Integration of Child Protection into Early Childhood Development:

Experiences of the Pastoralists Communities in Morogoro, Tanzania

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Experiences of the Pastoralists Communities in Morogoro, Tanzania

Research Report

2019
Acknowledgement

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<td>NBS</td>
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<td>MUHAS</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>UNICEF</td>
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<td>WCDOs</td>
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**Introduction**

Early childhood development is an important initial stage within the broad childhood spectrum technically recognised as covering pregnancy up to age 8 years old.\(^1\) Child development, i.e. deliberate efforts to address the development, care, and education of young children is very crucial because the period from birth to the start of primary education is a critical formative stage for the growth and development of children.\(^2\) Through designation in the Sustainable Development Goals (SDGs), Early Childhood Development has been universally identified as a development priority of the 21st Century. Specifically, SDGs Target 4.2 calls for all countries to ensure that by year 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.” Part of the reason ECD has come to the fore as an important international development agenda is that the quality of early life has been established to be highly significant in relation to development of full human potential. The period from conception up to the age of three years is considered a crucial period for ensuring survival and adequate growth and is held as a period that involves the child’s most rapid growth of mental and socio-emotional capacities.\(^3\) The period from 3 to 5 years apart from being important to continue with health and disease prevention, cognitive and learning stimulation, emotional and social responsivity; is also crucial for child protection because at this stage children appear to be especially vulnerable to violence, abuse, and neglect within their homes.\(^4\) The period from 6 to 8–9 years is a time when group learning and socialisation opportunities are likely to be highly effective.\(^5\) Positive early childhood experiences have been related to individuals achieving their full potential, becoming responsible and productive adults, and becoming successful spouses and parents themselves.\(^6\) Some of the negative early childhood experiences however, have been noted to have lifelong consequences persisting into adulthood\(^7,8\). Consequently, the quality of early children’s life correlates most significantly with the likelihood to achieve or failure to achieve their full potential.

Despite its undisputed significance, operationalising universal attainment of quality ECDs services is confounded by a number of structural challenges. First, positive and negative childhood experiences are context specific and do not have universal meanings. While in most cultural contexts childhood experiences are seen more or less as the independent variable and behaviour in adulthood as the dependent or outcome variable, there are nevertheless cross-cultural variations in the cultural construction of child development.\(^9\) Such variations are mainly in three categories. One, culturally derived criteria for the duration of each developmental stage; two, a set of characteristic physical and social settings; and three, culturally

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1. Britto et al. (2013:5)
5. ibid.
shared expectations for behaviour by and toward individuals in each stage. Accordingly, on one hand, child development has a socio-cultural relativist dimension which needs to be taken into consideration. This is supported by findings that ECD services that are culturally relevant are likely to be most effective because they fit into the lifestyle of the traditional communities. This can happen through for instance harnessing traditional early childhood development practices suitable for the modern situation in terms of issues such as child stimulation and play materials, songs, lullabies, poems and many other ways. However, it has been found that there has been consistent failure to ground early childhood programmes and services in local cultural conceptions, developmental values, childrearing practices, and the practical day-to-day realities of children’s learning through participation and apprenticeship in the contexts of family routines, community experiences, and economic survival activities of pastoralists communities.

On the other hand, not all cultural practices and childhood experiences are positive when appraised against the nationally and internationally set ECD benchmarks. For example, among the pastoralists Maasai some food taboos prohibit consumption of certain nutrients-rich food such as chicken and fish as well as vegetables which are perceived to be livestock feed. Furthermore, autochthonous Maasai culture encourages introduction of blood, animal’s milk and bitter herbs to infants below six months which affect exclusive breast feeding; while the conventional practice of consuming raw meat, milk and blood is likely to lead to infections. In that respect it is important to recognise universal child rights as localised by national policies, legislations and associated regulations which set the ideal standards.

Secondly, access to early childhood services is unequal for various social groups. There are alarming and significant regional and class differences with respect to universal access to quality ECD services. Based on the proxy measures of stunting and poverty, for example, there are clear indications that about 43% of children under five (5) years old residing in low-income and middle-income countries are at risk of not reaching their developmental potential. Furthermore, characteristics such as the educational attainment of the mother have been noted to make a big difference, while it has also been found that the chances of enrolling in early childhood activities are greater for children living in urban areas with parents with steady income than for children living in rural areas.

Thirdly, it has been observed that in many countries, national policies and associated early childhood development services are typically planned and provided sectorally, that is to say aligned in terms of

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10 ibid.
12 ibid.
15 ibid.
18 ibid:42
the particular sectors or ministries such as health, nutrition, education, etc.\textsuperscript{19} Such divisions, if not well coordinated, pose the risks of children in the respective countries experiencing unbalanced access and varying quality of ECD services because policies, plans and services may fail to adequately complement each other. This is contrary to the preferred ideal, which is to build comprehensive, equitable, high quality, well-oiled, and coordinated ECD services embracing all its constituent elements namely health, nutrition, education, child protection and child social protection systems.\textsuperscript{20}

On the basis of the foregoing it is essential that ECD situation analysis studies are undertaken and purposefully focused on diverse or particular segments of the society. This will ensure that the extent to which national and international ECD services standards have been or failed to be localised is specifically captured. Furthermore, this will ensure that traditional communities, hidden populations and marginalised groups where they exist are specifically studied and their unique attributes, conditions, changes, challenges and needs are understood. This will help in custom designing programme and interventions towards realising universal quality ECD services. This ethos underlies the designing and undertaking of this particular study whose central focus is on the pastoralists communities of Morogoro, region Tanzania. As it will be highlighted ahead, pastoralist communities are not aboriginal residents of Morogoro region whose native tribes are recognised as agriculturists. However, the fact that pastoralists have migrated to the region and settled overtime to localities where they are not recognised as dominant residents makes them a societal segment deserving a focused study as far as ECD services are concerned.

\textsuperscript{19} Young Lives (2016) Early Childhood Development in the SDGs, Young Lives Policy Brief, No. 28. Oxford: Oxford Department of International Development (ODID)
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**Literature Review**

In Tanzania, childhood life begins with conception and continues until one turns 18 years old. Recognizing that in Tanzania life is considered to begin with conception is important because elsewhere there is a contentious ‘Pro-Choice versus Pro-Life debate’ beyond the immediate interest of this particular study. From an ECD point of view, conception up to 18 years old is a blanket childhood continuum which obscures the fact that childhood is not a passive but rather an evolving state. The evolution of childhood indicates sequential stages of growth each evidently building on its predecessor, but requiring certain unique ingredients for optimal child development. Therefore, during early childhood development stage, positive child development is attained through a combined variety of constituents most notably good health, nutrition, early stimulation, positive social and emotional interactions with significant caregivers, play, learning opportunities, and protection from violence and neglect. For that reason, early childhood development interventions have predominantly focused across five sectors of health, nutrition, education, child protection, and child social protection.

**Prenatal Child Protection**

Prenatal child protection covers a range of items including the bundle child survival, child safety and child health issues. Concern with child survival begins with conception and lasts throughout early childhood makes protection of the unborn child’s life is crucial in Tanzania. It is difficult to accurately estimate the number of pregnancies terminated in the country because essentially abortion is a hidden practice. On top of legal barriers there are religious and other moral mores vehemently against abortion. Although it is a shrouded practice available data indicate that Tanzania has an exorbitant rate of induced abortions at 36 abortions per 1,000 women aged 15–49 and a ratio of 21 abortions per 100 live births. This shows that protection of unborn life is facing a serious challenge in the country. The pattern shows that abortion incidences vary across geographical zones with the Lake zone showing the highest incidences and Zanzibar showing lowest incidences. However, ethnic-wise data on incidences of abortion or among specialised communities such as traditional pastoralists are largely unavailable. It is therefore not possible to conclude whether they fair better or worse and to explain their low or high rates of abortion.

Again, the health status, psychological, economic and social conditions of pregnant women has significant implications on development of the unborn baby which may persist with the child postnatal. One such problem is low birth weight which has complex and interdependent causes. For instance, HIV positive women, women without formal education, unmarried women, hypertension, pre-eclampsia and

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21 The constitution of the United Republic of Tanzania, Art.6 provides for the right to life of every human being and the right of society to safeguard that life; The Penal Code Sect. 150, 151, 152 prevents attempts to try, to aid and to use equipment to terminate pregnancy; and 219 prevents the termination of pregnancy that is capable of living independent of her mother.


24 ibid.


26 NIMR, MUHAS, Guttmacher Institute (2016) Induced Abortion and Post-abortion Care in Tanzania, Guttmacher Institute Fact Sheet, Dar es Salaam: National Institute for Medical Research/Muhimbili University of Health and Allied Sciences/Guttmacher Institute


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eclampsia disease complex, bleeding, schistosomiasis, anaemia, thromboembolic diseases, tuberculosis, malaria, premature rupture of membrane, placenta previa, abruption of placenta and pregnant women with malnutrition or who are underweight are some of the issues strongly associated with low birthweight babies.\textsuperscript{29} Low birthweight is strongly associated with increased child mortality and morbidity.\textsuperscript{30} On the other hand however, low birthweight seems to be conventionally preferred by traditional pastoralists for easy delivery and avoidance of potential delivery complications associated heavy babies. In this respect Maasai customs relating to food during pregnancy, for example restrict women from consuming unpasteurised milk, meat, or milk from cattle (other than their own), eggs, sweet foods, and butter.\textsuperscript{31} Furthermore, for the similar reasons, traditions prevent pregnant women from eating any meat or drinking milk from their sixth month of pregnancy until delivery.\textsuperscript{32} Therefore reconciling international and national child health standards with customary practices and preferences seem to be crucial to ensure child protection in these communities.

Furthermore, prenatal child protection also involves Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS and setting conditions for safe delivery. Tanzania is among the countries with the highest estimated numbers of pregnant women living with HIV,\textsuperscript{33} and has the third highest number of HIV-positive children in sub-Saharan Africa.\textsuperscript{34} Delivering at health facilities is considered crucial because of the importance of skilled delivery for the safety of both the baby and the mother, and the significance of immediate postpartum care for all women.\textsuperscript{35} However, it has been observed that for a number of reasons, women in pastoralists communities prefer home delivery.\textsuperscript{36,37,38} For example among pastoralists Maasai it was found that skilled birth attendants (SBAs) assists only 7\% of deliveries,\textsuperscript{39} and traditional birth attendants assists about 90\% of deliveries.\textsuperscript{40} In the context of early child development, underutilisation of the hospital-based SBAs and home-births intensify risks to the child in case of delivery complications and hinder full provision of PMTCT.\textsuperscript{41}

\textsuperscript{31} Lennox, J. (2016:34) Understanding Pregnant Maasai Women’s Nutrition Patterns and Beliefs Regarding Pregnancy Outcomes, Master of Nursing Thesis, Canada: University of Saskatchewan
\textsuperscript{32} ibid.
\textsuperscript{33} Falnes, E. F. (2011:27) The mother, her confidants and the prevention of mother-to-child transmission of HIV (PMTCT) services in the Kilimanjaro region, Tanzania, PhD Dissertation, Norway: University of Bergen
\textsuperscript{36} ibid.
\textsuperscript{37} Lennox (2016:34) op cit.
\textsuperscript{40} Hodgson, D. I. (2011:147-8) They are Not Our Priorities: Maasai Women, Human Rights and the Problem of Culture. In D. I. Hodgson (ed.) Gender and Culture at the Limit of Rights, University of Pennsylvania Press
\textsuperscript{41} Roggeveen et al. (2013:72)
Pastoralists Communities and Early Childhood Nutrition

Postnatal nutrition involves the internationally recommended exclusive breast feeding for a minimum period of six months and with introduction of complementary foods and continued breastfeeding thereafter. The intention is to ensure infants attain required amount of micronutrients in particular iron, zinc, and vitamin A. It has been observed that among some pastoralists communities such as the Turkana of Kenya there is a huge deviation from this ideal. In this community, premature introduction of non-breast milk food and abrupt termination of breast feeding were common occurrences, a tendency associated with high infant and weanling mortality. A similar pattern was noted among the Datoga pastoralists where prelacteal feeds are commonly used; supplementary feeding with non-human milks usually occur before 4 months of age; use of solid foods was observed to normally begin later than 6 months, and breast-feeding for majority of children cease before 2 years of age. However, delayed weaning has been noted among the pastoralists Maasai with children being breast-fed until they are 4 years old. It is therefore clear that breastfeeding patterns are not homogenous across ethnic of pastoralists communities. Breastfeeding practices of the same ethnic grouping may also differ from locality to locality. This necessitates locality specific studies to gain insights that will guide interventions, if any is found to be required.

A study among Rendille pastoralists of Kenya provides an important insight regarding early childhood dietary regime comparing settled and nomadic pastoralists. This study shows that children among settled pastoralists had significantly higher levels of anaemia compared to those of nomadic pastoralists. This happened because the former’s diets mainly concentrated on starches, fat and sugar, while the latter consumed mainly milk, as much as three times more than their peers. Among the Lewogoso nomadic pastoralists a study also found that children in this community have fewer cases of child malnutrition compared to their sedentary counter parts because they consume milk on an average of ten times more. Another study on pastoralists Maasai found that children’s diet was inadequate resulting in a high prevalence of under-nutrition. Yet, again another study found that food insecurity was particularly severe for the pastoralists Maasai and reflected in lower dietary intake of carbohydrate-rich staple foods, and fruits and vegetables. Furthermore, among pastoralists Maasai herbs formed an important part of young children’s diets, and other indigenous knowledge practices such adding burnt donkey dung to the milk cream before boiling and feeding to young children (most common at three months of age) which

46 ibid.
52 Lawson, et al. (2014) op cit.
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is believed to help prevent cold and pneumonia.\textsuperscript{53} To what extent are these practices safe for children? Further studies beyond the scope of this particular undertaking are required.

