

Tanzania's Childcare Ecosystem

Gaps, Challenges, and Opportunities



FINAL REPORT
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Acknowledgement

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Signed by:

Mwajuma Kibwana
TECDEN Executive Director

Executive Summary

This report presents the findings of a comprehensive landscape analysis of Tanzania's childcare ecosystem to understand the structure, distribution, accessibility, and quality of childcare services across the country. The study documents the legal, policy, and service delivery context of childcare in Tanzania using a combination of desk review, stakeholder mapping, key informant interviews, and focus group discussions.

The analysis reveals significant disparities in access and quality between urban and rural areas, formal and informal services, and across different socioeconomic groups. It highlights challenges, including fragmented regulatory frameworks, limited public investment, workforce capacity gaps, and the exclusion of children with disabilities.

Despite these challenges, the study identifies opportunities for strengthening the sector through integrated policy actions, stakeholder collaboration, and innovation in service models such as workplace-based and community-led childcare. The report calls for the development of a National Childcare Action Plan or Strategy to align fragmented efforts, ensure inclusivity, and guide investment and policy direction.

The recommendations aim to promote an equitable, inclusive, and high-quality childcare system supporting early childhood development, gender equality, and national development priorities.

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Photography

All photos provided by Tanzania Early Childhood Education and Care (TECEC)

Abbreviations

AfECN - African Early Childhood Network

ANC - Antenatal Care

BEQI - Brief Early Childhood Quality Inventory

CiC - Children in Crossfire

DCC - Daycare Centres

DSW - Department of Social Welfare

ECD - Early Childhood Development

ETP - Education and Training Policy

EGPAF - Elizabeth Glaser Paediatric AIDS Foundation (EGPAF)

GSF - Global School Forum

MDAs - Ministry Departmental Agencies

MoCDGWSG - Ministry of Community Development, Gender, Women, and Special Groups

MoEST - Ministry of Education, Science and Technology

NAIA-AHW - National Accelerated Action and Investment Agenda for Adolescent Health and Well-being

NCF - Nurturing Care Framework

NGO - Non-Governmental Organisation

NMECDP - National Multi-sectoral Early Childhood Development Programme

NNS - National Nutrition Strategy

NPA-VAWC - National Plan of Action to End Violence Against Women and Children

OUT - Open University of Tanzania

PANITA - Partnership for Nutrition in Tanzania

PO-RALG - President's Office – Regional Administration and Local Government

PPE Pre - Primary Education

SDGs - Sustainable Development Goals

SITAN - Situation Analysis

TECDEN - Tanzania Early Childhood Development Network

TENMET - Tanzania Education Network

UDOM - University of Dodoma

UDSM - University of Dar es Salaam

UNICEF - United Nations Children's Fund

URT - United Republic of Tanzania

WHO - World Health Organization

Structure of the Report

This report is organized into five main chapters to facilitate a comprehensive understanding of the childcare services ecosystem in Tanzania.

Chapter One introduces the report's background, objectives, scope, methodology, and structure.

Chapter Two reviews the policy and legal framework governing childcare in Tanzania, including relevant national laws, institutional mandates, and international commitments, while identifying existing regulatory gaps.

Chapter Three presents the key findings from the study, including the status of childcare service provision, dominant service delivery models, demand-supply dynamics, challenges in formalization and regulation, disparities in access, and the roles of key stakeholders. It also includes in-depth stakeholder mapping and an analysis of financing, monitoring, and evaluation practices. This chapter also discusses the systemic challenges facing the sector and highlights opportunities for reform, drawing from participatory inputs.

Finally, **Chapter Four** offers the conclusion and a set of strategic recommendations aimed at strengthening the childcare system, including a call for the development of a National Childcare Action Plan or Strategy.

The report is complemented by annexes that provide supplementary information, including research tools, reference materials, and detailed data to support the analysis presented.

**CHAPTER 1****Introduction**

1.0 Introduction

This report presents the findings of a comprehensive research study that systematically examined Tanzania's childcare ecosystem. The study aimed to develop an evidence-based assessment of childcare services, evaluating their accessibility, distribution, and quality across diverse geographical and socio-economic contexts. It contributes to ongoing national and global discussions on early childhood development and care by offering a strategic and holistic understanding of the current landscape of childcare provision in Tanzania.

Employing a qualitative, case study design and a landscape analysis approach, the study drew extensive desk reviews, participatory exercises, and strategic key informant interviews. This methodology enabled the integration of perspectives from diverse stakeholders—including policymakers, non-governmental actors, and private sector childcare service providers—and allowed the research to capture both formal and informal childcare structures. In doing so, the study reflects the complex institutional, regulatory, and community-based dynamics shaping the childcare sector. The research identified critical systemic challenges such as funding limitations, regulatory fragmentation, and uneven service quality, while also highlighting promising opportunities for strategic policy and programmatic interventions.

The study reflects the complex institutional, regulatory, and community-based dynamics shaping the childcare sector.

The findings serve as a foundational evidence base to guide decision-making and investment by government, donors, and development partners. By advancing a detailed understanding of existing gaps and opportunities, the report aims to support the development of an equitable, efficient, and accessible childcare ecosystem—one that is aligned with Tanzania's national priorities and committed to enhancing child well-being and gender-responsive care services.

1.1 Background

Early Childhood Development (ECD) is a crucial period from conception to age eight, during which children experience rapid growth in various areas, including physical, socio-emotional, cognitive, and linguistic development.

These formative years lay the foundation for future academic, professional, and personal success, making early childhood education a key priority for long-term human development (Nilsen, 2017). This is because children's school readiness depends not only on cognitive skills but also on their physical, moral, and emotional well-being, as well as their ability to interact with others. This underscores the need for holistic approaches to learning and development, recognizing the interconnectedness of children's physical, intellectual, social, emotional, and linguistic development (Neuman & Devercelli, 2012).

The United Nations Convention on the Rights of the Child, including General Recommendation 7 (Britto, Ulkuer, Hodges, & McCarthy, 2013), emphasizes the importance of investing in early childhood. Similarly, Sustainable Development Goals 2 and 3 prioritize ECD, acknowledging its critical role in sustainable development. These goals highlight the need for quality care and education for all children, contributing to long-term outcomes on overall well-being, inclusiveness, and productivity, which enables children to reach their full potential and contribute to society's sustainable development.

Investing in ECD is widely recognized as one of the most effective strategies to break the cycle of poverty, improve societal well-being, and promote sustainable economic growth. In Tanzania, as in many other regions globally, Early Childhood Development focuses on promoting the optimal development of children from conception to the age of eight. This initiative addresses the physical, cognitive, linguistic, and socio-emotional needs of children, ensuring they can not only survive but also thrive. However, during this crucial period, children are at significant risk of missing key opportunities, which can result in developmental delays due to a lack of comprehensive early childhood development services.

Since 2021, the Tanzanian Government has implemented the National Multi-sectoral Early Childhood Development Program (NMECDP), which promotes a multi-sectoral and multidisciplinary approach, bringing together various stakeholders for the funding, management, and monitoring of ECD services (Harper, Jones, Perezniето, & McKay, 2011; Heckman & Masterov, 2007; UNICEF, 2012). For the most effective impact of ECD interventions, integrated and multi-sectoral policies and actions are necessary, offering holistic programs for young children and their families to ensure that every child has an equal opportunity to reach his/her full potential (Engle et al., 2011).

Tanzania has been executing the NMECDP for three years. The 2022 Tanzania Demographic Health Survey examined the performance of the nation's ECD index, finding that 47% of children aged 24 to 59 months are developmentally on track, while 53% are not. The survey also highlighted that the percentage of children on track decreases with age: 58% of children aged 24–35 months are on track, compared to only 36% of those aged 48–59 months. Other factors influencing ECD performance were also identified, including gender, rural-urban differences, the mother's education level, and household wealth. Additionally, the report revealed that 30% of children under five are stunted, 3% are wasted, 12% are underweight, and 4% are overweight.

Despite this, Tanzania is reported to perform well in some areas, such as trends in infant and child mortality, which decreased from 67 to 43 deaths per 1,000 live births between the 2015/16 and 2022 reports. Over the same period, infant mortality declined from 43 to 33 deaths per 1,000 live births. The report also stated that 53% of children aged 12-23 months were reported to be fully immunized against all fundamental antigens by 2022, and 23% were fully vaccinated in accordance with the national schedule. Similarly, nine out of ten women who gave birth in the 2 years before the survey received antenatal care (ANC) from a skilled provider during their most recent live birth. Additionally, 34% of pregnant women started antenatal care during the first 3 months, and 65% had four or more ANC visits as recommended. Additionally, 81% of live births and 93% of stillbirths in the two years prior to the survey took place in medical facilities, with medical professionals assisting 85% of live births and 96% of stillbirths. These statistics indicate a positive trend in maternal and child health care utilization in the country. It is encouraging to see a high percentage of women receiving ANC and delivering in health facilities with skilled professionals.

According to the children's general enrolment ratio in primary schools, Tanzania has also done well in terms of early learning opportunities. It has been above 100% for five years (URT, 2024). This performance can be credited to the implementation of a fee-free education policy in basic schools. In 2024, all primary schools were mandated to offer pre-primary classrooms, which will increase enrolment in these services and therefore boost children's opportunities for early learning (URT, 2024). Despite this achievement, there is inadequate information regarding the existing childcare arrangements for children under the age of three (3) years.

Filling this gap in knowledge will be crucial for ensuring all children have access to quality early learning opportunities. Understanding the childcare landscape is a crucial first step toward advocating for an equitable, accessible, and affordable childcare system. Parents struggle to find accessible, affordable, quality childcare while the childcare workforce is shrinking due to decades of low pay and a lack of respect regarding the critical nature of its work (Felfe and Lalive, 2012; OECD, 2006). Our childcare system continues to experience multiple crises, with families finding it difficult to locate reliable childcare that they can afford.

Therefore, the need to expand childcare services is growing in response to changes in the labour market, family structures, women's choices, and demographic shifts. This is why the AfECN study on Tanzania Childcare Landscape Analysis aimed to describe the situation of programming for young children and to identify opportunities for creating environments that will support and sustain quality service provision at the level of the family, service provider, community, local, and national government. The preliminary findings of the study found that there is potential for investment and improvement of services in all areas of childcare provision in Tanzania. This study mapped key stakeholders, examined both formal and informal childcare structures, and highlighted significant service gaps, especially for children aged 0-3. The findings revealed that while progress has been made in day-care service provision, there is still a wide disparity in the accessibility and quality of services, particularly in rural and underserved areas.

1.2 Rationale and Purpose of the Assignment

Building on the current AfECN report, the rationale of this study was to conduct a landscape analysis of the childcare ecosystem in Tanzania by providing a comprehensive overview of the current status of childcare services and their accessibility across the country, including identifying gaps in service provision and potential areas for intervention. These include the need for more comprehensive data on unregistered day-care centres, which constitute a sizeable portion of childcare services but operate without adequate regulation or oversight.

Furthermore, the study aims to gather more detailed information on informal childcare arrangements, such as care provided by grandparents or siblings and housekeepers in town and city settings, which is widespread yet under-researched. Additionally, this project will focus on assessing the inclusion and accommodations for children with disabilities within childcare services, an area that was only briefly touched upon in previous studies. By addressing these missing elements, this study proposal promises to provide a more complete and nuanced understanding of the childcare landscape in Tanzania. This will inform policy decisions and resource allocation to ensure that all children in Tanzania have access to high-quality childcare services.

In line with the purpose and rationale, the project is divided into two main work packages, namely: **work package one** focuses on mapping of Tanzania's childcare ecosystem, and **work package two**, which is on scale-up and strategic partnership development. This assignment, therefore, focused on work package one.



1.3 Understanding the Assignment

Understanding the nature and context of the assignment is central to conducting a valid Childcare Ecosystem Landscape Analysis and Stakeholders' Engagement in Tanzania. This part of the Inception Report focuses on the goal of the study (3.1); objectives (3.2); research questions (3.4), scope of work, deliverables, and expected outcomes (3.5); research methodology (3.6); planned activities and implementation timelines (3.7) as presented below.

1.3.1 The Goal of the Study

According to the Terms of Reference (ToR), the primary goal of the study is to map Tanzania's childcare ecosystem by providing a comprehensive overview of the current state of childcare services and their accessibility throughout the country, as well as identifying gaps and challenges related to service provision and potential opportunities and areas for further intervention and improvement.



1.3.2 The Objectives of the Study

While this assignment focused on work package one: mapping childcare ecosystems, the overall objective of the assignment was to conduct a landscape analysis of Tanzania's Childcare ecosystems, identifying challenges, existing gaps, and opportunities for improving childcare interventions and services provision. Based on the ToRs and in line with work package one, the specific objectives of the assignment are:

i

To explore different types of childcare services provided to children at various geographical localities in Tanzania.

ii

To analyse the challenges and needs of the non-state sector in scaling up childcare programs; and

iii

To map out key stakeholders involved directly and indirectly in the care of children, including policymakers, funders, childcare providers, networks, partners, and sector experts in the country.

iv

To highlight enabling policies and opportunities for partnership with the government and expansion of childcare provision in the country.

1.3.3 Research Questions

The Landscape Analysis of Tanzania's childcare ecosystem was guided by the following research questions corresponding to the specific objectives of the study.

i

What types of childcare services are currently available to children in different localities of Tanzania, and how are they structured and accessed (e.g., formal vs. informal)?

ii

Who are the key stakeholders involved in the provision of childcare services in Tanzania (e.g., government agencies, NGOs, private sector providers), and how they (policymakers, funders, childcare providers, networks, partners, sector experts) interact, collaborate and coordinate in the childcare sector.

iii

What are the key challenges faced by non-state childcare providers in scaling their programs (e.g., funding limitations, regulatory hurdles, staffing issues) and how do such challenges affect quality and access to childcare services?

iv

What specific resources or support do non-state childcare providers need to effectively scale their programs (e.g., financial resources, training, partnerships)?

v

What are the opportunities for integration and partnerships for non-state childcare organizations with key stakeholders, including governments and funders, etc.?

vi

What enabling policies and partnership opportunities exist between the government and private sectors to enhance childcare provision in Tanzania?

1.4 Methodology

Information for developing this SITAN report has been collected through multiple methodologies and techniques including desk review of key policy documents and guideline's, programme and research reports/ documents, mapping of key stakeholders, in-depth interviews with key informants, as well as focus group discussion, and extensive consultations with the Ministry of Community Development, Gender, Women and Special Groups (MoCDGWSG), the Department of Social Welfare (DSW) in particular. The process of consultation with key stakeholders was conducted, where they had an opportunity to input and strengthen the document.

