



RESULTS FOR DEVELOPMENT INSTITUTE

UNLOCKING SOLUTIONS TO TOUGH DEVELOPMENT CHALLENGES

PROSPECTUS FOR AN EAST AFRICA **EARLY LEARNING CHALLENGE**

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UNLOCKING SOLUTIONS

RESULTS FOR DEVELOPMENT INSTITUTE

Results for Development Institute (R4D) is a non-profit organization whose mission is to unlock solutions to tough development challenges that prevent people in low- and middle-income countries from realizing their full potential. Using multiple approaches in multiple sectors, including Global Education, Global Health, Governance and Market Dynamics, R4D supports the discovery and implementation of new ideas for reducing poverty and improving lives around the world.

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Table of Contents

Introduction and Summary.....	1
Section I: ELC Fund Structure and Governance Options.....	4
1. “Bigger, Smarter Investment”	4
2. Lessons Learned from Existing Schemes	5
2.1. Pooled or Aligned Funding.....	5
2.2. Management Structure	6
2.3. Accountability Mechanism	7
2.4. Program Design	8
2.5. Monitoring & Evaluation	11
2.6. Advocacy & Networking	12
3. Conclusions and Recommendations.....	14
3.1. Lessons Learned for how to achieve the three ELC Goals.....	14
3.2. Recommendations for an ELC Fund Structure	15
Section II: Kenya Pipelines	16
1. Introduction	16
1.1. Context of ECD Programming.....	16
1.2. Situation of ECD Service Delivery.....	20
1.3. ECD System	23
2. Pipeline Development	26
2.1. Methodology	26
3. Kenya ECD Project Summaries.....	28
3.1. Large Scale Government Projects (See Volume 2, Annex II For Detailed Profiles).....	28
3.2. Profiled Service Delivery Projects By Non-State Actors	30
3.3. Profiled Software/Advocacy Projects By Non-State Actors	37
Section III: Tanzania Pipelines.....	40
1. Introduction	40
1.1. Context of ECD Programing	40
1.2. Situation of ECD Service Delivery.....	43
1.3. ECD System	46
1.4. Conclusion and Recommendations.....	52
2. Tanzania Pipeline Development	54
2.1. Methodology	54
2.2. ECD Project Categories	55
3. Tanzania ECD Project Summaries (Detailed Profiles in Volume 2, Annex III).....	60
3.1. List of Projects Profiled (Government Institutions).....	60
3.2. List of Projects Profiled (Non-State Service Delivery)	63
3.3. List of Projects Profiled (Software and Advocacy)	68

Introduction and Summary

Results for Development (R4D), supported by funding from the Bernard van Leer Foundation, has investigated two aspects of a possible Early Learning Challenge for East Africa, designed to get more and better utilized funding (“bigger, smarter investment”) into early learning programs: (a) possible governance and management structures; and (b) project pipelines for the two countries of Kenya and Tanzania. These aspects are the most critical for persuading future investors as they will want to know how decisions are being taken involving the use of their funds and also have a sense that there are good projects available for their funds to finance. While the initial effort is likely to be confined to the two countries, R4D has kept in mind throughout this work that any Challenge should also have the potential to expand later to encompass other countries in Africa and possibly also in other regions.

Funding Mechanisms

Fifteen examples of other actual or proposed funding mechanisms were reviewed to help develop thinking about possible governance and management structures. Some of these, like the Global Fund for AIDS, Tuberculosis and Malaria, are well-established; others are very new, like the DFID Girls Education Challenge; some have yet to be implemented like the Education Venture Fund.

Lessons learned from the fifteen schemes reviewed provide a clear path to achievement of the three ELC Goals for “bigger, smarter investment”:

- **Goal 1:** Critical to maximizing impact of current early learning funding through an ELC fund is the creation of a *clear, concise mission* that helps to target these funds effectively, and an *advocacy strategy* that generates excitement about and interest in supporting this mission. The fund will also need to solicit *input and buy-in at the local level* through a strong coordinating mechanism with stakeholders at the local level, to ensure that programs are being responsive to needs on the ground. The fund will need a *management team* that is able to build strong relationships with grantees or national governments, requiring a team *that is both sufficiently staffed and has strong technical knowledge*.
- **Goal 2:** Increasing the efficiency of current funding is dependent on the *integration of technical assistance provision* in parallel with a robust grantmaking program to ensure that grantees are efficiently managing the funding provided. In addition, the grantmaking program should offer *multiple rounds and tiers of funding*, to allow for an implementation learning curve and to encourage investment in higher-risk programs through a testing phase. Finally, a *dual-track M&E program* will allow the fund to monitor internally the efficient use of funding throughout the implementation phase, as well as to solicit external feedback on the fund’s processes and overall impact of the portfolio of grants.
- **Goal 3:** Attracting additional funders to an ELC fund, in particular those from the private sector, will depend on the ability of the fund to *advocate and create a network of support for its mission*. Additional funders will also be attracted by the flexibility of a fund to respond to potential investors’ particular program area interests, while remaining aligned with the overall mission. The fund can also solicit additional funding at the regional or country level, by integrating local buy-in and engaging local donors through matching or networking schemes.

Building on these goals, an Early Learning Challenge could be structured as follows:

Pooled or Aligned	<ul style="list-style-type: none"> ▪ The majority of ELC funding should be geared toward aligned programs, with a percentage directed to pooled funds for management, TA, and evaluation.
Central Management	<ul style="list-style-type: none"> ▪ An ELC fund should employ a medium-sized staff, preferably in-house but with a clear fund identity, strong technical knowledge and relationship with grantees and partner governments. ▪ Use incentives where possible to encourage successful management of programs.
Accountability Mechanism	<ul style="list-style-type: none"> ▪ Integrate local input and buy-in where possible through a partner association on the ground. ▪ The partner organization should ideally be already established and indigenous, with high credibility and autonomy from government.
Grantmaking	<ul style="list-style-type: none"> ▪ Discrete rounds of funding would allow for learning between rounds. ▪ Tiered funding strategy would allow investment both in established, proven programs as well as innovative ideas and prototypes.
Technical Assistance	<ul style="list-style-type: none"> ▪ TA is critical for making current funding more efficient and also allowing a fund to invest in innovative but high-risk models that have not been tested yet. ▪ TA should be provided alongside grants and supported through a pooled fund.
Matching	<ul style="list-style-type: none"> ▪ Integrating elements of matching into an ELC fund, either financial or in-kind, should be used to encourage buy-in at the local level and also increase the donor pool by soliciting contributions from the private sector.
Monitoring & Evaluation	<ul style="list-style-type: none"> ▪ A dual track M&E strategy should be employed to maximize an ELC fund’s efficiency and impact. ▪ Internal monitoring will allow a fund to track the use of funding from start to finish of program implementation, while an external evaluation can assist a fund to strengthen its own processes as well as to capture impact of the fund’s activities overall.
Advocacy & Networking	<ul style="list-style-type: none"> ▪ Integrating a strong advocacy strategy will help the ELC fund to define and publicize its mission, which could broaden the fund’s donor pool. ▪ A networking component will further strengthen the possibility of additional funders, and also provide an opportunity for grantees to share knowledge and best practices with one another and to a wider audience.

Pipelines.

The pipelines for Kenya and Tanzania were developed separately, as far as possible using the same approaches. Potential projects were identified and then categorized as “ready to go”, “needs preparatory work” or “inadequate”. They were also divided into service delivery projects and “software” projects, consisting of either capacity building or advocacy. Sections II and III present country profiles for each country accompanied by summaries of the first two categories of project; volume II annexes II and III present the details of all the projects

profiled. It needs to be stressed that these projects have not been appraised, so some may not prove as well developed as they seem if they are later reviewed in more depth.

The table below presents the overall results of the pipeline exercise. In general, there is a wide range of projects of all types that have the potential for funding. A major distinction between Kenya and Tanzania is the lack of major public sector projects under preparation in Kenya, presumably because this is not worthwhile in the absence of potential donors or other funders. Establishing the East Africa Early Learning Challenge would thus probably in itself generate more government interest in early learning in Kenya.

Country	Sector	Ready to Go			Needs Work		
		# of projects	Total (US\$ million)	Project size range (US\$ thousands)	# of projects	Total (US\$ million)	Project size range (US\$ thousands)
Kenya	Government Service Delivery	7	\$8.2m	\$45-3,800	0	-	-
	Non-State Service Delivery	35	\$5.8m	\$15-1,010	6	\$1.1m	\$12-500
	Advocacy/Software	9	\$1.8m	\$10-840	3	\$2.1m	\$348-1,125
Tanzania	Government Service Delivery	3	\$30.7m	\$171-30,026	6	\$84m	\$719-45,000
	Non-State Service Delivery	10	\$10.5m	\$258-4,855	11	\$1.4m	\$23-348
	Advocacy/Software	Many			Many		

The advocacy/software category in Tanzania actually includes also many service delivery projects and several large projects that are not principally about early childhood but encompass it (e.g. AIDS projects) so we have not attempted here to summarize this category in the table as it cannot easily be compared with the Kenya ones. In general, however, there are many more potential projects in Tanzania than in Kenya.

Section I: ELC Fund Structure and Governance Options

A review of existing strategies to galvanize investment (hereafter referred to as “funds”) was conducted in support of R4D’s preparation of a prospectus for an East Africa Early Learning Challenge (ELC). Lessons learned from these existing funds will assist in the creation of an ELC fund that will be responsive to the needs of early learning service providers, that can disburse funds in an efficient and appropriate manner, and that can attract a larger group of potential funders interested in helping to improve early learning outcomes in the developing world.

1. “Bigger, Smarter Investment”

To understand relevant lessons learned from the review of existing funds, it is important first to pinpoint what the overall goals of an ELC would be in order to determine what organizational strategy would effectively allow such a fund to be successful.

- GOAL 1:** *Pool or Align Current Funding:* The primary goal of an ELC would be to attract current funders of early learning programs to pool and/or align resources behind a clear, well-defined objective, in order to strengthen the impact of existing funding by making it more targeted and effective.

- GOAL 2:** *Make Current Funding More Efficient:* In addition to strategically targeting pooled or aligned existing resources, an ELC would play a key role in assessing, evaluating, and encouraging innovation in current funding to improve financial management.

- GOAL 3:** *Encourage Additional Funding:* Lastly, an ELC fund would advocate for the importance of early learning programs and attract new donors from foundations, the private sector, and local donors on the ground in target countries.

With these three goals in mind, R4D has surveyed a range of fifteen existing funding schemes (see Box 1) and assessed their governance structures, management strategies, grantmaking processes and evaluation frameworks with an eye to what strategies would be valuable and effective for an Early Learning Challenge.

Each strategy was assessed within a framework of eight broad indicators related to fund management, governance, program design, and evaluation.¹ This section synthesizes R4D’s assessment of the fifteen funds according to these indicators, distills lessons learned from each fund’s successes and failures, and seeks to formulate recommendations for what elements of fund design may be most appropriate to an Early Learning Challenge.

BOX 1: FUNDING SCHEMES EVALUATED

1. Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund)
2. Global Partnership for Education (GPE, formerly Education for All Fast Track Initiative or FTI)
3. International Finance Facility for Immunization (IFFIm)
4. Clinton Global Initiative (CGI)
5. Africa Health Fund (AHF)
6. Citizen’s Movement for Early Childhood in Peru
7. USAID Grand Challenge for Saving Lives at Birth (SLB)
8. USAID Grand Challenge for All Children Reading (ACR)
9. USAID Development Innovation Ventures (DIV)
10. DFID Governance and Transparency Fund (GTF)
11. DFID Girls Education Challenge (GEC)
12. DFID Business Innovation Facility (BIF)
13. DFID Climate & Development Knowledge Network (CDKN)
14. Norway Education Trust Fund for Africa (NETF)
15. Education Venture Fund (EdVF)

¹ See Annex I for the complete data tables.

2. Lessons Learned from Existing Schemes

A survey of fund structure, including specific financial, operational, and governance components, revealed that certain structural elements have provided an advantageous environment for successful deployment of resources, while others inherently created roadblocks for the effective identification of programs or timely and efficient disbursement of funds. The tools used by funds to deliver assistance, such as grantmaking vs. technical assistance, and the methods used for evaluation and advocacy, will also affect the fund's ability to administer funding effectively and ultimately impact early learning outcomes.

The following is an assessment of the structural and program elements of the fifteen funds surveyed based on the following eight indicators: funding structure, organizational management, accountability mechanisms, grantmaking processes, technical assistance delivery, matching schemes, advocacy and networking strategy, and monitoring and evaluation. Lessons learned from the funds across these eight categories are then used to formulate recommendations for how an ELC fund can be structured to maximize efficiency and impact.

2.1. Pooled or Aligned Funding

Lessons Learned: Whether funds are structured to implement programs with pooled resources or aligned but separate funding, is determined in large part by the requirements of each donor. For example, smaller donors looking to contribute to more robust programs that would normally be out of their range may be more willing to pool, where larger donors who have the capacity to fund programs independently may want to continue to do so directly. Alignment has therefore proven to be the most attractive structure for a wider variety of donors, and most of the funds examined which receive funding from more than one donor, employ a primarily aligned structure.

An alignment structure also has consequences for the size and cost of the fund's operational structure. If alignment is the primary mechanism for funding, the administrative arm of the fund could be much leaner, as much of the grant management will take place directly by each donor. However, this could have potentially crippling consequences for the fund's efficiency and credibility overall, as the possibly divergent priorities of various partners could create a misaligned trajectory of outcomes. In this case, pooled resources could be used in more targeted ways to offset the potential pitfalls of aligned but separate funding.

For example, pooled funds could suitably be used to provide the fund's collective goods, such as advocacy and networking, operational costs, and external evaluation mechanisms, which could help standardize the assistance across the aligned but separate programs. Pooled funds could also be used to provide technical assistance to support effective expenditure tracking, business development, legal advisement, human resources management, and other organizational development initiatives. Specific examples of how pooled funding is used by various funds included in this study are examined later in the sections on Technical Assistance and Monitoring & Evaluation.

Recommendations: To pursue the ELC Goal 3 of attracting a larger and more diverse group of donors, a structure of aligned funding is the most realistic and effective option. However, a successful ELC fund will make use of a small but targeted pooled fund to support fund-wide programs that will help to pursue ELC Goal 2 by assisting recipients to effectively manage their grants and resolving potential discord among individual donor programs.

2.2. Management Structure

Lessons Learned: A desire to keep the operational arm of a fund small and streamlined is a key theme among those examined for this report. However, if a small central management team comes at the expense of effective program management and host country engagement, the experience of some funds surveyed suggests that this cost-saving measure may ultimately damage the fund's credibility and successful implementation of programs.

In the case of the Global Partnership for Education (GPE), a small Secretariat was initially housed in the World Bank and staffed primarily by seconded Bank employees. This arrangement, though extremely cost-effective in its minimal structure and cost-sharing arrangement with the Bank, hindered the Secretariat's ability to carry out its particularly demanding mandate of assisting each GPE-funded host government to craft and implement an individual Education Sector Plan (ESP), a blueprint for the fund's work in each country. The limited staff dedicated to this task resulted in insufficient communication between the GPE and host governments and often poor coordination among education programs in-country (the Secretariat was also responsible for playing the primary M&E and advocacy role, though no funding was specifically dedicated for either function).

Indeed, the operating costs for the GPE Secretariat were covered only by funds earmarked specifically for that use by donors, instead of delegating a specific percentage of funding for operating costs. A lack of support from donors and consistency of funding made the functionality of the Secretariat unpredictable and inefficient. Close organizational ties to the World Bank also resulted in criticism of the fund, as reporting structures between the Bank and GPE were often blurred, and host governments had difficulty in discerning the appropriate role of Bank and GPE activities on the ground.

As an alternative, the DFID approach to managing its Governance and Transparency Fund (GTF) and Girls Education Challenge (GEC) through contracts to management firms has drawn criticism of its own. Though the outsourcing of management promotes efficiency and a certain degree of objectivity to the grant selection process, it also often creates discord if communication and decision-making is not streamlined among fund partners, resulting in unclear timelines and implementation processes for grantees (as was the case with the GTF). Further, an outsourced management firm often lacks the technical expertise needed to manage grants in a context-sensitive manner. This lack of specific technical knowledge risks devaluing the relationship between the funder and beneficiaries, when that relationship is managed by an external element that is more focused on applying efficient management processes to grant management than an approach that is flexible and responsive to programmatic needs.

The DFID Business Innovation Facility (BIF) has also contracted an outside management firm (PricewaterhouseCoopers), but has countered the problem of devalued fund-grantee relationship by creating a BIF identity within that management firm that is fully dedicated to managing the program and foster relationships with recipient businesses. The program has also been piloted in only five initial focus countries (Bangladesh, India, Malawi, Nigeria, and Zambia) and therefore has been able to assign dedicated Country Managers, based on the ground each pilot country, to personally manage those relationships. The pilot scheme has enabled the BIF to tailor assistance to each individual business and be flexible and responsive to needs as they arise.

Another way to encourage a productive relationship between fund manager and beneficiaries, and ultimately desirable outcomes, is creating an incentive-based compensation structure for fund managers. In the case of the Africa Health Fund (AHF), remuneration incentives for managers of the private equity fund's investments in small healthcare providers in Africa are tied to the successful development of these businesses and of

governance systems to support their long-term viability and social impact, encouraging strong relationships between the managers and investees.

Recommendations: To pursue ELC Goals 1 and 2 of making current funding targeted and efficient, the fund management team will need to be robust enough to respond to donor, grantee, and host country government needs. Overall, an ELC fund management structure would ideally involve a central management team that is robust enough to build and maintain relationships with beneficiaries, would include at least a majority of in-house staff if possible (but at the very least create a distinct fund identity for its management team), and would provide some kind of incentive for successful development and support to grantees where possible. The pilot model has been particularly successful in fostering efficient and effective assistance to individual grantees, strengthening the case for an ELC to be piloted in Kenya and Tanzania as planned.

2.3. Accountability Mechanism

Lessons Learned: Across the funds surveyed for this report, a key component of successful fund governance has been the existence of a strong Governing Board with varied representation and a Chairman or CEO with a clearly defined decision-making role. A Board provides direction to the management team, recommends or makes final decisions on all funding activity, and provides a liaison between donors and the fund. The strength of the Board in each case, however, depends on how representation is shared between donors, national governments, civil society and other stakeholders, particularly those from the developing world. This question of how to integrate expertise and opinion from local stakeholders and beneficiaries is apparent across the evolving governance structure as many funds continue to struggle with accountability questions.

One option for integrating local buy-in has been the Country Coordinating Mechanism (CCM) model implemented by the Global Fund. The CCM model is designed to delegate much of the grantmaking process to country-based teams that are composed of a variety of stakeholders, including representatives from government, NGOs, and the private sector. The CCM group is charged with identifying all potential grant opportunities, presenting recommendations for each grant (including designating a principle recipient) to the Global Fund Secretariat to evaluate and award accordingly. While the CCM model has been largely successful as a participatory process for grantmaking, it has presented conflicts of interest and mismanagement in cases where the leaders of CCMs have also been affiliated with primary recipients and have undue influence over the recommendations for grants. External assessments also found that representatives from national government dominate decision-making. The Global Fund has addressed these issues by integrating greater levels of transparency into the oversight and reporting requirements for CCMs, and revising guidelines to include greater representation from civil society and a specific quota of members from constituencies affected by AIDS, TB and Malaria.

Another option, as employed by the GPE, has been to create consultative arms in each recipient country that collaborate with host governments in developing and implementing their individual ESPs. These consultative groups represent national funders of education programs (through the Local Donor Group) and local education-related civil society (the Local Education Group), and play a purely consultative role to the national governments' active planning process in coordination with the GPE Secretariat. This model was in theory a successful way of linking host government planning with local needs as assessed by independent consultative bodies, but in reality, poor coordination and guidelines developed by the GPE for country-level processes dampened the influence of these groups significantly.

For funds that provide grants directly to service providers with little to no national coordination (such as DFID GTF and GEC, and USAID's Grand Challenges), there is little opportunity for any consultation at the local level.

One way to compensate for this lack of on the ground presence is including partners from the Global South into the fund partnership structure. For example, the DFID Climate Development Knowledge Network has populated its board with representatives from its diverse group of Alliance partners based in developing countries in Africa, Asia, and Latin America.

Another possibility for engaging local opinion and buy-in would be to engage an existing country-based advocacy group or donor coalition as a networking and information-sharing partner. The Peru Civic Movement for Investment in Early Childhood (PCM), while not considered by this study as a model for an ELC fund as such because it does not channel funding, is an example of such a potential partner. The PCM holds annual partnership meetings (at both the national and regional levels) which bring together a diverse network of experts in education, law, health, and finance who are committed to advocating for and investing in improved programs and policies for the development of young children. Run by a local social communications organization, PCM's primary function is to provide expertise, knowledge generation, networking, advocacy, and strategic communications to early childhood advocates, implementers, and funders. The partnership maintains independence from the government to enhance its ability to influence policy. This type of local association, because of its indigenous establishment, enjoys strong credibility among local stakeholders and would prove to be an effective resource for local contribution to fund governance.

The ELC pilot has one such potential partner in Tanzania: the Tanzania Early Childhood Development Network (TECDEN), a coalition dedicated to sharing information and experience, generating knowledge and understanding ECD in Tanzania. Having already been established and generated credibility among advocates and policymakers alike, an independent network such as TECDEN would provide a valuable partnership to an ELC fund looking to integrate local expertise and buy-in on the ground in Tanzania when developing and implementing its programming. There is no similar network currently operating in Kenya.

BOX 2: A ROLE FOR ULTIMATE BENEFICIARIES?

While integrating the participation of ultimate beneficiaries in a fund governance structure is an important goal for any fund that endeavors to be responsive to real development challenges, this is a particularly difficult endeavor in the case of an Early Learning Challenge. Young children in poor households in low-income countries – and only marginally less so their parents – are ill-equipped to participate in the bureaucracy of an international funding mechanism such as any of the fifteen funds examined here. The interests of these constituencies are likely only to have sufficient resonance in a systematic, consistent way through the advocacy of well-established local NGOs/CBOs that are integrated into a country-level mechanism described in the main text.

However, there are potentially other ways of integrating ultimate beneficiary input in a more qualitative way. For example, a potential ELC fund could commission on-the-ground surveys or focus groups with parents, community organizations, religious associations, and other local networks, to assess the feasibility/relevance of proposed grants. While this kind of assessment would ideally be carried out independently by the fund, it could also be integrated into the grant application process whereby applicants would be required to include some kind of on the ground justification/support for their proposed programs.

Recommendations: To ensure that ELC Goal 1 is met, an independent consultative body on the ground in-country is critical to generating local stakeholder buy-in and integrating local expertise into program design and development. For funds that have no in-country presence, a mechanism for assessing the potential impact of applicant projects on the ground should be developed to satisfy at least a minimum of due diligence in investigating the needs of ultimate beneficiaries. Investigating potential mechanisms for this kind of input goes beyond the immediate scope of this work, but see Box 2 for a brief discussion of ideas.

2.4. Program Design

An essential element of each fund is the mechanism through which it delivers assistance to beneficiaries. The assistance generally falls into one or more of three main categories: grants to service providers, technical assistance to service providers, or a network/matching scheme. Overall, the funds examined for this report are

varied in their approach: four funds are strictly grantmaking (SLB, ACR, DIV, IFFIm), three provide only technical assistance to beneficiaries (NETF, BIF, CDKN), and six funds offer a combination of the two (Global Fund, GTF, GEC, AHF, GPE, EdVF). Two organizations examined (Clinton Global Initiative and the Peru Civic Movement for Investment in Early Childhood (PCM)) fall into the networking category. Finally, a strategy found to be particularly successful across the spectrum of program design models has been the use of matching to leverage expertise and funding (see Box 3 for a description of different types of matching schemes).

2.4.1. Grantmaking

Lessons Learned: A major takeaway from the review of funding schemes is the value of multiple, discrete rounds of funding, which allow funds to refine the grantmaking process and make current funding more efficient. By contrast, one-off funds are unable to learn from and build upon inevitable lessons from a first round of funding. For example, a survey conducted at the conclusion of the GTF award phase provided suggestions for how to improve the tender, selection, and administration process. The survey, which was conducted by an independent NGO watchdog group and included both successful and unsuccessful applicants to the fund, uncovered many criticisms of the fund's overall application and award process and could have provided valuable lessons learned had the GTF been planning further rounds of funding.

In addition to multiple rounds of funding, the study found that clearly designating tiers of potential project support based on phases of project development greatly increases the efficiency of selection and implementation. For example, the USAID Development Innovation Venture (DIV) invests in three categories of projects: (i) Proof of Concept (idea/prototype phase), (ii) Start-up and Impact Assessment (small-scale testing), and (iii) Transition and Scale (scale-up and expansion of successful models proven to be cost-effective game changers). This model of clearly defined evaluation criteria allows USAID to effectively assess applicants and accord scale-appropriate assistance as needed.