Pastoralists Communities and Early Childhood Health

Delivery of health services has been particularly challenging to traditional pastoralists because often they stay in remote, hard to reach areas, and some are mobile periodically shifting residences. Furthermore, even when health facilities are within reach, access barriers such mistrust, low perception of health priorities by pastoralists, and preference for traditional medicines treatments have been noted.\textsuperscript{54} Furthermore, some of the customary practices have also been found to be fatal to young children. For example, the Maasai were found to have high rates of death from neonatal tetanus, partly due to their custom of packing the umbilical stump with cow dung.\textsuperscript{55} It is therefore important to conduct localised studies among pastoralists communities to examine barriers and/or enablers of children access to health services.

Again, measurements of child health are numerous but the mostly used proximate determinants are morbidity, vaccination coverage as well as dietary and growth patterns.\textsuperscript{56} Among the semi-nomadic Datoga pastoralists, for instance, a study found that almost one-half of all children showed evidence of growth retardation due to undernutrition.\textsuperscript{57} Among traditional pastoralists, for example, vaccination coverage was found to be very low among the pastoralists Maasai and Sukuma agro-pastoralists.\textsuperscript{58} This underscores further the importance of conducting localised studies to examine health services access issues among children in pastoralists communities.

Furthermore, the quality of water used by pastoralists influences hygiene and in particular child health. In Maasailand, for instance, most water used comes from water-holes or small springs, which are not suited to chlorination or other forms of chemical treatment.\textsuperscript{59} Lack of clean, fresh water is related to adverse health outcomes because of the associated susceptibility to water-borne diseases such as diarrhoea, typhoid and cholera which increase morbidity and mortality of infants and children.\textsuperscript{60} However, other studies have posited that pastoralists are less prone to water-borne diseases such as cholera, hepatitis.\textsuperscript{61} Such inconsistent postulations call for localised studies among pastoralists communities to examine access to quality water and its implication on early child health.

\textsuperscript{53} Oiye at al. (2009:244) The Maasai food system and food and nutrition security. In H. V. Kuhnlein, B. Erasmus, & D. Spigelski (eds.) Indigenous Peoples Food Systems: The many dimensions of Culture, Diversity and Environment for Nutrition and Health, Rome: FAO
\textsuperscript{56} Nathan et al. (1996) op cit.
\textsuperscript{58} Lawson, et al. (2014) op cit.
\textsuperscript{60} Paavola, J. (2008) Livelihoods, vulnerability and adaptation to climate change in Morogoro, Tanzania, Environmental Science & Policy, Vol. 11, Issue 7
\textsuperscript{61} Nathan et al. (1996) op cit.
Pastoralists Communities and Early Childhood Learning

Pastoralists communities are deemed to fair poorly in terms of child enrolment in school, child school attendance, classroom performance, achievement, continuity to higher education, and gender balance in school enrolment, attendance and completion. Among the pastoralists Turkana, a study on early childhood centres and lower primary schools highlighted the failure of universal education to meet the culturally relevant educational needs of nomadic children, particularly the failure to integrate indigenous epistemologies and social cultural lifestyles of the pastoral people in science instruction.

In another study, it has been noted that among some pastoralists communities such as the Rendille, formal childhood education is influenced by the economic values and roles for children particularly because of the importance of child labour in livestock sector. Again, it has been noted that chances of pastoralists children and in particular female children to be enrolled in school and continue to attain education increased when their stay is in a township having a school close to the community. Proximity of the school, value of child labour, gender, educational relevance to the pastoralists context, are some of the factors known to determine the enrolment and participation of female and male children for early childhood education among pastoralists communities. These factors however, are not homogenous across pastoralists communities. It is therefore essential to conduct community based studies to be able to gain insight of locality specific circumstances to be able to better inform intervention strategies.

Pastoralists Communities and Child Protection

The concept of ‘child protection,’ refers to measures undertaken to protect children from neglect, and from emotional, physical and sexual abuse. It entails “…preventing and responding to violence, exploitation and abuse against children-including commercial sexual exploitation, trafficking, child labour and harmful practices such as female genital mutilation/cutting and child marriage.” Such protection needs to begin at the household level and also be ensured across the community, neighbourhoods and schools. What amounts to abuse however can be normative and may vary substantially across communities. For example, physical punishment, mainly through the use of a cane, is a method that is believed by many Maasai pastoralists to be most effective for correcting children, training them and instilling discipline. For the Maasai, children’s capabilities are believed to develop through explicit training and corrective punishment.

Some pastoralist ethnic groups are known for practicing female genital mutilation. Recently it has been found that some ethnic groups circumcise female children at increasingly young ages, and sometimes even at birth, in order to avoid government efforts to detect female genital cutting in school-age children. This is something that has also been flagged as increasingly occurring among the Maasai pastoralists.

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68 ibid.:288
Among the pastoralists Maasai it has further been observed that traditionally premarital sexual relations were allowed but with caution that they did not result in pregnancy. Respectively, prepubertal girls often engaged in sexual relations with older usually unmarried circumcised young men with or without the intention to marry. If these practices are still traditionally condoned, there is a monumental risk of pervasive child sexual abuse among pastoralist communities. Furthermore, sexual grooming is likely to start very early in a girl’s life for them to be routinely engaged in sexual intercourse before the onset of puberty.

This practice can also be closely associated with another form of child abuse, namely child marriage. It was observed among these communities for girls to normally be married almost immediately after reaching puberty subsequent to their undergoing initiation to adulthood happening usually when they are between 12 to 14 years old. As far as child development is concerned, being destined to an early marriage inevitably has implications on how female children are brought up at home as well as on the efforts and focus in school. This is likely to be even more serious in cases where child betrothal has occurred, a practice that in the past was observed among the Maasai.

For pastoralist communities, female and male children have important labour contribution in animal husbandry and for both sexes livestock duties begin as early as age five. Whether such duties border on child labour and whether they interfere with children’s right early childhood education is a matter to be established through community based studies. For example, the pastoralists Maasai believe that children develop or grow by doing and therefore training of children begins very early in the child’s life. On that basis as soon as boys are able to balance themselves on two feet they are given switches to begin honing their herding skills and by age 5 or 6 years old, boys will be given the responsibility to herd the young goats and calves. In this regard, child protection is a gray issue because there are contextual, cultural, normative, and other complexities embedded. While international and national standards are clear, grassroots reality can be far from ideal. Conducting locality based studies is therefore critical for well-informed insights and strategic interventions.

On the basis of the forgoing, it is clear that it is essential to conduct focused studies in different segments of the society targeting to gain insight on the status of ECD services. Furthermore, some studies have shown that there are early childhood development challenges among some pastoralists communities in Tanzania, a case in point being the Datoga. Respectively, this study examines the situation of ECD services in the pastoralists communities of Mvomero and Kilosa Districts.

72 ibid.
73 Wilson & Ngige (2006:255) op cit
77 ibid.
Objectives of the study

The ‘Integration of Child Protection into Early Childhood Development in Pastoralists Communities of Morogoro, Tanzania’ study was designed to examine how present early childhood development systems in the country, social economic practices and knowledge affect responsive caregiving, healthy child development, safety, and educational achievement of children age 0-8 years in pastoral areas of Morogoro Tanzania. To that end and with specific reference to the pastoral communities, the main objectives that guided this study are:

• First, to map out the current status and integration of child protection in to early childhood development.

• To assess the knowledge, attitudes and practices by parents and caregivers in relation to integration of child protection into early childhood development.

• To identify and describe opportunities and momentum for change that have potential to catalyse the integration of child protection into early childhood development.

• To provide concise conclusion and recommendations based on the findings on integration of child protection into early childhood protection.

This study envisages to enhance the understanding of existing Early Childhood Development practices and policies with the aim of identifying strategic domains where there is momentum for change and which offer opportunity for the programme to help catalyse.


Location of the study

The study area (see Map 1), is located in Morogoro, one of the thirty-one (31) administrative regions of Tanzania which lies between 5°58’ and 10°00’ South and 35°25’ and 38°30’ East. Morogoro region is composed of six administrative districts, namely Gairo, Kilombero, Morogoro, Ulanga, Mvomero and Kilosa. The region has 72,939 square kilometres which is approximately 8.2% of the total area of Tanzania mainland and is the third largest region in the country after Arusha and Tabora regions. The study was carried out in the pre-identified Kilosa and Mvomero districts. These two districts were selected because compared to the rest of the region’s districts, they host substantially more pastoralists communities.

Map 1: Tanzania, Morogoro region’s districts and study districts

Kilosa District

Kilosa District lies at 6°14’ 8.22” South and 38°41’ 37.49” East and covers 14,918 square kilometres. The district is bordered to the north by the Manyara region, to the northeast by Tanga Region, to the east by Mvomero District, to the southeast by Morogoro Rural District, to the south by Kilombero District, to the southwest by Iringa Region and to the west by Dodoma Region.

Through the assistance of district council personnel, at Kilosa district six villages were identified as dominantly inhabited by pastoralists communities. These are Kiduhi village, Mabwegere village, Mbamba village, Luhoza village, Parakuyo village & Twatwatwa village. Through simple random sampling three villages were selected for the study. These are Ngoisani village of Kitete ward, Kidui village of Kilangali ward, and Parakuyo village of Kimamba ward. Map 2 shows the villages selected and involved in the study in Kilosa District.

Mvomero District

Mvomero district lies as Latitude: 6°18’ (6.3°) south; Longitude: 37° 27’ (37.45°) east and has a total area of 7,325 square kilometres. The district is bordered to the north by Tanga Region, to the northeast by Pwani Region, to the east and southeast by Morogoro Rural District and Morogoro Urban District and to the west by Kilosa District.

Map 2: Kilosa District Wards and Study Villages

Source: Survey data, 2018

Mvomero District

Mvomero district lies as Latitude: 6°18’ (6.3°) south; Longitude: 37° 27’ (37.45°) east and has a total area of 7,325 square kilometres. The district is bordered to the north by Tanga Region, to the northeast by Pwani Region, to the east and southeast by Morogoro Rural District and Morogoro Urban District and to the west by Kilosa District.

Through the assistance of district council personnel, at Mvomero district ten villages were identified as dominantly inhabited by pastoralists communities or that they have a significant pastoralists community residing. These villages are Kanga and Bihinda villages of Kanga Ward, Njeula village of Mzilha ward, Mwenge village of Lubungo ward, Wami Sokoine, Makutire and Wami Luhindo villages of Dakawa ward, Mela village of Mangaye ward, Kambala village of Mkindo ward and Mlumbilo village of Mtibwa ward. A multi-stage sampling and simple random sampling procedures were used to selective five villages that were involved in the study. A Multi-stage sampling procedure was used to separate two wards i.e. Kanga ward and Dakawa ward, which each had more than one village eligible to be selected for the study. A simple random sampling procedure was then used to select one village in each of these wards. Then out of the remaining five villages a simple random sampling procedure was used to select three villages to

be involved in the study. Ultimately, the total five villages selected for the study were Mlumbilo, Kanga, Wami Sokoine, Kambala and Mela. Map 3 shows the villages involved in the study at Mvomero District.

Map 3: Mvomero District Wards and Study Village

Source: Survey data, 2018
Methodology

Conceptual framework

Consideration of early childhood development (ECD) necessarily constitutes the age definition and domains of development because the child is a holistic synthesis of a composite of domains. These domains effect essential facets such as physical health and motor development, cognitive and language skills, social and emotional functioning, ethical and spiritual development, and sense of national or group identity. As such early childhood development takes place within diverse institutional domains and inevitably involve an embroidery ecology of expertise and institutional actors. For that reason, this study adopted a systemic approach with the intention of gaining a holistic comprehension in identifying key elements of the Tanzania child (social) protection system as it is aligned from the household level, the community level and up to the national and global levels.

A systemic approach can make clearly visible the linkages between components of the systems as well as help decipher underlying processes, both of which have crucial contributions in childhood experiences. This approach is also very useful when identifying specific child (social) protection issues as it offers clarity in examining their different facets and in situating these issues in specific institutional portfolios. The rationale for adopting that approach is the recognition that establishing, strengthening, sustaining and examining child (social) protection efforts is inevitably a continuum from single issues to a comprehensive system-wide initiative. Childhood experiences cannot be effectively isolated to discrete items because unavoidably they are inter-linked with wider hidden and/or evident household level and societal issues.

On the basis of the foregoing, the study utilised the ‘Child Protection Systems: Actors, Context, and Components’ conceptual framework developed by Wulczyn et al. (2010). This conceptual framework posits that the foundation of a child (social) protection system is the normative fabric which informs and defines its main parameters and legitimises its work. In the context of this study, the normative fabric is epitomised in the concept ‘natural child rights’ and its embedded standards, norms, values and morals. These rights are codified in relevant international conventions such as United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) and defines universal standards for ideal childhood. However, it has been posited that ideal childhood is subjective and that its connotations are variously informed by a respective community’s culture, norms, values, morals and its economy. Therefore, the study on one hand examined how the international standards have been institutionalised and mainstreamed nationally and whether these standards have trickled down to the pastoralists community level. On the other, the study examined whether the normative fabric that informs the child (social) protection system at the household and community level in the pastoralists communities is consistent with prescribed international and national standards or different and if different, in which way and how can that incompatibility be explained.