The key identified stakeholders came up with constructive inputs, which helped to shape and fill in the gaps identified by other study participants. Both primary and secondary data were collected, including quantitative and qualitative information.

The assignment was participatory, inclusive and result-oriented involving ECD stakeholders such as government institutions and non-state actors. In this regard, the respective departments related to ECD from MoCDGWSG and other actors participated fully through consultations. Furthermore, consultations were conducted through telephone interviews/ Zoom meetings, face-to-face and other data collection efforts, which were needed to follow up on data gaps or findings. However, face-to-face meetings were convened where necessary by requesting appointments to meet expected participants individually or as a group.

1.5 Data Collection

Data was collected through multiple methodologies and techniques, including desk review of key documents, in-depth interviews with key informants, mapping of key stakeholders, and focus group discussions. Both primary and secondary data were collected, including quantitative and qualitative information.

1.5.1 Desk Review

Relevant documents have been reviewed to provide information on the status of young children, childcare interest, needs and requirements of caregivers living in vulnerable communities, services and programmes targeting young children and their families across all sectors, the role and participation of different stakeholders in contributing to quality childcare and how sectors relate in childcare services provision. Information was also gathered to understand the context of families and children, including those at risk, local beliefs and practices that can be harnessed, opportunities for strengthening services and resources that can be mobilized at the community, sub-national and national levels. The desk review was based on publicly available documents encompassing existing policies and legislations, government guidelines, strategies and policies relating to children, available international childcare/ECD guidelines, related research publications and examples of existing childcare programmes and services. List of documents reviewed attached in Annex I.

Based on the gaps identified from the desk review, the researcher developed a study design to support data collection. To refine and structure the situation analysis better, identify gaps, build on identified strategic opportunities and refine approach, the consultancy team adopted

the use of the Nurturing Care Framework logic model and the National Multi-Sectoral Early Childhood Development Programme (NM-ECDP) 2021/22 – 2025/26 to accommodate children of 0–8 years in the Tanzanian context.

1.5.2 Key Informant Interviews

Key stakeholders were consulted to get more information on childcare programmes and services and linkages. The purpose of key informant interviews was to collect information from a wide range of relevant ECD stakeholders and partners who have first-hand knowledge about childcare programs in Tanzania including Ministry of Community Development, Gender, Women and Special Groups (MoCDGWSGs), different Ministry Departmental Agencies (MDAs): Ministry of Education, Science and Technology (MoEST), Prime Minister Office's (PMO), President Office-Regional Authority and Local Government(PO-RALG e.t.c), Government Institutions such as University of Dar es Salaam (UDSM), The University of Dodoma (UDOM), Institute of Social Work (ISW), Open University of Tanzania(OUT), key ECD Non-state actors including Children in Crossfire (CiC), UNICEF, WHO, was also consulted during data collection including ECD related organizations; Tanzania Early Childhood Development Network (TECDEN), Partnership for Nutrition in Tanzania (PANITA).

Also, Catholic Relief Services (CRS), The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), BRAC Tanzania Finance Limited (BRAC), Msimbazi Center and any other relevant stakeholders to ensure equal representation is achieved. The key informant interview gathered more data and information that was used in the situation analysis of ECD intervention in the country, closing the gaps observed in the desk review.

The outcome of these consultations also formed a basis for recommendations on how to develop the childcare centres, guidelines, implementation plan, costing and financing as well as Monitoring and evaluation.

1.5.3 Focus Group Discussion

The purpose of the group discussion was to gain an in-depth understanding of the childcare programs in Tanzania that was enriched by the Situation Analysis document. A discussion guide with key questions was prepared for data collection. Participants shared their feedback, opinions, knowledge and insights about childcare based on their experiences, which enabled better understanding, limitations and perceptions of childcare services that helped to put into perspective the childcare model which was developed. The focus group discussion involved the following groups.

- MDAs (MoEST, MoHCDGEC, PMO, PORALG)
- ECD stakeholders
- Childcare centres (Caregivers/childcare workers)
- Marginalised communities (urban informal settlements, women's prisons).
- Tanzania ECD networks (TECDEN, TENMET, PANITA e.t.c)
- Government Institutions (UDSM, UDOM, ISW, OUT).
- Key ECD Non-State Actors (UNICEF, WHO, CiC, CRS, EGPAF, BRAC, Msimbazi Center e.t.c).

Each group had about 8-12 people, and the discussion took about 60-80 minutes. The selection of participants was made purposively in collaboration with the Ministry under the Department of Social Welfare (DSW), whereby gender was taken into consideration. And if physical meetings were not possible then online discussions were held.

1.6 Data Analysis

The study utilised a qualitative approach for data analysis, employing thematic analysis to explore patterns and insights from interviews, focus group discussions, and documentary reviews. Audio recordings and field notes from the data collection process were transcribed verbatim, after which the transcripts were reviewed for accuracy and completeness. Thematic analysis involved a systematic process of coding the data to identify recurring themes, categories, and subthemes aligned with the study's objectives.

Data were initially open-coded to capture emerging issues from the perspectives of childcare providers, parents, government officials, and other stakeholders. These initial codes were later refined and organised into broader thematic categories, including access and equity, regulatory challenges, financing, inclusion of children with disabilities, and caregiver capacity.

Themes were developed both inductively—from the raw data—and deductively, based on the predefined domains of inquiry reflected in the interview guides and literature review.

The analysis process also incorporated salience scoring during participatory exercises, allowing stakeholders to rank key challenges and solutions based on perceived significance. This enhanced analytical rigor by integrating participant prioritization into the final interpretation of findings. The thematic approach was particularly suited to capturing the complexity and contextual nuances of Tanzania's childcare ecosystem, enabling the study to generate grounded insights for policy and programmatic action.

1.7 Ethical Issues

This study adhered to established ethical standards for research involving human participants. Prior to data collection, ethical approval and a research permit were obtained from the Tanzania Commission for Science and Technology (COSTECH), in compliance with national research governance protocols.

The research team ensured that all procedures met ethical guidelines relating to respect for persons, beneficence, and justice. Informed consent was sought and obtained from all participants involved in interviews, focus group discussions, and participatory exercises.

Participants were provided with clear explanations regarding the purpose of the study, the voluntary nature of their participation, the confidentiality of their responses, and their right to withdraw at any point without consequence. Consent was obtained either in writing or verbally, depending on the participant's preference and literacy level.

To ensure confidentiality and data protection, all personally identifiable information was anonymized, and data were stored securely with restricted access. The research team maintained sensitivity to cultural norms and power dynamics throughout the study, particularly when engaging with vulnerable groups such as caregivers, low-income parents, and providers of informal childcare services.

The ethical integrity of the study was upheld throughout all phases—from design and data collection to analysis and dissemination—to safeguard the dignity, rights, and well-being of all participants.

1.8 Key areas of focus involved

Updating the Tanzania childcare Landscape Analysis and supporting the documentation of the national dialogue on childcare aims to understand the current state of national dialogue regarding childcare services. Specific areas of focus in this landscape analysis include:

i

Current Situation of Childcare Services in Tanzania.

ii

Mapping of childcare stakeholders.

iii

Formulation of a directory of childcare models.

iv

Exploration of existing barriers and opportunities for the scalability of the childcare service.



CHAPTER 2

Childcare within Tanzania's Legal and Structural Frameworks: A Policy Review

2.0 Introduction

Childcare plays a vital role in ECD, significantly impacting children's physical growth as well as their emotional and cognitive development. Beyond its direct benefits for children, it also enables parents, particularly mothers, to engage more actively in their professional roles and community activities. Tanzania faces a growing need for reliable, high-quality childcare services due to demographic, social, and economic changes (Children in Crossfire, 2024; Thrive Child Evidence for Action, 2025; Genesis Analytics & UNICEF, 2025). The rising demand for childcare mirrors broader societal shifts that are transforming family structures and affecting workforce participation and personal aspirations.

The analysis aims to offer insights and evidence to improve and unify Tanzania's childcare system through its policy documents by identifying key structural deficiencies, institutional gaps, and policy oversights.

Consequently, the country recognises the increased importance of childcare; however, its policy and legal frameworks remain inadequate and inconsistent, resulting in a fragmented sector. Against this background, this section examines the position of childcare within Tanzania's current legal and policy landscape. Specifically, it examines how current legal frameworks address childcare services, their recognition processes, and the regulatory support structures in place, with a special focus on children between 0-3 years. The analysis aims to offer insights and evidence to improve and unify Tanzania's childcare system through its policy documents by identifying key structural deficiencies, institutional gaps, and policy oversights.

2.1 Global Frameworks on Childcare

Globally, childcare is increasingly recognised as a vital service that supports not only early childhood development (ECD) but also broader goals related to gender equality, women's economic empowerment, and social protection. International and regional frameworks consistently emphasise the importance of accessible, high-quality childcare, especially during the first three years of life, a period marked by rapid brain development and foundational learning. Tanzania's endorsement of these global frameworks demonstrates a commitment to improving outcomes for young children, although translating these commitments into national action remains a work in progress.

2.1.1 United Nations Convention on the Rights of the Child (CRC)

Tanzania's commitment to child rights is formally enshrined through its ratification of the United Nations Convention on the Rights of the Child (CRC) in 1991. Central to this commitment, Article 18 obliges State Parties to support parents by offering appropriate services and facilities. This explicitly encompasses structured childcare, which is recognized not merely as a beneficial service but as a fundamental right, essential for children's holistic health, emotional growth, and overall well-being. While the CRC defines a child as anyone under 18, its articles articulate broad principles rather than specifying narrow age brackets like 0–3. These principles, however, are unequivocally applicable to all children, including infants and toddlers.

A crucial interpretive document, the CRC Committee's General Comment No. 7 (2005), titled "Implementing Child Rights in Early Childhood," provides authoritative guidance on this matter. It emphatically states that young children are full holders of all CRC rights and highlights the imperative for age-sensitive services during early childhood, covering the critical period from birth to around age 8. General Comment No. 7, while not a legally binding convention requiring ratification, carries significant moral and interpretive weight. States that have ratified the CRC are thus expected to adhere to its guidance as an authoritative clarification of how their existing obligations apply to early childhood, including fostering environments that provide responsive care and early stimulation, particularly for the 0-3 age group. However, the extent to which Tanzania has actively integrated and operationalised the specific guidance of General Comment No. 7 into its national childcare policies and practices remains unclear. This ambiguity poses a challenge for ensuring that the unique rights and developmental needs of its youngest citizens are consistently met in line with international best practice.

However, the extent to which Tanzania has actively integrated and operationalised the specific guidance of General Comment No. 7 into its national childcare policies and practices remains unclear.

2.1.2 Sustainable Development Goals

Tanzania has aligned its national development agenda with the Sustainable Development Goals (SDGs), notably Target 4.2, which aims to ensure that “all girls and boys have access to quality early childhood development, care, and pre-primary education.” While this target explicitly includes early childhood care, such as structured childcare services, national efforts have primarily focused on expanding pre-primary education for children aged 4 to 5 years. As a result, there is a persistent gap in policy attention and investment for children aged 0 to 3, a period marked by rapid brain development and foundational learning. Furthermore, SDG Target 5.4 underscores the importance of recognising and reducing unpaid care work, in part through the public provision of childcare services. This global emphasis on care infrastructure highlights the dual developmental and gender-equity functions of childcare, an area where Tanzania’s implementation efforts remain nascent. The current underinvestment in services for infants and toddlers reflects a misalignment between international normative frameworks and domestic priorities, limiting progress toward inclusive and equitable early childhood development.

2.1.3 International Labour Organisation (ILO) Convention 156

At the heart of labour rights and social protection, the International Labour Organisation (ILO) provides a powerful framework for ensuring a fair balance between work and family life. Specifically, ILO Convention No. 156 concerning Workers with Family Responsibilities, alongside Recommendation No. 165, champions the indispensable role of quality childcare services. These instruments are not just about convenience; they are about enabling parents—especially mothers—to fully participate in paid employment without sacrificing their vital caregiving duties. By advocating for robust, state-supported care infrastructure, the ILO actively promotes gender equality in the workplace and seeks to ease the heavy, often unseen, burden of unpaid care work that disproportionately falls on women.

While Tanzania has yet to ratify Convention 156, it has shown its commitment to these global principles by engaging in regional and international discussions on the care economy. These crucial dialogues consistently urge member states to 'recognise, reduce, and redistribute' unpaid care work, largely through expanding access to affordable, quality childcare services for all.

However, a profound challenge remains, particularly when it comes to meeting the intense needs of children aged 0 to 3. This is the most sensitive and rapid period of brain development and early learning, demanding consistent, nurturing, and developmentally appropriate care. In Tanzania, the notable absence of structured and regulated childcare services specifically for this youngest age group creates a dual disadvantage: it not only severely limits women's ability to engage fully and productively in the economy, but more critically, it undermines their infants' and toddlers' fundamental rights to receive the nurturing care and early stimulation vital for their healthy development. Most current childcare initiatives and policies in Tanzania understandably prioritise pre-primary education for children aged 4 to 5, inadvertently leaving these foundational years for infants and toddlers largely overlooked and unsupported within national frameworks. This lack of targeted investment in care for children under three vividly highlights a critical disconnect between Tanzania's global commitments to the care economy and the urgent reality of national implementation – a disconnect that must be swiftly addressed to genuinely advance both gender equality and comprehensive early childhood development.

2.1.4 Minimum Standards for Childcare in Humanitarian Contexts

While several global frameworks offer essential guidance on child protection and early childhood services within emergencies, their application often overlooks the most vulnerable. The Minimum Standards for Child Protection in Humanitarian Action (CPMS), for instance, champion the establishment of safe, nurturing environments and highlight psychosocial support as a cornerstone of protective programming. Similarly, the Sphere Handbook and the INEE Minimum Standards for Education in Emergencies acknowledge the profound importance of early childhood development even amidst crisis.

However, a critical oversight persists: these frameworks predominantly focus on school-aged children, offering limited age-specific provisions for the unique and intensive needs of children under three years of age. As a direct consequence, crucial minimum standards for age-appropriate childcare infrastructure, essential staffing qualifications, safe caregiving ratios, and truly responsive care practices for infants and toddlers remain alarmingly underdeveloped and inconsistently applied across humanitarian responses, leaving this most impressionable age group particularly exposed.

The reality in the Tanzanian context, especially within refugee-hosting regions like Kigoma, paints a stark picture: childcare provision in humanitarian settings remains largely informal, critically underfunded, and insufficiently regulated. Where fragmented childcare arrangements do exist, they are overwhelmingly community-led, a testament to local resilience, yet they frequently suffer from a profound lack of systematic training, consistent institutional oversight, and structured developmental programming. The glaring absence of formal guidelines or minimum operational standards specifically tailored for the care of children aged 0–3 in emergencies not only compromises the fundamental quality, safety, and consistency of the care they receive but also imposes severe constraints on the caregivers, predominantly women. Their ability to participate in vital livelihood activities, pursue education, or engage in their own psychosocial recovery efforts is significantly hampered, thereby exacerbating existing gendered inequalities within already crisis-affected populations.

