Advocacy Strategy Developed

Activity 1.1.1.1: Develop an inclusive National ECD Advocacy Strategy that translates the nurturing care framework.

The process of development of the framework will be facilitated by MOHCDGEC in collaboration with development partners, implementing partners, MDAs, LGAs and 10 members who received training on development of ECD Advocacy strategy by AfECN. The process will have three working session and will recognize existing advocacy strategies from other Nurturing care components for reference and linkages. The plan is to ensure that the advocacy strategy is completed early 2021.

Output 1.1.2: Advocacy to leaders at all levels conducted.

Activity 1.1.2.1: Conduct consultative meeting to obtain buy- in /commitment from development partners

PMO (Coordination) and MOHCDGEC will hold a one-day meeting with Development partners, CSOs in order to create awareness on ECD and also for resource mobilization. The meeting will also be used as platform to provide ECD knowledge on Science of ECD and other NC component issues. This meeting is planned to take place early in 2021

Activity 1.1.2.2: Conduct advocacy meetings for Members of Parliament selected from different parliamentarian committees to create awareness of multi-sectoral ECD program

PMO and MOHCDGEC will conduct a one-day advocacy meeting in early 2021 with Members of Parliament from various committees for awareness creation on the need to invest on early years, support on policies and program implementation. The meeting will also be used as platform to provide ECD knowledge on Science of ECD and other NC services but in addition advocate for inclusion of ECD activities in sectoral budgets and plans.

Activity 1.1.2.3: Conduct advocacy for high level officers of Sectoral ministries on deeper ECD awareness and incorporation of ECD missing indicators in the existing Information Management Systems.

Although several sectoral program monitoring mechanisms exist, they have scattered information on ECD and do not capture some indicators such as responsive caregiving and opportunities for early learning. Integration of additional indicators in sectoral information systems requires authorization from decision makers. Working in collaboration with other MDAs and stakeholders, Prime Minister's office will facilitate a 2 days pre advocacy meeting for Information management experts and a 1-day advocacy for Inter-Ministerial Management team. The meeting aims at creating awareness on the need for creating ECD data base and integration of missing indicators in existing information management systems across sectors.

Activity 1.1.2.4: Orient journalists to enhance their understanding on comprehensive ECD so that they can create informed awareness on issues of young children aged 0-8 years

In recognition of the role of media in promoting and creation of demand for services, PORALG working with MOHCDGEC, DPs, CSOs, Ministry of Information, Culture, Arts and Sports will conduct a two day orientation to 10 journalists per region across the country on comprehensive ECD-Nurturing Care services. This orientation aims at empowering journalists to continue covering ECD related messages in the media and share with public accurate information to enhance access to appropriate Nurturing Care services

Activity 1.1.2.5: Advocate for review of curriculum for universities and colleges (education), teachers training colleges, nursing colleges, and social welfare institutes, to incorporate pre-primary education and nurturing care issues respectively

ECD/nurturing care knowledge and skills is essential across sectors including academic institutions. Having ECD programmes in academic institutions including teacher training colleges will ensure wider reach of people to understand the significance of investing in early years. Currently, though curricula are in place for universities and tutors are passing through universities, they do not have pre-primary and general ECD-NC components. As a result, the trained tutors lack skills for working with children at the PPE level. MoEST and MoHCDGEC will work with development partners including UNICEF and UNECSO, implementing partners, MDAs and LGAs to review existing curricular. In the second year of the program 2022. MoEST and MoHCDGEC will conduct at least six review sessions with various stakeholders to incorporate pre-primary education, special needs and ECD issues in teacher's curriculum. The process will involve sensitization meeting to the heads of institutions/Colleges on the importance of integrating ECD issues in their curriculum.

Activity 1.1.2.6: Advocate for inclusion of nurturing care issues in the inter-religious sermon guide.

Currently there are inter-religious sermon guides that have been developed but these need strengthening so that they address comprehensive nurturing care components. MoHCDGEC will use faith-based platforms to ensure relevant ECD-NC information is reaching more people. This will be through a 3-day sensitization meeting with other partners including MoHA, PORALG, IRCPT and other key ECD actors to engage 60 national religious institutions in review of available sermon guide to ensure that they incorporated NC issues comprehensively.

Activity 1.1.2.7: Establishment of NM-ECDP secretariat.

There will be NM-ECDP secretariat with a total of 13 members whose role will be organizing program events such as national/international conferences, mobilization of resources. The secretariat will need to be supported so to ensure its functioning. This will include support in meetings and LOE to some secretariat members who spend time in supporting secretariat work. The NM-ECDP secretariat will be supported through partnership of PMO, MoHCDGEC with PORALG, DPs, CSOs and TECDEN.

Immediate Outcome 1.2: Strengthened Multi-sectoral Coordination

Output 1.2.1: National level system for program coordination strengthened

Activity 1.2.1.1: Review coordination guidelines/TOR to incorporate NM-ECDP at all levels. (National - Regional - Council - Ward - Village)

Benchmarking on existing national coordination guidelines in the existing programmes including NPA-VAWC, NMNAP, health and education, the aim of this activity will be to incorporate NM-ECDP coordination issues aligning with existing structures for leveraging resources and enhance accountability on nurturing care services at all levels. In order to facilitate the process, MoHCDGEC & PMO will work with responsible government departments, development partners, implementing partners and LGAs to conduct at least three working review sessions to incorporate issues related to National Multisectoral ECD Program coordination mechanism into guidelines for establishment of VAWC, TASAF III, NMNAP and Education committees. The activity is planned to be accomplished by early 2021.

Activity 1.2.1.2: Orient members of the National Multi-sectoral committee on ECD issues and coordination at national level

Orientation of national steering committee and technical working group members will take place for two days on the NC components included in reviewed guidelines for VAWC, NMNAP, TASAF III, health and education committees. Orientation process will also involve familiarizing participants with relevant ECD aspects such as Science of ECD, Nurturing Care Framework and other available ECD training packages, program linkages as well as roles and responsibilities. MoHCDGEC & PMO will work with responsible government departments, development partners, implementing partners and LGAs to facilitate this activity which is planned to take place in 2021.

Activity 1.2.1.3: Orientation of members of National Multi-sectoral ECD-Technical Working Group on NMECDP and their roles and responsibilities

Orientation of the National ECD multisectoral TWG on ECD-NC issues and coordination will be done through collaboration with MoHCDGEC, PORALG and TECDEN. The group comprises of ECD stakeholders including responsible MDAs, development partners and implementing partners. The two day orientation will focus on reviewed National Multisectoral ECD Program coordination mechanism (Government and CSOs), roles and responsibilities.

Activity 1.2.1.4: Orientation of 20 Regional Facilitators per region on NM-ECDP in all 26 regions.

The National Multisectoral TWG will conduct orientation meeting to 20 regional facilitators per region in 26 regions for 3 days. The oriented facilitators will then cascade the knowledge to five council level facilitators followed by Ward and Village/street level respectively. The orientation process is planned to be take place in the period of 2021 – 2022.

Output 1.2.2: NM-ECD Program Reviewed

Activity 1.2.2.1: Conduct Biennial ECD multi-sectoral Forum

PMO in collaboration with MoHCDGEC will organize 3 days ECD National Forum after every two years. This Forum will involve ministers from different sectors implementing the ECD program, permanent secretaries, directors, development partners, IPs and other national and international stakeholders to share experience on implementation of NM-ECDP. The Forum will be chaired by Prime Minister.

Activity 1.2.2.2: Conduct Annual multi-sectoral ECD Program review meeting.

PMO in collaboration with MoHCDGEC will organize 1 day ECD program review meeting every year. This meeting which will review ECD activities nationwide will involve all key ministries, development partners, IPs from different sectors implementing the ECD program. The meeting will be chaired by PMO.

Activity 1.2.2.3: Annual high-level meeting

PMO in collaboration with MoHCDGEC will organize 1 day ECD National Forum every year. This Forum will involve the permanent secretaries, directors, development partners, IPs from different sectors implementing the ECD program, The Forum will be chaired by PMO.

Activity 1.2.2.4: Conduct quarterly National Multi-sectoral ECD technical working group meetings

MoHCDGEC will organize quarterly NM-ECDP TWG meetings to share progress on implementation of ECD interventions. These meetings will be chaired by MoHCDGEC and TECDEN. The meeting will be conducted for 2 days involving government officials from respective ministries and implementing partners. Also these meetings will be coordinated by the national ECD Secretariat.

Activity 1.2.2.5: Conduct Quarterly Regional NM-ECD Program Review meetings at Regional level

ECD at sub national level is being implemented through various sectors as a result requiring multisectoral coordination. The President Office Regional Administration and Local Government (PORALG) will be responsible to coordinate various ECD multisector meetings. Regional level quarterly review meetings are currently undertaken in different sectors with limited integration of responsive caregiving and opportunity for early learning components. Nurturing care component issues will be integrated in relevant existing forums in the regions. The forum will discuss ECD-NC progress reports from districts/councils and recommend to ECD High level committee on appropriate follow up actions. PORALG through working with regional ECD Stakeholders will explore opportunities for integration within existing forums in the regions and develop TOR by 2021 to ensure that these key NC components are integrated into biannual review meetings.

Activity 1.2.2.6: Conduct quarterly review meetings at council level

Quarterly District level ECD program review meetings are mainly focusing on specific sectors whereby aspects of responsive caregiving and opportunity for early learning components are not addressed. During these meetings ECD quarterly progress reports from Ward and village/Street will be shared to councils on appropriate follow up actions. Sensitization will be done to ensure integration of responsive caregiving and opportunity for early learning components for example in village health and nutrition days nutrition COMPACT reviews that are promoted and supported. PORALG will ensure regions and council integrate ECD issues within existing forums in the Regions and Councils and develop TOR by 2021 to ensure that these key ECD components are integrated into quarterly district/council's level meetings.

Figure 9: ECD National Coordination, MEL and Implementation Structure

Immediate Outcome 1.3: Policies, Guidelines, curricula and training manuals are developed/reviewed to include all Nurturing Care components

Output 1.3.1: Key ECD related Policies reviewed and approved

Activity 1.3.1.1: Review Child Development Policy to incorporate nurturing care issues

The MoHCDGEC will work with development partners such as UNICEF, implementing partners, MDAs and LGAs in order to review the current Child Development Policy so as to incorporate ECD related issues. Currently the MoHCDGEC has started an evaluation of the policy which will inform the review process. The review process will involve hiring of consultant and conduct stakeholders meeting. The Child Policy is planned to be finalized by 2025.

Activity 1.3.1.2: Dissemination of the reviewed Health Policy

MoHCDGEC is in the process of finalizing the reviewed health policy. The reviewed Health Policy is expected to be disseminated to key stakeholders using existing forums.

Activity 1.3.1.3: Review the Law of Child Act 2009 to incorporate nurturing care issues

The review through MoHCDGEC will involve key actors including PORALG, MoEST, MoCLA, PMO-PCPLYED, MICAS and Key Actors. The process will involve hiring of a consultant to provide technical support and also conduct at least two stakeholders' meetings for consultation, approval and launch of the Act. The plan is to ensure that the current Law of Child Act 2009 has been reviewed by 2024.

Output 1.3.2: Key Guidelines Reviewed/Developed

Activity 1.3.2.1: Review and harmonize guidelines for the joint supportive supervision, to include ECD issues

The current guidelines for joint program supervision do not address Nurturing care components comprehensively, the MoHCDGEC plans to review these guidelines to include ECD issues to leverage resources and enhance coordination and accountability at all levels. MoHCDGEC working together with sector ministries (from RCH, Social Welfare, Community Development, education and local government) and other government agencies plans to conduct at least six working session to review existing guidelines. The process is expected to be finalized by 2022.

Activity 1.3.2.2: Conduct review sessions of child care workers Manual to incorporate specific content for 0-2 years of age

MoHCDGEC will work with development partners such as UNICEF, implementing partners, MDAs and LGAs to incorporate specific content for 0 – 2 years in the childcare worker's manual. The review will also incorporate aspects of transition of the child from home, to day care center and pre-primary classes; and WASH aspects. Currently through initiatives under NPA-VAWC efforts have been made to review the existing manual. The plan is to hold at least six review meetings with mentioned stakeholders, printing 1000 copies and dissemination of the manuals. The manuals are planned to be reviewed by 2021 and disseminated in 2022.

Activity 1.3.2.3: Finalize the draft National Implementation Guideline for Care for Child Development.

The manual currently in draft form is comprehensive of all nurturing care components and inclusive addressing the needs of all children including those with malnutrition, developmental delay, sick children, gender, HIV+ or exposed, abused children and mental wellbeing of caregiver will be finalized by MoHCDGEC in collaboration with other partners. The finalization will involve stakeholders meeting to review the guideline, technical meeting to incorporate inputs and management meeting for endorsement.

Output 1.3.3: Curricula/Manuals reviewed

Activity 1.3.3.1: Develop National culturally and developmentally appropriate ECD curriculum for 0 – 8 years for Child Care Workers. (Certificate and diploma level based on NACTE accreditation NTA level 4-6)

Currently there are ECD programs in childcare workers institutions in the country, however without culturally and developmentally appropriate curriculum which is not accredited to NACTE levels at certificate and diploma level of education. There is an evaluation in progress in 21 childcare workers' institutions to inform on the process of developing this program. MoHCDGEC will work with NACTE, MOEST, PO-RALG development partners such as UNICEF, implementing partners and LGAs by conducting at least six working sessions to develop a National age and inclusive for all children (which will address individual needs of children including those with malnutrition, children with disabilities, developmental delay, sick children, gender, HIV+ or exposed, abused) for age 0-8 years at certificate and diploma level and upgrade to NACTE level 4-6. This will be followed up by dissemination of copies of national age appropriate ECD curriculum in six zones. This activity is planned to be completed by 2022.

Activity 1.3.3.2: Develop an integrated ECD training package to include nurturing care components

In order to come up with a comprehensive ECD training package MoHCDGEC in collaboration with MoEST, PORALG, PMO-PCPLYED, TIE, TFNC, NACP, TACAIDS, DP, IPs will conduct a 21-day workshop for writers to review, consolidate, refine, validate, fine tune and endorse the integrated NC package that includes training guide, participant manual and flipchart. The writing team will use existing trainings packages from national packages including NPA-VAWC, psychosocial support for victims of violence, NMNAP, Afya ya Familia, CCD package, CHWs package and other available early learning and responsive caregiving packages available in the country which are being used in projects. The comprehensive training manual will capture nurturing care components including Health, Nutrition, Responsive Care, Safety and Security (including Birth Registration, WASH, Social Safety Nets-TASAF), Opportunities for Early Learning) and a module on mental wellbeing for facility and community level service providers addressing (Individual needs of children including those with malnutrition, disabilities, developmental delays, sick children, gender, HIV+ or exposed, abused, mental wellbeing of parents) accordingly. The process of merging the comprehensive nurturing care package will take place early 2021 for scale up across the country. The package will target workforce working with children 0 – 8 years including pre-primary teachers, child care workers, nurses, doctors, social welfare officers, community development officers, nutritionists, child protection, CHWs and existing committees among others. The package will be modified based on the needs and qualification of respective service provider.

Long term Outcome 2: Strengthened Service Delivery and Quality Assurance Systems

Immediate Outcome 2.1: Competent and skilled workforce on Nurturing Care available

Output 2.1.1 A team of National ECD trainers (Master Trainers) created

Activity 2.1.1.1: Conduct training session on National Integrated ECD (nurturing care) package for Core team of National ECD Trainers (Training of Master Trainers)

MoHCDGEC through Social Welfare Department (SWD) and PMO in collaboration with MoEST (PPE Department), PORALG, TIE, TFNC, nutrition section, RCH, DP, IPs will be responsible in training 20 National ECD master trainers from all ECD sectors for five days. MoHCDGEC through SWD will first work with different sectors to prepare a list of existing master trainers in various ECD components such as nutrition, child protection, CCD to generate a list of ECD Master Trainers. Followed up by the department of social welfare in

collaboration with MoEST (PPE Department), PORALG, TIE, TFNC, Nutrition section, RCH, DP, and IPs to conduct the master trainers training using the prepared national Integrated ECD package. The trained master trainers will be responsible to train trainers at Regional level and supervise cascade of training at council level. Master trainer training will take place towards end of 2021 ready to support cascade of training in all 26 regions. The regional trainers will continue providing coaching/mentorship and supervision to their respective councils.

Activity 2.1.1.2: Conduct training session on national integrated ECD (nurturing care) package for regional level trainers (TOTs)

In order to have a national coverage, there will be regional level trainers who will support the district level training. In each region 5 trainers will be identified to make a total of 130 trainers to be trained on the ECD package for 5 days by the national ECD master trainers. The regional ToTs trained will be responsible for cascading training; and provide mentorship and supervision to their respective councils. The training is planned to reach all 26 regions by 2025 MoHCDGEC (SWD) in collaboration with MoEST (PPE Department), PORALG, TIE, TFNC, nutrition section, RCH, DP, IPs will support the process of facilitating the cascade training in the regions.

Activity 2.1.1.3: Conduct cascade training session on National Integrated ECD (nurturing care) package for Council Level Trainers

The target of the training is to also have council level trainers who are competent on the use of the package. In that regard, 5 trainers from each of the 184 LGAs will be identified and trained for 5 days making a total of 920 trainers at LGA level. The training will be conducted by the regional ToTs with support from national level master trainer. SWD working with PORALG and responsible stakeholders in the region/councils plans to reach all 184 Councils by 2025.

Output 2.1.2: Strengthening the Capacity of PPE Teachers and Child Care Workers on ECD

Activity 2.1.2.1: Review of Continuous Professional Development program for PPE teachers

In order for children to learn effectively they need adequate number of trained PPE and early primary school teachers in a ratio that allows much more teacher pupil interactions which enhances learning. The current Pupil qualified teacher ratio is at 1:249 (MoEST 2018) as opposed to the standard ratio of 1:25. This very high ratio has a negative effect on children's learning because children cannot be easily supported as they learn and play. In order to ensure that more qualified teachers are in pre-primary classes, MoEST and PORALG will work with universities, TTCs, DPs, IPs to review the CPD program already developed through TIE that will involve review and update to ensure that it captures PPE related issues. There is a developed National CPD framework which provides an overall guidance and modality on how the in-service education and training/ continuous professional development interventions activities are implemented. Under this framework, additional PPE packages for pre-primary teachers will be developed and delivered. This will require hiring a consultant to provide technical support by conducting a five day technical working session with 20 persons to review zero draft of the reviewed framework and hold a three-day technical working session to review/fine tune final draft. The process of reviewing the CPD will also recognize presence of existing programmes including Teacher Education Support Program (MoEST & TIE). The CPD is expected to be completed by the end of 2021.

Activity 2.1.2.2: Conducting In-service Training for tutors in Teachers Training Colleges (TTC), Child Care Workers (CCW) Training Institutions, Folk Development Centres (FDC) and universities on ECD.

In order to ensure that continuous knowledge on ECD and nurturing care services is being passed on, PO-RALG, MoEST and MoHCDGEC will train a total of 85 Tutors (from TTC, CCW Training college, FDC and Universities) for a duration of ten days on ECD. The training will be facilitated by Master Trainers using the National ECD package and planned to be accomplished by the 1st quarter of 2022.

Activity 2.1.2.3: Facilitate recruitment/Deployment of interns and volunteers from universities and teacher training colleges to support learning in PPE and early primary schools

MOEST and PORALG will work with relevant colleges, universities, DPs, IPs to recruit interns who will be posted in their respective councils each year to participate in the internship program in pre-primary and early primary schools. The program will provide a stipend per month per intern as an upkeep allowance. The initial plan is to deploy 368 interns per annum (2 interns / council/year). The program is planned to begin by in the first year of the program (2021).

Output 2.1.3: Capacity of frontline workers on integrated ECD (nurturing care) package strengthened

Activity 2.1.3.1: Conduct training on Integrated ECD (nurturing care) package

The government in collaboration with other key ECD stakeholders plans to conduct a fourteen days training to Community Health Workers (CHWs), Child Care workers (CCW), Health Workers, Pre-primary, Class one and two teachers, Police Gender and Children Desks, Child protection teams and paralegals reaching 30 per council per year. The training will involve council level facilitators and a regional facilitator as a supervisor will be scaled out to all 184 councils. The activity will be completed by 2022.

Activity 2.1.3.2: Conduct cascade training at council level on mental and psychosocial counselling and support for victims of violence

Currently, through the efforts of NPA-VAWC, there are 423 professionals in 27 councils (i.e. SWOs, CDOs, Nurses/doctors and Teachers) trained on mental and psychosocial counselling to support victims of violence. In addition, there are a total of 540 members of WCPCs trained in 27 councils with the capacity trained on mental and psychosocial counselling to support victims of violence. MOEST and MOHCDGEC in collaboration with PORALG, MICAS, DP, IP and CSOs plans to train additional 2,512 counselors (16 counselors for each of the remaining 157 councils). The training from council level WCPCs will be rolled out to ward level WCPCs on counselling to enhance access to professional counseling services to abuse victims in each ward. The training is ongoing being implemented in NPA-VAWC and does not need a budget

Activity 2.1.3.3: Conduct Cascade training at Ward level (3956 Wards) for mental and psychosocial counselling and support for victims to cover the entire country.

There are no trained professionals on mental and psychosocial counselling at Ward level. As such a total of 3956 Wards will be trained. Members of Child protection committees will be trained in these respective Wards

Activity 2.1.3.4: Conduct training for Health Workers on new child growth monitoring and development booklet, merged with Care for Child Development package

The MoHCDGEC through RCH department will work with PORALG, TFNC, DPs, IPs (CSOs) to train and orient Health workers on new child growth monitoring and development booklet, merged with Care for Child Development package, including booklets in braille language. This will be done by identifying and training of 10 master trainers/ supervisors per council, orienting and disseminating 1,840 copies of the health and development booklet including those in braille with health workers per facility (12,319) in all LGAs - The orientation will be through On Job Training (OJT) which will take only one day in each health facility. A total of 24,638 health workers will be trained in 26 regions covering all health facilities with 2 people per facility. This will be done by 26 national facilitators in 26 regions. Currently, regions including Songwe, Iringa, Mbeya and Njombe are already trained on using new growth monitoring book.

Activity 2.1.3.5: Strengthen responsive caregiving, early learning and WASH components in the reviewed Community Health Workers (CHW) package (RMNCH)

Responsive care giving, early learning and WASH are key components in the growth and development of the child. To ensure that the community health workers provide comprehensive nurturing care service, the RMNCH package will be reviewed through a one-day stakeholders' meeting that will involve 20 people followed by a two days technical meeting to incorporate input in the package that will also involve 20 people.
The program also will identify and train 10 Master trainers/ supervisors per council on the updated package and conduct on job mentorship for at least 2 Health workers per facility in each council Health worker will train community health workers on the package for three days in their respective villages. This will promote responsive care giving, early learning and WASH at community level.

Output 2.1.4: Integrated ECD package for pre service cadre developed

Activity 2.1.4.1: Development of online Distance Learning Program on Integrated ECD in child care workers and PPE Teachers Training Colleges

In order to provide more platform for ECD learning for Child Care workers and PPE teachers, MoHCDGEC and MoEST will work with TFNC, DP, IP, PPE Teachers, Training Colleges & CCW Training colleges to develop the online distance learning program on integrate ECD. The process will involve procurement of servers and at least 5 laptop computers, 5 printers, hire of consultants to provide technical support on establishment of the online platform, graphic artist and camera crew. There will also be a need for web registration with TCRA as a hosting institution. There will be a workshop for recording and editing of Lectures, as such a total of 15 tutors will be required. The activity is planned to be accomplished by 2022.

Activity 2.1.4.2: Orientation of PPE and early primary teachers on reviewed PPE curriculum that incorporate ECD components

With the reviewed curriculum incorporating ECD issues, the program will conduct in-service orientation to 50,806 teachers (3 teachers/school) in 16,401 schools in all LGAs. The orientation will be done by 2023.

Activity 2.1.4.3: Orientation of birth registration committees in 8 regions.

MoHCDGEC will work with stakeholders including PORALG, RITA to orient 8 regions on birth registration process as guided by Birth and Death regulations. UNICEF has already funded 18 regions ((Lindi, Mtwara, Iringa, Mbeya, Shinyanga, Mara, Njombe, Simiyu, Geita, Songwe, Dodoma, Singida, Morogoro, Pwani, Ruvuma, Kilimanjaro, Tanga, Manyara, Arusha); remaining 8 regions will be supported through orientation of council level under 5 birth registration team (6 people i.e. Community Development Officer, DRCHCO, Social Welfare Officer, Planning Officer, IT, Procurement Officer, Migration, Security Officer, RITA Officer from DC office). This will be followed up by training of birth registration assistants (4 per health facility) for 4 days facilitated by RITA. Equipment required include a Router and Computer for each council; smart phone to be provided for each trained registration assistant and stationeries (correction fluid, pen, paper). This activity will be done by 2021.

Immediate Outcome 2.2: Strengthened Referral Systems and Linkages

Output 2.2.1: VAC cases referral system strengthened

Activity 2.2.1.1: Review child protection systems (Gender Desk) and develop a community-based guideline for documentation, reporting and referral system on child abuse and neglect that covers younger children 0 - 8 years

MoHCDGEC will work with PMO-PCPLYED, PORALG, MoEST, DPs, CSOs, MoHA, DPs and CSOs to hold a series of four workshops involving technical personnel to review child protection guidelines so as to ensure that it provides child friendly services targeting 0 – 8 years. The revised guideline will capture documentation, reporting and referral system on child abuse and neglect. This will be followed up by orientation of community owned resource persons (Village Government Leaders, CSOs and Teachers, and HCW) & SWO, CDOs, and the Gender Desks on community-based guideline. The activity is planned to be completed by 2021

Activity 2.2.1.2 Orientation of Community Owned Resource Persons on community-based guideline for documentation, reporting and referral system on child abuse and neglect that covers younger children 0 - 8 years.

The Community based guidelines is a key document that will guide the provision of nurturing care services in families and communities. Orientation of the guidelines is therefore key. The program will orient 3956 people (one person per wards covering all 3956 wards in Tanzania). This will be a one-day orientation workshop in all LGAs

Activity 2.2.1.3: Conduct mapping of ECD stakeholders at different levels

As ECD coordination is key in order to provide comprehensive nurturing care services, MoHCDGEC and PORALG will work with MoEST, PMO-PCPLYED, development partners and CSOs to conduct mapping of ECD stakeholders in the country. The process will involve field work for at least 14 days and workshops with development of data collection tools, data analysis, interpretation and validation. The process will recognize presence of mapping tool already developed under the ECD SITAN. The ECD inventory will be printed and shared across the country. The mapping exercise is expected to be completed by 2021

Activity 2.2.1.4: Identify and reach TASAF beneficiaries with children 0 - 8 years with nurturing care services.

Improving family welfare is important for sustaining caring practices. Families feel secure when they have alternative means of livelihood such as social safety nets. Through TASAF children in vulnerable households will be provided with conditional cash transfers which can facilitate access to services including nurturing care. MoHCDGEC will work with partners to identify children enrolled under Productive Social Safety Net Program to ensure equitable access to all Nurturing Care services by 2021.