82 Britto et al. (2013) op cit.
83 ibid.
In this conceptual framework as shown on the left side of Fig.1.1, the child (social) protection system is viewed as necessarily operating at a hierarchy of levels from the household (family) level, to the community and up to the state and international level. This depiction of hierarchy however does not imply practices are dominantly top-bottom. The study will demonstrate that some issues, efforts and practices are effected top-bottom and that other practices are predominantly autochthonous. There is also a juxtaposition of the traditional and the modern and sometimes the resistance of the modern. This shows that a child (social) protection system relies on various actors.

In this study actors involved at the household level were children and heads of households. Children were involved because this framework recognises that they have an important voice in the child protection system and heads of households were involved in their positions as parents. At community level the actors involved are schools, in particular teachers and students. It should be noted that children and students were considered as double roles involving the same respondents. Another community level actor involved are local health facilities, in particular the health facility in-charge and other available health professionals. Grassroots institutions of governance in particular ward level actors and village level actors were also involved as community level actors.

The study also intended to involve Non-Governmental Organisations and Community Based Organisations working with children issues as part of the community level actors, but unfortunately non were found in the localities of the study. The study did not specifically involve religious institutions as community level actors despite these being recognised as usually influential and useful where they exist. However, in this study the intention was to find from the community members whether religious institutions will emerge as notably significant as far as child (social) protection and early childhood development issues are concerned. In this study district level actors were involved as state level actors. An examination of various policy and programmatic initiatives relating to child (social) protection, with specific inclination to early childhood development were undertaken as part of the national level actions. International
conventions were considered as the multinational level. However, international organisations operating locally such as UNICEF were also considered as part of the multinational level actors. All these indicate on the outset that child (social) protection and early childhood development efforts involves assorted nested contexts and can manifest contested perspectives.

As depicted in the middle section of Fig. 1.1, this framework also shows that the main levels of a child (social) protection system, i.e. household/family level, community and state have three main building blocks that should be examined. These are their structures, functions and their capacities. In the structures the framework guides for an examination of the structural relationship between components. For example, the study looked at the relationship of child protection governance structures from the district level, the ward level, the village level and the household level. As explained earlier other possible components such as non-governmental organisations working to protect children were not involved because of absence of their physical presence in the respective localities. The study also involved village level child protection committees as they are an integral part of the community level child protection system. The nature of relationship between components, and how that relationship is maintained or changed is the main focus in the examination of structures.

The ‘functions’ lens examines how child (social) protection activities such as governance, management, and enforcement are bundled or organised. In this study it involved identifying specific roles and activities that the identified components undertook in relation to child (social) protection especially in the context of early childhood development. In that respect the study also investigated the specific roles or activities that these components should have undertaken but failed to, or did not undertake satisfactorily. The capacity lens examines elements such as human resources, funding, and infrastructure requisite for optimal functioning of the system and delivery of its service. This involves an assessment of whether the system has the means by which to compel the use of resources towards achieving its child protection goals. For example, a well trained workforce will possess adequate skills, while availability of financial resources will enable employment of the required number of staff, financing the necessary infrastructure, and purchasing of items necessary for them to satisfactorily implement child (social) protection policy and practice directives relevant in their area of work, e.g. in health facilities, schools or pre-school centres.

Sample selection, description and data collection techniques
The study utilised three main data collection techniques.

- The first was a survey tool constituting closed and supplementary open-ended questions and was administered by the project’s research assistants. This tool was administered exclusively to parents or caregivers who at the time of the study had children registered in a pre-school class, or who were between standard I to standard III in one randomly selected school, in a randomly selected village among villages involved in the study. A 20% sample of students in each class category was randomly selected and their respective parents/caregivers were recruited for the study. The identified family was given the chance to decide whether a female or male parent attended. As a result, the study involved both male and female parents in Kilosa and Mvomero district. In Kilosa district a total of 85 parents were recruited and involved in the study whereby 49 (57.6 percent) are female and 36 (42.4 percent) are male. In Mvomero district a total of 156 parents were recruited and involved in the study where 99 (63.5 percent) are female and 57 (36.5 percent) are male.

- The second data collection technique was focus group discussions (FGDs) and FGD guides were developed and customised to each category of respondents. FGDs were conducted with five categories of actors in the child protection and child social protection system at the district level, ward level, and
village level. Respondents in four categories were purposeful identified on the basis of their specific positions and in one category i.e. pupils/children, were randomly selected. The first category was district level actors where focus group discussions targeted District Health Officers, District Education Officers, District Nutrition Officers, District Community Development Officers, District Social Welfare Officers, District Executive Officers, and district police officers in charge of the gender desk. The Kilosa district level FGD involved seven (7) participants and the Mvomero district level FGD involved five (5) participants.

The second category involved ward level actors which constituted Ward Executive Officers, Ward Nutrition Officers, Ward Education Officers, Ward Community Development Officers, Ward Health Officers and Ward Social Welfare Officers. The Kilosa ward level FGD involved 12 participants and the Mvomero ward level FGD involved 6 participants. The third category involved village level actors where the FGD involved village executive officers, men and women members of the village council, child protection committee chairperson or representative. In Kilosa village level FGD had 6 participants and in Mvomero village level FGD also had 6 participants.

The fourth category involved teachers in particular heads of the identified school and teachers responsible for pre-school, standard I, standard II and standard III. In Kilosa the teachers FGD had 6 participants and in Mvomero the teachers FGD had 4 participants. The fifth category involved pupils/children themselves randomly selected from pre-school, standard I, standard II and standard III. In Kilosa the pupils/children FGD involved 11 participants and in Mvomero the pupils/children FGD involved 10 participants. In total 10 focus group discussions were conducted in both districts and involved a total of seventy-three (73) participants.

- The third data collection technique was checklists developed to assess early childhood development services in the localities of the study. These checklists particularly assessed diverse element in health facilities and in early learning facilities at preprimary and early primary levels. A total of 5 schools and five health facilities in the localities of the study were assessed.

Data analysis

Qualitative data analysis involved transcription of focus group discussions and analysing textual data through a combination of thematic and content analysis. This mainly involved identifying and highlighting recurring or flagged ECD issues and capturing all information relevant to understanding a meaning. Afterwards it entailed coalescing the issues into key thematic areas along ECD components and synthesising central messages by associating distinct units of meaning.

Quantitative data employed mobile data collection whereby a questionnaire was designed in electronic format and data collection was carried out through use of smart phones. Data was downloaded from the mobile data collection platform for cleaning. The data cleaning exercise involved checking the interview completion time as well as consistency checks. Consistency check involved screening data flag incidences where data is out of range, logically inconsistent or have extreme values. The data cleaning exercise also involved treatment of gaps or missing information. The cleaned dataset was exported to SPSS V20 for analysis. The analysis involved cross tabulation and finding average and median for specific variables of interest. The analysis was informed by analysis plan (dummy tables) which focused on key research areas mainly information about living arrangements, household economic situation, child protection and social protection. Due to combination of multiple variables, findings were presented in table format while Ms. Excel was used for creating visualisation.
Findings and discussion

Socio-cultural, demographic and economic characteristics

• Socio-cultural characteristics

The main ethnic groups in Morogoro region are the Waluguru, Wasagara, Wakaguru, Wandamba and the Wapogoro. In terms of aboriginality, Waluguru dominate in Morogoro rural district, Wasagara/Wakaguru in Kilosa, Wandamba are the majority in Kilombero and Wapogoro in Ulanga district. However, immigration to the respective districts has greatly altered the ethnic composition of these localities. For example in Mvomero some of ethnic groups considered to be traditional inhabitants of the district are the Luguru, Kaguru, Kwere, and Kutu tribes. However in the five villages involved in the study, findings show that the ethnic composition is dominantly the Maasai, followed by the Zigua, then the Mang’ati and the Gogo (see Table 1.1 and Figure 1.2).

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Dakawa</th>
<th>Kanga</th>
<th>Mangae</th>
<th>Mkindu</th>
<th>Mtibwa</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maasai</td>
<td>29</td>
<td>0</td>
<td>26</td>
<td>24</td>
<td>2</td>
<td>81</td>
</tr>
<tr>
<td>Mang’ati</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Zigua</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>23</td>
</tr>
<tr>
<td>Gogo</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

In Kilosa district although the Kaguru and Luguru are known as the indigenous inhabitants, since the beginning of the 20th century the district has attracted immigrants from diverse ethnic groups who currently identify these localities as their home (see figure 1.3). Findings shows that in the three villages of Kilosa district involved in this study the Maasai inhabitants emerge as a dominant ethnic group followed distantly by the Gogo as shown in Table 1.2 and Figure 1.4.

**Fig 1.2** Mvomero: Respondents Ethnic Composition

![Pie chart showing ethnic composition in Mvomero](chart1.png)

**Fig. 1.3:** Some ethnic groups found in Western Kilosa District

![Pie chart showing ethnic composition in Western Kilosa District](chart2.png)

Source: Kajembe et al. (2013:13).

**Table 1.2:** Kilosa - Respondents Ethnic Composition

<table>
<thead>
<tr>
<th></th>
<th>Kilangali</th>
<th>Kimamba</th>
<th>Kitete</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masai</td>
<td>20</td>
<td>23</td>
<td>28</td>
<td>71</td>
</tr>
<tr>
<td>Mang'ati</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zigua</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gogo</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018
In both Kilosa and Mvomero districts involved in this study none of the ethnic groups indigenous to these localities are recognised as customarily pastoralists. However, because of various push and pull factors, over the years, traditional pastoralists have moved in and settled in several parts of these districts and established pastoralists communities.\textsuperscript{90,91}

\begin{figure}[h]
\centering
\includegraphics[width=0.8\textwidth]{Fig_1.4_Kilosa_Respondents_Ethnic_Composition.png}
\caption{Kilosa: Respondents Ethnic Composition}
\end{figure}

\textbf{• Demographic characteristics}

The last census in Tanzania was conducted in 2012 and it shows Morogoro region had a population of 2,218,492 people among them 324,360 children age 0-4 years old, (161,450 males and 162,910 female) and 313,646 children of 5–9 years old (157,013 male and 156,633 female). At the time of the census the region had a total of 19,011 livestock keepers.

The 2012 census data show that at the time Kilosa District had a population of 438,175, among them 218,378 males and 219,797 female. The average household size at Kilosa district was found to be 4.2 people. Furthermore, the census data shows that Kilangali had a population of 10,679 people, among them 5,331 male and 5,348 females. Kimamba A and B had a collective total population of 12,049 people, among them 5,835 males and 6,211 female. The census found Kitete to have 10,247 people, among them 5,092 males and 5,155 female.

On the other hand, Mvomero District was found to have a total population of 312,109 people, among them 154,843 male and 157,266 female. Mvomero was found to have an average household size of 4.3 people. The 2012 census data shows Kanga locality to have 21,018 people among them 10,782 males and 10,236 female; and Mtibwa locality to have a total of 31,382 among them 16,025 male and 15,357 female. The three other localities involved in this study, namely Dakawa, Mangae, and Mkindu were at the time of the census under other wards. They were established as standalone wards post the census.


The study found that there were three main settlement types among pastoralists communities in the localities of the study. The first is a nuclear with a husband and one wife and their children; the second is a husband with several wives and their children; and the third is an extended family where there is a patriarchy with several other nuclear families residing in the same compound (see table 1.3). The study did not delve deep to examine the relationship between early child life and the type of settlement at the household level or its implication in access to ECD services. However, it is necessary for future studied to examine whether such relationships which will be vital in understanding these communities to inform the designing of feasible ECDs services.

<table>
<thead>
<tr>
<th>Sn.</th>
<th>Settlement Type</th>
<th>Mvomero</th>
<th>Kilosa</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nuclear Family 1: Husband, Wife and Children (Known in <em>Maa as enkaj</em>)</td>
<td>20 (12.8%)</td>
<td>20 (23.5%)</td>
</tr>
<tr>
<td>2</td>
<td>Nuclear Family 2: Husband / Wives /Children (Known in <em>Maa as enkang</em>)</td>
<td>104 (66.7%)</td>
<td>39 (45.9%)</td>
</tr>
<tr>
<td>3</td>
<td>Extended Family: Patriarchy and several nuclear families (Known in <em>Maa as ol’marei</em>)</td>
<td>32 (20.5%)</td>
<td>26 (30.6%)</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

The distribution of respondents according to their marital status shows that the majority are married. In Mvomero district 84.6 percent of the respondents are married while in Kilosa district 89.4 percent of the respondents are married. Again, the study found that the majority (63.5 percent) of parents in Mvomero districts got their first child when aged 18-24 years while in Kilosa district, the majority (43.5 percent) of parents reported getting their first child while aged 25 years and above. Gender comparisons show that women get their first child when aged 18-24 years compared to men who get their first children when a little older. This is evident as 53.1 per cent of women in Kilosa and 69.7 percent of women in Mvomero informed the study that they got their first child while at the 18-24 age category. On the other hand, 27.8 per cent of men in Kilosa and 52.6 percent of men Mvomero stated that they got their first child at the 18-24 age category. Findings seem to indicate that in the localities of the study most couples seem to have been married and started married life well below 25 years of age. Moreover, finding from this study indicate that pastoralists communities are moving from traditionally organised lifestyles and increasingly embrace and desire modern lifestyles. This provides an opportunity as it indicates that young families may be more receptive of progressive information and that custom designed programmes which target young families are likely to show more success.

