



BERNARD VAN LEER FOUNDATION

TANZANIA STRATEGY SUMMARY

APPROVED JUNE 2011

**Eisenhowerlaan 156
2517 KP The Hague
The Netherlands
31-70-331-2200**

www.bernardvanleer.org

I. Overview

The Bernard van Leer Foundation's strategy in Tanzania addresses the rural poor, among whom there is a population of 7.6 million children from 0 to 8 years of age. While the strategy is national in scope, with national-level investments focusing on various forms of advocacy and public education, it involves more intensive community-level work in three districts with a population of 223,250 children from 0 to 8. Our two priority goals are:

- 1. National scale-up of quality services for early learning for children from 0 to 8 years old in poor rural communities**
- 2. A reduction in violence in rural families with children 0 to 8 years of age**

Tanzania depends heavily on external aid, which accounts for 30-40% of its total government budget, in addition to off-budget support that goes directly to non-governmental organizations. This requires close collaboration among donors, as well as efforts to make sure that Tanzanian parents and children have a stronger voice in how these resources (and those generated from within Tanzania itself) are used. This summary gives an overview of each major strand of work including background to the goal choices, key outcomes and strategies, risk assessment and evaluation metrics.

Goal 1. National scale-up of quality services for early learning for children from 0 to 8 years in poor rural communities. Three basic obstacles stand in the way of realising the potential of young children in Tanzania to learn: i) malnutrition – 42% of five year olds show signs of stunting and 5% shows signs of wastingⁱ; ii) poor preparation for formal learning – 63% of children do not attend preschool, and among those that do student-teacher ratios are as high as 74 to 1ⁱⁱ; and iii) poor quality of primary schools, where despite net enrolment rates of 95%, the ratio of qualified teachers to students is 54 to 1.ⁱⁱⁱ As a result, only 50% of primary school leavers are able to pass their final examinations.^{iv} These statistics are worse in rural areas, where half of all children live below the basic needs poverty line and 15% of the adult population (20% women, 10% men) have never had any formal education.^v

This may seem like a bleak picture, but there are very positive signs of improvement, which is one of the reasons we have chosen to focus on our goal of scaling up quality programmes for early learning.^{vi} Between 1998 and 2005, for example, the government doubled the health budget, increasing coverage of immunization and bednets and leading to a 10% annual decrease in child mortality.^{vii} In the education sector, Tanzania's 37% pre-school enrolment rate may seem low, but it is only 5 points below the global average and is double the average for sub-Saharan Africa.^{viii} Lastly, the pending introduction of a national integrated early childhood development policy provides the basis for the effort to scale up.

Outcomes and strategies

The combination of strategies outlined in this section is intended to contribute to ongoing efforts in the country to scale up an integrated early childhood development policy (IECD

policy) that targets children from 0 to 8 years of age with services in health, nutrition and education.^{ix} It is also intended to capitalise on substantial international interest and investment, much of it associated with the Millennium Development Goals: for example, the Committee on the Rights of the Child is piloting indicators to measure attention to young children's rights, the UN has chosen Tanzania as a pilot country for its 'one UN' framework and has committed USD 44 million for health and nutrition and USD 103 million for education over the next four years, and a variety of other donors have made early childhood a focus in their Tanzanian portfolios.

However, we recognize that the existence of this policy and these commitments is only one step toward improving young children's lives. Approaches to implementation need to be developed and shared; state institutions and employees need to develop the skills to manage the relevant programmes, and funding needs to be made available on a sustained basis. In addition, attention needs to be paid to increasing equity gaps as the policy is brought to scale, which is why we have focused on the rural poor – the hardest to reach.

Also central to the strategy is working collaboratively with a core group of funders who focus on early childhood development.

Outcome #1: Increased national debate and awareness about the need for investment in early childhood in rural areas. As the new policy is introduced, it is important to disseminate it widely and use it as stimulus for broad debate about investment in early childhood. In addition, disseminating the policy better enables government employees to implement it, and parents and community leaders to make claims. Examples of strategies may include:

- Sponsoring campaigns to widely disseminate and debate the integrated early childhood development policy (IECD policy) and the Law of the Child Act down to the grassroots level through Tanzania's public and community radio, father and mother discussion groups and development theatre.

Outcome #2: Increased public and donor funding provided to integrated programmes for early learning in rural areas. The IECD policy is likely to remain underfunded for some time and this will limit its reach. It is therefore important to push to increase both public and donor funding, but with special focus on the former given that donors have recently been scaling back. Strategies include:

- Supporting local partners to conduct national and donor expenditure tracking related to the IECD policy;
- Supporting local partners to hire lobbyists who can keep this issue in all of the relevant budget negotiations at the national level, including in the Ministries of Health, Education, Gender, Finance and in Parliament;
- Working with the funders coalition for early childhood to advocate for greater investment among peer organizations present in the country.

