

POLICY BRIEF

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THE AGA KHAN UNIVERSITY
INSTITUTE FOR HUMAN DEVELOPMENT

The Role of Civil Society and Partnerships in Advancing Nurturing Care

Executive summary

Early childhood development (ECD) is part of life's course, including preconception health and wellbeing of adolescents. Promotion of health and wellbeing across the life course requires multisectoral programs. Notably health and nutrition, education; child and social protection; in the context of a supportive environment of policies, cross-sectoral coordination, and financing.

These multiple inputs create a framework within which actions to promote ECD can be initiated and expanded.

It is against this backdrop that Madrasa Early Childhood Programme in Zanzibar (MECP-Z) and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), each implemented the Care for Child Development (CCD) intervention across multiple child and maternal services delivery touchpoints, in Tanzania (both mainland and Zanzibar), effectively highlighting the critical role of civil society and partnerships in advancing nurturing care.

This followed a systematic adaptation process over five years. It involved revising and adapting of CCD to fit into local contexts and existing Tanzanian government systems. Notable achievements of its implementation included:

1. Buy-in from key government sectors, especially the Ministry of Health, Community Development, Gender, Elderly and Children (MoH CDGEC).
2. Increase in technical ECD capacity of the key MoH CDGEC stakeholders.
3. Parent/caregiver leadership in changing attitudes and parenting practices.
4. Increased male involvement.
5. Holistic child development services in health centers.
6. Increased inclusion of vulnerable children groups.

Political prioritization, legislation, policy, utilizing existing systems and financing in scale-up, can improve child development. It increases access and quality of health and other services, as well as money and time for parents to provide nurturing care for their young children.

Introduction

Many efforts to promote early childhood development depend on non-governmental services, which are frequently limited in scope and inequitable in coverage¹. In Tanzania, interventions have also proven dependent on skilled human resources and are built on existing service systems such as health, education, social and child protection albeit with severe supply-side constraints². Given the extensive benefits of health and nutrition interventions on children's development; and opportunities for the health sector to reach young children and their families during pregnancy and the first years of a child's life, Tanzania's experience in implementing the WHO-UNICEF developed CCD intervention, shows that RMNCH services are important entry points for early childhood development interventions.

Policies, laws and regulations are essential for ensuring that all children have the opportunity to achieve the highest standard of health and development. They may be universal, pertaining to the entire population, or targeted, for populations who bear certain risks such as poverty, disability or remote communities³. In this light, the case of Zanzibar, a semi-autonomous region in the United Republic of Tanzania, bears mention. While it compares favorably with mainland Tanzania in education and health indicators, an analysis of the ECD status conducted by the Aga Khan University's Institute for Human Development determined that health and nutrition programs in Zanzibar do not cover all regions and rural areas are more disenfranchised than urban ones. For instance, while 81% of children aged between 12 – 23 months were immunized, only 55% of these children had received age-appropriate vaccinations signaling a capacity and knowledge gap on responsive caregiving amongst the parents.

Overview of issues

The *Nurturing Care Framework for ECD* employs state-of-the-art evidence on how early childhood development unfolds. Hence sets out the most effective policies and services that will help parents and caregivers provide nurturing care for babies. It is designed to serve as a roadmap for action; helping mobilize a coalition of parents and caregivers, national governments, civil society groups, academics, the United Nations, the private sector, educational institutions and service providers, to ensure that every baby gets the best start in life.

However, in Tanzania

- While there has been progress in increasing children's access to early education, health care, nutrition, safety and security, insufficient attention has been placed on how parents and caregivers can provide responsive care.
- Under-5 mortality rates have dropped yet maternal health and wellbeing remains a main concern given the increased maternal mortality rates from 556 maternal deaths per 100,000 live births in 2015/16 compared to 454/100,000 in 2010 based on the Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS, 2015–2016).
- Estimates by UNAIDS (Country progress report: United Republic of Tanzania, 2020) show that mother to child transmission of HIV increased from 8% in 2015 to 11% in 2020 against global targets of 5% and that an estimated 6% of people living with HIV are children age 0-4.
- 91.7% of children below age five are registered at birth, although only 64% of these have a birth certificate.