Establishing and actively institutionalising clear minimum standards for childcare in humanitarian contexts—with precise and dedicated attention to children aged 0–3—would constitute a profoundly critical and transformative step. Such a move is essential for strengthening child protection, genuinely promoting gender equity, and significantly advancing early childhood development outcomes even in the most challenging emergency scenarios. These vital standards must be firmly grounded in global normative guidance, yet thoughtfully adapted to reflect local realities, including existing cultural caregiving norms, resource constraints, and crucial community-based capacities.

For Tanzania, integrating such age-specific childcare standards into its national emergency response policies and broader humanitarian action plans would not only solidify its international obligations under instruments such as the CRC and the African Charter on the Rights and Welfare of the Child, but also lay the groundwork for more resilient, inclusive, and child-centred recovery processes for all crisis-affected children and their families.

The glaring absence of formal guidelines or minimum operational standards specifically tailored for the care of children aged 0–3 in emergencies not only compromises the fundamental quality, safety, and consistency of the care they receive but also imposes severe constraints on the caregivers, predominantly women.

2.1.5 African Charter on the Rights and Welfare of the Child (ACRWC)

Ratified by Tanzania in 2003, the African Charter on the Rights and Welfare of the Child (ACRWC) offers a regional legal framework that reinforces children's rights to survival, development, protection, and participation. Although the Charter does not explicitly focus on children aged 0–3, several provisions have direct relevance for this age group. Article 14 guarantees the right to health and nutrition, while Article 20 calls on states to support parents in their caregiving roles, implicitly endorsing the provision of services such as childcare. Article 11 further emphasises early education, reinforcing the need for nurturing care from the earliest years. Despite these commitments, Tanzania's implementation of the ACRWC remains limited in scope for children under three. National policies continue to prioritise pre-primary education and health services for older children, with minimal investment in structured care for infants and toddlers. Bridging this gap requires aligning national frameworks with the Charter's principles, recognising the critical developmental needs of the 0–3 age group, and investing in age-appropriate, quality childcare services as part of a broader strategy for child rights and social development.

2.2 Tanzania Framework on Childcare

Tanzania's policy landscape for childcare has progressed with growing national recognition of Early Childhood Development. While health and pre-primary education have seen strides, the childcare sector, especially for children aged 0 to 3, remains underdeveloped, fragmented, and largely informal. National frameworks often lack comprehensive provisions for structured, regulated childcare that meets developmental standards and supports working families. This section critically examines Tanzania's key national laws, strategies, and guidelines, assessing their alignment with international and regional commitments, with a focus on how they address the needs of young children and their caregivers.

2.2.1 Law of the Child Act (2009)

The Law of the Child Act (2009) provides an essential legal framework for childcare services in Tanzania by defining crèches and day-care centres, mandating registration, establishing minimum standards for staffing and hygiene, and prohibiting corporal punishment. These provisions signal a commitment to child protection and early childhood development. However, critical policy gaps persist. First, the Act defines "child" as anyone under 18 and generally covers "crèches and day-care centres"; however, its explicit focus on the unique developmental needs and care requirements of children aged 0–3 years is limited. For instance, while it sets "minimum standards," these are often generic and may not adequately address the specific safety, hygiene, and stimulation needs. Responsive care needs that are crucial for infants and toddlers. The prohibition of corporal punishment is vital for all ages, but the Act does not provide explicit guidance on nurturing, responsive caregiving specific to this crucial formative period. This omission risks overlooking the distinct vulnerabilities and rapid developmental windows of this age group. Secondly, the Act fails to recognise the widespread use of informal childcare arrangements, offering no clear pathway for their regulation or integration into the formal system. This omission risks excluding a significant portion of caregivers and children from oversight and support. Thirdly, the law lacks provisions for community-based quality assurance mechanisms that could foster accountability, local ownership, and culturally responsive care. These gaps not only undermine the equity and inclusivity of childcare provision but also limit the government's ability to promote quality early learning environments, especially for vulnerable populations. Addressing these challenges will require legal and policy reforms that formalise diverse childcare models, strengthen community engagement, and align with broader national goals for social protection, women's empowerment, and child wellbeing.

2.2.2 Child Development Policy (2008)

The National Child Development Policy (2008) sets vital guidelines for childcare services across Tanzania by defining crèches and day-care centres and requiring mandatory registration. It also establishes minimum standards for staffing and hygiene and bans corporal punishment. These legal standards demonstrate a commitment to protecting children and supporting their early development. However, significant policy gaps remain. First, the Act ignores the widespread use of informal childcare arrangements and lacks a structured approach for their regulation or integration into the formal system.

Although the policy explicitly forbids corporal punishment, it does not offer specific guidance on positive discipline in childcare settings. This omission leaves many caregivers and children without essential oversight and support services. The legislation also omits community-based quality assurance methods that could foster accountability, local ownership, and culturally sensitive care. The absence of formal regulation creates obstacles to equitable and inclusive childcare systems and hampers government efforts to provide high-quality early learning environments for vulnerable groups. **Legal and policy reforms are necessary to develop diverse childcare models and enhance community engagement, supporting national goals for social protection, women's empowerment, and child wellbeing.**

2.2.3 National Multi-Sectoral Early Childhood Development Programme (NM-ECDP) 2021/22 – 2025/26

The NMECDP (2021/22–2025/26) declares ECD a key national priority through transformative policies. Using the principles of the Nurturing Care Framework, the programme supports children's development from birth to eight years via a holistic and integrated approach. The NMECDP explicitly aims to support children aged 0-8, with special emphasis on the 0-3 age group due to its fundamental importance. This is a notable strength. However, although the framework adopts a holistic approach for this age range, the text reveals a crucial implementation gap: clearer operational strategies are needed to show how services for children under three will be expanded, regulated, and integrated into the broader ECD system. This indicates that, despite acknowledging the age group, the practical steps for addressing their specific childcare needs—such as specialised infant care, toddler-specific early learning activities, and appropriate caregiver-to-child ratios for non-mobile infants—are lacking, which could hinder effective intervention for this vulnerable cohort. Nonetheless, the programme improves service delivery coordination across vital sectors, including health, nutrition, early learning, child protection, and responsive caregiving, underscoring that early childhood development outcomes depend on multiple interconnected systems.

The NMECDP is notable for its focus on quality monitoring and accountability. It establishes ECD scorecards and dashboards while developing joint monitoring frameworks through various ministries to evaluate progress and inform decision-making at different levels of administration. The programme follows a progressive design, but its ultimate success depends on the strength of its implementation. Sustaining political support, adequate funding, and robust institutional capacity at sub-national levels are essential. The programme presents a strong vision for integrated childcare, yet more precise operational strategies are necessary to clarify how services for children under three will be expanded, regulated, and incorporated into the wider ECD system. The NMECDP will only achieve its objectives for young children in Tanzania through strong links between community service providers, local governments, and national oversight bodies dedicated to delivering equitable and high-quality care.

2.2.4 The Education and Training Policy (ETP) of 2014

The Education and Training Policy (ETP) of 2014 represents a significant policy advancement in the consolidation and harmonization of Tanzania's education sector frameworks. Of relevance to the discourse on childcare and early childhood development, the policy underscores the critical role of early learning by mandating compulsory pre-primary education (PPE) for all children aged 3 to 5 years, with a minimum duration of one year. This provision signals a progressive shift towards recognizing early childhood as a vital period for cognitive, emotional, and social development, thereby strengthening school readiness and long-term learning outcomes. Moreover, the policy implicitly acknowledges the developmental continuum that precedes PPE, as it notes that many children transition into pre-primary education from daycare centres. These early care settings serve as foundational spaces where children's initial learning and caregiving needs are met. This interconnection between daycare and PPE underscores the importance of policy coherence and alignment across the early childhood care and education spectrum, ensuring that children receive consistent and developmentally appropriate support from infancy through the start of formal schooling.

While commendable for mandating Pre-Primary Education (PPE) for 3-5 year olds, the Education and Training Policy (ETP) largely overlooks the 0-3 age group, offering only indirect and implicit attention. This creates a significant policy gap, leaving these crucial early years unregulated and unprioritized within the education sector. Furthermore, the policy lacks a clear definition of the relationship between PPE and earlier childcare stages like daycare, risking their neglect in resource allocation despite their vital developmental role. It also fails to adequately address outreach to marginalized children (rural, disabled, low-income). A more integrated ETP is needed, one that explicitly includes daycare services, strengthens vertical alignment from daycare to primary education with clear quality standards and sustainable financing, thereby fostering an inclusive, coordinated, and developmentally appropriate early learning approach aligned with SDG 4.2.



2.2.5 The National Strategy for Gender Development

Tanzania's National Strategy for Gender Development (NSGD), initiated in 2005 and updated in 2008, serves as the country's core framework for advancing gender equity. It rightly acknowledges women's disproportionate burden of unpaid care work, including for infants and toddlers, and identifies childcare expansion as key to women's full participation in education, employment, and public life. However, while the NSGD recognizes the need for childcare infrastructure, it critically lacks specific provisions or allocated resources for children aged 0-3.

Consequently, early childcare remains marginalized in implementation, leaving the vital needs of infants and toddlers largely unmet within national action plans. Strengthening the NSGD with concrete objectives, dedicated caregiver support, and funding for infant and toddler services is essential to truly advance both gender equity and early childhood development outcomes.

2.2.6 The National Plan of Action to End Violence Against Women and Children (NPA-VAWC), 2017/18–2021/22

The NPA-VAWC (2017/18 to 2021/22) underscores Tanzania's commitment to creating a secure environment for women and children, aligning with its international obligations under Sustainable Development Goal 16.2. The plan is grounded in scientific evidence that highlights the profound impact of childhood trauma on brain development during critical periods, particularly the first two years of life and adolescence. Recognizing this vulnerability, the NPA-VAWC adopts a comprehensive prevention and response strategy to address abuse, neglect, and exploitation within homes, schools, and communities. Its vision for a violence-free environment is inherently aligned with early childhood development (ECD) objectives, given that children require safe caregiving and protective surroundings for optimal development. While the plan provides a robust foundation for integrating child protection with ECD, there are notable areas requiring further enhancement to effectively influence the childcare ecosystem. Although it commendably acknowledges the critical developmental stage of the 0-3 age group, its implementation details regarding violence prevention and response in informal childcare settings remain inadequate. Informal childcare arrangements, where many infants and toddlers are cared for, are often overlooked, leaving a significant protection gap for the youngest and most vulnerable children, who are heavily reliant on caregivers and unable to articulate experiences of abuse. Additionally, the plan lacks specific provisions for supporting caregivers of children aged 0-3 in fostering safe and nurturing environments, representing a significant shortfall in its approach.

Furthermore, the plan does not provide comprehensive guidance on implementing violence prevention and response services within informal childcare settings, where numerous children spend considerable time. Strengthening institutional linkages with national ECD frameworks could significantly enhance the plan's multisectoral strategy, ensuring the integration of violence prevention across health, education, nutrition, and social welfare systems. Efforts to support caregivers, particularly women who provide crucial nurturing care while often facing risks of violence themselves, should be expanded and reinforced. Future iterations of the plan would benefit from detailing strategies for addressing violence within early care settings, alongside improving support mechanisms for caregivers and fortifying community accountability measures.

2.2.7 The National Multisectoral Nutrition Action Plan II (2021/22–2025/26)

Tanzania's National Multisectoral Nutrition Action Plan II (NMNAP II) 2021/22–2025/26 outlines a strong multisectoral framework for improving nutrition, particularly during the first 1,000 days of life. While it aligns with global best practices and emphasizes critical interventions such as exclusive breastfeeding, complementary feeding, and micronutrient supplementation it largely overlooks childcare settings as platforms for service delivery, especially for children aged 0–3 years. Despite recognizing the importance of multisectoral collaboration and referencing the Nurturing Care Framework, NMNAP II lacks operational strategies that integrate nutrition with responsive caregiving, early stimulation, or protection—key components of holistic child development. There is limited guidance on how to deliver nutrition support through day-care centres, home-based care, or informal childcare settings, where many infants and toddlers are cared for.

This gap weakens the plan's capacity to reach children where they are, and fails to leverage caregivers—both parental and non-parental—as agents of nutrition and stimulation. The omission is particularly consequential for working mothers in the informal economy who rely on informal childcare, yet these environments remain disconnected from NMNAP II's implementation framework. NMNAP II's strong nutrition agenda would be significantly strengthened by integrating childcare platforms—both formal and informal—into its delivery strategy. Doing so would improve equity, enhance child development outcomes, and support the dual needs of children and their caregivers. Without this integration, the plan risks falling short of its full transformative potential.

2.2.8 National Guidelines Centre-Based Childcare Services

The National Guidelines for the Establishment and Management of Day Care Centres (2020) and the National Guidelines for the Establishment and Management of Community ECD Centres, Daycare, and Crèche Services (2020) aim to standardize and oversee childcare services across Tanzania. These guidelines set essential standards for infrastructure, staff requirements, and safety and hygiene practices in center-based childcare operations. However, despite their potential benefits, these policy instruments exhibit several structural and institutional limitations.

Primarily, the guidelines focus on center-based childcare models, neglecting the significant number of low-income and rural families who rely on informal and home-based childcare solutions. This oversight creates a substantial gap in financial planning and offers limited direction for the inclusion of disabled children. Additionally, the guidelines fail to establish community engagement procedures and sustainable workforce development mechanisms, which are crucial for ensuring quality care.

The limited framework reduces the availability and affordability of childcare services, restricting their growth potential. While the guidelines address "Day Care Centres" and "Crèche Services" for the 0-3 age group, their primary focus on center-based models overlooks the needs of low-income and rural families who depend on informal childcare solutions. The guidelines also lack comprehensive financial planning, direction for disabled children's inclusion, and mechanisms for community engagement and workforce development. To build an inclusive national system, the guidelines should be updated to recognize diverse childcare models and establish minimum quality standards compatible with national social protection and ECD policies. These reforms are essential for providing all children with safe and nurturing developmental care that meets equitable access standards.

2.2.9 National Guidelines for the Establishment and Management of Safe Houses for Victims of Trafficking in Persons and Survivors of Violence (2019)

The National Guidelines for the Establishment and Management of Safe Houses for Victims of Trafficking in Persons and Survivors of Violence (2019) demonstrate Tanzania's commitment to protecting vulnerable groups through these facilities. The guidelines set essential standards for temporary accommodation and support for women and children who are victims of trafficking and violence. However, they lack specific developmental needs and caregiving requirements for young children staying in these safe houses.