Outcome #3: Increased engagement from the corporate sector as advocates for investment in early childhood in rural areas including direct investment in services. One area to look for additional local funding is the Tanzanian corporate sector, which is growing especially in areas such as telecoms, food production, services and pharmaceuticals. Tapping into these sources can be important complements to public and donor funding. However, we have seen in other countries (such as Peru) that over time the political voice of the corporate sector may be even more important than the money it can provide. Some strategies to this effect include:

- Working with business organisations to sensitize corporate leaders around the power of their voice as advocates for young children;
- Negotiating with mobile phone providers to send public service SMS on young children to cell phone networks as part of their corporate social responsibility;
- Setting up a challenge fund to provide corporate matching funds for local governments and villages that invest in integrated early learning.

Outcome #4: Parents of young children in rural areas and their representatives are increasingly well-organized to demand, strengthen and monitor integrated services for early learning. This part of our strategy focuses on three districts (Kiteto, Igunga and Kibondo) which were selected given the high indices of need and on advice from officials in the Tanzanian government (see Annex A for map). The strategies mentioned thus far are aimed at providing enabling conditions and support for this piece of work, which represents the ‘heart and soul’ of our effort to achieve this goal: complementing supply-side work by empowering the key constituency for these services, parents and children. Strategies include:

- Working with NGOs and CBOs already active in the districts to help families to improve their income and food security so that they have time to become engaged in the dialogue on early childhood and can make contributions to integrated early childhood services;
- Helping parent groups to track local expenditure in early learning and participate in budget planning at the level of village committees;
- Working with NGOs to foster champions for young children within district level committees responsible for monitoring budget requests to the central government.

Outcome #5: Improved capacity of state institutions and public employees to deliver integrated programmes for early learning in rural areas. Also in the three focus districts, supply-side support is needed to help public officials work well with parents and their representatives. Good practice on technical guidance has the potential to spread across the country. Strategies include:

- At the district level, partnering with the District Local Government, specifically the Executive Director to whom the District Education Officer and the District

Community Development, Gender and Children Officer report, and under whose jurisdiction the District Multisector Committee operates;

- Helping to provide training to the multi-sectoral committees at sub-village, village and district levels to understand their responsibilities under the IECD policy;
- Disseminating case studies of successful implementation of the new policy;
- An annual ‘celebrating success award’ for the districts who show most commitment and innovation in implementing the IECD policy.

Goal 2. A reduction in violence in rural families with children 0 to 8 years of age. In a nationwide study endorsed by the Tanzanian government, 75% of children and youth aged 13-24 reported experiencing physical violence (punching, kicking, or whipping) by a relative, teacher or intimate partner before the age of 18. The most common aggressors were children’s family members.^x

While we do not have similar statistics for children 0 to 8, many incidents reported in this survey were retrospective and we know from international research that the age group at greatest risk of harsh physical punishment is children aged 5 to 9, suggesting levels of prevalence reaching into the millions of young children.^{xi} Research by the World Health Organization in Tanzania further suggests that as many as 42% of ever-partnered urban women and 56% of ever-partnered rural women have experienced physical or sexual violence by an intimate partner in their lifetime, and 7% and 12% respectively were beaten during at least one pregnancy. Younger women (who are more likely to have young children) were at greatest risk, as were women who had not had secondary education.^{xii} These trends generally support the international literature, which suggests that domestic violence is more likely to occur in homes with young rather than older children.^{xiii} Extrapolating from these statistics in the absence of direct measures, we can assume that the number of young children who are witness to domestic violence against their mothers is also likely to be in the millions.^{xiv}

Violence is not only a violation of young children’s rights. It has lifetime repercussions which are harder to observe. Neuroscience has demonstrated how persistent exposure to violence (including as a witness) can distort the size of the hippocampus, altering the stress response system, and can obstruct the production of cortisol, leading to long-term health problems.^{xv} In the shorter term, young children experience mental health problems, difficulty learning and encounter reduced responsiveness from their primary care givers, leading to a lack of stimulation and higher incidence of neglect. Lastly, a large and growing body of evidence suggests that violence in early childhood is one of the best predictors of involvement in violence as an adult – both as a victim and as an aggressor.^{xvi}

Outcomes and strategies

Our strategies to reduce violence are premised on the belief that a major driver of the problem is the existence of social norms that place women and children in roles of inferior status and which consider family violence a taboo issue to be dealt with ‘privately’. This is reflected in the fact that 60% of Tanzanian women 15 to 49 believe wife-beating is justified

under certain circumstances, and that certain forms of corporal punishment of children are still legal in all settings.^{xvii}

The strategies also recognize that the recent passage of the Children's Act, the forthcoming launch of the results of the national study on violence against children conducted by UNICEF and the US Center for Disease Control, and an increasingly strong women's movement create space to begin to address this sensitive topic. However, we believe that it is important to proceed slowly given the limited evidence of what approaches are effective in the Tanzanian context. Moreover, the prevalence of extreme poverty means that we must combine our efforts to address these sensitive social norms with strategies to reduce stress on families more generally if we are to be successful.