Output 2.2.2: Safe and/or child-friendly reporting pathways are scaled up

Activity 2.2.2.1: Orient school PPE/child care workers/CHWs and teachers on safe and/or child-friendly reporting and designate them as counselors

This activity recognizes efforts put through NPA-VAWC in identifying and training counselling and guidance teachers in schools (Thematic Area 7: Safe Schools and Life Skills). Specifically, to target young children, MoHCDGEC will collaborate with PMO, PORALG, PMO-PCPLYED, MoHA, MoEST and ECD actors to establish school-based desks to report child abuse cases, provide psycho-social support and referral services by identifying and orienting school guardian teachers and champion students. The plan is to reach 36,302 PPE teachers oriented as child councilors (2 PPE teachers in 16,401 public schools and 1,751 private schools), 920 Facilitators at council level, at least 1 childcare worker and 2 CHWs in each of the 12,319 villages are oriented and support children in communities. It is expected to have a national coverage of 12,619 villages covered by 2025.

Activity 2.2.2.2 Identify and refer children without birth certificates to nearest birth registration centres

Use of existing entry points including Community ECD centres, Crèches, ECD corners and home visit, identify children with no birth certificate and referral to registration centres (health facility and Ward Executive Office). Health providers, Child Care workers in crèches, community based ECD centres and PPE classrooms are responsible to refer these children.

The providers would have been trained through National Integrated ECD package on the importance of birth registration to all children under five. This activity will be done throughout the program

Immediate Outcome 2.3: Standardized Monitoring, Evaluation and Learning framework in place.

Output 2.3.1: ECD information system and improved integration of ECD in District Information System and Surveys strengthened

Activity 2.3.1.1: Conduct analysis of the existing Information Management Systems relevant to identify ECD related missing indicators

MoHCDGEC, MoEST, PORALG and PMO-PCPLYED will conduct an analysis using existing database systems (DHIS2, BEMIS - BEST, School Information System linked to BEMIS, CPMIS, Integrated Case Management Information System) to identify relevant nurturing care indicators and include those which are missing. In a situation with missing indicators for example in responsive caregiving and early learning, the review team will refer to project focused and global indicators shared for example in the nurturing care framework . There will be a series of at least three working sessions to review existing databases and strengthen them. This activity will go along with advocacy meeting for high level officers of sectoral ministries on incorporation of nurturing care missing indicators in the existing information system. This activity is planned to be completed by 2021

Activity 2.3.1.2: Integrate developed ECD missing indicators into the existing sector Information management systems and national surveys

The identified indicators need to be included in sector management information system so as to be able to track them from the source. This will be done by holding 3 review meetings to review relevant indicators that will involve 20 pax for 3 days, the consultant will be hired to develop ECD dash board for 90 days. Having this done, a 2 day orientation meeting to 30 participants in sector ministries will be conducted. To facilitate data collection, training of two council officers on data collection will also be conducted in year two, year three, year four and year five as indicated (184 Councils yr2 50, yr3 45, yr4 45, yr5 45).

Activity 2.3.1.3: Develop Integrated ECD database in form of Dash board to track the Minimum Set of nurturing care Indicators from existing sectoral information Management Systems.

Currently the ECD related database are sectoral focused and do not communicate to each other. Integrated ECD information system will target all nurturing care related indicators in the country so to provide one platform with comprehensive ECD information. The ECD integrated system will be used by all service providers nationwide including CHWs, HSPs, SWO/CDOs, Nutrition officers, Child care workers, PPE teachers) trained on nurturing care, new growth monitoring and CCD package and anthropometric equipment. The responsible ministries/departments (MoHCDGEC, MoEST, MoCLA, MoHA, PORALG, PMO-PCPLYED, eGA) will work with NBS, TFNC, DP, IPs (CSOs) to facilitate the process which is planned to be completed before the end of the first year. The process will involve conducting working sessions to identify and agree on a set of Indicators, Indicator Framework and Dashboard to be used to put together nurturing care data. This will be done in the first half of the first year of the program (2021).

Activity 2.3.1.4. Orient members of ECD forums at regional and council level on the use of Integrated ECD database dashboard for tracking the Minimum Set of nurturing care Indicators

For effective data collection and tracking, key actors in data collection need to be oriented on the new data collection and storage system. This will be done in all LGAs where a 1-day meeting for 5 people from different sectors to be oriented from each of 184 councils and

26 regional level. The working session will be convened using experts and representatives in sector ministries to develop a dashboard before the end of the first year of the program (2021).

Activity 2.3.1.5 Train Service providers on the use of Integrated ECD database for tracking the Minimum Set of nurturing care Indicators

The quality of data depends much on the capacity of data collectors and storage of the same. The program will train service providers in all LGAs that will cover 608 people 3 from each of 184 councils, 26 regional level and 30 from sectoral MDAs). This will be conducted in a two-day workshop done before the end of the first year of the program.

Activity 2.3.1.6 Conduct joint annual ECD monitoring visit at the council level (in schools, Centres, Health centres /facilities)

Monitoring of NM-ECDP implementation is key to track the progress. The program plans to have regular visits that will cover all ECD related sector implementation at all levels. This will be done through one joint Monitoring visits (MoEST, PORALG, MoHCDGEC, PMO-PCPLYED, Stakeholders) 20 TWG members from National level (for 5 select region each year for five year) and will take 5 days in each region.

Output 2.3.2: Quality Assurance tools to incorporate specific abilities of the child strengthened

Activity 2.3.2.1: Review of Quality Assurance tools for PPE to incorporate specific abilities of the child

MoHCDGEC, MoEST, PORALG and key stakeholders plans to conduct a series of five review sessions followed up by a validation meeting and finalization. The process will use existing quality assurance tools for PPE, to incorporate aspects of how to address issues of specific abilities in children. Children's specific abilities may mean children with learning difficulties, faster learners, girls/boys, disabilities among others. This activity will involve Stakeholders; 15 persons for 3 days and a one Validation meeting with 40 people for 2 days and one review and finalization meeting with 20 people for 2 days. This will be completed in the first year of the program.

Activity 2.3.2.2: Disseminate Quality Assurance tools for (PPE, Community based ECD centres, Day care centres and crèches) which incorporate specific abilities of the child

The revised quality assurance tools for (PPE, Community based ECD centres and Crèches) will be disseminated with orientation to national level team and a plan to reach all regions and councils nationwide. The oriented personnel will be District Academic Officers, School quality assurers, SWOs, CDOs, WEOs and teachers. This will involve conducting orientation meetings (1 meeting at national level for 3 days for 10 people developing a National team; 5 meetings in zones for 3 days for 166 people making a team of ToTs at Regional level and 184 meetings for 1 day for 1,076 at LGAs; 32,802 teachers, 3,720 WEOs who will be oriented for 1 day).

Output 2.3.3: Screening tools to identify children with disabilities in crèche's, day care, and community-based centers developed

Activity 2.3.3.1: Revise the available tools to include screening for children below the age of PPE.

Though MoEST has a screening tool but identification of children with disability and special needs process is not included in the current tool. With an understanding that early identification of developmental delay or disability is important to ensure timely intervention, the identification of children with different needs will be done through PPE classes. MoEST, MoHCDGEC and PMO-PCPLYED, will work with development partners and CSOs to conduct a series of 2 Workshops to review current screening tool and strengthen so to support

service providers to be able to identify disability and special needs among children timely. The workshop will involve 15 people for a duration of 5 days to be accomplished in the first year of the program.

Activity 2.3.3.2: Orient key council officials on the revised quality assurance tools which include identification of children with disability and special needs.

The finalized quality assurance tools with incorporation of disability and special needs aspects will be oriented to LGA team include DEOs, District Academic officer, school quality assurers, WEOs, Academic teachers, SWOs, CDOs and Head teachers. The process will be done at council level through partnership of leading ministries MoEST, PORALG, MoHCDGEC, PMO-PCPLYED and CSOs. Orientation meetings will be conducted where 1,840 people will be oriented on screening tool for identification of children with disability and special needs (10 per council). The orientation will be for one day in all LGAs by the end of the 1st year of implementation

Activity 2.3.3.3: Review and finalize draft child development milestone checklist to extend up to 8 years

Through the efforts of MoHCDGEC (Nutrition unit) a Draft Child Development Milestone Checklist (0 - 3 years) has been developed and in draft. The draft Child Development Milestone Checklist will support parents, caregivers and CHWs to track the progress of development of the child in all nurturing care components (cognitive, social, emotional, and physical) per age and provide age appropriate support. The Child Development Milestone Checklist will need to be reviewed to target 0 – 8 years' age group and endorsed through holding a series of at least 2 workshops for finalization that will involve 20 people each for 5 days. This is to be accomplished before the end of the first year of implementation

Immediate Outcome 2.4: Qualitative and Quantitative Data to inform ECD programing in place

Output 2.4.1: Research on morbidity and mortality of children 5 - 8 years conducted

Activity 2.4.1.1: Develop research protocol

Peer reviewed Research Protocol will be developed including proposal, methodology, literature review, analysis plan, dissemination and data collection tools design. This will be led by PORALG, MoEST and MoHCDGEC in collaboration with universities, DPs, IP, NBS, COSTEC, NIMR, PMO-PCPLYED to conduct a series of 3 writers' workshop involving researchers and health related technical people. The activity will be followed up by undertaking field data collection of children 5 - 8 years available in at 26 regions. This will be followed up by data analysis, interpretation and report writing workshop (a series of 4 workshops). The process will be followed up by conducting a 1-day workshop to disseminate research findings to ECD stakeholders.

Activity 2.4.1.2: Undertake field data collection

Data collection will be done involving 52 data collectors picking 2 people per region done for 14 days in all 26 regions. This will be accomplished in the third quarter of the first year of implementation (2021).

Activity 2.4.1.3: Conduct data analysis, interpretation and report writing workshop

Collected data will be analyzed and report on morbidity and mortality for children 5 - 8 years will be produced. The process will involve 20 report writers who will participate in 4 data analysis and writers' workshops. Each workshop will cover a duration of 7 days. This will be accomplished in the first year of implementation

Activity 2.4.1.4 Conduct workshop to disseminate research findings

Research becomes meaningful if used to inform program reviews and improvements. Dissemination of research findings brings to light pertinent issues arising from the research delivered to relevant stakeholders to inform program reviews where needed. In order to effectively disseminate the report, 100 ECD stakeholders will be invited to the 1-day day dissemination workshop where 500 copies of the report will be shared.

Output 2.4.2: Research on responsive caregiving practices for children 0 - 8 years conducted

Activity 2.4.2.1: Develop research protocol

PORALG, MoEST and MoHCDGEC (RCH, SWD) in collaboration with universities, DPs, IP, NBS, COSTEC, NIMR, PMO-PCPLYED will design a peer reviewed protocol (with proposal, methodology, literature review, analysis plan, dissemination and data collection tools) through a series of 3 writers workshop involving researchers and technical team on responsive caregiving, health, social welfare. This will be followed up by undertaking field data collection to access raw data on responsive caregiving practices for children 0 - 8 years available in all 26 regions. Followed up by data analysis, interpretation and report writing workshop that will include 3 Writers workshops involving 10 researchers for 7 days each. The activity will be accomplished in the 2nd year of the program.

Activity 2.4.2.2. Undertake field data collection

Data collection will be done involving 52 data collectors picking 2 people per region done for 14days in all 26 regions. This will be accomplished in the third quarter of the first year of implementation (2021).

Activity 2.4.2.3 Organize data analysis, interpretation and report writing workshop

Collected data will be analyzed and report on responsive caregiving practices for children 0 - 8 years will be produced. The process will involve 20 report writers who will participate in 4 data analysis and writers' workshops. Each workshop will cover a duration of 7 days. This will be accomplished in the first year of implementation

Activity 2.4.2.4 Conduct workshop to disseminate research findings

Research also becomes meaningful if used to inform program reviews and improvements. Dissemination of research findings brings to light pertinent issues arising from the research delivered to relevant stakeholders to inform program reviews where needed. In order to effectively disseminate the report, 100 ECD stakeholders will be invited to the 1-day day dissemination workshop where 500 copies of the report will be shared.

Output 2.4.3: National Integrated nurturing care Indicator Surveys conducted

Activity 2.4.3.1: Develop research protocol

PORALG, MoEST and MoHCDGEC in collaboration with PMO-PCPLYED, Universities, DPs, IP, NBS, COSTEC, NIMR will design a peer reviewed protocol (with proposal, methodology, literature review, analysis plan, dissemination and data collection tools) through a series of 3 writers' workshop involving researchers and technical team on all key nurturing care components. This will be followed up by undertaking field data collection to access raw data on comprehensive ECD indicators for children 0 - 8 years available in all 26 regions. Followed up by data analysis, interpretation and report writing workshop (a series of 3 writers' workshops involving 10 researchers, for 7 days in each workshop). This will be accomplished in the 3rd year of implementation.

Activity 2.4.3.2: Undertake field data collection.

Data collection will be done involving 52 data collectors picking 2 people per region done for 14 days in all 26 regions. This will be accomplished in the third quarter of the first year of implementation (2023).

Activity 2.4.3.3: Organize data analysis, interpretation and report writing workshop

Collected data will be analyzed and report on Comprehensive Integrated ECD Indicators for children 0 - 8 years will be produced. The process will involve 20 report writers who will participate in 4 data analysis and writers' workshops. Each workshop will cover a duration of 7 days. This will be accomplished in the third year of implementation.

Activity 2.4.3.4: Conduct workshop to disseminate research findings

Dissemination of research findings brings to light pertinent issues arising from the research delivered to relevant stakeholders to inform program reviews where needed. In order to effectively disseminate the report, 100 ECD stakeholders will be invited to the 1-day day dissemination workshop where 500 copies of the report will be shared. The activity will be accomplished by the third year of implementation.

Output 2.4.4: Review of NM-ECDP conducted

Activity 2.4.4.1: Conduct a midterm review of NM-ECDP

There will be a Mid-term review NM-ECDP will be conducted to understand progress. This will be done half way through the program (mid of 3rd Year), whereby MoHCDGEC collaborating with other stakeholders including Universities, DPs, IP, NBS will hire a consultant who will work with technical team and enumerators to develop a study design, collect data across the country, analyze and prepare a study report. There will also be a dissemination meeting to share report findings using relevant platforms such as donors' meetings.

Activity 2.4.4.2: Conduct an end line evaluation of NM-ECDP

MoHCDGEC collaborating with other stakeholders including Universities, DPs, IP, NBS will hire a consultant for 21 days to conduct end line evaluation of NM-ECDP so to measure program achievement. The end line evaluation will measure outcome and impact level indicators in the program to assess achievement. The end line will be conducted at the end of the program (2025).

Long term Outcome 3: Increased Access to Quality Coordinated Nurturing Care Services

Immediate Outcome 3.1 Enhanced provision of quality Health services

Output 3.1.1.: Health and Nutrition status of children 0-8 years identified

Activity 3.1.1.1: Conduct periodic mobile early identification developmental delay services in crèches, day care centres, community based centres, pre-primary and early primary classes

Early identification of children with developmental delays in preschool settings has been a challenge over the years. MoHCDGEC working with PORALG, PMO-PCPLYED, MoEST and CSOs aims to conduct 4 periodic mobile early identification sessions per year in each of 184 LGAs, reaching all day care centers, community based ECD centers, crèches, PPE and early primary schools identifying health related issues affecting young children in Tanzania by 2025.

Output 3.1.2: Increased comprehensive health services provision, monitoring and assessment of young children in health facilities

Comprehensive health services provision to children under five and those in pre-primary and early primary schools is key to ensure these children stay healthy and therefore able to effectively learn as they play. The program will provide for these service ensuring they reach all children in the country.

Activity 3.1.2.1: Review ANC, postnatal care CTC and IMCI health packages to incorporate Nurturing care components.

Although there are several packages addressing children's health needs in the health sector, these are not adequately addressing nurturing care components. There is therefore a need to incorporate additional information to ensure comprehensive nurturing care services is provided at each entry point. The review of the packages is ongoing involving relevant stakeholders that include MoHCDGEC departments, PORALG and CSOs to be finalized by conducting 4 review workshops each covering a duration of 3 days, involving 20 technical people per workshop.

Activity 3.1.2.2: Develop Child Health and Development booklets using braille language to increase access to information on child health for people with visual impairment

The government has currently introduced a New Child Health booklet that has covered nurturing care components comprehensively, however mothers who are visually challenged might have problems in monitoring development of their children and other related services provided. To address this gap, the MoHCDGEC, PORALG in collaboration with other partners including, CSOs has planned to develop 10 copies of Child Health Booklets in braille for each of the 12,319 health facilities with the support of braille experts.

Activity 3.1.2.3: Establish RCH mobile health services to reach children in crèches, day care centers and pre-primary schools

MoHCDGEC, PMO-PCPLYED, MoEST and PORALG will work with other stakeholders including partners and CSOs to ensure RCH and mobile health services reach children in health facilities. This will be done in 3 crèches, 3 community-based ECD centers per village in all 12,319 villages; and also reach all 16,401 PPE classes to provide health related services to young children by 2025.

Activity 3.1.2.4: Procurement of growth monitoring and development tools (weighing scales, length boards and age appropriate playing materials in Health facilities

Adequate and appropriate equipment for growth monitoring need to be in place for efficient services. There has been a challenge in having adequate weighing scales, length boards and play materials for child stimulation sessions. The MoHCDGEC in collaboration with PORALG will procure weighing scales, length board and packages of play/learning materials for supply in all 12,319 health facilities to support services for young children attending in health facilities by 2025.

Immediate Outcome 3.2: Increased access to adequate and Appropriate Nutrition services

Output 3.2.1: NMNAP-II reviewed to incorporate Nurturing care components

Activity 3.2.1.1 Conduct NMNAP II review meetings to ensure nurturing care components are comprehensively addressed in the reviewed version.

Participate in the NMNAP-II review meetings to incorporate nurturing care components. NM-ECDP secretariat to track NMNAP review meetings ensuring participation to include nurturing care components in a reviewed version. No budget required.

Output 3.2.2: Nutrition programs are incorporated in pre-primary and early primary schools

Activity 3.2.2.1: Screening for nutritional status for children 5 - 8 years in pre-primary and early primary as part of school health program

Through school health program MoHCDGEC in collaboration with MoEST, PMO-PCPLYED, and PORALG will conduct quarterly child screening visits to 16401 PPE schools to identify children with nutritional needs, children with disabilities and other developmental related problems and addressing their needs that include counselling to parents for children identified with these challenges and provide referrals for further management. This activity will be continuous throughout the program

Output 3.2.3 The School feeding program for children in pre-primary and early primary school implemented

The program will use the developed school feeding program guideline for pre-primary and early learning schools to orient relevant cadre at all levels so to ensure that the guideline is implemented.

Activity 3.2.3.1: Conduct 3 days' orientation meeting to 20 national facilitators on the use of the school feeding program guideline at national level

Three days' orientation meeting will be conducted to 20 national facilitators on the use of the school feeding program guideline at national level

Activity 3.2.3.2: Conduct three days' orientation meeting for facilitators and trainers on the use of the school feeding program guideline at regional and LGA levels

Three days' orientation meeting will be conducted to 6 facilitators from 26 regions and 5 trainees from 184 LGAs (1076 pax) on the use of the school feeding program guideline at regional and LGA levels

Activity 3.2.3.3: Conduct three days orientation meeting to 2 teachers per school, and 2 ward officers in all LGAs.

Three days (3) orientation meeting to two teachers per school in all 16,401 schools (32,802 teachers), 2 ward officers in 3,720 wards (7,440 Ward Education Officer and Ward Executive Officer) in all 184 LGAs

Activity 3.2.3.4: Establish poultry, small animals and garden keeping program at school level to supplement provision of nutritious food to children through the school feeding program

In an effort to increase access to diverse nutritious foods for children through school feeding program, PORALG, MoEST, MoHCDGEC and Ministry of Livestock and Fisheries, in collaboration with other stakeholders will not only sensitize schools as well as parents/ caregivers to establish gardens in schools and homes but also promote poultry keeping in 16,401 schools through parents and school committees. Parents and caregivers will also be sensitized to contribute animal poultry and participation in school gardening program in their community schools

Output 3.2.4 Village Health and Nutrition Days (VHND) including RCH outreach commemorated

Activity 3.2.4.1 Conduct Village Health and Nutrition day's commemorations in communities.

PORALG to work with MOHCDGEC (Community Development, Health departments), PMO-PCPLYED, (Departments of HNSW), MOEST, TFNC, INGOs to mobilise community members and ECD actors in communities to participate in Village Health and Nutrition days in all LGAs (184 LGAs to mobilise forums; Preparation meetings 1x 12,319 villages (5 council team x1 day x 12,319 x refreshments); Implement the VH&D through demonstrations, use of equipment and tools. This involves support team of all extension officers at ward and village levels (5)

Immediate Outcome 3.3: Appropriate Responsive caregiving services provided

Output 3.3.1: Inclusive ECD corners with adequate and appropriate play and learning materials established

Activity 3.3.1.1: Establish inclusive ECD corners with adequate and age appropriate play and learning materials in all health facilities.

The establishment of ECD corners in health facilities through initiative of existing packages including Care for Child Development & Guideline on developing play/learning materials will be used to support the process. MoHCDGEC, PMO-PCPLYED, MoEST and PORALG in collaboration with development partners, ECD actors will use the recommended guidelines to establish two ECD corner in each health facility (one in RCH and one pediatric ward) in 12,319 health facilities. The established ECD corners with child friendly drawings and decorated walls, will also be equipped with age and ability appropriate locally made play materials. The ECD corner will be used as a platform for demonstration of play, communication, responsive caregiving practices to caregivers; to provide space for them to interact with their children. Also an opportunity to identify any specific need a child has including developmental delay and disability for referral.

Output 3.3.2: Regular counseling sessions to parents and caregivers are conducted

Activity 3.3.2.1: Conduct regular counselling sessions to parents and caregivers

Health Providers in health facilities will conduct counselling to parents/caregivers during routine health services visits at the RCH, CTC and pediatric ward. Health providers will use the same platform for example health talks at the RCH and CTC. Using developed integrated ECD package with working tools such as flipbook, health providers will provide different topics on nurturing care in each session to discuss with parents/caregivers. This includes responsive caregiving, early learning, mental wellbeing, social support (safety nets), WASH, development of age appropriate and inclusive play/learning materials using locally available resources. Male involvement is promoted for effective responsive caregiving. MoHCDGEC in collaboration with PORALG, PMO-PCPLYED, MoEST, Development Partners (DPs), and ECD actors will support health facilities to conduct 2 counselling sessions per month in all 12,319 health facilities for parents /caregivers attending in the health facilities.

Immediate Outcome 3.4: Increased provision of Opportunities for Early Learning

Output 3.4.1: Increased opportunities early learning services for children

Activity 3.4.1.1 Support establishment and operationalization of Crèches in formal and informal working places to enhance breastfeeding, responsive caregiving and early learning.

It is currently noted in formal and informal working places such as offices, market places, other business working places or farm environments where mothers spend most of time with their children, there are no recognized (registered) crèches in place to support parents with young children. Children are either left with their siblings or accompany their mothers as they work. This puts them more at risk of abuse, accidents and miss out on appropriate learning environment for their growth and development. However current data indicate a total of 923 crèches registered in the country which is not adequate. MoHCDGEC through

social welfare department will work with PORALG, MoEST and CSOs to mobilize community members to establish 200 community based crèches in working places and communities in all 184 LGAs councils by 2025. Crèches will be equipped with age appropriate facilities including sleeping arrangements, age appropriate toys and furniture as guided by the guideline of minimum standards for operationalization of crèches.

Activity 3.4.1.2 Support establishment of community-owned ECD centres in communities

MoHCDGEC, PORALG, MoEST in collaboration with CSOs and other ECD actors using existing models such as from UNESCO, BRAC and CiC to scale the approach of establishing community based /owned ECD centres in 16,401 communities including those closer to the communities and around primary schools in all LGAs by 2025. The intention is to bring early learning services closer to the children who may not bel able to walk long distance. The process will use developed national guidelines on establishment and management of crèches, day care centers and community based/owned ECD centers that include minimum standards. The process will also involve supporting (using developed guideline on establishment of parenting groups) communities to establish parenting groups in 16,401 communities to promote parenting education and nurturing care services provision for children in communities. These groups will include parents with children in the community based/owned ECD centres established. The parenting groups in the 16,401 communities around schools will receive seed money from LGAs in a 10% loan program to support Income Generating Activities for increased household' income and support for children in these families.

Activity 3.4.1.3 Support establishment/construction of PPE classrooms in formal and informal settings

In order to decongest the PPE streams, PORALG, MoEST, in collaboration with other actors using the PPE national guidelines and standards to establish/ construct additional PPE classroom to ensure quality education and reduce teacher: child ratio. This activity is expected to be achieved by 2025. Currently there are already PPE classroom in almost all primary school however, they are congested. The idea of satellite schools will be applied to also enable access to more children who are yet to be enrolled; but also reach hard to reach communities.

Output 3.4.2 Increased support to families and communities to provide parenting education and nurturing care services for children

Activity 3.4.2.1: Support establishment of parenting groups in communities.

There will be an establishment of parenting groups in around 16,401 villages to promote parenting education and nurturing care services provision for children in communities. These groups will include parents with children in the ECD centres established in the communities. The process will use developed guideline on establishment of parenting groups to establish parenting groups

Activity 3.4.2.2: Support parenting groups with seed money

The parenting groups in the 16,401 communities will receive seed money from LGAs in a 10% loan program to support Income Generating Activities for increased household' income and support for children in these families.

Immediate Outcome 3.5: Increased access to Security and Safety services

Output 3.5.1: One Stop centres providing security and safety services established

Activity 3.5.1.1: NM-ECDP facilitates establishment of one-stop centres in 97 council hospitals in the country that will provide services on security and safety for young children 0 – 8 years

MoHCDGEC, PORALG, PMO-PCPLYED, MoHA and MoCLA in collaboration with and CSO and other ECD actors to facilitate the process of establishing one stop centre in order to provide appropriate child protection support to caregivers and children of 0 – 8 years will involve identification of relevant team to provide child friendly support.

Activity 3.5.1.2: Conduct orientation for service providers on child friendly services

The responsible ministries will conduct training for (97 centres x5 participants) 485 new service providers for 5 days). This will be done twice in the 5 years of the program. Each one stop centre in 97 councils will have 5 identified providers (police officer, nurse, social welfare office, counsellor and doctor) to be trained using existing guideline on establishment of one stop centre with child friendly services developed in the NPA-VAWC. The training will take place twice in the 5 year period of program.

Activity 3.5.1.3: Establishment/Construction of 81 new "one stop centers" within council hospitals

The trained team will have a responsibility of establishing/refurbishing one stop centers in their respective hospitals including equipping them with age appropriate furniture, decorations and play materials. There are 16 one stop centres already established through NPA-VAWC initiative as such the program will establish 81 one stop centres. Out of 81 one stop centres, 40 of them will only need refurbishment using acquired space in the existing building of the hospital.

Long-Term Outcome 4: Caregivers, families and communities empowered to adopt practices of nurturing care

Immediate Outcome 4.1: Increased awareness on importance of Nurturing Care services to communities

Output 4.1.1: Sensitization of communities on importance of investing in young children in their early years conducted

Activity 4.1.1.1: Development of ECD Radio messages

The program will use different approaches to create community awareness on the importance of investing on young children. MoHCDGEC will work with the Health Promotion department, MICAS and CSOs to develop 60 ECD messages (1 message/month) in 34 community radios 2 times a month (to focus on prime times) for the whole program period of 5 years. The program will link closely with Familia Bora, Taifa Imara - roll out plan so to ensure there is a leverage to ECD messages for consistency.