A similar model of phase-based project funding was used successfully in the USAID Saving Lives at Birth (SLB) Challenge, which awarded grants based on one of two funding streams: (i) seed funds, and (ii) transition funds. In both cases, the amount and length of the award increased with each level of funding. This strategy of tiered funding would work best for funds that seek to finance innovative models that have potential not been tested or scaled up, rather than well-established national or regional programs that would benefit more from much larger, long-term funding from multilaterals such as the World Bank.

The tiered funding strategy may also provide an opportunity to develop local public or private funding. By identifying potential in innovative but high-risk prototypes, the fund could provide the opportunity for development and testing of these ideas to assist in establishing business models, processes and governance structures that may attract other funders (whether international or local, public or private) who would be more willing to take over support once risk levels are reduced. For example, the ultimate goal of the DIV fund is to grow programs to the point where they can “graduate” to other sources of funding outside DIV, whether it is other international donors, national or local funders, national governments, or other local organizations. The fund could also provide small grants to local public sector agencies to test ideas or program prototypes that governments may not be able to afford to invest in without a pilot and proof of concept phase.

Finally, funds respond to donor and fund priorities by choosing whether to preallocate funding by country or technical area, or rather offering open competition. For example, the Global Fund and GPE designate country commitments largely influenced by bilateral and multilateral donors. This strategy, however, works best for funds that have strong ties to recipient countries through CCMs or direct relationship with national governments. An open competition model is preferable for funds that provide grants directly to non-state actors

with little to no country level coordination, such as the GTF, USAID's Grand Challenges, and DIV have done. An open request for proposals will ensure that the most competitive group of applicants is reviewed; however, there is also the risk of allowing grantees from less needy countries to crowd out innovative ideas that may be less attractive as recipients given their lower capacity, as seen with the USAID funds.

Recommendations: To pursue ELC Goal 2 of making funding more effective, a successful ELC fund should include multiple discrete rounds of funding, in order to build a set of best practices that will allow the fund to truly build efficiency into its programs. In addition, a tiered funding structure with clearly defined criteria for each project phase to be supported would encourage the rigorous testing, development and scale-up of promising new and innovative models, and potentially support ELC Goal 3 by attracting additional donors and local-buy-in.

2.4.2. Technical Assistance

Lessons Learned: Providing some level of technical assistance (TA) or capacity building alongside grants to service providers has proven to be an essential tool for successful funds reviewed in this study. A complementary TA program would both help to strengthen the financial management and efficiency of current programs, as well as allow the fund to broaden its grantee pool by pursuing innovative but higher-risk projects that need up-front technical assistance to become stable investments.

Some funds, such as the GPE, have discrete grantmaking and capacity building arms that take on separate projects with aligned goals. However, most funds that offer technical assistance do so by providing funding and TA in parallel, to strengthen the grantee's capacity to manage the funding it receives simultaneously. In this group, the most successful TA programs are those funded by a set aside percentage of funding. For example, the AHF designates 5% of overall funding to capacity building programs for its investees. Similarly, R4D's proposed Education Venture Fund has built in a Technical Assistance Fund as an integral component of its investments, designating a set aside percentage of each grant for assistance in the form of accounting, legal, business development, human resources and other support services. The EdVF will use this set aside to hire local consulting and management firms to provide hands-on assistance, front-loading the TA at the beginning of the grant window to ensure the establishment of sound management practices from the start.

The strategy of providing robust capacity building support early on in the grantmaking process has shown to be particularly important, as funds such as the Global Fund have learned through difficult growing pains. In response to the discovery of widespread fraud in 2011, the French government has recently launched the "5% Initiative," where 5% of its commitments to the Global Fund are designated to be used for technical assistance to grantees (the United States is rumored to be following France's lead). By establishing a TA program at the beginning, funds are investing in the efficiency of their grants from the beginning to ensure that ELC Goal 2 is attainable in the long run.

In addition to making current funding more efficient, technical assistance programs enable funds to invest in programs that may otherwise be unattractive to funders. The importance of investing in models run by smaller, higher-risk organizations is critical to identifying and developing new and innovative models that could significantly expand attention and access to early learning. Funds that are unwilling or unable to award grants to these high-risk organizations will inevitably have a much narrower reach in terms of impact, and will likely only end up supporting organizations that could find funding elsewhere, instead of providing additionality to early learning programs.

BOX 3: MATCHING

There are several ways that a matching scheme could be integrated into an ELC fund design to save on operational costs, expand the fund's resource base, and encourage buy-in at the local level.

Fund Matching: An ELC fund could broaden its resource base by reaching out to the Corporate Social Responsibility programs of major international corporations to contribute funds or create profit-making ethical business initiatives such as the Global Fund has done with (PRODUCT) RED. Further, corporations or private foundations in host countries could be engaged by contributing funds to education programs that affect their immediate communities.

Technical Assistance: A matching scheme could contribute to the technical assistance component of an ELC fund. For example, the BIF has engaged the services of international consulting firms to provide half-cost services to help BIF-supported businesses develop "inclusive business models," where recipient companies pay a portion of the fee and the consulting firms cover the rest pro bono. To expand local engagement, the ELC fund could engage both the participation of international consulting firms as well as local capacity building and training facilities.

In-kind Contributions: Following the example of the PCM, public and private stakeholders at the local level could be encouraged to donate in-kind contributions in the form of goods (furniture, toys, conference materials, etc.) as well as services (such as event space, transportation, and temporary staffing). These kinds of contributions both lower costs and engage local communities.

For example, stringent qualification criteria ensured that the awarded grants under the two USAID Grand Challenges went to largely well-established organizations that were already receiving substantial international funding. Indeed, only four out of the 22 awarded first-round grants under the SLB Challenge were to organizations in the developing world, and only a further 6 out of the 55 finalists not selected (total of 10 out of 77). Providing TA to grantees throughout the implementation process would help to avoid this bottleneck by allowing a fund to take chances on lesser known local organizations that may have innovative, relevant ideas.

Recommendations: If an ELC fund is to be primarily a grantmaking scheme, a technical assistance program working in parallel to strengthen grantee capacity alongside the program-related resources would be a particularly effective combination to pursue both ELC Goals 1 and 2. Such a structure would be valuable not only to build the capacity of local organizations for effective service delivery, but would also support the more efficient utilization of donor funds. A pooled fund for technical assistance would be the most effective way of financing this technical assistance as it would not rely on earmarks from donors who may be less inclined to divert resources to this smaller component of capacity building.

2.5. Monitoring & Evaluation

Lessons Learned: A well-defined monitoring and evaluation strategy has proven imperative for the success of all funds reviewed here. A strong focus on this essential element will increase accountability and effective financial management, help to measure overall impact, and in turn enhancing the credibility of the fund which could help attract additional donors. To maximize efficiency of an M&E plan, the fund should utilize a dual track of internal monitoring processes and the utilization of an external evaluation for financial management as well as impact assessment.

Internal monitoring schemes have been successfully implemented by several of the funds examined for this study. For example, the USAID Challenges and DIV integrate a monitoring component into the core grant implementation and reporting structure. Grantees are required to track indicators and outcomes throughout the life of the program and report to USAID at set intervals. The DFID BIF uses a similar internal monitoring system, including an initial baseline assessment, a progress report, and an update report submitted 12 months after completion of the project. These internal monitoring systems allow for funders to play a role in designing the monitoring process and indicators, and keep tabs on the implementation of grants to ensure that any problems or shortfalls are caught and managed along the way.

However, though internal monitoring is important for effective implementation of individual programs, an external evaluation provides a vital counterpoint to internal monitoring by objectively assessing the implementation of the fund overall. This critical external voice is most effective when it is accorded adequate funding and complete independence from the fund manager. For example, an independent mid-term evaluation of the GPE was conducted by a consortium of outside organizations, which reviewed the fund's overall governance and management structure design, strengths and weaknesses, and progress in achieving its stated goals. The assessment provided valuable recommendations for how to redesign and reinvigorate the fund in order to continue making progress towards achieving the Education for All goals, and ultimately informed the restructuring of the Fast Track Initiative into the Global Partnership for Education.

An external evaluation can also be useful to measure outcomes and impact of a fund's grants or investments, both at an individual and portfolio level. For example, the AHF also uses an external evaluation tool to assess the health and viability of its investments in small and medium healthcare providers in Sub-Saharan Africa. In this case, the evaluation not only serves to objectively measure investment success and establish a basis for improvement, but also provides an independent assessment of the performance of fund managers who, as noted above, receive incentivized remuneration for successes based on financial as well as environmental, social, and governance (ESG) indicators. The new DFID Girls Education Challenge (GEC) has also contracted an external evaluator to assess the grantmaking and implementation process from the beginning of the program.

External evaluation is particularly important for funds that deploy primarily aligned funds whose programs are managed by the individual donors' management teams. While this arrangement allows the fund to save on operating costs by employing a smaller, leaner core management staff, it also allows for variations in program planning, implementation, and monitoring, which could derail the fund's goal of increasing the efficacy of these resources by aligning and targeting to maximize impact. A smaller fund management team would likely not have sufficient resources to be able to deploy a common monitoring scheme, and an external evaluation and impact assessment would ensure that the fund is able to manage the various priorities of its contributors and ultimately stay on track to achieve its common goals.

Recommendations: A dual track M&E program should be employed for a potential ELC fund to support ELC Goal 2, in particular if the fund is to be primarily an alignment scheme. An internal monitoring system would allow grantees to participate in a continual monitoring process and work closely with the fund managers, allowing the fund to keep tabs on the grantees' progress and avoid potential setbacks as they arise. To complement the internal monitoring system, an external evaluation is critical to ensuring that impact is objectively and uniformly measured, and that the fund itself stays on track for its stated goals of making current funding more targeted and efficient.

2.6. Advocacy & Networking

Lessons Learned: While a broader and more efficient funding base for early learning is an unquestionably important goal, raising the profile of early learning and the importance of investing in young children is a critical element in the success of any ELC fund. Many funds examined in this study, most notably the USAID Grand Challenges, the Global Fund, the GPE, and the AHF, have strong advocacy components to rally interest in and support of their missions. The process of creating a core messaging strategy provides the fund with an opportunity to distill the most important goals and methods of the fund into a clear and focused mission, which in turn informs the fund's targeted funding strategy overall and helps to attract additional funding.

Support for this advocacy can be found from various sources according to the structure and priorities of each fund. For example, advocacy for the USAID Grand Challenges is largely carried out by the individual partners as a

part of each organization's broader communications arm, while the Global Fund has a dedicated communications arm of its Secretariat that designs the Fund's advocacy strategy. An alternate approach to advocacy is to create the fund within a greater initiative to provide mutual support through funding and mobilization. An example of this strategy is the role the GPE serves for the Education for All initiative, where the former builds its funding strategy off of the EFA Goals framework and uses UNESCO, the World Bank, and other major multilateral partners to mobilize support. Another example is the AHF, which serves as one funding mechanism for the "Access to Credit" investment arm of the Health in Africa Initiative.

In addition to advocacy, many funds have integrated a networking component into their program activities or technical assistance packages. Networking can encourage knowledge and information sharing among stakeholders and facilitating the generation of best practices, which would allow grantees to improve upon their program design and management capability and consequently increase their efficiency and impact. The USAID Grand Challenges and DIV, for example, offer grantees participation in a "community of innovators" which brings grantees together through the Internet and other platforms to encourage the sharing of experience and knowledge gained through the implementation of different projects. The GTF offers a similar service to its grantees, bringing together grantees for annual "Learning Events" facilitated by its external evaluator.

The value of networking towards making current funding more efficient is particularly evidenced by central role it plays in TA-focused funds such as the BIF. The BIF, which has been piloted in a small number of countries and therefore is able to afford particularly relevant assistance to each of its recipients, offers networking through two channels: assistance to each individual business with networking needs specifically tailored to different projects, and a broader, interactive "Practitioner Hub" where lessons learned from the pilot business are distilled and shared with a wider community of innovators.

Finally, advocacy and networking are vital to attracting new and varied donors. Several funds studied have made use of a campaign with strong messaging to draw the commitment of funders or investors beyond the usual national or state development organizations. For example, The USAID Grand Challenges successfully integrated USAID funding with major NGOs World Education, Grand Challenges Canada and private funder Gates, in addition to its Australian and Norwegian state development counterparts. The AHF successfully integrated funding from multilaterals (IFC, World Bank), regional and national development banks (African Development Bank, Development Bank of South Africa), national development agencies (DEG), private foundations (ELMA, Gates), parastatal investment funds (Proparco, Norfund), and private banks (ASN Bank). This diverse group can largely be attributed to the opportunities for public-private partnerships and collaboration with regional and national policymakers made possible through the wider Health in Africa Initiative.

The strongest case for advocacy and networking is made by the Clinton Global Initiative (CGI). CGI, for which very little internal information was publicly available for review, does not channel funding from donors to beneficiaries and therefore does not serve as a possible model for the ELC fund. However, the greatest lesson learned from the CGI model is the importance of advocacy and networking in attracting a diverse group of funders. CGI's wildly successful approach to fundraising rests on its Annual Conference, where a diverse, prestigious crowd of funders, implementers, policymakers, entrepreneurs, media, and other stakeholders gather together for three days to make their "Commitments to Action", and in the process exchange ideas and information with one another.

The high-profile nature of the conference has proven to be an attractive way for a diverse group of funders – including multinational corporations, private foundations, individual philanthropists, and others – to invest in development initiatives in a way that enhances their visibility and advocacy platform at the same time. This opportunity may prove particularly attractive to the CSR strategies of major corporations, such as Starbucks,

Nike, Pfizer (all currently implementing commitments within the CGI framework), and in partnership with member NGOs and governments, the potential for public-private partnerships is considerable.

The CGI model is particularly successful given its flexible nature in terms of the kinds of projects it helps to create. The mandate spans four broad categories – economic development, education, energy and climate change, and global health – providing members with a broad variety of potential investments according to each funder’s individual preferences and goals. Unfortunately, an ELC fund is by nature confined to a targeted goal of improving early learning outcomes, so the attraction of a diverse group of potential investments is not as great. However, it could use a similar strategy of keeping the criteria for potential grants/investments very flexible to accommodate the individual interest of potential donors.

Recommendations: Any ELC fund will need an advocacy and networking strategy and will need to commit adequate funds to make it effective. This element will assist the fund with ELC Goals 1 and 2 by defining its mission and increasing the efficiency of its grantees through knowledge and best practice sharing. Most importantly, it will be the most effective way to support ELC Goal 3 of attracting additional donors or investors, notably from the private sector.

3. Conclusions and Recommendations

3.1. Lessons Learned for how to achieve the three ELC Goals

Lessons learned from the fifteen funding schemes reviewed above provide a clear path to achievement of the three ELC Goals for “bigger, smarter investment”:

- **Goal 1:** Critical to maximizing impact of current early learning funding through an ELC fund is the creation of a clear, concise mission that helps to target these funds effectively, and an advocacy strategy that generates excitement about and interest in supporting this mission. The fund will also need to solicit input and buy-in at the local level through a strong coordinating mechanism with stakeholders at the local level, to ensure that programs are being responsive to needs on the ground. The fund will need a management team that is able to build strong relationships with grantees or national governments, requiring a team that is both sufficiently staffed and has strong technical knowledge.
- **Goal 2:** Increasing the efficiency of current funding is dependent on the integration of technical assistance provision in parallel with a robust grantmaking program to ensure that grantees are efficiently managing the funding provided. In addition, the grantmaking program should offer multiple rounds and tiers of funding, to allow for an implementation learning curve and to encourage investment in higher-risk programs through a testing phase. Finally, a dual-track M&E program will allow the fund to monitor internally the efficient use of funding throughout the implementation phase, as well as to solicit external feedback on the fund’s processes and overall impact of the portfolio of grants.
- **Goal 3:** Attracting additional funders to an ELC fund, in particular those from the private sector, will depend on the ability of the fund to advocate and create a network of support for its mission. Additional funders will also be attracted by the flexibility of a fund to respond to potential investors’ particular program area interests, while remaining aligned with the overall mission. The fund can also solicit additional funding at the regional or country level, by integrating local buy-in and engaging local donors through matching or networking schemes.

3.2. Recommendations for an ELC Fund Structure

Building on these goals, a recommended ELC fund structure would be structured as follows according to the eight indicators examined for this study:

Pooled or Aligned	<ul style="list-style-type: none"> ▪ The majority of ELC funding should be geared toward aligned programs, with a percentage directed to pooled funds for management, TA, and evaluation.
Central Management	<ul style="list-style-type: none"> ▪ An ELC fund should employ a medium-sized staff, preferably in-house but with a clear fund identity, strong technical knowledge and relationship with grantees and partner governments. ▪ Use incentives where possible to encourage successful management of programs.
Accountability Mechanism	<ul style="list-style-type: none"> ▪ Integrate local input and buy-in where possible through a partner association on the ground. ▪ The partner organization should ideally be already established and indigenous, with high credibility and autonomy from government.
Grantmaking Strategy	<ul style="list-style-type: none"> ▪ Discrete rounds of funding would allow for learning between rounds. ▪ Tiered funding strategy would allow investment both in established, proven programs as well as innovative ideas and prototypes.
Technical Assistance	<ul style="list-style-type: none"> ▪ TA is critical for making current funding more efficient and also allowing a fund to invest in innovative but high-risk models that have not been tested yet. ▪ TA should be provided alongside grants and supported through a pooled fund.
Matching	<ul style="list-style-type: none"> ▪ Integrating elements of matching into an ELC fund, either financial or in-kind, should be used to encourage buy-in at the local level and also increase the donor pool by soliciting contributions from the private sector.
Monitoring & Evaluation	<ul style="list-style-type: none"> ▪ A dual track M&E strategy should be employed to maximize an ELC fund's efficiency and impact. ▪ Internal monitoring will allow a fund to track the use of funding from start to finish of program implementation, while an external evaluation can assist a fund to strengthen its own processes as well as to capture impact of the fund's activities overall.
Advocacy & Networking	<ul style="list-style-type: none"> ▪ Integrating a strong advocacy strategy will help the ELC fund to define and publicize its mission, which could broaden the fund's donor pool. ▪ A networking component will further strengthen the possibility of additional funders, and also provide an opportunity for grantees to share knowledge and best practices with one another and to a wider audience.

Section II: Kenya Pipelines

1. Introduction

1.1. Context of ECD Programming

1.1.1. Geographic and Political Context

Kenya, located in East Africa, lies on the equator and is bordered by Tanzania to the South, Uganda to the West, South Sudan to the North West, Ethiopia to the North, Somalia to the North East and Indian Ocean to the South East. Kenya, which covers a total area of 580,365 km, has a varied terrain. There are low plains along the Coast and highlands towards the central parts of the country, which are separated from the highlands and plateau in the west by the Great Rift Valley, with the highest point being on Mount Kenya, the second highest mountain in Africa. Kenya has three cities and several towns. The capital city of Kenya, which is also the most populous city in East Africa, is Nairobi and the two other cities are Mombasa and Kisumu.

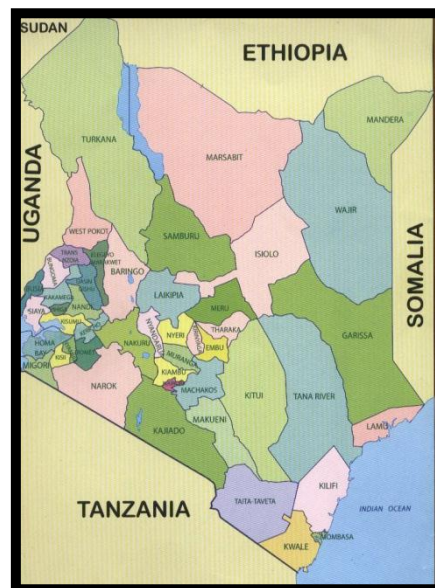
Kenya is a multi-party democratic republic. The President is both the head of state and head of government. Kenya's governance structure, according to the new constitution, approved in August 2010, will be composed of a two-tier level of devolution comprising of the National Government and County Governments, which are semi-autonomous units of governance. The National Government's responsibility includes all matters that affect Kenya as a nation, while the County Governments are responsible for all matters that affect their specific counties including early childhood programs. There are 47 counties whose boundaries are more or less those of the former Districts. Worth noting is that County governments will not only receive at least 15% of the national budget (equitably divided amongst counties) but will have the power to raise revenue using various methods including levying taxes as will be allowed by Parliament. This presents a good window of opportunity for creative ways of financing ECD programs within Counties.

1.1.2. Demographic Information

Kenya's total population of 40.5 million (as at 2012) has been increasing annually at a rate of 2.4%, and according to the World Bank, as of 2010, Kenya's population density was 71.18 people per square mile. Although this places Kenya among the countries with a moderately high population density, the average masks great regional disparities ranging from over 800 people/km² in Central and Western regions to as low as 10 people/km² in Northeastern Kenya. It is therefore not surprising to see uneven regional access to ECD services, emphasizing the need for unique strategies to target children in areas with low population density. This situation is further compounded by the fact that even within densely populated areas, a large proportion of the population (79%) lives in the rural areas and although the rate of urbanization is rapidly increasing and is currently at 4.2% most of the ECD programs are located in urban and peri-urban areas.

Majority of the population (55.1%) is between 15 and 64 years of age, with 42.2% being children under 14 years. At 55 years² life expectancy in Kenya has been increasing as the country recovers from the setbacks of the HIV

Figure 1: Counties in Kenya



2 UNICEF 2011 State of the World's Children

and AIDS infection. Although there are 42 ethnic groups in Kenya, which represent different tribes and culture, English and Kiswahili are the official languages, both of which are used as languages of instruction in schools. In the lower primary classes and ECD centers, as per the language policy teachers have the option of teaching in the language of the catchment area, a situation that presents enormous challenges, with strategies required to ensure smooth transition to primary school. A large majority (77%) of the population is estimated to be Christian, while Muslims comprise 10% and other religions 2%.

1.1.3. Economic Context

Kenya's economy, which is Eastern and Central Africa's hub for Financial, Communication and Transportation services, is largely driven by the services sector; a major shift from an agricultural base as was the case a decade ago. Despite this move towards a service-based economy, agriculture, as at 2011, still represents 27.4% of the GDP. A total of 75% of the population is engaged in farming mostly of subsistence crops and a relatively smaller proportion in large scale farming for export as well as local consumption, with Kenya's chief exports being tea and coffee.

Despite Kenya's economic town turn in 2011, which resulted from high international food and fuel prices, drought, the Euro crisis, widening fiscal and current account deficits, mostly due to weak exports; the economy grew by a modest 5.0% in 2010 which was as a result of the strengthening of financial, construction, tourism agricultural and industrial sectors. Increased tax revenue, ICT development, production of hydro-electricity, the recent discovery of oil in the Northern part of the country and the growing horticultural industry all point to opportunities for greater economic growth.

A total of 40% of the population is unemployed, 70% comprising the youth, with only 5,000 jobs being created per year. The Government is the main formal employer, currently employing 75% of overall formal employment in the agricultural and 25% in the industrial and services sectors. With the forthcoming devolution, the Government is actively looking to increase labor through active micro and small-scale enterprises, a good opportunity for increasing the number of paid ECD teachers. Although a substantial proportion of expenses (13%) go to paying teachers, through the Teacher's Service Commission (TSC), it is worth noting that except for teachers in government day nurseries and in public pre-primary schools, most ECD teachers are not on the government payroll. Besides those teachers employed in ECD programs that target children from high SES, majority of the teachers receive low wages in poor work environments.

Despite the fact that an increasing proportion of public expenditure is financed internally, there are critical services that are still supported by external funds and there has been an overall increase in development assistance over the past 10 years. The percentage of external debt owed to multilateral corporations (including loans from the IMF) increased to 5.9% of ordinary revenue in June 2011.

1.1.4. Social Context

Poverty and Vulnerability

Poverty and vulnerability in Kenya is high, and this is coupled with rising inequality and absolute poverty levels. According to UNICEF's state of the World's Children 2011, 20% of the population lives below the international poverty line of US\$1.25 with half (54.1%) of the total income being earned by the richest 20%, while the poorest 45.9% share 4.6% of the total income, which explains the high Gini Coefficient of 45.9%. According to the 2009 DHS, wealth is more evenly distributed in urban areas (9%) than in rural areas (17%). Across counties, income distribution is more equitable across Central Kenya (12%) compared with Northern Kenya that has the least equal distribution of wealth (37%). This raises the need for systems to ensure equitable access to quality ECD

services across the country, a situation that may somewhat improve with the proposed new system of education that seeks to integrate two years of free pre-primary education into the Basic Education cycle.