Outcome #1: Widespread awareness of the existence of state laws against family violence and acceptance that violence is unacceptable. The strategy tries to shift opinion towards new beliefs that can reduce violence in families with young children. Since the launching of the national violence study by UNICEF, the government is likely to put this topic high on the agenda. Our effort will be focused on making sure young children in the family context in rural areas are represented in the broader debate. For example:

- Working with other organisations to make sure violence in young children's lives in the rural family context is reflected in their campaigns;
- Working with women's advocates to integrate the concerns of young children within their ongoing work on domestic violence in rural areas.

Outcome #2: The establishment and enforcement of community by-laws against violence in the family in rural areas. While we believe that a national level debate about social norms will help address the problem, we also recognize that much of this change happens locally and that such policies and systems take many years to develop. We would like to adapt an approach used successfully in Uganda (on the topic of hygiene) and in Senegal (on the topic of female genital cutting) that establishes community dialogue and leads to community enforced agreements that can induce larger behaviour change.^{xviii} Strategies include:

- Working with NGOs/CBOs based in the focus districts to facilitate community dialogue towards putting in place community agreements, including ways of monitoring and penalizing unacceptable behaviour;
- Partnering with organisations involved in cultural activism and heritage work to foster dialogue around local practices and knowledge that are rooted in positive values and that support violence-free partner and child care, for example through community theatre, poems, music, dance and debates.

IV. Evaluation

Evaluations are conducted on the goals of the country strategy, as well as on individual projects, both to measure our impact and to consistently learn from programming so we can make mid-course corrections where needed. Some of the key impact data being tracked (all disaggregated by socio-economic and ethnic groups) are as follows:

Goal 1 (scaling up early learning)

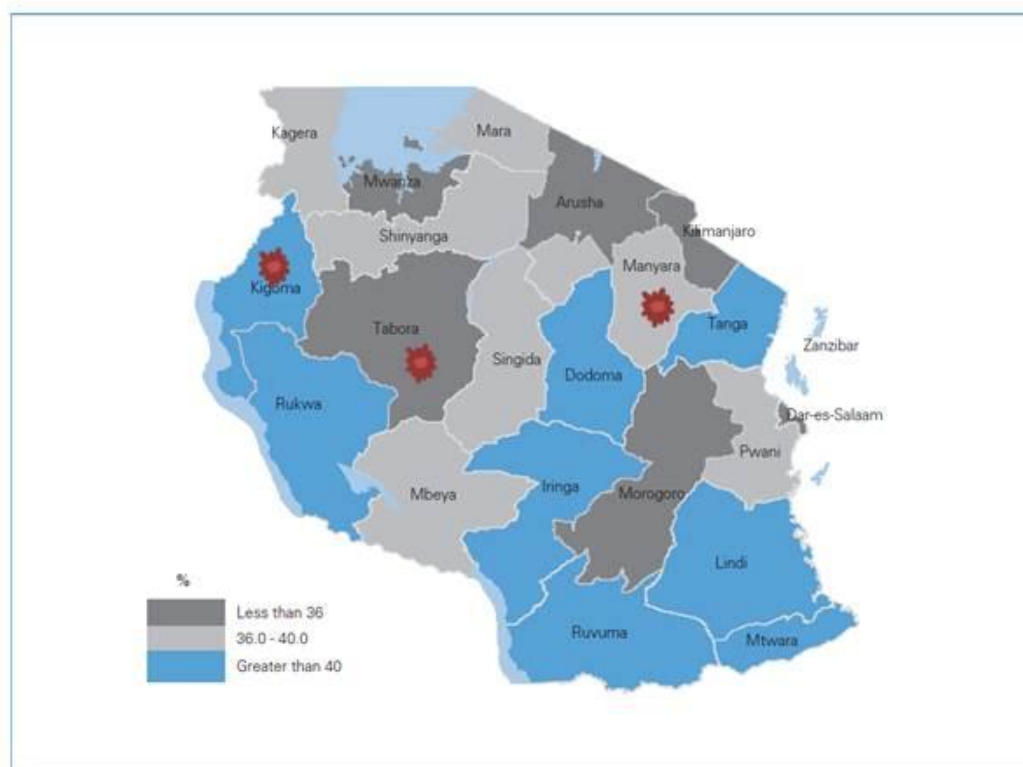
- Number and % of young children accessing services for early learning by age;
- Quality of services in relation to child learning, nutrition and health outcomes;
- Amount of public/private funding available for the component parts of the IECD policy;
- Capacity of parents in rural districts to effectively organize and obtain integrated services for early learning.