Activity 4.1.1.2: Raise awareness among Key ECD actors

MoHCDGEC in collaboration with PORALG, MoEST, MoHA, PMO-PCPLYED and CSOs (including FBOs and CBOs) will facilitate organization of 1,978 meetings (1-day each) at ward level for 15 key community ECD actors in each meeting including (CBOs, FBOs, and extension officers for Health, Community Development, Police, Agriculture, Education etc) for 50% of wards in Tanzania to increase their knowledge on the importance of investment in nurturing care services. These meetings will be conducted from second quarter of the 1st year to second quarter of the 2nd year and will carry ECD agenda that aim to raise awareness on the importance of provision of holistic Nurturing care services to young children of 0-8 years including those with disability and special needs. Discussions should include:

1. Establishment and enrolment of children in crèches, daycare centres, community-based daycare/ECD centres, pre and early primary services for children 0-8 years;
2. Recruitment of child care workers for day care centres and modalities for incentives;
3. Child rights, different forms of violence, available responsive pathways, child friendly response services including establishing safe and child friendly desks; and
4. Establishment of parenting groups.

Activity 4.1.1.3: Organize sensitization meetings for community leaders, religious leaders, private sector and influential leaders:

MoHCDGEC in collaboration with PORALG, MoEST, MoHA, PMO-PCPLYED and CSOs (including FBOs and CBOs) will facilitate organization of meetings for 20 people among community leaders, private sector and influential leaders including religious and traditional leaders, representatives of women and children Protection Committees (WCPCs) and People with Disability in each of 8,292 villages and mitaa to raise awareness on importance of provision of holistic Nurturing care services. This will be conducted throughout the 2nd year to second quarter of the 3rd year.

Activity 4.1.1.4: Conduct meetings with councilors to promote increased investments in Nurturing care service

The government budget starts at the community level where budget priorities are set. Taking this advantage informed by awareness raising sessions done national wide, the NM-ECD Program envisions the opportunity for increased investment using key decision makers in times of budgets. When all decision makers are aware of the importance and need, they will push ECD as a budget priority thus increasing ECD budget in MTEFs. MoHCDGEC will collaborate with PORALG, MoEST, MoHA, PMO-PCPLYED and CSO to facilitate organization of 40 advocacy/sensitization meetings (1-day/council) to 1,840 councilors at 92 councils with 20 councilors in each meeting. The meetings will be distributed through year 1 to hold 40 meetings and second year to hold 52 meetings.
Among key areas for discussion during these meetings will be:

1. Adequate nutrition, good Health, responsive care giving, early learning, security and safety with emphasis on male involvement, and care for children with disability and special needs to young children 0-8 years; Also including importance of: ii) Child rights, different forms of violence, available responsive pathways and child friendly response services.
2. Birth registration and following up child registration as a child right.
3. Positive parenting including avoiding use of harmful practices e.g. force feeding should be discussed.
4. Use of rehabilitation units for children with special needs.
5. Establishment of parenting groups.

Immediate Outcome 4.2: Parents/caregivers, Families and Communities are engaged to provide/contribute to Nurturing Care services provision

Output 4.2.1: Guidelines on safe and child-friendly desks disseminated

Activity 4.2.1.1 Disseminate guidelines on safe and child-friendly desks to council level and ward level SWOs, CDOs and Education officers.

The NM-ECD Program envisions that these guidelines are disseminated to ensure all service providers wholly understand them to guide them as they interact with children at all levels. MoHCDGEC will work with PORALG, MoEST, TECDEN and CSOs to facilitate the conducting of 1-day orientations with 46 participants in each council to reach 184 councils. Participants will involve 7,912 Ward Education Coordinators, SWOs and CDOs from all 3,956 Wards; and 552 officials from all 184 councils including SWO, CDOs and DEO making total of 8,464 to be oriented. This approach will sustainably facilitate establishment of safe and child-friendly desks in Crèches, community-based daycare centers and ECD centers, pre-primary and early primary classes. Conducted over two years, the orientations process will be distributed by reaching 92 councils in year-1 and the remaining 92 councils in year-2.

Output 4.2.2: Crèches, day care centers and community-based ECD centers established

Activity 4.2.2.1: Engage community members, parents and caregivers in supporting improvement of nurturing care services.

MoHCDGEC will work with PORALG, CSOs, FBOs and DPs to facilitate the conducting of community meetings in 12,319 communities to sensitize the need for provision of (nutritious food, development of locally made play/learning materials, outdoor play equipment and supporting teacher/child care worker with basic teaching voluntary support) in crèches, community-based day-care and ECD centres, pre-primary and early primary classes. The process will use village development committees to ensure sustainability of the nurturing care services.

Provision of food in day care centers especially those in community settings is sometimes a challenge for poor families. To ensure all children have at least one additional meal to complement meals provided at home MoHCDGEC in collaboration with PORALG, the Ministry of Agriculture (MoA), CSOs, FBOs and DPs will facilitate the conducting of community mobilization meetings with parents/guardians and communities to sensitize them on the need for provision of nutritious foods so that all crèches and day care centers provide quality food to all children attending by 2025.

Activity 4.2.2.2: Facilitate establishment and operationalize crèches, day care centres, and community-based ECD centres in formal and informal settings to enhance nurturing care services.

PORALG and MoEST working with CSOs using developed guidelines on minimum standards for operationalization of day care centres and crèches will conduct a total of nine (9) - 2-day orientation to 420 regional and district community development officers and social welfare officers in groups of 47 at zonal level with plan to reach out to all 184 councils across Tanzania. The 9 zones and their respective centers (listed first in each zone) are: 1. Pwani, Dar and Moro; 2. Singida, Dodoma and Manyara; 3. Songea, Mbeya and Rukwa; 4. Tabora, Katavi and Kigoma; 5. Geita, Kagera and Mwanza; 6. Shinyanga, Simiyu and Mara; 7. Kilimanjaro, Arusha and Tanga; 8. Mtwara and Lindi; 9. Njombe, Ruvuma, and Iringa. The orientation is planned to be completed by end of 1st year.

Appendix 3: Costed plan

NM-ECDP Total Budget

Activity Description	2021/22	2022/23	2023/24	2024/25	2025/26	Total TSHS	Unfunded	Total USD	%
1. Enabling environment improved to facilitate efficient coordination & delivery of nurturing care services	21,557,340,000	25,911,545,000	23,222,816,100	29,056,720,110	28,099,607,481	127,848,028,691	127,848,028,691	55,106,909	13.97%
2. Strengthened Service delivery and quality assurance system for Multisectoral ECD services	11,524,574,000	48,887,428,300	4,313,343,000	1,721,098,900	3,039,310,010	69,485,754,210	69,485,754,210	29,950,756	7.59%
3. Increased access, quality and coordinated ECD services	111,409,297,000	143,770,728,200	143,935,162,800	142,423,987,750	151,255,512,155	692,794,687,905	692,794,687,905	298,618,400	75.72%
4. ICaregivers, families and communities empowered to adopt practices of nurturing care	4,866,800,000	9,106,658,000	5,183,519,000	3,991,589,140	1,714,314,690	24,862,880,830	24,862,880,830	10,716,759	2.72%
Total	149,358,011,000	227,676,359,500	176,654,840,900	177,193,395,900	184,108,744,336	914,991,351,636	914,991,351,636	394,392,824	100%

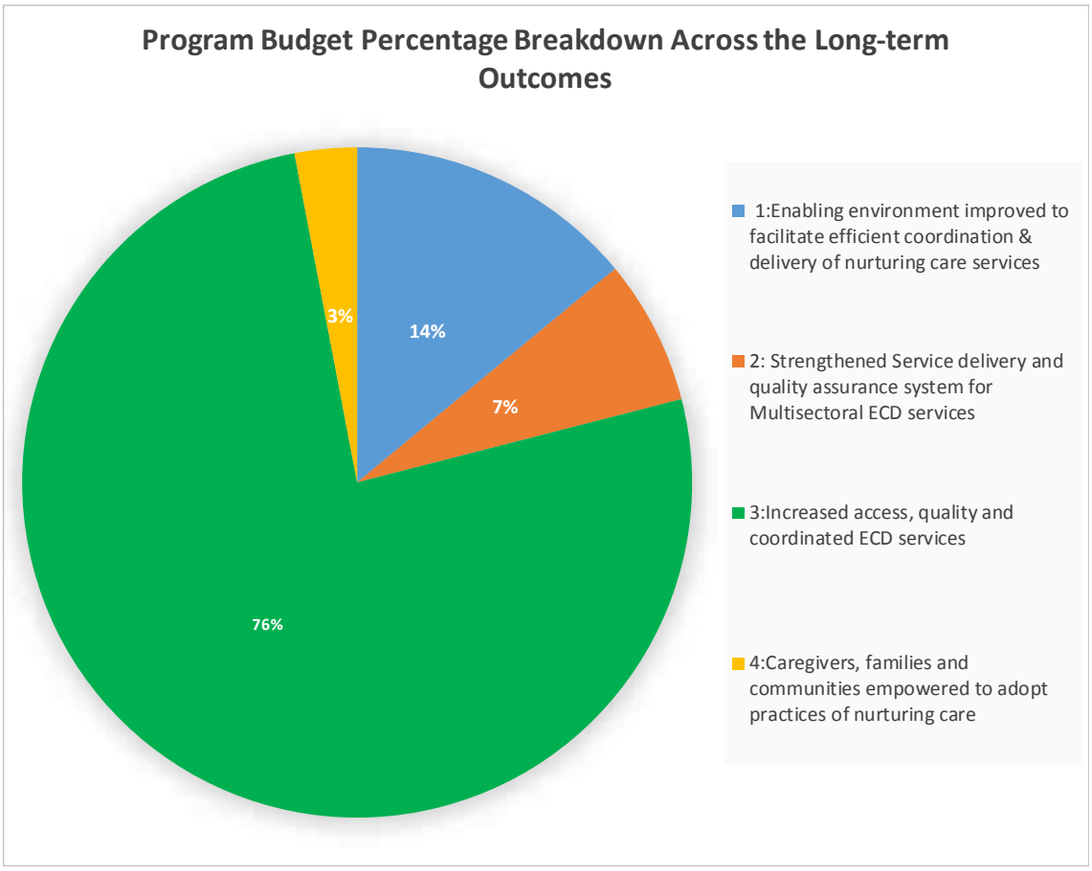
Long term Outcomes budget

Activity Description	Percentage	TOTAL	2021/22	2022/23	2023/24	2024/25	2025/26
Long-term Outcome 1:Enabling environment improved to facilitate efficient coordination & delivery of nurturing care services							
Immediate outcome							
1.1: ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services		719,353,513	543,280,000	81,433,000	28,592,300	31,451,530	34,596,683
1.2: Strengthened Multisectoral Coordination		124,122,243,178	19,825,730,000	24,012,010,000	23,194,223,800	29,025,268,580	28,065,010,798
1.3: Policies, Guidelines, curricula and manuals are developed/ reviewed to include all Nurturing Care components		3,006,432,000	1,188,330,000	1,818,102,000	-	-	-
Total	13.97%	127,848,028,691	21,557,340,000	25,911,545,000	23,222,816,100	29,056,720,110	28,099,607,481
Long-term Outcome 2: Strengthened Service delivery and quality assurance system for Multisectoral ECD services							
Immediate outcome							
2.1: Competent and skilled workforce on Nurturing Care available		29,086,421,300	2,883,444,000	23,870,570,500	2,038,522,000	293,884,800	-
2.2: Strengthened Referral Systems and Linkages		22,675,640,800	186,660,000	22,488,980,800	-	-	-
2.3: Standardized Monitoring, Evaluation and Learning framework in place		13,127,891,110	7,530,850,000	1,312,300,000	1,312,661,000	1,427,214,100	1,544,866,010
2.4: Qualitative and Quantitative Data to inform ECD programing in place		4,595,801,000	923,620,000	1,215,577,000	962,160,000	-	1,494,444,000
Total	7.59%	69,485,754,210	11,524,574,000	48,887,428,300	4,313,343,000	1,721,098,900	3,039,310,010

Activity Description	Percentage	TOTAL	2021/22	2022/23	2023/24	2024/25	2025/26
Long-term Outcome 3:Increased access, quality and coordinated ECD services							
Immediate outcome							
3.1: Enhanced provision of quality Health services		32,942,277,628	859,280,000	14,182,685,000	15,498,539,100	1,143,701,680	1,258,071,848
3.2: Increased access to adequate and Appropriate Nutrition services		39,022,388,457	10,986,462,000	16,104,453,200	3,604,674,700	3,965,142,170	4,361,656,387
3.3: Appropriate Responsive Caregiving services provided		13,456,043,700	-	4,065,270,000	4,471,797,000	4,918,976,700	-
3.4:Increased provision of Opportunities for Early Learning		605,205,889,120	99,131,200,000	109,044,320,000	119,948,752,000	131,943,627,200	145,137,989,920
3.5: Increased access to Security and Safety services		2,168,089,000	432,355,000	374,000,000	411,400,000	452,540,000	497,794,000
Total	75.72%	692,794,687,905	111,409,297,000	143,770,728,200	143,935,162,800	142,423,987,750	151,255,512,155
Long-term Outcome 4: Caregivers, families and communities empowered to adopt practices of nurturing care							
Immediate outcome							
4.1: Increased awareness on importance of Nurturing Care services to communities		16,900,042,320	4,866,800,000	6,776,528,000	2,620,376,000	1,255,399,200	1,380,939,120
4.2: Parents/Caregivers and Communities are engaged to provide Nurturing Care services		7,962,838,510	-	2,330,130,000	2,563,143,000	2,736,189,940	333,375,570
Total	2.72%	24,862,880,830	4,866,800,000	9,106,658,000	5,183,519,000	3,991,589,140	1,714,314,690
GRAND TOTAL		914,991,351,636	149,358,011,000	227,676,359,500	176,654,840,900	177,193,395,900	184,108,744,336
Percentage	100%		16%	25%	19%	19%	20%

Program Budget Percentage Breakdown Across the Long-term Outcomes

1. Enabling environment improved to facilitate efficient coordination & delivery of nurturing care services	14.00%
2. Strengthened Service delivery and quality assurance system for Multisectoral ECD services	7.00%
3. Increased access, quality and coordinated ECD services	76.00%
4. Caregivers, families and communities empowered to adopt practices of nurturing care	3.00%