The study also found that in these localities children began attending pre-school at age four years old, although the majority are aged between 5-6 years old. However, age category versus class level need to be carefully considered. The study found that in these communities’ standard one pupils ranged from age 6 years old to 10 years old; standard two pupils ranged from 7 years old to 12 years old, and standard three pupils ranged from age 9 to 12 years old. In that regard, typically standard one and two classes have pupils who are within the early childhood age and those who are way beyond that age. Findings from the study
suggest that distance from the school is among the reasons that delay children’s enrolment as most of the time, younger children would find it difficult to walk long distances to and from school. Responsibilities in household chores may be another explanation, as families rely on both female and male child labour to undertake different household tasks including caring for young children and managing livestock. However, the implications of having such age differences in classes need to be examined. Issues of bullying and sexual abuse may emerge as some pupils may attain puberty while still at these educational levels. Teachers also need to be capacitated to manage and equally help children with such huge age differences.

• Economic Characteristics
Tanzania’s GDP per Capita has been increasing steadily as Fig 1.5 shows, however economic growth seems to not have translated into poverty reduction.92

The Tanzania National Bureau of Statistics (NBS) data (see Fig. 1.6) shows that Morogoro region has 29% of its population leaving below basic needs poverty line while 14% of the population leaves below the food poverty line and the mean household monthly income per capita in rural Morogoro is at TZS 13,065 (~ US $ 5.73).

Available data show that Mvomero District is a highly agriculture-based economy with about 82% of the working age population identifying themselves as farmers followed by businessmen (7%) and livestock keepers (1%). The remaining 10% of the working population is engaged in other occupations. Average annual income of a citizen of Mvomero district in 2012-13 was estimated at US$ 337 which is way low compared to the national average which is US $ 652.93 Unfortunately the study was not able to attain similar data for Kilosa district.

Specific to pastoralists communities, findings from this study show that for Kilosa district, the majority of the respondents i.e. 67.4% female and 52.7% male have an estimated average daily income of between TZS 1,001 and TZS 5,000 which is equivalent to between 0.4 and 2.1 US $ which is an estimate of between US $ 12 and US $63 per month and an annual range of US $ 144 and US $ 756. In Mvomero district the findings show that 78.8% of the female participants and below 47.4% of the males interviewed their average daily income falls within the same threshold.

Most pastoralists are subsistence producers, and they mainly attain cash from the sales of livestock or livestock products, especially milk. The traditional pastoral economy consistently fails to support sustainable subsistence production. This study for instance found that approximately half of the respondents in both districts i.e. 52.9% in Kilosa and 49.3% felt that their respective households did not have food security throughout the year. It is therefore important to carry out focused studies to examine the contemporary pastoral economy and its implication on household and child welfare. Current indicators suggest that many households are verging on impoverishment which will inevitably impact on child welfare and early childhood development.

**Integration of Child Protection Into ECD Services in Tanzania**

This objective concisely identifies early learning, health, nutrition and social and child protection policies, legislations and key national interventions in Tanzania. It also investigates the trickle down of these national level initiatives to the community level and assess the availability of ECD programmes in the localities of the study. Furthermore, this objective also appraises access and barriers to accessing ECD services by pastoralists children and the quality of these services.

**• Tanzania ECD Policies and Legal Frameworks**

This sub-objective examines the policy and legal framework relating to ECD. These provide the perimeters and environment for ECD’s services. The study appraised whether there is an explicit ECD policy and/or adequate policies and legal framework to support ECD in the country.

The study found that although there is not yet any explicit Early Childhood Development Policy in Tanzania, nevertheless there are sufficient policies and legislative measures that recognise the child as a discrete social entity with evident inalienable rights. Principal among them are the Child Development Policy (2008) and the Law of the Child Act No. 21 of 2009. Despite some glaring gaps, for instance regarding the possible age of marriage being detrimental particularly for female children, a variety of policies and legislations considerably provide for child protection and child social protection. These include for example the National Education and Training Policy of 2014; The National Education Act 1978 and its subsequent amendments; the Sexual Offences Special Provisions Act, 1998; and the Public Health Act of 2009.

Two critical issues however need to be addressed for the policies and legislations to achieve their desired impact at the community level:

First, understandably due to sundry ECD services being anchored in an array of sectors and institutions, relevant policies, legislations and associated regulations are equally diverse. This poses a challenge for actors from district level to the grassroots level to be competently aware of all of them, understand all of them, keep track of all them, and sufficiently enforce them. It is therefore essential that a Tanzania ECD Manual is developed. This can harmonise all relevant policy and legislative provisions in a user friendly manner. It can also concisely prescribe main interventions being undertaken and also incorporate all relevant guidelines.

Secondly, partly because of the identified challenge of localising policies and legislations, the gap between policy or legislative provisions and practices on the ground is palpable. Actors, especially in the ward

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94 The Law of Marriage Act, Cap. 29, No. 5 of 1971 Sec. 13.
and village levels are superficially aware of relevant policies and legislations. This limits their capacity to effectively and timely act in relation to ECD issues. They therefore mainly deal with conspicuous ECD issues. With better capacity grassroots institutions of governance are more strategically positioned to be efficient and effective at the community level.

The study also appraised whether there is a sufficiently coordinated and consistent multi-sectoral approach in delivery of ECD services. This is essential because ECD constitutes a variety of issues which inevitably fall into portfolios of different sectors and institutions. Despite the assortment of sources, at the community level, ECD services need to be delivered as a smoothly coordinated package.

The study found Tanzania has adopted an integrated multi-sectoral coordination of ECD approach. This is particularly attested in the implementation approach of the National Plan for Action to Prevent and Respond to Violence against Children (2012-2015) and its successor the ongoing National Plan of Action to End Violence Against Women and Children in Tanzania (2017/18-2021/22). Further, to indicate an integrated nature of the Tanzanian approach an Early Childhood Development (ECD) Declaration was signed in 2012 by the then Prime Minister's Office - Regional Administration and Local Government; and the then respective ministers for Finance; Community Development, Gender and Children; Education and Vocational Training; and Health and Social Welfare. In each of these signatory ministries there is a specific ECD coordination unit to undertake relevant ministerial responsibilities and to liaise with other ministerial coordinators.

The study observes that the notion of an integrated multi-sectoral ECD approach is a positive one. However, the regularity of these coordinating units to meet and harmonise approaches needs to improved. At the moment each ministry is as best as it can, implementing its ECD portfolio, with hope that when each has implemented, then every facet will be covered. In practice this is not necessarily the outcome, and there is high risk of disjointed efforts. It is essential to have a common road map, a sort of an ECD Action Plan from which each ministry is allotted its responsibility. This document is essential to guide ECD and to harmonise efforts across the board.

The second observation is that, there is a perceptible challenge of systematically cascading this integrated multi-sectoral approach at the regional, district, ward and village levels. It seemed from the study that the approach adopted is to establish child protection committees at all these levels. The study however, struggled to find how these committees have been sustainably institutionalised. Questions like what exactly are their terms of reference? To whom are they accountable? How do they operate? What has been their activities so far? What resources are allotted to them and by whom? These questions were not easily answered. To a large extent these committees seem to have been left to self-propel and as a result they have not been active. In the localities of the study for instance, they were mentioned to have been established, but it was clear that since their establishment they have been quite passive.

The third observation has to do with how non-state actors have been integrated in the approach. The study takes non-state actors to constitute the civil society such as NGOs, CBOs, INGOs, religious bodies and other voluntary associations; the private sector; and the multilateral and multinational institutions and organisations, etc. The study observed that systematic involvement of non-state actors in ECD services was minimal. While a quick assessment shows that non-state actors have substantially invested in ECD over the years but because there is no centralised point of reference it is hard to correctly take
stock of exactly what they have done. This is also a loss, because a lot of breakthrough innovations might not be upscaled. Furthermore, this can also result in a solitary piecemeal approach in intervention whose impact may be minimal. For a number of reasons non state actors are important stakeholders in ECDs services. From national level, regional level, district level, ward level and village level they need to be involved. The Tanzania Early Childhood Development Network (TECDEN)\(^\text{95}\) is a great concept that, if fully capacitated to realise its potential, can appropriately fill this gap. To play this role effectively, this organisation needs to evolve and embrace the big picture nationally and internationally, as well as systematically and effectively embrace all ECD stakeholders at regional, district and grassroots level.

**• Status of Access and Participation in ECD Services in Pastoralist Communities**

The Tanzania Child Development Policy (2008:17) recognises that “…. there is a significant difference in the delivery and quality of services provided in the rural set up as compared to the urban set up.” This sub-objective examined the extent ECD services have been cascaded to the community level in the pastoralists communities and identify barriers to access if any. The study examined delivery and quality of ECD services along its main constituents namely, nutrition, health, Education (Early Learning), Child Protection and Child Social Protection.

**Nutrition:**

In nutrition ECD is concerned first with breastfeeding promotion. The national standard regarding breastfeeding promotion is to promote exclusive breastfeeding for the first six months of a child’s life, and continue with breastfeeding for a minimum of 24 months of the child’s early life. The study found that breastfeeding promotion is aligned with Reproductive and Child Health (RCH) services which are free in all public health facilities. This include dispensaries and health centres that provide services to the majority of the people in the rural settings. This was also found to be the case in the health facilities providing services in the localities of the study.

The study however found that there is inconsistent attendance to prenatal and postnatal care among pastoralists women, which is likely to negatively affect the ability of healthcare workers to effectively deliver comprehensive breastfeed education to expectant mothers as well as lactating women. Furthermore, the study found that most pastoralists women do not strictly adhere to any specific family planning method. For that reason, in case of pregnancy, frequently children are weaned before the requisite 24 months of their early lives.

The second issue ECD is concerned with in nutrition has to do with preventing and managing micronutrient deficiencies. It is widely recognised that deficiencies in essential vitamins and minerals, including vitamin A, iron, folic acid, iodine and zinc resulting from insufficient intake of bioavailable minerals and vitamins from foods, are key contributors to morbidity and mortality in Tanzania.\(^\text{96}\) The study found that for a variety of reasons, children in the localities of the study do not regularly and sufficiently consume items that constitute micronutrients. Things like variety of fruits and vegetables and other micronutrients reach diets. Mostly children consume staple food involving hard maize porridge and milk. In schools that have school feeding programmes, [Tanzania Food Fortification Logo](http://www.tww.or.tz/about/partners/tecden/#)

95 see [http://www.tww.or.tz/about/partners/tecden/#](http://www.tww.or.tz/about/partners/tecden/#)

the most common meals are porridge and a mixture of maize and beans (makande). It is therefore likely that children in these localities may have significance micronutrients deficits.

Furthermore, the study found that women who have the primary responsibility for the nutrition of young children had very limited knowledge regarding balanced diet. Access to balanced diet is also limited because varieties of micronutrients-rich food are not readily available for children to consume consistently as it requires a substantial financial investment. Growing and consuming locally available micronutrient rich food remains an important strategy to sustainably prevent micronutrient deficiency for children.

The key measure undertaken by the government to mitigate micronutrients deficits in the country has been to compel mandatory salt iodisation and iron fortification of staple foods and consumables. Food vehicles which must be fortified are wheat flour, maize flour, and edible fats and oils. Priority micronutrients identified are Iron, Zinc, Vitamin B12, Folate, Vitamin A & Vitamin A. Key informants in the study stated that almost all the available shelf salt in the localities of the study were ionised. Fortified food products are easily recognisable by the obligatory food fortification logo.

The study found that many parents have no reservations and would actually like for their children to consume fortified food products. More than 85 percent of parents in Mvomero and 54 percent in Kilosa districts respectively would prefer for their children to eat fortified food products (see Fig 1.7). However, the study found that only 12.8 percent and 23.5 percent of parents in Mvomero and Kilosa districts respectively buy fortified food products. This can be attributed to low awareness and knowledge about how to recognise and ask for fortified food products.

The study found only 21.8 and 14.1 percent of parents in Mvomero and Kilosa districts respectively have heard of fortified food products. Parents who would prefer their children to eat fortified products stated that if these products have important micronutrients they will help their children grow well. Some parents who stated that they will not prefer their children to consume fortified products explained that they prefer natural foods because they have less chemicals and they are used to such types of food.

The most notable challenge regarding fortified food products is the capability of small scale producers and informal markets which cater for the majority of rural markets to fortify staple food. Furthermore, rural producers often consume self-produced food or food produced by their fellow rural producers. Again it may be a challenge to attain a range of all micro-nutrients required for the healthy development of a child through purchase of fortified food vehicles. Regular and adequate consumption of micronutrients rich foods may be a complementary effort that may help prevent and manage micronutrient deficiency. There are innovations such as crop biofortification which offers a viable cost-effective solution for rural populations. Breakthrough have been made on crops such as pro-vitamin A maize; sweet potatoes in Tanzania.99 Furthermore, provitamin A-biofortified cassava has been found to improves the vitamin A status of primary school children in Kenya.100 Elsewhere, biofortified beans high in iron and zinc are already being promoted in school feeding programmes.101

97 The Tanzania Food, Drugs and Cosmetics (Food Fortification) Regulations 2011, Section 4.
In Tanzania under the Building Nutritious Food Basket (BNFB) project coordinated by the International Potato Centre (CIP), biofortification of staple food crops has reached an advanced stage. Some of the partners in that project include the International Centre for Tropical Agriculture (CIAT) which has been working on iron/zinc beans; the International Maize and Wheat Improvement Centre (CIMMYT) which has been spearheading bio fortified pro-vitamin A (PVA) (orange) maize and quality protein maize (QPM); the International Potato Centre (CIP) which focused on OFSP together with SRI-Kibaha; the International Institute of Tropical Agriculture (IITA) which focused on yellow cassava, pro-vitamin A (orange) maize.