Goal 2 (family violence)

- Frequency of exposure to family violence (as witnesses or as targets);
- % of population that condones violence against women and/or children;
- Number of children living in communities (and number of communities) with solid community agreements to ban all forms of violence against women and young children.

Annex A – map of districts where we plan to focus community level work on both goals

Prevalence of Stunting in Children Under 5 Years by Region 2004-05



 = intensive community level work

Region and district	Pop. size	Description
Manyara: Kiteto	152,757	A semi-arid and one of the remotest districts, home to the marginalized pastoralist Maasai community; child vulnerability is high – water and sanitation and participation in learning are big challenges; also we have previously been funding in the district, investment we can build upon .
Tabora: Igunga	325,547	Igunga has second highest population and household size, and manifests high levels of child vulnerability in terms of child laborers in charcoal and farming, including fish farms.
Kigoma: Kibondo	414,764	Despite the relatively high population, this district has few schools. The region has one of the lowest net enrollment at preprimary. Child labor is high with children working on vegetable farms that serve neighboring Burundi. The district's location near the border point is also a risk for child sex abuse.

ⁱ National Bureau of Statistics Tanzania and ICF Macro. 2010. Tanzania Demographic and Health Survey 2010 Preliminary Report. Dar es Salaam, Tanzania.

ⁱⁱ Ministry of Education and Vocational Training. 2010. Basic Education Statistics in Tanzania (BEST) 2006-2010 Revised National Data. Dar es Salaam, Tanzania.

ⁱⁱⁱ Ministry of Education and Vocational Training. 2010. Basic Education Statistics in Tanzania (BEST) 2006-2010 Revised National Data. Dar es Salaam, Tanzania.

^{iv} Ministry of Education and Vocational Training. 2010. Basic Education Statistics in Tanzania (BEST) 2006-2010 Revised National Data. Dar es Salaam, Tanzania.

^v National Bureau of Statistics Tanzania and ICF Macro. 2010. Tanzania Demographic and Health Survey 2010 Preliminary Report. Dar es Salaam, Tanzania.

^{vi} In the case of Uganda, we chose not to scale up because there was little in terms of a public early learning/preschool service; less than 10% of children were said to enter primary school with any preschool experience. What was available, however, in terms of a public system for reaching below school-age, the 0-6 year olds in Uganda was the Village Health Team (VHT) home visiting under the Ministry of Health. The VHT home visiting presented what we considered to be a scalable approach to integrating early learning into a health-focused approach.

^{vii} <http://www.gapminder.org/downloads/mdg-4-reducing-child-mortality/> (citing the Lancet, 2008).

^{viii} Education for All Global Monitoring Report (2009)

^{ix} Toleo la Taifa, 2010. Sera Jumui ya Malezi, Makuzi, na Maendeleo ya Awali ya Mtoto Tanzania Miaka (0-8)

^x Source Ministry of Community Development, Gender and Children, 2010. The Multi-Sector Task Force: A National Response to Violence Against Children. Dar es Salaam, Tanzania.

^{xi} UNICEF, "Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries," New York, 2010.

^{xii} WHO Multi-country Study on Women's Health and Domestic Violence against Women

^{xiii} UNICEF and the Body Shop (2006). "Behind Closed Doors: The Impact of Domestic Violence on Children".

^{xiv} According to WHO research in two sites in Tanzania, 42% urban and 56% of ever partnered women experience violence by their partners. Assuming rates are similar across rural areas in Tanzania and that young children were witnesses at similar rates, then we would estimate a population of 4.26 million children 0 to 8 are witness to domestic violence. Since violence typically occurs more frequently in homes with young children and in homes with large families, it may be even higher. Even if it were to be lower, it would have to be below 13% to drop under one million.

^{xv} <http://developingchild.harvard.edu/>

^{xvi} UNICEF and the Body Shop (2006). "Behind Closed Doors: The Impact of Domestic Violence on Children".

^{xvii} <http://www.childinfo.org/attitudes.html>

^{xviii} This refers to BvLF projects funded by Health Child in Uganda and the Totsan project in Senegal (not funded by BvLF), which has been highlighted in the UN Report on Violence Against Children in 2006.