Long term Outcome 1

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	2022	2023	2024	2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
1	Long-Term Outcome 1: Enabling environment improved to facilitate efficient coordination & delivery of nurturing care services																			
1.1	Immediate Outcome 1.1: ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services																			
1.1.1	Output 1.1.1: ECD Advocacy Strategy developed																			
3.1.1.1	Hire Consultant (30 days@400,000 per day)	Hire Consultant (30 days@400,000 per day)			Consultancy fee		1	30	400,000	1	12,000,000					12,000,000				
		To Conduct 2 stakeholders meetings with 50 participants for sharing findings and validate Strategy			Per diem/ accommodation - domestic		56	2	120,000	2	26,880,000					26,880,000				Per diem rate of TSHS 120,000 per person per day.
					Ground travel (bus, railway taxi,etc)		46	2	50,000	2	9,200,000					9,200,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	2	800,000					800,000				
					Food and refreshments		56	1	20,000	2	2,240,000					2,240,000				
					Conference Facilities		1	1	400,000	2	800,000					800,000				
					Printing and Photocopying Costs		1	1	10,000	2	20,000					20,000				
					Fuel		5	2	230,000	2	4,600,000					4,600,000				
		To conduct 2 technical working groups with 15 participants for 3 days for provide technical assistance to consultant during the policy review			Per diem/ accommodation - domestic		18	3	120,000	2	12,960,000					12,960,000				
					Ground travel (bus, railway taxi,etc)		14	1	50,000	2	1,400,000					1,400,000				
					Facilitation Fee (Report writing and preparation)		1	3	300,000	2	1,800,000					1,800,000				
					Conference Facilities		1	3	400,000	2	2,400,000					2,400,000				
					Food and refreshments		18	3	20,000	2	2,160,000					2,160,000				
					Printing and Photocopying Costs		1	1	200,000	2	400,000					400,000				
					Fuel		2	1	230,000	2	920,000					920,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
	To conduct 1 day management meeting with 30 participants for final inputs and endorsment of Strategy				Food and refreshments		30	3	20,000	1	1,800,000					1,800,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
	Approval and launch of policy. To conduct 1 day management meeting with 30 participants for launch of policy.				Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000	-		-		200,000				
							31	3	20,000	1	1,860,000			-		1,860,000				
	To conduct 15 days meetings with 20 participants for translation of the strategy to kiswahili version.				Per diem/ accommodation - domestic		23	16	120,000	1	44,160,000					44,160,000				
					Ground travel (bus, railway taxi,etc)		19	2	50,000	1	1,900,000					1,900,000				
					Facilitation Fee (Report writing and preparation)		1	15	300,000	1	4,500,000					4,500,000				
					Conference Facilities		1	15	400,000	1	6,000,000					6,000,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Food and refreshments		23	15	20,000	1	6,900,000					6,900,000				
					Fuel		5	1	230,000	1	1,150,000					1,150,000				
	To conduct 6 Zonal meetings with 60 participants for 1 day for dissemination of approved strategy to include printing.				Per diem/ accommodation - domestic		67	2	120,000	6	96,480,000					96,480,000				
					Ground travel (bus, railway taxi,etc)		45	2	50,000	6	27,000,000					27,000,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	6	2,400,000					2,400,000				
					Conference Facilities		1	1	400,000	6	2,400,000					2,400,000				
					Printing and Photocopying Costs		1	1	200,000	6	1,200,000					1,200,000				
					Food and refreshments		67	1	20,000	6	8,040,000					8,040,000				
					Fuel		6	1	230,000	6	8,280,000					8,280,000				
	Activity Total										293,650,000	-	-	-	-	293,650,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
1.1.2.1	Conduct consultative meeting with Development Patners to obtain buy -in and resource commitment	Conduct 1 day advocacy meeting with 50 Development Patners for resource mobilization. (There will be 5 Government Officials)			Per diem/ accommodation - domestic		10	2	120,000	1	2,400,000	2,640,000	2,904,000	3,194,400	3,513,840	14,652,240				Inflation rate of 10% incremental per annum.
					Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000	440,000	484,000	532,400	585,640	2,442,040				Resource mobilization activity to be carried out annually.
					Conference Facilities		1	1	400,000	1	400,000	440,000	484,000	532,400	585,640	2,442,040				
					Printing and Photocopying Costs		1	1	200,000	1	200,000	220,000	242,000	266,200	292,820	1,221,020				
					Food and refreshments		55	1	20,000	1	1,100,000	1,210,000	1,331,000	1,464,100	1,610,510	6,715,610				
					Fuel		5	1	230,000	1	1,150,000	1,265,000	1,391,500	1,530,650	1,683,715	7,020,865				
	Activity Total										5,650,000	6,215,000	6,836,500	7,520,150	8,272,165	34,493,815				
1.1.2.2	Conduct advocacy meetings for Members of Parliament selected from different parliamentarian commitees to create awareness of multisectoral ECD program.	Conduct 1 day advocacy meetings with 40 parliamentarians every year.			Per diem/ accommodation - domestic		46	2	120,000	1	11,040,000	12,144,000	13,358,400	14,694,240	16,163,664	67,400,304				
					Ground travel (bus, railway taxi,etc)		37	2	50,000	1	3,700,000	4,070,000	4,477,000	4,924,700	5,417,170	22,588,870				
					Facilitation Fee (Report writing and preparation)		2	1	400,000	1	800,000	880,000	968,000	1,064,800	1,171,280	4,884,080				
					Conference Facilities		1	1	400,000	1	400,000	440,000	484,000	532,400	585,640	2,442,040				
					Printing and Photocopying Costs		1	1	200,000	1	200,000	220,000	242,000	266,200	292,820	1,221,020				
					Food and refreshments		46	1	20,000	1	920,000	1,012,000	1,113,200	1,224,520	1,346,972	5,616,692				
					Fuel		4	1	230,000	1	920,000	1,012,000	1,113,200	1,224,520	1,346,972	5,616,692				
	Activity Total										17,980,000	19,778,000	21,755,800	23,931,380	26,324,518	109,769,698				
	Conduct advocacy for High Level Officers of sectoral ministries on deeper ECD awareness and incorporation of ECD missing indicators in the existing Information Management Systems	Pre advocacy meeting session of experts (10 people for duration of 2 days)			Per diem/ accommodation - domestic		12	2	120,000	1	2,880,000					2,880,000				
					Ground travel (bus, railway taxi,etc)		9	2	50,000	1	900,000					900,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000					400,000				
					Conference Facilities		1	2	400,000	1	800,000					800,000				
					Printing and Photocopying Costs		2	1	10,000	1	20,000					20,000				
					Food and refreshments		12	1	20,000	1	240,000					240,000				
					Fuel		1	1	230,000	1	230,000					230,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		Advocacy meeting for Inter Ministerial High Level Officers (100 people, 1 day session)			Per diem/ accommodation - domestic		112	2	120,000	1	26,880,000					26,880,000				
					Ground travel (bus, railway taxi,etc)		92	2	50,000	1	9,200,000					9,200,000				
					Facilitation Fee (Report writing and preparation)		2	1	400,000	1	800,000					800,000				
					Conference Facilities		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Food and refreshments		112	1	20,000	1	2,240,000					2,240,000				
					Fuel		10	1	230,000	1	2,300,000					2,300,000				
	Activity Total										47,490,000	-	-	-	-	47,490,000				
1.1.2.4	Orient journalists to enhance their understanding on comprehensive ECD so that they can create informed awareness on issues of young children aged 0-8 years	Conduct awareness meetings to jounalists 10 per region (26) on comprehensive ECD for 2 days			Per diem/ accommodation - domestic		270	2	120,000	1	64,800,000					64,800,000				
					Ground travel (bus, railway taxi,etc)		260	1	50,000	1	13,000,000					13,000,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000					400,000				
					Conference Facilities		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Food and refreshments		270	1	20,000	1	5,400,000					5,400,000				
					Fuel		5	1	230,000	1	1,150,000					1,150,000				
	Activity Total										85,350,000	-	-	-	-	85,350,000				
1.1.2.5	Advocate for review of curriculum for university (education), teachers training colleges, nursing colleges, and social welfare institutes, to incorporate pre-primary education and ECD issues respectively.	Conduct 6 sensitization meetings on the need to review curriculum with heads of institutions, (20) participants for 1 day.			Per diem/ accommodation - domestic		23	2	120,000	6	-	33,120,000				33,120,000				
					Ground travel (bus, railway taxi,etc)		19	2	50,000	6	-	11,400,000				11,400,000				
					Facilitation Fee (Report writing and preparation)		1	1	300,000	6	-	1,800,000				1,800,000				
					Conference Facilities		1	1	400,000	6	-	2,400,000				2,400,000				
					Printing and Photocopying Costs		1	1	200,000	6	-	1,200,000				1,200,000				
					Food and refreshments		23	1	20,000	6	-	2,760,000				2,760,000				
					Fuel		2	1	230,000	6	-	2,760,000				2,760,000				
	Activity Total											55,440,000	-	-	-	55,440,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
1.1.2.6	Advocate for inclusion of ECD issues in the inter-religious sermon guide.	Conduct review meeting with 60 members of the inter-faith forum to integrate ECD issues for 3 days.			Per diem/ accommodation - domestic		67	4	120,000	2	64,320,000					64,320,000				
					Ground travel (bus, railway taxi,etc)		55	2	50,000	2	11,000,000					11,000,000				
					Facilitation Fee (Report writing and preparation)		1	3	400,000	2	2,400,000					2,400,000				
					Conference Facilities		1	3	400,000	2	2,400,000					2,400,000				
					Printing and Photocopying Costs		1	1	200,000	2	400,000					400,000				
					Food and refreshments		67	3	20,000	2	8,040,000					8,040,000				
					Fuel		10	1	230,000	2	4,600,000					4,600,000				
	Activity Total										93,160,000	-	-	-	-	93,160,000				
	Subtotal Immediate Outcome 1.1: ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services										543,280,000	81,433,000	28,592,300	31,451,530	34,596,683	719,353,513				
1.2	Immediate Outcome 1.2: Strengthened Multisectoral Coordination at all levels																			
1.2.1.1	Review coordination guidelines /TOR to incorporate NM-ECDP at all levels. (National - Regional - Council - Ward - Village)	Conducting 2 working review sessions with 15 participants from ECD Nurturing care components (Health, Nutrition, Responsive care, Security and safety, Early learning) each 3 days (the team will review existing coordination structures, TWGs at all levels, and prepare TOR to align NC components including roles and responsibilities - each sector will have a separate working session)			Per diem/ accommodation - domestic		19	4	120,000	6	54,720,000					54,720,000				
					Ground travel (bus, railway taxi,etc)		15	2	50,000	6	9,000,000					9,000,000				
					Facilitation Fee (Report writing and preparation)		2	3	400,000	6	14,400,000					14,400,000				
					Conference Facilities		1	3	400,000	6	7,200,000					7,200,000				
					Printing and Photocopying Costs		1	1	400,000	6	2,400,000					2,400,000				
					Food and refreshments		19	3	20,000	6	6,840,000					6,840,000				
					Fuel		2	1	230,000	6	2,760,000					2,760,000				
	Activity Total										97,320,000	-	-	-	-	97,320,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
1.2.1.2	Orient members of the National Multisectoral Committee on NC issues and coordination at national level (Steering and Technical Committees) (existing TWGs on Health, Nutrition, Protection, Education where Responsive care and opportunities for early learning will be integral part of each group).	To orient 35 National Steering Committee members for 1 day on NM ECDP issues on their roles and responsibilities			Per diem/ accommodation - domestic		39	2	120,000	1	9,360,000					9,360,000				
					Ground travel (bus, railway taxi,etc)		34	2	50,000	1	3,400,000					3,400,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000					400,000				
					Conference Facilities		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs		1	1	400,000	1	400,000					400,000				
					Food and refreshments		39	1	20,000	1	780,000					780,000				
					Fuel		4	1	230,000	1	920,000					920,000				
		Orient 50 Technical Working Group members on NM-ECDP and on their roles and responsibilities			Per diem/ accommodation - domestic		57	3	120,000	1	20,520,000					20,520,000				
					Ground travel (bus, railway taxi,etc)		47	2	50,000	1	4,700,000					4,700,000				
					Facilitation Fee (Report writing and preparation)		2	2	400,000	1	1,600,000					1,600,000				
					Conference Facilities		1	3	400,000	1	1,200,000					1,200,000				
					Printing and Photocopying Costs		57	1	200,000	1	11,400,000					11,400,000				
					Food and refreshments		1	3	20,000	1	60,000					60,000				
					Fuel		5	1	230,000	1	1,150,000					1,150,000				
	Activity Total										56,290,000	-	-	-	-	56,290,000				
1.2.1.3	Orientation of members of NM- ECDP-Technical Working Group (TWG) on NM-ECDP and their roles and responsibilies.	Orient 40 TWG members for 2 days on reviewed National Multisectoral ECD Program coordination mechanism (Government and CSOs).			Per diem/ accommodation - domestic		45	3	120,000	1	16,200,000					16,200,000				
					Ground travel (bus, railway taxi,etc)		37	2	50,000	1	3,700,000					3,700,000				
					Facilitation Fee (Report writing and preparation)		1	2	400,000	1	800,000					800,000				
					Conference Facilities		1	2	400,000	1	800,000					800,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Food and refreshments		45	2	20,000	1	1,800,000					1,800,000				
					Fuel		4	1	230,000	1	920,000					920,000				
	Activity Total										24,420,000	-	-	-	-	24,420,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
					Per diem/ accommodation - domestic		24	4	120,000	26	299,520,000					299,520,000				
					Ground travel (bus, railway taxi,etc)		20	2	50,000	26	52,000,000					52,000,000				
					Facilitation Fee (Report writing and preparation)		2	2	400,000	26	41,600,000					41,600,000				
					Conference Facilities		1	3	400,000	26	31,200,000					31,200,000				
					Printing and Photocopying Costs		1	1	200,000	26	5,200,000					5,200,000				
					Food and refreshments		24	3	20,000	26	37,440,000					37,440,000				
					Fuel		2	1	230,000	26	11,960,000					11,960,000				
	Activity Total										478,920,000	-	-	-	-	478,920,000				
1.2.2.1	Conduct Biennial multisectoral ECD Forum	3 days meeting with 400 Participants (120 Government officers who will be paid DSA.			Per diem/ accommodation - domestic		132	4	120,000	26		1,812,096,000		2,174,515,200		3,986,611,200				
					Ground travel (bus, railway taxi,etc)		108	2	50,000	26		308,880,000		370,656,000		679,536,000				
					Conference Facilities		1	3	400,000	26		34,320,000		41,184,000		75,504,000				
					Printing and Photocopying Costs		1	1	200,000	26		5,720,000		6,864,000		12,584,000				
					Food and refreshments		400	3	20,000	26		686,400,000		823,680,000		1,510,080,000				
					Fuel		12	1	230,000	26		78,936,000		94,723,200		173,659,200				
	Activity Total											2,926,352,000	-	3,511,622,400	-	6,437,974,400				
1.2.2.2	Conduct Annual Join multi-sectoral ECD review meetings.	Conduct 3 days Annual National multi-sectoral ECD Program review meetings with 120 participants (80pax will be paid DSA and transport and 40 not paid; conference packages for all)			Per diem/ accommodation - domestic		90	3	120,000	1	32,400,000	35,640,000	39,204,000	43,124,400	47,436,840	197,805,240				
					Ground travel (bus, railway taxi,etc)		76	2	50,000	1	7,600,000	8,360,000	9,196,000	10,115,600	11,127,160	46,398,760				
					Facilitation Fee (Report writing and preparation)		2	3	400,000	1	2,400,000	2,640,000	2,904,000	3,194,400	3,513,840	14,652,240				
					Conference Facilities		1	3	400,000	1	1,200,000	1,320,000	1,452,000	1,597,200	1,756,920	7,326,120				
					Printing and Photocopying Costs		1	1	200,000	1	200,000	220,000	242,000	266,200	292,820	1,221,020				
					Food and refreshments		134	3	20,000	1	8,040,000	8,844,000	9,728,400	10,701,240	11,771,364	49,085,004				
					Fuel		8	1	230,000	1	1,840,000	2,024,000	2,226,400	2,449,040	2,693,944	11,233,384				
	Activity Total										53,680,000	59,048,000	64,952,800	71,448,080	78,592,888	327,721,768				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
1.2.2.3	Annual High level meeting	Conduct one day meeting with PM , Directors and Ips with 50 pax (30 pax will paid DSA)			Per diem/ accommodation - domestic		30	3	120,000	1	10,800,000	11,880,000	13,068,000	14,374,800	15,812,280	65,935,080				
					Facilitation Fee (Report writing and preparation)		2	3	400,000	1	2,400,000	2,640,000	2,904,000	3,194,400	3,513,840	14,652,240				
					Conference Facilities		1	1	400,000	1	400,000	440,000	484,000	532,400	585,640	2,442,040				
					Printing and Photocopying Costs		1	1	200,000	1	200,000	220,000	242,000	266,200	292,820	1,221,020				
					Food and refreshments		100	3	20,000	1	6,000,000	6,600,000	7,260,000	7,986,000	8,784,600	36,630,600				
					Fuel		50	1	230,000	1	11,500,000	12,650,000	13,915,000	15,306,500	16,837,150	70,208,650				
	Activity Total										31,300,000	34,430,000	37,873,000	41,660,300	45,826,330	191,089,630				
1.2.2.4	Conduct quarterly National Multisectoral TWG meetings	Conduct quarterly TWG meetings with 70 participants for 2 days each year			Per diem/ accommodation - domestic		77	3	120,000	4	110,880,000	121,968,000	134,164,800	147,581,280	162,339,408	676,933,488				
					Ground travel (bus, railway taxi,etc)		65	2	50,000	4	26,000,000	28,600,000	31,460,000	34,606,000	38,066,600	158,732,600				
					Facilitation Fee (Report writing and preparation)		2	2	400,000	4	6,400,000	7,040,000	7,744,000	8,518,400	9,370,240	39,072,640				
					Conference Facilities		1	2	400,000	4	3,200,000	3,520,000	3,872,000	4,259,200	4,685,120	19,536,320				
					Printing and Photocopying Costs		1	1	200,000	4	800,000	880,000	968,000	1,064,800	1,171,280	4,884,080				
					Food and refreshments		77	2	20,000	4	12,320,000	13,552,000	14,907,200	16,397,920	18,037,712	75,214,832				
					Fuel		7	1	230,000	4	6,440,000	7,084,000	7,792,400	8,571,640	9,428,804	39,316,844				
	Activity Total										166,040,000	182,644,000	200,908,400	220,999,240	243,099,164	1,013,690,804				
1.2.2.5	Conduct Quarterly Regional NM-ECD Program Review meetings at Regional level	Conduct quarterly review meetings every year for regional ECD review fora with 80 stakeholders for 2 days in 26 regions to share and recommend the councils ECD progress report.			Per diem/ accommodation - domestic		90	3	120,000	104	3,369,600,000	3,706,560,000	4,077,216,000	4,484,937,600	4,933,431,360	20,571,744,960				
					Ground travel (bus, railway taxi,etc)		74	2	50,000	104	769,600,000	846,560,000	931,216,000	1,024,337,600	1,126,771,360	4,698,484,960				
					Facilitation Fee (Report writing and preparation)		2	2	300,000	104	124,800,000	137,280,000	151,008,000	166,108,800	182,719,680	761,916,480				
					Conference Facilities		1	2	400,000	104	83,200,000	91,520,000	100,672,000	110,739,200	121,813,120	507,944,320				
					Printing and Photocopying Costs		1	1	200,000	104	20,800,000	22,880,000	25,168,000	27,684,800	30,453,280	126,986,080				
					Food and refreshments		90	2	20,000	104	374,400,000	411,840,000	453,024,000	498,326,400	548,159,040	2,285,749,440				
					Fuel		8	1	230,000	104	191,360,000	210,496,000	231,545,600	254,700,160	280,170,176	1,168,271,936				
	Activity Total										4,933,760,000	5,427,136,000	5,969,849,600	6,566,834,560	7,223,518,016	30,121,098,176				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
1.2.2.6	Conduct quarterly ECD Program Review meeting at council level to share and recommend the councils ECD progress report from wards and villlages.	Conduct quartely ECD review fora with 40 stakeholders in 184 councils for 1-day each to share and recommend the councils ECD progress report			Per diem/ accommodation - domestic		46	2	120,000	736	8,125,440,000	8,937,984,000	9,831,782,400	10,814,960,640	11,896,456,704	49,606,623,744				
					Ground travel (bus, railway taxi,etc)		38	2	50,000	736	2,796,800,000	3,076,480,000	3,384,128,000	3,722,540,800	4,094,794,880	17,074,743,680				
					Facilitation Fee (Report writing and preparation)		2	1	400,000	736	588,800,000	647,680,000	712,448,000	783,692,800	862,062,080	3,594,682,880				
					Conference Facilities		1	1	400,000	736	294,400,000	323,840,000	356,224,000	391,846,400	431,031,040	1,797,341,440				
					Printing and Photocopying Costs		1	1	200,000	736	147,200,000	161,920,000	178,112,000	195,923,200	215,515,520	898,670,720				
					Food and refreshments		46	2	20,000	736	1,354,240,000	1,489,664,000	1,638,630,400	1,802,493,440	1,982,742,784	8,267,770,624				
					Fuel		4	1	230,000	736	677,120,000	744,832,000	819,315,200	901,246,720	991,371,392	4,133,885,312				
	Activity Total										13,984,000,000	15,382,400,000	16,920,640,000	18,612,704,000	20,473,974,400	85,373,718,400				
	Subtotal Immediate Outcome 1.2: Strengthened Multisectoral Coordination at all levels.										19,825,730,000	24,012,010,000	23,194,223,800	29,025,268,580	28,065,010,798	124,122,243,178				
1.3	Immediate Outcome 1.3: Policies, guidelines, curricula and training manuals are developed/reviewed to include all nurturing care components																			
1.3.1	Output 1.3.1: Key ECD related policies reviewed and approved																			
"1.3.1.1	Review Child Development Policy to incorporate ECD issues	Hire consultant (90 days, 500,000 per day), Conduct evaluation of the Child Development Policy		Y	Consultancy fee		1	90	500,000	1	45,000,000					45,000,000				Evaluation of Policy is already conducted
		Conduct Child Evaluation Policy														-				
		Conduct 2 (50pax) stakeholders meeting to obtain information (sharing finding and inception meeting and validation of the policy)		N	Per diem/ accommodation - domestic		56	2	120,000	2	26,880,000					26,880,000				Inflation rate of 10% every year.
					Ground travel (bus, railway taxi,etc)		46	2	50,000	2	9,200,000					9,200,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	2	800,000					800,000				
					Food and refreshments		56	1	20,000	2	2,240,000					2,240,000				
					Conference Facilities		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Fuel		5	2	230,000	1	2,300,000					2,300,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		To conduct 4 technical working groups with 15 participants for 3 days for provide technical assistance to consultant during the policy review.			Per diem/ accommodation - domestic		18	3	120,000	4	25,920,000	-	-	-		25,920,000	39,600,000			Inflation rate of 10% every year.
					Ground travel (bus, railway taxi,etc)		14	2	50,000	4	5,600,000					5,600,000				
					Facilitation Fee (Report writing and preparation)		1	3	400,000	4	4,800,000					4,800,000				
					Conference Facilities		1	3	400,000	1	1,200,000	-		-		1,200,000				
					Food and refreshments		18	3	20,000	4	4,320,000					4,320,000				
					Printing and Photocopying Costs		1	1	200,000	4	800,000	-				800,000				
					Fuel		2	1	230,000	4	1,840,000					1,840,000				
		Approval and launch of policy. (30 participants).			Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000	-		-		200,000				
					Food and refreshments		31	3	20,000	1	1,860,000			-		1,860,000				
		Translation of the Child Development Policy to kiswahili version (consultancy, conduct meeting (15 days, with 20px), printing , conduct meetings for developing simplified kiswahili version. AND for Development of simplified Child Development Policy.			Per diem/ accommodation - domestic		23	16	120,000	1	44,160,000					44,160,000				
					Ground travel (bus, railway taxi,etc)		19	2	50,000	1	1,900,000					1,900,000				
					Facilitation Fee (Report writing and preparation)		1	15	400,000	1	6,000,000					6,000,000				
					Conference Facilities		1	15	400,000	1	6,000,000					6,000,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Food and refreshments		23	15	20,000	1	6,900,000					6,900,000				
					Fuel		2	1	230,000	1	460,000					460,000				
		To conduct 6 Zonal dissemination meetings with 60 participants for 1 day			Per diem/ accommodation - domestic		67	2	120,000	6	96,480,000					96,480,000				
					Ground travel (bus, railway taxi,etc)		55	1	50,000	6	16,500,000					16,500,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	6	2,400,000					2,400,000				
					Conference Facilities		1	1	400,000	6	2,400,000					2,400,000				
					Printing and Photocopying Costs		1	1	200,000	6	1,200,000					1,200,000				
					Food and refreshments		67	1	20,000	6	8,040,000					8,040,000				
					Fuel		6	1	230,000	6	8,280,000					8,280,000				
	Activity Total										334,880,000	-	-	-	-	334,880,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
1.3.1.2	To disseminate The Reviewed Health Policy to stakeholders.	To conduct 6 Zonal meetings with 60 participants for 1 day for dissemination of messages of ECD related issues from the National Health Policy			Per diem/ accommodation - domestic		67	2	120,000	6	96,480,000					96,480,000				
					Ground travel (bus, railway taxi,etc)		65	2	50,000	6	39,000,000					39,000,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	6	2,400,000					2,400,000				
					Conference Facilities		1	1	400,000	6	2,400,000					2,400,000				
					Printing and Photocopying Costs		4	1	200,000	6	4,800,000					4,800,000				
					Food and refreshments		66	1	20,000	6	7,920,000					7,920,000				
					Fuel		6	1	230,000	6	8,280,000					8,280,000				
	Activity Total										161,280,000	-	-	-	-	161,280,000				
1.3.1.3	To incorporate ECD issues on the Law of the Child Act 2009.	Amendment of the Law of the Child Act (NO COST)														-				
		To conduct 15 days meetings with 20 participants for translation to Kiswahili of the ammended Law of Child Act.			Per diem/ accommodation - domestic		23	16	120,000	1	44,160,000					44,160,000				
					Ground travel (bus, railway taxi,etc)		19	2	50,000	1	1,900,000					1,900,000				
					Facilitation Fee (Report writing and preparation)		1	15	400,000	1	6,000,000					6,000,000				
					Conference Facilities		1	15	400,000	1	6,000,000					6,000,000				
					Printing and Photocopying Costs		5	1	10,000	1	50,000					50,000				
					Food and refreshments		23	15	20,000	1	6,900,000					6,900,000				
					Fuel		2	1	230,000	1	460,000					460,000				
		Hire Consultant for 5 days to translate the LCA to Kiswahili.			Consultancy fee		1	5	500,000	1	2,500,000					2,500,000				
		To conduct 5 days meetings with 15 participants for review,development and printing of simplified ammended Law of Child Act.			Per diem/ accommodation - domestic		17	6	120,000	1	12,240,000					12,240,000				
					Ground travel (bus, railway taxi,etc)		14	2	50,000	1	1,400,000					1,400,000				
					Facilitation Fee (Report writing and preparation)		1	5	400,000	1	2,000,000					2,000,000				
					Conference Facilities		1	5	400,000	1	2,000,000					2,000,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Food and refreshments		15	5	20,000	1	1,500,000					1,500,000				
					Fuel		2	1	230,000	1	460,000					460,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		To conduct 6 Zonal meetings with 60 participants for 1 day for dissemination of ammended Law of Child Act			Per diem/ accommodation - domestic		67	2	120,000	6	96,480,000					96,480,000				
					Ground travel (bus, railway taxi,etc)		55	2	50,000	6	33,000,000					33,000,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	6	2,400,000					2,400,000				
					Conference Facilities		1	1	400,000	6	2,400,000					2,400,000				
					Printing and Photocopying Costs		1	1	200,000	6	1,200,000					1,200,000				
					Food and refreshments		67	1	20,000	6	8,040,000					8,040,000				
					Fuel		6	1	230,000	6	8,280,000					8,280,000				
	Activity Total										239,570,000	-	-	-	-	239,570,000				
1.3.2.1	Review and harmonize existing guidelines for joint supportive supervision, to include ECD / nurturing care issues.	To conduct 5 technical meetings to develop the ECD consolidated monitoring tool (20 people) for 3 days each.			Per diem/ accommodation - domestic		23	3	120,000	5	41,400,000	-		-		41,400,000				
					Ground travel (bus, railway taxi,etc)		19	2	50,000	5	9,500,000	-		-		9,500,000				
					Facilitation Fee (Report writing and preparation)		1	3	400,000	5	6,000,000					6,000,000				
					Conference Facilities		1	3	400,000	5	6,000,000					6,000,000				
					Printing and Photocopying Costs		1	1	200,000	5	1,000,000					1,000,000				
					Food and refreshments		23	3	20,000	5	6,900,000					6,900,000				
					Fuel		2	1	230,000	5	2,300,000					2,300,000				
	Activity Total										73,100,000	-	-	-	-	73,100,000				
1.3.2.2	Conduct review sessions of Child Care Workers manual to incorporate specific content for 0-2 years of age.	Conduct 6 review sessions of Child Care Workers Guide with 20 participants each 4 days to incorporate specific contents for 0-2 years of age. The package will ensure needs of all children are addressed (children with malnutrition, developmental delay, sick children, gender, HIV+ or exposed, abused).			Per diem/ accommodation - domestic		23	5	120,000	6	82,800,000	-		-		82,800,000				
					Ground travel (bus, railway taxi,etc)		19	2	50,000	6	11,400,000	-		-		11,400,000				
					Facilitation Fee (Report writing and preparation)		1	4	400,000	6	9,600,000					9,600,000				
					Conference Facilities		1	4	400,000	6	9,600,000					9,600,000				
					Printing and Photocopying Costs		4	4	10,000	6	960,000					960,000				
					Food and refreshments		23	4	20,000	6	11,040,000					11,040,000				
					Fuel		2	1	230,000	6	2,760,000	-		-		2,760,000				
		Printing of 1,000 copies.			Printing and Photocopying Costs		1000	1	10,000	1	10,000,000					10,000,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		To orient 200 Social Welfare Officers(SWOs) and Community Development Officers (CDOs) on Child Care Workers Guideline for 7 days in 6 zones.			Per diem/ accommodation - domestic		222	8	120,000	6		1,406,592,000		-		1,406,592,000				
					Ground travel (bus, railway taxi,etc)		182	2	50,000	6		120,120,000		-		120,120,000				
					Facilitation Fee (Report writing and preparation)		2	7	400,000	6		36,960,000				36,960,000				
					Conference Facilities		1	7	400,000	6		18,480,000				18,480,000				
					Printing and Photocopying Costs		1	7	10,000	6		462,000				462,000				
					Food and refreshments		222	7	20,000	6		205,128,000		-		205,128,000				
					Fuel		20	1	230,000	6		30,360,000		-		30,360,000				
	Activity Total										138,160,000	1,818,102,000	-	-	-	1,956,262,000				
1.3.2.3	Finalize the draft of National Implementation Guideline for Care for Child Development.	One day stakeholders meeting to review the guideline (50 pax)			Per diem/ accommodation - domestic		57	1	120,000	1	6,840,000	-		-		6,840,000				
					Ground travel (bus, railway taxi,etc)		47	2	50,000	1	4,700,000	-		-		4,700,000				
					Facilitation Fee (Report writing and preparation)		2	1	400,000	1	800,000	-				800,000				
					Conference Facilities		1	1	400,000	1	400,000	-				400,000				
					Printing and Photocopying Costs		4	1	10,000	1	40,000	-				40,000				
					Food and refreshments		57	1	20,000	1	1,140,000	-				1,140,000				
					Fuel		5	1	230,000	1	1,150,000	-				1,150,000				
		Technical meeting to encorporate the input 2 days meeting with 15 pax.			Per diem/ accommodation - domestic		17	3	120,000	1	6,120,000	-				6,120,000				
					Ground travel (bus, railway taxi,etc)		13	2	50,000	1	1,300,000	-				1,300,000				
					Facilitation Fee (Report writing and preparation)		1	2	400,000	1	800,000					800,000				
					Conference Facilities		1	2	400,000	1	800,000					800,000				
					Printing and Photocopying Costs		4	2	10,000	1	80,000					80,000				
					Food and refreshments		23	2	20,000	1	920,000					920,000				
					Fuel		2	1	230,000	1	460,000					460,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		One day Manangement meeting for endorsement (25pax)			Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000		-			400,000				
					Conference Facilities		1	1	400,000	1	400,000		-			400,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000		-			200,000				
	Activity Total										26,550,000	-	-	-	-	26,550,000				
1.3.3	Output 1.3.3: Curricula/Manuals Reviewed																			
1.3.3.1	Develop National culturally and developmentally appropriate ECD Curriculum for 0 - 8 years for Child Care Workers. (Certificate and Diploma level based on NACTE accreditation level 4-6)	To conduct 22 days writers workshop for 20pax		N	Per diem/ accommodation - domestic		20	23	120,000	1	55,200,000					55,200,000				Inflation rate of 10% every year.
					Ground travel (bus, railway taxi,etc)		20	2	50,000	1	2,000,000					2,000,000				
					Facilitation Fee (Report writing and preparation)		2	1	400,000	1	800,000					800,000				
					Food and refreshments		22	22	20,000	1	9,680,000					9,680,000				
					Conference Facilities		1	22	400,000	1	8,800,000					8,800,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Fuel		0	2	230,000	1	-					-				
		Checking arrangement and refining the curriculum 3 days, 10 pax.			Per diem/ accommodation - domestic		11	3	120,000	4	15,840,000	-	-	-		15,840,000	39,600,000			Inflation rate of 10% every year.
					Ground travel (bus, railway taxi,etc)		9	2	50,000	4	3,600,000					3,600,000				
					Facilitation Fee (Report writing and preparation)		1	3	400,000	4	4,800,000					4,800,000				
					Conference Facilities		1	3	400,000	1	1,200,000	-		-		1,200,000				
					Food and refreshments		11	3	20,000	4	2,640,000					2,640,000				
					Printing and Photocopying Costs		1	1	200,000	4	800,000	-				800,000				
					Fuel		1	1	230,000	4	920,000					920,000				
		One day stakeholders meeting 50 pax.			Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000	-		-		200,000				
					Food and refreshments		51	1	20,000	1	1,020,000			-		1,020,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		Technical meeting to incorparate comments from stakeholders meeting 10pax for 2 days			Per diem/ accommodation - domestic		12	3	120,000	1	4,320,000					4,320,000				
					Ground travel (bus, railway taxi,etc)		9	2	50,000	1	900,000					900,000				
					Facilitation Fee (Report writing and preparation)		1	2	400,000	1	800,000					800,000				
					Conference Facilities		1	2	400,000	1	800,000					800,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Food and refreshments		12	2	20,000	1	480,000					480,000				
					Fuel		1	1	230,000	1	230,000					230,000				
		Submission of the draft to NACTE (2,000,000/=) Technical working group meeting 2days 10 pax.			Submissio n costs		1	1	2,000,000	1	2,000,000					2,000,000				
					Per diem/ accommodation - domestic		12	3	120,000	1	4,320,000					4,320,000				
					Ground travel (bus, railway taxi,etc)		9	2	50,000	1	900,000					900,000				
					Facilitation Fee (Report writing and preparation)		1	2	400,000	1	800,000					800,000				
					Conference Facilities		1	2	400,000	1	800,000					800,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000					200,000				
					Food and refreshments		12	2	20,000	1	480,000					480,000				
					Fuel		1	1	230,000	1	230,000					230,000				
		Submission of the final draft of the curriculum to NACTE (2,000,000/=)			Submission costs		1	1	2,000,000	1	2,000,000					2,000,000				
	Activity Total										127,560,000	-	-	-	-	127,560,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
1.3.3.2	Develop an integrated ECD training package to include nurturing care components	Hire facilitator: to support review of existing packages (CHW packages, PSS module, Afya ya familia and CCD package).			Consultancy fee		1	5	500,000	6	15,000,000					15,000,000				
		Technical session of 5 days each for 20 pax; to review and develop zero draft of packages			Per diem/ accommodation - domestic		23	6	120,000	1	16,560,000	-		-		16,560,000				
					Ground travel (bus, railway taxi,etc)		20	2	50,000	1	2,000,000	-		-		2,000,000				
					Facilitation Fee (Report writing and preparation)		2	5	400,000	1	4,000,000	-				4,000,000				
					Conference Facilities		1	5	400,000	1	2,000,000	-				2,000,000				
					Printing and Photocopying Costs		4	5	10,000	1	200,000	-				200,000				
					Food and refreshments		20	5	20,000	1	2,000,000	-				2,000,000				
					Fuel		2	1	230,000	1	460,000	-				460,000				
		To conduct 6 days meeting with 20 participants to solict inputs and fine tune first draft packages (technical group & stakeholders)			Per diem/ accommodation - domestic		23	7	120,000	1	19,320,000	-				19,320,000				
					Ground travel (bus, railway taxi,etc)		19	2	50,000	1	1,900,000	-				1,900,000				
					Facilitation Fee (Report writing and preparation)		1	6	400,000	1	2,400,000					2,400,000				
					Conference Facilities		1	6	400,000	1	2,400,000					2,400,000				
					Printing and Photocopying Costs		4	4	10,000	1	160,000					160,000				
					Food and refreshments		23	5	20,000	1	2,300,000					2,300,000				
					Fuel		2	1	230,000	1	460,000					460,000				
		T conduct one day stakeholder meetings with 50 participants to validate the packages.			Per diem/ accommodation - domestic		57	1	120,000	1	6,840,000	-				6,840,000				
					Ground travel (bus, railway taxi,etc)		47	2	50,000	1	4,700,000	-				4,700,000				
					Facilitation Fee (Report writing and preparation)		2	1	400,000	1	800,000					800,000				
					Conference Facilities		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs		4	1	10,000	1	40,000					40,000				
					Food and refreshments		57	1	20,000	1	1,140,000					1,140,000				
					Fuel		5	1	230,000	1	1,150,000		-			1,150,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		"To conduct Management meeting with 25 participants to input and endorse the package for day. The process will develop zero draft package with training manual including facilitator guide, participant manual, flip chart and a module on mental well being."			Facilitation Fee (Report writing and preparation)		1	1	400,000	1	400,000		-			400,000				
					Conference Facilities		1	1	400,000	1	400,000		-			400,000				
					Printing and Photocopying Costs		1	1	200,000	1	200,000		-			200,000				
	Activity Total										87,230,000	-	-	-	-	87,230,000				
	Sub total Immediate Outcome 1.3: Policies, guidelines, curricula and training manuals are developed/reviewed to include all nurturing care components										1,188,330,000	1,818,102,000	-	-	-	3,006,432,000				
	TOTAL										***21,557,340,000***	***25,911,545,000***	***23,222,816,100***	***29,056,720,110***	***28,099,607,481***	***127,848,028,691***				