While physical safety and psychosocial support are the core priorities of the framework, it fails to include critical nurturing elements needed for children aged 0–8, such as responsive caregiving and early learning opportunities. This policy exhibits a significant gap regarding the 0-3 age group in safe houses. Although focusing on physical safety and psychosocial support, the guidelines fail to include essential nurturing elements needed for infants and toddlers experiencing trauma. The absence of measures for proper infrastructure suitable for young children, alongside qualified childcare staff and connections to the early childhood development system, explicitly highlights the neglect of the distinct needs of this age group in emergency contexts.

The guidelines fail to include measures for proper infrastructure suitable for young children, alongside qualified childcare staff and connections to the early childhood development system, preventing comprehensive protection and care. The separation between child protection measures and ECD policies illustrates a broader structural failure to synchronize their functions. Future guideline revisions should establish age-specific care standards while integrating national childcare and ECD frameworks and enhancing safe house staff abilities to meet young children's protection and development needs. Implementing these changes would improve the care system for children facing emergencies and support Tanzania's national development goals and international commitments to child rights.



2.2.10 National Guidelines on Children's Reintegration with Families (2019)

The 2019 National Guidelines on Children's Reintegration with Families provide a critical framework for ensuring the protection and well-being of children separated from their families. These guidelines prioritize family-based care as the ideal setting for children's growth and development, detailing processes for reuniting children with their families and preparing them for reintegration. However, the guidelines fall short in addressing the unique needs of young children under five. This age group requires targeted developmental support, such as age-appropriate stimulation, responsive caregiving, and consistent early learning opportunities, which are not fully covered. The reintegration plan assumes that families have the necessary resources and readiness to provide quality care, but neglects structured support mechanisms like community-based childcare or connections to early childhood development (ECD) programs. Furthermore, clear guidelines for monitoring the developmental progress of reintegrated children and training caregivers in nurturing care practices are absent. Such omissions fail to align reintegration efforts with existing national childcare and ECD systems.

To address these gaps, the guidelines should include provisions for post-reintegration childcare support, links to community ECD services, and mechanisms for tracking developmental milestones. Additionally, caregiver training should focus on fostering environments that promote growth and resilience. By incorporating these measures, the guidelines would not only safeguard reintegrated children but also support their holistic development, enabling them to thrive within their family settings.

2.2.11 National Guidelines for Identification of Most Vulnerable Children and Linkage to Care, Support and Protection (2017)

The 2017 National Guidelines for Identification of Most Vulnerable Children and Linkage to Care, Support and Protection outline crucial procedures for identifying children at risk of abuse and neglect while establishing pathways for their support and protection. These guidelines define processes for identifying vulnerable children at both the community and council levels, aiming to connect them to health, educational services, psychosocial support, and legal protection systems. While comprehensive in scope, the guidelines fall short in recognizing childcare services as a vital component of developmental support for vulnerable children, particularly those under five years of age. For the youngest and most at-risk groups, aged 0-3, access to structured childcare can provide a protective environment and essential stimulation, yet this aspect remains insufficiently addressed. The lack of clear procedures for linking these children to daycare facilities or community-based ECD centers represents a significant gap in the framework.

This omission poses serious challenges for vulnerable groups, such as children from informal settlements and families living in poverty, who are often deprived of access to nurturing care settings. Additionally, the absence of adequate support systems and caregiver training exacerbates developmental risks for these children. To address these shortcomings, the guidelines should be revised to explicitly incorporate childcare services into response packages for identified children. Strengthening connections with community ECD programs and establishing referral protocols for early learning and childcare support would enhance holistic protection and development measures for Tanzania's most vulnerable children.

2.2.12 The National Agenda for Responsible Parenting and Family Care (2019)

The National Agenda for Responsible Parenting and Family Care (2019) outlines essential strategies to improve parenting practices and strengthen family support systems across Tanzania. Built on the foundations of Care, Protect, and Communicate, the agenda emphasizes nurturing environments, responsive feeding, protection from violence, and early stimulation, aligning closely with the principles of the Nurturing Care Framework. However, despite its commendable objectives, the agenda falls short in explicitly supporting organized childcare facilities such as daycare centers and crèches. It operates on the assumption that caregiving responsibilities will primarily remain within the family, particularly with mothers, overlooking the rising demand for external childcare solutions due to urbanization and changing family structures. While its focus on nurturing care is especially relevant for infants and toddlers, the agenda misses the mark in addressing the practical childcare needs of working parents or adolescent caregivers, particularly for children aged 0-3. This oversight creates a significant barrier to advancing gender-equitable caregiving and does not acknowledge the realities of parents requiring external childcare support. Furthermore, the agenda lacks clear guidance for families seeking such services and fails to integrate its objectives with existing Early Childhood Development (ECD) or social protection policies. To bridge these gaps, the agenda requires a revision that explicitly defines formal and informal childcare services as vital components of family care. Incorporating measures to support vulnerable families' access to quality childcare would align the agenda more effectively with Tanzania's development goals and international standards for child wellbeing.

2.2.13 Tanzania's National Guideline for Early Identification and Intervention for Children with Disabilities

The National Guideline for Early Identification and Intervention for Children with Disabilities establishes a crucial process for early detection and care of developmental delays and disabilities during key early childhood stages. The guideline highlights important principles such as multi-sectoral collaboration, early screening, referral systems, and personalised support services, aligning with the objectives of the Nurturing Care Framework. Although it emphasises early detection and intervention for children aged 0 to 8 years, it does not address how these services should be integrated into organised childcare settings like daycare centres or community-based Early Childhood Development (ECD) programmes. The guideline places primary responsibility on families and community health networks but overlooks the growing significance of non-parental childcare services that support working parents and vulnerable groups. Its restrictive approach excludes children with disabilities from centre-based or home-based childcare because these environments often do not provide suitable responsive care. The guideline lacks specific strategies to train childcare providers on disability inclusion or to adapt physical and learning spaces for children with diverse needs. Future updates should directly link early identification and intervention strategies with childcare policies and service provision to create a more inclusive national childcare system. Including disability-friendly standards, workforce training, and referral procedures in both formal and informal childcare settings would ensure early detection of disabilities and support meaningful integration into quality care and early learning experiences for children with disabilities. While the guideline is vital for early detection (0-8 years), it does not clearly explain how early identification and intervention services for children, particularly those aged 0-3, should be incorporated into structured childcare environments like daycare centres or community-based ECD programmes. By placing primary responsibility on families and health networks, it underestimates the increasing role of childcare settings for infants and toddlers. The "restrictive approach" means that "children with disabilities from centre-based or home-based childcare settings" often miss out on appropriate responsive care, creating a significant obstacle to their early development and inclusion.

2.2.14 The National Accelerated Action and Investment Agenda for Adolescent Health and Well-being (NAIA-AHW)

The National Accelerated Action and Investment Agenda for Adolescent Health and Well-being (NAIA-AHW) 2021/22–2024/25 presents a strategic multisectoral plan to address vital health, education, and protection challenges faced by Tanzanian adolescents. The agenda covers six core pillars, such as HIV prevention and economic skills development, while recognising how intertwined vulnerabilities influence adolescent growth. Although comprehensive, the agenda omits provisions for childcare services and does not address the specific challenges adolescent parents encounter in accessing education and healthcare due to caregiving responsibilities. This policy overlooks a critical issue concerning the 0-3 age group, particularly children of adolescent parents. It fails to include provisions for childcare services and does not address the specific challenges that adolescent parents face in accessing education and healthcare due to caregiving duties. This gap is especially significant for infants and toddlers born to adolescent parents, as these young families often rely on "unsafe or inadequate informal childcare arrangements," which directly endanger the health and well-being of the youngest children. The absence of linkage to early childhood development services for this vulnerable group constitutes a notable shortcoming.

The agenda neglects to recognise structured childcare support as a key policy priority, given that adolescent parents often depend on unsafe or substandard informal childcare options that threaten both their health and that of their children. By failing to connect adolescent parenting support with early childhood development services, the policy framework remains uncoordinated and does not sufficiently address the developmental needs of children in adolescent-focused programmes. Future iterations of NAIA-AHW should incorporate specific childcare measures, including access to daycare, parenting education, and links to community-based early childhood development services, to bolster adolescent parents and foster an inclusive childcare system. Such a comprehensive approach would reinforce gender-responsive development models across generations, supporting adolescent wellbeing in tandem with early childhood care.



2.3 Policy Gaps in Tanzania's Childcare Ecosystem

Through an analytical review of Tanzania's legal and policy structure, this chapter has shown how childcare displays progressive goals yet faces substantial constraints within different frameworks. The Law of the Child Act (2009), through the NM-ECDP (2021/22–2025/26), along with policies like the Education and Training Policy (2014) and the National Nutrition Strategy (2011–2016), demonstrate institutional recognition of early childhood care and development as essential. The findings from this review indicate that childcare remains a secondary and implicit issue instead of being a fundamental component of national development planning. Even though there is recognition of demographic and socio-economic changes that create a need for structured childcare services, the policy framework stays fragmented and uncoordinated while staying narrowly focused. Primary policy documents fail to provide clear definitions and regulations for varied childcare practices, and they also do not allocate funding to informal and home-based childcare services. Some policies do not address specific age requirements and exclude both adolescent parents and disabled children while failing to connect child protection with education and health alongside social protection sectors (Genesis Analytics & UNICEF, 2025; Thrive Child Evidence for Action, 2025).

The evaluation shows that Tanzanian childcare systems lack sufficient integration with national Early Childhood Development (ECD) programs, gender, and social protection frameworks. Children's rights to protection, development, and learning remain partially fulfilled according to global standards, including the Sustainable Development Goals (SDG 4.2 and 5.4) and the Nurturing Care Framework (WHO, UNICEF & World Bank, 2018). Childcare achieves meaningful contributions to national goals when it operates as a public good, benefits from strategic funding approaches, and becomes part of multi-sectoral governance frameworks.

2.3.1. Tanzania Childcare Policy Matrix

National Policy/Framework	Key Provisions/General Focus on Childcare	Specific Focus/Implications for 0–3 Age Group	Alignment with Global Standards	Key Gaps/Limitations for 0–3 Childcare
Law of the Child Act (2009)	Defines crèches and day care; sets minimum standards; prohibits corporal punishment	Defines “crèches” but lacks detailed focus on 0–3 care needs	Aligns with CRC Articles 3 & 19; general child protection	Generic standards; no QA; ignores informal care
Child Development Policy (2008)	Defines crèches and day care; mandates registration, provides general protection	No detailed provisions for infants and toddlers	Supports child rights but lacks age-specific detail	Overlooks positive discipline, lacks QA tools

National Policy/Framework	Key Provisions/General Focus on Childcare	Specific Focus/Implications for 0–3 Age Group	Alignment with Global Standards	Key Gaps/Limitations for 0–3 Childcare
NMECDP (2021/22–2025/26)	Declares ECD a priority, holistic approach for 0–8; based on Nurturing Care	Explicitly targets 0–3 but lacks clear operational strategies	Strong alignment with Nurturing Care and SDG 4.2	Lacks operational clarity, relies on political will
ETP (2014)	Mandates PPE for 3–5 years, acknowledges ECD continuum	No direct provisions for 0–3, focus on pre-primary	Aligns with SDG 4.2 for 3–5 yrs only	No provisions for 0–3, neglects ECD continuum
NSGD (2005, updated 2008)	Acknowledges unpaid care burden, calls for childcare expansion	Recognises care work but lacks 0–3 childcare provisions	Aligns with SDG 5.4 and ILO 156 principles	No funds or targets for 0–3; hinders women's work
NPAVAWC (2017/18–2021/22)	Commits to safe environments, traumasensitive approach	Acknowledges first two years' trauma but lacks practical details	Aligns with CRC 19 and CPMS Standard 7	No strategy for informal 0–3 care settings
National Nutrition Strategy (2011–2016)	Focuses on under5 nutrition, links to early learning	Targets under5s explicitly, including 0–3 nutrition	Supports CRC 27 and SDG 3 on nutrition	Lacks implementation tools; weak caregiver support
CentreBased Childcare Guidelines (2020)	Standardizes formal daycare infrastructure and staffing	Focuses on formal 0–3 care centers, not informal models	Supports safe, hygienic formal childcare standards	Excludes informal settings, disabled children
Safe Houses Guidelines (2019)	Standards for shelters for violence/trafficking survivors.	Misses developmental needs of 0–3 in shelter design.	Supports CPMS safe environments broadly.	No nurturing or ECD elements for infants.
Children's Reintegration Guidelines (2019)	Prioritizes familybased care, outlines reintegration	Lacks reintegration tools for 0–3 developmental needs	Aligns with CRC 9 & 20, CPMS 8	Assumes family readiness, lacks followup/training
MVC Identification Guidelines (2017)	Identifies vulnerable children, links to services	Does not link vulnerable 0–3s to childcare/ECD services	Aligns with CRC 2 and SDG 10	No ECD linkage; institutional support gaps

National Policy/Framework	Key Provisions/General Focus on Childcare	Specific Focus/Implications for 0–3 Age Group	Alignment with Global Standards	Key Gaps/Limitations for 0–3 Childcare
Parenting & Family Care Agenda (2019)	Supports nurturing environments, responsive feeding	Assumes family only care, ignores external care needs	Aligns with Nurturing Care principles	No guidance on external childcare
Disability Identification & Intervention Guidelines	Guides early disability screening & support (0–8 yrs).	Overlooks integration of disability care in 0–3 settings	Aligns with CRC 23 and early detection goals	No provider training or adaptive inclusion
NAIAAHW (2021/22–2024/25)	Adolescent health strategy, skills, protection	Omits childcare for children of adolescent parents	Addresses adolescent needs but lacks an intergenerational link	No childcare support for adolescent parents



2.3.2 Policy Gaps

The combined review of legal documents and policy assessments identifies major deficiencies in current childcare policies.

i

Fragmented Legal Recognition:

Despite multiple policies mentioning childcare, different sectors lack an integrated law or strategy to standardize childcare definitions and roles.

ii

Exclusion of Informal and Home-Based Care:

Policy documents mainly address center-based childcare but ignore the informal and home-based childcare approaches that support most low-income and rural families.

iii

Insufficient Integration with ECD and Protection Frameworks:

The connection between childcare services and essential programs for early learning, nutrition, health, and violence prevention remains insufficient, which impacts the provision of comprehensive nurturing care.

iv

Limited Financing: The existing policy and legal frameworks in Tanzania conspicuously fail to establish sustainable economic plans or allocate sufficient, dedicated financial resources to support and expand quality childcare services. This critical omission hinders the growth and accessibility of childcare, particularly for vulnerable populations and informal settings.

v

Inadequate Workforce Development for Caregivers:

Current frameworks demonstrate a significant neglect of caregiver education, training, and professional development. They also lack clear strategies for expanding and ensuring fair working conditions and remuneration for the childcare workforce. This deficiency compromises the quality of care provided and the professionalisation of the sector.

vi

Lack of Inclusion and Equity Measures:

The support system fails to sufficiently address the needs of children with disabilities, as well as those returning to school, and the requirements of adolescent parents and working mothers.

vii

Weak Local Implementation and Monitoring:

Policies often lack sufficient implementation guidelines and resources at the local government level, resulting in inconsistent quality and access.

viii

Missed Opportunities for Gender Equality:

Existing policies fail to tackle the gender-specific childcare burden, which limits women's economic empowerment by denying access to quality care services (UNICEF 2023).