The study also found that while 49.4 percent of women in Kilosa and 51.9 percent of women in Mvomero stated that they practice exclusive breastfeeding for their children aged 0-6 months, that is not the general practice. Study findings show that a significant number of women feed their children complimentary foods at that age (see Table 1.4). In Kilosa, they reported feeding children of that age with proteins such as beef, cereals, eggs, milk, fish more frequently (56.5 percent) followed by carbohydrate i.e. rice, porridge, hard porridge, cassava, potatoes (36.5 percent), fat i.e. oil fat, butter, cashew nuts, peanuts (9.4 percent) and none of them reported feeding them mineral food. In Mvomero district on the other hand, parents reported feeding their children more frequently with proteins (64.1 percent) followed by Carbohydrates (49.4 percent), minerals i.e. sardines (10.3 percent) and fats (1.9 percent). The study found that knowledge on types of nutrients needed for young children is very low. Only 34.6 percent of parents in Mvomero districts reported an awareness of the nutrients required and in Kilosa district, only 18.8 percent of parents stated that they had knowledge about nutrient required for the health and appropriate growth of young children. Even for those who stated that they knew the nutrients required further examination revealed that they were superficially aware. Health facility nurses during prenatal and postnatal visits were reported to be the main source of knowledge to parents who reported that they are aware of nutrients required for their children’s growth.
Table 1.4: Dietary patterns for under 6 months old children

<table>
<thead>
<tr>
<th>District</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Village</td>
<td>Kilangali</td>
</tr>
<tr>
<td>Proteins</td>
<td></td>
<td>1 (4.8%)</td>
</tr>
<tr>
<td>Vitamins</td>
<td></td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td>2 (9.5%)</td>
</tr>
<tr>
<td>Fat</td>
<td></td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Minerals</td>
<td></td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Exclusive</td>
<td></td>
<td>21 (100.0%)</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

Health:
In health, ECD is mainly concerned with the availability and utilisation of health facilities and/or pioneering innovative approaches to improve access to health services for the safety and wellbeing of children. Priority issues are sequential beginning with prenatal care which essentially focus on standard health screenings for pregnant women. Subsequent to prenatal care is assisted delivery in a conducive environment preferably in a health facility by adequately trained and skilled birth attendants. In this stage it is also crucial to have accessible and functional emergency obstetric care i.e. Basic Emergency Obstetric Care (BEmOC) in case of unexpected complications during pregnancy or child birth. These are in principal expected to be offered at primary health care facilities such as dispensaries and health centres. Then there is postnatal care which focuses primarily on mandatory childhood immunisations and well-child visits. Essentially this services are currently delivered through the National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016 - 2020).

The study found that in both localities of the study there are illnesses common for children of age 0-8 years old. The majority of parents reported Malaria to be the disease that most predominantly afflict children (see Table 1.5). In Kilosa district 57.1 percent of female parents and 72.2 percent of male parents were of the opinion that Malaria is the most common disease for children 0-8 years, while in Mvomero district, 59.6 percent and 63.2 percent of female and male parents respectively were of that opinion. Other common diseases for children include diarrhoea, typhoid, eye infections and UTI which are closely related to low level of hygiene.

---

### Table 1.5: Common illnesses to children age 0-8 years old

<table>
<thead>
<tr>
<th>Disease</th>
<th>District</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coughing/Flue/Pneumonia/Asthma</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Infections</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UTI</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typhoid</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

The study also found that there are children with difficulties particularly in seeing and hearing and are not getting any specific medical attention (see Table 1.6). Findings shows that overall, 4.7 percent of children in Kilosa district have difficulties in seeing with the majority of them (14.3 percent) coming from Kilangali ward. Similarly, there are 2.4 percent of children in Kilosa district with difficulties in hearing. In Mvomero district on another hand, 3.8 percent of parents reported that their children have difficulties in hearing and the majority of them (16.7 percent) come from Mangae ward.

### Table 1.6: Prevalence of Children with hearing, seeing and speaking challenges

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Survey data, 2018
The study also found that in some localities while there are grassroots health facilities such as dispensaries and health centres in other villages do not exist. The standard requirement is that in each village there should be a dispensary and in each ward there should be a health centre. In Mvomero District for example, there are 169 villages, but there is a total of 47 dispensaries and 5 health centres only. About 122 villages do not have a dispensary in the district. As a result, some of the population reside far from the designated village health facilitates, while some villages such as Mela village do not have a viable health facility and people use a health facility almost 10.5km away. Respondents mentioned long distance from a health facility a leading barrier deterring them and their children from accessing health services as they otherwise should. This can contributes to home delivery assisted by traditional birth attendants or knowledgeable women especially when labour is sudden or during the night.

The study also found that some parents consult traditional healers for some of the medical conditions of their children. In Mvomero 10.1 percent and 19.3 percent of female and male parents respectively stated that it was common for them to do so, while in Kilosa district 8.2 percent and 5.6 of female and male parents respectively stated that it is common for them to consult traditional healers on account of their young children’s medical conditions. The study also found that where young children are concerned some illnesses such as malaria, coughing and UTI were perceived as required the attention of medical professionals in health facilities while some illnesses such as headaches and stomachaches parents just treated the children themselves. This pattern of medical seeking behaviour where young children’s health conditions are concerned is risky and can result in misdiagnosis or mismanaged of an illness and can be life threatening in case of serious illness.

There is also a challenge of some pastoralists preferring home delivery and therefore planning not to deliver in the health facilities despite their availability. Overall, 59.0 percent of women in Mvomero district delivers at a health facility and only 48.2 percent of women in Kilosa district (see Table 1.7). On another hand , a significant proportion of women delivers at home with 40.4 percent from Mvomero and 36.5 percent in Kilosa district. Comparison across wards in Mvomero district shows that 70.3 percent of women in Mtibwa ward deliver at home followed by Dakawa (45.2 percent), Mangae (35.7 percent) and Mkindu (31.3 percent). In Kilosa district, Mangae and Kitete wards have the highest proportion of women delivering at home with 50.0 and 40.0 percent respectively. A significant percentage of women (14.1 percent) delivers at traditional birth attendants in Kilosa district. This is attributable to customs, male preference and sometimes costs involved in health delivery. The cost element is quite elusive to pin down because all RCH services are essentially free in all public health facilities. On another hand, although women deliver at home, a significant percentage of them attend postnatal care as evident by overall 98.1 and 96.5 percent recorded in Mvomero and Kilosa districts respectively.
Table 1.7: Pastoralists Women’s place of delivery and attendance of pre and postnatal care

<table>
<thead>
<tr>
<th>District</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health facility</td>
<td></td>
</tr>
<tr>
<td>Ward</td>
<td>Kilangali</td>
<td>Kimamba</td>
</tr>
<tr>
<td>Health facility</td>
<td>19 (90.5%)</td>
<td>9 (26.5%)</td>
</tr>
<tr>
<td>At home</td>
<td>2 (9.5%)</td>
<td>17 (50.0%)</td>
</tr>
<tr>
<td>To traditional birth attendants</td>
<td>0 (0.0%)</td>
<td>7 (20.6%)</td>
</tr>
<tr>
<td>Other</td>
<td>0 (0.0%)</td>
<td>1 (2.9%)</td>
</tr>
<tr>
<td>Attending Clinic</td>
<td>21 (100.0%)</td>
<td>33 (97.1%)</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

The study also found that there was variation in both facilities and staffing in health facilities servicing pastoralists communities. While some provide a full range of services including emergency services others do not have the capacity to provide even basic assisted delivery because they do not have enough facilities especially in case of emergencies or they do not have sufficiently qualified personnel. In the latter category referral to capable health facilities is effected or people go straight to those facilities. This also limits access to required services at the community level.

As far as postnatal care is concerned, the study found that pastoralists were quite receptive of issues such as immunisation of children and well-child visits (see Fig. 1.8). However, a variety of issues sometimes resulted into failure to consistently pursue these services in health facilities. Issues such as distance from the health facility and pressing responsibilities were noted as the main hindrances. For these reasons some health facilities conduct periodic RCH outreach programmes to bring services closer to the community. In Mvomero district, 99.4 percent of parents stated that their children received all required vaccines while 84 percent thinks that people in the community ensure children aged 0-5 years receives all required vaccinations. In Kilosa district, 82.4 percent of parents stated that their children received all required vaccination and the same percentage of parents thinks community members ensures children 05- years receives all required vaccines.
Among the key reasons given as to why parents ensure their children are vaccinated is that they have been made aware of the benefits of vaccination particularly that it will protect their children from diseases. Attendance in prenatal and postnatal care was flagged as the main source of information about vaccination. Furthermore, period outreach programme in their communities for vaccination was highlighted as making it easier for parents to ensure that their children are vaccinated. Village government officials were also flagged as contributing to vaccination efforts. Some respondents stated that village government officials, in particular village chairman and village executive officers, have been informing community members that it was mandatory for all children to get all requisite vaccination.

Respondents were also of the view that most community members ensure their children aged 0-5 years get vaccination because many women are taking their children to clinics where education on the importance of vaccination is provided. Another evidence to why community members ensure children 0-5 years receive all vaccination is that there has been a significance reduction in diseases in the community, which is an indication that their children are protected. On another hand, parents reported increased emphasis and close follow-up from government officials to make sure all children 0-5 are immunised. Some respondents cautioned that some community members still do not vaccinate their children because low awareness which makes them unlikely to prioritise immunising their children.

Lack of proper documentation mechanism was noted as a critical problem. There are no reliable sources of information showing the number of pregnancies in a particular village annually, the number of home vs health facilities deliveries; reliable records of child morbidities and mortalities. This is particularly because of the home vs health facilities co-existence. For example, births or child mortalities happening at home are not recorded, and therefore hospital based data may not provide accurate community data. Traditional birth attendants or experienced women are also not registered and therefore official records may show that they do not exist. In this regard, it flagged that when capacitated grassroots institutions of governance and traditional leadership may be crucial for capturing of all data relevant data at the community level.
The study also found that in pastoralists communities there is notable absence of male involvement in prenatal and postnatal care. The study found that men are counted on to make most of the decisions, such as whether the woman should deliver at home or at the hospital. They also make most of the decision regarding children upbringing and allocation of resources. Lack of their involvement may act as brake in ECD related health services efforts.

**Early learning:**

In early learning, ECD is concerned with availability of high-quality childcare and/or preschool centres. In that respect the Law of the Child Act No. 21 of 2009 section 147-151 provides for creches and day-care centres. Essentially creches are supposed to cater for children between 3 months and 2 years old, while day care centres are supposed to cater for children above 2 years old up to age five years old. Already regulations for day-care centres have been developed and were announced through Government Notice No. 167 of 13/05/2016. The study found that up until the time the study was undertaken there were a total of 1086 day-care centres registered across the country. The study did not find any day-care centres in the localities of the study. The study was informed that at the moment the government is on course to develop guidelines for establishment and management of creches in the country.

In the context of ECD, early learning also focuses on availability of parenting programme, (during pregnancy, after delivery and throughout early childhood). These were found to be lacking in the localities of the study. It was also unclear who was supposed to deliver this parenting programme. Furthermore, there were no guidelines or content for delivering such parenting programmes. The study found that what was available is a package for counselling the family on care for development. This is a WHO package aligned with RCH services and currently used by UNICEF and EGPAPF in their respective project sites. During the period this study was being taken, that package was yet to be introduced in the study areas.

The study found that in the pastoralists communities’ female family or community members share the responsibility and support each other to take care for children who in other settings can be supported by creches. These include co-wives, grandmothers, female next of kin etc. Creches is a concept that at the moment has not been piloted in pastoralists communities in the locates of the study. Day care centres is also a concept that has not been piloted in pastoralist communities. Key informants for the study were of the view that the ‘day-care centre’ concept is more relevant for urban areas than for rural areas, particularly because they are privately run and have cost implications which might not be readily be met by rural residents. The proposed alternative relevant for rural settings are children community centres. These can be established and owned by community members. Some key informants informed the study that the Department of Social Welfare is currently working on developing guidelines for establishment and management of children community centres.

The study found that the Department of Social Welfare has developed a comprehensive ‘Childcare Workers Guide’ potentially a useful tool for children community centres. This guide address diverse ECD issues including early child stimulation; child physiological development; parenting and child social development; child cognitive development; child language development; child emotional and values development; how young children learn; parenting and development of HIV/AIDS infected or affected children; and recognition of early signs and stimulation for children visit disabilities.

Furthermore, in early learning ECD is also concerned with availability of free pre-primary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms). Between day-care/community centres and primary school, there is pre-primary level, which according to the Tanzania Education Policy (2014:9) is supposed to be 1 year, as opposed to the preceding policy which had designated 2 years for this stage. Pre-school prepares and assess children’s readiness to begin primary education.
The study found that each public primary school has free pre-primary classes, and that this was a mandatory requirement. Out of 146 school in Mvomero district, 141 has pre-primary classes. Others are in the process of building classes and undertaking other logistics to establish those classes. However, some schools are located far away from children’s residences, which would force young children to walk long distances to attend. To mitigate this, key informants informed the study that affiliated pre-primary classes have been established by the initiative of community members themselves. Such classes are referred to as ‘shule shikuizi’ (satellite schools) and are affiliated to a particular parent primary school. Registered and officially recognised extension pre-primary schools, get all basic the government’s support as an extension of the main school. This include learning materials and hiring of teachers. The study learnt that in the entire Mvomero districts there is a total of 12 such pre-primary extension schools.