Long term outcome 2

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	Year 2022	Year 2023	Year 2024	Year 2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
2	Long term Outcome: Strengthened Service delivery and quality assurance system for Multisectoral ECD services																			
2.1	Immediate Outcome 2.1: Competent and skilled Workforce on Nurturing Care (NC) available																			
2.1.1	Output 2.1.1 A team of National ECD trainers (Master Trainers) created																			
2.1.1.1	Conduct training session on National Integrated ECD (nurturing care) package for Core team of National ECD Trainers (Training of Master Trainers)	"a) Identification of 20 master trainers from sectoral facilitators b) Train 20 Master Trainers x 5 days "			Facilitator costs(Report writing and preparation)		1	3	120,000	1	360,000					360,000				
					Air travel		1	1	400,000	1	400,000					400,000				Per diem rate of TSHS 120,000 per person per day.
					Conference venue facilities with stationery		1	1	400,000	1	400,000					400,000				
					Printing and Photocopying Costs.		1	1	200,000	1	200,000					200,000				
					Per diem/ accommodation - domestic		21	6	120,000	1	15,120,000					15,120,000				
					Fuel		2	1	230,000	1	460,000					460,000				
					Ground travel (bus, railway taxi,etc)		18	2	50,000	1	1,800,000					1,800,000				
					Food and refreshment		23	5	20,000	1	2,300,000					2,300,000				
					Per diem/ accommodation - domestic for drivers		2	6	80,000	1	960,000					960,000				
	Activity Total										22,000,000	-	-	-	-	22,000,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.1.1.2	Conduct training session on National Integrated ECD package for Regional Level Trainers (TOTs)	Identification of trainers			Air Travel		2	1	400,000	1		880,000								
		Train 130 Regional Trainers (26 regions x 5 per region) for 5 days training (Training to be done by 2 National Facilitators per region)			Facilitator costs(Report writing and preparation)		2	3	120,000	1		792,000				792,000				
					Conference Package		1	1	400,000	1		440,000				440,000				
					Printing and photocopy		1	1	100,000	1		110,000				110,000				
					Per diem/ accommodation - domestic		132	6	120,000	1		104,544,000				104,544,000				
					Fuel		52	1	230,000	1		13,156,000				13,156,000				
					Ground travel (bus, railway taxi,etc)		78	2	50,000	1		8,580,000				8,580,000				
					Food and refreshment		***184***	***5***	***20,000***	***1***		***20,240,000***				***20,240,000***				
					Per diem/ accommodation - domestic for drivers		52	6	80,000	1		24,960,000				24,960,000				
	Activity Total											173,702,000	-	-	-	173,702,000				
2.1.1.3	Conduct cascade training session on National Integrated ECD package for Council Level Trainers	"1. Train 52 master trainers (2 per regionx26 regions) for 5 days. 2. Train 130 regional facilitators 5 per region in all 26 regions for 5 days .3 Train 920 Council level trainers in 184 councils (5 per council) for 5 days on integrated NC package. (184 Councils are available)-Target participants SWO, CDO, DEO, Nutrition/Kilimo, Health). "			National level Master Trainer cost		2	1	300,000	1		600,000				600,000				
					Supervisors costs (Master Trainers)											-				
					Conference Facility including stationery.		1	1	400,000	1		400,000				400,000				
					Perdiem		54	6	120,000	1		38,880,000				38,880,000				
					Ground travel (bus, railway taxi,etc)		47	2	50,000	1		4,700,000				4,700,000				
					Fuel		5	1	230,000	1		1,150,000				1,150,000				
					Food and refreshment		59	5	20,000	1		6,490,000				6,490,000				
					Per diem for drivers		5	6	80,000	1		2,640,000								
					Facilitator costs (Regional level TOTs Trainers)							-				-				
					Regional facilitator -preparation and report writing costs		6	2	120,000	1		1,440,000				1,440,000				
					Conference venue including stationery materials		1	1	400,000	1		400,000				400,000				
					Food and refreshment		208	5	20,000	1		20,800,000				20,800,000				
					Perdiem		190	6	120,000	1		136,800,000				136,800,000				
					Fuel (Unit of Measure=LGA		18	1	230,000	1		4,140,000				4,140,000				
					Ground travel (bus, railway taxi,etc)		166	1	50,000	1		8,300,000				8,300,000				
					Per diem for drivers		18	6	80,000	1		8,640,000				8,640,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		Council level trainers.			Conference venue		1	1	400,000	1		400,000				400,000				
					Stationery (materials/ handouts for community)		1	1	20,000	1		20,000				20,000				
					Half Perdiem		920	6	60,000	1		331,200,000				331,200,000				
					Fuel		0	1	230,000	1		-				-				
					Ground travel (bus, railway taxi,etc)		920	2	50,000	1		92,000,000				92,000,000				
					Food and refreshment		925	5	20,000	1		92,500,000				92,500,000				
					Regional facilitator -supervisor preparation and report writing costs		5	2	120,000	1		1,200,000				1,200,000				
	Activity Total											752,700,000	-	-	-	752,700,000				
2.1.2	Output 2.1.2: Strenghening the Capacity of PPE Teachers and child care workers on ECD																			
2.1.2.1	Review of Continuous Professional Development program for PPE teachers	Hire one Consultant (s): Inception Report; Develop Zero draft Programme; Technical Working Sessions; and Incorporating Inputs;		N			0	0		1	-	-	-	-		-				
					Hire Consultant		1	18	928,000	1	16,704,000					16,704,000				
											-					-				
											-					-				
					Technical Working groups		10	2	120,000	1	2,400,000					2,400,000				
										1	-					-				
		Hold a five day technical working session to review zero draft			Conference Package including stationery materials		1	1	400,000	1	400,000					400,000				
					printing and photocopy		1	1	100,000	1	100,000					100,000				
					Perdiem		21	6	120,000	1	15,120,000					15,120,000				
					Fuel (liters)		10	1	230,000	1	2,300,000					2,300,000				
					Ground travel (bus, railway taxi,etc)		0	2	50,000	1	-					-				
					Perdiem for drivers		10	6	80,000	1	4,800,000					4,800,000				
					Food and refreshment		10	1	20,000	1	200,000					200,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		Hold a three day technical working session to review/fine tune final draft			Conference Package and stationery		1	1	400,000	1	400,000					400,000				
					Printing and photocopy		1	1	100,000	1	100,000					100,000				
					Perdiem		10	4	120,000	1	4,800,000					4,800,000				
					Fuel		10	1	230,000	1	2,300,000					2,300,000				
					Ground travel (bus, railway taxi,etc)		0	2	50,000	1	-					-				
					Per diem/ accommodation - domestic for drivers		10	1	80,000	1	800,000					800,000				
					Food and refreshment		10	1	20,000	1	200,000					200,000				
	Activity Total										50,624,000	-	-	-	-	50,624,000				
2.1.2.2	Conducting In-serviceTraining for Tutors in Teachers Training Collegess (TTC), Child Care Workers (CCW) Training Institutions, Folk Development Centres (FDC), and universities on ECD	85 Tutors trained (15 from TTC , 30 from CCW Training college , 35 from FDC , 5 from University - one per each entity; for a duration of 5 days - Training to be facilitated by Master Trainers using the Integrated ECD package		N	Facilitator costs (Regional level TOTs Trainers)									-	-	-				
					Conference venue and stationery		1	1	400,000	1			400,000			400,000				
					printing and photocopy		1	1	100,000	1			100,000			100,000				
					Perdiem for facilitators plus preparation days		4	9	120,000	1			4,320,000			4,320,000				
					Fuel		4	1	230,000	1			920,000			920,000				
					Ground travel (bus, railway taxi,etc)		0	2	50,000	1			-			-				
					Refreshment and food		9	5	20,000	1			900,000			900,000				
					per diem for drivers		4	1	80,000	1			320,000			320,000				
		Participants Costs			Conference Package		1	1	400,000	1			400,000			400,000				
					Stationery (materials/ handouts)		85	10	60,000	1			51,000,000			51,000,000				
					Perdiem		1	1	200,000	1			200,000			200,000				
					Fuel		0	1	230,000	1			-			-				
					Ground travel (bus, railway taxi,etc)		85	1	2,000	1			170,000			170,000				
					Refreshment and food		85	1	20,000	1			1,700,000			1,700,000				
	Activity Total											-	60,430,000	-	-	60,430,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	Year 2022	Year 2023	Year 2024	Year 2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
2.1.2.3	Facilitate recruitment/ deployment of interns and volunteers from universities and teacher training colleges to support learning in PPE and early primary schools	Deployment of 368 per annum (2 interns X 184 councils/year) Each costing a stipend of 50,000/= per month		N	Perdiem		368	1	50,000	12	220,800,000	242,880,000	267,168,000	293,884,800		1,024,732,800				
	Activity Total											-	60,430,000	-	-	60,430,000				
2.1.3	Output 2.1.3: Capacity of frontline workers on integrated ECD package strengthened																			
2.1.3.1	Conduct training for Community Health Workers (CHWs), Child Care Workers (CCW), Health Workers, Pre-primary, Class one and two teachers; Police Gender and Children Desks, Child protection teams and paralegals on Integrated ECD package.	27600 (30/council) (5 days training session), Involving DL ECD Trainers; Regional and Master Trainers to Supervise			Supervisor costs (Master Trainers)						-	-	-	-		-				
					Printing and photocopy		1	1	100,000	1		110,000				110,000				
					Perdiem for facilitators plus preparation days		276	9	120,000	1		327,888,000				327,888,000				
					Fuel		20	1	230,000	1		5,060,000				5,060,000				
					Ground travel (bus, railway taxi,etc)		256	2	50,000	1		28,160,000				28,160,000				
					Refreshment and food		296	5	20,000	1		32,560,000				32,560,000				
					Per diem for drivers		20	1	80,000	1		1,760,000				1,760,000				
		Participants Costs			Conference venue and stationery		1	1	400,000	1		440,000				440,000				
					Stationery (materials/ handouts for community)		27,600	5	25,000	1		3,795,000,000				3,795,000,000				
					Half Perdiem		27,600	6	60,000	1		10,929,600,000				10,929,600,000				
					Fuel		-	1	230,000	1		-				-				
					Ground travel (bus, railway taxi,etc)		27,600	1	50,000	1		1,518,000,000				1,518,000,000				
					Refreshment and food		27,600	5	20,000	1		3,036,000,000				3,036,000,000				
	Activity Total											19,674,578,000	-	-	-	19,674,578,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.1.3.2	Conduct cascade training at council level on mental and psychosocial counselling and support for victims of violence (Confirm thisis not captured in NPAVAWC)	2512 counselors (16 counselors for each of the remaining 157 councils), 10 days duration training, 3 Facilitators	This activity is on NPAVAWC and is ongoing doesn't need budget		Comments: Include as section in the Trainers' Manual and Users Guide					1	-	-	-	-		-				
2.1.3.3	Conduct cascade training at ward level (3956 wards) on mental and psychosocial counselling and support for victims to cover entire country (Confirm this is not captured in NPAVAWC)	3956 counselors trained (one / ward, duration of training will be 3 days), 3 Facilitators					0	0		1	-	-	-	-		-				
	Activity Total										-	-	-	-	-	-				
2.1.3.4	Conduct training for Health Workers on new child growth monitoring and development booklet, merged with Care for Child Development package; including booklets in braille language	"1) Identify and Train 10 Master trainers/ supervisors per council "			Facilitator costs(Report writing and preparation)		1	3	120,000	184	66,240,000		-	-		66,240,000				
					Conference venue facilities with stationery		1	1	400,000	184	73,600,000					73,600,000				
					Air travel		1	1	400,000	184	73,600,000					73,600,000				
					Printing and Photocopying Costs.		1	1	100,000	184	18,400,000					18,400,000				
					Per diem/ accommodation - domestic for drivers		2	6	80,000	184	176,640,000					176,640,000				
					Per diem/ accommodation - domestic		11	6	120,000	184	1,457,280,000					1,457,280,000				
					Fuel		2	1	230,000	184	84,640,000					84,640,000				
					Ground travel (bus, railway taxi,etc)		8	2	50,000	184	147,200,000					147,200,000				
					Food and refreshment		13	5	20,000	184	239,200,000					239,200,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		2) Orient and disseminate 1,840 copies of the health and development booklet with health workers per facility (12,319) including those with braille in all LGAs - the orientation will be through On Job Training (OJT) taking only one day in each health facility. 26 national facilitators to orient 26 regional level - 184 council - 2 providers per health facility			Food and refreshment		12,319	1	20,000	1	246,380,000					246,380,000				
	Activity Total										2,583,180,000	-	-	-	-	2,583,180,000				
2.1.3.5	Strengthen responsive caregiving, early learning and WASH components in the reviewed Community Health Workers (CHW) package (RMNCH)	"1. 1 day stakeholders meeting to review the package (20 pax)			Facilitator costs(Report writing and preparation)		1	3	120,000	1		396,000	-	-		396,000				
					Conference venue facilities with stationery		1	1	400,000	1		440,000				440,000				
					Printing and Photocopying Costs.		1	1	100,000	1		110,000				110,000				
					Per diem/ accommodation - domestic		21	2	120,000	1		5,544,000				5,544,000				
					Fuel		2	1	230,000	1		506,000				506,000				
					Ground travel (bus, railway taxi,etc)		18	2	50,000	1		1,980,000				1,980,000				
					Food and refreshment		23	1	20,000	1		506,000				506,000				
		2. Technical meeting to incorporate the inputs, 2 days meeting with 20 pax (THIS IS ADDED)			Facilitator costs(Report writing and preparation)		1	3	120,000	1		396,000	-	-		396,000				
					Conference venue facilities with stationery		1	1	400,000	1		440,000				440,000				
					Printing and Photocopying Costs.		1	1	100,000	1		110,000				110,000				
					Per diem/ accommodation - domestic		21	3	120,000	1		8,316,000				8,316,000				
					Fuel		2	1	230,000	1		506,000				506,000				
					Ground travel (bus, railway taxi,etc)		18	2	50,000	1		1,980,000				1,980,000				
					Food and refreshment		23	1	20,000	1		506,000				506,000				
					Per diem/ accommodation - domestic for drivers		2	2	80,000	1		352,000				352,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		1). Identify and Train 10 Master trainers/ supervisors per council on the upated package			Facilitator costs(Report writing and preparation)		1	3	120,000	184		72,864,000	-	-		72,864,000				
					Conference venue facilities with stationery		1	1	400,000	184		80,960,000				80,960,000				
					Air travel		1	1	400,000	184		80,960,000				80,960,000				
					Printing and Photocopying Costs.		1	1	100,000	184		20,240,000				20,240,000				
					Per diem/ accommodation - domestic for drivers		2	6	80,000	184		194,304,000				194,304,000				
					Per diem/ accommodation - domestic		11	6	120,000	184		1,603,008,000				1,603,008,000				
					Fuel		2	1	230,000	184		93,104,000				93,104,000				
					Ground travel (bus, railway taxi,etc)		8	2	50,000	184		161,920,000				161,920,000				
					Food and refreshment		13	5	20,000	184		263,120,000				263,120,000				
		2) Conduct on job mentorship for at least 2 Health workers per facility in each council			Food and refreshment		12,319	1	20,000	1		271,018,000				271,018,000				
		3) Conduct 3 days training for CHWs 2 per village in each council			Conference venue and stationery		1	1	400,000	1		440,000				440,000				
					Facilitator costs(Report writing and preparation)		3	5	25,000	1		412,500				412,500				
					half Perdiem		368	4	60,000	1		97,152,000				97,152,000				
					Fuel		-	1	230,000	1		-				-				
					Ground travel (bus, railway taxi,etc)		368	2	50,000	1		40,480,000				40,480,000				
					Refreshment and food		368	3	20,000	1		24,288,000				24,288,000				
	Activity Total											3,026,710,500	-	-	-	3,026,710,500				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.1.4	Output 2.1.4: Integrated ECD package for pre service cadre developed																			
2.1.4.1	Development of online Distance Learning Program on Integrated ECD in Child care Workers & PPE Teachers College			N	Boom Microphone		4	1	1,500,000	1		-	7,200,000			7,200,000				
					Studio Video Cameras		3	1	35,000,000	1			126,000,000			126,000,000				
					Zoom H6 Six-Track Portable Recorder		2	1	1,300,000	1			3,120,000			3,120,000				
					Studio Director Monitor		1	1	1,800,000	1			2,160,000			2,160,000				
					Mobile backup storage device		1	1	3,500,000	1			4,200,000			4,200,000				
					External drive		3	1	350,000	1			1,260,000			1,260,000				
					Repository Saver for video and Audio lesson		1	1	68,000,000	1			81,600,000			81,600,000				
					Whiteboard		1	1	500,000	1			600,000			600,000				
					Whiteboard maker pens		10	1	100,000	1			1,200,000			1,200,000				
					Whiteboard Eraser		5	1	10,000	1			60,000			60,000				
					Desktop computers (Mac)		2	1	7,800,000	1			18,720,000			18,720,000				
					Laptop MacBook Pro		2	1	6,000,000	1			14,400,000			14,400,000				
					Printer		5			1			-			-				
					Web Registration fee					1			-			-				
					Web Hosting Fee					1			-			-				
					Content developers		51	15	50,000	1			45,900,000			45,900,000				
					Content developers from outside DSM		21	18	120,000	1			54,432,000			54,432,000				
					Photographers		6	15	50,000	1			5,400,000			5,400,000				
					Studio designers		2	15	50,000	1			1,800,000			1,800,000				
					Video directors		3	20	100,000	1			7,200,000			7,200,000				
					Recorder at CoICT		5	20	100,000	1			12,000,000			12,000,000				
					Sign language translators		6	10	100,000	1			7,200,000			7,200,000				
					Producer (video & audio editing)		5	20	100,000	1			12,000,000			12,000,000				
					Script writer		3	15	100,000	1			5,400,000			5,400,000				
					Fuel		100	2	2,200	1			528,000			528,000				
					External drive		2	1	250,000	1			600,000			600,000				
					Stationery		1	1	1,000,000	1			1,200,000			1,200,000				
					Quality assurance team		20	20	100,000	1			48,000,000			48,000,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
										1			-			-				
					Hire Consultants					1			-			-				
					Artists		3	14	250,000	1			12,600,000			12,600,000				
					Graphic Designers		3	14	250,000	1			12,600,000			12,600,000				
					Camera Crew		1	14	250,000	1			4,200,000			4,200,000				
	Activity Total										-	-	491,580,000	-	-	491,580,000				
2.1.4.2	Orientation of PPE and early primary teachers on reviewed PPE curriculum that incorporate ECD components	To orient 50,806 teachers (3 teachers/ school) in 16,402 schools on the reviewed curriculum that incorporates ECD components.			Food and refreshment		50,806	1	20,000	1	-		1,219,344,000							
	Activity Total										-	-	1,219,344,000	-	-	1,219,344,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.1.5	Output 2.1.5: Orientation of birth registration committees																			
2.1.5.1	Orientation of birth registration committees in 8 regions I	Training of regions on birth registration process guided by Birth and Death regulations. UNICEF has already funded 19 regions ((Lindi, Mtwara, Iringa, Mbeya, Shinyanga, Mara, Njombe, Simiyu, Geita, Songwe, Dodoma, Singida, Morogoro, pwani, Ruvuma, Kilimanjaro, Tanga, Manyara, Arusha); remaining 7 regions will be supported through: training of councl level Under 5 birth registation team (6 people i.e. Community Developmetn Officer, DRCHCO, Social Welfare Officer, Planning Officer, IT, Procurement Officer, Migration, Security Officer, RITA Officer from DC office), this will be followed up by training of birth registration assitants (4 per health facility) for 4 days facilitated by RITA. Equipment required (Ruter and Computer per council; smart phone trained registration assistant and stationeries (correction fluid, pen, paper).			Food and refreshment		6	1	20000	57	6,840,000					6,840,000				
	Activity Total										6,840,000	-	-	-	-	6,840,000				
	Subtotal Immediate Outcome 2.1: Competent and skilled Workforce on Nurturing Care (NC) available										2,883,444,000	23,870,570,500	2,038,522,000	293,884,800	-	29,086,421,300				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.2	Immediate Outcome 2.2: Strengthened referral system and linkages																			
2.2.1	Output 2.2.1:VAC cases referral system strengthened				System already in NP-VAC															
2.2.1.1	Review child protection systems (Gender Desk) and develop a community based guideline for documentation, reporting and referral system on child abuse and neglect that covers younger children 0 - 8 years	Series of workshops: 4 writers workshops each covering the duration of 3 days, involving 20 technical people			"A child protection mega Manual exists. National Integrated Case Management Training Manual/Guide for CCWs and Parents exists Integrate activity into Trainers' Manual and Users' Guide"		0			1	-	-	-	-		-				
	Activity Total										-	-	-	-	-	-				
2.2.1.2	Orientation of Community Owned Resource Persons on community based guideline for documentation, reporting and referral system on child abuse and neglect that covers younger children 0 - 8 years	3,956 people oriented (one person per ward covering all 3,956 wards in Tanzania) - one day orientation workshop			"A child protection mega Manual exists. National Integrated Case Management Training Manual/Guide for CCWs and Parents exists Integrate activity into Trainers' Manual and Users' Guide"		0			1	-	-	-	-		-				
	Activity Total										-	-	-	-	-	-				
2.2.1.3	Conduct mapping of ECD stakeholders at different levels (Regional, Council and Ward level) in order to facilitate effective referral system and linkage	"a) Field work for 14 days, involving 52 people and 4 workshops - (30 people) involving development of data collection tools, Inception, Data analysis and intepretation, and validation) "			Hire Consultant Inception Report- Tools/methods/ Mapping Tool		2	5	928,000	1	9,280,000	-	-	-		9,280,000				
					Orientation Workshop		2	4	928,000	1	7,424,000					7,424,000				
					Data Collection		2	11	928,000	1	20,416,000					20,416,000				
					Data Analysis and report writing		2	10	928,000	1	18,560,000					18,560,000				
					Develop Framework indicating all Organization Details to be included in Google Map		1	10	928,000	1	9,280,000					9,280,000				
					Including Details of Organizations onto Google Maps		1	20	928,000	1	18,560,000					18,560,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		Workshop to orient Data Collectors and pre-testing of tools			Conference Package		52	2	60,000	1	6,240,000					-				
							1	1	60,000	1	60,000					60,000				
					Full Perdiem		52	3	120,000	1	18,720,000					18,720,000				
					Fuel		200	1	50,000	1	10,000,000					10,000,000				
					Ground travel (bus, railway taxi,etc)		52	1	70,000	1	3,640,000					3,640,000				
										1	-					-				
		Field Data collection			Stationery (materials/ handouts for community)		52	1	10,000	1	520,000					520,000				
					Full Perdiem		52	8	120,000	1	49,920,000					49,920,000				
					Fuel		200	1	2,000	1	400,000					400,000				
					Ground travel (bus, railway taxi,etc)		52	1	70,000	1	3,640,000					3,640,000				
	Print and disseminate inventory of ECD stakeholders at different levels	Printing cost for 1000 copies					1000	1	10,000	1	10,000,000	-	-	-		10,000,000				
	Activity Total										186,660,000	-	-	-	-	186,660,000				
2.2.1.4	Identify and reach TASAF beneficiaries with children 0 - 8 years with nurturing care services	Compile a list of TASAF beneficiaries and include them in counseling groups (NO COST)					0	0	-	1	-									
	Activity Total										-	-	-	-	-	-				
2.2.2	Output 2.2.2:Safe and/or child-friendly reporting pathways are scaled up																			
2.2.2.1	Orient school PPE teachers / child care workers/ CHWs on safe and/ or child-friendly reporting and designate them as counselors	36,304 PPE teachers oriented as child councilors (2 PPE teachers in 16,401 public schools and 1,751 private schools); 920 Facilitaors at DC level. Duration orientation is two days. In addition, at least 1 Childcare worker and 2 CHWs per village in all 12,319 villages by 2025								1	-					-				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		Facilitator Costs			Conference Package		920	3	15,000	1		45,540,000				45,540,000				
					Stationery (materials/ handouts for community)		920	1	2,000	1		2,024,000				2,024,000				
					Full Perdiem		920	4	120,000	1		485,760,000				485,760,000				
					Fuel		100	1	230,000	1		25,300,000				25,300,000				
					Ground travel (bus, railway taxi,etc)		820	2	50,000	1		90,200,000				90,200,000				
		Participants Costs			Conference Package		36,304	3	15,000	1		1,797,048,000				1,797,048,000				
					Stationery (materials/ handouts for community)		36,304	1	2,000	1		79,868,800				79,868,800				
					Full Perdiem		36,304	4	120,000	1		19,168,512,000				19,168,512,000				
					Fuel		200	1	2,000	1		440,000				440,000				
					Ground travel (bus, railway taxi,etc)		36,104	1	20,000	1		794,288,000				794,288,000				
	Activity Total										-	22,488,980,800	-	-	-	22,488,980,800				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	2022	2023	2024	2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
2.2.3	Activity 2.2.3: Referral of children without birth certificates																			
2.2.3.1	Identify and refer children without birth certificates to nearest birth registration centres	Use of existing entry points including Community ECD centres, Creches, ECD corners and home visits, identify children with no birth certificate and referal to registration centres (health facility and Ward Executive Offce). Health providers, Child Care workers in creches, community based ECD centres and PPE classrooms are responsible to refer these children. They would have been trained through National Integrated ECD package.																		
	Activity Total										-	-	-	-	-	-				
	Subtotal Immediate Outcome 2.1: Competent and skilled Workforce on Nurturing Care (NC) available										186,660,000	22,488,980,800	-	-	-	22,675,640,800				
2.3	Immediate Outcome 2.3: Standardized Monitoring, Evaluation and Learning framework across in place																			
2.3.1	Output 2.3.1: ECD information system and improved integration of ECD in District Information System and Surveys strengthened																			
2.3.1.1	Conduct analysis of the existing Information Management Systems relevant to ECD (DHIS2, BEMIS - BEST, School Information System linked to BEMIS, CPMIS, Integrated Case Management Information System) to identify ECD related missing indicators	Hold a one day technical meeting to identify national ECD indicators from key sectoral departments 10 people with 2 facilitators			Conference facility		1	1	400,000	1	400,000									
					Printing and photocopy		1	1	50,000	1	50,000									
					Ground travel (bus, railway taxi,etc)		10	2	50,000	1	1,000,000									
					Full Perdiem		14	2	15,000	1	420,000					420,000				
					Fuel		2	1	230,000	1	460,000					460,000				
					Food and refreshment		14	1	20,000	1	280,000									
					Ground travel (bus, railway taxi,etc)		10	2	50,000	1	1,000,000					1,000,000				
	Activity Total										3,610,000	-	-	-	-	3,610,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.3.1.2	Integrate developed ECD missing indicators into the existing sector Information management systems and national surveys (TDHS, Household survey (health, education, social welfare)	Hire consultant to develop ECD dash board (500,000 for 90 days).			Consultant cost to develop ECD dashboard.		1	90	500,000	1	45,000,000					45,000,000				
		3 review meetings (2 in year 1 and one in year 2)to review relevant indicators, 20 pax 3 days.			Printing and photocopy		1	1	100,000	1	200,000	110,000				310,000				
					Ground travel (bus, railway taxi,etc)		15	2	50,000	1	3,000,000	1,650,000				4,650,000				
					Full Perdiem		23	2	120,000	1	11,040,000	6,072,000				17,112,000				
					Fuel		2	1	230,000	1	920,000	506,000				1,426,000				
					Food and refreshment		23	1	20,000	1	920,000	506,000				1,426,000				
					Facilitator preparation and report writing costs		1	3	120,000	1	720,000	396,000				1,116,000				
		2 days orientation meeting to 30 participants in sector ministry, training two council officers on data collection (184 Councils y2 50, y3 45, y4 45, y5 45)			Conference facility		1	1	400,000	1		22,000,000	21,600,000	23,400,000	25,200,000	92,200,000				
					Printing and photocopy		1	1	100,000	1		5,500,000	5,400,000	5,850,000	6,300,000	23,050,000				
					Ground travel (bus, railway taxi,etc)		25	2	50,000	1		137,500,000	135,000,000	146,250,000	157,500,000	576,250,000				
					Full Perdiem		37	3	120,000	1		732,600,000	719,280,000	779,220,000	839,160,000	3,070,260,000				
					Fuel		5	1	230,000	1		63,250,000	62,100,000	67,275,000	72,450,000	265,075,000				
					Food and refreshment		37	1	20,000	1		40,700,000	39,960,000	43,290,000	46,620,000	170,570,000				
					Facilitator preparation and report writing costs		1	3	120,000	1		19,800,000	19,440,000	21,060,000	22,680,000	82,980,000				
	Activity Total										61,800,000	1,030,590,000	1,002,780,000	1,086,345,000	1,169,910,000	4,351,425,000				
2.3.1.3	Develop Integrated ECD database in form of Dash board to track the Minimum Set of ECD-NC Indicators from existing sectoral information Management Systems including project based information relevant to ECD (DHIS2, BEMIS - BEST, School Information System linked to BEMIS, CPMIS, Integrated Case Management Information System) and include the missing indicators	Conduct Working session to Identify and agree on a set of Indicators, Indicator Framework and Dashboard. 10 people for 3 days.			Conference facility		1	1	400,000	1	400,000					400,000				
					Printing and photocopy		1	1	50,000	1	50,000					50,000				
					Ground travel (bus, railway taxi,etc)		10	2	50,000	1	1,000,000					1,000,000				
					Full Perdiem		14	4	15,000	1	840,000					840,000				
					Fuel		2	1	230,000	1	460,000					460,000				
					Food and refreshment		14	3	20,000	1	840,000					840,000				
					Ground travel (bus, railway taxi,etc)		10	2	50,000	1	1,000,000					1,000,000				
					Facilitator preparation and report writing costs		1	3	120,000	1	360,000					360,000				
	Activity Total										61,800,000	1,030,590,000	1,002,780,000	1,086,345,000	1,169,910,000	4,351,425,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
	Develop Integrated ECD database in form of Dash board to track the Minimum Set of ECD-NC Indicators from existing sectoral information Management Systems including project based information relevant to ECD (DHIS2, BEMIS - BEST, School Information System linked to BEMIS, CPMIS, Integrated Case Management Information System) and include the missing indicators	Conduct Working session to Identify and agree on a set of Indicators, Indicator Framework and Dashboard. 10 people for 3 days.			Conference facility		1	1	400,000	1	400,000					400,000				
					Printing and photocopy		1	1	50,000	1	50,000					50,000				
					Ground travel (bus, railway taxi,etc)		10	2	50,000	1	1,000,000					1,000,000				
					Full Perdiem		14	4	15,000	1	840,000					840,000				
					Fuel		2	1	230,000	1	460,000					460,000				
					Food and refreshment		14	3	20,000	1	840,000					840,000				
					Ground travel (bus, railway taxi,etc)		10	2	50,000	1	1,000,000					1,000,000				
					Facilitator preparation and report writing costs		1	3	120,000	1	360,000					360,000				
	Activity Total										4,950,000	-	-	-	-	4,950,000				
2.3.1.4	Orient members of ECD forums at regional and council level on the use of Integrated ECD database dashboard for tracking the Minimum Set of nurturing care Indicators	1 day meeting for 946 people from different sectors to be oriented on dashboard (5 from each of 184 councils, 26 regional level; Working session to develop a dashboard			Conference facility including stationery		1	1	400,000	26	10,400,000					10,400,000				
					Printing and photocopy		1	1	200,000	26	5,200,000					5,200,000				
					Ground travel (bus, railway taxi,etc)		946	2	50,000	26	2,459,600,000					2,459,600,000				
					Full Perdiem		946	4	15,000	26	1,475,760,000					1,475,760,000				
					Fuel		-	1	230,000	26	-					-				
					Food and refreshment		966	3	20,000	26	1,506,960,000					1,506,960,000				
					Per diem for driver		-	2	100,000	26	-					-				
					Facilitator preparation and report writing costs		20	3	120,000	1	7,200,000					7,200,000				
	Activity Total										5,465,120,000	-	-	-	-	5,465,120,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	2022	2023	2024	2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
2.3.1.5	Train Service providers on the use of Integrated ECD database for tracking the Minimum Set of nurturing care Indicators	608 people trained (3 from each of 184 councils, 26 regional level; and 30 from sectoral MDAs), Two days workshop			Conference facility		1	1	400,000	1	400,000					400,000				
					Printing and photocopy		1	1	200,000	1	200,000					200,000				
					Ground travel (bus, railway taxi,etc)		548	2	50,000	1	54,800,000					54,800,000				
					Full Perdiem		628	3	15,000	1	28,260,000					28,260,000				
					Fuel		60	1	230,000	1	13,800,000					13,800,000				
					Food and refreshment		688	2	20,000	1	27,520,000					27,520,000				
					Per diem for driver		60	3	100,000	1	18,000,000					18,000,000				
					Facilitator preparation and report writing costs		20	3	120,000	1	7,200,000					7,200,000				
	Activity Total										150,180,000	-	-	-	-	150,180,000				
2.3.1.6	Conduct joint annual ECD monitoring visit at the council level (in schools, Centres, Health centres / facilities)	1 joint Monitoring visits (MOEST, PO-RALG, MOHCDGEC, PMO, Stakeholders), 20 TWG members from National level (for 5 select region each year for five years) for 5 days in each region			Fuel		5	1	230,000	26	29,900,000	32,890,000	36,179,000	39,796,900	43,776,590	182,542,490				
					Full Perdiem		20	3	120,000	26	187,200,000	205,920,000	226,512,000	249,163,200	274,079,520	1,142,874,720				
					Per diem for driver		5	3	100,000	26	39,000,000	42,900,000	47,190,000	51,909,000	57,099,900	238,098,900				
	Activity Total										256,100,000	281,710,000	309,881,000	340,869,100	374,956,010	1,563,516,110				
2.3.2	Output 2.3.2: Quality Assurance tools to incorporate specific abilities of the child Strengthened																			
2.3.2.1	Review of Quality Assurance tools for PPE to incorporate specific abilities of the child	To conduct 5 review sessions (MOHCDGEC, MOEST, PO-RALG, Stakeholders - 15 for 3 days); 1 Validation meeting (40 for 2 days); 1 review and finalisation (20 for 2 days)			Facilitator preparation and report writing costs		1	2	120,000	1	240,000									
					Hold Review Workshop						-					-				
					Conference Package		15	3	60,000	1	2,700,000					2,700,000				
					Stationery (materials)		15	1	10,000	1	150,000					150,000				
					Perdiem		20	4	120,000	1	9,600,000					9,600,000				
					Fuel		5	1	230,000	1	1,150,000					1,150,000				
					Ground travel (bus, railway taxi,etc)		10	1	70,000	1	700,000					700,000				
					Hold Validation working session					1	-					-				
					Conference Package		40	2	60,000	1	4,800,000					4,800,000				
					Stationery (materials)		40	1	10,000	1	400,000					400,000				
					Perdiem		42	4	120,000	1	20,160,000					20,160,000				
					Fuel		2	1	230,000	1	460,000					460,000				
					Ground travel (bus, railway taxi,etc)		38	2	50,000	1	3,800,000					3,800,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		Hold Review and finalisation working session			Facilitator preparation and report writing costs		1	2	120,000	1	240,000					240,000				
					Conference Package		20	2	60,000	1	2,400,000					2,400,000				
					Stationery (materials)		20	1	10,000	1	200,000					200,000				
					Perdiem		20	3	120,000	1	7,200,000					7,200,000				
					Fuel		5	1	230,000	1	1,150,000					1,150,000				
					Ground travel (bus, railway, taxi,etc)		18	2	50,000	1	1,800,000					1,800,000				
	Activity Total										57,150,000	-	-	-	-	57,150,000				
2.3.2.2	Disseminate Quality Assurance tools for (PPE, Community based ECD centres, Creches) which incorporate specific abilities of the child	Orientation on reviewed quality assurance framework (10 at National level) 1 meeting at national level for 3 days for 10 people - developing a National team			Facilitator preparation and report writing costs Conference facility including stationery Printing and photocopy Ground travel (bus, railway taxi,etc) Full Perdiem Fuel Food and refreshment Per diem for driver		1	3	120,000	1	360,000					360,000				
							1	1	400,000	1	400,000					400,000				
							1	1	200,000	1	200,000					200,000				
							10	2	50,000	1	1,000,000					1,000,000				
							11	4	15,000	1	660,000					660,000				
							10	1	230,000	1	2,300,000					2,300,000				
							11	3	20,000	1	660,000					660,000				
							3	2	100,000	1	600,000					600,000				
		Orientation on , 6x26 at regional levels for 166 ToT at Regional level;			Facilitator preparation and report writing costs		2	3	120,000	5	3,600,000					3,600,000				
					Conference facility including stationery		1	1	400,000	5	2,000,000					2,000,000				
					Printing and photocopy		1	1	200,000	5	1,000,000					1,000,000				
					Ground travel (bus, railway taxi,etc)		140	2	50,000	5	70,000,000					70,000,000				
					Full Perdiem		168	4	15,000	5	50,400,000					50,400,000				
					Fuel		26	1	230,000	5	29,900,000					29,900,000				
					Food and refreshment		194	3	20,000	5	58,200,000					58,200,000				
					Per diem for driver		26	2	100,000	5	26,000,000					26,000,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
		Orientation on reviewed quality assurance framework at LGA level (184 District Academic Officers, 3 x 184 School quality assurers, WEOs (3,720), Academic teachers (16,401). Conduct orientation meetings: 184 meetings for 1 day for 1,076 at LGAs; 32,802 teachers, 3,720 WEOs, oriented for 1 day (fare and food provided to participants)			Food and refreshment		52,923	1	20,000	1	1,058,460,000					1,058,460,000				
	Activity Total										1,305,740,000	-	-	-	-	1,305,740,000				
2.3.3	Output 2.3.3: Screening tools to identify children with Screening tools to identify children with disabilities in crèche's, day care, and community-based centers developed in creches, day care, and community-based centers developed																			
2.3.3.1	Revise the available tools to include screening for children below the age of PPE	(2 Workshops involving 15 people, for duration of 5 days)			Facilitator preparation and report writing costs		1	3	120,000	2	720,000					720,000				
					Conference facility including stationery		1	1	400,000	2	800,000					800,000				
					Printing and photocopy		1	1	100,000	2	200,000					200,000				
					Ground travel (bus, railway taxi,etc)		10	2	50,000	2	2,000,000					2,000,000				
					Full Perdiem		16	6	15,000	2	2,880,000					2,880,000				
					Fuel		5	1	230,000	2	2,300,000					2,300,000				
					Food and refreshment		21	5	20,000	2	4,200,000					4,200,000				
					Per diem for driver		5	6	100,000	2	6,000,000					6,000,000				
	Activity Total										19,100,000	-	-	-	-	19,100,000				
2.3.3.2	Orient key local level teams that include DEOs, District Academic officer, school quality assurers, WEOs, Academic teachers, SWOs, and Head teachers on the revised quality assurance tools which include identification of children with disability and special needs .	1,840 people oriented on Screening tool for identification of children with disability and special needs (10 per council) one day orientation			Food and refreshment		1,840	5	20,000	1	184,000,000					184,000,000				
	Activity Total										184,000,000	-	-	-	-	184,000,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
	Activity Total										184,000,000	-	-	-	-	184,000,000				
2.3.3.3	Review and finalize draft child development milestone checklist to extend up to 8 years	Review draft Child Development Milestone checklist for 0-3 years to include 0-8 years (2 Workshops involving 20 people each for 5 days each workshop)			Conference facility including stationery		1	1	400,000	2	800,000					800,000				
					Facilitator preparation and report writing costs		2	3	120,000	2	1,440,000					1,440,000				
					Printing and photocopy		1	1	100,000	2	200,000					200,000				
					Ground travel (bus, railway taxi,etc)		15	2	50,000	2	3,000,000					3,000,000				
					Full Perdiem		22	6	15,000	2	3,960,000					3,960,000				
					Fuel		5	1	230,000	2	2,300,000					2,300,000				
					Food and refreshment		27	5	20,000	2	5,400,000					5,400,000				
					Per diem for driver		5	6	100,000	2	6,000,000					6,000,000				
	Activity Total										23,100,000	-	-	-	-	23,100,000				
	Sub total Immediate Outcome 2.3: Standardized Monitoring, Evaluation and Learning framework across in place										7,530,850,000	1,312,300,000	1,312,661,000	1,427,214,100	1,544,866,010	13,127,891,110				