Table 1: Childcare Policy Gap and Recommendation Matrix

SN	Policy/Guideline	Key Gaps	Recommendations
1	Law of the Child Act (2009)	Does not recognize informal childcare, lacks community-based quality assurance mechanisms.	Introduce formal recognition and regulation for informal childcare, embed community accountability mechanisms.
2	Child Development Policy (2008)	Overlooks informal childcare and lacks guidance on positive discipline and community monitoring	Integrate informal childcare into policy and promote evidence-based positive discipline strategies
3	NM-ECDP (2021/22–2025/26)	Lacks clear operational strategies for children under three, limited sub-national implementation guidance.	Develop specific childcare strategies and strengthen local implementation capacities and financing
4	Education and Training Policy (2014)	Does not define the relationship between daycare and pre-primary, it lacks equity-focused strategies.	Align daycare and PPE in policy planning; introduce targeted strategies for marginalized groups
5	National Strategy for Gender Development	Limited focus on childcare inclusivity, lacks financing and coordination mechanisms	Embed childcare within gender strategies with clear financing and intersectoral coordination
6	NPA-VAWC (2017/18–2021/22)	Does not operationalize violence prevention in informal childcare, weak ECD linkages	Integrate violence prevention in all care settings, strengthen coordination with ECD strategies
7	National Nutrition Strategy (2011–2016)	Lacks guidance on nutrition in childcare centres, weak accountability and caregiver support	Include ECD-based nutrition services; enhance sub-national accountability and caregiver nutrition support
8	Daycare, Crèches and Community ECD Centres Guidelines (2020)	Exclude informal and home-based childcare, lack sustainable financing and disability inclusion	Expand scope to diverse models, establish financing, inclusion, and workforce training mechanisms

Table 1: Childcare Policy Gap and Recommendation Matrix (Continued)

SN	Policy/Guideline	Key Gaps	Recommendations
9	Safe House Guidelines (2019)	Do not address young children's developmental needs or ECD linkages	Introduce ECD standards in safe houses, train staff on nurturing care and create ECD linkages
10	Reintegration Guidelines (2019)	No post-reintegration childcare support or caregiver training in nurturing care	Include structured childcare referrals and caregiver capacity-building within reintegration pathways
11	MVC Identification Guidelines (2017)	Lack of linkage to structured childcare or ECD principles in referrals	Incorporate childcare in the response package, create referral pathways to community ECD programs
12	Parenting Agenda (2019)	No mention of childcare; assumes family-only care model; lacks linkage to ECD systems	Acknowledge childcare in family care, link agenda to ECD and social protection policies
13	Disability Early Detection and Identification Guideline	Does not integrate ECD/disability care into childcare setting, lacks provider training	Embed disability-friendly standards in childcare, train caregivers and enable referrals
14	NAIA-AHW (2021/22–2024/25)	Ignores the childcare needs of adolescent parents, lacks ECD integration	Introduce childcare access and parenting support for adolescent parents within the agenda

2.4 Recommendations

The following policy recommendations are proposed to establish a coherent, equitable, and resilient childcare system in Tanzania.

- i Adopt a Comprehensive National Childcare Framework or Strategy:** Create a national childcare framework that establishes unified service models, regulatory standards, and institutional responsibilities with clear enforcement procedures for all models of childcare services. The proposed policy needs to reflect national development goals and international child rights standards.
- ii Recognize and Support Informal and Home-Based Childcare:** Establish regulatory and operational structures to enhance and control informal childcare services. Mechanisms providing caregiver training opportunities along with quality monitoring systems and public support access should be established, especially for disadvantaged communities.
- iii Integrate Childcare within Multisectoral ECD Systems:** Integrate childcare services into comprehensive ECD systems alongside health, nutrition, and protection programs to achieve complete developmental results for children under five years old.
- iv Establish Sustainable Public Financing:** Set aside specific financial resources for childcare services at both national and sub-national levels. Develop scalable service delivery solutions through resource mobilization from public-private partnerships and social protection programs.
- v Professionalize the Childcare Workforce:** Implement competency-based training programs for childcare providers that include certification requirements and ongoing professional development with special attention to inclusive care practices for children who have disabilities and those from vulnerable environments.
- vi Promote Gender-Transformative Approaches:** Childcare provision should be integrated into gender equality strategies through the recognition and alleviation of women's unpaid care responsibilities. Provide more opportunities through services that empower women to participate fully in both employment and public engagement.
- vii Strengthen Local Implementation and Accountability:** Equip local governments with the necessary tools and resources alongside capacity-building initiatives to effectively manage childcare services through planning and monitoring processes. Develop community-focused systems that maintain accountability and uphold cultural relevance.
- viii Ensure Inclusive Support for Marginalized Groups:** Adolescent health programs should include childcare elements alongside disability support services and family reintegration initiatives. Adjust service delivery to address the requirements of new parents, children with disabilities and families undergoing changes.

The recommendations outlined here serve as crucial steps to position childcare as a fundamental element driving human capital development alongside gender equality and national resilience. A robust childcare system is critical to achieving equitable growth and fulfilling Tanzania's commitments to sustainable development and social justice. Weak Local Implementation and Monitoring: Implementation guidelines and necessary resources for local governments remain absent in policies, leading to inconsistent quality and access levels.

A photograph of a woman and a young child looking at a blue paper airplane. The woman is on the left, and the child is on the right, wearing a grey sweater with a white elephant design. The background is blurred, showing what appears to be a library or a room with bookshelves.

CHAPTER 3

Key Findings & Discussion

3.0 Introduction

The chapter provides significant findings and critical discussions on Tanzania's childcare services ecosystem. After reviewing childcare policies and legal framework in Chapter Two, this section examines childcare services' real-world operations. This begins by examining present childcare service conditions by identifying key features, dominant service delivery models, and existing childcare arrangements while cataloguing the varied stakeholders involved in the planning, funding, delivery, and regulation of childcare systems. This chapter investigates the barriers preventing growth and quality improvement in childcare services across formal and informal settings. The chapter simultaneously uncovers potential strengths that could enhance the childcare ecosystem. The generated insights provide a foundation for developing scalable pathways that deliver affordable, high-quality childcare solutions aligned with Tanzania's development objectives and global early childhood care standards.

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3.1 Situation of Childcare in Tanzania

Existing published studies describe the Tanzanian childcare sector as informal and lacking coordination, leading to significant disparities in access and quality. The studies further suggest that childcare for children under three years receives growing recognition yet remains fragmented and underdeveloped (Mligo, 2023; Thrive Child Evidence, 2025). As a result, families, especially in low-income and rural

communities are reported to rely on informal and community-based childcare systems that operate without regulation and face resource shortages, infrastructure issues, and a lack of trained personnel (Children in Crossfire, 2024; Mligo, 2018; Ndijuye et al., 2020). The studies' developed imagery implies that Tanzania's childcare landscape is a patchwork of unregulated services, which are inconsistently supported and distributed. While these studies provide a comprehensive overview of the informal and fragmented nature of childcare in Tanzania, they offer limited insight into the specific features that define the current system and the potential opportunities that could be leveraged to strengthen it. This section delves into the typical characteristics of Tanzania's childcare system, as found in the study, while identifying both existing system weaknesses and potential areas for improvement.

3.1.2 Childcare Demand and Supply Imbalance

A substantial gap exists between service demand and supply in Tanzania's childcare sector, as demographic changes and systemic barriers continue to pose challenges. According to the National Bureau of Statistics, in 2022, the population of children under five in Tanzania reached approximately 9.5 million, which makes up 15.4% of the country's total population (Genesis Analytics & UNICEF, 2023). Formal childcare options in Tanzania remain critically scarce despite widespread demand for these services. The enrolment rate of under-five children in registered daycare centres remained under 5% by 2024, with access to 3,862 centres as reported by Thrive in 2025, highlighting fundamental problems in childcare service supply. This finding corresponds with Mligo (2023), who found that caregivers in marginalised communities express a growing demand for structured childcare services. Likewise, Children in Crossfire (2024) reported a significant unmet need for daycare services in urban areas like Dar es Salaam, especially among working families. The shortage of community-based childcare centres is a significant issue because these facilities are the most reachable option for families with limited income and those living in rural areas. A total of 206 registered daycare centres operate as community ECD centres, which together care for approximately 11,675 children (Thrive, 2025). The imbalance between the number of children and the number of childcare services in Tanzania indicates a critical shortage of formal and community-based childcare services, underscoring the urgent need for strategic interventions to bridge the gap between demand and supply. This will ensure that all children, particularly those in marginalised and low-income communities, access essential early childhood development services, without which the children may face barriers to reaching their full potential. By addressing the shortage of childcare services through strategic interventions, Tanzania can work towards providing all children with the foundation they need for future success.

3.1.3 Formalization of Childcare Service: Registration, Licensing and Regulations

According to the Law of the Child Act No. 21 of 2009, specifically in Part XI, Sections 147 to 151, Tanzanian government regulations mandate the registration and licensing of childcare services through the Ministry of Community Development, Gender, Women, and Special Groups. To register, applicants must provide a complete application that includes an introduction letter from the Ward Executive Officer, proof of premises ownership or lease, and documentation of financial capability. Childcare centres must therefore adhere to building standards and staff their facilities with employees who meet specific credential requirements. The Registrar, in this case the Commissioner of Social Welfare, according to section 150 of the Act, is empowered to grant or refuse registration based on compliance with the stipulated requirements. Social welfare officers conduct inspections to verify compliance with all requirements before issuing a registration certificate.

Despite that clearly defined pathway for registration, most childcare service centres in Tanzania function without official registration in the face of existing regulatory guidelines, especially within rural settings and low-income urban neighbourhoods. The demanding registration requirements, including qualified personnel and proper infrastructure, create significant obstacles for providers who do not have sufficient financial means. The absence of formal registration for these centres prevents them from receiving government recognition, regulation, and supervision. The safety and quality of care that these informal settings provide are a source of concern. Children in informal care settings are not guaranteed to receive the necessary developmental support or to comply with fundamental health and safety standards due to the absence of appropriate oversight.

Registration and licensing are what determine the formality or informality of childcare services. According to this study's findings, a significant factor influencing the informal operation of numerous childcare centres is the high standards the ministry established as registration requirements. Childcare service providers noticed that their inability to meet the requirements hinders their ability to satisfy the financial requirements for investment. That was the narrative of one childcare provider.

For example, we rent modest houses or rooms in low-income areas and transform them into childcare facilities. Some of these areas lack sufficient space for free play. However, the requirements call for a clear and suitable play area equipped with outdoor play materials like swings, which take up much space. Furthermore, we must ensure that the building we rent has adequately sized windows for ventilation, which is a specific requirement. While we cannot make any major renovations since we are renting, the regulations still expect us to comply. This creates a dilemma, as most childcare service providers often choose to operate informally. This explains why there are so few registered childcare services compared to the number of children in the country. Thrive, 2025, in collaboration with the Tanzanian government, has established an essential minimal standard to support the formalisation of informal childcare services. The standard has been designed but has not yet been evaluated in a randomised controlled experiment to determine its impact. Therefore, it has not yet been endorsed for operation. This means that, while significant progress has been made in identifying the importance and role of informal childcare services, there has yet to be a step toward formalisation.



3.1.4 Rural–Urban and Socioeconomic Disparities in Childcare Access

Market demand determines childcare service distribution patterns throughout Tanzania and creates notable differences in service availability and quality that depend on community wealth levels. Private investors prefer urban areas because of their potential to generate higher profits from wealthier customers. Registered childcare centres predominantly exist in urban regions since providers possess enhanced access to essential infrastructure and resources required for registration compliance. A childcare provider demonstrated this dynamic through their observations.

My investment strategy targets locations with customers who can afford my services because a sustainable centre operation requires income to cover staff salaries and food supplies for children. Inability to receive client payments forces me to consider shutting down operations. Hence, many of us have operations in areas where we have customers who can buy the service” Economic conditions create a service distribution imbalance that leaves rural areas and poor urban neighbourhoods without adequate access. Registered childcare centres cannot develop or maintain operations in these settings because they fail to satisfy licensing needs, which cover infrastructure, staffing and health and safety criteria. As a result, these communities predominantly rely on informal childcare services that operate without regulation and typically lack sufficient resources and qualified staff members.

These findings corroborate the findings of the CiC (2025) research on urban childcare centres in Dar es Salaam, which support the prior conclusions by reporting that informal childcare institutions in underprivileged communities operate under insufficient conditions, including overcrowded spaces, limited educational supplies, and inadequately educated staff members. Therefore, they do not meet the criteria for formal registration standards. Yet, they still provide critical services in contexts where resources are limited.

These findings highlight a broader structural issue: Tanzanian childcare services exhibit regional and economic distribution disparities, ultimately defining the quality of childcare services provided to children. This implies that children in urban and high-income areas are more likely to access high-quality childcare services than their counterparts in low-income and rural communities. This disparity partly arises from the informal nature of many childcare facilities in underserved areas. When such centres operate outside the formal regulatory framework, they are not subject to routine monitoring or quality assurance mechanisms, resulting in limited oversight of the care provided. Consequently, geographic location and socioeconomic status become key determinants of access to and the quality of childcare, exacerbating existing inequalities in early childhood development outcomes.

3.2 Inclusion and Equity

3.2.1 Children with Disabilities and Childcare

Tanzania's childcare industry has ongoing problems in fostering inclusion and equity, particularly for children with disabilities and those from underprivileged areas. Despite the government's stated commitment to inclusive education, most notably through the National Strategy for Inclusive Education (2018-2021), practical implementation remains restricted, particularly in early childhood settings. According to Philip (2024), children with disabilities

frequently face many challenges in receiving adequate and effective care, including a lack of experienced instructors, insufficient learning resources, inaccessible infrastructure, and entrenched cultural stigma.