Child and Maternal Health and Nutrition

Childhood mortality levels have been improving. As at 2009, infant mortality was 55 deaths per 1,000 live births down from 81 in 2008 while the under five mortality rate in 2009 was 84 deaths per 1,000 live births, down from 128 in 2008. These averages however mask substantial regional disparities, with higher mortality rates being recorded for Nyanza province and the ASAL areas and lowest in Central province. The general improvement in child survival is largely due to improved antenatal care coverage and increased child vaccination coverage. Overall, 71% of children are fully vaccinated with 46% of children under 5 sleeping under a mosquito net.

Despite the fact that there has been a global decline in maternal mortality, the situation in Kenya has continued to be worrisome. According to the SOWC 2011, maternal mortality was 490 in 2009, up from 410 in 2008. Statistics also show an improvement in delivery care coverage with 92% of women attending ante natal clinic at least once a during their pregnancy, 47% at least four times while 44% of the women were attended by a doctor, nurse or mid-wife during delivery. Although the situation is improving, it is interesting to note that despite the fact that 9 out of 10 women attended antenatal clinic at least once, 57% of the deliveries occur at home (2008-09 KDHS), yet only 3% of facilities have services supporting home delivery. Clearly, much more must be done to ensure that women survive and are well able to care for their children.

High levels of malnutrition among children continue to pose a major threat to child development. Over the past few years, there seems to be no significant improvement in the proportion of children who are stunted (35%), wasting (7%) and underweight (16%). This situation is worsened by a decline in cereal production, low income, rising staple food prices and drought has contributed to 31% of the population being malnourished.³ Drought situation in the Horn of Africa is on the rise and has caused a severe food crisis in Northern Kenya. WFP and FAO estimate that 3.5million people are at risk of malnutrition, including about 385,000 children who are already malnourished, along with 90,000 pregnant and breast-feeding women. The uncontrolled drought situation has resulted in a strain in refugee situations in Dadaab area in Northern Kenya, causing the depletion of existing social and health services and a reduction in the quality of life of most families.

Based on 2008 estimates, 59% of the population has access to improved drinking water sources and 31% to improved sanitation facilities. The situation is worst in ASAL, rural areas as well as in informal settlements within the large cities. It is disheartening to note that due to the current situation, in most ECDE centers, particularly those in the rural areas, young children are not able to practice proper hygiene and are susceptible to various diseases that greatly compromise their development. It is clear that although the government has done much to improve water and sanitation including by developing a sanitation and hygiene policy, school health policy, much more needs to be done as Kenya is currently not on track to achieving MDG 7.

HIV and AIDS Situation

Over the past decade, HIV prevalence (6.3%) has been reducing owing to successful HIV/AIDS education and awareness campaigns. Nonetheless, 1,200,000 (46%) children have been orphaned due to AIDS and 180,000 children are living with HIV. In an effort to ensure that these children receive required support, the government has implemented a cash transfer program for orphans and vulnerable children (OVC) that provides regular cash transfers to poor families caring for OVC.

³ FAO 2010

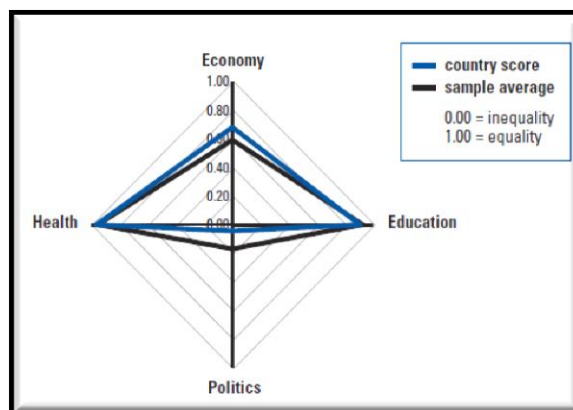
According to the recent DHS, HIV prevalence rates are nearly two times higher among adult women compared to men, although this varies by region, and higher among the richest wealth quintile when compared to the poorest. It is therefore disheartening to note that according to the Center for Health Solutions, every year, 100,000 HIV infected women in Kenya get pregnant and 30,000 children get infected with HIV from their mothers. This calls for a stepping up of the prevention of mother-to-child transmission (PMTCT) program. It must be mentioned here that much has been done to increase and improve PMTCT services. EPP-Spectrum estimates 72.3% of HIV-positive pregnant women received antiretroviral drugs (ARVs) for PMTCT in 2009. There however still remains the challenge of low utilization of antenatal care services, a low percentage of health facility births (44%), and lack of integration of PMTCT services with reproductive health and family planning services.

The response to HIV/AIDS in Kenya is currently guided by two documents: Vision 2030, which outlines the country's goal to become a globally competitive and prosperous nation with a high quality of life by 2030 and the Medium Term Plan 2008–2012 that outlines national indicators and targets for HIV. In addition, the Kenya National HIV and AIDS National Strategic Plan for 2009/10–2012/13 (KNSP III) provides guidance on how to implement the national response and reach agreed-upon targets.

Gender Equity

A World Economic Forum Report found Kenya to have a gender gap index of 0.6493, ranking 99 out of 135 countries, an undesirable position indeed. Although Kenya has recorded impressive gains in female education, health and economic participation, it is clear that more needs to be done to empower women to participate more fully in the political sphere, a situation that is likely to improve with the new constitution that provides for mandatory election of a woman representative from each of the 47 counties in the country. It is disheartening to note that over the last few years, gender-based violence against women and children has continued to rise, despite efforts of all stakeholders, a situation that is likely to jeopardize the well-being of children.

Figure 3: Kenya's Gender Gap Index 2009



Education and Literacy

Kenya's literacy level is among the highest in the continent at 87% (males 92% and females 94%), worth noting is the higher literacy level of women. According to UNESCO, the GER for primary school as at 2007 was 97%, however, with large disparities on account of Arid & Semi Arid Areas (ASAL's). With the introduction of the free primary education program in 2003, comparatively more vulnerable and disadvantaged children have been able to access education especially in the rural areas; however, learning conditions remain wanting.

Kenya follows the 8-4-4 system of education, with 8 years of primary education, 4 years of secondary education and 4 years of university education (depending on the course taken). Within this system, although ECDE is recognized as important, it is neither free nor compulsory. In an effort to ensure the responsiveness of the education system to current trends, the Minister of Education formed a Task force whose main task was to review and align the education and training sector to the 2010 Constitution and Vision 2030. The task force, launched in February 2011, has since proposed a new education system. It is worth noting that this new system, 2-6-6-2-3: 2 years of early schooling, 6 years of elementary and 6 years of high school, with 2 years of technical studies and 3 years of tertiary education, includes ECDE as part of the basic education and specific expected

competences for every level of education. The proposed changes are currently being discussed and decisions are yet to be made.

The internal efficiency of the current educational system in Kenya is steadily rising. Although the cohort survival rate is 92%, enrolment of children in marginalized areas, retention, completion and progression rates are still a major challenge. High regional and gender disparities evident especially in the ASAL districts, pockets of poverty and the urban slums continue to plague the education system.

1.2. Situation of ECD Service Delivery

1.2.1. Services for Early Learning, Care and Development

ECD services in Kenya are provided mostly by communities and private entrepreneurs but also by government and various other non-state actors including NGOs, CSOs, and FBOs. Early learning and care programs can broadly be categorized into the following groups:

- Day nurseries are mostly managed by parents, sometimes assisted by local authorities.
- ECDE centers are located variously throughout the country and are mostly managed by private entrepreneurs, communities, NGO's and FBO's. Worth noting is the Madrassa ECD program, which integrates formal learning with Koranic education.
- Kindergartens and play groups are mostly run by private entrepreneurs, in urban areas and care for children as young as 2 years
- Home-based day care centers mostly provide custodial care usually in low-income areas.
- Pre-unit/pre-school cater for children 5-6 years old are usually located in primary school compounds and focus on the acquisition of skills in reading, writing and numeracy.

Majority (70%) of the ECDE programs in Kenya are community managed, catering for children 3-5 years, operating for an average of four hours daily, largely providing custodial care and early learning. Teachers who have at least an O- level certificate with a certificate/diploma in ECDE mostly teach children in these programs. This is with the exception of home-based ECDE programs where caregivers lower qualifications are involved in the care and early education of young children. ECDE programs are generally not free and fees range from \$20 to \$12,500 per three months term.

Major strides have been made in the implementation of national early learning and care programs. There has been successful implementation of Transition and Rapid School Readiness Initiative through which 3,000 pupils were fast-tracked, large scale provision of developmentally appropriate and locally available play and learning materials in target ECDE centres and successful 5 year programme to provide Community Support Grants (CSG) to more than 8,000 ECDE centres countrywide that have been experiencing low access and high poverty levels. To date, MOE has disbursed close to KES 1 billion towards supporting ECD programs.

Following the approval of the ECD policy and Service Standards Guidelines (SSG) -15,000 copies were printed and distributed though these were inadequate to cover the country and a proposed implementation plan has also been developed for the SSG. To support implementation of the policy and co-ordination, a national multi-sectoral ECD committee has been established. Further to this, the Kenya School Readiness Assessment Tool is in the final stage of approval.

Despite these achievements, there are challenges that need to be addressed. There is need to ensure adequate supply of play and early learning materials, establish clear entry age guidelines, develop a Scheme and Terms of

Service for ECD teachers (the absence of this has resulted in low and irregularly paid salaries leading to a very high turn-over rate (40%) of trained ECDE teachers), enhance community support and increase the number of trained teachers. In addition to this, there is also need to strengthen the MOE operational structure at all levels (national, provincial and district) including linkages between the DICECEs and NACECE. The need for strengthened health and nutrition promotion in ECDE centres cannot be overemphasized. In over 80% of ECDE centres there is no formal school-based feeding program, there is limited de-worming and immunization follow-ups, Growth Monitoring Promotion (GMP) is limited to very few centres mainly in private urban centres and is not known to many ECDE teachers. Additionally, no proper health records are maintained. It is worth noting also that due to limited resources and capacity many ECDE centres are not able to observe basic hygiene including making sure the classrooms and the surrounding areas are clean, the ventilation is adequate, sanitary facilities are available and clean and children themselves are clean.

1.2.2. Health services for Children and Mothers

Government and a variety of non-state actors including private entities, NGO's and FBO's, provide health services in Kenya. Government services have a pyramid structure, based on a referral system with the national hospitals at the top, followed by provincial the district hospitals to health center, maternities, nursing homes and dispensaries that provide health care in local communities.

With the introduction of the Second National Health Sector Strategic Plan (NHSSP II) (2005 -2010) came the introduction of the Kenya Essential Package for Health (KEPH), which defined six life-cycle cohorts and six service delivery levels that would be the core focus of activities.



- Cohort 1: Pregnancy, Delivery and the Newborn (up to 2 weeks). Services for this cohort include: family planning, antenatal care, delivery, PTCT, supply of LLITNs, IPT2 and treatment of illnesses
- Cohort 2: Early Childhood (2 weeks to 5 years). Services for this cohort include: Immunizations, child welfare clinics, micronutrient supplementation, LLITNs, treatment for various childhood illnesses
- Cohort 3: Late Childhood (6-12 years). Services for this cohort include: de-worming, hygiene and sanitation programs as well as treatment of various illnesses.
- Cohort 4: Adolescence (13 -24 years). Services include promotion of healthy lifestyles and treatment of illnesses
- Cohort 5: Adulthood (25-59 years). Services include promotion of healthy lifestyles and treatment of illnesses
- Cohort 6: Elderly (>60 years). Services include promotion of healthy lifestyles and treatment of illnesses

Health services in Kenya have faced a number of challenges. Inadequate facilities are a common problem across the various services. Currently only 30% of facilities provide normal delivery services. Among these facilities, only 57% have all of the supplies needed for normal delivery, with less than half of facilities having an exam light at the delivery site. Few facilities are equipped to handle emergencies. Only 5% of facilities can perform a Caesarean section. Blood transfusions and assisted vaginal delivery are also rarely performed. About half of facilities have an ambulance or a system to transfer maternal emergencies to an appropriate facility. Clearly many women are not receiving the emergency services they and their newborns need. In addition to the fact that ANC counselling is not comprehensive and consistent, only 25% of ANC facilities have the basic supplies needed for ANC.

According to the 2010 Kenya Service Provision Assessment Survey (KSPA), which was conducted by the National Coordinating Agency for Population and Development in collaboration with the Ministry of Medical Services, the Ministry of Public Health and Sanitation, and the Kenya National Bureau of Statistics, While almost all facilities provide care for sick children, only two-thirds provide child immunizations and three-quarters provide growth monitoring services. Only 39% of facilities offer immunization services on daily basis and first-line medications and pre-referral medications for treating sick children are not available in 40% of child health facilities. Facilities are less likely to have other medications, such as aspirin, vitamin A, and iron tablets. In addition to this, sick children are not being assessed for danger signs or examined routinely as part of sick child consultations. This may lead to incorrect diagnoses and could potentially endanger the lives of sick children.

Only 70% of facilities that offer curative outpatient care for sick children have a scale to weigh infants, and 69% have a scale to weigh older children and many caretakers of sick children are still not being given essential advice on caring for their children. Caregivers need to be informed how to best take care of their sick children in order to avoid further complications. As in other countries, over prescription of antibiotics for sick children is common in Kenya.

Further to this, first-line antimalarial medications are available in about 80% of facilities, and stock-outs had recently occurred in 24% of these facilities. However, only 62% of children with fever were given appropriate medication and even among those diagnosed with malaria, only 70% received a first-line antimalarial medication. All pregnant women in malaria endemic areas should receive IPT (intermittent preventive treatment) at no charge. Only three-quarters of first-visit ANC clients are given or prescribed IPT and only 36% of them are told the importance of the second dose of IPT. Without this counselling, it is unlikely that women will complete the recommended IPT regimen.

Another major challenge to service delivery in the sector has been the limited capacity and low motivation of Community Health Workers (CHWs). Currently CHWs vary in their level of training and continue to face difficulties with transportation, limited support and supervision from their local facility, inadequate material support like first aid kits and referral forms; and lack of recognition and/or payment to boost motivation.

1.2.3. Services to Support Protection of Children's Rights

The Ministry of Gender, Children and Social Development (MoGCSD) is responsible for ensuring the protection of children's rights. The Ministry performs its role through two bodies; the National Council for Children's Services (NCCS) and the Department of Children's Services (DCS) that were created within the Children's Act (2001) which is a domestication of the UNCRC. The NCCS is a semi-autonomous body with policy, regulatory and standard setting role according to article 32 of the Children's Act. In accordance with the Children Act, NCCS is supposed to carry out this particular mandate through the establishment of district, divisional and location specific Area Advisory Councils (AACs), which are the extension of NCCS in their areas of operation. The DCS is a department of the MoGCSD responsible technical support and implementation of the Children's Act. To support the work of government, there are several actors that have played a critical role in advocating for effective child protection systems that include NGO's and Civil Society Organizations.

The NCCS has over the years been able to achieve the following: Development of reports on international and regional instruments on children (Second, Third, Fourth and Fifth State Party reports to CRC, Africa fit for children), development of the optional protocol on the involvement of children in armed conflicts, 2012, proposed amendments on the Children Act, 2001, developed the National Children Policy, 2010, developed action plans including the National Plan of Action, 2008-12, with plans for the development 2012-2017 plans underway, ECD,

Framework for National Child Protection System for Kenya 2011 (yet to be disseminated), Caregivers Manual; Referral Guidelines; Referral Tool; M&E tool, Child Participation guidelines. In addition to this the NCCS has developed a website for the Council and a National Children Database, established a research unit, conducted a various surveys as well as held International days on children

The child protection system faces a number of challenges including weak birth registration systems, poor co-ordination among the major stakeholders, a weak juvenile justice system, inadequate training of practitioners at various levels, a serious lack of child protection officers and low awareness among stakeholders on critical aspects of child protection. Further to this NCCS has specifically faced challenges with lack of resources for printing of key documents and for dissemination of these materials and to support implementation structures to ensure improved outcomes for children. Further to this there is a lack of data on children in Kenya, inadequate funding for sensitization activities and lack of decentralized NCCS offices

1.3. ECD System

1.3.1. ECD Policy Development

The National Early Childhood development Policy Framework, 2006, was approved in 2007. It was developed following the recommendations of Sessional Paper No. 1 of 2005, *A Policy Framework on Education, Training and Research* through stakeholders' meetings which included representatives of various Government ministries, NGOs, CBOs, FBOs, development partners, ECD teachers and parents.

The ECDE policy seeks to enhance the quality, accessibility and equitable distribution of services for children through more efficient partnerships and capacity building. In addition, by providing standards and quality assurance benchmarks, the policy has set the precedence towards enhanced quality and efficiency in ECDE service delivery. However, despite enactment of the policy that commits the Government towards service delivery for 4-5 year old children, many challenges still exist. As noted from the UWEZO (2011) report⁴, one out of three children aged 4 years do not attend preschool while one out of five children aged 5 years are already in primary school, despite the government's policy that children should enter class one at the age of 6 years.

The policy framework provides an ECD co-ordination mechanism through the NCCS and explicitly defines the roles of various key stakeholders in ensuring coherent implementation and support to children's holistic development. Ministry of Education headed by the Director Basic Education co-ordinates the early learning program mostly for children 3-8 years, with coordination at the district level being overseen by the DEO through the DICECE program officers. Ministry of Health on the other hand has the responsibility for ensuring child survival and development for all children under 3 years. It is worth noting that there are very limited programs for children under 3 years of age that seek to address issues of early stimulation and that the principal challenge in implementation of the ECDE policy in Kenya has poor co-ordination across the Ministries and a lack of resources.

1.3.2. Capacity Building

Various groups including NACECE, Universities, Private Colleges as well as NGOs and FBOs conduct capacity building of ECD service providers

⁴Uwezo 2010, Are our children learning? Annual Learning Assessment Report. Kenya 2010

NACECE Training

Within government, MOE has the mandate for capacity building of ECD service providers for early learning and care while other ministries are also engaged in sector specific trainings. Before the ECD project supported by MOE and Bernard van Leer Foundation (1972-1982), was implemented, in 1984 there were only six ECD teacher-training centres, which offered pre-service ECD teacher training, with an annual output of 240 teachers. These training centres were at Matuga- Kwale, Kisii, Kilimambogo, Njoro, Embu, Rosterman-Kakamega. In 1984 the pre-service teacher training was phased out and was replaced by in-service (on the job) training and District based ECD programmes called District Centres for Early Childhood Education (DICECEs) were established. One of the functions of the DICECEs was to train ECD teachers through the in-service mode. In 1985, the National Centre for Early Childhood Education (NACECE) was established at the Kenya Institute of Education (KIE) to coordinate the development of the ECD curriculum and professional development of the ECD personnel in Kenya and through the coordination of NACECE , the following ECD training curricula has been developed:

- Five weeks short course for ECD teachers
- Nine months Induction course for DICECE trainers
- ECDE teachers certificate syllabus
- ECDE teachers diploma syllabus developed
- ECD Parental education module
- ECD School Management Committee (SMC) training module
- ECD Growth Monitoring and Promotion (GMP) training manual
- Child minders curriculum to train child minders in private homes and children’s institutions (almost ready for use from January 2013)

Over the years, there has been a steady increase in the trained ECD personnel with support from the Government and its partners especially the Bernard van Leer Foundation and the World Bank. As a result, the number of trained ECD teachers has increased from 4,371 in 1986 to 78,230 in 2008 and the number of inducted DICECE trainers from 40 in 1986 to 487 in 2003. In addition, ECD Teacher training centres have increased from 6 in 1986 to 456 in 2009, there are about 20,000 community members who have been trained on management of ECD centre, about 200 DICECE officers have been trained on story telling for life skills development to facilitate acquisition of life skills for ECD children, 200 ECD teachers trained on growth monitoring and promotion, several teachers have undertaken 5 weeks short course as they await certificate course ECD teacher training and both ECD teacher’s certificate and diploma courses are currently evaluated and certified by the Kenya National Examination's Council (KNEC)

In spite of the increase in the number of trained teachers, there are about 20,000 untrained teachers in ECD centres and no induction course has been mounted since 2003. Further to this, despite the fact that most children under 3 years of age are cared for by child minders, there are no organized training programmes to strengthen their capacity as they care for children during this very critical stage of developmental. NACECE has developed a curriculum for training these child minders and though the centre has technical capacity, it lacks financial resources to conduct TOTs. Further to this, due to limited funds, NACECE has not been able to fully monitor the implementation of the district capacity building program.

University Training

Training of the ECDE personnel in Kenya can be traced to 1995 when Kenyatta University started offering degrees in Early Childhood Education through support from the World Bank. Higher education training has now grown rapidly and currently all public universities are offering bachelors and masters programs in ECDE while a number of the private universities are also offering the programs. On average, the bachelors program takes four years to complete while a diploma program takes 1-2 years. Fees charged ranges from \$1200 - \$2000 per year. Minimum entry requirements as set by the commission for higher education, are used as the admission criteria. Despite the progress made in capacity to train ECDE personnel, a number of challenges threaten the success and future expansion of the program. These include shortage of qualified teaching staff, inadequate infrastructure, limited contextually relevant reference materials, limited resources for research etc

1.3.3. Quality Assurance

The ECDE unit of the Ministry of Education is responsible for maintaining and improving educational standards in all pre-schools owned by the community and private sector. At district level, DICECE officers and Teacher Advisory Center (TAC) tutors carry out inspection and supervision of all ECD programs. They inspect are responsible for inspecting all ECDE center (public and private) physical infrastructure, teaching learning materials and curriculum pedagogies used. Information collected during inspection is forwarded to the DEO's office for onward transmission to the Provincial Director of Education's office and finally to the Directorate of Quality Assurance and Standards Office at the Ministry of Education headquarters.

DICECE officers are responsible for inspection of Diploma and Certificate training programs through monitoring of qualification of tutors and appropriateness of infrastructure. In its quest for a high quality and holistic ECDE program, the Ministry of Education enacted a comprehensive National Framework with the necessary guidelines for all ECDE programmes including integration of alternative education programmes, basic ECDE requirements, a national curriculum, teacher training and certification.

As at 2007, there were 23,100 registered public ECDE centers against 14,163 private centers. Although the National ECDE Service Standard Guidelines (2006) has existed for 5 years, nearly 90% of all centers do not meet the minimum standard requirements. Limited capacity and heavy workload of DICECE trainers and TAC tutors has hampered effective inspection. Further to this the lack of assessment tools has made it difficult to track child progress and identify areas that require attention in order to give children a good head start in life.

1.3.4. Data Collection

The Government of Kenya through the Ministry of Education has made tremendous progress in collection, collation and production of data about implementation of ECDE activities at local and National level. At school level information about enrollment and staffing is forwarded to the DEO's office and consolidated into a district report before it is forwarded to the PDE's office for onward transmission to the Ministry of Education Headquarters. Indicators such as enrollment, Teacher Pupil Ratio and transition are used to appraise the performance of the District.

As stipulated by Education Act CAP 211, all ECD centers are expected to regularly submit data about their operation, a requirement that is made easier by the development of EMIS. ECDE centers are also expected to maintain and update children's health record on a day-to-day basis. Information about children's health and nutrition is captured by the ministry of Public Health and Sanitation, while the Children's department in collaboration with other agencies such as the Police and civil society organizations documents data about child

protection. It is worth noting that though sector specific data is collected, it is really shared with across line ministries and departments.

Lack of a coordination system for comprehensive reporting, falsification of records, and limited resources greatly hamper the utility of the information received. Further to this there has been no longitudinal study on the impact of ECD on child development, no consistent mechanism for tracking national child development indicators and scanty information on the cost of running ECD programs. The expansion of ICT infrastructure and rural electrification however provides a good opportunity for the Government to transform data storage and dissemination from school level to national level.

1.3.5. ECD Financing

Government spending on ECD is based on sector allocations to various aspects of programming. Early learning programs are mostly supported through the KESSEP, in which the largest ECD allocation goes to Community Support Grants, which is the main instrument for financing ECD in Kenya. Funds are disbursed from MOE through DICECE offices to community ECD programs. These funds are then used to build classrooms, offices and stores, purchase of equipment and as well as play and early learning materials, as seed money for initiating various incomes generating activities, supporting the feeding program and sometime even for community capacity building and mobilization. At the national level, public financing of the ECD sub-sector is mainly concentrated on meeting recurrent expenditures and paying staff at various levels of government (MOE, NACECE and DICECE) with minimal spending on service provision.

Low funding of ECD programs has played a major role in reduced access, equity and quality. In addition to the need for increased government allocation, there is need to track the effectiveness and efficiency with which these funds are allocated and utilized, to ensure maximum use of scarce resources. The lack of funding also plagues other non-state actors, and there is need to build capacity for proposal writing.

2. Pipeline Development

2.1. Methodology

2.1.1. Objectives for development of pipelines

The pipelines were developed with the aim of establishing the existence of ECD projects, to obtain an idea of unit costs and how much would be needed to scale them up in various ways. It must be emphasized that much more would need to be done to ensure the viability of such projects to impact the lives of children.