2.4.1 Output 2.4.1: Research on morbidity and mortality of children 5 - 8 years conducted

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.4.1.1	Develop research protocol (including proposal, methodology, literature review, analysis plan, dissemination and data collection tools design)				Hire Consultants						-					-				
					Inception Report- Tools/ methods/Mapping Tool		2	5	928,000	1	9,280,000					9,280,000				
					Orientation Workshop		2	4	928,000	1	7,424,000					7,424,000				
					Data Collection		2	11	928,000	1	20,416,000					20,416,000				
					Data Analysis and report writing		2	15	928,000	1	27,840,000					27,840,000				
		Workshop to orient Data Collectors and pre-testing of tools			Conference Package		52	2	60,000	1	6,240,000					6,240,000				
					Stationery (materials/ handouts for community)		52	1	10,000	1	520,000					520,000				
					Full Perdiem		62	3	120,000	1	22,320,000					22,320,000				
					Fuel		10	1	230,000	1	2,300,000					2,300,000				
					Ground transport		42	2	50,000	1	4,200,000					4,200,000				
		Writers workshop to input into research protocal			Conference Package		20	3	60,000	1	3,600,000					3,600,000				
					Stationery (materials)		20	1	10,000	1	200,000					200,000				
					Perdiem		22	4	120,000	1	10,560,000					10,560,000				
					Fuel		2	1	230,000	1	460,000					460,000				
					Ground transport		18	2	50,000	1	1,800,000					1,800,000				
		Workshop to orient Data Collectors and pre-testing of tools			Conference Package		52	3	60,000	1	9,360,000					9,360,000				
					Stationery (materials/ handouts for community)		52	1	10,000	1	520,000					520,000				
					Full Perdiem		52	4	120,000	1	24,960,000					24,960,000				
					Fuel		0	1	230,000	1	-					-				
					Ground transport		52	2	50,000	1	5,200,000					5,200,000				
	Activity Total										157,200,000	-	-	-	-	157,200,000				
2.4.1.2	Undertake field data collection	Raw data on morbidity and mortality for children 5 - 8 years available (52 data collectors - 2 per region-, for 14 days of data collection in 26 regions)			Conference Package		56	0	60,000	1	-					-				
					Stationery (materials/ handouts for community)		54	14	10,000	1	7,560,000					7,560,000				
					Full Perdiem		54	16	120,000	1	103,680,000					103,680,000				
					Fuel		10	1	230,000	1	2,300,000					2,300,000				
					Ground transport		54	1	70,000	1	3,780,000					3,780,000				
	Activity Total										117,320,000	-	-	-	-	117,320,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.4.1.3	Conduct data analysis, intepretation and report writing workshop	Report on morbidity and mortality for children 5 - 8 years in place (20 report writers; 4 data analysis and writers workshops, each workhsop covering the duration of 7 days)			Conference Package		20	7	60,000	1	8,400,000					8,400,000				
					Stationery (materials/ handouts for community)		20	1	10,000	1	200,000					200,000				
					Full Perdiem		20	8	120,000	1	19,200,000					19,200,000				
					Fuel		200	1	2,000	1	400,000					400,000				
					Ground transport		20	1	70,000	1	1,400,000					1,400,000				
	Activity Total										29,600,000	-	-	-	-	29,600,000				
2.4.1.4	Conduct workshop to disseminate research findings	100 ECD stakeholders for 1 day dissemination workshop Printing of 500 copies of the report			Conference Package		100	100	60,000	1	600,000,000					600,000,000				
					Stationery (materials/ handouts for community)		100	1	10,000	1	1,000,000					1,000,000				
					Full Perdiem		100	1	120,000	1	12,000,000					12,000,000				
					Fuel		100	1	2,000	1	200,000					200,000				
					Ground transport		90	1	70,000	1	6,300,000					6,300,000				
	Activity Total										619,500,000	-	-	-	-	619,500,000				
2.4.2	Output 2.4.2: Research on responsive caregiving practices for children 0 - 8 years conducted																			
2.4.2.1	Develop research protocol (including proposal, methodology, literature review, analysis plan, dissemination and data collection tools design)	Peer reviewed Research Protocol (3 Writers workshop involving 10 researchers, for 7 days each workshop)			Facilitator preparation and report writing costs		1	3	120,000	2		792,000				792,000				
					Conference facility including stationery		1	7	400,000	2		6,160,000				6,160,000				
					Printing and photocopy		1	1	100,000	2		220,000				220,000				
					Ground travel (bus, railway taxi,etc)		10	2	50,000	2		2,200,000				2,200,000				
					Full Perdiem		11	8	15,000	2		2,904,000				2,904,000				
					Fuel		-	1	230,000	2		-				-				
					Food and refreshment		11	7	20,000	2		3,388,000				3,388,000				
					Per diem for driver		-	8	100,000	2		-				-				
	Total Activity										***-***	***15,664,000***	***-***	***-***	***-***	***15,664,000***				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.4.2.2	Undertake field data collection	Raw data on morbidity and mortality for children 5 - 8 years available (52 data collectors - 2 per region-, for 14 days of data collection in 26 regions)			Stationery (materials/ handouts for community)		56	14	10,000	1		8,624,000				8,624,000				
					Full Perdiem		56	16	120,000	1		118,272,000				118,272,000				
					Fuel		200	1	2,000	1		440,000				440,000				
					Ground transport		56	1	70,000	1		4,312,000				4,312,000				
					Communication		1	1	200,000	1		220,000				220,000				
	Total Activity										-	131,868,000	-	-	-	131,868,000				
2.4.2.3	Organise data analysis, intepretation and report writing workshop	Report on morbidity and mortality for children 5 - 8 years in place (20 report writers; 4 data analysis and writers workshops, each workhsop covering the duration of 7 days)			Conference Package		20	7	60,000	1		9,240,000				9,240,000				
					Stationery (materials/ handouts for community)		20	1	10,000	1		220,000				220,000				
					Full Perdiem		20	8	120,000	1		21,120,000				21,120,000				
					Fuel		200	1	2,000	1		440,000				440,000				
					Ground transport		20	1	70,000	1		1,540,000				1,540,000				
					Communication		1	1	200,000	1		220,000				220,000				
	Total Activity										-	32,780,000	-	-	-	32,780,000				
2.4.2.4	Conduct workshop to disseminate research findings	100 ECD stakeholders for 1 day dissemination workshop Printing of 500 copies of the report			Conference Package		52	100	60,000	1		343,200,000				343,200,000				
					Stationery (materials/ handouts for community)		1	1	10,000	1		11,000				11,000				
					Full Perdiem		52	100	120,000	1		686,400,000				686,400,000				
					Fuel		1000	1	2,000	1		2,200,000				2,200,000				
					Ground transport		42	1	70,000	1		3,234,000				3,234,000				
					Communication		1	1	200,000	1		220,000				220,000				
	Total Activity										-	1,035,265,000	-	-	-	1,035,265,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	2022	2023	2024	2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
2.4.3	Output 2.4.3: National Integrated nurturing care Indicator Surveys conducted																			
2.4.3.1	Develop research protocol (including proposal, methodology, literature review, analysis plan, dissemination and data collection tools design).	Hire Consultants			:Inception Report- Tools/ methods/Mapping Tool		2	5	400,000	1			4,800,000			4,800,000				
					Orientation Workshop		2	4	400,000	1			3,840,000			3,840,000				
					Data Collection		2	11	400,000	1			10,560,000			10,560,000				
					Data Analysis and report writing		2	15	400,000	1			14,400,000			14,400,000				
		Workshop to orient Data Collectors and pre-testing of tools			Conference Package		52	2	60,000	1			7,488,000			7,488,000				
					Stationery (materials/ handouts for community)		52	1	10,000	1			624,000			624,000				
					Full Perdiem		52	3	120,000	1			22,464,000			22,464,000				
					Fuel		1	1	230,000	1			276,000			276,000				
					Ground transport		52	1	70,000	1			4,368,000			4,368,000				
					Communication		1	1	200,000	1			240,000			240,000				
		Writers workshop to input into research protocal			Conference Package		20	3	60,000	1			4,320,000			4,320,000				
					Stationery (materials)		20	1	10,000	1			240,000			240,000				
					Perdiem		20	4	120,000	1			11,520,000			11,520,000				
					Fuel		1	1	230,000	1			276,000			276,000				
					Ground transport		18	15	70,000	1			22,680,000			22,680,000				
					Communication		1	1	200,000	1			240,000			240,000				
		Workshop to orient Data Collectors and pre-testing of tools			Conference Package		52	3	60,000	1			11,232,000			11,232,000				
					Stationery (materials/ handouts for community)		52	1	10,000	1			624,000			624,000				
					Full Perdiem		52	4	120,000	1			29,952,000			29,952,000				
					Fuel		1	1	230,000	1			276,000			276,000				
					Ground transport		52	1	70,000	1			4,368,000			4,368,000				
					Communication		1	1	200,000	1			240,000			240,000				
	Total Activity										-	-	155,028,000	-	-	155,028,000				
2.4.3.2	Undertake field data collection	Raw data on morbidity and mortality for children 5 - 8 years available (52 data collectors - 2 per region-, for 14 days of data collection in 26 regions)			Stationery (materials/ handouts for community)		54	14	10,000	1			9,072,000			9,072,000				
					Full Perdiem		54	16	120,000	1			124,416,000			124,416,000				
					Fuel		1	1	230,000	1			276,000			276,000				
					Ground transport		54	1	70,000	1			4,536,000			4,536,000				
					Communication		1	1	200,000	1			240,000			240,000				
	Total Activity										-	-	138,540,000	-	-	138,540,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.4.3.3	Conduct data analysis, intepretation and report writing workshop	Report on Comprehensive Integrated ECD Indicators for children 0 - 8 years in place (20 report writers; 4 data analysis and writers workshops, each workshop covering the duration of 7 days)			Conference Package		20	7	60,000	1			10,080,000			10,080,000				
					Stationery (materials/ handouts for community)		20	1	10,000	1			240,000			240,000				
					Full Perdiem		20	8	120,000	1			23,040,000			23,040,000				
					Fuel		200	1	2,000	1			480,000			480,000				
					Ground transport		20	1	70,000	1			1,680,000			1,680,000				
	Total Activity										-	-	35,520,000	-	-	35,520,000				
2.4.3.4	Conduct workshop to disseminate research findings	100 ECD stakeholders for 1 day dissemination workshop; Printing of 500 copies of the report			Conference Package		100	1	60,000	1			7,200,000			7,200,000				
					Stationery (materials/ handouts for community)		100	1	10,000	1			1,200,000			1,200,000				
					Full Perdiem		100	1	120,000	1			14,400,000			14,400,000				
					Fuel		100	1	230,000	1			27,600,000			27,600,000				
					Printing and copying		500	1	20,000	1			12,000,000			12,000,000				
					Ground transport		90	1	70,000	1			7,560,000			7,560,000				
	Total Activity										-	-	69,960,000	-	-	69,960,000				
2.4.4	Output 2.4.4: Review of NM-ECDP conducted																			
2.4.4.1	Conduct a mid term review of NM-ECDP																			
2.4.4.1.1	Develop research protocol (including proposal, methodology, literature review, analysis plan, dissemination and data collection tools design)	1). Develop ToR and Engagement of consultant, (Inception report 3 days, Training & Data collection 14 days, Data cleaning & transcription 4 days, data analysis and wirting 20 days = 21 days			Inception Report- Tools/ methods/Mapping Tool		1	3	500,000	1			1,800,000			1,800,000				
					Training/Orientation Workshop		1	7	500,000	1			4,200,000			4,200,000				
					Data Collection		1	7	500,000	1			4,200,000			4,200,000				
					Data Analysis and report writing		1	21	500,000	1			12,600,000			12,600,000				
	Total Activity										-	-	22,800,000	-	-	22,800,000				
2.4.4.1.2	Undertake field data collection	Conduct Data collection (104 data collectors - 4 per region, for 14 days of data collection in 26 regions)			Conference Package		104	14	60,000	1			104,832,000			104,832,000				
					Stationery (materials/ handouts for community)		104	14	10,000	1			17,472,000			17,472,000				
					Full Perdiem		104	16	120,000	1			239,616,000			239,616,000				
					Fuel		0	1	230,000	1			-			-				
					Ground transport		104	2	70,000	1			17,472,000			17,472,000				
	Total Activity										-	-	379,392,000	-	-	379,392,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.4.4.1.3	Organise data analysis, intepretation and report writing workshop	(10 report writers technical people; 4 data analysis and writers workshops, each workshop covering the duration of 5 days)			Conference Package		10	5	60,000	1			3,600,000			3,600,000				
					Stationery (materials/ handouts for community)		10	1	10,000	1			120,000			120,000				
					Full Perdiem		10	6	120,000	1			8,640,000			8,640,000				
					Fuel		0	1	2,000	1			-			-				
					Ground transport		10	2	50,000	1			1,200,000			1,200,000				
	Total Activity										-	-	13,560,000	-	-	13,560,000				
2.4.4.1.4	Conduct workshop to disseminate research findings	Validation and dissemination workshop (100 ECD stakeholders, 1 day, 500 Printing of reports). Report will also be disemminated in relevant review and donor meetings.			Conference Facilities		1	1	400,000	1			480,000							
					Food and refreshments		100	1	20,000	1			2,400,000			2,400,000				
					Full Perdiem		100	2	120,000	1			28,800,000			28,800,000				
					Printing and photocopy		500	2	50,000	1			60,000,000			60,000,000				
					Ground transport		0	1	50,000	1			-			-				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	1			480,000							
					Fuel		100	2	230,000	1			55,200,000			55,200,000				
	Total Activity										-	-	147,360,000	-	-	147,360,000				
2.4.4.2	Conduct an endline evaluation of the NM-ECDP																			
2.4.4.2.1	Develop research protocol (including proposal, methodology, literature review, analysis plan, dissemination and data collection tools design)	1). Develop ToR and Engagement of consultant, (Inception report 3 days, Training & Data collection 14 days, Data cleaning & transcription 4 days, data analysis and wirting 20 days = 21 days			Inception Report- Tools/ methods/Mapping Tool. Consultancy fees.		1	3	500,000	1					2,100,000	2,100,000				
					Training/Orientation Workshop		1	7	500,000	1					4,900,000	4,900,000				
					Data Collection		1	7	500,000	1					4,900,000	4,900,000				
					Data Analysis and report writing		1	21	500,000	1					14,700,000	14,700,000				
	Total Activity										-	-	-	-	26,600,000	26,600,000				
2.4.4.2.2	Undertake field data collection	Conduct Data collection (104 data collectors - 4 per region, for 14 days of data collection in 26 regions)			Stationery (materials/ handouts for community)		104	14	10,000	1					20,384,000.0	20,384,000				
					Full Perdiem		104	16	120,000	1					279,552,000.0	279,552,000				
					Fuel		0	1	230,000	1					-	-				
					Ground transport		104	14	70,000	1					142,688,000.0	142,688,000				
	Total Activity										-	-	-	-	442,624,000	442,624,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
2.4.4.2.3	Organise data analysis, intepretation and report writing workshop	(10 report writers technical people; 4 data analysis and writers workshops, each workshop covering the duration of 5 days)			Conference Package		10	5	60,000	1					4,200,000	4,200,000				
					Stationery (materials/ handouts for community)		10	1	10,000	1					140,000	140,000				
					Full Perdiem		10	6	120,000	1					10,080,000	10,080,000				
					Fuel		0	1	2,000	1					-	-				
					Ground transport		10	2	50,000	1					1,400,000	1,400,000				
Total Activity											-	-	-	-	15,820,000	15,820,000				
2.4.4.2.4	Conduct workshop to disseminate research findings	Validation and dissemination workshop (100 ECD stakeholders, 1 day, 500 Printing of reports). Report will also be disemminated in relevant review and donor meetings.			Printing and photocopy		500	2	50,000	1					70,000,000	70,000,000				
					Conference Package		100	100	60,000	1					840,000,000	840,000,000				
					Stationery (materials/ handouts for community)		100	1	10,000	1					1,400,000	1,400,000				
					Full Perdiem		100	2	120,000	1					33,600,000	33,600,000				
					Ground transport		0	1	2,000	1					-	-				
					Fuel		100	2	230,000	1					64,400,000	64,400,000				
Total Activity											-	-	-	-	1,009,400,000	1,009,400,000				
Sub total Immediate Outcome 2.4 : Qualitative and Quantitative Data to inform ECD programing in place											923,620,000	1,215,577,000	962,160,000	-	1,494,444,000	4,595,801,000				
Total Outcome 2											***11,524,574,000***	***48,887,428,300***	***4,313,343,000***	***1,721,098,900***	***3,039,310,010***	***69,485,754,210***				