These difficulties are exacerbated in rural and low-income urban regions, where inclusive childcare options are rare or non-existent. Many early childhood institutions lack the necessary infrastructure and skilled human resources to assist children with various developmental requirements. While some childcare facilities are eager to accommodate children with impairments, they note several barriers that make such inclusion difficult to implement. One significant limitation is the regulatory requirement for a 1:1 caregiver-to-child ratio for children with impairments. Although intended to assure customised support, this legislation dramatically raises staffing expenses, making it difficult for centres, particularly those with low finances, to meet this need.

The nature of impairment complicates issues even more. Children with non-physical disabilities, such as hearing loss, autism spectrum disorder (ASD), or attention deficit hyperactivity disorder (ADHD), frequently require specialist stimulation and tailored interventions. Providers report a lack of training to provide proper treatment, and the dearth of early screening and diagnostic services means that many problems, including dyslexia, developmental delays, and other learning disabilities, go undiagnosed. As a result, opportunities for early intervention are lost, and gaps in developmental outcomes worsen (Philip, 2024). This is especially troubling considering the well-documented benefits of inclusive early childhood education, which can assist children at risk of developmental delay reach their full potential through peer interaction and individualised support.



3.2.2 Gender and Childcare

Gender dynamics within Tanzania's childcare sector present a different, complex, but important area of analysis. Observational data from childcare settings suggest that children are generally not treated differently based on their sex; they are given equal access to play materials and receive similar levels of interaction and stimulation from caregivers (Thrive, 2025). This suggests that in terms of children's childcare services, they are equitable across gender. However, while the care children receive may not be overtly gendered, the caregiving workforce itself remains highly gendered, with women overwhelmingly occupying frontline roles.

Regarding gender, the study found that cultural expectations and parents' preferences have a role in this childcare sector gender disparity. Many parents prefer female carers, especially for small children needing assistance with intimate activities like potty training. Widespread concerns about children's safety also influence this preference. In Tanzania, where child violence, particularly sexual violence against children by adult men, is common, parents typically feel more at ease leaving their children with female child-caregivers. This aligns with the World Bank's Gender Assessment (2022), which found that over 30% of Tanzanian girls reported experiencing sexual violence before the age of 18. Because of the dread associated with this reality, parents prefer female carers.

As one provider explained:

“It is easier to get female caregivers, and parents are more comfortable with them. The children are very young—some are still potty training—and parents prefer that a female caregiver attends to their child, regardless of their child's sex.”

While this preference for female caregivers is understandable within the prevailing social and cultural context, it inadvertently reinforces the perception of childcare as a domain exclusively suited for women. As a result, it constrains men's participation in the sector, perpetuating gendered occupational roles. This gender imbalance not only limits employment opportunities for men but also deprives children of exposure to diverse role models and the developmental benefits associated with gender-balanced caregiving teams. Emerging research underscores the value of male caregivers in early childhood settings. Their presence contributes to diverse role modelling, enriches interaction styles, and promotes gender equity within early learning environments. Moreover, male childcare workers play a crucial role for children raised in single-mother households or those with limited access to positive male figures, helping to challenge traditional gender norms and broaden children's social experiences (Ebrahim, 2023; Mncanca, Ramsaroop, & Petersen, 2021; Osborne & Ahinkorah, 2024). These insights call for strategic efforts to promote gender diversity in the childcare workforce by addressing cultural norms, supporting male recruitment and training, and fostering inclusive environments where both men and women can contribute meaningfully to early childhood development.

3.2.3 Childcare for Children in Humanitarian and Emergency Settings

Children affected by emergencies remain a critically underserved group within Tanzania's childcare and early childhood development (ECD) systems. Climate-induced disasters and conflict-driven displacement—including in refugee-hosting zones like Nyarugusu—place significant stress on caregiving environments, yet national emergency frameworks seldom include structured childcare provisions (UNICEF Tanzania, 2024; Plan International, 2021). Interventions such as the Little Ripples program and the establishment of child-friendly spaces in Burundian refugee settlements demonstrate promising results in delivering trauma-informed, play-based care to displaced children (ResearchGate, 2020; Plan International, 2021). Nevertheless, integration of these services into national Disaster Risk Reduction (DRR) strategies remains limited (Government of Tanzania & UNICEF, 2024). The absence of child-focused, psychosocial, and developmental support in emergency responses violates provisions under the Convention on the Rights of the Child and the Nurturing Care Framework (UN General Assembly, 1989; World Health Organization, United Nations Children's Fund, & World Bank, 2018). Research indicates that trauma, neglect, and lack of early stimulation contribute to adverse long-term developmental and emotional outcomes (Black et al., 2017; UNICEF, 2023). To uphold equity and resilience, it is essential that Tanzania's emergency preparedness and response architecture formally embeds age-appropriate childcare services—including child-friendly spaces, caregiver training, and coordinated cross-sectoral collaboration.

3.3 Monitoring & Evaluation for Childcare Services

In Tanzania, childcare services' monitoring and evaluation (M&E) has traditionally prioritized structural quality indicators such as infrastructure, hygiene, and safety—while giving limited attention to process quality dimensions, including caregiver-child interactions, stimulation, and play-based learning. This emphasis on physical compliance stems largely from regulatory and registration standards that focus on observable and measurable facility requirements, thereby neglecting the dynamic, relational aspects of caregiving that are critical for child development.

In response to this gap, the Government of Tanzania, in collaboration with Thrive and ECD Measure, initiated a quality assurance pilot in 2024 using the Brief Early Childhood Quality Inventory (BEQI) tool. Conducted across 49 daycare centres in the Dodoma Region, the pilot aimed to assess both structural and process quality using a combination of direct observations and caregiver self-reports. The findings revealed that while most centres met structural requirements, process quality elements—such as frequency of open play, use of small-group activities, and provision of individualized feedback—were inconsistently implemented. Specifically, 60% of centres provided open play opportunities and only 40% facilitated small-group interactions, highlighting substantial room for improvement in pedagogical practices (Thrive, 2025).

These results underscore the urgent need for Tanzania's childcare M&E frameworks to adopt a more balanced approach—one that integrates both structural and process indicators to support holistic child development. Embedding tools like BEQI into national monitoring systems offers an opportunity to systematically improve childcare quality by capturing what exists in physical form and how care is delivered.

However, the effectiveness of monitoring efforts is often undermined by how they are perceived and implemented at the facility level. Childcare providers report that supervision tends to be punitive rather than supportive.



One provider shared:

“The social workers are not our friends—they come very harshly, punishing us. When we hear they are coming, we get worried because they always look for something wrong.”

This perception reflects a broader concern: monitoring is experienced as a mechanism for enforcement rather than a mentorship or professional development tool. Providers emphasised the need for a shift toward constructive engagement, where coaching, recognition, and opportunities for capacity-building complement monitoring. Without such a shift, efforts to improve quality risk alienating the actors responsible for delivering care.

3.4 Budgeting and Childcare Services

Budgeting for childcare services remains a persistent challenge in Tanzania, primarily due to limited direct government investment in childcare. Although the government has established a regulatory framework for childcare services through instruments such as the Law of the Child Act and accompanying regulations, the provision and financing of childcare remain largely market-driven, with substantial reliance on private sector actors and non-governmental organisations (NGOs), including faith-based organisations. This market-oriented model has contributed to unequal access and variations in service quality, particularly disadvantaging children in low-income and rural areas where private investment is minimal due to perceived low profitability.

A recent situational analysis by Thrive (2025) estimated that Tanzania allocated approximately TZS 2.4 trillion (around US\$890 million) toward ECD during the 2023/24 fiscal year. However, this allocation was broadly distributed across health, education, and social protection sectors, with only a small proportion directly benefiting from structured childcare services. Notably, much of the education-related ECD budget was directed towards pre-primary and primary education, leaving early childcare, especially for children under three, substantially underfunded and underprioritized (Thrive, 2025).

The insufficient financial commitment to childcare services highlights the need for a more strategic and integrated financing approach that recognises childcare as a critical component of the national ECD agenda. Such an approach would require the government to move beyond a regulatory role and increase its fiscal participation in service delivery, particularly through dedicated budget lines for childcare. It would also involve strengthening support for community-based initiatives, many operating with limited resources, and fostering public-private partnerships that can leverage complementary strengths to expand quality, affordable childcare services nationwide.

Ultimately, achieving equitable access to childcare will depend not only on regulatory reforms but also on the government's willingness to prioritise childcare within the broader ECD financing framework, ensuring that all children, regardless of their socioeconomic background or geographic location, can benefit from nurturing, safe, and developmentally appropriate care.

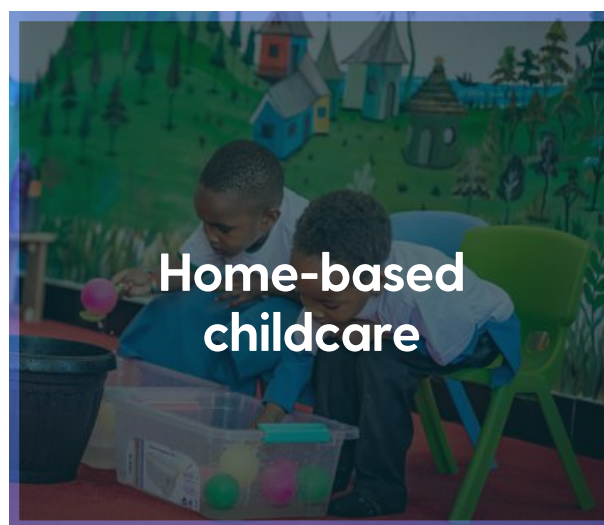
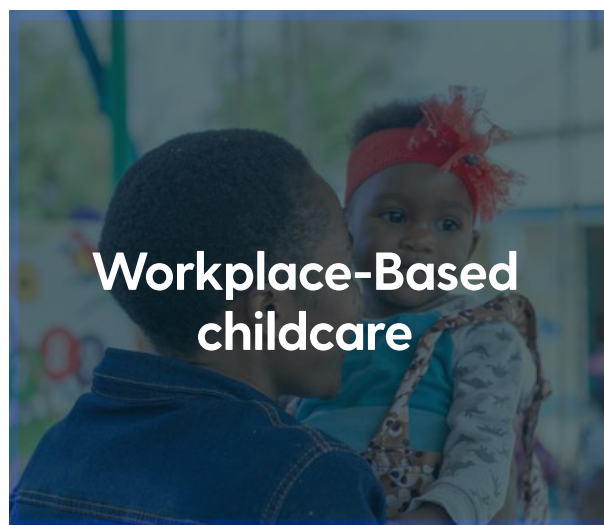
A childcare giver cemented this:

We are providing services; the government does not necessarily need to give us financial support, but they can support us in different ways, such as providing tax exemptions, which would encourage us to continue offering services or incentivise us to be able to offer our services. If we receive that support, we can easily lower the costs for childcare, which will increase the number of children receiving the services.

3.5 Tanzania Childcare Services Models

In Tanzania, childcare services are essential for supporting early childhood development (ECD), providing care, early learning, and supervision in various settings such as daycare centres, preschools, and home-based care. These services are expected to ensure children's safety and developmental needs are met and enable parents to engage in work-related activities. Access to comprehensive and high-quality childcare is critical for preparing children for formal education and promoting their cognitive, social, and physical growth (NMECDP, 2022).

To understand the structure and distribution of childcare services in Tanzania, it is important to examine the different models based on the existing childcare services provided and the age groups they serve. Based on a participatory exercise with childcare service providers, this study identified **four distinct models** of childcare services: residential childcare, home-based care, centre-based/community-based centres, and workplace-based childcare. These models vary in terms of accessibility, quality, and regulatory oversight, with urban areas having more formal and regulated services compared to rural regions (Das et al., 2024).



3.5.1 Childcare Service Typology Framework

SN	Type	Key Feature	Child Age Range	Regulatory and Policy Involvement	Geographic Distribution	Equity and Inclusion	Community and Institutional Involvement
1	Residential Child Care Services	Provides shelter, safety and security, early stimulation and nutrition for vulnerable children who are either victims of violence or abandonment.	0-3 years	Governed by the Tanzania Child Protection Policy and the Social Welfare Department. NGOS play a significant role	They are mostly in Urban areas	Targets orphaned, abandoned, and child violence survivors	Operated by government institutions, NGOS, and faith-based organizations, with support from international donors
2	Workplace-based Child Care Services	These are supposed to be on-site childcare facilities to support working mothers and give a handy alternative for parents who struggle to juggle work and daycare duties, to alleviate some of the stress and problems that working mothers encounter, resulting in greater productivity and employee satisfaction, but also supporting holistic child development.	0-5 years	This is supposed to be regulated by the MoCDGWSG	So far most of the are under-construction in major companies and government offices – but not yet operational.	These services are supposed to be inclusive and ensure equality nonetheless not much is known within this childcare service	<ul style="list-style-type: none"> • There is no community involvement, • There is an entry point to engage the private sector
3	Center-Based Childcare	<ul style="list-style-type: none"> • Structured, regulated daycare centres offer early childhood education and care, focusing on cognitive, nutrition, health and social, emotional and moral development. • They are categorized as crèches, daycare centres (DCC) and community-based ECD centres (CECD-C). 	0-5 years Crèche's its (0-3) DCC and CECD-(2-5)	The MoCDGWSG regulates these-providing policy guidelines and monitoring. Implemented and practiced by the PoRALG	These centres are available in almost the whole country, but they are diverse in quality, with lower quality in rural areas. Regarding availability, the majority are concentrated in urban areas with a limited number in rural areas.	According to the guidelines, the centres are supposed to provide services to all children equally, but in the current environment, they have shown limited support for children with special needs.	Managed by private sector operators, NGOS, and community groups
4	Home-Based Child Care	This is the type of childcare service provided within a caregiver's home. This is offered within the households. Care is provided in homes by either a nanny/maid, grandmother, extended family members or grandparents	0-5 years	Limited formal regulatory oversight. Highly unmonitored	These are available nationwide	Offers flexible care for children	There is no community involvement. This is offered at family level.

3.5.1.1 Residential Child Care Services

Residential childcare services are a model of childcare that fits the category of alternative care provided to a child separated from their parents or family of origin. It may include foster care, adoption, fit person, or other family-based or family-like care placements (Makuu, 2019). This type of childcare model is typically provided for children between 0 and 3 years old, particularly those who face various disadvantages like orphan status, neglect, or have experienced violence or abandonment. That is why they are commonly referred to as Baby Homes. These childcare services typically offer temporary care. This is because the government of Tanzania is discouraging institutionalised care in support of Article 14 of the United Nations Guidelines for Alternative Care of Children (2010). The Law of the Child Act, Article 25, notes that in instances where children are removed from their families, the original family should be assisted to ensure the child can safely return to the home.