2.1.2. Steps involved in development of pipelines

Step 1: Development of data sheet

A data sheet was prepared to guide the collection of information from various ECD actors including government, private entrepreneurs, NGOs, CSOs, FBOs and other non-state actors. The data sheet solicited information in four broad categories:

- Project details: Contact details, mission and program rationale
- Project design: Program activities, target population and area of operation
- Project performance: Program achievements, gaps, opportunities and performance indicators
- Program financing: Total and unit costs.
- Plans for project scale up and required resources

The data sheet was pretested and research assistants oriented on its use.

Step 2: Identification of organizations and administration of data sheets

Organizations were identified through various sector networks, databases and Internet searches. A total of one hundred and eleven (111) projects were contacted from all parts of the country. These projects included both service delivery and software/advocacy type programs. Majority of the responses came from projects that were providing early learning and care services, which integrated other aspects of programming such as nutrition and health into their programs. Responses from projects in the area of health were very limited and it is proposed that in future a call for proposals is published in the daily newspapers or disseminated through sector networks as this would perhaps yield a more varied and higher response rate.

Once identified, all organizations were contacted by a member of the research team and either visited or requested to fill in the data sheet via email with clarifications being provided as needed by phone or through email. Due to resource constraints, it was not possible to undertake verification visits, to all identified organizations.

Step 3: Selection of profiled organizations

Once the data sheets were received, they were screened for inclusion using the following criteria:

- Potential to contribute towards the solution of an identified problem in the community. The data sheet required the organizations to highlight the rationale for their programs, the problems that currently exist and how they intend to address the problem.
- The design of the program and its ability to be scaled up and replicated in other areas for maximum national impact.
- Cost effectiveness. Organizations were requested to prepare project budgets and to estimate “unit costs”. In considering and comparing various programs, “unit costs” were compared with expected output. Similar programs that proposed to serve populations with lower cost programs will be included.
- Based on the national profile of ECD, those organizations that were addressing critical underfunded areas were selected. This was to avoid having organizations that offered “more of the same”
- Finally, organizations that demonstrated ability to leverage other support/funding for increased impact were selected. This is because programs must continue to provide services while the targeted problem still exists either through government adoption or community/private support.

It must be mentioned here that this was a preliminary survey and that all due diligence in selecting the organization was hence not undertaken. Ideally with adequate time and resources, the development of a project risk assessment tool to evaluate and assess the viability, impact and risk of target projects would have been developed.

Step 4: Analysis of selected data sheets

Each of the projects that was selected using the criteria above was reviewed for missing information, inconsistencies and clarity before being included in the profiles, and follow up was made to the organizations to ensure all information contained reflected the organizations intentions

2.1.3. Challenges faced in developing pipelines

Costing of the projects was one of the major difficulties faced. Many organizations did not keep a clear record of their finances hence much time was spent working with organizations to estimate costs of various aspects of their programs to ensure that indicated costs reflected all inputs as accurately as possible. To guide this process, a costing template was made available to organizations to guide the process. It must be mentioned here that for a number of organizations, there was a real need to undertake a study to estimate unit costs.

3. Kenya ECD Project Summaries

3.1. Large Scale Government Projects (See Volume 2, Annex II For Detailed Profiles)

No.	Name of Organization	ECD Project Details	Brief Description of the ECD Project	Status of ECD Project	Total Amount Required (USD)
1.	KENYATTA UNIVERSITY EARLY CHILDHOOD STUDIES DEPARTMENT	Physical Address: Off Thika Road P. O BOX 43844-00100-NAIROBI Tel Number: 8710901. EXT: 3537 Fax: 811242/811575 Email: chairman-ecs@ku.ac.ke Contact Person: DR. RECHEL K. KANG'ETHE	The department of Early Childhood Studies seeks to establish a model infant, nursery and preschool center at Kenyatta University Academy. The center will serve the community as well as students in undertaking their practicum assignments.	Ready to Go.	\$250,000 over 4 years
2.	MINISTRY OF EDUCATION DEPARTMENT OF BASIC EDUCATION ECD UNIT	Physical address: Jogoo House B', Harambee Avenue, P.O. BOX 30040-00100, Nairobi, Kenya Tel: +254 (0) 20 318 581 Fax: +254 (0) 20 214 287 Email: leahrotich@gmail.com Contact Person: Leah Rotich	The department of Basic Education, ECD Unit, seeks to strengthen monitoring and evaluation as well as to enhance programming for children with special needs	Ready to go	\$ 1 m
3.	MINISTRY OF PUBLIC HEALTH AND SANITATION DEPARTMENT OF FAMILY HEALTH MALEZI BORA PROJECT	Physical Address: Old Mbagathi RD P. O. Box 43319-00100, Nairobi Tel Number:+254 722 890489/+254722 797 683/+254722 518 705 Email: dchilhealth@swiftkenya.com , head_dcah@dfh.or.ke , bwambu_dcah@dfh.or.ke , skabaka_dcah@dfh.or.ke , Website: www.dfh.or.ke Contact Person: Dr Santau Migiro	To increase utilization and improve delivery of routine health and nutrition services- targeting children, expectant women and lactating mothers.	Ready to go	\$125,000 per round
4.	MINISTRY OF PUBLIC HEALTH AND SANITATION (DIVISION OF CHILD AND ADOLESCENT HEALTH) CHILD RIGHTS PROGRAM	Physical Address: Old Mbagathi road Tel Number: Dr. Migiro +254722518705; Dr. Okumu +254722612924; Mr. Owako +254721526060 Email: dchildhealth@swiftkenya.com .	To implement the national assessment programme at age 5 (prior to joining primary school) of all children to identify disability and special needs for early intervention.	Ready to go	\$ 3.78 m for 4 years

5.	NATIONAL CENTRE FOR EARLY CHILDHOOD EDUCATION (NACECE) - AT THE KENYA INSTITUTE OF EDUCATION	Physical Address: DESAI ROAD OFF MURANGA ROAD P.O.BOX 30231 00100 NAIROBI Tel Number: +254(020) 379900-9, 0202073311, +254- 20 - 646584 Fax: 254(020) 3639130 Email: kathureh@gmail.com Website: www.kie.ac.ke Contract Person: HELLEN K.KIMATHI	To implement quality early childhood development curriculum for child minders across the country through DICECE officers	Ready-to-go ; by January 2013	\$ 2m for 3 years
6.	NATIONAL CENTRE FOR EARLY CHILDHOOD EDUCATION (NACECE) - AT THE KENYA INSTITUTE OF EDUCATION	Physical Address: DESAI ROAD OFF MURANGA ROAD P.O.BOX 30231 00100 NAIROBI Tel Number: +254(020) 379900-9, 0202073311, +254- 20 - 646584 Fax: 254(020) 3639130 Email: kathureh@gmail.com Website: www.kie.ac.ke Contract Person: HELLEN K.KIMATHI	To strengthen professional development of newly recruited DICECE officers	Ready to go	\$ 0.45m for 3 years
7.	NATIONAL COUNCIL FOR CHILDREN'S SERVICES (NCCS)	Physical Address: 5 th Floor-Re-Insurance Plaza, Taifa Road P.O. Box 6446-00100 NAIROBI Tel/Fax Number: 020 310257 Email: nccs2002@yahoo.com Website: www.nccs.go.ke Contact Person: Mr. Ahmed Hussein/Mrs. Jacinta Murgor	NCCS endeavors to finalize development of the National Costed ECD Action Plan to guide the implementation of the National ECD Policy Framework. Further NCCS seeks to constitute and staff the ECD Section within NCCS Secretariat to implement ECD activities in the National ECD Plan of Action as well as to advocate for additional budgetary allocations for ECD in line ministries	Ready to go	\$625,000.00

3.2. Profiled Service Delivery Projects By Non-State Actors

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
8.	ACORN SPECIAL TUTORIALS	Physical Address: 407 Muhuri Road P.O Box 40301 00100 Tel Number: +254725 959 137 Email: info@acorntutorials.org Website: www.acorntutorials.org Contract Person: Eva Naputuni Nyoike	No	The project seeks to reestablish a center that will implement a special education intervention that includes training. The program includes a residential and day program that targets children from the Eastern Africa region	Ready to go with further preparatory work	\$200,000	500 teachers 400 children	4
9.	ACTION FOR CHILDREN IN CONFLICT	P.O BOX 6439-Thika. Tel Number: +254714038285. Email: kenyadirector@aactionchildren.org Website: www.actionchildren.org Contract Person: John Muiruri	No	Project seeks to provide comprehensive educational, economic and psycho-social services to street and other acutely vulnerable children and their families	Ready-to-go	\$15,000	390	4
10.	BEST FOUNDATION	P.O Box 233-50317, Chavakali Email: foundationbest@gmail.com Tel no.+254725825105 Contact person- Rotharn Best	No	To strengthen ECD program for OVC support and the community at large in order to empower them to be self-sustaining.	Ready to go with further preparatory work	\$12,000	500	10 years
11.	BUSIA PARISH FAMILY LIFE EDUC. PROGRAM	P.O Box 791, Busia Email- josephochieno@yahoo.com Tel no.0725281612 Contact person- Joseph Ochieno	No	The ECD program aims at providing care and support for OVC's.	Ready to go	\$75,000	4,700	Over 10 years
12.	CAMP DAVID CENTER	P.O BOX 88978- 80100 Tel : +254 710169 076 Email: campdavidcentre@yahoo.com Contact Person: David Kyalo Kimanthi	No	The organization seeks to mobilize and empower communities to find innovative and sustainable approaches of addressing the unfortunate situation of many children by prioritizing educational empowerment.	Ready to Go.	\$1,575	2,565	4
13.	CAROLINA FOR KIBERA (CFK)	P.O. BOX 10763-00100, NAIROBI Tel : 0208040633 Email: info@carolinaforkibera.org Contact Person: HILLARY OMALA	No	The children's program seeks to strengthen prevention and management of diarrhea, immunization, growth monitoring, parental education on child nutrition and supplementary feeding programs.	Ready to Go.	\$608,318	30,000	4

14.	CENTRE FOR RESEARCH, COMMUNICATION AND GENDER IN EARLY CHILDHOOD EDUCATION (CRECHE)	P.O. Box 48611- 00100 NAIROBI Tel: +254 20 2737562/65 Cell: +254722 299 408 Email: crecheke@wananchi.com Contact Person:- Dr. Pamela Nereah Kola	Yes	The project is to promote and stimulate a reading culture in Kenya in order to enhance literacy and alleviate poverty	Ready to go	\$73,234	5million children	4
15.	CHILDREN FIRST ORGANIZATION (CFO)	P.O. BOX 2639, Kisumu Tel :0721517544 Email: cfprogram@gmail.com Contract Person: Betty Owino	Yes	The day care program seeks to provide educational support and promote good health among orphans and needy children.	Ready to Go.	\$71,940.00	290	4
16.	CHILDREN AND YOUTHS EMPOWERMENT NETWORK (CYEN)	Physical Address: Korogocho; Nairobi, Mailing Address: Box 11789-00400 NBO, Tel: +254 20 8025173/ 721 684 258 Email: cyenkorogocho@gmail.com Website: www.cyenkenya.org Contract Person: Mr. David Oketch	Yes	CYEN seeks to strengthen its safe community program through youth empowerment and the use of participatory methodologies including drama, dance and soccer while advocating for the equitable distribution of educational and employment opportunities to all children and youth respectively, in Korogocho”	Ready-to-go	\$51,807.50	4000	4
17.	GRASSROOTS DEVELOPMENT INITIATIVES FOUNDATION- KENYA (GRADIF-K)	P.O. BOX 16699-00100, Nairobi. Tel: +254-722-675376, +254-723-935597 Email: info@gradifkenya.org Website: www.gradifkenya.org Contact Person: Ms Gladys K. Miriti Email address: gladys@gradifkenya.org	Yes	GRADIF Kenya’s ECDE program focuses on establishment of ECDE centers, implementation of center feeding program and community empowerment for enhanced sustainability of the centers.	Ready-to-Go	\$1,000,000		Over a period of 5 years
18.	HANDS OF GRACE CHILDREN’S SUPPORT PROJECT.	Physical Address: RONGAI FPFK CHURCK P.O.Box 1289-00502 Nairobi Tel Number:+254 724 699 869 Email: ogada@hgosp.com ; danomondi2004@yahoo.com Website: www.hgosp.com Contract Person: Mr. GODFREY OTIENO	No	To provide a holistic approach producing empowered communities through education, entrepreneurship, research and environmental sustainability programs	Ready to go	\$182,500		4
19.	HOPE FOR TEENAGE MOTHERS (HTM)	PO BOX 16692-00100 Nairobi Tel Number:+254 733600056 Email: info@hopeforteenagemothers.org	No	The project targets young girls who drop out of school due to teenage pregnancies. The project also targets young children born by these young mothers and also	Ready to Go	\$60,000.00	1,660	4

		Contact Person :Lucy Ndungu		young girls who normally do not get the opportunity to go to school due to cultural practices of early marriages that happen at an age as early as 8 years				
20.	HOPE WORLDWIDE KENYA	PO BOX 11775-00100 Nairobi, Kenya. Tel:+254204343002 /4343016/0725433036 Fax: +254-20-4343006 Email: hope@hopewwkenya.org Contact Person: George Khisa	No	The project's goal is to provide short term conditional material support to most vulnerable households including Nutritional supplements, clothing, payment of school fees/ levies, school uniforms and supplies; and healthcare	Ready to Go	\$129,052	15,000	4
21.	ICFEM	P.O Box 420, Kimilili. Email- domelo.apple@gmail.com Tel no.0728711595/0712472182 Contact person- Dominic Mumelo	No	ICFEM seeks to provide educational support to OVCs	Ready to go with further preparatory work	\$23,750.00	600	Over 10 years
22.	INI TASI	P.O Box 19083-40123, Kisumu Email- initali2@gmail.com / lilianobada97@yahoo.com Tel no.0716925092/0734547721 Contact person- Lilian Obada	No	To provide support and education to children living with HIV/AIDS	Ready to go	\$153,750	375	10 years
23.	ISILOLO VISION OF HOPE YOUTH DEVELOPMENT PROGRAM	P.O BOX 312 – 60300, Isiolo Tel: 0725 238 724 Email: isiolovisionofhope@yahoo.com Contact Person: Zakaria Somo Jirmo	No	The organization seeks to address the problem of the illiteracy, and also to emphasize early child development in preparation for the life ahead especially to instill the culture of development through education	Ready to Go.	\$54,812.50	2,000	4
24.	KENYA COMMUNITY CENTER FOR LEARNING	Physical Address: Mountain View opp Safari Park Mailing Address: 52269 00100 Tel Number: 0721721324, 0722 444094, 0734152809 Email: Kenya.infokccl@gmail.com Website: www.newkccl.com Contract Person: Mrs Ciriaka Gitonga	No	To empower parents advocate for the rights of learners with disabilities by petitioning for the provision of a holistic education tailored to meet the needs of every challenged child enabling him/her attain the highest potential resulting into a happy, independent and Productive life.	Is ongoing with limited activities.	\$87,500.00	200	2
25.	KENYA ORPHANS RURAL DEVELOPMENT	Physical Address: Waumini House, 2 nd Floor, Eastern Wing , P.O. Box 66472 00 800 NAIROBI ,	Yes	Working with under-served communities to improve young children's quality of life through responsive and innovative	Ready to go	\$131,250	4342 children	Over 5 years

	PROGRAMME	KENYA Tel Number: + 254-722-26-26-38 Fax: + 254-20-4450252 Email: info@kordp.net Website: www.kordp.net Contract Person: Kathleen Okatcha		programming, service delivery and capacity building in Kenya				
26.	KESHO	Jacob Saleri's Building, Kilifi, Kenya P. O Box 997, Kilifi 80108, Kenya Tel Number: +254728 413 227 Email: info@keshokenya.org Website: www.keshokenya.org Blog: http://keshokenya.blogspot.com Contact Persons: Dr. Catherine Nokes (CEO) & Mr. MacKinlay Mutsembi (Senior Programme Manager)	No	The project seeks to improve access to education for increased school readiness disadvantaged children from Kilifi and Ganze Districts on the coast of Kenya.	Ready to Go	\$130,000	2000-5000	4
27.	KIDI-LUANDA COMMUNITY PROGRAMME	PO. BOX 38 RABUOR, KISUMU Tel: 0726-792480 Email: kidiluanda2000@yahoo.com Contact Person: Malin Atieno Akinyi	Yes	Early Child hood development Activities majorly focuses on the following activities: Training of caregivers on proper nutrition & health, rights of children, education, and psychosocial support. Working with schools to get support for construction of classrooms.	Ready to Go	\$19,,000	625	5
28.	KIMADZO COMMUNITY BASED ORGANIZATION	P. O. BOX 8- UKUNDA –Kenya. Tel:+254710164035/+25472493807 0 Email: kimadzocbo@gmail.com/alimwadza ya@yahoo.com Contact Person: Ali Yusuf Mwatsahu.	Yes	To improve the well being of children, the project focuses on: Construction and equipping of ECDE classrooms. Support training of ECDE teachers Support construction of ventilated improved toilets	Ready to Go.	\$43,750.00	3700	4
29.	KINDERAGARTEN EXPERTS INTERNATIONAL	P.O Box 648-00300 Email- info@kindergartenexperts-int.com Tel no.20 2346881/723999297/73427600 Contact person- Moth Pritchard		The ECD program will strive to meet the ever-dynamic needs of children, through training of caregivers.	Ready to go with further preparatory work	\$500,000	Over 1000	Over 10 years

30.	MAA PARTNERS INITIATIVES (MAAP)	P.O BOX 510-01100 KAJIADO-KENYA +254-722-839-395,+254 720 811 849 Email: maap@africaonline.co.ke maap@maapi.org Fax: +254 020 803 41 66 Contact Person: Jason Ole Parantai	No	The project seeks to provide complementary care, protection and education services for OVC.	Ready to Go.	\$212,408	2020	3
31.	MADRASA RESOURCE CENTRE, KENYA (Early Childhood Development Program of the Aga Khan Foundation)	Physical Address: Aga Khan Road, adjacent to Haille Salassie Avenue, Mombasa P. O. BOX 42409- 80100, Mombasa Tel Number: 041- 2221797, 2222172, 0728 333 335 Fax: 041- 2221797 Email: admin@mrck.com and masoud@mrck.com Contract Person: Masoud Mohamed Ali	Yes	The Madrasa Early Childhood Program leads in promoting quality, community-based, culturally relevant and pluralistic Early Childhood Development with underprivileged Muslim communities and those among whom they live.	Ready to Go.	\$34,375	8,000 children	5
32.	MAGARINI INITIATIVE FOR COMMUNITY DEVELOPMENT	P.O BOX 40 Gongoni Tel Number:+254 721207165 micode_78@yahoo.com Contact Person: Samson Katsuwii	Yes	MICODE's ECDE program focuses on early education, care, nutrition, teacher training and household empowerment to enhance food security.	Ready to Go.	\$12,500.00	600	5
33.	MALINDI EDUCATION & DEVELOPMENT ASSOCIATION (MEDA)	P. O. BOX 5156- 80200 Malindi, Kenya. +254 786 137 117 Email: info_meda@yahoo.com Contact Person: Tsuma B. Chakaya	No	The project's main objective is to integrate Muslim and formal education hence reduce overage enrollment of children in school.	Ready to Go.	\$25,000	2300	5
34.	MARIA'S LIBRARIES	Mailing address: Address: 93 Sterling Street, Brooklyn, NY 11225 Tel Number: +1 646 596 2877 Email: eva@mariaslibraries.org Website: www.mariaslibraries.org Contact Person: Eva Kaplan	Yes	The project aims to promote and develop an integrated network of libraries and library services in Kenya, fully connected with each other, their national system, and the world.	Ready to Go	\$15,,000	54 Libraries 225 children	4
35.	MCHANGANYIKO CBO	P.O BOX 58383-00200 Tel.: 0710 381176/0731258447 Contact Person: Zena Ali	No	The project seeks to establish a kids club for children's psychosocial support and life skill development.	Ready to Go.	\$39,419.88	550	4
36.	MUUNGANO CBO	P.O.BOX 184 – Kilifi Tel Number: +254715 782 754	No	The project uses an integrated approach to meet the needs of children.	Ready to Go.	\$33,750.00	1800	2

		muunganocbo@yahoo.com Contact Person: Irene Umazi Chamba						
37.	MWANZO WOMEN GROUP	P.O.BOX 715 SUNA MIGORI Tel Number: +254722366519 Email: mwanzowomengroup@yahoo.com Contact Person: ESTHER M. MASWI	Yes	The main project activities are provision of school items, community mobilization and center feeding program.	Ready to Go.	\$21,250.00	400	5
38.	NAIROBI PARENTING CLINIC	P.O BOX 4465 00100, NAIROBI Tel Number: +254 0202365638, +254714972228/+254738905182 Email: nairobiarentingclinic@gmail.com Website: nairobiarentingclinic.blogspot.com Contact Person: Dr.Catherine Mutisya	Yes	The project seeks to train parents in caring for their children to reduce child behavior problems and improve parenting skills. This program is guided by the cognitive social learning theory.	Ready to Go	\$207,500	2,400	5
39.	OMEGA CHILD SHELTER	P.O BOX 599-90400, Mwingi-Kenya. 0729-476334 / 0734 822 725 Omegawatoto@gmail.com Contact Person: Geoffrey Musyoka.	No	The toto project seeks to provide a firm foundation for children's later learning through cost effective educational activities.	Ready to Go	\$151,425	5,541	4
40.	PARTNERS FOR DEVELOPMENT IN AFRICA	P.O.BOX 560-20500 Narok Kenya. +254 725 763 525, +254 164 077 Email:partners.africa@gmail.com, odconsult2011@gmail.com, wangechiagy@yahoo.com Contact Person: Joseph K. Nkaiwuatei	No	The main activities of the project include establishments of preschools, teacher development and community sensitization on value of preschool education.	Ready to go.	\$173,000		
41.	SOTENI VILLAGE OF HOPE	P.O Box 32, Naitiri Email- sotenico@gmail.com Tel no.0704427581/0729819170 Contact person- Wycliffe Mttaki		Support to OVC's	Ready to go	\$45,000.00	3000	Over 10 years
42.	ST. VINCENT DE PAUL COMMUNITY DEVELOPMENT ORGANIZATION	Physical Address: Olympic Kibera Mailing Address: P.O. Box 56486-00200 Nairobi Kenya Tel Number: +254 726 986 776 Email: lucykayiwa@yahoo.com Website: www.kiberachildren.org Contract Person: Lucy Kayiwa	Yes	The organization seeks to support parents and guardians in providing care and support to orphans and other extremely vulnerable children (OVC) in Kibera, Kenya, meanwhile building children's capacities for a brighter future.	Ready to go	\$58,537.50	131	Over 10 years
43.	TEACHERS RESOURCE	Physical Address: Golf course Phase 1, Mosiro road No. 148	Yes	TRC seeks to develop an ECD materials kit and to train train and equip educators on	Ready to go	\$42,750	60 schools	Over 10

	CENTRE	P.O Box 57228-00200 Nairobi, Kenya Tel Number: +254721960900 Email: jwmurimi@yahoo.com Contract Person: Jayne Murimi		the use of various play and early learning materials.				years
44.	TRANS NZOIA YOUTH SPORTS ASSOCIATION	Physical Address: Plot no 2 sibanga-kapsara rd P.O. Box 2511-30200 Tel Number: 0725200099 Email: tysaktl@yahoo.com Website: www.tysak.org Contact Person: Gichuki Francis	No	The organization seeks to enhance communication, manipulative skills and environmental awareness for children below 8 years through play	Ready-to-go with further preparatory work	\$89,375.00	150	4
45.	TWANA TWITU CARE ORGANIZATION.	P.O BOX 127-090402 Migwani ,Mwingi Tel: 0202075509,0727780955 Email:ttnairobi@yahoo.com Contract Person: John Mulingi	No	The HMP project seeks to strengthen the community capacity to provide support and quality care to empower AIDS orphans and other vulnerable members of the community	Ready to Go	\$612,500	6,580	4
46.	VISION AND EMPOWERMENT TRUST	Physical Address: Nairobi West P.O Box 6732-00200 Nairobi Telephone Number: 0728-513129 or 0722866150 Email:fovet2007@gmail.com or visionempowermenttrust@yahoo.com Website: Contact Person: James Angoye or Calvin	Yes	Our mission is to empower the youth and children towards understanding their role and actively participating in development issues in the society	A good idea needing further development	\$319,000	National	4
47.	WOMANKIND KENYA	P.O Box 627 – 70100 Garissa. Tel Number: +254 (0) 726993895. womankind@gmail.com www.womankindkenya.org Contact Person: Abdullahi M. Abdi	No	The project activities include establishment ECD centres, supporting them on reading and learning materials, payment of teacher’s salaries and provision of meals at the centers.	Ready-to-go	\$1,010,000	520	5