The findings show 100% and 98.7% of the respondents from Kilosa and Mvomero districts respectively admitted there are pre-schools services for their children in their community (see Table 1.8). They estimated the average distance of the pre-schools to the respondents’ households to be 1 kilometre in Kilosa and 2.8 kilometres in Mvomero district. Dakawa ward in Mvomero is observed to have the highest distance to access the pre-school services of approximately 4.3 kilometres and the lowest is observed at Kimamba in Kilosa district with 0.6 kilometre. Approximately all of the respondents 100% and 98.7% from Kilosa and Mvomero respectively acknowledged it is important to have pre-school services in nearby areas. Moreover, majority of the respondents 85.9% from Kilosa and 95.6% from Mvomero are willing for their children to attend the pre-school services. The median age of attending pre-schools in both districts is found to be 5 years, which is higher, compared to the new recommended age in the new education structure of 1+6+4+2+3+ under Education Training Policy, 2014 where students to enroll in pre-school at the age of 4 years.

### Table 1.8: Access to pre-school services

<table>
<thead>
<tr>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kilangali</td>
<td>Kimamba</td>
</tr>
<tr>
<td>Female</td>
<td>11 (12.9%)</td>
</tr>
<tr>
<td>Male</td>
<td>10 (11.8%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average distance of the school from the respondents household</td>
<td>2</td>
</tr>
<tr>
<td>If there isn’t such service nearby, do you think it is important to have such a service nearby?</td>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
<td>10 (11.8%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness to attend: Did/does/will you child attend pre-school?</td>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
<td>10 (11.8%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age of attending pre-school</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018
However, the study noted that the quality of classes, learning environment and availability of learning and teaching materials for some of the pre-primary classes leaves a lot to be desired. Furthermore, in some of the schools there is shortage of teachers and qualified teachers. The study was informed that there is a big challenge of hiring and retaining qualified teachers to work in the pastoralists communities. Teachers are discouraged by the working environment because some of the schools are in very remote areas, without electricity, clean and safe water, teachers’ housing and many other challenges.

Most of the available teachers are certificate level, but not necessarily holders of a Pre-Primary Teacher Education Certificate. As per the Tanzania Teacher’s Education curriculum for the latter train teachers in a) Professional studies; b) Academic subjects; c) Methodologies for teaching Pre-primary Subject Activities; and, d) General courses. Without this training it is not clear whether available are sufficiently capable of delivering quality pre-primary education relevant in the context of pastoralists communities. Key informants informed the study that some teachers attained a crush course on early childhood education. The district social welfare department in Mvomero district also informed the study that it was looking for partners and ways to capacitate pre-primary teachers work with community members to make pre-primary education impactful but more locally relevant.
The study also found that while some children were attending school others are held back at home to herd livestock. This is one of the major challenges in ensuring universal early childhood learning in pastoralists communities. The question of ‘who will herd livestock if every child of school going age is enrolled in school?’

It was also noted in the study that some children stay far from school. To regularly attend school, they have to make a walking journey of several kilometres each school day and some without shoes.

The survey also wanted to get opinion from the respondents if they are satisfied with the quality of education their children in pre-school and those from standard one to three receive and whether schools meet their expectations for their children’s education. Findings show in Kilosa 82.4% of respondents and in Mvomero district 66.7% of respondents are of the view that the school will meet their expectations for their children education (see Table 1.9). Furthermore 63.5% of the respondents from Kilosa and 59.6% from Mvomero district stated that they are satisfied with the quality of education their children in pre-school and those from standard one to three receive. However, some respondents were less optimistic flagging inability to read and write and low knowledge of numeracy (3Rs) to some children who as far
as standard 4 and 7; poor performance of students in national examinations; inability of students to appropriately speak Swahili language and lack of sufficient number of teachers compared to the number of students. Other challenges mentioned include poor teaching facilities such as shortage of classrooms and desks, lack of teachers’ houses, and shortage of books and other teaching materials.

![Children walking to school and some bare footed!](image)

Table 1.9: Parents’ satisfaction with quality of education

<table>
<thead>
<tr>
<th>District</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dakawa</td>
<td>Kanga</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the school meet your expectations for your children's education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5 (5.9%)</td>
<td>14 (16.5%)</td>
</tr>
<tr>
<td>Male</td>
<td>5 (5.9%)</td>
<td>20 (23.5%)</td>
</tr>
</tbody>
</table>

Are you satisfied with the quality of education children in pre-school and those from standard one to three receive?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Female</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 (3.5%)</td>
<td>13 (15.3%)</td>
<td>13 (15.3%)</td>
<td>29 (34.1%)</td>
<td>21 (13.5%)</td>
<td>16 (10.3%)</td>
<td>8 (5.1%)</td>
</tr>
<tr>
<td></td>
<td>2 (2.4%)</td>
<td>19 (22.4%)</td>
<td>4 (4.7%)</td>
<td>25 (29.4%)</td>
<td>8 (5.1%)</td>
<td>4 (2.6%)</td>
<td>3 (1.9%)</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

Parents’ involvement in their children’s early learning has a great impact on improving children’s learning outcomes. The survey wanted to get the opinion from the respondents if they visit their children in school, participate to implement activities at the school that aimed to improve learning environment but also wanted to know if there are other things that they are not doing, but they think if they could do them at home will help their children’s learning. The findings revealed that 65.9% of the respondents from Kilosa and 76.9% from Mvomero visit their children at school (see Table 1.10). Furthermore, the study learnt that 70.6% of the respondents from Kilosa and 77.6% from Mvomero do participate to their children’s school activities. Respondents mentioned that they do participate in parents’ school meetings, building classes and teachers’ houses and providing financial support for school feeding programme. Furthermore, 64.7% of the respondents from Kilosa and 40.4% from Mvomero acknowledged that there are other things that they are not doing, but they think if they could do them at home will help
their children's learning. Illiteracy and lack of money to purchase learning materials to be used at home were mentioned as the main reasons that prevent them from supporting their children learning at home.

### Table 1.10: Parents involvement in their children early learning

<table>
<thead>
<tr>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kilangali</td>
<td>Dakawa</td>
</tr>
<tr>
<td>Kimamba</td>
<td>Kanga</td>
</tr>
<tr>
<td>Kitete</td>
<td>Mangae</td>
</tr>
<tr>
<td>Total</td>
<td>Mkindu</td>
</tr>
<tr>
<td></td>
<td>Mitibwa</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

Are there other things that you are not doing, but you think if you could do them at home will help your child's learning?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kilosa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mvomero</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you visit your children at school?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kilosa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mvomero</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you participate in any way in your children school?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kilosa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mvomero</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Communicating with children's teachers has a great impact on improving children's learning and ensuring the learning outcomes are met. The survey findings indicate that more female respondents in Kilosa than males (79.6% vs 58.3% respectively) do communicate with their children's teachers regarding their children's learning (see Fig 1.9). The situation is different in Mvomero where the findings show there is approximately equal involvement between female and male respondents (77.8% vs 78.9 respectively). Also as Figure 1.10 shows many respondents in Kilosa (93.9% female, 91.7% males) feel comfortable to share their learning concerns with their children's teachers. However, the situation is different in Mvomero where more male respondents (91.2%) appeared to feel comfortable to share their learning concern compared to the females (79.8%). The use of mobile phone and physical visit to schools were mentioned as the popular ways of communication with teachers.

Source: Survey data, 2018

![Fig.1.9: Parents Communicating with their children's teachers](image-url)
CHILD PROTECTION:

Early Childhood Development’s concern with child protection focuses on a number of things. The first is mandatory birth registration. In Tanzania birth registration is mandatory and the current basic process for birth registration involves attainment of ‘Notification of Birth’ from the health facility where birth took place. In case delivery was at home, the ‘Notification of Birth’ is attained from either a Village Executive Officer or District Registrar. This process should be done with 90 days of birth and when done on time it is free of charge. The ‘Notification of Birth’ should be submitted by the parent or guardian to a District Registrar, where the certificate is processed at a fee of TZS 3,500. After logging the application for the birth certificate, the parent or guardian is informed when they must return to the District Registrar’s office to collect the completed birth certificate. This usually takes several days.

The study found that 71.8% of respondents from Kilosa and 67.3% from Mvomero districts respectively have not attained birth certificates for any of their children. Overall, only 32.7 percent and 28.2 percent of parents in Mvomero and Kilosa districts respectively reported that they have attained birth certificates for at least one their children. Ward comparisons show that, in Mvomero district with only 7.7 percent Kanga ward has the lowest percentage of children with birth certificates, followed by Mtibwa (21.6 percent) and Mangae (26.7 percent) while the remaining ward had at least 50 percent and above coverage. In Kilosa district, Kitete and Kilangali wards have the lowest birth certificate coverage with 10 and 19 percent respectively (see Fig. 1.11).
The main reasons mentioned by respondents for not getting the birth certificates were the lack of awareness and knowledge about the importance of having the birth certificates to their children, complications during the process of getting the birth certificates and the long distance to where the certificates are issued. Awareness, the process and travel to the District Registrar were therefore flagged as the main deterrents to most respondents.

The study found that Registration, Insolvency and Trusteeship Agency (RITA) in collaboration with UNICEF and telecommunication companies such as TIGO has successfully piloted a decentralised birth registration initiative in Tanzania which can be useful in pastoralists communities. The innovative mobile birth registration system reduces many logistical hurdles of the current system. At the time this study was being conducted, however, this initiative had not been introduced in the localities of the study.

Another issue ECD is concerned with in relation to child protection is availability of domestic violence laws and their enforcement. The study found that although the laws are available, their enforcement is a tricky issue. In the focus group discussion for instance, several children expressed that they had witnessed domestic violence particularly fights among their parents. Law enforcement requires the issue being reported, and if it is not reported by the victim, then it is not possible to take action. Most parents however seem unaware of the impact of children witnessing their confrontation or violence.

Furthermore, focus group with children revealed that children are often exposed to violence and harsh language. Some children stated that they have been harshly beaten several times and screamed at by parents and other people in the family. Again, the majority of the respondents from both districts stated that most community members use canning, slapping, abusive and rage words as their main ways to discipline their children especially when they are between 3 to 8 years old. It should be noted that canning is still widely practiced in many public schools in Tanzania because corporal punishment in schools is authorised and regulated by the Education (Corporal Punishment) Regulations 1979 under the National Education Act 1978 in mainland Tanzania.

Furthermore, according to findings, 27.1% and 23.7% of the respondents from Kilosa and Mvomero districts respectively agreed that in their respective communities, there are people who excessively punish their children (see Table 1.11). Lack of knowledge about the health impact of excessive punishments, common corporal punishment practices and alcohol abuse among parents were pointed out as the reasons for excessively punishment to children.

<table>
<thead>
<tr>
<th>District</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Kilangali</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Kimamba</td>
<td>7 (8.2%)</td>
<td>8 (9.4%)</td>
</tr>
<tr>
<td>Kitete</td>
<td>6 (7.1%)</td>
<td>2 (2.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>13 (15.3%)</td>
<td>10 (11.8%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Village</th>
<th>Dakawa</th>
<th>Kanga</th>
<th>Mangae</th>
<th>Mkindu</th>
<th>Mtibwa</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>7 (4.5%)</td>
<td>6 (3.8%)</td>
<td>6 (3.8%)</td>
<td>22 (14.1%)</td>
</tr>
<tr>
<td>Male</td>
<td>2 (1.3%)</td>
<td>1 (0.6%)</td>
<td>4 (2.6%)</td>
<td>7 (4.5%)</td>
<td>1 (0.6%)</td>
<td>15 (9.6%)</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018
On child protection ECD is also concerned with effectiveness and efficiency in tracking and intervening on child abuse (especially for young children). The findings also indicate female genital mutilation being among the recurring practices of child abuse. Study show that the median age for female circumcision in Kilosa and Mvomero district is 10 years. However, Mtibwa and Kanga wards in Mvomero district had the lowest reported median age for female circumcision with 2 and 2.5 years respectively (see Table 1.12). When parents were quizzed whether they think female circumcision is important, 38.8 percent of them in Kilosa districts accepted that female circumcision is important while 23.1 percent of parents in Mvomero district felt the same. In Mvomero district, 41.7 percent of parents who felt female circumcision is important mentioned they supported it because was just part of the tradition while in Kilosa 51.5 percent of parents gave the same reason as to why they supported the same. In Mvomero district, a significant proportion of parents (22.2 percent) support female circumcision as they feel it is the best way to control women's sexual behavior while 16.7 and 15.2 percent of parents in Mvomero and Kilosa district respectively support female circumcision as they think it is the way of preserving women's respect to her husband and the community.