The law defines a residential home as a licensed home where a child is given substitute temporary family care and not full-time replacements for families. That is why the law states that when a child is placed in a residential home, it is the responsibility of the home to assist the child in being reunited with their parents, guardians, or relatives. Nonetheless, children under three years old are placed in these residential homes, where they receive childcare services, housing, and emotional and developmental support during these essential formative years, facilitating their early development through temporary interventions. The types of services provided to these children include stimulation, nutritional support, emotional care, health services, and general clothing and housing. However, upon reaching their third birthday, care planning shifts toward long-term solutions such as returning them to their original families or finding them adoptive families or suitable family environments.

The short-term nature of the early childhood care model generates multiple difficulties, including emotional and psychological transition effects, inadequate preparation for reintegration or adoption, and insufficient long-term care options for children. During the transition period, donor funding dependence and inconsistent care standards across different centres impact the continuity and quality of care. This is mainly because the type of childcare depends on the nature of the one-on-one sponsorship approach that is being utilised. Therefore, a disconnection occurs between the sponsor and the child receiving care when the three-year birthday arrives, and children may struggle to adjust to their new circumstances without a stable support system.

Stakeholder Mapping

This study found that the effectiveness of residential childcare services depends on the collaborative efforts of various stakeholders, each playing a distinct yet interconnected role in ensuring the well-being and development of children in care.

Government (Health facilities, education, social work)

The government plays a vital role in residential childcare through existing ministries, policies, and guidelines that monitor and guide childcare practices. It is responsible for setting regulations and standards for residential childcare centres, ensuring adherence to these guidelines, and registering the centres and the children in their care. Government agencies, such as health facilities and social work departments, provide essential services like healthcare, education, and psychosocial support. They collaborate directly with NGOs, religious institutions, and international organisations to ensure that residential care centres operate effectively and meet the needs of children.

NGOs and INGOs

NGOs are essential stakeholders in residential childcare, providing critical funding, advocacy, and direct services to ensure that children's rights are upheld and that residential care centres have the resources necessary to deliver high-quality care. These organisations frequently collaborate with the government to advocate for policy reforms and improvements in the residential care system, striving to enhance the overall care environment. In addition, NGOs play a vital role in capacity-building initiatives, offering workshops and technical support to caregivers and care providers to strengthen their skills and improve service delivery. International organisations and refugee camps also play a significant role in supporting children in residential care. These organisations provide essential services such as education, healthcare, and psychosocial support, particularly in contexts where children are displaced or living in vulnerable conditions, such as refugee camps. Along with NGOs and religious institutions, international organisations engage in advocacy, funding, and capacity-building efforts to bolster the residential care system. Their collaborative work with governments, NGOs, and other stakeholders ensures that children receive comprehensive, holistic care that addresses their immediate needs and long-term development.

The Child

Child (direct beneficiary) The child is the primary beneficiary of residential childcare. The system is designed to provide a safe and nurturing environment where their physical, emotional, and educational needs are met. Children in residential care rely on the support of caregivers, government agencies, NGOs, and other stakeholders to ensure their well-being and development.

Media

Media The media plays a crucial role in advocating for child rights and raising awareness about the challenges children face in residential care. By highlighting issues such as abuse, neglect, and lack of resources, the media holds stakeholders accountable and mobilises public support for improvements in the residential care system. The media's role is interconnected with NGOs and government agencies, as it strengthens their advocacy efforts and ensures transparency.

Religious Institution

Religious Institutions contribute to residential childcare by providing services such as education and healthcare. They also engage in advocacy, funding, and capacity-building workshops to support the well-being of children in residential care. Their role often complements that of NGOs and international organisations, as they address children's spiritual and emotional needs while promoting positive care practices.

Parents

Parents are foundational in children's lives, even in residential care. Their responsibilities include providing birth support (food, shelter, education), registering their child, and offering emotional and financial support whenever possible. In cases where children are placed in residential care due to family challenges, parents may still maintain contact and collaborate with care providers to ensure their child's well-being.

The effectiveness of residential childcare relies on the interconnected roles of all stakeholders. The government provides the regulatory framework and essential services, while NGOs and international organisations offer funding, advocacy, and technical support. Religious institutions address children's spiritual and emotional needs, and the media amplifies awareness and accountability. Parents remain critical to the child's support network, though not always directly involved. These stakeholders create a collaborative system that ensures children's safety, well-being, and development in residential care.

Key takeaways from residential childcare services

This service focuses on children between zero and three years who have been orphaned or abandoned, and those who have experienced violence. The transition from these temporary care centres proves difficult for children who reach three years old because of emotional and psychological challenges, as well as logistical complications. The process of integrating children back into families or adoption systems proves to be complicated. Donor dependence and inconsistent care standards impact these services' sustainability, resulting in variable service delivery.

3.5.1.2 Workplace-Based Childcare

Childcare services at the workplace are employer-supported initiatives designed to assist working parents by providing safe, accessible, high-quality childcare within or near their workplace. This childcare service model enables employees to balance their professional responsibilities while ensuring their children's well-being and early development are appropriately supervised. This may include **on-site day-care centres or crèches, breastfeeding rooms, flexible work arrangements, subsidised childcare programs, and parental leave policies**. These models benefit employees and employers by reducing absenteeism, improving job satisfaction, and enhancing workplace productivity. Despite their benefits, at the time data for this study was collected, most of the workplace-based childcare centres were not operational because it is a new model that has not yet been implemented, there is limited space for facilities, regulatory compliance requirements, and employer reluctance to invest in childcare infrastructure.

Stakeholder Mapping

During the stakeholder mapping exercise, we describe various stakeholders for this model:

Employers

Employer-supported Child Care Services at the Workplace (CWP) help working parents by offering safe and high-quality childcare services at their workplace or nearby. These services are usually for children aged 0-3 years old. Through these services, employees can maintain their work duties while ensuring their children receive adequate well-being and early growth supervision.

Government (Health Facilities, Education, Social Work)

Social Welfare Officers ensure that workplace childcare services adhere to child protection laws and welfare standards while supervising these programs. Their responsibilities include overseeing service quality at workplace day-care centres, conducting regular evaluations, and providing technical guidance to maintain child-friendly environments. Social Welfare Officers organise caregiver training sessions, educate employers about the benefits of workplace childcare, and address instances of child neglect or rights violations. Healthcare professionals from the Reproductive and Child Health (RCH) Unit (doctors and nurses) play a crucial role in ensuring children's well-being at workplace day-care facilities. These healthcare professionals conduct regular check-ups, administer vaccinations, teach children about proper nutrition and hygiene, and promote disease prevention methods. They work alongside day-care staff to uphold health and safety protocols while ensuring prompt emergency medical responses. Additionally, these professionals educate parents and caregivers on effective early childhood health and development strategies while carrying out their responsibilities.

The Tanzanian government needs to establish policies and regulations that will steer the development and functioning of workplace childcare services. The ministries that oversee gender equality, labour rights, health standards, and social welfare must work together to establish laws that uphold ambitious standards and easy access to workplace daycare services. Private sector involvement in establishing daycare centres would require government support through technical assistance and financial incentives such as subsidies and tax breaks. The initiative would support collaborations between public and private entities to broaden and maintain the program throughout different industries.

Parents

Primary Caregivers (Parents of the Children)- the primary recipients of workplace childcare services are parents who will actively shape and support this initiative. Parents must communicate regularly with day-care workers and provide necessary childcare resources while adhering to centre policies to maintain their children's well-being. Parents would be expected to participate in day-care management committees and give feedback to improve services while pushing for better childcare policies at work. The participation of parents would help build stronger trust and accountability relationships between caregivers, employers, and regulatory bodies.

NGOs

Non-governmental organisations (NGOs) would be essential in supporting workplace childcare policies by advocating for them and providing financial and technical resources while launching awareness campaigns about the advantages of workplace childcare models. Capacity-building initiatives for caregivers would receive support to ensure that daycare staff receive proper training in early childhood development, safety protocols, and caregiving best practices. NGOs can help conduct research studies and offer evidence-based advice to inform policymakers, leading to better and more inclusive childcare policies in Tanzania.

Organisations

Institutions and organisational management- childcare services depend on employers and workplace management for their foundation and continued operation. Their responsibilities included establishing required infrastructure by creating on-site day-care centres for employees or subsidising external childcare services. Organisations must establish family-friendly workplace practices like flexible work hours and parental leave, and provide spaces for breastfeeding to better support working parents. Employers can collaborate with NGOs and government agencies to enhance workplace day-care services through improved accessibility, quality assurance, and better funding options.

Donor and private sector

The development of workplace childcare services depends heavily on private sector partners and donors who provide essential financial support and assistance. The support they provide can come in the form of financial contributions, investments in infrastructure, educational materials, and technical support. Workplace day-care centres can reach international childcare standards through corporate-sponsored caregiver training programs. The participation of private sector organisations can help establish innovative joint efforts between businesses, NGOs, and government agencies, which will produce sustainable and scalable childcare models across various industries.

Paraprofessionals (Community care workers and assistants)

Paraprofessionals (community care workers and assistants)- Workplace day-care centres would benefit from the critical support of paraprofessionals, including community childcare workers and day-care assistants. These workforce members with basic childcare and first aid certifications would support professional caregivers by supervising children and engaging them in early learning activities while maintaining their safety. Paraprofessionals would prove extremely helpful when managing day-care centre daily operations and assisting with feeding and hygiene routines while promoting positive child interactions. Paraprofessionals require training programs to obtain the necessary skills and knowledge to deliver quality care.

Early Childhood Development specialists, along with teachers, serve as professional caregivers. Professional caregivers would maintain high-quality childcare services at workplace day-care centres. Their responsibilities include developing structured early learning programs while carrying out development assessments and delivering emotional and cognitive support to children. The specialists would establish close partnerships with parents to guide them through child development topics, nutritional advice, and behavioural management techniques. Professional caregivers would develop inclusive childcare practices which provide necessary support and interventions for children with special needs.

Workplace-based childcare services have not begun operating in Tanzania, but successful implementation would depend on robust multi-sectoral coordination and collaboration among key stakeholders. A structured childcare system that maintains high quality and sustainability depends on clearly defined roles and responsibilities for all participating parties. The proposed system would benefit working parents, advance early childhood development and workplace productivity, and boost economic growth. Including workplace-based childcare services in Tanzania's national policies would mark a significant achievement that strengthens childcare support systems while promoting accessibility and a family-friendly work atmosphere throughout multiple industries.

Key takeaways from workplace-based childcare

Workplace childcare services aid working parents by delivering secure and superior quality childcare facilities close to their work locations. Working parents receive support through on-site daycare facilities, breastfeeding spaces, and flexible work schedules. Space limitations, regulatory obstacles, and employer disinterest in childcare investments prevent most workplace childcare programs from operating in Tanzania.

3.5.1.3 Community/Centre-based Childcare

Centre-based childcare services, such as crèches and day-care centres, together with community-based ECD centres, deliver fundamental supervision, care, and early childhood education for children from birth to five years old. In these centres, children experience structured educational activities alongside play and social engagement, which support their cognitive and emotional growth and social development. Daycare Centres (DCCS) serve as essential preparatory institutions for formal education by developing children's fundamental skills, including communication abilities, problem-solving capabilities, and teamwork, while supporting emotional regulation.

These facilities support children's development and build community bonds between children, caregivers, and parents through a shared space for familial cooperation in children's education and upbringing.

Stakeholders Mapping

Establishing and effectively functioning centre-based childcare in Tanzania requires a network of stakeholders, each fulfilling a distinct and interconnected role. The stakeholder mapping diagram identifies the following stakeholders: Government, Parents, Media, Owners of DCCS, Caregivers, and Support Staff, which includes Teachers, Drivers, Cooks, and Cleaners. The diagram illustrates the relationships and connections among these stakeholders, emphasizing the strengths and weaknesses of their interactions.

Government

The government, through the Ministry of Health, the Ministry of Community Development, Gender, Women, and Special Groups, and the Ministry of the President's Office, Regional Administration and Local Government (PORALG), is responsible for the provision of the Gender Desk, Welfare Officer, Nutrition Officer, Health Officer, and Fire Department. There is a strong link between the government and the daycare centre. The officers manage and create policies, provide quality control, build capacity, offer referral services, and ensure security. The government relates to the parents by providing the right personnel/experts, such as nutrition officers, welfare officers, health officers, and the gender desk, which offer valuable information and assistance. By doing so, they can fulfil their responsibilities.

Parents

Parents represent a significant stakeholder group with robust connections to the owners of DCCs and caregivers. The relationship between parents and caregivers is significant, as parents rely on caregivers for the upbringing and development of their children. The relationship is essential for the success of DCCs, as it guarantees that children obtain consistent care and support in both home and centre environments. Parents depend on owners for quality care, whereas owners rely on parents for financial support and engagement. Parents are responsible for transporting their children to the centres, contributing to operational expenses, and engaging in meetings.

Daycare centres

The owners of DCCs, whether governmental, community-based, or privately held, are responsible for the centres' administration, infrastructure, and overall management. The diagram illustrates that owners maintain robust connections with caregivers and support staff, as they are tasked with recruiting, training, and managing these individuals. Owners play a crucial role in establishing a safe and stimulating environment for children. The diagram illustrates that owners are central to the DCC ecosystem, engaging with all other stakeholders. Their capacity to manage resources and relationships significantly influences the quality of care delivered by the centres.

Caregivers

The caregivers play a pivotal role in DCC's daily operations, as illustrated in the diagram. Their responsibilities encompass ensuring nutritional safety, promoting emotional well-being, and facilitating early learning for children. The relationship between caregivers and DCCs is significant, as they collaborate closely with owners and support staff to meet their obligations. The diagram emphasises the essential function of caregivers in establishing a secure and enriching environment for children. Their relationship with parents guarantees that children obtain uniform care at home and in the centres.

The media

The media exhibits a tenuous connection with DCC's, as illustrated in the diagram. The Media's limited engagement with DCCs compromises its role in advocacy, awareness-raising, and stakeholder accountability and impedes its effectiveness in fulfilling these functions. The diagram indicates that reinforcing this connection may improve the visibility of DCC and their challenges, resulting in increased public support and accountability.

Support staff

Support staff (i.e., teachers, drivers, cooks, and cleaners)—The diagram illustrates a tenuous connection between support staff and DCCs. Support staff deliver critical services, including teaching, transportation, meal preparation, and cleaning. However, their limited connection to the centres may result from insufficient training or a lack of understanding regarding the management of children, particularly those with special needs or disabilities. The diagram indicates that enhancing this linkage via training and more explicit role definitions may improve the overall effectiveness of DCCs.