Long term outcome 3

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	Year 2022	Year 2023	Year 2024	Year 2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
3	Long-Term Outcome 3: Increased Access to Quality Coordinated Nurturing Care Services																			
3.1	Immediate Outcome 3.1: Enhanced provision of quality Health services																			
3.1.1	Output 3.1.1: Health and Nutritional Status of children 0 to 8 years Identified.																			
3.1.1.1	Conduct periodic mobile early identification services of children in creches, day care Centres, community based ECD centres and in PPE and early primary classes.	To conduct 4 sessions of early identification services on the health and nutrition status of children in creches, day care centres, Community based ECD centres, PPE and early primary schools in all 184 LGAs.			Provide fuel for transportation to the centres during visits -Diesel in 184 LGAs once per year -100 lts @2300		184	1	230,000	4	169,280,000	186,208,000	204,828,800	225,311,680	247,842,848	1,033,471,328				
					Perdiems for 3 pax x184		552	5	50,000	5	690,000,000	759,000,000	834,900,000	918,390,000	1,010,229,000	4,212,519,000				
		Sensitization and awareness raising for community leaders on the importance of rehabilitation centres with with appropriate materials and the development of learning and teaching materials in (12319 villages)			No cost															
	Total activity																			
3.1.2	Output 3.1.2: Increased comprehensive health services provision, monitoring and assessment of young children in health facilities																			
3.1.2.1	*Review ANC, postnatal care, CTC and IMCI to incorporate Nurturing care components that will facilitate comprehensive services provision; monitoring / assessment of children's developmental milestones*	*Conduct Series of workshops to review health packages to incorporate Nurturing care components that will facilitate comprehensive services provision, monitoring and assessment of children developmental milestones: 4 review workshops each covering the duration of 3 days, involving 20 technical people per workshop*			*Linked with School Health Program in NMNAP - No budget allocation*															
	Total activity																			

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
3.1.2.2	Develop Child Health and Development booklets using braille language to increase access to information on child heath for people with visual impairment.	To transcribe at least 10 copies of Child Health Booklets in braille for 184 LGAs for use in communities for people with visual impairment. Contract braille experts to transcribe existing booklets in braille at least 10 copies per LGA.			Transcription of the booklet to braille with 46 pages x1840		84,640	1	1,000	1	0	93,104,000				93,104,000				
	Total activity										0	93,104,000	-	-	-	93,104,000				
3.1.2.3	Establish RCH mobile health services to reach children in creches, day care centers and preprimary schools/streams	Conduct 3 mobile health visits per year in creches, Daycare centres,community based ECD Centres and 16, 401 PPE classes to provide health related services to young children in these facilities. - Healthcare workers to reach 3 creches per village(12619), 3 day care centres per village; 16,401, PPE schools. -			Linked with School Health Program in NMNAP - No budget allocation											-				
	Total activity																			
3.1.2.4	Procurement of growth monitoring and development tools (weighing scales, length boards and age appropriate playing materials in Health facilities)	To procure weighing scales and length board for supply in all (12,319) heath facilities to support services for young children attending in health facilities. Each facility to have one piece of each (i.e. weighing scale one piece @ 500,000 and Length board one piece @ 350,000)	1	N	Digital Weighting scales		12,319	1	500,000	1	0	6,775,450,000	7,452,995,000			14,228,445,000				
					Length boards		12,319	1	350,000	1	0	4,742,815,000	5,217,096,500			9,959,911,500				
					Mid upper arm circumference one bundles @ 50 Usd per bundle		12,319	1	120,000	1	0	1,626,108,000	1,788,718,800			3,414,826,800				
	Total activit										0	13,144,373,000	14,458,810,300	-	-	27,603,183,300				
	Subtotal Immediate Outcome 3.1: Enhanced provision of quality Health services																			

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	2022	2023	2024	2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
3.2	Immediate Outcome 3.2: Increased access to adequate and Appropriate Nutrition services.																			
3.2.1	Output 3.2.1 NMNAP II document reviewed to incorporate Nurturing Care components																			
3.2.1.1	Conduct NMNAP-II review meetings to ensure Nurturing care components are addressed comprehensively in the reviewed version.	Participate in the NMNAP-II review meetings to incorporate nurturing care components. NM-ECDP secretariat to track NMNAP review meetings ensuring participation to include nurturing care components in a reviewed version.			No budget required.				0		0	0	0	0	0	-				
	Total activity																			
3.2.2	Output 3.2.2: Nutrition programs are incoporated into pre primary and early primary schools.																			
3.2.2.1	Screening for nutritional and developmental status for children 5 - 8 years in preprimary and early primary as part of school health program	Conduct 4 child screening visits per year to 16,401 PPE schools per year to identify children with nutritional related problems and addressing their needs that include counselling to parents for children with these challenges			Ground travel No cost - to be done through the VHND															No cost - to be done through the VHND
					Per Diem Domestic -No cost - to be done through the VHND															
	Total																			
3.2.3	Output 3.2.3 The School feeding program for Children in preprimary and early primary school implemented																			
3.2.3.1	Conduct 3 days orientation meeting to 20 national facilitators on the use of the school feeding program guideline at national level	Conduct three days orientation meeting to 20 national facilitators on the use of the school feeding program guideline at national level that include facilitators(2) - (One ToTs per region).	1	N	Perdiems domestic		27	4	120,000	1	12,960,000					12,960,000				
					Facilitation fees		2	3	400,000	1	2,400,000					2,400,000				
					Conference facilities -venue		1	3	400,000	1	1,200,000					1,200,000				
					Food and refreshment		27	3	20,000	1	1,620,000					1,620,000				
					Printing and Photocopying cost		1	1	200,000	1	200,000					200,000				
					Diesel (100 lts per region		5	1	230,000	1	1,150,000					1,150,000				
					Ground travel		15	2	50,000	1	1,500,000					1,500,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
3.2.3.2	Conduct three days orientation meeting for facilitators and trainers on the use of the school feeding program guideline at regional and LGA levels	Conduct three days orientation meeting for 6 facilitators from 26 each regions and 5 trainees from 184 LGAs (1076 pax) on the use of the school feeding program guideline at regional and LGA levels (26x6)+ (184x5) = 1076 + National ToTs (26)			Perdiems to regional and district level ToTs		1,102	4	120,000	1	528,960,000					528,960,000				
					Conference facilities -venue		1	3	400,000	1	1,200,000					1,200,000				
					Food and refreshment		1,102	3	20,000	1	66,120,000					66,120,000				
					Printing and Photocopying cost		1	1	200,000	1	200,000					200,000				
					Ground travel		1,102	2	25,000	1	55,100,000					55,100,000				
3.2.3.2	Conduct three days orientation meeting for facilitators and trainers on the use of the school feeding program guideline at regional and LGA levels	Conduct three days orientation meeting for 6 facilitators from 26 each regions and 5 trainees from 184 LGAs (1076 pax) on the use of the school feeding program guideline at regional and LGA levels (26x6)+ (184x5) = 1076 + National ToTs (26)			Perdiems to regional and district level ToTs		1,102	4	120,000	1	528,960,000					528,960,000				
					Conference facilities -venue		1	3	400,000	1	1,200,000					1,200,000				
					Food and refreshment		1,102	3	20,000	1	66,120,000					66,120,000				
					Printing and Photocopying cost		1	1	200,000	1	200,000					200,000				
					Ground travel		1,102	2	25,000	1	55,100,000					55,100,000				
3.2.3.4	Establish poultry and garden keeping program at school level supported by parents, caregivers, families and communities to supplement provison of nutritious food to children through the school feeding program and familiy level change in feeding habits	Orientation of school commitees to establish school /home gardens, small animals and poutry keeping in 16,401 schools that will then sensitize communities through community meetings that will promote establishment of home gardens at familiy level (engage School committees - 12 people)			Food and refreshment		12	1	15,000	16402		3,247,596,000				3,247,596,000				
					Half Per Diem		1	1	60,000	16,402		1,082,532,000				1,082,532,000				
3.2.3.4.1	Follow-up on the implementation of the establishment of school gardens	Follow-up on the implementation of the establishment of school gardens in all 16,402 schools. The LGAs need to have regular follow-up on the establishment of school gardens using existing monitoring systems.			Diesel per LGA- 100 liters		184	2	230,000	2		186,208,000	204,828,800	225,311,680	247,842,848	864,191,328				
					Per Diem Domestic (184 x5)		920	2	60,000	2		242,880,000	267,168,000	293,884,800	323,273,280	1,127,206,080				
Total activity											8,397,472,000	13,256,564,200	471,996,800	519,196,480	571,116,128	23,216,345,608				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	2022	2023	2024	2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
3.2.4	Output 3.2.4: Village Health and Nutrition Days including RCH commemorated to increase access to nurturing care service																			
3.2.4.1	Conduct Village Health and Nutrition Days commemoration in communities.	To mobilise community members and ECD actors in communities to participate in Village Health and Nutrition days in all LGAs (184 LGAs to mobilise forums; Preparation meetings 1x 12,319 villages (5 council team x1 day x 12,319 x refreshments); Implement the VH&D through demonstrations, use of equipment and tools. This involves support team of all extension officers at ward and village levels (5)			Vilage Health Nutrition Day - Food and refeshment		12,319	1	10,000	1	123,190,000	135,509,000	149,059,900	163,965,890	180,362,479	752,087,269				
					Facilitation fee		5	1	400,000	1	2,000,000	2,200,000	2,420,000	2,662,000	2,928,200	12,210,200				
					Public Announcement (PA)		12,319	1	50,000	4	2,463,800,000	2,710,180,000	2,981,198,000	3,279,317,800	3,607,249,580	15,041,745,380				
	Total activity										2,588,990,000	2,847,889,000	3,132,677,900	3,445,945,690	3,790,540,259	15,806,042,849				
	Subtotal Immediate Outcome 3.2: Increased access to adequate and Appropriate Nutrition services.										10,986,462,000	16,104,453,200	3,604,674,700	3,965,142,170	4,361,656,387	39,022,388,457				
3.3.	Immediate Outcome 3.3: Appropriate Responsive Caregiving services provided																			
3.3.1	Output 3.3.1: Inclusive ECD corners with adequate and appropriate play and learning materials established																			
3.3.1.1	Establish inclusive ECD corners with adequate and age appropriate play and learning materials in all 12,319 health facilities in all 184 LGAs that will provide space for play and communication between caregiver and child and also support identification of children's abilities and disabilities to inform appropriate referral	To establish 2 ECD corners per health facility (in RCH and paediatric ward) in 12,319 health facilities. The cost of 1 ECD corner is about Tzs 300,000/- (Setting up the room with paint decorated walls and play mats and materials). The ECD corner will be equipped with age and ability appropriate locally made play/ learning materials to accomodate all children. The ECD corners will be a platform for demonstration of play and communication activities for parents and their children.			ECD Corner		12,319	1	300,000	1		4,065,270,000	4,471,797,000	4,918,976,700		13,456,043,700				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
3.3.2	Output 3.3.2: Regular counseling sessions for parents and caregivers on nurturing care areconducted.																			
3.3.2.1	Conduct regular counselling sessions to parents and caregivers on nurturing care.	Conduct at least 2 counselling sessions per month in all 12,319 health facilities for parents/caregivers attending in the health facilities on Nurturing care aspects covering different topics each session including responsive caregiving, early learning, parental mental wellbeing, social support (safety nets), WASH, development of age appropriate and inclusive play/learning materials using locally available resources, and male involvement for effective responsive care giving			No cost , an ongoing counselling activities in Health facilities						-	-	-	-	-	-				
	Total activity										-	-	-	-	-	-				
	Subtotal Immediate Outcome 3.3: Appropriate Responsive Caregiving services provided										-	4,065,270,000	4,471,797,000	4,918,976,700	-	13,456,043,700				
3.4	Immediate Outcome 3.4: Increased provision of Opportunities for Early Learning																			
3.4.1	Output 3.4.1 Increased opportunities for early learning services for children																			
3.4.1.1	Support establishment and operationalization of 200 Crèches in working place and communities to enhance breastfeeding, responsive caregiving, and early stimulation / learning	To support establishment of 200 Community Based creches in working places and communities by 2025 -furnished with Furniture/equipment, play /learning materials to enhance early stimulation and learning for children in the centres (costs will be based on National guidelines)			Provide lumpsum to support establishment of 40 creches per year in all 5 years of the program		40	1	15,000,000	1	600,000,000	660,000,000	726,000,000	798,600,000	878,460,000	3,663,060,000				
	Total activity										600,000,000	660,000,000	726,000,000	798,600,000	878,460,000	3,663,060,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
3.4.1.2	Support establishment of Community Owned/Based ECD centres in communities	To support establishment of Community Based ECD centres in communities around all 16,401 primary schools by 2025 -furnished with Furniture/equipment and learning and play materials (costs will be based on National guidelines)			Provide lumpsum to support construction- 15,000,000.00 per centre		3,280	1	15,000,000	1	49,200,000,000	54,120,000,000	59,532,000,000	65,485,200,000	72,033,720,000	300,370,920,000				
3.4.1.3	Support establishment/ construction of PPE classrooms in formal and informal settings	To support establishment/ construction of additional 16,401 PPE classrooms to reduce conjestion in schools by 2025 - to increase infrastructure to decongest pre-primary streams			Provide lumpsum to support constrction- 15,000,000 per centre		3,280	1	15,000,000	1	49,200,000,000	54,120,000,000	59,532,000,000	65,485,200,000	72,033,720,000	300,370,920,000				
	Total activity										148,895,600,000	163,785,160,000	180,163,676,000	198,180,043,600	217,998,047,960	301,171,909,120				
3.4.2	Output 3.4.2 Increased support to families and communities to provide parenting education and nurturing care services for children																			
3.4.2.1	Support establishment of parenting groups in communities	Support establishment of parenting groups in communities around 16,401 school to promote parenting education and nurturing care services provision for children in communities. These groups will include parents with children in the ECD centres established			Perdiems to Ward and School level ToTs - allowance -half per diem		3,280	1	350,000	1	1,148,000,000	1,262,800,000	1,389,080,000	1,527,988,000	1,680,786,800	7,008,654,800				
3.4.2.2	Support parenting groups with seed money in 16,401 communities to support Income Generations that will increase household income and increased support to children in families	Support parenting groups with seed money in 16,401 communities to support Income Generations that will increase household income and increased support to children in families			Ground Transport		3,280	1	5,000	1	16,400,000	18,040,000	19,844,000	21,828,400	24,011,240	100,123,640				
	Total activity										1,164,400,000	1,280,840,000	1,408,924,000	1,549,816,400	1,704,798,040	7,108,778,440				
	Subtotal Immediate Outcome 3.4: Increased provision of Opportunities for Early Learning										150,660,000,000	165,726,000,000	182,298,600,000	200,528,460,000	220,581,306,000	605,205,889,120				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	2022	2023	2024	2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
3.5	Immediate Outcome 3.5: Incresed access to security and safety access																			
3.5.1	Output 3.5.1 : One stop centres providing security and safety services to young children in the country established.																			
3.5.1.1	Facilitate establishment of one stop centres in 97 council hospitals in the country that will provide services on security and safety for young children 0-8	Identification of service providers (5 service providers per center - counselor, nurse, police officer, doctor, SWO) in all one-stop centres in 97 councils' NO COST			No cost							-	-	-		-				
3.5.1.1.1	Conduct orientation for service providers (counselor, nurse, police officer, doctor, SWO)	Orientation of (5 service providers per center - counselor, nurse, police officer, doctor, SWO) in all one stop centres in 97 council hospitals on child friendly servicies (Conduct training for (97centres x5 participants) 485 new service providers for 5 days). This will be done twice in the 5 years of the program.			Food and refreshments (Villages and Mtaa (12,216 +4263x 14 member)		485	5	10,000	2	48,500,000					48,500,000				
					Ground travel		485	2	10,000	2	19,400,000					19,400,000				
					Stationery		485	1	1,500	2	1,455,000					1,455,000				
					Diesel for LGAs 100 lts per LGA		50	1	230,000	2	23,000,000					23,000,000				
3.5.1.1.2	Construction of 81 new "one stop centers" within council hospitals and refurbish 40 one stop centres acquired from existing buildings within the hospitals and provide furniture and equipment including, child friendly corners with play materials.	Construction of 81 new "One stop centres" within council hospitals *Construction cost of one new centre is 20,000,000 excluding furniture b) Refurbishment of 40 one stop centre facilities acquired from existing buildings within the hospital - 1,000,000 per centre Provision of furniture and equipment including, child friendly corner with play materials (120 in 5 years i.e 24 per year			Construction of one new centre (15,000,000)		16	1	20,000,000	1	320,000,000	352,000,000	387,200,000	425,920,000	468,512,000	1,953,632,000				
					Refurbishment		8	1	1,000,000	1	8,000,000	8,800,000	9,680,000	10,648,000	11,712,800	48,840,800				
					Furniture and equipment		24	1	500,000	1	12000000	13200000	14520000	15972000	17569200	73,261,200				
	Total activity										432,355,000	374,000,000	411,400,000	452,540,000	497,794,000	2,168,089,000				
	Subtotal Immediate Outcome 3.5: Incresed access to security and safety access										432,355,000	374,000,000	411,400,000	452,540,000	497,794,000	2,168,089,000				
	TOTAL OF OUTCOME 3											***200,452,408,200***	***206,285,010,800***	***211,008,820,550***	***226,698,828,235***	***692,794,687,905***				

Long term outcome 4

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	Year 2022	Year 2023	Year 2024	Year 2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
4	Long-Term Outcome 4: Caregivers, families and communities empowered to adopt practices of nurturing care																			
4.1	Immediate Outcome 4.1: Increased awareness on importance of Nurturing Care services to communities																			
4.1.1	Output 4.1.1: Sensitization of communities on importance of investing in young children in their early years conducted																			
4.1.1.1	Develop ECD radio messages to sensitize and increase knowledge on the importance of investment in Nurturing care services via radio (broadcast media)	To develop 60 ECD messages (1 message/ month) and air them 3,600 times in 34 community radios 2 times a day (to focus on prime times) for the whole program period of 5 years.	1	N	Message development - 1 minute spot		1	1	500,000	12	72,000,000	79,200,000	87,120,000	95,832,000	105,415,200	439,567,200				Inflation rate at 10% per annum
					Airing of 1 spot 60 times a month (2 times a day)		1	2	50,000	720	864,000,000	950,400,000	1,045,440,000	1,149,984,000	1,264,982,400	5,274,806,400				
					Coordination communication allowance		1	1	50,000	12	7,200,000	7,920,000	8,712,000	9,583,200	10,541,520	43,956,720				
	Activity Total										943,200,000	1,037,520,000	1,141,272,000	1,255,399,200	1,380,939,120	5,758,330,320				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
4.1.1.2	Raise awareness among key community actors.	b) To organize 1,978 meetings (1-day each) at ward level for 15 key community ECD actors in each meeting including (CBOs, FBOs, and Extension officers for Health, Community Dev, Police, Agriculture, Education etc) for 50% of wards in Tanzania. The meeting will carry ECD agenda to raise awareness on importance of provision of holistic Nurturing care services to young children 0-8 years including those with disability and with special needs. Discussions should also include importance of: i) Establishment and enrolment of children in creches, daycare centres, community based daycare/ECD centres, pre and early primary services for children 0-8 years; ii) Recruitment of child care workers for day care centres and modalities for incentives; iii) Child rights, different forms of violence, available responsive pathways, child friendly response services including establishing safe and child friendly desks; and iv) Establishment of parenting groups a) To develop 60 ECD messages (1 message/ month) and air them 3,600 times in 34 community radios 2 times a day (to focus on prime times) for the whole program period of 5 years			Per diem/ accommodation - domestic		18	1	50,000	1000	900,000,000	990,000,000				1,890,000,000				
					Ground travel (bus, railway taxi,etc)		20	2	50,000	1000	2,000,000,000	2,200,000,000				4,200,000,000				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	1000	400,000,000	440,000,000				840,000,000				
					Printing and Photocopying Costs		5	1	10,000	1000	50,000,000	55,000,000				105,000,000				
					Food and refreshments		18	1	15,000	1000	270,000,000	297,000,000				567,000,000				
					Conference Facilities		1	1	20,000	1000	20,000,000	22,000,000				42,000,000				
					Fuel		2	1	230,000	100	46,000,000	50,600,000				96,600,000				
	Activity Total										3,686,000,000	4,054,600,000	-	-	-	7,740,600,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
4.1.1.3	Organise sensitization meetings for community leaders,private sector leaders and influential leaders	"c) To organize meetings for 20 community leaders, private sector and influencial leaders including representatives of Women and Children Protection Committees (WCPCs) and People with Disability in each of 8,292 villages and mitaa to raise awareness on importance of provision of holistic Nurturing care services, including: i) adequate nutrition, good Health, responsive care giving, early learning, security and safety with emphasis on male involvement, and care for children with disability and special needs to young children 0-8 years; Also including importance of: ii) Child rights, different forms of violence, available responsive pathways and child friendly response services, iii) Birth registration and following up child registration as a child right, iv) Positive parenting including avoiding use of harmful practices eg force feeding should be discussed v) Use of rehabiliataion units for children with special needs vi) Establishment of parenting groups"			Per diem/ accommodation - domestic		2	2	120,000	1320		696,960,000	766,656,000			1,463,616,000				
					Ground travel (bus, railway taxi,etc)		2	2	50,000	40		8,800,000	9,680,000			18,480,000				
							22	1	20,000	1320		638,880,000	702,768,000			1,341,648,000				
	Activity Total											1,344,640,000	1,479,104,000	-	-	2,823,744,000				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year					Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
											2021	2022	2023	2024	2025					
4.1.1.4	***Conduct meetings with councilors to promote increased investments in Nurturing care service***	***Conduct 40 advocacy/ sensitization meetings (1-day/council) to 1,840 councilors at 92 councils with 20 councilors in each meeting. The meetings will be distributed through year 1 - 40 meetings and year 2 - 52 meetings***			Per diem/ accommodation - domestic		21	1	120,000	40	100,800,000	144,144,000				244,944,000				
					Ground travel (bus, railway taxi,etc)		21	2	50,000	40	84,000,000	120,120,000				204,120,000				
					Facilitation Fee (Report writing and preparation)		1	1	300,000	40	12,000,000	17,160,000				29,160,000				
					Conference Facilities		1	1	400,000	40	16,000,000	22,880,000				38,880,000				
					Printing and Photocopying Costs		1	1	200,000	40	8,000,000	11,440,000				19,440,000				
					Food and refreshments		21	1	20,000	40	16,800,000	24,024,000				40,824,000				
	Activity Total										237,600,000	339,768,000	-	-	-	577,368,000				
	Subtotal 4.1: Increased awareness on importance of NC services for communities.										4,866,800,000	6,776,528,000	2,620,376,000	1,255,399,200	1,380,939,120	16,900,042,320				
4.2	mediate Outcome 4.2: Parents/Caregivers, families and communities engaged to provide/contribute to nurturing care services provision.																			
4.2.1	Output 4.2.1: Guidelines on safe and child-friendly desks disseminated																			
4.2.1.1	Disseminate guidelines on safe and child friendly desks through conducting orientation for education coordinators and SWOs/CDOs from all wards and councils on safe and child-friendly desks	Conduct 184 council level 1 day orientation meetings with 46 participants in each, covering 7,912 ward education coordinators and SWOs/CDOs from all 3,956 wards and 552 from all 184 councils including SWO, CDOs and DEO making the total of 8,464. This will sustainably facilitate establishment of safe and child-friendly desks in creches, ECD centers, and primary schools. The orientations will be distributed through year 1 (92 councils) and year 2 (92 councils)			Per diem/ accommodation - domestic		52	2	120,000	92		1,262,976,000	1,389,273,600	1,528,200,960		4,180,450,560				
					Ground travel (bus, railway taxi,etc)		42	2	50,000	92		425,040,000	467,544,000	514,298,400		1,406,882,400				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	92		40,480,000	44,528,000	48,980,800		133,988,800				
					Conference Facilities		1	1	400,000	92		40,480,000	44,528,000	48,980,800		133,988,800				
					Printing and Photocopying Costs		1	1	200,000	92		20,240,000	22,264,000	24,490,400		66,994,400				
					Food and refreshments		52	1	20,000	92		105,248,000	115,772,800	127,350,080		348,370,880				
					Fuel		5	1	230,000	92		116,380,000	128,018,000	140,819,800		385,217,800				
	Activity Total											2,010,844,000	2,211,928,400	2,433,121,240	-	6,655,893,640				