48.	WORLD VISION, ISOLO-OLDONYIRO INTERGRATED PROGRAMME AREA (IPA)	PO BOX 26, ISOLO Tel Number: 0721 302861 Email: veronica_gakenga@wvi.org	No	The programme aims at enhancing sustainability through full involvement of community in planning, implementation, monitoring and evaluation of activities so that their participation will continue even after World Vision transitions. The five projects, Child protection; Sponsorship and Education; Water and Sanitation; Health and HIV and AIDS and Food Security are implemented in strong partnership with the community structures.	Ready to Go.	\$193,845.05	3200	3
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3.3. Profiled Software/Advocacy Projects By Non-State Actors

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
49.	CENTRE FOR RESEARCH, COMMUNICATION AND GENDER IN EARLY CHILDHOOD EDUCATION (CRECHE)	P.O. Box 48611- 00100, NAIROBI Tel: +254 20 2737562/65 Cell: +254722 299 408 Email: crecheke@wananchi.com Contact Person:- Dr. Pamela Nereah Kola		CRECHE would like to establish a strong national ECD network of duty bearers - parents, teachers, organizations, donor agencies and the government in order to strengthen and support accessible quality and equitable ECD programming across the country.	Ready to go with minimal preparatory work	\$608,318	Nationwide	4
50.	CHANGING FORTUNES ORGANIZATION	Physical Address: Uniafric House, Suite No.4, Koinange Street, Nairobi. P.O. BOX 39774 – 00623, Nairobi Tel Number: +254 020 310 310 Website: www.cfoglobal.org Contact: Mercy Njoroge & Ashlyne Ekirapa		Changing Fortunes seeks to launch an aggressive advocacy campaign on the importance of strengthening capacity of domestic workers for improved delivery of child care across the country	Ready to go with further preparatory work	\$348,000	Nationwide	4
51.	GRASSROOTS DEVELOPMENT INITIATIVES FOUNDATION-	P.O. BOX 16699-00100, Nairobi. Tel: +254-722-675376, +254-723-935597 Email: info@gradifkenya.org		GRADIF-K plans to establish a decentralized National ECD & Child protection network that will expand to be an East African Network. The focus being	Ready to go with minimal preparatory	\$1125000	Nationwide	4

	KENYA (GRADIF-K)	Website: www.gradifkenya.org Contact Person: Ms Gladys K. Miriti Email address: gladys@gradifkenya.org		on building synergies, strengthening coordination and awareness raising through high level advocacy for increased resource allocation to ECD programming	work			
52.	KAREN CHRISTIAN COLLEGE	P.O. Box 24787-00502 Nairobi Kenya Tel Number: +254-20-2485923/20-2471370/20 3882770/20 3882970 Email: info@karen.ac.ke Contract Person: REV. DANIEL OGADA	No	The aims at training pre-school teachers. To date over 600 students have graduated from the college.	Ready to Go	\$10,000	Over 500	
53.	KENYA ALLIANCE FOR RURAL EMPOWERMENT (KARE)	P.O. Box 3394-40100, Kisumu +254 721782381 Contact Person: Peter Oduk,- Email: kare.org@gmail.com	No	The major activities of the project include: Child rights education, awareness creation, Life Skills Training, Mentorship and role modeling. Household conflict resolution, Legal support and establishment of school-based health and rights clubs.	Ready to Go	\$27,000	4000	3
54.	KENYA COMMUNITY CENTER FOR LEARNING	Physical Address: Mountain View opp Safari Park Mailing Address: 52269 00100 Tel Number: 0721721324, 0722 444094, 0734152809 Email: Kenya.infokccl@gmail.com Website: www.newkccl.com Contract Person: Mrs Ciriaka Gitonga	No	The program aims to advocate for rights of children with special needs, train parents, assess children and expand access to services	Ready to go	\$187,500	800 children	4
55.	KENYA KIDZ	Physical Address: Scheper's Bloem, Paa ya Paa Lane off Ridgeways Road, P.O. Box 10693-00200, Nairobi. Tel Number:+254 (020) 3546834 Email: webaraza@gmail.com Website: www.kenyakidz.com Contract Person: Jenny Luesby	Yes	Kenya kidz seeks to expand its parenting, education and health news website to the East African Region. Kenya Kidz has more than a half a million views a month and is the largest family audience in Kenya, which publishes weekly newsletter with an e-school.	Ready to Go	\$ 78,200	Nationwide	4
56.	KITALE CEDAR ECDE TEACHER TRAINING COLLEGE	PO BOX 1477- CODE: 30200 KITALE	Yes	Duly registered college that trains students in ECDE. It has an established center that targets preschool children.	Ready to Go.	\$179,531	400	5
57.	PARENTING IN AFRICA NETWORK (PAN)	Physical Address: Regional Office ICS Africa Gold Rock Park, Mombasa Road		PAN seeks to expand its work in enhancing skillful parenting practices in Africa beyond East Africa to West &	Ready to go	\$840,000		

		Mailing Address: P.O. Box 13892-00800, Nairobi, Kenya Tel Number: +254 (20) 2063015/17/18, Mobile: +254 731682596/682598 Fax: +254 (20) 2063013 Email: info@parentinginafrica.org Website: www.parentinginafrica.org . Contract Person: Josephine Gitonga		Central Africa with French materials in order to contribute to improved protective structures and environments for the wellbeing of African children.				
58.	TRACE KENYA	P.O. BOX 34287 80118 Mombasa Tel. +254722499302. info@tracekenya.org Contact Person: Paul Adhoch	No.	Trace Kenya reduce cases of child trafficking through education, food security and social support advocacy programs	Ready to Go.	\$77,500	347	3
59.	TURKANA EDUCATION FOR ALL (TEFA)	Physical Address: DEO's office, Turkana Central, Lodwar P.O. Box 16-30500 Lodwar, Kenya Tel Number: 0729207838/0202315703 Email: turkanatefa@yahoo.com Contract Person: Victor Losuru	Yes	The mission of TEFA is to mobilize resources for coordination and provision of quality basic education for children in Turkana County.	Ready to Go	\$386,000	10,000	4
60.	UWEZO INITIATIVE EARLY GRADE READING ASSESSMENT	Physical Address: Elgeyo Marakwet Rd Mailing Address: 10565 00100, Nairobi, Tel Number: +254 732 888 919 Email: kenya@uwezo.net Website: www.uwezo.net Contact Person: Dr. John Mugo/Amos Kaburu	No	Uwezo's main goal is to contribute, over the next 4 years, to an improvement of at least 10 percent in literacy and numeracy levels among children aged 5-16 years in Kenya,	Ready to go	\$5000 per district		

Section III: Tanzania Pipelines

1. Introduction

1.1. Context of ECD Programing

1.1.1. Political and Demographic Context

United Republic of Tanzania is the union between Tanganyika and Zanzibar. Since gaining mainland independence in December 1961 and introducing the multi-party political system in 1992, Tanzania has remained a politically stable and peaceful country. Since 1997, the local government system has been based on political devolution and decentralization of functions and finances from central government to Local Government Authorities (LGAs), which are multi sector government units in specified areas of jurisdiction such as villages, wards, districts etc. through which community involvement in planning and implementation of development programs is achieved via Ward and Village levels committees

Tanzania has a population estimated at 42.7 million people in 2011; with the ratio of women to men projected at 51:49⁵. Children under 15 years constitute 47 percent of the total population; and importantly children aged 0 – 4 years constitute 17.3 percent while those aged 5 – 9 years constitute 10.0 percent of the population. Children of the age 0 – 4 constitute the biggest population group compared to other age groups, with the population decreasing as age increases. Tanzania also hosts the largest refugee population in Africa.

1.1.2. Economic Situation and Poverty

The economy of Tanzania has been facing economic challenges due to various factors including drought and the global economic crisis that have negatively affected efforts of poverty reduction in communities. The most affected group is the population residing in rural areas where an enormous 83 percent live below the basic needs poverty line⁶. Unfortunately this poverty impacts more heavily on children and according to TDHS 2004/05 almost half (48 percent) of all children living in rural areas suffer three or more severe deprivations of their basic needs as compared with their urban counterparts (10 percent)⁷. A recent study (UNICEF 2010, pg. 41) found that the incidence of absolute poverty among Tanzanian children — defined as the proportion of children who suffer multiple severe deprivations of their basic needs — is extremely high at 71 percent, a worrying situation indeed especially due to its negative impact to child development of present and future generations. This situation is much worse in the rural areas, where children suffering severe deprivation was estimated to be nearly two to three times higher than the percentage of urban children in six out of seven indicators of childhood deprivation, comprising health, nutrition, water, sanitation, shelter, education and information.

Tanzania is ranked 152 out of the 187 countries on the UNDP's Human Development Index (HDI). Although this places the country, in comparison to other SSA countries, as above average⁸, it is important to note that

⁵ National Statistical Bureau (2011)

⁶ National Bureau of Statistics et al (2009)

⁷ Ibid

⁸ UNDP (2011)

Tanzania is considered to be one of the poorest countries globally. This presents the government with huge challenges with respect to resource mobilization and allocation, which worsens the situation for ECD, which is given less priority.

1.1.3. Social Context

Socio-cultural norms and values continue, albeit to a declining extent, to guide the way of life of many Tanzanians. While the tendency in child rearing seems to be a move towards more responsibility on the immediate family, the extended family still plays a significant role in children’s upbringing. This emphasizes the importance of community involvement in designing and implementing ECD programs.

It is interesting to note that literacy levels have been declining over the years, and is currently at 72.5 percent for the population aged over 15 years, with data on gender showing that women’s literacy level is at 66.1 percent while for men it is at 80 percent. This situation is partially attributed to the insufficient adult literacy programmes.

Swahili is the national language in Tanzania which has about 120 tribal languages spoken across the country. Although most children are raised up in multilingual environments, with mother tongue and Swahili being the main languages, majority of ECD centers teach in English due to pressure from parents.

Tanzania has made progress towards the achievement of the Millenium Development Goals (MDGs) and is on track for MDG 2, with a Primary net school enrollment ratio of 89.4 percent. While there have been substantial reductions in child mortality, much more needs to be done towards improving maternal mortality, child nutrition and reducing poverty. Further to this much effort is required to improve clean water and sanitation currently at 54 and 24 percent respectively. The chart below illustrates some of the key performance trends relating to children.

Chart 1: Progress towards selected MDGs

Target Area	Period of 2007/08	Period of 2009/10	MDG Target	Assessment
Proportion of population living below poverty line	35.7	33.6	19.5	Unlikely to achieve
Under-5 Underweight (%)	30	22	14.4	Achievable
Under-5 Stunted (%)	44	35	23.3	Achievable
Primary school net enrolment rate	89.4	97.2	100	Achievable
Under-five mortality rate (per 1,000 live births)	91	81	48	Likely to achieve
Infant mortality rate (per 1,000 live births)	58	51	38	Likely to achieve
Maternal Mortality rate (per 100,000 live births)	578	454	133	Unlikely to achieve

Adapted from UNICEF MDGs performance indicators⁹

Malnutrition is considered to be one of the lead contributing factors to under-five mortality, with the situation in the rural areas being worse than that in the urban areas. According to TDHS (2009/10) survey 35 percent of

⁹ UNICEF (2010)

children under-five are stunted, 5 percent are wasted, and 16 percent are acutely malnourished. Further, according to the Tanzania Food and Nutrition Centre in 1997, 24 percent of children aged 6–71 months and 69 percent of lactating women were Vitamin A deficient¹⁰ and anemia affects about 72 percent of children of 6 – 59 months in the mainland alone (TDFS 2004/05). Much needs to be done to achieve the MKUKUTA Goal of 20 percent by 2010¹¹.

It is encouraging to note that malnutrition rates are declining and that coverage of Vitamin A supplementation is improving and is currently at 94 percent. It is also worth noting that 41 percent of the children are exclusive breastfed while 97 percent are being breastfed at least for some time, the increases largely due to the Baby Friendly Hospital Initiative (BFHI). Through the Under-fives clinics, the MoHSW also offers a programme of education to mothers on exclusive breastfeeding, malnutrition and the preparation of a balanced diet using locally available foods.

HIV and AIDS is one of the nation's greatest challenges, with 6.2 percent prevalence among 15–49 year olds and infection rates being significantly higher among women at 6.8 percent than men at 4.7 percent. Mother to Child Transmission is said to be responsible for about 18 percent of HIV new infection in the country¹². It is estimated that there are 970,000 children in Tanzania who are orphaned by HIV and AIDS out of a total of 2.6 million orphans resulting from various causes¹³. Data from THMIS 2007/08 estimates that 9.8 percent of the 0–4 age group and 16.6 percent of the 5–9 age group are OVCs.

Enrolment in pre-primary has reached 37 percent with significantly more centers in urban than rural areas. Wide variability ranging from 137 registered centres in Morogoro, compared with 25 centres registered in Tabora region calls for urgent measure to increase access to services by all children. Although the enrolment rate for primary education in the country is virtually universal with 98 and 97 percent respectively of male and female children enrolled, completion rates are low as only 83 percent of primary students survive to the last year of primary education and much fewer carry on to higher education¹⁴. It is important to note that the implementation of high quality ECD programmes has been documented to improve school retention and performance, and hence the roll-out of a pre-primary programme in the country could contribute to improved school retention and performance in primary education and progression to higher education.

Corporal punishment, sexual abuse, gender violence, abandonment as well as exploitation are some forms of child abuse common in Tanzania. Reports show that abandonment is the leading type of child abuse in the country due to economic hardship, parental death, and the parent's lack of education¹⁵. In addition to this, physical punishment as a way of disciplining children is very common in Tanzania in homes as well as in schools; with a recent study in Tanzania revealing that teachers carry sticks to threaten children, a situation that engendered such fear as to prevent them from learning¹⁶.

According to the report on the Integrated Labour Force Survey of 2006 21.1 percent of children aged 5–17 years in Mainland Tanzania work in conditions which are considered as child labor, a situation that denies children the opportunity to develop their full potential.

¹⁰ National Bureau of Statistics (2009)

¹¹ Ibid

¹² UNICEF (2010)

¹³ UNICEF (2011)

¹⁴ UNICEF (2011)

¹⁵ National Bureau of Statistics et al (2009)

¹⁶ National Bureau of Statistics et al (2009, pg, 71)

Birth registration of children under five years is still low with only 16 percent of the children being registered at birth. The registration coverage is much higher in urban than rural areas whereby the rates are 40 compared to 10 percent respectively, a trend that has been constant over the years. This is due to obvious reasons such as access and education on the importance of birth registration.

1.2. Situation of ECD Service Delivery

1.2.1. Services for Early Learning Care and Development

A variety of services exist for early learning, care and development including:

- **Centre based services (Children of 3 – 4 years).** Centre based ECD programmes or ECD centres are the most widely known forms of ECD service provision in the country, which primarily provide care and early learning opportunities. The Department of Social Welfare through the Day Care Centre Act of 1981 and the Day Care Centre Regulation of 1982 coordinates these services. Although the Department is not directly engaged in service provision, they are involved in inspection to ensure adherence to minimum standards. Several challenges exist in the implementation of the cater based ECD services, including: mushrooming of pre-schools in urban areas majority of them not registered, low access as only 3 percent of children aged 36 – 59 months attend some forms of pre-school. Use of inappropriate methods of teaching, lack of resources and knowledge on ECD learning methods.
- **Pre-Primary Education (5 – 6 year olds).** The Ministry of Education and Vocational Training (MoEVT) coordinates Pre-primary education. The Education system follows the structure of 2–7–4–2–3+; that is, two years of pre-primary education, seven years of primary education, four years of ordinary level secondary education, two years of advanced secondary education, and three and above years of tertiary or higher education. It is important to note that while attendance of primary school is compulsory for every child in the country, enrolment to pre-primary ECD programs remains voluntary. It is worth mentioning however that the Government through pre-primary education has formally introduced ECD for the five and six year olds, a situation that has contributed greatly to smooth transitions to primary schools. It is hoped with this move that all children will be enrolled in pre-primary schools by the year 2015 according to targets set in the National Strategy for Growth and Reduction of Poverty (MKUKUTA II)¹⁷.

The current challenges in implementing ECD in the pre-primary setting include:

- Lack of trained personnel and high teacher child ratios
- Lack of appropriately equipped learning environments, those available lack of clean water and proper sanitation
- Unavailability of a finalized curriculum.
- Limited formal evaluations carried out to actually understand the impact of ECD services
- Lack of minimum standards and curriculum also gives room for many centers to operate at a very poor quality.

1.2.2. Health Services for Children and Mothers

The Government through the Ministry of Health and Social Welfare (MoHSW) provides health services through:

¹⁷ Abrishamian, N (2010)

- Health clinics located across the country. The Government through the Health Sector Strategic Plan 2007 – 2010 has been implementing reforms including decentralization and devolution of management of health services to the district level. Other major reforms include the introduction of the common basket fund between the government and donors; and also the cost sharing practice through introducing user fees (medical insurance) and the Community Health Fund (CHF).

The CHF which is a pre-payment approach involves an annual membership fee of a total of Tanzanian Shillings (Tsh) 10,000 (equivalent to approx. US\$7.50) The Government and the World Bank contribute half of this membership fee (Tsh 5,000) to cover one adult and other members of the household below 18 years, which entitles the household members to receive a package of basic services free of additional charge for a year. Children under-five, expectant mothers, poor and vulnerable children are among the groups who are exempt from paying for health services. The lack of a transparent system of selecting beneficiaries has been a major challenge of this initiative¹⁸. Further to this, the package only caters for basic health services with families having to pay for purchase of prescribed medication.

- Expanded Programme of Immunisation: An important achievement of the EPI has been the eradication of polio.¹⁹
- National Malaria Campaign which emphasizes the use of ITN including free provision to pregnant mothers; and the Integrated Management for Childhood Illness (IMCI).
- Community–Based Integrated Management for Child Illness (c-IMCI), which currently reaches 107 out of the 120 districts on the mainland. This programme provides training to volunteer health workers who deliver education to parents in their own homes. The c-IMCI is a holistic approach which looks at all areas of child development including health and nutrition. The programme also aims at improving the capacity of parents and communities at large in the provision of services to young children in the areas of healthcare, early stimulation, nutrition, sanitation and hygiene among others.

The health programs have made significant contributions to the well-being of children. Attention to staff motivation to ensure retention of voluntary health workers as well as strengthening training to ensure effective coordination between partners at the district level could further increase their impact. Enhanced community awareness through theatre groups and health days in communities is also important to sensitize and provide knowledge to the public²⁰. It is important to note that due to lack of skilled staff the programme did not have an inclusive approach of children with disability and those who are vulnerable.

The need for advocacy and strengthened capacity cannot be overemphasized considering that skilled health workers attend less than half of all births. The poor infrastructure to be able to provide medical supplies in rural communities, and generally the lack of adequate resources has also been a major challenge.

1.2.3. Services to Support Protection of Children’s Rights

Tanzania ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1991. The UNCRC has recently been incorporated in to the Children’s Act of 2011, which aims at protecting children from all forms of abuse. In terms of implementation, the Tanzanian government has two programmes aiming at improving child protection in the country, namely:

¹⁸ Amani Medical Research Center (2000)

¹⁹ National Bureau of Statistics et al (2009)

²⁰ UNICEF (2010)

- The Time Bound Programme on the Worst Forms of Child Labour which focuses on eliminating child labour in the commercial sex sector, mining, abusive forms of domestic work, and the commercial agriculture in the eleven worst affected districts²¹.
- The Vital Registration Programme, which aims at establishing a one-stop process for registration and certification. This programme, which is implemented in partnership with UNICEF, aims at ensuring easy access for everyone including those in rural areas. The programme has so far reached 13 districts²². However, despite the support provided by partner organizations including UNICEF and Plan which conduct advocacy campaigns on birth registration in communities. It is clear that much more needs to be done to ensure every child's right of birth registration is realized.

1.2.4. Services to Support Vulnerable Groups

The Government has ratified the Convention on the Rights of Persons with Disabilities in 2009 and incorporated the Persons with Disabilities Act in May 2010 into local law to ensure inclusiveness of disabled people. The Act contains a section on children including their rights to participate. The Tanzania Disability Survey (TDS) of 2008 reports that 7.8 percent of the population has some form of disability. Common difficulties found by the survey include hearing, vision, cognition, self-care and communication. However, there is a significant lack of services to cater for children with special education needs (SEN). Additionally, there is widespread stigma of children with SEN in the society. As a result only a few children with SEN access services such as education, health care and integration in the society; the 2010 TDS survey reports that only about 40 percent of children with SEN aged 7-13 years attend government schools, while only 24.3 percent of disabled children attend pre-school education. Furthermore, reports also point out that 15.5 percent of all children with SEN aged 3–14 years were refused entry to schools due to their disabilities²³ as the majority of these schools lack the sufficient and appropriate services to cater for such children.

While the Ministry of Education advocates for inclusive education, the lack of appropriate facilities and qualified personnel in primary education is a serious challenge. The lack of services for early identification of developmental delay compounds the problem. Although Government also has specialised facilities through hospitals, which provide special needs services for all age groups with different needs, with availability of professional services for children with special needs in hospitals include psychiatric services, speech therapy, physiotherapy, and hearing and vision impairment support, among others, more needs to be done to provide adequately for these children. This is because although the services include an initial assessment of children to identify needs, treatment and the referral of the child to the nearest special needs school, access to these services are only available at the central hospital and not at district level. Furthermore, while there are a number of private and faith-based institutions that provide services for children with special needs, most of these institutions rely on donor funding to provide these services and as a result actual service provision relies solely on the funding available.

There has been an increase in PMTCT services in health clinics delivered by Government, faith based organizations and other CSOs. This has enabled more pregnant mothers to attend antenatal clinics and get tested for HIV and receive treatment. However, the issue of access is still a challenge. One report points out that out of 1.56 million pregnant women 8.2 percent tested positive; and yet 40 percent of the pregnant mothers did not have access to PMTCT services hence increasing the chances of infecting their babies²⁴.

²¹ Ibid

²² Ibid

²³ National Bureau of Statistics (2008)

²⁴ UNICEF (2010)

Lack of technical expertise, and inadequate infrastructure such as pediatric HIV diagnostic facilities are a major challenge. It is also noted that many children are diagnosed very late or some not at all due to minimal knowledge levels among caregivers. Health facilities providing care and treatment are reported to be unfriendly to children and health providers are not skilled to provide services to children. Stigma due to HIV and AIDS is still a problem affecting access to health services and other available support.

Furthermore, services provided to children and their families do not meet the holistic needs. Many HIV infected children from poor households who are under medication still face other challenges including access of adequate food, counseling and stimulation. There is a lack of integrated services targeting such children. Hence, there is a need to have an effective coordination between Government, CSOs and development partners in terms of service provision so as to increase impact and coherence of these efforts²⁵.

The National Costed Plan of Action for Most Vulnerable Children (NCPA) supported by UNICEF and other partners including the Global Fund and PEPFAR aims at identifying, protecting and providing access to basic services for the most vulnerable children. The Plan seeks to strengthen community based care and assistance mechanisms by establishing OVC committees at ward and village levels. Additionally the Plan provides capacity building to districts and wards facilitators and knowledge on understanding criteria for vulnerability in the community. The aim is to ensure that the community takes responsibility of children in their own community.

The Department of Social Welfare is responsible for the coordination of OVC activities at the district level²⁶. In addition there are various organizations working with communities to provide OVC support. The kind of support mainly depends on the donors' areas of interest. However, most OVC support has targeted areas such as education, food and shelter and school-age children. The lack of coordination between the OVC committees and local government authorities at the district level further hampers effective monitoring of services²⁷.

The establishment of a social action fund scheme known as TASAF, which targets vulnerable families in terms of Social Cash Transfers, has made a significant contribution towards child development. However, as with many interventions, the programme only reaches a few districts and has been plagued with problems related to the lack of a transparent identification system. A number of Civil Society Organizations and Faith Based Organizations run different programmes within communities to provide services and support to vulnerable children. This support includes institutional care and support, legal support, household economic empowerment, education and health support, and psychosocial support.

1.3. ECD System

1.3.1. Policy Development

Tanzania has two separate policies catering for young children's well-being, namely the Tanzania Education and Training Policy (1995), and the Child Development Policy (2006), which have however not been fully implemented. It is worth noting that these policies have lacked national ownership as they were developed as a result of external influences other than internal interests²⁸.