1 Vargas-Barón, E. (2013). Building and Strengthening National Systems for Early Childhood Development. DOI:10.1093/acprof:oso/9780199922994.003.0024

2 Ibid.

3 Ibid.



Fig. 1 Components of Nurturing Care for ECD

The CCD approach in Tanzania

To effectively integrate CCD interventions into existing services, MECP-Z and EGPAF adopted a systematic approach to prepare the ECD system. This approach involved learning about implementation in a scalable unit – a district; testing and further refining the approach in different settings before scaling up. National and local institutions were strengthened to ensure that staff have adequate competencies to deliver high quality services and that there was community demand for services. The approach required systems investments that align(ed) with the principles of universal coverage hence the development of the costed National Multisectoral Early Childhood Development Program (NM-ECDP) 2020/21 – 2025/26.

The civil society actors’ approach in adapting and integrating the CCD intervention involved:

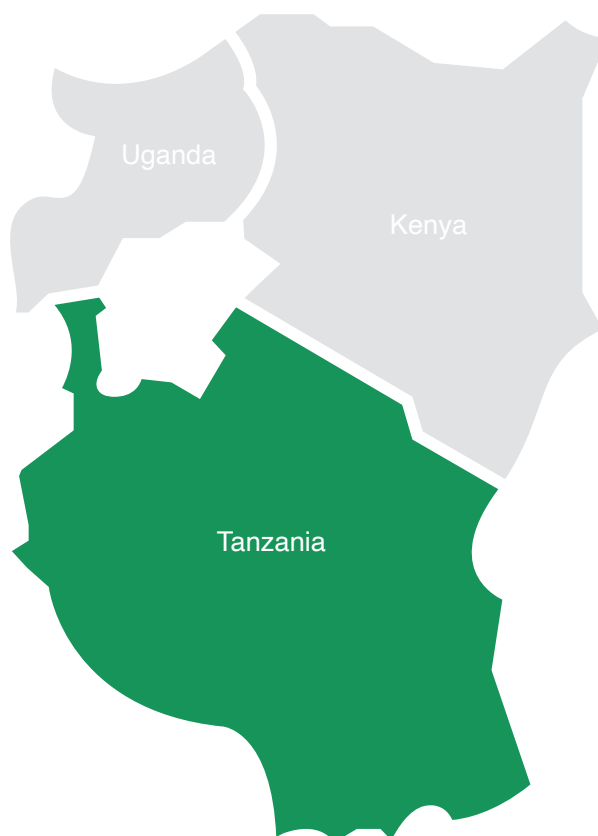
- I. Selecting a mutually agreed upon practical entry point in the health and education sectors.
- II. Securing stakeholder ownership and leadership at national, regional and district levels.
- III. Adopting a multifaceted participatory adaptation process which included translation to Swahili, identification of key messages, clinical practice over theory, contextualized graphics.
- IV. Building the health staff’s capacity by using a cascade model to independently take charge of training and management of other health staff in local level facilities.
- V. Conducting regular M&E meetings aimed at integrating measurement of appropriate indicators into government health information systems.

Results and lessons learned



Policy recommendations

1. Strengthen multisectoral coordination in support of ECD and facilitate extensive community and civil society engagement.
2. Build capacity to promote ECD through existing health, nutrition, education, social, and child protection services.
3. Expand access to effective and essential ECD services, including safe play spaces in homes, schools, communities and health clinics.
4. Operationalize the NM-ECDP 2020/21 – 2025/26, to create supportive environments for families and provide nurturing care for young children.
5. Build on contextually appropriate practices and integrate them into existing service delivery platforms and counselling tools.
6. Collect cross-sectoral data on essential indicators of ECD and track progress.



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