Table 1.12: Perspectives on Female Child Genital Mutilation

<table>
<thead>
<tr>
<th>District</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village</td>
<td>Kilangali</td>
<td>Kimamba</td>
</tr>
<tr>
<td>Median age for female circumcision</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Positive Perception Female Child FGM</td>
<td>5 (23.8%)</td>
<td>17 (50.0%)</td>
</tr>
<tr>
<td>Reasons for supporting female circumcision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect to her husband and community</td>
<td>1 (20.0%)</td>
<td>4 (23.5%)</td>
</tr>
<tr>
<td>Condition for getting married</td>
<td>0 (0.0%)</td>
<td>1 (5.9%)</td>
</tr>
<tr>
<td>Control behavior of a girl</td>
<td>1 (20.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>It's just our tradition</td>
<td>1 (20.0%)</td>
<td>9 (52.9%)</td>
</tr>
<tr>
<td>Others (avoiding isolation, it shows maturity etc.)</td>
<td>2 (40.0%)</td>
<td>3 (17.6%)</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

Focus group discussion with children also revealed that female children are frequently touched in their chests/breast by older boys who are in school and out of school. They also stated that some boys attempt to touch their private parts, and that they are frequently asked for sex and there are many attempts to lure and engage them in sexual activities. These findings indicate that a system for tracking and intervening

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103 In those communities Female Genital Mutilation is often considered a necessary part of raising a girl properly and preparing her for marriage/adulthood as it is considered a proper sexual behavior. It is associated with cultural ideals of femininity and modesty.
on child abuse is neither effective nor efficient in the localities of the study. This is the role of the child protection committee to come in because these abuses are perpetrated at the household level. However, as discussed above, these committees are not functioning in the localities of the study.

Another component of concern for ECD in child protection is the training of law enforcement officers in regards to the particular needs of young children. The study found that at the district level some trainings were conducted particularly for law enforcement officers who are in the police gender desk. However, it was also evident that law enforcement officers are more in urban settings and townships than in rural settings. In rural settings it is the grassroots institutions of governance in particular the Village Executive Officer (VEO) who is the principal law enforcer. There is very little capacity building at this level regarding particular needs of young children.

**Child social protection**

In child social protection ECD is mainly concerned with three main issues. The first is availability of policies to protect rights of children with special needs and promote their participation and access to ECD services. The second is availability of services for orphans and vulnerable children. The third is existence of financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.).

As observed above there are various policies and legislations providing for the protection of children with special needs and their participation and access to ECD services. Study findings show that in Mvomero district 29.5 percent of respondents reported to be aware of children not cared for properly in their area. Comparison of wards shows that half of children in Mangae ward are deemed as not cared for properly followed by Mkindu (43.8 percent), Mtibwa (35.1 percent) and Kanga (14.4 percent). Similarly, 23.3 percent of respondents in Mangae ward report availability of child headed household in the ward followed by Mtibwa (16.2 percent) and Mkindu (12.5 percent). Dakawa ward reported neither children not cared properly nor child headed household. In Kilosa district, 17.6 percent of children reported not to be cared properly while 8.2 percent were reported as leading their own household (see Fig 1.12). Kilangali ward reported the same (33.3 percent) proportion of children who are not cared for properly and child headed households. Kitete ward has the second highest (23.3 percent) proportion of children not cared properly after Kilangali (33.3 percent). However, no child headed household was reported in Kitete and Kimamba wards. These findings indicate that from the perspective of community members there are many vulnerable children in this localities. In some of the community based FGDs it was indicated Tanzania Social Action Fund (TASAF) programme which enables poor households to increase incomes and opportunities while improving consumption has reached and benefits some of the households. However, it was also flagged that the identification and verification process was not thorough and as a result some households which should not benefit are benefitting while some which should definitely benefit are left out.
Furthermore, findings also show that approximately only half of the respondents in both districts (52.9% in Kilosa and 49.3% in Mvomero district respectively) consider their households as not being food secure throughout the year. Most respondents explained climate change particularly unpredictable droughts, delays in rainfall and sometimes excessive rainfall affected harvests and were the main cause of food insecurity in their families. Various studies have demonstrated that food insecurity affects children most, and beyond hunger, it also has other multiple effects on children. Some related effects are malnutrition and its associated effects, child labour, and lower attendance and concentration in school.

![Fig.1.12: Perceived Degree of Child Vulnerability](image)

Source: Survey data, 2018

- **Quality Assessment of ECD Services in Pastoralist Communities**

As indicated throughout this report, the study found that albeit with a few exceptions such as Wami Sokoine primary school (pictured below), overall quality of ECD services in each domain leaves a lot to be desired.

![School environment at Wami Sokoine primary school](image)

- **Opportunities for Policy Development, Review and Implementation**

  Tanzania is currently implementing the five-year National Plan of Action to End Violence Against Women and Children (NPA- VAWC 2017/18 – 2021/22). This plan offers an array of opportunities to address diverse issues relating to early childhood development.
Toilet facility at Wami Sokoine primary school

- There are several potential opportunities for advocacy and for involvement in policy development, review and implementation. In all ECD components there are diverse policies being implemented where partners can chip in and compliment government’s efforts, innovate and add value.

- The study also highlights that there is a critical importance of abridging the currently available diverse policies and legislations and developing a user-friendly one reference point for ECD provisions in the country, i.e. a Tanzania ECD Manual.

- In relation to developing a Tanzania ECD Manual, it is important to harmonising various policies and synthesising them into an Integrated Tanzania ECD Policy.

- The study also sees an opportunity in developing Tanzania ECD Action Plan to provide an ECD road map, reference point and clear map out the complementary nature of the roles various stakeholders play in ECD services provision. At the moment each sector and each player is guided by their respective policies or programmes. However there is a palpable disconnection and ECD services do not seem to be provided as a well-coordinated package.

- There is also an opportunity in collaborating with the commissioner for social work in the development of community centres/creches standards, regulations and guidelines.

Parents and Caregivers’ Knowledge, Attitude and Practices Relating to Integration of Child Protection into ECD

In this objective the study examined the impact of rural pastoralists habitats on knowledge and practices on quality ECD services delivery, and well as the impact of knowledge, practices and policies on early childhood experiences. The investigation on parents and early childhood development therefore examined the trellis of family patterns of interaction that effect the health of young children as well as their social and intellectual competence. There are three levels which are considered: The first level is parent–child transactions. With respect to fostering young children’s intellectual competence, this looks at the ability

of parents to gauge their interactions so that they are consistent with their child’s developmental level and motivational state is central to the development-enhancing aspects of the construct captured by the term “sensitive-responsiveness”

Clearly, for optimal interactions to occur, a highly developed sensitivity to and understanding of the cues children display are required.105

FGDs with children indicate that most parents in this community communicate with children especially those of school going age as adults than as children. This is closely associated with responsibilities children undertake at a younger age. For girls it may include preparing their own food and feeding younger ones; while for boys they may include rearing livestock.

Parents on the other hand stated that they have the habit of conversing with their children who are below 8 years old. In Kilosa district 95.9% females and 91.7% males and in Mvomero 92.9% females against 91.2% males posit that they do have conversations with their children who are below 8 years. The conversations normally are about academic issues and school attendance, house chores, self-discipline and good behaviour, confidence and self-esteem. It was also observed that parents being busy with household chores and house work or busy with other economic activities impede them from having conversations with their children.

The second issue is about family-orchestrated child experiences. Here parents are seen as primarily responsible for organising a variety of experiences in both the home and the larger community environment that establish the conditions for other important development-enhancing experiences for their child. These include such diverse parental activities as providing an appropriately stimulating environment, for example developing, participating and/or selecting developmentally appropriate games, toys and materials. The orchestration of family routines and rituals involving the child provides the context for diverse and productive parent–child transactions and may also include involvement in family chores and activities.106

In FGDs children did not indicate that their parents are involved with them in this way. Usually children learn from and play with other children. Female parents seem to be involved where household chores are concerned, while male parents tend to focus on livestock rearing for boys.

The third dimension concerns health and safety provided by the family. Here, the family pattern of interaction focuses on the crucial ability of families to attend to their child’s basic needs with respect to health and safety. Maintaining a child’s good health, with an emphasis on preventive health (e.g., immunisations), enables children to take advantage of many of the other development-enhancing aspects of family patterns of interaction described above. Similarly, maintaining proper nutrition is essential for optimal intellectual competence, although the processes through which this factor operates are complex.107

In Mvomero district, 99.4 percent of parents reported that their children received all required vaccines while only 84% thinks that people in the community ensure children aged 0-5 years receives all required

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105 ibid: p. 46
106 ibid. p.48
107 ibid. p.49
vaccinations. In Kilosa district 82.4 percent of parents reported that their children received all required vaccination while the same percentage of parents think community members ensure children 0-5 years receive all required vaccines. Among key reasons mentioned as to why parents ensure their children are vaccinated is that they are informed that vaccination will protect their children from diseases. Other reasons as to why parents ensure their children receive required vaccines is that they have been attending clinics where health care workers stressed that all children be vaccinated. Other parents said they had been urged and required by the village government official that all children are vaccinated. Parents also reported increased emphasis and close follow-up from government officials to make sure all children 0-5 are immunised.

The study found that parents fed their children aged 7 months to 8 years old more carbohydrates with 97.6 and 99.4 percent of parents in Kilosa and Mvomero districts respectively reported the same. After carbohydrate, the second most given type of food is protein (85.9 percent in Kilosa and 96.8 percent in Mvomero) followed by Vitamins (43.5 percent in Kilosa and 59.6 percent in Mvomero). Across all districts, provisional of mineral and fat types of food is very low. In Kilosa district only 2.4 and 14.1 percent of parents reported giving their children mineral and fat type of foods respectively while in Mvomero 34.6 and 23.7 percent of parents reported the same. It was clear in the study that parents and caregivers in the pastoralists communities had very limited knowledge regarding various child nutritional issues and lacked adequate awareness about balanced diet. As a result, essentially conventional dietary practices inform children’s feeding and consumption patterns such as regular consumption of hard porridge and milk.

The study found that most community members in both Kilosa and Mvomero relied on traditional and community knowledge as their main sources of knowledge on how to bring up their children of age 0-8 years. This was attested to by an average of 59.2% females and 66.7% males from Kilosa and 69.7% females and 73.7% males from Mvomero district. About 32.7% females and 38.9% males in Kilosa and 50.5% females and 35.1% males in Mvomero district stated that they had no particular source of knowledge about how to bring up children and relied on their instincts. Very few respondents in both districts (22.4% female against 19.4% males in Kilosa; and 28.3% female against 15.8% males in Mvomero) acknowledge getting the knowledge on how to bring up their children from the health service providers.

The study found that inability to read and write can go very far to negatively affect parents’ or caregivers’ ability to inform themselves about ECD issues and to undertake conscious initiatives respectively. Findings show that only 55.8 and 37.6 percent of parents interviewed in Mvomero and Kilosa districts respectively can read and write. Across all districts, the majority of women could not read and write; in Kilosa district, only 26.5 percent of women reported being able to read and write compared to 52.8 percent of males. In Mvomero district 50.5 percent of women stated that they are able to read and write compared to 64.9 percent of males. Ward comparison across districts shows that Dakawa ward in Mvomero district have more people who could not read and write as only 38.7 percent of all people interviewed reported being able to do so. In Kilosa district only 16.7 percent of all the parents involved in the study in Kitete ward stated that they are able to read and write. Ability to read and write is particularly important because a lot of basic and instructional information is provided through fliers such as the one to the right of this paragraph. Making such fliers
available therefore does not amount to information dissemination if the majority of the members in the target community cannot not read.

Alongside examining parent’s ability to read and write the study also assessed their level of education. Those who did not attend school at all or who attended but dropped out before undertaking their final standard seven examinations were grouped as illiterate. Findings show that 50.6 and 71.8 percent of parents in Mvomero and Kilosa districts respectively are illiterate. This means they either did not attend school at all or they dropped out before completion of basic primary school. Across all districts, there is significant gender disparity in the level of education attained as more women reported to be illiterate with Kilosa recorded highest percentage 44.7 and Mvomero recorded 34.6 percent. Comparison across wards shows that Dakawa ward have the highest proportion of illiterate parents with 74.2 percent. In Kilosa district, the highest proportion of illiterate population is in Kitete ward with 83.3 percent followed by Kilangali (71.4 percent). This is a serious situation which needs further investigation to understand why this was the case and what implications it has on ECD.

**Momentum for Change and Opportunities to Catalyse the Integration of Child Protection Into ECD**

- **Notable Practices and Innovations Relating to Integration of Child Protection into ECD**
  
The study found that non-state actors have significant contribution in early child development interventions especially with regard to issues of health, hygiene, nutrition and early learning. Programmes such as Mwanzo Bora funded by USAID was flagged in both Mvomero and Kilosa districts is an important intervention focusing on early childhood nutrition. TUSOME PAMOJA programme funded by USAID and implemented by RTI International was flagged in both districts as an important programme focusing on early childhood learning. It was also found in the study that UNICEF is credited for pioneering the establishment of the child protection system, including the establishment of child protection committees which are an integral part of the child protection system. UNICEF is also credited with pioneering technology based decentralisation of birth registration and attainment of birth certificates. SAWA is a non-governmental organisation which focus on sanitation and water hygiene, creating awareness and sensitisation about importance of hand-washing in Kilosa District. Organisations such as Huruma AIDS Concern Care (HACOCA) and PAMOJA TUWALEE are organisations involved in vulnerable children and child nutrition in Mvomero. In its programme areas PAMOJA TUWALEE has community based actors who identifies deserving programme beneficiaries and integrate them into the programme.

  
  Furthermore, the Tanzania Social Action Fund (TASAF) was flagged as implementing a social protection programme aiming among other things to protect the human capital of children among extremely poor populations. This programme has several components, among them provision of social assistance through a Productive Social Safety Net component made up of a basic grant i.e. conditional cash transfers and unconditional cash transfers. This component aims to enable poor households meet basic needs in particular improving their consumption.