²⁵ Ibid

²⁶ National Bureau of Statistics et al (2009)

²⁷ UNICEF (2010)

²⁸ Mtahabwa, L (2009)

Table 1: Policy frameworks targeting children of 0 – 8 year olds

Integrated Early Childhood Development Policy (IECD) (<i>Draft</i>)	In 2007 the IECD service delivery initiative was launched by the first lady. In 2008 the Government of Tanzania agreed to have a separate policy for children aged 0 – 8 years. As a result a work plan was developed and a situation analysis carried out. In 2010 the IECD draft policy was developed and expected to be submitted to the cabinet secretariat. The policy emphasizes the involvement of all key stakeholders in the provision of integrated services to all Tanzanian children.
Child Development Policy (2006)	The reviewed document focuses on five basic rights of the child, namely: survival, protection, development, participation and the right not to be discriminated against. It urges all stakeholders in early child care and development to respect children’s rights and calls upon the law to protect children and enforce people’s adherence to these rights ²⁹ . The policy however targets all children from 0 – 18 year olds and hence it does not provide specific targets for the ECD age group of 0-8 years.
Tanzania Education and Training Policy (1995)	The policy which is currently in review recognises the significance of pre-primary education. The policy document however does not give details on how it will ensure quality provision of services in terms of standards and curriculum. Furthermore, the policy recognises the challenges it faces to provide for net enrolment to 5 – 6 year olds in the country. Hence, it calls for collaboration with other partners including communities and civil societies.
Children’s Act	This Act aims at providing a strong foundation on children’s rights through establishing a strategy on social protection which will make the whole public and government accountable to protect children ³⁰ .
National Costed Plan of Action for Most Vulnerable Children 2007 – 2010	The Plan defines children who are considered as most vulnerable children. It also sets out strategy on the identification of such children, and the provision of services and monitoring of these services. The strategy sets out inter-sectoral responsibilities among key partners from National to Local level ³¹ .

1.3.2. Policy Implementation Overview

As noted above, Tanzania has various policies addressing children’s basic needs and rights which are implemented by different institutions. However, individual ministries have been working in isolation of each other through implementing their own work plans and budgets. Each ministry is expected to monitor compliance with regards to requirements, regulations and guidelines for the implementation of its own programmes. Furthermore, there has been a lack of definition setting out clearly the different roles between key ministries. It is in this context that the draft IECD policy has been introduced including a decision to create a working team made up of key ministries addressing ECD and civil societies.

The key ministries involved in ECD services provision include the Ministry of Community Development, Gender and Children (MoCDGC); the Ministry of Education and Vocational Training (MoEVT); and the Ministry of Health and Social Welfare (MoHSW). These ministries have ECD Focal Persons who are key technical personnel working

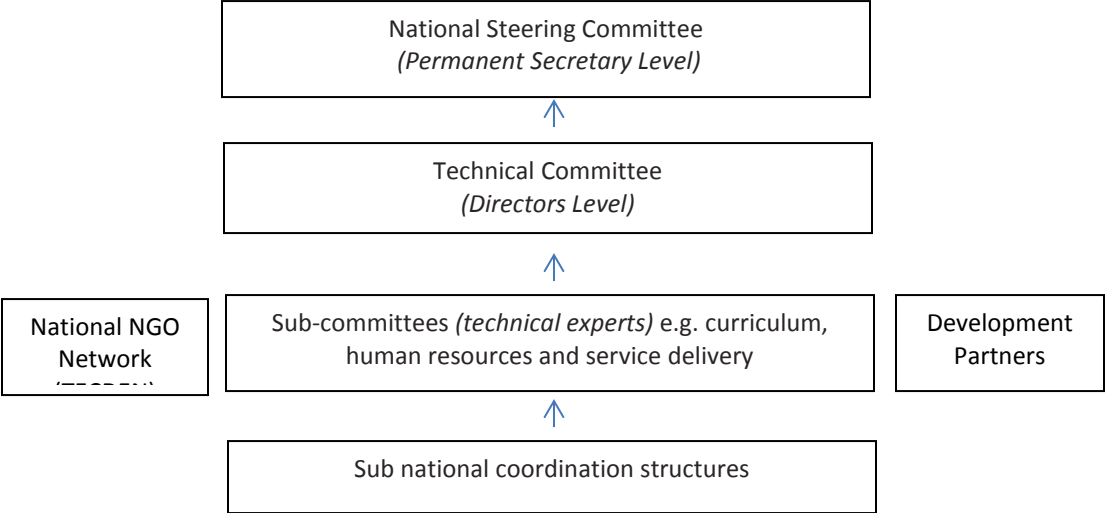
²⁹ Mtahabwa, L (2009)

³⁰ National Bureau of Statistics et al (2009)

³¹ UNICEF (2011)

with other partners. The MoCDGC is the coordinating body for ECD activities, responsible for setting guidelines and standards and for leading on the development of the IECD Policy³². The other key ministries are involved in IECD policy and programme implementation at the national level. It is also noted that a steering committee was developed so as to strengthen interagency collaboration in the development of the IECD Policy which was chaired by the MoCDGC together with the other key ministries, as well as the Ministries of Agriculture and Justice, the Tanzanian Commission for AIDS (TACAIDS), UNICEF, the World Bank, the World Health Organisation, Tanzania Early Childhood Development Network (TECDEN), and other NGOs.

1.3.3. National ECD Structure³³



Together with the IECD policy the government has developed a strategy for developing national ECD guidelines and standards, providing capacity building, and implementing a pilot of integrated service delivery in a few districts to be documented for future learning and expansion³⁴. However, the policy is yet to be finalized and also there are no financial commitments made by the government in relation to the policy implementation.

1.3.4. Quality Assurance in ECD Services

Information collected during EFA Assessment (2000) reported a lack of clear objectives set by the pre-primary policy. The report argues that this could be due to reasons that there is a lack of knowledge on understanding the aspect of holistic development to young children as well as quality on service provision³⁵. To date there is no established system which follows up on the development of children in the country.

Such concerns are also shared by the UNICEF (2010) report where it is noted that results-based planning for ECD programmes is very limited or non-existent. As a result there are no data collected during the implementation of ECD activities to help both with learning and capturing the impact of the programme. This could also be due to the lack of knowledge and skills on information collection by ECD personnel.

This is further illustrated by the c-IMCI programme implemented through a partnership between the Government and UNICEF which has no set measurable targets for activities, yet there are expected outputs

³² National Bureau of Statistics et al (2009)
³³ Abrishamin, N (2010)
³⁴ UNICEF (2011)
³⁵ Mtahabwa, L (2009)

including developing community models and increasing access to community based ECD services for children under-3 years³⁶.

The Government of Tanzania in partnership with UNICEF and other ECD stakeholders worked on the Operational Guidelines and Minimum Standards for ECD services in 2009 in line with the IECD policy. These Guidelines focus on the standards for all forms of ECD services across the country including home-, centre- and school-based services. They also look at the physical environment, the resources used, the training and qualification of service providers, and the mechanisms of collaboration for the management and monitoring of services. However, the document still remains to be finalized; despite this UNICEF has been using the guidelines in the seven districts where it has been working³⁷.

1.3.5. Communication and advocacy strategy to raise ECD awareness

The advocacy and communication of ECD services to the wider public and all stakeholders on the significance of ECD is a crucial activity. Various organizations work on sensitizing the public on ECD practice; for example UNICEF has focused its advocacy and communication efforts on the capacity development of media personnel; media being engaged to report on ECD events; and developing materials for parents education. TECDEN as the ECD NGO Network works with its partners at all levels from district to key decision makers in the government including the Technical Committee, contributing to various decision-making processes for example during the IECD policy drafting process.

1.3.6. Capacity Building

The government through the MoEVT is responsible for the provision of teacher training in the country. The ministry has selected eight teacher's colleges of which some are of the primary Grade III 'A' to provide pre-primary education training. This training is for teachers who have completed ordinary level secondary education and undergone a two year certificate course in primary education, with the requirement to attend another one year full residential course to qualify as pre-primary school teachers. However, these colleges will not provide opportunities for pre-primary education training for fresh school secondary leavers³⁸. The training of pre-primary teachers is aimed to equip them with all important aspects of child development in terms of holistic development and active learning. Teachers are also encouraged to become creative in the use of local resources to develop learning and play materials for children.

Furthermore, the government in partnership with higher education institutions including the Open University in Dar es Salaam and the University of Dodoma have established an undergraduate degree and diploma on early child development and care³⁹. In addition, through the support from the government and various development partners, a few government technical personnel including ECD Focal Persons and decision makers from key ministries have attended training from the Early Child Development Virtual University (ECDVU). The ECDVU is a long-distance learning programme sponsored by the University of Victoria in Canada which aims to increase the capacity in ECD Leadership, comprising of coursework in ECD concepts and the development of ECD as a field of policy and service delivery, models and strategies for ECD programme development, research and evaluation of ECD services, quality assurance, and other topics⁴⁰. There are plans to continue to support more key personnel through the same approach.

³⁶ UNICEF (2011)

³⁷ UNICEF (2011)

³⁸ Mtahabwa, L (2009)

³⁹ UNICEF (2011)

⁴⁰ UNICEF (2011, pg, 21)



In addition individual organizations provide ECD training to their volunteer caregivers working in communities. Training mainly focuses on such areas as holistic child development, learning through play, the use of local resources to support learning, and programme sustainability, among others. For example, UNICEF and other ECD stakeholders have adapted the UNICEF ECD Resource Pack to relate with the country context, and which has been used to train national and district level decision makers and ECD stakeholders. At the national level, UNICEF has reported the training of 48 policy makers. Furthermore, UNICEF has also carried out an institutional capacity assessment of TECDEN and its members to identify potential areas of support relating to ECD to ensure there is a strong and sustainable network in the country. However, most of trainings provided vary significantly in content and quality due to the lack of a unified teachers' syllabus available across the country.

1.3.7. Innovative ECD programming

There are few ECD programmes which have been documented with evidence as best practices. One of these includes the programme implemented by UNICEF and Plan, together with the Kibaha district government, whereby a study was supported to document processes, lessons learned, and best practices in the integration of ECD messages and training into the c-IMCI program in Kibaha district. In this programme the psychosocial and cognitive components of ECD were integrated into the existing c-IMCI services, including providing education to parents in areas including early stimulation, psychosocial support, child care and HIV/AIDS. The findings contributed to the programme to be scaled up in another six districts through UNICEF support⁴¹.

Furthermore, an interagency approach to the policy development and service delivery as noted previously promotes the development of services for parents and children across the whole age span (birth – 8 years). The model has also been devolved down to district level in some districts where the interagency ECD teams have been established to oversee activities at local level.

It is also important to note other NGOs which provide integrated services to children. The majority of these organizations use community based programming whereby they provide support in the form of capacity building and resources. Most organizations rely on volunteer caregivers to work at the ECD centres. However, where community members work as volunteers the centres generally face a high turnover of staff. The lack of any payment de-motivates the caregivers who then look for other paying opportunities. Furthermore, the volunteerism aspect is only really applicable to caregivers without qualifications or skills as those who are qualified would rather seek paid jobs. Consequently, ECD continues to be provided by unqualified people. This results in organizations having to use their resources to provide further training and other technical support to the new staff. Furthermore, donor reliance in most of the programmes affects certainty and sustainability of the programme. Noting that however, there are few organizations which have come up with various income generating ideas and community involvement to ensure programme sustainability.

1.3.8. New Champions

Currently there is no initiative focusing on creating a cadre of ECD champions in the country. However, through the different networks many advocates and individuals with an interest in young children are being recognized.

Examples of initiatives include:

- ECD Networking in the country

TECDEN is the national network for NGOs working in ECD in the country. TECDEN has 14 chapters in 14 regions in the mainland and Zanzibar with the aim to reach out to all regions. TECDEN works in partnership

⁴¹ UNICEF (2011)

with the Government key ministries as well as development partners such as UNICEF and the World Bank. The network has enabled smoother collaboration between the Government and NGOs across the country. The initiative of TECDEN as the national network in the country has facilitated coordination of ECD activities through its members at all levels. TECDEN has largely been involved in advocacy activities with regards to ECD which have resulted in the drafting of the IECD Policy for example. The network has built the capacity of its key members to be able to participate in national and international ECD activities which has enabled them to be recognized.

There is also a strong inter-sectoral partnership between the key ministries, development partners and other NGOs. Such a strong partnership has enabled achievements in a number of ECD areas at the National level. However, crucially, such coordination is lacking at the district and local levels.

1.3.9. Financing of ECD Programmes

Financing of ECD services in the country has remained in the hands of civil society. There are a number of civil society ECD providers in Tanzania, these being Private Institutions, Faith-based Organizations (FBOs), national Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), and International Non-Governmental Organizations (INGOs). The majority of these CSOs rely on donor funding to run their ECD services. However, CSOs face various challenges through their reliance on donor funding which is very competitive and considered to only be a short term commitment.

To ensure the sustainability of ECD programs, some organizations are now beginning to turn to generating community ownership of the ECD programmes. Communities are sensitized to realize the significance of programme ownership through taking on the responsibilities of running ECD activities and mobilizing resources. Most programmes that are run in communities have either management committees and/or other different committees involved in running the ECD programmes.

Some organizations such as TAHEA Mwanza in conjunction with the communities have established income generating activities in terms of Microfinance programmes whereby the money accumulated in the microfinance group is also used for ECD services such as teachers' monthly allowance, feeding programmes and additional resources. However, the minimal resources available and additional money collected at the centres through community initiatives is still not adequate enough to fulfill the requirements needed to provide for the children and caregivers. Notably, the Government through its key ministries does not have specific budget lines for the ECD sub-sector. For example, though the MoEVT provides money for pre-primary education but there is still no set budget specifically for pre-primary but rather it is up to the school administration to allocate some money for the pre-primary class. There is no specific budget under the MoHSW for targeting children in general; however the Government through the health basket fund and block grants does provide funding to the local authorities with the priorities communicated as reproductive health, child health services, IMCI and immunization services, and also the prevention and treatment of malaria⁴².

⁴² UNICEF (2010)

Role of private actors in ECD service provision

The role of the Private Institutions in running the majority of ECD programmes in the country is becoming increasingly significant particularly now that the significance of the subsector is increasingly recognized. Responding to the constraints on resources and technical expertise within the Government, the private sector has a significant role to play. However, the lack of both nationwide coordination of these ECD services and minimum standards has resulted in the mushrooming of various ECD centres that do not reach the required standards in materials and learning environment, qualified personnel, or syllabus. Furthermore, the majority of centres involve fee paying; the fee varying according to the type and quality of service provision a child attends.

The lack of regulations also means that private providers are free to set their own standards and fees. There is a significant difference in the fees charged across ECD centres run by private institutions, faith based organizations and NGOs. The average annual fees range from approximately US\$30 to US\$2,350. Unfortunately, many parents or carers cannot afford to pay these fees. Obviously, the more expensive centres are the ones with higher quality services and the opposite applies to those centres that charge lower fees. It is of note that the significant majority of these ECD centres are located in urban areas where families can at least afford to pay fees as compared to rural areas. Unsurprisingly data shows that children in urban areas are more likely to attend early formal learning activities as compared to their rural counterparts. As a result, the provision of ECD services ends up segregating children based on their location and socioeconomic status.

Role of development partners in national ECD programming

Most organizations rely on donor funding to run ECD programmes in target communities. These donors include bilateral and multilaterals agencies, corporate companies, and individuals. The major donors that work in partnership with the Government to provide financial and technical support to the ECD sub sector in Tanzania include the World Bank and UNICEF; as well as other INGOs that provide financial and technical resources to ECD such as Children in Cross Fire, the Aga Khan Foundation, and Save the Children. These developing partners are a part of the ECD National Secretariat in which their main roles are to provide resources and technical support to ECD activities in the country, for example developing partners played a significant role in the process of drafting the IECD policy.

1.4. Conclusion and Recommendations

The Government of Tanzania has shown an interest and commitment towards the ECD sector in the country through the introduction of various related policies and its commitment to ECD in the MKUKUTA strategy. Most substantially has been the introduction of pre-primary education in schools. However, the fact remains that ECD programmes only reach a very small percentage of children in Tanzania which does not demonstrate the full commitment of the Government. Many children still do not have access to even basic services including food, early stimulation, protection and immunization, all of which are crucial in a child's early years. In particular, children with special needs and children below 3 years still do not benefit from ECD services. There is further disparity in access to ECD services between poor and rich families, as well as those living in rural and urban areas. This is despite evidence and arguments from various researchers on the significance of investing in young children.

There are good practices which have been noted in this study, including several initiatives by the government. Additionally, several CSOs have been using various innovative approaches to provide good quality and sustainable ECD services in communities. The government also acknowledges and supports the significant role of CSOs in the provision of ECD services in the country for example through working closely with TECDEN. Hence, there is a strong partnership between government and civil society in sharing skills and knowledge with regards

to ECD. Both the drafting process of the IECD Policy as well as the National ECD Structure are good examples highlighting the effective collaboration between the key players in ECD service provision.

- i. The Government needs to ensure the pre-primary enrolment for 5-6 year olds reaches all children across the country. Furthermore it is important to identify various applicable models and take full responsibility to provide services for young children aged 0- 4 years as well. The Government should take time to learn about various models for this younger age group and how can they be replicated across the country; as well as research into government-led models rolled out in other countries.
- ii. There is a need to continue building the capacity of human personnel who are the key implementers at all levels - national, provincial, district and school levels - to ensure that they understand ECD and its significance. There is an urgent need to ensure that such responsible personnel are also well equipped with management skills on ECD services. This will ensure easy and quick devolution of ECD services to local communities where children are located. Furthermore, the presence of an ECD structure reaching down to district and community levels will allow smoother decentralization of activities to reach children.
- iii. The Government and all stakeholders working with children need to recognize that children with special needs have equal rights and potential to participate in ECD activities. A framework which will guide caregivers/teachers/parents on the steps to follow when there are suspected delays in a child's development should be developed. Such a framework will also need to look at areas such as capacity building of practitioners, and a set of requirements for ECD centres to provide an accessible and friendly environment for children with special needs.
- iv. There remains a need to advocate on the significance of ECD to the country's national development agenda and that the Government needs to prioritize the sub-sector through an adequate allocation of budgetary resources, coupled with the monitoring of public expenditure plans in ECD. The advocacy can also target donors so that they provide more significant funding for ECD directly to the government to make all this possible. Responsible stakeholders in advocacy activities need to put their emphasis on advocating for the Government to give more priority to ECD in the budget allocation as with other sub-sectors.
- v. Recognizing that there are a number of innovative ECD programmes being implemented in the country there is a need to learn about specific skills and capacities available, and the existing gaps among implementing partners so as to scale-up the impact across the country. Models mentioned in this background paper such as the C-IMCI, community based ECD centres, and pre-primary schools, which have all been proven to be effective need to be taken to scale across the country. There is a need to understand in better detail the potential to expand such programmes.
- vi. Despite the fact that various CSOs as well as the Government have been working in provision of ECD services however there has not been adequate documentation for example on best practices and their impact. There is a need for the Government and its partners to ensure they build the capacity of human personnel on data collection systems and evaluation.

2. Tanzania Pipeline Development

2.1. Methodology

2.1.1. Objectives for development of pipelines

The pipelines were developed with the aim of establishing the existence of viable projects that could benefit from the Early Learning Challenge Funds.

2.1.2. Data Collection

Organizations from 13 regions of main land Tanzania, currently involved in ECD programming or doing work that complements ECD work in Tanzania were contacted for key information.

Three main avenues used to get information from service providers were:

- i) TECDEN members. The data sheet was distributed to all members of TECDEN, and this comprised the majority of filled in data sheets
- ii) TECDEN Regional chapters provided a critical link to organizations operating within their regions. Data sheets were distributed via email through these regional chapters and responses from these organizations also formed a large portion of the available profiles
- iii) A smaller proportion of the profiles constitute those that were received from organizations that responded to messages sent via email using the Government data bank for NGOs, which was generated, from the Ministry of Community Development Gender and Children. Organizations that responded were from 3 regions: Mbeya, Mara and Kigoma,

The data collection process involved the selection of one person was identified from each of the TECDEN regions to coordinate the information gathering exercise. This team, comprising of 10 individuals was trained on data collection and oriented on how the data sheet was to be filled. Each of these regional coordinators worked closely with the organizations within their regions to ensure data sheets were filled in completely and sent to the consultant, who made follow up through email and direct phone calls, directly with NGOs and regional chapter coordinators to clear some doubts and questions that arose during the exercise. Where email services were not available, the regional coordinators sent the filled in data sheets by mail.

2.1.3. Challenges in Data Collection

- **Time limit.** Time was a major constraint, administration of one data sheet took more than one hour for organizations which had organized data and information ready for consumption, it took a lot more time for organizations which were less organized.
- **Response from Directors.** Some of the directors understood the importance of the exercise to their organizations but didn't have time to fill in the data sheet due to their internal operational challenges; This was partly attributed by the time limit given, and may be the workload in their schedules that prompted limited priority to this exercise. A clear sign is the low response from big Organizations. Eg CONSENUT; HAKIELIMU; UWEZO etc
- **Limited access** to internet services to some of the organizations to enable fast transmission of data to collection points.

2.1.4. Selection Criteria



Once the data sheets were received, they were screened for inclusion using the following criteria:

- Potential to contribute towards the solution of an identified problem in the community. The data sheet required the organizations to highlight the rationale for their programs, the problems that currently exist and how they intend to address the problem.
- The design of the program and its ability to be scaled up and replicated in other areas for maximum national impact.
- Cost effectiveness. Organizations were requested to prepare project budgets and to estimate “unit costs”. In considering and comparing various programs, “unit costs” were compared with expected output. Similar programs that proposed to serve populations with lower cost programs will be included.
- Based on the national profile of ECD, those organizations that were addressing critical underfunded areas were selected. This was to avoid having organizations that offered “more of the same”
- Finally, organizations that demonstrated ability to leverage other support/funding for increased impact were selected. This is because programs must continue to provide services while the targeted problem still exists either through government adoption or community/private support.

2.2. ECD Project Categories

A total of 98 data sheets were received from a variety of organizations, which is just a part of the many organizations that we were contacted. An analysis of the data sheets collected identified a number of programs that include: Health and Nutrition; Community Based ECD programs; day care centers; pre-primary and early primary education programs; Orphanage centres as part of the Service delivery programs and community awareness raising on ECD and parenting education; Community empowerment for household sustainability; ECD capacity building training programs by CSOs ; ECD Communications and advocacy ; ECD research; ECD Training in institutions; governance which are part of the software /advocacy programs.

In addition to these, information was also received from Government Ministries and Institutions including:

- Ministry of Community Development Gender and Children(MoCDG&C);
- Ministry of Education and Vocational Training (MoEVT);
- Ministry of Health and Social Welfare (MoHSW);
- Government Institutions and Universities including Universities of Dare salaam and Dodoma

2.2.1. Service Delivery Programs

In this category organizations are mainly offering ECD services directly to children like provision of day care services; running orphanage centers; pre-primary and primary school facilities; direct support in scholastic materials; improvement of learning environments for young children; and other ECD related support as indicated in individual data sheets. It was obvious that there are already existing efforts in this sector to try and address ECD issues, however looking at the existing programs there are still gaps that need to be addressed which include:

- Limited ECD programming capacity. Most of the programs are not holistic with the potential to address many ECD issues at a time. Very many programs address either one single issue around ECD and cover a small areas in terms of the number of beneficiaries and area of coverage. This underscores the holistic programming need where one program could address a number of issues within the same funding framework addressing a wider range of beneficiaries with more outcomes for young children.

- The level of funding for ECD programs . Most of the projects had very low or no funding except for programs of big NGOs or CSOs. This also limits the level of support for ECD in the area.

There also challenges that we see are compromising ECD interventions with respect to ECD service delivery in this regard. These include:

- Inadequate support from the government to complement the efforts done by the Civil Society Organization. In many of the details we have had very few reflecting on direct support from the government.
- Inadequate ECD capacity in terms of resourceful humans ranging from qualified ECD service providers, teachers, professionals in different cadres covering key administrative positions that need professional decisions re ECD.
- The quality of the existing ECD service is still questionable on account of the implementation of the required standards that is coupled with inadequate qualified service providers.
- Many organizations tend to focus on one issue that is critical at a certain moment leaving all other critical issues under addressed. In some regions the issue of orphans has been over emphasized with less focus on other critical issues of quality, capacity and access to early learning opportunities for young children leave alone issues of health and nutrition which are equally important.
- Inadequate ECD funding. Very few donors are currently supporting ECD programs

2.2.2. Advocacy/Software Programs

This is the area where we found few organizations that really focus typical Software/Advocacy issues. Unlike in the service delivery component, there are big organizations addressing software issues, which is an advantage as these organizations have wider coverage; have more capacity in terms of resourceful humans, operational software , and other facilities that promote better programming. It is however unfortunate that these organizations have not been able to submit their data sheet e.g HAKIELIMU

It was obvious from the record we had that there are quite a big number of organizations working on both software and Service delivery programs. The challenge then remains at the extent the work is done during implementation of the programs. This may result in little effort exerted to critical ECD issues.

There are obvious gaps that need to be addressed regarding Software /Advocacy programs these include but not limited to:

- The area of ECD advocacy has not been adequately addressed by stakeholders at all levels ranging from the government to other ECD stakeholders. As highlighted in the previous section organizations take this as just part of their program instead of investing much time in making Advocacy a key intervention to bring about changes regarding young children.
- The government had not made ECD a top priority in terms of program planning, budgeting, implementation monitoring and evaluation till recently when they signed a declaration from the ECD forum that takes issues to a second stage that need strong advocacy work to make this possible.
- There is a very good work done by different ECD stakeholders all over the country but these are not documented to support replication of best practices that would in turn scale up ECD intervention reaching more children in the Country.