Activity #	Activity Description	Activities description (include sub-activities, quantities, frequencies, duration)	Priority level	TA needed or Region	Input Description	Code	# of persons/ venues	# of days	Unit cost TSHS	# of Sessions	Year 2021	2022	2023	2024	2025	Total TSHS	Planned	Unfunded	Funding Partner	Assumptions
4.2.2	Output 4.2.2: Creches, day care centers and community-based day care centers/ ECD centers established																			
4.2.2.1	Engage community members, parents and caregivers in supporting improvement of nurturing care services in creches, day care centres, community-based ECD centres, and preprimary and early primary classes	Conduct community meetings in 12319 communities to sensitize the need for provision of (nutritous food, development of locally made play/ learning materials, outdoor play equipment, supporting teacher/Child care worker with basic teaching voluntary support) in creches, day care centres / community based Day care /ECD centres. Use of Village Development Commitees.			Per diem/ accommodation - domestic		2	2	120,000	92		48,576,000	53,433,600			102,009,600				
							2	2	50,000	92		20,240,000	22,264,000			42,504,000				
	Activity Total											68,816,000	75,697,600	-	-	144,513,600				
4.2.2.2	Facilitate establishment and operationalise crèches, day care centres, and community based day care/ECD centres in formal and informal settings to enhance nurturing care services	Conduct nine 2-day orientations to 420 regional and district community development officers and social welfare officers in groups of 47 each at zonal level on national guidelines to establish Creches and daycare centers reaching out to all 184 councils across Tanzania. The 9 zones and centers are highlighted in blue: 1. Dar, Pwani and Moro, 2. Dodoma, Singida and Manyara, 3. Mbeya, Songea and Rukwa, 4. Katavi, Tabora and Kigoma, 5. Kagera, Geita and Mwanza, 6. Simiyu, Mara and Shinyanga, 7. Arusha, Kilimanjaro and Tanga, 8. Lindi and Mtwara, 9. Ruvuma, Njombe and Iringa.			Per diem/ accommodation - domestic		55	3	120,000	9		178,200,000	196,020,000	215,622,000	237,184,200	827,026,200				
					Ground travel (bus, railway taxi,etc)		45	2	50,000	9		40,500,000	44,550,000	49,005,000	53,905,500	187,960,500				
					Facilitation Fee (Report writing and preparation)		1	1	400,000	9		3,600,000	3,960,000	4,356,000	4,791,600	16,707,600				
					Conference Facilities		1	2	400,000	9		7,200,000	7,920,000	8,712,000	9,583,200	33,415,200				
					Printing and Photocopying Costs		1	1	200,000	9		1,800,000	1,980,000	2,178,000	2,395,800	8,353,800				
					Food and refreshments		49	1	20,000	9		8,820,000	9,702,000	10,672,200	11,739,420	40,933,620				
							5	1	230,000	9		10,350,000	11,385,000	12,523,500	13,775,850	48,034,350				
	Activity Total										-	250,470,000	275,517,000	303,068,700	333,375,570	1,162,431,270				
	Subtotal Output 4.2: Parents/Caregivers/Communities are engaged to provide NC services										-	2,330,130,000	2,563,143,000	2,736,189,940	333,375,570	7,962,838,510				
	TOTAL										***4,866,800,000***	***9,106,658,000***	***5,183,519,000***	***3,991,589,140***	***1,714,314,690***	***24,862,880,830***				

APPENDIX 4: Results Framework

IMPACT AND OUTCOME LEVEL INDICATORS

Output level indicators refer to Appendix 1 i.e. implementation plan

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Expected Impact	All Children in Tanzania are developmentally on track to develop to their full potential									
Impact Indicator 1	Proportion of pre-school age children 0-8 years who are developmentally on track.	% of pre-school age children (0-8 years) meeting their developmental milestones in in fine motor, gross motor, social emotional, language and cognitive development as measured by the total IDELA score.	05	20	50	Program reports			MoHCDGEC	PORALG, MoEST, NGOs, INGOs, DPs, CSOs
Impact Indicator 2	Decrease in neonatal mortality rate	Number of newborn deaths that occur within the first 28 days of life per 1000 live births in a given period (by 1 annually.	30 (TDHS 2015-16)	25	21	TDHS			MoHCDGEC	PORALG, MoEST, NGOs, INGOs, DPs, CSOs
Impact Indicator 3	Decrease in infant mortality rate	Number of infants deaths that occur within the first year of life per 1000 live births in a given period.	40 (TDHS 2015/16)	35	30	TDHS				
Impact Indicator 4	Decrease in under five mortality rates	Number of children under five years of age dying each year, per 1,000 livebirths (by 2 annually)).	53 (UN IGME 2019	51	43	TDHS			MoHCDGEC	PORALG, MoEST, NGOs, INGOs, DPs, CSOs

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Impact indicator 5	Reduced prevalence of stunting among children under five	Prevalence of stunting among children 0-59 months	36.1% (TDHS 2015-16)	28%	24%	TDHS, TNNS			MoHCDGEC	PORALG, MoEST, NGOs, INGOs, DPs, CSOs
Long-Term Outcome 1:	Enabling environment improved to facilitate efficient coordination and delivery of nurturing care services								MOHCDGEC	Development Partners e.g. UNICEF, Implementing Partners, MDAs and LGAs
Immediate Outcome 1.1	ECD advocacy strengthened at all levels to increase commitment and access to nurturing care services	Proportion of regions, councils and wards that mainstream ECD into their annual planning process	Regions Councils Wards	10% 10% 10%	75% 75% 75%	MOHCDGEC Program reports	MOHCDGEC		MOHCDGEC	Development Partners, Implementing Partners, MDAs and LGAs.
Immediate Outcome 1.2:	Strengthened multisectoral collaboration at all levels	Proportion of policies, curricula, guidelines reviewed/ finalized and adopted.		50%	100%	MOHCDGEC Sectoral Reports			MOHCDGEC	Development Partners, Implementing Partners, MDAs and LGAs.
Immediate Outcome 1.3:	Policies, Guidelines, curricula and manuals are developed/ reviewed to include nurturing care components	Proportion of councils that hold at least three council ECD steering committee meetings annually		10%	75%	MOHCDGEC Sectoral Reports			MOHCDGEC & PMO	Development Partners, Implementing Partners, MDAs and LGAs.

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Long-Term Outcome 2:	Strengthened Service delivery and quality assurance systems for delivery of Multisectoral ECD services	Proportion of trained frontline workers who utilize the integrated ECD package in their work		10%	50%	Program Reports			MOHCDGEC (SWD)	MoEST (PPE Dept), PoRALG, TIE, TFNC, DP, IP, TACAIDS
Immediate Outcome 2.1	Competent and skilled workforce on Nurturing Care available	Proportion of frontline workers trained on integrated ECD package disaggregated by cadre and by regions	Health care workers CHWs PPE Teachers	25% 25% 25%	45% 45% 45%	MOHCDGEC Program reports			MOHCDGEC (SWD)	MoEST (PPE Dept), PoRALG, TIE, NACP, TACAIDS, TFNC, DP, IP
Immediate Outcome 2.2	Strengthened Referral Systems & linkages	Proportion of wards and schools that develop and operationalize a functional VAC cases referral system	Wards Schools	10% 10%	75% 75%	MOHCDGEC Program reports			MoEST, PORALG, MOHCDGEC	MoEST (PPE Dept), PoRALG, TIE, TFNC, TACAIDS, NACP, DP, IP, MoHA
Immediate Outcome 2.3	Standardized Monitoring, Evaluation and Learning framework in plac	Number of existing sectoral Information Systems that incorporate and routinely report on ECD-NC indicators		10%	100%	MOHCDGEC			MOHCDGEC, MOEST, MOCLA, MOHA, PORALG, eGA	NBS, TFNC, DP, IPs (CSOs), TACAIDS
Immediate Outcome 2.4	Qualitative and Quantitative Data to inform ECD programing in place	Proportion of ECD related surveys conducted that are NC friendly		25%	75%	MOHCDGEC			MOEST, MOHCDGEC	Universities, DPs, IP, NBS, TACAIDS
Long-Term Outcome 3:	Increased Access to Quality Coordinated Nurturing Care Services								MoHCDGEC	PORALG, TACAIDS, MoEST, NGOs, INGOs, DPs, CSOs

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Immediate Outcome 3.1	Enhanced provision of Quality Health Services									
Indicator 3.1.1	Increased percentage of health facilities providing comprehensive services for young children	Proportion of Health facilities providing Comprehensive Nurturing care services (Child Health services, nutrition, responsive care, birth registration, protection)		25%	75%	HMIS			MoHCDGEC	MoHCDGEC, MoEST , DPs, CSOs,
Indicator 3.1.2	Increased percentage of women (aged 15-49) who attend at least four times during pregnancy by a skilled birth attendant (1% annually)	Proportion of pregnant women 15-49 years attending at least 4 or more antenatal care visits	62% (MIS, 2017)	67%	72%	TDHS			MoHCDGEC	MoHCDGEC, MoEST , DPs, CSOs,
Indicator 3.1.3	Increased proportion of deliveries taking place in health facilities (1% annually)	Proportion of deliveries taking place in health facilities	63% (TDHS, 2015/16)	70%	75%	TDHS			MoHCDGEC	MoHCDGEC, MoEST , DPs, CSOs,
Indicator 3.1.4	Increased proportion of children with pneumonia taken to an appropriate health-care provider (1% annually)	Proportion of children with pneumonia seeking appropriate health care	55% (DHS, MIS 2015-16)	60%	65%	TDHS			MoHCDGEC	MoHCDGEC, MoEST , DPs, CSOs,
Indicator 3.1.5	Proportion of neonatal/ mothers receiving postnatal care within 48 hours (1% annually)	Proportion of neonatal/ mothers pair receiving postnatal checkup within 48 hours	34% (DHS, MIS 2015-16)	41%	46%	TDHS			MoHCDGEC	MoHCDGEC, MoEST , DPs, CSOs,
Indicator 3.1.6	Increased proportion of deliveries assisted by skilled health attendants (1% annually)	Number of women gave birth assisted by skilled health attendants	64% (TDHS, 2015/16)	70%	75%	TDHS			MoHCDGEC	MoHCDGEC, MoEST , DPs, CSOs,

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Immediate Outcome 3.2:	Increased access to adequate and Appropriate Nutrition services									
Indicator 3.2.1	Increased proportion of children aged 6-23 months who receive minimum acceptable diet (by 2% annually)	Proportion of children aged 6-23 months who receive minimum acceptable diet	30.3% TNNS 2018 9% (TDHS 2015 -16-reanalyzed)	17%	25%	TDHS, TNNS			MoHCDGEC	PORALG, MoEST, NGOs, INGOs, DPs, CSOs
Indicator 3.2.2	Increased % of mothers/caregivers of children 0-23 months who receive counseling on Infant & Young Child Feeding (IYCF) from a health provider at the health facility	% of mothers/caregivers of children 0-23 months who receive counseling on IYCF from a health services provider at the health facility	Nutrition Compact indicator	50%	100%	TNNS			MoHCDGEC	PORALG, MoEST, NGOs, INGOs, DPs, CSOs
Indicator 3.2.3	Increased percentage of children under 6 months old who are fed exclusively on breastmilk (1% annually)	Exclusive breastfeeding Percentage of children under 6 months old who are fed exclusively on breastmilk	59.0% (TDHS 2015 -16-reanalyzed)	65%	70%	TDHS, TNNS			MoHCDGEC	PORALG, MoEST, NGOs, INGOs, DPs, CSOs
Indicator 3.2.4	Increased percentage of infants who are put on breast within 1 hour of birth (1% annual increment)	Early Initiation of breastfeeding (within the first hour) Percentage of infants who are put on breast within 1 hour of birth	53.5% TNNS 2018 51% (TDHS 2015 -16-reanalyzed)	56%	61%	TDHS TNNS			MoHCDGEC	PORALG,MoEST, NGOs,INGOs, DPs, CSOs
Indicator 3.2.5	Reduced proportion of under-fives who are underweight (weight for age) (.5% reduction annually)	Children under 5 who are underweight Proportion of under-fives who are underweight (weight for age)	14.7% TNNS 2018 13.6% (TDHS 2015 -16)	11.2%	8.7%	TDHS TNNS			MoHCDGEC	PORALG, MoEST, NGOs, INGOs, DPs, CSOs

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Immediate Outcome 3.3	Appropriate Responsive Caregiving services provided								MOHCDGEC	MoEST, PO-RALG, DPs, ECD actors
Indicator 3.3.1	Increased proportion of children under 5 years old who are developmentally on track in health, learning and psychosocial well-being, by sex (5% annual increment)	Proportion of under 5 children who are developmentally on track in Cognitive, language, motor and social emotional skills	0	Boys 5% Girls 5%	Boys 25% Girls 25%	TDHS MVAC			MOHCDGEC	MoEST, PO-RALG, DPs, ECD actors
Indicator 3.3.2	Increased percentage of children who receive early stimulation and responsive care from their parents/caregivers	Percentage of children receiving early stimulation and responsive caregiving from caregivers	0	5%	25%					
Indicator 3.3.3	Reduced percentage of children 0-59 months left alone, or in the care of another child under 10 years old, for more than an hour at least once in the past week (5% annual decline)	Percentage of children left alone or under care of other children under 10 years	0	5%	25%	TDHS MVAC			MOHCDGEC	MoEST, PO-RALG, DPs, ECD actors

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Immediate Outcome 3.4	Increased provision of Opportunities for Quality Early Learning								PORALG, MoHCDGEC	MoEST, DPs, CSOs, NGOS, INGOs
Indicator 3.4.1	Increased participation rate in organized learning (one year before the official primary entry age), by sex	Proportion of girls and boys 3-5 years participating in organized ECD learning, care and pre-primary education			Boys 50% Girls 50%	BEST 2016			PORALG, MoHCDGEC	MoEST, DPs, CSOs, NGOS, INGOs
	PPE Net enrolment rate for under five increased	Proportion of girls and boys 2-5 years participating in organized ECD learning and care.	47% (BEST 2016)		Boys 50% Girls 50%	BEST				
		Proportion of girls and boys 0-2 years participating in organized Crèches	-							
Indicator 3.4.2	Increased percentage of children 0-59 months old who have 3 or more children's books at home (%annual increment)	Children's books in the home Percentage of children 0-59 months old who have 3 or more children's books at home	-	5%%	25%	TDHS			MoHCDGEC	Universities, PORALG, MoEST, TTCs Govern and Private
Indicator 3.4.3	Increased percentage of children 0-59 months who play with 2 or more play materials at home (annual % increment)	Children play with objects at home Percentage of children 0-59 months who play with 2 or more play materials at home	-	5%	25%	TDHS BEST			PORALG, MoHCDGEC	Universities, MoEST, TTCs Govern and Private

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Indicator 3.4.4	Increased percentage of children 36-59 months old who are attending an early childhood programme (5% annual increments)	Early Education attendance	-	5%	25%	TDHS BEST			PORALG, MoHCDGEC	Universities, MoEST, TTCs Govern and Private
		Percentage of children 36-59 months old who are attending an early childhood programme	-	5%	25%	TDHS BEST			PORALG, MoHCDGEC	Universities, MoEST, TTCs Govern and Private
Immediate Outcome 3.5	Increased access to Security and Safety services									
Indicator 3.5.1	Number of one stop centers in targeted council hospitals where services on safety and security are provided for young children	One stop center for childcare services Number of one stop centers in targeted council hospitals where services on safety and security are provided for young children		20	97	HMIS			MoHCDGEC	PO-RALG, MoHA, MoCLA (Paralegal), DPs, ECD actors, CSOs
Indicator 3.5.2	Proportion of children who have their birth registered (2% annually)	Birth registration Proportion of children who have their birth registered	24% (TDHS, 2015-16)	34%	44%	TDHS			MoHCDGEC	PO-RALG, MoHA, MoCLA (Paralegal), DPs, ECD actors, CSOs
Indicator 3.5.3	Proportion of children who have lost one or both parents	Orphan hood prevalence Proportion of children who have lost one or both parents	8.4% (TDHs 2015-16)	7%	6%	TDHS			MoHCDGEC	MoHCDGEC, MoEST , DPs, CSOs,
Indicator 3.5.4	Increased proportion of population using an improved sanitation facility including handwashing with soap and water	Proportion of population with access to improved sanitation	30% (WHO/UNICEF, 2017)	35%	40%	TDHS			MoHCDGEC	PO-RALG, MoHA, MoCLA (Paralegal), DPs, ECD actors, CSOs

Numbering/ result	Results statements	Objectively Verifiable Indicators (Narration)	Baseline Value (Year)	Expected Targets for each Indicator		Sources	Cumulative Funding Requirements (Billion TZS)		Accountability of Institutions and Organizations	
				2021/22	2025/26		2021/22	2025/26	Lead	Collaborating
Long-Term Outcome 4	Caregivers, families, and communities empowered to adopt nurturing care practices								MOHCDGEC	PORALG, MOEST, MOHA, PMO-PCPLYED, CBOs, FBOs
Immediate Outcome 4.1	Increased awareness on importance of NC services for communities	Proportion of wards where communities actively participate in school feeding programs	-	15%	50%	MOHCDGEC			MOHCDGEC	PORALG, MOEST, MOHA, PMO-PCPLYED, CBOs, FBOs
Immediate Outcome 4.2	Parents/caregivers, Families and Communities are engaged to provide/ contribute to Nurturing Care services provision	Number of villages where Crèches for birth – 2 years have been established	-	2463	12319	MOHCDGEC			MOHCDGEC	PORALG, MOEST, MOHA, PMO-PCPLYED, CBOs, FBOs
		Number of villages where community-based daycare centers for 3-5 years have been established	-	2463	12319	MOHCDGEC			MOHCDGEC	PORALG, MOEST, MOHA, PMO-PCPLYED, CBOs, FBOs

Appendix 5: Risk Analysis and Mitigation Matrix for the NM-ECDP

Outcome 1: Improved Enabling environment to facilitate efficient coordination and delivery of nurturing care services

Activity 1.2.2.4: Conduct quarterly National Multi-sectoral ECD technical working group meetings

Risk title: Failure to hold meeting of national Multi-sectoral ECD technical working group meetings according to schedule	Risk ID: 1.2.2.4

Overview	
Risk	Challenges of organizing Multi sectoral ECD technical working groups in a timely manner
Principal risk owner	Director: Coordination of Policy and Government Business at PMO
Supporting owner(s)	Directors: Child Development Director, Commissioner for Social Welfare at MoHCDGEC, Education Administration at PORALG, Commissioner for Education at MoEST, Reproductive and Child Health at MoHCDGEC, TFNC
Risk Category	Operational risk
Objective/ plan	To conduct quarterly Technical Working Groups meetings with 70 participants for 2 days by June, 2023

Details	
Causes: Untimely disbursement of funds to cater for quarterly TWG for ECD meetings and different engagement and working schedules of the TWG members	***Consequence(s)***: • Delayed organization of TWG meeting • Delayed information sharing and decision making with negative impact on timely implementation of ECD activities

Inherent risk analysis (tick the appropriate ratings basing on the scenario that current controls do not exist or completely fails)

Inherent risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	Impact x likelihood	• 3 X 5 = 15 (Extreme)				

Key risk mitigation/controls currently in place and their weaknesses:

Set a prior TWG meeting schedule and resource mobilization for timely implementation

Residual risk analysis (tick the appropriate ratings basing remaining risk levels after the above existing controls)						
Residual risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	I X L:	• 2 X 3 = 6 (Medium)				

Actions/mitigating controls to be taken: (propose feasible treatment actions to be put in place to reduce the risk at tolerable levels, including resources required for each treatment action –financial, physical assets, or human)	
Treatment: 1. Prepare meeting schedule 2. Advocate for timely release of funds for undertaking the meetings	***Resource required*** 1. Human resource 2. Stationeries 3. Finance

Activity 1.1.2.5: Advocate for review of curriculum for university (education), teachers training colleges, nursing colleges, and social welfare institutes, to incorporate pre-primary and ECD issues respectively.

Risk title: Limited readiness of universities and training colleges to change their training curricula	Risk ID: 1.1.2.5

Overview	
Risk	University curricula and those of other training programmes are designed to cover many years, and their curriculum review processes are done periodically after a set time period,
Principal risk owner	Director: Ministry of Education, Science and Technology
Supporting owner(s)	Directors: Child Development Director & Commissioner for Social Welfare, Tanzania Commission for Universities
Risk Category	Operational risk
Objective/ plan	20 training colleges with reviewed training curriculums by June, 2024

Details	
Causes: Time bound fixed education curriculum for universities	***Consequence(s)***: • Inability to secure timely review of curriculum • Continued use of training curriculums which lacks integrated multi sectoral ECD knowledge and skills

Inherent risk analysis (tick the appropriate ratings basing on the scenario that current controls do not exist or completely fails)						
Inherent risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	***Impact x likelihood***	• 4 X 4 = 16 (Extreme)				

Key risk mitigation/controls currently in place and their weaknesses:

Advocate for university and training institutions to develop tailor made training content with integrated ECD knowledge and skills prior to curriculum review

Residual risk analysis (tick the appropriate ratings basing remaining risk levels after the above existing controls)						
Residual risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	I X L:	• 3 X 3 = 9 (Medium)				

Actions/mitigating controls to be taken: (propose feasible treatment actions to be put in place to reduce the risk at tolerable levels, including resources required for each treatment action –financial, physical assets, or human)

Treatment:	***Resource required***
1. Prepare teaching notes with comprehensive integrated ECD knowledge and skills for universities and training institutions	1. Human resource 2. Stationeries 3. Finances

Outcome 2: Strengthened Service delivery and quality assurance systems for delivery Multisectoral ECD services

Activity 2.1.1.3: Conduct cascade training on National Integrated ECD package for Council level Trainers

Risk title: Limited technical capacity of regional level facilitators to deliver quality ECD transfer training to council level frontline workers	Risk ID: 1.1.1.3

Overview	
Risk	Regional level trainers may have limited technical capacity and experience to deliver ECD training as compared to National Level Master Trainers
Principal risk owner	Director: Division of Health, Social Welfare and Nutrition at PO-RALG
Supporting owner(s)	Directors: Child Development Director, Commissioner for Social Welfare at MoHCDGEC, Education Administration at PORALG, Commissioner for Education at MoEST, Reproductive and Child Health at MoHCDGEC
Risk Category	Operational risk
Objective/ plan	Train 920 council level trainers 95 per council) for 5 days, training to be conducted by regional level facilitators in 30 sessions by June, 2024

Details	
Causes: Regional team of trainers may lack technical competence and experience in delivering comprehensive ECD training to frontline workers at lower levels	***Consequence(s)***: • Poor transfer of knowledge and skills to frontline ECD workers at lower levels • Poor quality of ECD training at council and community levels • Clients dissatisfaction with training quality and services by the regional trainers

Inherent risk analysis (tick the appropriate ratings basing on the scenario that current controls do not exist or completely fails)

Inherent risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	***Impact x likelihood***	• 3 X 2 = 6 (Medium)				

Key risk mitigation/controls currently in place and their weaknesses:

Regional facilitators to train under supervision of national level Master Trainers

Residual risk analysis (tick the appropriate ratings basing remaining risk levels after the above existing controls)

Residual risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	***I X L:***	• 3 X 1 = 3 (Low)				

Actions/mitigating controls to be taken: (propose feasible treatment actions to be put in place to reduce the risk at tolerable levels, including resources required for each treatment action –financial, physical assets, or human)	
Treatment: 1. Include training supervisors from national level who will supervise and support training sessions undertaken by regional trainers at lower levels	***Resource required*** 1. Human resource 2. Financial resources

Outcome 3: Children 0-8 years and their caregivers have increased access to quality and coordinated ECD services

Activity 3.4.3.1: Support establishment of parenting groups in communities and around 16,401 schools to promote parenting education and nurturing care services provision for children in communities, these groups will include parents with children in ECD centres established, pre and early primary schools

Risk title: Limited motivation of communities to integrate comprehensive ECD interventions in parental care for their children 0 - 8	Risk ID: 3.4.3.1

Overview	
Risk	Communities resistance to integrate comprehensive ECD interventions as proposed by NCF due to non-conformity with traditional practices and values, as well as lack of prioritization due to competing roles and resource allocation at household levels
Principal risk owner	Director: Child Development Director, Commissioner for Social Welfare at MoHCDGEC
Supporting owner(s)	Directors: Division of Health, Social Welfare and Nutrition at PO-RALG, Commissioner for Social Welfare at MoHCDGEC, Education Administration at PORALG, Commissioner for Education at MoEST, Reproductive and Child Health at MoHCDGEC, TFNC
Risk Category	Operational risk
Objective/ plan	To Support establishment of parenting groups in communities and around 16,401 schools to promote parenting education and nurturing care services provision for children in communities, these groups will include parents with children in ECD centres established, pre and early primary schools by June, 2023

Details	
Causes: Communities resistance to integrate comprehensive ECD interventions as proposed by NCF due to non-conformity with traditional values, and lack of prioritization due to competing roles and resource allocation at household levels	***Consequence(s)***: • Low rate of adoption of comprehensive ECD intervention specified in NCF in child care and parenting at household levels

Inherent risk analysis (tick the appropriate ratings basing on the scenario that current controls do not exist or completely fails)						
Inherent risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	***Impact x likelihood***	• 4 X 2 = 8 (Medium)				

Key risk mitigation/controls currently in place and their weaknesses:
Conduct advocacy and sensitization on adoption of ECD practices at community level

Residual risk analysis (tick the appropriate ratings basing remaining risk levels after the above existing controls)						
Residual risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	***I X L:***	• 3 X 1 = 3 (Low)				

Actions/mitigating controls to be taken: (propose feasible treatment actions to be put in place to reduce the risk at tolerable levels, including resources required for each treatment action –financial, physical assets, or human)	
Treatment: 1. design, develop and disseminate behavior change messages on ECD	***Resource required*** 1. Human resource 2. Stationeries

Outcome 4: Caregivers, families and communities empowered to fully participate in provision of quality ECD services

Activity 4.2.2.1 Engage community members, parents and caregivers in supporting improvement of nurturing care services in crèche's, day care centers, community based ECD centers and preprimary and early primary classes

Risk title: Low adoption rate of ECD recommended practices by communities	Risk ID: 4.2.2.1

Overview	
Risk	Communities resistance to integrate comprehensive ECD interventions as proposed by NCF due to non-conformity with traditional practices and values, as well as lack of prioritization due to competing roles and resource allocation at household levels
Principal risk owner	Director: Child Development Director, Commissioner for Social Welfare at MoHCDGEC
Supporting owner(s)	Directors: Division of Health, Social Welfare and Nutrition at PO-RALG, Commissioner for Social Welfare at MoHCDGEC, Education Administration at PORALG, Commissioner for Education at MoEST, Reproductive and Child Health at MoHCDGEC, TFNC
Risk Category	Operational risk
Objective/ plan	To engage 12,319 community members, parents and caregivers in supporting improvement of nurturing care services in crèche's, day care centers, community based ECD centers and preprimary and early primary classes by June, 2023

Details	
Causes: Communities resistance to integrate comprehensive ECD interventions as proposed by NCF due to non-conformity with traditional values, and lack of prioritization due to competing roles and resource allocation at household levels	***Consequence(s)***: • Low rate of adoption of comprehensive ECD intervention specified in NCF in child care and parenting at household levels

Inherent risk analysis (tick the appropriate ratings basing on the scenario that current controls do not exist or completely fails)

Inherent risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	***Impact x likelihood***	• 4 X 3 = 12 (High)				

Key risk mitigation/controls currently in place and their weaknesses:

Conduct advocacy and sensitization on adoption of ECD practices at community level

Residual risk analysis (tick the appropriate ratings basing remaining risk levels after the above existing controls)

Residual risk	***Impact:***	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
	Likelihood:	VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
Risk rating	***I X L:***	• 3 X 2= 6 (Medium)				

Actions/mitigating controls to be taken: (propose feasible treatment actions to be put in place to reduce the risk at tolerable levels, including resources required for each treatment action –financial, physical assets, or human)

Treatment: 1. Design, develop and disseminate behavior change messages on ECD	***Resource required*** 1. Human resource 2. Stationeries

unicef
for every child

unesco

World Health
Organization

TECDEN
TANZANIA ECO NETWORK

Children
in Crossfire

WA
WETU
TUNU
JETU

Elizabeth Glaser
Pediatric AIDS Foundation

CRS
CATHOLIC RELIEF SERVICES

AfECN

Save the
Children

DOCTORS
WITH AFRICA
CUAMM

brac

RESCUE

Bright Jamii
Initiative

World Vision

SOS CHILDREN'S
VILLAGES

ipa

PLAN
INTERNATIONAL
Tanzania

ADD
International

AGA KHAN FOUNDATION

Amani Girls Home

children from
Jesus

CONRAD N.
Hilton
FOUNDATION

Better Way
FOUNDATION