  
  Child Protection Committees established at the village level. This is not exactly a new concept in Tanzania. A similar concept was implemented before. The committees seem to face the same fate the previous initiative experienced. Some of the most notable challenges for child protection committees at the village

  
level is that after their establishment they have been left to self-propel with limited capacity building and absence of ongoing straightening. They also do not have a legal mandate to act because they do not feature anywhere in the village council structure. They also do not have clear terms of reference or operating guidelines.

Increasing adoption of farming by pastoralists communities is also an opportunity for sensitisation and capacity building for growing and consumption of nutritious foods for children. The study found that approximately three-quarters (72.2%) of the females in Mvomero district stated that they owned farms in their respective villages compared to only 49% of females in Kilosa district. In Kilosa district 66.7% of males stated that they owned farms and 84.2% of males in Mvomero district stated that they owned farms (see Table 1.13). Some respondents who stated that they did not own farms explained that it was because of lack of money to purchase or rent the farm and inability to afford the costs associating with farming. A few said that they were not interested in farming and some stated that indigenous people do not allow other tribes to own farms. The fact that, a significant number of pastoralists are increasingly being involved in farming provides a strategic avenue for sensitisation and capacity building regarding production and consumption of nutritious food for children.

<table>
<thead>
<tr>
<th>District</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dakawa</td>
<td>Kanga</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>(12.1%)</td>
</tr>
<tr>
<td>Owning farm</td>
<td>Male</td>
<td>(27.8%)</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

Focus group discussion with actors in the district level repeatedly flagged what seem to be a persistent pastoralists communities’ tendency to frequently move. This was identified as one of the challenges that discouraged efforts to deliver ECD and other development services to these communities. However, the study found that pastoralists communities are more sedentary than perceived (Table 1.14). The study asked respondents if they are planning to stay in the same village where they were living in the time of the study. Findings show that 32.7 percent of respondents in Mvomero district are likely to move in a different place. However, on average respondents who said they are likely to do so have already stayed for between 11 and 28 years in their current villages, with an average of 20.3 and 23.4 years in Kilosa and Mvomero district respectively. When quizzed about the main reasons why they thought they would not stay in the same villages, the most mentioned reason was lack of social services like medical services, transport and electricity, draught which makes availability of pastures difficult and if government orders them to reallocate as a result of emerging conflict between farmers and pastoralists. These findings indicate that pastoralists households are sedentary than generally perceived. Furthermore, these findings also show that pastoralists are increasingly attracted by availability of social services. Their sedentarisation offer an opportunity to change attitudes towards them and to engage them into long-term plans for ECD services in their respective localities.
Table 14: Sedentarization and Mobility among pastoralists Communities

<table>
<thead>
<tr>
<th>District</th>
<th>Kilosa</th>
<th>Mvomero</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village</td>
<td>Thousand</td>
<td>25.8%</td>
</tr>
<tr>
<td>Kilangali</td>
<td>5 (23.8%)</td>
<td>25 (96.2%)</td>
</tr>
<tr>
<td>Kimamba</td>
<td>4 (11.8%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Kitete</td>
<td>1 (3.3%)</td>
<td>7 (21.9%)</td>
</tr>
<tr>
<td>Dakawa</td>
<td>10 (41.1%)</td>
<td>11 (32.7%)</td>
</tr>
<tr>
<td>Kanga</td>
<td>8 (25.8%)</td>
<td>11 (32.7%)</td>
</tr>
<tr>
<td>Mangae</td>
<td>25 (96.2%)</td>
<td>25 (96.2%)</td>
</tr>
<tr>
<td>Mkindu</td>
<td>0 (0.0%)</td>
<td>11 (32.7%)</td>
</tr>
<tr>
<td>Mtibwa</td>
<td>27 (66.7%)</td>
<td>12.6</td>
</tr>
<tr>
<td>Total</td>
<td>51 (32.7%)</td>
<td>23.4</td>
</tr>
</tbody>
</table>

Source: Survey data, 2018

Other notable momentum for change and opportunities to catalyse the integration of ECD in child protection include:

- Presence of a district Radio Station in Kilosa known as Radio Jamii. There is a special educative programme about parenting.
- Involvement of traditional leaders has been found to significantly increase acceptance and compliance.
- Involvement of role models e.g. among the pastoralists Maasai involvement of elite Maasai increase acceptability and compliance.
- Capacitating village child protection committees and integrating them into the formal village council structure to give them clear mandate and legitimacy.
- Using available legal opportunities to introduce and pass by-laws increase acceptance and compliance. The case of school feeding programme byelaw is a case in point.

**Strategic Entry Points in the ECD System to Catalyse Impact**

Some of the notable entry points in the ECD System to catalyse impact include:

- Developing a custom designed community based sensitisation programmes at the village level
- Instead of working at the abstract community level concrete and grounding interventions at specific household level to create community based role models. This should involve identification of several households to be supported as role models / demonstration case studies. Findings show that community members learn more from seeing results than from abstract hearing of information.
- Up scaling ‘counsel the family on care for development’ package in pastoralists communities. Strong emphasis should be on how to involve men.
- Piloting establishment of children community centres in pastoralists communities.
- Using biofortified staple crops for school feeding programme to increase micro-nutrients intake. The study learnt that there are some schools which produce some of their own food. They can be supported to grow biofortified crops for their own consumption.
- The study also found in the pastoralists communities that women have almost exclusive responsibility on the care and dietary patterns of young children. Women are almost solely
responsible for the wellbeing of young children in these communities. Comprehensive packages targeting on empowering women to take more control and make informed decisions about their children is critical. Capacitating women may therefore yield positive results with regards to the health, nutrition and early learning for children. This will require however insightful examination of what practices or initiatives can pastoralists women manage in their contexts.

- Designing pre-school and early primary teachers’ support manual - developed from an insightful comprehension of pastoralists /rural communities.
- Developing a capacity building programme for pre-primary and early education teachers in pastoralists communities.
- Capacity building on ECD interventions for grassroots institution of governance in particular village and hamlets leadership.
- Integration of child protection committees in the formal village council structure
- Comprehensively involving traditional elders and leaders in ECD interventions.
- Involving elite Maasai as programme ambassadors and for insight regarding strategies, techniques, entry points and key landmarks regarding ECD interventions.

• ECD Funding Ecosystem and Potential Co-Funders for ECD Interventions

- This sub-objective was made particularly difficult by three issues: One, lack of a centralised data base identifying all actors, including non-state actors, on ECD. Second, lack of a centralised database about ECD inclined interventions/projects that have been or are currently being undertaken in the country. It is clear that over the years so many actors, so much resources, and diverse ECD interventions have been undertaken. However, there are no lessons learnt, and it is not easy to quantify the investment made. Three, lack of ECD stakeholder engagement strategy.

Nevertheless, there are various local and international stakeholders who are involved or have shown interest in certain components of ECD. For example:

- E.g. Bill Melinda Gates has been funded innovative nutrition solutions such as crop biofortification. Liaising with organisations/ projects that are being funded is an opportunity.
- Total Tanzania has been funding construction of school latrines.
- Tanzania Dairy Board has an ongoing interest/initiative to encourage higher milk consumption in Tanzania. Similarly, Lato Milk is undertaking a county-wide campaign to promote milk drink in schools.
- African Development Bank is funding some projects on processing biofortified crops in Tanzania.
- Vodacom Foundation has for years been involved in providing desks and educational materials.
- Addax & Oryx Foundation based in Geneva - has the mission to fight the root causes of poverty in Africa and the Middle East, by supporting projects focused on four core areas: health (including hygiene and drinking water), education, community development (including sanitation), and the environment.
- EABL Foundation’s Water of Life programme focus is East Africa. The four programme pillars are: Water of Life, Environment, Skills for Life and Special Projects.
- ELMA Foundation’s Community Grants Programme work with local communities and families to reach some of the most marginalised and vulnerable groups in society targeting to relieve poverty, advance education, and promote health
WomanKind Worldwide is a London based organisation which partners with women’s rights organisations in Africa tackling the issues that affect women’s lives.

Flahive Family Foundation awards grants to groups promoting maternal health and wellness, women’s healthcare, education, and access to clean water in developing countries. It has for instance supported solar well installations in several Tanzanian villages.

Global Health through Education, Training and Service (GHETS) is based in the United States and its focus is improvement of health in underserved communities. They can partner with organisations to support capacity building to doctors, nurses, and allied health workers working with underserved communities. They provide seed grants to locally-driven projects in women’s and community health, occupational and environmental health, and training and capacity building.

Global Partnership for Education is funding the government’s Education Sector Development Plan for 2016/17 to 2020/21. While it funds the government, it is an important stakeholder considering the organisation’s key focus areas such as children with disabilities, early childhood care and education.
CONCLUSION

Equitable early childhood policies and programmes are crucial to ensure universal quality early childhood development. Quality ECD is a bedrock for children’s health and their entire wellbeing; and it is indispensable for them to develop their intellectual skills and creativity necessary for them to realise their full potential and become productive adults. Integration of Child Protection to ECD is without doubt a wide undertaking.

Findings show that in almost all ECD dimensions including ‘child protection’ pastoralists communities involved in the study do not fair very well. This synopsis provides a glimpse of the data collected, their brief interpretation and concise discussion. Findings have been presented thematically and in a way as to allow strategic thinking for intervention design. There are different entry levels, from the national level to the community level. There are also diverse dimensions of intervention.

It is important however to understand that every single issue is interconnected and in a symbiotic relationship with other manifest and hidden issues. To effect sustainable change therefore does not depend on tackling one issue. The theory of change grounded on attaining sustainable transformation necessarily requires that people are also changing in the process. It is therefore critical that intervention design does not superimpose but rather involve community members to be part of the deliberation about the issue in question and to be a critical part of the solution. Furthermore, it is crucial that the sectoral approach to ECD services be increasingly harmonised to optimise complementary efforts by multisectoral stakeholders. This is because ECD, aligned along its key components namely child protection and child social protection which incorporates health, nutrition, security and safety, responsive caregiving, and early learning cannot be provided in isolation or independent of each other but as a complementary package.
Non-state actors in the form of primarily internationally funded programme and activities were found to pioneer innovative programme and direct beneficiaries focused interventions in early childhood development. However, two issues are observed and highlighted as far as non-state actors’ interventions are concerned. First, such programme are time-bound, they are often three years programme with a few extensions. Secondly, such programme can only reach a small proportion of potential beneficiaries. This issue results into two chronic challenges. First, limited capacity to sustain such interventions after programme phase out and wind up. Second, the capacity to up-scale such interventions to reach a much wider scope of potential beneficiaries when sustaining and up-scaling fails. It is recommended that a study be undertaken to examine why it sustaining and up-scaling donor funded programme or interventions has been a chronic challenge, and to identify lessons learnt from interventions which have managed to be sustainable and evolve post donor funding. Based on the findings, the report should recommend what needs to be done. Such recommendations can contribute in the development of standard operating procedures for non-state actors’ ECD interventions in the country.

It is also recommended that the Tanzania ECD stakeholders engagement plan/strategy should be developed to guide and marshal all potential support in ECD interventions. At the moment most national and international support opportunities are not identified, known and systematically engaged. There are several examples given indicating that there international and local organisations and private sector potential partners who are not appropriately engaged.

It is recommended that a national ECD Network that transcends an organisation should be established. While in all ECD components a lot has been done over the years by different state and non-state actors, the challenge is that there is no comprehensive documentation, continuity, lessons learnt, upscaling, assessments, and a clear sense of the status quo. The proposed platform is essential if we are to confidently and comprehensively assess the extent universal access of ECD services is being implemented in the country. The Tanzania Early Childhood Development Network (TECDEN) is a great concept that if fully capacitated to realise its potential can appropriately fill this gap. To play this role effectively, this organisation needs to evolve and embrace the big picture nationally and internationally, as well as systematically and effectively embrace all ECD stakeholders at regional, district and grassroots level.

Early learning is still a massive challenge in the pastoralists communities. There are many deep-rooted and multi-faced challenges facing education in general and early learning in particular in pastoralists communities. Some of the challenges have been highlighted in this study. It is recommended that a comprehensive pilot early learning programme be designed specifically for pastoralists communities. This programme should be informed by actual realities, practices and circumstances of pastoralists communities. Implementation of such a programme in a few pastoralists villages for a minimum of three years can provide a viable model for an early learning programme for contemporary pastoralists communities in Tanzania.

This study has concisely highlighted issues of child protection in pastoralists communities. Some of the most atrocious is the allegation that infants and young female children undergo genital mutilation. Another one is the normalised grooming and sexual abuse of female children. Both of these issues

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109 see [http://www.tww.or.tz/about/partners/tecden/#](http://www.tww.or.tz/about/partners/tecden/#)
have a social-cultural and normative legitimacy and therefore successful intervention inevitably requires a theory of change that guides comprehensive social-cultural, ideological and economic transformation of a people. An ethnographic insight is necessary in designing such a theory of change. However, a systematic approach that touches on the systemic pillars supporting these practices needs to be adopted.

It is again recommended that there is a need for developing the Tanzania ECD Manual, the Tanzania ECD action plan, and a synthesised integrated ECD policy. These are flagship documents crucial not only for pastoralists communities but for universal and equitable ECD intervention in the country. The action plan for instance is essential because it will provide a common road map, from which each lead ministry is allotted its responsibility. This document is also essential to guide ECD interventions and harmonise efforts across all state and non-state actors.