- The IECD policy that is in the final stages creates another gap that require adequate planning regarding plan for wide dissemination to wider publics so as to create a massive demand for government; development partners, civil society organizations and other ECD stakeholders' investment in ECD interventions that will foster holistic early childhood programs.

Challenges:

Prioritization of ECD among different actors is still low. Despite the critical importance of ECD on human development, very few actors know this importance and this in turn affect programming. It has been noted in the analysis of datasheets that many actors plan interventions to address emerging ECD issue and not planning interventions on a lifelong benefit for young children

2.2.3. ECD Projects in Tanzania

The projects have been categorized in two sections as said earlier with some sub categories. Not all sub categories have had projects identified and for that matter we have grouped them in two groups.

Service Delivery:

- **Health and Nutrition.** We have few programs though there are many out there that provide such kind of services. Organizations like TFNC, CONSENT, Private Health Providers and others have not filled the data sheets.
- **Parenting Education.** In this areas also we have few organization that managed to fill in the data sheet, though there is a very high need to have interventions on parenting education to ensure that parents and care givers are fully responsible for the life and welfare of infants and young children. The social welfare department is among the key departments that need to be used to promote this agenda in collaboration with CSOs and other agencies.
- **Family Support Programs.** With family support programs, parents and caregivers are empowered to take care of young children in the provision of necessary supports that include health and nutrition; educations; stimulation and other child development needs. We also have had few organizations in this category that focus on economic empowerment for families and communities. The list needs to be broadened. Links with the adult education department is critical for adult literacy at community level
- **Preschool/child care and other early learning programs.** In this area we have had quite a number of programs ranging from very small service providers to large organizations that implements a cross section of programs ranging from service providers to software program implementation. A good deal of work is done here, despite the challenges we have mentioned in the introductory part of this section. This is the most affected area of intervention where standards are not met; implementation capacity is low in terms of resourceful human, funding, infrastructure etc. Quite much need to be done from the part of the government, donor agencies, the civil society organizations and other agencies. This covers a critical part in child development.

Software/Advocacy Programs:

- **Governance: This involves programs that improve coordinated governance across ministries at the national and/or local level.** ECD budgeting is still very low; very few organizations have interventions that track budgets for ECD for both Government and NGO and if they are the information is not used for advocacy to bring about changes in ECD
- **Evidence:** As said earlier there are good work done by both the government, CSOs; and other ECD actors but very little is known and documented to demonstrate what works well and where to support young

children. The challenge is inadequate impact evaluations for existing ECD interventions to create evidences for advocacy.

- **Data:** The establishment of data and systems to track the development of young children. The data available is the National data that is found in the National Bureau of Statistics (NBS); Basin Education Statistics (BEST); Demographic Household Survey (DHS). There is no discrete data on ECD that is tracking ECD milestones over a range of time to track the development along the interventions that are implemented.
- **Communication:** There awareness raising and advocacy programs on ECD in the list of organizations that we collected. However the challenge is that these programs are not comprehensive in nature. They are just small components of a main ECD program that focus a small area covered in that program. There is no program that focuses on a campaign that is holistic in nature addressing the whole child development and covering a wide area say the whole country or a number of regions
- **Policy formation:** The establishment of new policies and innovative financing mechanisms to expand service to meet the comprehensive needs of children. The existence of the law of the child and the development of the Integrated ECD policy is the stepping stone for increased investment on ECD in Tanzania. The gap remains on the dissemination of the policy to reach the wider public and create the awareness among all stakeholders to demand its implementation.
- **Higher education capacity:** Improvements in higher education capacity to deliver early childhood training and ongoing support for the workforce. In this area, we have seen efforts by the government in starting ECD courses in the university of Dar Es Salaam and Dodoma. The challenge is still that these institutions can't meet the current demand for ECD capacity need. Very few institutions are available to supplement government institutions.
- **Quality assurance:** Standards, monitoring and accountability mechanisms to assure quality in services. There are efforts to set up standards for ECD service provision. The government has been developing guidelines and minimum standards for ECD service providers that are being rolled out in 9 districts now in Tanzania. However the challenge remains that there are very few qualified ECD service providers to deliver the services as prescribed in the guidelines. There is an also inadequate monitoring mechanism within the system that tracks the implementation of the guidelines. This poses a threat as to the quality of services provided.
- **New champions:** Initiatives to create a cadre of new champions for young children including economists, business leaders, pediatricians and other health professionals. There has been no clear efforts that target at developing champions in ECD. Tanzania has a cadre of ECDVU candidates but there is no forum bringing these together to spearhead ECD activities in Tanzania.

2.2.4. ECD Focus Areas

The following are areas that development partners could focus their attention:

- ECD capacity building. Support in training of different ECD cadres from professional to ECD service delivery personnel. This could be increasing the capacity of existing institutions to enroll more people in the program; eg. University of Dsm; Dodoma university; teacher training Colleges; Social welfare institutions; Day care givers institutions in Kisangara Tanga etc.
- Invest in ECD research; documentation of existing ECD models and best practices that will include conducting impact evaluations so as to promote scaling up of local ECD practices to other places in Tanzania and beyond.

- Investing in interventions that foster improving the health and wellbeing of infant and young children. These could be economic empowerment programs that will improve the household level of income which in turn improves necessary supports for young children health and learning environments, etc
- Support ECD advocacy campaign to improve, access, quality and equity of holistic ECD service provision in Tanzania by creating demand at all levels.
- Investing in parenting education programmes that will empower parents, caregivers, families and communities on proper parenting practices for better outcomes for children.
- Strengthen the Civil Society Organizations through TECDEN to be ECD leaders so that they can deliver quality ECD programs both service delivery and software and reach more people living in rural under resourced communities where most of the young children live.
- Support more early learning programs at the grassroots level so as to create more impact to children in under resourced communities where 80% of young children live.
- ECD budget tracking. Tracking of government budget on ECD including CSOs budget on young children. This can be done using TECDEN members, other big organizations like HakiElimu, UWEZO; etc to create evidences for advocacy.

3. Tanzania ECD Project Summaries (Detailed Profiles in Volume 2, Annex III)

3.1. List of Projects Profiled (Government Institutions)

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
1.	MINISTRY OF HEALTH AND SOCIAL WELFARE – DEPARTMENT OF SOCIAL WELFARE	Parenting education on early childhood stimulation for cognitive and psychosocial development P.O BOX 1949. Dar es salaam. Tel Number:+225754681135 Email: kamotejoel@yahoo.com Website: www.moh.go.tz Contract Person: Eveline Kamote	No	To equip families/caregivers with parenting skills on early childhood stimulation for cognitive and psychosocial development	Ready to go	550,000	133 districts	4years
2.	MINISTRY OF HEALTH AND SOCIAL WELFARE – DEPARTMENT OF SOCIAL WELFARE	Capacity building to Child care personnel P.O BOX 1949. Dar es salaam. Tel Number:+225754681135 Email: kamotejoel@yahoo.com Website: www.moh.go.tz Contract Person: Eveline Kamote	No	To review various ECD guidelines so that they can tally with The Law of the Child Act 2009. It also to equip child care workers with the knowledge the Law of the Child Act 2009	Ready to go with further preparatory work	718,750		4years

3.	Kisangara Social Welfare institute (MoHSW)	Institutional support P.O.BOX NO.167, MWANGA Tel Number: 0754933431 Email: ustawikisangara@gmail.com Contact Person: HELLEN MICAH AUSSI	No	To equip the institute with necessary materials to facilitate training	Ready to go	171,125	120 students	4 years
4.	Dar es Salaam University College of Education	Early Childhood Education Teacher Professional Development P. O. Box 2329, Dar es Salaam. Tel Number: +255 755 368 329 or +255 754 405 552 Email: mlyakado@yahoo.co.uk ; budeba.petro@duce.ac.tz ; and mgodesimeon@gmail.com Website: www.duce.ac.tz Contact Person: Budeba Petro Mlyakado	No	ECD capacity development for teachers that intends to develop programmes at Certificate, Diploma, Bachelor's, Postgraduate Diploma, and/or Master's level that meet needs for ECD. This will also include short courses for in – service teachers.	Ready to go with further preparatory work	1,335,008	5630	4 years
5.	Ministry of Education and Vocational Training	Development /preparation of teaching learning materials in pre-primary education using locally available materials. P.O BOX 9121 Dar es salaam Tele: 2110146/2115137 Fax +255211327/2128636 Website : moec.go.tz Clarence Mwinuka Mobile: +255 784 324 489	No	Development of locally available teaching and learning materials for pre primary schools in Tanzania	Ready to go with further preparatory work	35,000,000		4 years

6.	Ministry of Community Development Gender and children	ECD AND VIOLENCY AGAINST CHILDREN AWARENESS CREATION P.O. BOX 3448 Dar es salaam Tel Number: 255 22 2137679 Fax: 255 22 2132057 Email:bmissani6@gmail.com Website: ps@mcdgc.go.tz Contract Person: Benedict Missani	No	Awareness raising among community, parents, ECD practitioners and decision makers on the basic rights of young children including the fight of Violence Against Children.	Ready-to-go with further preparatory work	1,087,018.		4 years
7.	Ministry of Education and Vocational Training	National Comprehensive Capacity Building for ECD Service. P.O Box 9121 Dar es salaam Fax: +255211327/2128636 Phone :2110146/2115137/0784324489Web :moevt.go.tz Contact Person Mwinuka Clarence Mobile: 0784324489/0763324489	No	Conducting in-service training for Pre-Primary teachers; material development; procurement of learning materials and supervision by school inspectors and other key stakeholders	Ready to go with preparatory work	45,000,000		4 years
8.	Ministry of Community Development Gender and children – Children Department	IMPORTANCE ON INVESTEMENT IN EARLY CHILDHOOD DEVELOPMENT P.O. BOX 3448 Dar es salaam Tel Number: 255 22 2137679 Fax: 255 22 2132057 Email:bmissani6@gmail.com Website: ps@mcdgc.go.tz Contract Person: Benedict Missani	No	To conduct nationwide advocacy on the importance of investing in IECD in all districts of mainland Tanzania	Ready-to-go with further preparatory work	887,500		4 years

9.	Ministry of Education and vocational Training-Teacher Education Department	STRENGTHENING PRE PRIMARY EDUCATION IN TEACHER EDUCATION P.O. BOX 9121 DAR ES SALAAM Tel Number: +255 717 520 747 Email:naocos@yahoo.com Website: www.moe.go.tz Contract Person: NAOMI V. SWAI	no	Training of preschool teachers to improve the quality of early education programs	Ready to go	30,026,250 USD	48,000 teachers 42 tutors	4 years
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3.2. List of Projects Profiled (Non-State Service Delivery)

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
10.	ERRAT CARE CENTRE ARUSHA.(ECACE)	Childhood Education Provision in Arusha P .O. BOX. 12593 Tel Number:0784327308/0782838196 Email: errutrust@hotmail.com or mwendatheresia@yaoo.co.uk web: http://erratcarecentre.wordpress.com Contract Person: Teddy Nkwama	No	Establishment of ECD centers in rural Maasai communities to increase access to early learning programs for vulnerable children including orphans	It's a good idea	126,250	Not mentioned	4 years
11.	DINKWA WOMEN DEVELOPMENT ORGANIZATION	Improving Early Childhood care and Education for better Future of pastoralists ,hunter and gatherers in Mbulu district P.O BOX 14742 ARUSHA Tel Number:+255754874194 Email: diwodeo@yahoo.com ; slucyyahhi@yahoo.com Contract Person: LUCY YAHHI	No	Establishment of ECD centers in mbulu and Arumeru districts including capacity building and awareness raising on parenting ,health education and community economic empowerment	Ready to go	532,175	Not mentioned	1. years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
12.	Good Samaritan Mission	Service provision to Orphans and vulnerable children. P.O. Box 187 Tel Number: 00255 (0)754 773 258 Email: gsm_tz@hotmail.com www.gsmtanzania.wordpress.com Contact Person: Martin Mlata	No	Provision of support services to orphans and vulnerable children including scholastic materials; health and nutrition support.	Unclear	203,764		
13.	Kituo Cha Elimu Meserani	Kituo Cha Elimu Physical Address: Duke Bovu, Meserani Mailing Address: KCEM, Duka Bovu, Meserani Tel Number: 0754919107 Email: c/o david@livlife.org Website: www.livlife.org Contract Person: Nai Laizer	Yes	It operates kindergartens served by a number of ECD centers in the area. Around 332 centres are needed after an increase in the population in the area.	Ready to go needing development		3590	Not mentioned
14.	PENTECOSTAL HOLLINESS MISSION CHURCH- IGURUSI	Care and support for Orphans pentecostal holliness mission igurusi majenje, igurusi Mbarali Mbeya Tanzania P.O.BOX 24 IGURUSI MBEYA TANZANIA Email: emwanikawaga@yahoo.com Contract Person: ELISHA ELIAS MWANIKAWAGA	Yes	To increase provision of basic school requirement, school fees, school contribution and Income Generating Activities (IGA)	Ready to go	\$257911.25	1043 children	4 years
15.	Mwanza Chemichemi Organization	Maisha Project PO Box 450 Mwanza Tel Number:+255755 280708 Email: mchemico2000@hotmail.com Contract Person:Tony Ndunguru	Yes	Parenting skills development among community members; awareness raising; and community empowerment for household sustainability.	Ready to go for scaling up	437916 Usd for four years		4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
16.	TAHEA-Tanzania Home Economics Association Mwanza	Community Based ECD Initiative Project P.O.Box 11242, Mwanza. Tel : +255-282-550172/551555 Fax:+255-282- 551555 Mobile:0754 443226 Email: taheamwanza@gmail.com Website: On progress Contract Person: Mrs Asia K. Kapande or Ms. Mary Kabati	Yes	Community based early childhood development intervention with microfinance as a synergy to the education program to empower communities for programme sustainability.	Ready to go	1,500,000	9,270 Children 2,408 Households:	3years
17.	AMANI GIRLS HOME	Integrated response to pre-school feeding program. P.O.Box 5073 Mwanza Tel Number: +255 752 235 968 Email: amangirlshome@yahoo.com Website: www.amangirlshome.co.tz (under final construction) Contract Person: Sono J Revocatus	Yes	Establishment of ECD centers in the move to promote access to education for girl child in Mwanza. This include economic empowerment for families through IGAs	Ready to go	473,940	460 children 360 young mothers	4years
18.	TUINUANE-Kihumulo	Improvement of a Day Care Centre at Kihumulo, Muleba District, Kagera P O BOX 245 Muleba Tel Number: +255 755 107 374 Email: c/o ecdkagera@yahoo.com elisamuhingo@yahoo.com Contract Person: Albina RobertRegion	Yes	Service provision : Establishment and running of the day care centre	The project is ready to go with preparatory work	Usd 33,000 per year.	100 children 30 OVC 40 care givers	4years
19.	UMOJA WA WANAWAKE WA KIJJI CHA KITAHYA (UWAKIKI)	Establishment of a Day Care Centre at Nyakibimbili, Bukoba Rural District Kagera P O BOX 314 Bukoba Tel Number: +255 768 2446 86 Email: c/o ecdkagera@yahoo.com elisamuhingo@yahoo.com Contract Person: JESCAR K.KAKYAIJA	Yes	Provision of support to orphans and vulnerable children through community managed day care centre with early learning facilities.	Ready to go with further preparatory work	Usd 100,560	230 children 230 OVC	4years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
20.	SAFINA WOMEN'S ASSOCIATION (SAWA)	Girls education in pastoral societies (GEPS) P.O. BOX 6031 Tel Number: +255 713 514989 Email: safinawomen@yahoo.com Contract Person: Hellen Nkalang'ango	Yes	The project focuses on improving early learning environments that promote early learning opportunities for Maasai communities in Morogoro.	Ready to go	\$299,415		4 years
21.	MGOLOLE ORPHANAGE CENTRE	ORPHANAGE HOME BOX1049,MOROGORO Tel Number: 0654886618 Contract Person: SR. FELISTA MWINUKA	Yes	Orphanage home offering ECD services to children in the pastoralist community	Unclear	\$347984.2	4676	4 years
22.	MWANGAZA COMMUNITY BASED ORGANISATION (MWACBO)	Project name: Integrated Early Childhood Development (IECD). P.O.Box 6031 Morogoro Tel Number: 0655734500 Email: geganancy@yahoo.com Contract Person: Gega Bujeje	No	Implementation of the community based ECD intervention in Mvomelo district to improve the learning environments for young children and create awareness among members if the community on key ECD milestones.	Ready to go with further preparatory work	\$347670.9	4608 children	4 years
23.	CONSOLATHA DAY CARE CENTRE	Day Care centre Development FOREST HILL P.O.BOX 1507 MOROGORO Tel Number: 0653502804 Contract Person: DENNIS LIHERI	Yes	Day care centre services	Good idea needing development	\$55,648.25	1500 children	4 years
24.	TANZANIA HOME ECONOMICS ASSOCIATION KIBAHA CHAPTER	TANZANIA HOME ECONOMICS ASSOCIATION P.O. BOX 30496 Kibaha Tel Number: +255 754 392780/788 902735/784 200253 Email: piefadhili@yahoo.co.uk felimmasi@yahoo.com Contract Person: Felician E. Mmasi	yes	ECD sensitization, home economic education	Good idea needing development	\$65,625	10,000	4 years
25.	Tumaini Day Care Centre	Day Care P.O. Box 30012, Kibaha - Pwani Tel Number: +255 762 446 527 Contract Person: Edith K Mahone	yes	Provision of day care services preparing children ready for pre primary schooling	Ready to go with some preparatory	\$26,625	180 children	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
26.	UPEMATU Day Care Centre	Day Care P.O. Box 30258, Kibaha - Pwani Tel Number: +255 752 533 953 Contract Person: Magrate Mawes	yes	ECD service provision and ECD centre	Ready to go with some preparatory	\$22,625	110 children	4 years
27.	POND SPRING SCHOOL	Day care and Pre primary school BOX 40950 DSM Tel Number: 0754287653 ; 0754573499 Email: pondspring1@hotmail.com Contract Person: Bertha Mkwawa	Yes	Provision of ECD service in day care center ; preprimary and primary education including awareness raising for parents and care givers	Ready to go	\$757,000	1600 children	4 years
28.	ONEMIL GROUP	Quality Early Child Education for improved Primary Education output P O BOX 135 Muleba Tel Number: +255 754 660 698 Email: onemilgroup@yahoo.com mushobozi@yaho.com Contract Person: Mushobozi W. Miluko	Yes	Establish and manage 6 day-care centres & Nursery Schools and 37 new Pre-Primary Schools	Ready to go	\$ 4,855,032	2000 children	4 years
29.	ELCT MONTESSORI TRAINING CENTER USHIRIKA WA NEEMA	Ushirika wa Neema, Montessori Primary school P.O. BOX 1239 MOSHI Tel Number: 2753221/ 0754499107 Email: kisane@sautiyainjili.org Website: www.ushirika.se Contract Person: Mrs. Sophia Aaron Urio	Yes	building of the classrooms of Nursery schools and management	Ready to go	\$298,824.16	325 children	4 years
30.	POCKET FUL OF JOY.	Improve School Health: Improve learning Tel Number: 028-2220460 / 0756433312 Email: ukmwijage@yahoo.com Website: www.pocketfulofjoy.com Contract Person: Vedastus Mwijage.		Provision of school materials to pupils Construction of Rain-water harvest Tanks Stool testing and Provision of De-worming medicine Eye examination and provision of spectacles other remedies	Ready to go	\$1,113,356	2000 children	4 years

3.3. List of Projects Profiled (Software and Advocacy)

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
31.	Maarifa ni Ufunguo Arusha	Name of the Project: Strengthening Community Structures for Enhancing Early Childhood Care and Development (ECCD) P.O Box 15102, Arusha, Tanzania Tel Number: (+255) 272 549 298/(+255) 754 611 718 Fax: (+255) 272 549 298 Email: info@maarifa.or.tz Website: www.maarifa.or.tz Contract Person: Dunstan Kishekya – Executive Director	Yes	It's a program that has three different projects on the areas of : Research, Advocacy and Lobbying for Quality Education ; Community Capacity Building for Improvement of Early Childhood Care and Development (ECCD) and Early Childhood Education Project in Kirua Vunjo South ward of Moshi Rural District, Kilimanjaro Region	Ready to go	300,483.	21,498 in three program	4 years
32.	<u>KAMAMMA INTERGRATED DEVELOPMENT INITIATIVES (KIDI)</u>	Strengthening and improvement of Early Child Development (ECD) in Arumeru district. P.O.BOX 2371- ARUSHA Tel Number: +255-27-2508518 Mob: +255 754-348625/754- 687261 Email: kamammakidtf@hotmail.com Website: www.kamamma.org Contract Person: AMANI LUKUMAY	Yes	Improvement of teaching and learning environment in the public pre-primary and primary schools to ensure that all children especially the most vulnerable children are accessing equity and quality basic education.	Ready to go			4 years
33.	Monduli Pastoralist Development, Initiative (MPDI)	Monduli Pastoralist Development Initiative (MPDI) ECD program ECD program P. O. Box 176, Monduli – Tanzania. Tel: +255 - 754 / 784 – 476 035 Email: sanareole@yahoo.com Contract Person: Erasto Ole Sanare	Yes	Establishment of community based ECD centers and supporting communities to run them for improved access for maasai children to formal education	Ready to go	414,655	5000 children	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
34.	ERRAT CARE CENTRE ARUSHA.(ECACE	Childhood Education Provision in Arusha Mailing Address: P .O. BOX. 12593 Tel Number:0784327308/0782838196 Email: errutrust@hotmail.com or mwendatheresia@yaoo.co.uk Website: http://erratcarecentre.wordpress.com Contract Person: Teddy Nkwama	No	Establishment of ECD centers in rural Maasai communities to increase access to early learning programs for vulnerable children including orphans	<i>It's a good idea</i>	126,250	Not mentioned	4 years
35.	KIWAKKUKI – Women Against AIDS	Quality Care and Education for Young Children aged 0-8 years Mailing Address: P. O. Box 567 Moshi Tel Number:+2552751504/0767851504 Fax:2751504 Email: kiwakkuki@gmail.com Website: www.kiwakkuki.org Contract Person: DR ADELA MATERU	No	ECD capacity building, advocacy and awareness raising program for improved ECD service provision in Kilimanjaro Region	Ready to go	387,800		
36.	DELOITTE CONSULTING LIMITED	RAPID FUNDING ENVELOPE FOR HIV/AIDS IN TANZANIA 10TH FLOOR, PPF TOWER, Ohio street P.O.BOX 1559 Dar es Salaam Tel +255 22 216 9000/211 6006/211 5352 Fax:+255 22 211 6379 Email: (gmusisi@deloitte.com or nmachota@deloitte.com) Web: www.rapidfundingenvelope.org Contract Person: Geoffrey Musisi/ Nyantito Machota	No	<i>To provide rapid, short-term funding to CSOs for discrete priority interventions aligned with the National Policy on HIV/AIDS and NMSF II: Prevention, Advocacy and IEC; Care and Support; Impact Mitigation; Enabling Environment and Operational Research</i>	Ready to go	7,358,000.0	National wide	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
37.	CREATE under MsTCDC Arusha	CREATE (Child Rights in East Africa through Education and Training) Physical Address: MsTCDC Mailing Address: 30 Ellington Rd, London, N10 3DG, UK Tel Number: 0044 208444 3594 Email: gerison.lansdown@gmail.com Website: www.cred-pro.org Contract Person: Gerison Lansdown	No	To strengthen the capacity of professionals to respect, promote and protect the human rights of children in their day to day practice and within the systems they work.	Ready to go	500,000.0		2 years
38.	ECOSINI [Environmental Conservation Initiatives]	CHILD DEVELOPMENT FROM EDUCATION AND FOOD SECURITY" KIGOMA TANZANIA Mailing Address: BOX 105 KIGOMA Tel Number: +2557551270540 Fax:+255280284901 Email: ecosini.ecosini.ngo@gmail.com Website: ECOSINI BLOG Contract Person: JULIUS M. ISHABAKAKI	No	Increasing community awareness on different policy and an understanding of their rights of which impact will contribute to the governments accountability and foster sustainable development	Ready to with preparatory work	1,850,000.0		4 years
39.	KINNAPA DEVELOPMENT PROGRAMME	KINNAPA EARLY CHILDHOOD DEVELOPMENT PROJECT Physical Address: Partimbo village. Mailing Address: P.O Box 83, Kibaya-Kiteto, Manyara Tanzania Tel Number: +255 2552088 Fax: +255 2552201 Email: kinnapa.dp@gmail.com/kinnapa- dp@habari.co.tz Website: www.kinnapa.org Contract Person: Samwel Korinja Olekao	Yes	Enhancing the provision of young children's basic rights to education, health and physical protection. This is done through establishment of community based ECD centers; provision of training of parents , ECD teachers and care givers on ECD good practices in order to increase access to early learning programs; awareness raising and ECD capacity building is part of the program	Ready to go	658,990	Not mentioned	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
40.	Pastoralists Livelihoods Initiatives of Tanzania (PALITA)	THE PALITA EARLY CHILDHOOD DEVELOPMENT PROGRAMME ORKESUMETSIMANJIRO. MANYARA P.O.Box 9514 Mobile;+255 -0783 444430 Email:pingostz@yahoo.com Contract Person: Saruni Ndelelya, Executive Director	Yes	To promote access and smooth transitions to school and foster pastoralist adaptations to investing in education and other young children's rights and needs..	Ready to go with further development	1,368,499.6	3000	4 years
41.	TANZANIA HIMBETAN (TAN-HIMBETAN)	Combating Effects of Illicit liquor drinking to the young children and expectant mothers in Mbulu district Physical Address: Sanu Street Mbulu Mailing Address: P.O. Box 70, Mbulu. Tel Number: 0787688578 Email:Seraqorro@yahoo.co.uk Contract Person: Seraphin R. Qorro	no	Awareness raising program focusing at behavior change in Mbulu communities and focus more on ECD.	Ready to go with support	592,267usd	Not mentioned	4 years
42.	Kituo Cha Elimu Meserani	Kituo Cha Elimu Physical Address: Duke Bovu, Meserani Tel Number: 0754919107 Email: c/o david@livlife.org Website: www.livlife.org Contract Person: Nai Laizer	Yes	It operates kindergartens served by a number of ECD centres in the area.	Ready to go needing development		3590	Not mentioned
43.	INFORMAL SECTOR TEAM (INSERT)	Physical Address: Kwa Mromboo, last bus stand-Arusha P.O. Box 15197, Arusha - Tanzania Tel Number: +255 754/788/715/779 598 123 Email: theaged10@gmail.com Contract Person: Javes Sauni	Yes	<i>Education through community mobilization to self reliance Advocacy and capacity building</i>	Ready to go	\$519,200	11,022 children	4 years)

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
44.	HANDICAPPED CHILDREN REHABILITATION TRUST [H A C R E T]	Education initiative for children with disabilities and other vulnerable children P.O.Box 15586, ARUSHA ,TANZANIA Tel Number: +255 755 031 244 Email: hacrettz@yahoo.com Contract Person: Loitushul Yamat	No	Improving access to education in poor under resourced communities for disabled children with improved infrastructure in government schools including social accountability monitoring (budget tracking)	Ready to go with support	\$268,600	2611	4 years
45.	ROCK MEMORIAL EDUCATION TRUST	Capacity building of Care Providers and Pre school Teachers in rural areas. P.O. BOX 404, Tel Number: 0784 808420 /0715808420 Fax: 0272650156 Email: tceetz@yahoo.co.uk Contract Person: MR. S.K. MGOMA	No	Capacity Development program for ECD service providers and provision of ECD professional training	Ready to go	139,425		4 years
46.	TANZANIA WOMEN FOR BETTER LIFE (TAWOBEL)	Empower parents/Guardians with parenting skills. P.O Box 658 Tel Number: 0754 263 661, 0713 263 661 0784 263661 Fax: 025 2540165 Email: tawobeltz@yahoo.com Contract Person: Agnes Mwakitalu	No	Community awareness program with ECD service provision in the day care services to orphans. The project need more work to be done to develop it into a comprehensive program	Ready to with further preparatory work	\$299,787.5	1500 children	4 years
47.	KILIO CHA WAATHIRIKA NA WAATHIRIWA WA UKIMWI MBARALI (KIWWAUMBA)	Empowering Marginalized Children towards accessing basic and quality education in Mbarali district . P.O.Box 93 Rujewa-Mbarali Tel Number:+255-763679590 Email: morielmiss@yahoo.com Web: www.envaya.org/KIWWAUMBA Contract Person: Amina Elias Mwinami- Programme Co-ordinator		Advocacy, campaign and information sharing on education	Ready to go with further preparatory work	\$505488	Not stated	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
48.	Child Prospective Organisation (CHIPRO)	Physical Address: Soweto Area, behind P.O.BOX 1970, MBEYA,CITY Mailing Address: Box 1970 Tel Number:+255754301830 Email:childprospective@yahoo.com	yes	To serve children and youth who are desperate and live under vulnerable condition in the community through its rehabilitation program.	Ready to go	\$406,250	1100 children	4 years
49.	Hope For All	P.O Box 2160, Mbeya Tanzania Tel Number: +255 754392936 Email: hopefor_all@yahoo.com Contract Person: Edson Mwaibanje	Yes	ECD research initiative	Ready to go with further preparatory work	\$28806		1 year
50.	THE MANGO TREE ORPHAN SUPPORT TRUST	P.O Box 455 Kyela, Mbeya - Tanzania Tel Number: +255 756099892 Or 784380638 Email: mangotree.andilile@gmail.com Website: www.themangotree.org Contract Person: Andilile Ibrahim	No	Promote childhood education development and support with early learning facilities; health services; parenting education including awareness raising program.	Ready to go	\$20,625	45,000	4 years
51.	PENTECOSTAL HOLLINESS MISSION CHURCH-IGURUSI	Care and support for Orphans pentecostal holliness mission igurusi P.O.BOX 24 IGURUSI MBEYA TANZANIA Email: emwanikawaga@yahoo.com Contract Person: ELISHA ELIAS MWANIKAWAGA	Yes	To increase provision of basic school requirement, school fees, school contribution and Income Generating Activities (IGA)	Ready to go	\$257911.25	1043 children	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
52.	ORPHANS, VULNERABLE CHILDREN AND PEOPLE LIVING WITH HIV/AIDS (OVCPHA)	Empower OVC TO Access Pre- and – Primary School Education. P.O BOX 32 IGURUSI, MBEYA Tel Number/(Mobile Number): +255 754327520/784327520 Email: erdeymhagama@yahoo.com ovcphambarali@gmail.com . Website: Not applicable Contract Person: TERDEY MHAGAMA	No	Awareness raising campaigns to address OVC problems on education, mobilize resources and allocate funds for supporting OVC out of school educational system	Ready to go with further preparatory work	\$217,698.4	Not stated	4 years
53.	Songea Paralegal Centre (SOPCE)	HUMAN RIGHTS TO MOST VULNERABLE CHILDREN HOUSEHOLDS Songea Paralegal centre (SOPCE) Mailing Address: P.O.Box 1027, Songea Tel Number: 025-2600517 Email: songeaparalegal@yahoo.com Contract Person: 0754517957	No	Community sensitization and advocacy on child rights and protection and support of OVCs	Good ideas needing development	\$117,375.36	Not stated	4 years
54.	NAMANYIGU MWANGAZA GROUP ASSOCIATION (SONAMGA)	COMMUNITY AWARENESS ON CHILD RIGHTS AND PROTECTION P. O .14 Songea Tel Number: +255 752837321 Email: lukoabdallah@yahoo.com Contract Person: Abdallah A .Lukope +255 752837321	No	Community mobilization, education, supporting, capacity building and advocacy	Ready-to-go with further preparatory work	\$172462.5	500 children	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
55.	PLAN INTERNATIONAL	Support to ECCD programs in Tanzania P.O.BOX 3517 DAR ES SALAAM Tel +255 22 2773258/64/72 Fax: +255 22 2773256 Email: recruitment.tanzania@plan-international.org Website: WWW.plan-international.org Contract Person: COUNTRY DIRECTOR	YES	To implement ECCD program to the marginalized children and communities.	Ready to go	Donor	4 districts	
56.	Mwanza Chemichemi Organization	Maisha Project PO Box 450 Mwanza Tel Number:+255755 280708 Email:mchemico2000@hotmail.com Contract Person:Tony Ndunguru	Yes	Parenting skills development among community members; awareness raising; and community empowerment through IGAs.	Ready to go for scaling up	437916 Usd for four years		4 years
57.	TAHEA-Tanzania Home Economics Association Mwanza	Community Based ECD Initiative Project P.O.Box 11242, Mwanza. Tel : +255-282-550172/551555 Fax:+255-282- 551555 Mobile:0754 443226 Email: taheamwanza@gmail.com Website: On progress Contract Person: Mrs Asia K. Kapande or Ms. Mary Kabati	Yes	Community based early childhood development intervention with microfinance as a synergy to the education program to empower communities for programme sustainability.	Ready to go	1,500,000	9,270 Children 2,408Hou seholds:	3years
58.	AMANI GIRLS HOME	Integrated response to pre-school feeding program. P.O.Box 5073 Mwanza Tel Number: +255 752 235 968 Email: amangirlshome@yahoo.com Website: www.amangirlshome.co.tz (under final construction) Contract Person: Sono J Revocatus	Yes	Establishment of ECD centers in the move to promote access to education for girl child in Mwanza. This include economic empowerment for families to be able to meet requirement and know the importance of investing in early education	Ready to go	473,940	460 children 360 young mothers	4years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
59.	ADILISHA CHILD,YOUTH DEVELOPMENT	Community capacity building to support early learning programs P.O.BOX 11098 MWANZA- TANZANIA Tel Number:+255 713 310 600 Email:adilishamza@yahoo.com Website:www.adilisha.com Contract Person:SUITBERT MUSIBA	No	Adilisha undertakes community empowerment programs that are meant to alleviate poverty and increases access of young children to early learning programs in Mwanza Region	Ready to go	737,533	480 children - 240 parents	4 years
60.	FOCUS TANZANIA	HIV/AIDS Prevention Care and Support to MVC Ilemela district Mwanza city P.O. Box 6369,mwanza Tel Number:+255 713 292721 Email:focustz@hotmail.com Contract Person:Dr.Msombi Mahunya	No	HIV/AIDS awareness and sensitization	Ready to go	Usd 171,500	Not said	4 years
61.	BWANJAI-BUKABUYE- KANTARE (BWABUKA)	Day care centre P O BOX 450 Bukoba Tel Number: +255 786 320 368 Email: c/o ecdkagera@yahoo.com elisamuhingo@yahoo.com Contract Person: Dina Daniel	Yes	Establishment of a day care centres and parenting education program in Bwanja Bukabuye and Kantare villages	Ready to go with preparatory work	97,220	50 children 24 OVC 80 care givers	4 years
62.	TUMAINI LETU DEVELOPMENT ORGANIZATION	Day care centres Box 278, Muleba, Kagera Tel Number: +255 755 925228 Email: tumainiletu2007@yahoo.com , kachochot2005@yahoo.com Contract Person: Kachocho R. Timanywa	Yes	Community mobilization in the establishment and running of day care centres to improve learning environment for young children and special focus on OVCs	Ready to go	301,125	1500 children; 2500 OVCs, 200 families	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
63.	TECDEN-Kagera Chapter	Capacity building initiative in support the provision of Integrated Early Childhood Development P O BOX 305 Bukoba Tel Number: +255 767 187 507/787 187 507 Email: ecdkagera@yahoo.com elisamuhingo@yahoo.com Contract Person: Elisa Muhingo	No	ECD capacity building at Regional level including scalling up to other districts in Kagera region	Ready to go	231,572		4 years
64.	TUINUANE-Kihumulo	Improvement of a Day Care Centre at Kuhumulo, Muleba District, Kagera P O BOX 245 Muleba Tel Number: +255 755 107 374 Email: c/o ecdkagera@yahoo.com elisamuhingo@yahoo.com Contract Person: Albina RobertRegion	Yes	Service provision : Establishment and running of the day care centre	The project is ready to go with preparatory work	Usd_33,000 per year.	100 children 30 OVC 40 care givers	4years
65.	UMOJA WA WANAWAKE WA KIJILI CHA KITAHYA (UWAKIKI)	Establishment of a Day Care Centre at Nyakibimbili, Bukoba Rural District Kagera P O BOX 314 Bukoba Tel Number: +255 768 2446 86 Email: c/o ecdkagera@yahoo.com elisamuhingo@yahoo.com Contract Person: JESCAR K.KAKYAIJA	Yes	Provision of support to orphans and vulnerable children through community managed day care centre with early learning facilities.	Ready to go with further preparatory work	Usd 100,560	230 children 230 OVC	4years
66.	Centre for Women and Children Development	Empower community and Safeguard Early Childhood Development (ECD) rights at grassroots level P.O. Box 10740 Arusha, Tanzania. Tel:(+255) 754 82 64 92 Email: cwcdalbehije@gmail.com Website: www.mama-hindu.org Contract Person: Hindu Ally Mbwego, Executive Director	No	Improvement of livelihoods and opportunities for women and children through capacity development, social accountability, monitoring, service delivery and networking in Arusha and Manyara regions.	Ready to go	143,340Usd	Not mentioned	4years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
67.	CHAMA CHA MAZINGIRA NA MAENDELEO KWA UMMA Tanzania (CMMUT)	Childhood development and environmental conservation P.O. Box 4070-Morogoro Tel: +255 755565888 Email: cmmut2005@yahoo.com Website: www.envaya.ogr/cmmut Contact Person: Elibariki Kweka	No	Environmental conservation program as mitigation factor to poverty alleviation an improvement of opportunities for early childhood development	Ready-to-go with further preparatory work	\$360,659.13	300 children	4 years
68.	SAFINA WOMEN'S ASSOCIATION (SAWA)	Girls education in pastoral societies (GEPS) P.O. BOX 6031 Tel Number: +255 713 514989 Email: safinawomen@yahoo.com Contract Person: Hellen Nkalang'ango	Yes	The project focuses on improving early learning environments that will promote early learning opportunities for Maasai communities in Morogoro.	Ready to go	\$299,415		4 years
69.	<u>MGOLOLE ORPHANAGE CENTRE</u>	ORPHANAGE HOME BOX1049,MOROGORO Tel Number: 0654886618 Contract Person: SR. FELISTA MWINUKA		Orphanage home offering ECD services to children in the pastoralist community		\$347984.2	4676	4 years
70.	<u>CONSOLATHA DAY CARE CENTRE</u>	Day Care centre Development FOREST HILL P.O.BOX 1507 MOROGORO Tel Number: 0653502804 Contract Person: DENNIS LIHERI	Yes	Day care centre services	Good idea needing development	\$55,648.25	1500 children	4 years
71.	<u>MWANGAZA COMMUNITY BASED ORGANISATION (MWACBO)</u>	Integrated Early Childhood Development (IECD). P.O.Box 6031 Morogoro Tel Number: 0655734500 Email: geganancy@yahoo.com Contract Person: Gega Bujeje	No	Implementation of the community based ECD intervention in Mvomelo district to improve the learning environments for young children and create awareness among members if the community on key ECD milestones.	Ready to go with further preparatory work	\$347670.9	4608 children	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
72.	LEENA NURSERY AND PRIMARY SCHOOL	Advancing deaf access to quality education P.O. BOX 6031, Morogoro Tel Number: +255 713 514989 Email: sawa98@gmail.com Contract Person: Hellen Nkalang'ango	No	Promotion of sign language and education services to children especially the deaf.	Ready to go	\$288067.2	400 children	4 years
73.	Tanzania Association of the Deaf (CHAVITA) Regional Morogoro	Sign Language and Awareness Rising for Supporting Deaf People in Morogoro Region. Box 1776, Morogoro Tel Number: +255- 0784371636 (Text by using sms only) Email: chavitamoro@yahoo.com Contract Person: Henry Richard Mtasiwa	No	Introduction of Sign Language to social service providers in six district of Morogoro region which include judiciary personnel, medical personnel, some of the personnel in the government sector for increased support to deaf children in Morogoro .	Good Idea ready to go	\$161843.75	Not stated	4 years
74.	CHILDHOOD DEVELOPMENT TRUST FUND NETWORK (CDFN)	Advocacy to address childrens rights, education and care for proper development. P.O.BOX 54, MZUMBE, MOROGORO,. Tel Number: +255755340092 Email: cdtfn2000@gmail.com Website: www.envaya.org/cdtfn Contract Person: M/S FELISTAS KALOMO	Yes	to improve the well being children through community participatory approaches, partnership, collaboration, and networking with other development partners to achieve the intended objectives through advocacy and capacity development program	Ready-to-go with further preparatory work	\$364,378.13	1000 children	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
75.	AFRICA CHILD CARE CENTER	Umbrella for disadvantaged children (orphans, disabilities and unhealthy) P.O.BOX 73 BAGAMOYO TEL: 0715 010 200 / 0755 148 398 Email: watotochildren@gmail.com Website: www.volunteeralliance.org Contact person: JIMMY KUNJOMBE MWAKATWILA	No	ECD service provision ECD centre	Ready to go with some preparatory	\$125,160	200 children	4 years
76.	TANZANIA HOME ECONOMICS ASSOCIATION KIBAHA CHAPTER	TANZANIA HOME ECONOMICS ASSOCIATION P.O. BOX 30496 Kibaha Tel Number: +255 754 392780/788 902735/784 200253 Email: piefadhili@yahoo.co.uk felimmasi@yahoo.com Contract Person: Feliciana E. Mmasi		ECD sensitization, home economic education	Good idea needing development	\$65,625	10,000	4 years
77.	TANZANIA RESOURCE AND ASSESSMENT CENTRE FOR DISABLED CHILDREN-TRACED	P.O. BOX 60021, Dar es salaam Tel Number: +255713670948 E – Mail: traced1996@hotmail.com Contact Person: Ramadhan Y Mbonia	No	To advocate for the provision of equal rights and opportunities for children with disabilities in the community including the right to education, early detection and intervention of their disabilities	Ready to go with some preparatory	\$2,911,400	500 children	4 years
78.	Tumaini Day Care Centre	Day Care P.O. Box 30012, Kibaha - Pwani Tel Number: +255 762 446 527 Contract Person: Edith K Mahone		Provision of day care services preparing children ready for pre primary schooling	Ready to go with some preparatory	\$26,625	180 children	4 years
79.	UPEMATU Day Care Centre	Day Care P.O. Box 30258, Kibaha - Pwani Tel Number: +255 752 533 953 Contract Person: Magrate Mawes		ECD service provision and ECD centre	Ready to go with some preparatory	\$22,625	110 children	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
80.	Tanzania Early Childhood Development Network-TECDEN	TECDEN Capacity Development Program P.O.Box 14658, Dar Es Salaam, Tel Number:+255 22 2121816 Fax:+255 22 2121817 Email:ecdnetwork@gmail.com Website:www.tecdden.org Contact Person: Arcard Rutajwaha	no	Strengthening the network to engage in National wide ECD communications and advocacy at community, local and National levels increased geographical coverage to reach all regions of main land Tanzania and Zanzibar	Ready to go	\$2,219,205	Children 0-8 years	4 years
81.	<u>POND SPRING SCHOOL</u>	Day care and Pre primary school BOX 40950 DSM Tel Number: 0754287653 ; 0754573499 Email: pondspring1@hotmail.com Contract Person: Bertha Mkwawa	Yes	Provision of ECD service in day care centre ; pre primary and primary education including awareness raising for parents and care givers	Ready to go	\$757,000	1600 children	4 years
82.	AMANI Trust Foundation	Improve quality and access to early learning in Temeke and Kisarawe Districts P.O. Box 11245, Dar es Salaam Tel Number: +255 22 2150322 Fax: +255 22 2150362 Email: ankunga@gmail.com ; info@amani.co.tz Contract Person: Andrew Nkunga	Yes	Improve quality, access through improved teaching and learning environment in public and community pre-schools.	Ready to go	\$528,858	4500 children	3 years
83.	TANZANIA EARLY CHILDHOOD DEVELOPMENT NETWORK – DAR ES SALAAM CHAPTER	To enhance children welfare programs P.O. Box 14658, Dar es Salaam; Tanzania Tel Number:+255 713 425 708 Contract Person: Mathias Kimiro	Yes	Awareness raising campaign for increased ECD intervention and policy dissemination in Dar es Salaam region	Ready to go with preparatory	\$403,846.15	1,200,000 children	3 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
84.	INDIGO WOMEN LINKS (T)	Protecting Children from malnutrition P.O. Box 12872 Dar Es Salaam, Tanzania. Tel Number: 022556119 Email: indigo.link@yahoo.com , cmbelwa2001@yahoo.com Contract Person: Christopher Mhando Mbelwa	No	Improvement of Community health, and other Community development challenges through activities that promote good Health, Education, Infrastructures, utilities, and other needs of Tanzania Communities.	Ready to go	\$337500	3000 children	3 years
85.	Forum for African Women Educationalists (FAWETZ)	Community Responsibility to Young Mother and Maternity P. O. Box 63319, Dar es Salaam Tel Number: +255 22 2122817 Fax: +255 22 212816 Email: fawetz@posta.co.tz Website: fawe.org Contract Person: Sophia Komba	No	Awareness raising program on parenting education at community at ward levels involving women groups; caregivers, health workers and parents.		\$756,843.75	120,000	4 years
86.	Tanzania Network Against Alcohol Abuse	Tanzania Network Against Alcohol Abuse Tel Number:+255 752 578 411 Email: taapnet.2011@gmail.com Contract Person: M/S Sophia Komba	No	Advocacy and campaign on alcohol abuse, child abuse. The effects on child development	Good idea needing development	\$130,769.2	Not indicated	2 years
87.	ONEMIL GROUP	Quality Early Child Education for improved Primary Education output P O BOX 135 Muleba Tel Number: +255 754 660 698 Email: onemilgroup@yahoo.com mushobozimiluko@yahoo.com Contract Person: Mushobozi W. Miluko	Yes	<i>Establish and manage 6 day-care centres & Nursery Schools and 37 new Pre-Primary Schools</i>	Ready to go	\$ 4,855,032	2000 children	4 years
88.	ELCT MONTESSORI TRAINING CENTER USHIRIKA WA NEEMA	Ushirika wa Neema, Montessori Primary School P.O. BOX 1239 MOSHI Tel Number: 2753221/ 0754499107 Email: kisane@sautiyainjili.org Website: www.ushirika.se Contract Person: Mrs. Sophia Aaron Urio	Yes	<i>Pre school and primary education</i>	Ready to go	\$298,824.16	325 children	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
89.	POCKET FUL OF JOY.	Improve School Health: Improve learning Tel Number: 028-2220460 / 0756433312 Email: ukmwijage@yahoo.com Website: www.pocketfulofjoy.com Contract Person: Vedastus Mwijage.	Yes	Provide meals to pupils at school Construction of Rain-water harvest Tanks Stool testing and Provision of De-worming medicine Eye examination and provision of spectacles other remedies Dental hygiene	Ready to go	\$1,113,356	2000 children	4 years
90.	Tanzania Brighter Future for Community Development Organization (TABCO)	Empowering community to reduce maternal deaths. P.o.Box 1908 Mwanza Tel Number: +255754214020 Email: tabcotz@gmail.com Contact Person: Imani P. Tinda (Coordinator)	Yes	Maternal health education among community members	Ready to go with further development	61,820.0 Usd	500 community members	Two years
91.	ERRAT CARE CENTRE ARUSHA.(ECACE)	Childhood Education Provision in Arusha Mailing Address: P .O. BOX. 12593 Tel Number:0784327308/0782838196 Email: errutrust@hotmail.com or mwendatheresia@yaoo.co.uk Webs: http://erratcarecentre.wordpress.com Contract Person: Teddy Nkwama	No	Establishment of ECD centers in rural Maasai communities to increase access to early learning programs for vulnerable children including orphans	<i>It's a good idea</i>	126,250	Not mentioned	4 years
92.	Good Samaritan Mission	Service provision to Orphans and vulnerable children. P.O. Box 187 Tel Number: 00255 (0)754 773 258 Email: gsm_tz@hotmail.com Web: www.gsmtanzania.wordpress.com Contact Person: Martin Mlata	No	Provision of support services to orphans and vulnerable children including scholastic materials; health and nutrition support.	Ready to go	203,764	Not mentioned	4 years

No.	Name of organization	ECD project details (Name of project, mailing address, tel. number, email, contact person)	Works in ECD only?	Brief description of the ECD project	Status of ECD project	Amount required (USD)	# of expected beneficiaries	# of years
93.	CHILD YOUTH ADULT AND DEVELOPMENT (CYA&D)	P.O. BOX 53691 Email: fredsichizya@ gmail.com, chyoand@gmail.com Contact Person: Fred Davidson Sichizya	No	ECD capacity development program regarding ECD issues among communities	Ready to go	505,500	Not indicated	4 years
94.	OASIS DAY CARE ASSISTANTS TRAINING INSTUTE(ODCATI)	<i>Training of Day care givers</i> P.O.BOX 1012 SONGEA Tel Number: +255758123040 , +255718005518 Email: doasis24@yahoo.com Contract Person: DELPHIN F. RUGAZIA	No	Day care giver training institution	Ready-to-go with further preparatory work	30625 usd	Not indicated	4 years