Key takeaways from centre-based childcare

- **Promotes holistic development:** Centre-based childcare supports early learning, emotional growth, and school readiness for children aged 0–5. These centres foster collaboration between caregivers, parents, and communities, enhancing child outcomes.
- **Depends on multi-stakeholder coordination:** Effective service delivery requires strong collaboration among government, parents, owners, caregivers, media, and support staff.
- **Government ensures standards:** Through local officers and ministries, the government provides regulation, oversight, and technical support.
- **Caregivers are central to daily care:** They deliver learning, nutrition, and psychosocial support, requiring consistent training and support.
- **Media engagement is weak but crucial:** Strengthening media involvement can improve advocacy, visibility, and accountability for childcare services.

3.5.1.4 Home-Based Childcare

Caregivers deliver home-based childcare services by watching children in their homes, typically serving small groups. The model provides families with personalised childcare options through its intimate and comfortable setting. One-on-one care from caregivers helps children develop strong relationships while receiving personalized attention for their needs. Flexible scheduling options make home-based services attractive for parents with different work shifts. The home-based childcare model faces obstacles such as maintaining quality and safety standards, resource limitations, and caregiver training deficiencies. Without formal oversight systems, childcare practices can become inconsistent.

Stakeholders Mapping

During the stakeholder mapping exercise, we identified and categorised various stakeholders for this model:

Government

Although these actors are the foundation of community-level child safety systems, their participation in home-based childcare models is limited. Government control in these informal settings is frequently reactive rather than proactive, with reports of significant incidents, such as violence against children, eliciting a strong community response. Without registration or monitoring mechanisms for home-based childcare, local authorities provide inconsistent oversight and support. This emphasises the importance of greater organised participation by LGAs and social welfare officials in ensuring that all childcare environments, including informal home-based arrangements, fulfil minimal safety, stimulation, and child well-being requirements.

Extended family members, house helps and neighbours

Extended family members, neighbours, and domestic workers (housekeepers) play a critical role in supporting the care and development of young children, particularly in contexts where formal childcare services are either unavailable or unaffordable. Extended family members, such as grandparents, aunts, and older siblings, are frequently relied upon to provide daily caregiving support, especially in multi-generational households or when parents are engaged in livelihood activities. Neighbours act as a community-based safety net, offering short-term or emergency childcare, often based on social trust and reciprocal support. House helps, many of whom are young women employed without formal training in early childhood care, serve as primary caregivers in urban households, particularly among working families. While these informal actors fill significant gaps left by the formal childcare system, their involvement is often unregulated, lacks standardised guidance, and varies widely in quality and consistency. Mapping these stakeholders is essential for understanding the whole landscape of childcare provision in Tanzania and designing inclusive interventions that acknowledge, support, and build the capacity of these community-based caregivers.

Civil society organisations

Civil society organisations (CSOs) are important stakeholders playing a multifaceted role in service provision, advocacy, capacity building, and community engagement. Operating at national, regional, and community levels, CSOs can be instrumental in bridging gaps left by limited public investment in childcare by establishing and supporting home-based childcare, particularly through advocacy and awareness creation.

Religious institutions

Religious leaders provide spiritual direction and emotional assistance to families, which enhances parenting practices within the nurturing care framework. These organizations help mould community values and behaviours while motivating families to implement nurturing care practices. Local government bodies and community influencers join forces with religious institutions to dismantle cultural barriers to early childhood development and deliver caregiver training programs.

Media

The media plays an influential role in shaping public perceptions, raising awareness, and disseminating critical information related to childcare. Through platforms such as radio, television, newspapers, and increasingly digital and social media, the media serves as a key vehicle for promoting knowledge about child rights, the importance of nurturing care, and the availability (or lack) thereof. In this context, the media can be utilised to raise ECD awareness for adequate childcare provision. Strategic engagement with media actors offers an opportunity to mobilise public opinion, challenge harmful social norms, and support behaviour change communication efforts to improve childcare practices and increase demand for quality services across the country.

Key takeaways from home-based childcare

Working parents will benefit from home-based childcare services because they deliver individualized attention within comfortable surroundings while providing adaptable scheduling solutions. The challenge lies in sustaining quality standards and safety measures without formal oversight. Home-based care support comes from local government authorities, civil society organizations, and extended family members but requires more coordination and resources to be effective.

3.6 Case Studies: Childcare Models

This section presents three illustrative case studies of childcare models currently being implemented in Tanzania, each offering distinct approaches to expanding access, equity, and quality in early childhood care. The first case features Children in Crossfire (CiC), which supports informal day care centres in low-income urban areas through a systems-strengthening model that links caregivers, communities, and local governments. The second case explores the BRAC community-based childcare model, which anchors low-cost, centre-based services within local neighbourhoods while simultaneously empowering women through caregiving roles. The third case highlights Compassion International's "Survival" programme, which provides home-based, holistic care for children aged 0–2 and their mothers through church-based networks. Together, these models reflect diverse pathways to addressing Tanzania's childcare challenges, from urban informal economies to rural and faith-based contexts.

3.6.1 Case Study 1:

Children in Crossfire's Childcare Programming in Tanzania

Children in Crossfire (CiC) launched its childcare programming in Dar es Salaam in 2022, focusing on one of the most overlooked yet fastest-growing areas of the childcare sector: informal, micro-entrepreneur-led daycare centres. These centres operate primarily in high-density, low-income urban areas and play a critical role in meeting the childcare needs of working-class families, particularly women engaged in small businesses and informal employment. Recognizing their significance, CiC conducted a baseline study to better understand the structure, quality, and challenges within this informal childcare economy. The findings shaped a model that seeks to enhance the capacity, governance, and inclusivity of this under-recognized sector.

What sets CiC's model apart is its deliberate focus on the informal childcare economy as a foundational entry point. Rather than viewing informal daycare as a problem to be replaced by formal systems, CiC embraces it as the primary provider of care for children aged two to five in urban Tanzania. This inclusive, community-anchored approach acknowledges that the majority of children in urban informal settlements are cared for in these settings and seeks to work with providers to raise standards and improve outcomes. Central to this model is the recognition of childcare not only as a developmental right for young children but also as a catalyst for women's economic empowerment. Access to affordable, reliable childcare allows mothers and other female caregivers the opportunity to engage in income-generating activities outside the home, thereby promoting both gender equity and household resilience.

To support systemic improvement, CiC partners with UVIWADA—the Association of Daycare Centres in Dar es Salaam which brings together local daycare providers under one platform.

Through this collaboration, CiC builds the capacity of UVIWADA to deliver training, mentorship, and advocacy for its members. This approach fosters a form of self-regulation and peer-led quality assurance that enhances accountability within the sector without placing additional strain on limited state resources. It represents a locally grounded governance innovation, where change is driven from within communities rather than imposed externally.

Equity is a defining feature of the CiC childcare model. The programme intentionally includes Most Vulnerable Children (MVCs), such as orphans, children from families living in extreme poverty, and children with disabilities. This is achieved through targeted outreach and support to ensure these children are not left behind. The model's equity lens ensures that the benefits of improved childcare extend to those who need it most, reinforcing social inclusion and justice.

In addition to expanding access and inclusion, the model places strong emphasis on measuring quality and developmental outcomes. CiC integrates globally recognized tools like the International Development and Early Learning Assessment (IDELA) and the Caregiver Reported Early Development Instrument (CREDI) into its programming. These tools enable daycare centres to monitor children's progress and make evidence-based improvements. This data-driven approach creates a feedback loop that links program quality to child development outcomes, supporting national ambitions to establish a robust monitoring and evaluation framework for early childhood development.

CiC's childcare model stands at the intersection of informality, inclusion, and systems change. By anchoring its interventions in the lived realities of caregivers and children in urban informal settlements and by bridging the gap between community-based providers, local governance structures, and national policy, the model offers a scalable and contextually relevant solution to urban childcare challenges. Its innovative, equity-driven design has the potential to serve as a reference point for other rapidly urbanizing contexts across Sub-Saharan Africa seeking to build responsive and inclusive childcare systems that leave no child behind.



3.6.2 Model 2:

BRAC's Community-Based Childcare Model in Tanzania

BRAC has introduced a community-based childcare model in Tanzania aimed at addressing the interrelated challenges of accessibility, affordability, and developmental quality for children aged 0–5 years. Building on decades of global experience, particularly in Bangladesh and Uganda, BRAC has adapted its ECD principles to the Tanzanian context by embedding childcare services within existing community structures and engaging local women as trained caregivers. The model establishes low-cost centres in repurposed or community-donated spaces, each serving 15–25 children and staffed by two locally recruited and trained caregivers. The approach emphasizes play-based learning, child safety, nutrition, and parent engagement, all while fostering strong community ownership. Importantly, the model is financially sustained through collective mechanisms such as flexible fee structures, in-kind community contributions, and subsidies, ensuring affordability and contextual appropriateness.

A central feature of the model is its gender-transformative orientation. In Tanzania, where women constitute a significant proportion of the informal workforce—commonly in petty trade, domestic work, or subsistence farming—the absence of reliable childcare poses a substantial barrier to economic participation. BRAC's centres offer proximate, affordable, and safe care, enabling women to engage in work while simultaneously creating local employment opportunities. Caregivers, referred to as “Community ECD Facilitators,” receive structured training in early stimulation, responsive caregiving, inclusive pedagogy, and child protection, ensuring that children benefit from developmentally appropriate, rather than merely custodial, care.

The model also prioritizes equity by deliberately including Most Vulnerable Children (MVCs), such as orphans, children with disabilities, and those from extremely poor households. BRAC collaborates with community leaders, health volunteers, and civil society actors to identify and enroll these children. Additionally, the centres are integrated with referral systems for health, nutrition, and child protection services, establishing a holistic support ecosystem for both children and their caregivers.

From a systems perspective, BRAC's model is designed to be low-cost, replicable, and scalable. It aligns with Tanzania's key policy frameworks, including the National Multi-Sectoral Early Childhood Development Programme (NM-ECDP), the National Gender Policy, and Vision 2050.

The model contributes to national development goals by enhancing school readiness, promoting women's economic inclusion, and advancing child rights, particularly in underserved peri-urban and rural areas where state service delivery remains weak. Preliminary results from pilot sites in Tanzania indicated high levels of parental satisfaction, improved caregiver-child interaction, and measurable gains in children's developmental readiness. Community leaders report increased social cohesion, and some local governments have expressed interest in institutionalizing the model through co-financing and integration into local development plans.

In summary, BRAC's community-based childcare model offers a scalable, context-sensitive solution to Tanzania's childcare deficits. By combining community ownership, women's empowerment, inclusive early learning, and multisectoral collaboration, the model provides a viable pathway for expanding equitable, quality ECD services in low-resource settings. As Tanzania pursues universal access to ECD, such innovations are critical for reaching underserved populations and ensuring that every child, regardless of background, has the opportunity to thrive.



3.6.3 Model 3:

Childcare for Children Aged 0–2-Compassion International's Survival Programme

Compassion International's "Survival" programme offers a unique, context-responsive model for supporting children aged 0–2 years in Tanzania. Rooted in church-based community networks, the programme targets pregnant women and mothers of infants from the most vulnerable households, delivering home-based interventions that span from pregnancy through the child's second birthday. Each caregiver-infant dyad is assigned a trained implementer affiliated with a local church, who conducts monthly home visits. These visits provide tailored support in areas including prenatal care, breastfeeding, early stimulation, immunization adherence, nutrition, hygiene, and maternal mental health.

A distinguishing feature of the model is its integrated focus on both early child development and caregiver well-being. Recognizing the interdependence of maternal and infant health, the programme combines parenting education with psychosocial support, spiritual mentorship, and referrals to essential health and social services. Mothers are equipped with practical knowledge on early bonding techniques, such as eye contact, gentle touch, and verbal interaction, which are foundational for secure attachment and healthy brain development. In addition, implementers monitor developmental milestones, offer early interventions for at-risk infants, and provide emotional support to mothers experiencing stress, depression, or social isolation.

The programme's delivery mechanism through trusted church networks enhances its accessibility, acceptance, and cultural relevance. These community-rooted structures foster high levels of trust, reduce stigma, and ensure consistent service delivery, even in underserved areas. This is particularly important for reaching adolescent mothers, women affected by gender-based violence, or those living in extreme poverty, who may otherwise avoid formal services. In many communities, churches also facilitate group-based sessions that promote peer learning, mutual support, and parenting solidarity—strengthening both social cohesion and caregiving capacity.

Although the Survival programme is not a centre-based childcare model, it functions as an alternative and complementary form of early childhood care, especially in settings where institutional services are inaccessible, unaffordable, or culturally inappropriate for infants. By providing foundational care and responsive support during the most critical years of development, the programme helps families build the capacity to eventually transition into centre-based ECD or pre-primary education systems as their children grow older. Emerging evidence from programme implementation points to improvements in child growth monitoring indicators, increased uptake of antenatal and postnatal care, higher immunization rates, and enhanced parent-child interactions.

From a policy perspective, Compassion's model aligns closely with Tanzania's National Multisectoral Early Childhood Development Programme (NM-ECDP), the National Health Policy, and the National Social Protection Framework. It operationalizes the Nurturing Care Framework's five pillars—health, nutrition, safety, responsive caregiving, and early learning—by embedding support services within community structures. Its emphasis on caregiver empowerment, maternal engagement, and age-specific developmental monitoring offers a viable and scalable model for early childhood support in low-resource settings.

In summary, the Survival programme demonstrates how home- and community-based approaches can complement centre-based models to ensure comprehensive, inclusive, and culturally sensitive care for Tanzania's youngest children. As the country continues to expand its ECD infrastructure, the Compassion model offers valuable lessons on reaching underserved populations and strengthening the caregiving environment during the earliest, most formative years of life.



3.7 Childcare Services: Challenges and Opportunities

According to the National Multi-Sectoral Early Childhood Development Program (NMECDP), in Tanzania, childcare services must provide comprehensive support that integrates all aspects of nurturing care to ensure a child's optimal development. However, despite their significance, these services are delivered by informal or non-state actors, with minimal government involvement. A key challenge in this sector is scalability, as the lack of government investment and reliance on a market-driven approach make expansion difficult for service providers. This section utilises participatory activities to examine childcare service providers' barriers, propose strategic solutions, and offer recommendations to enhance the effectiveness and sustainability of childcare services. Additionally, it highlights the importance of collaboration among key stakeholders to strengthen service delivery and improve early childhood outcomes.

3.7.1 Challenges

The participatory exercise led to the identification and salience-based analysis of multiple challenges facing day-care centres. Stakeholders used this method to prioritize issues by assessing their perceived significance. Economic constraints emerged as the top challenge with the highest salience score of 19.2, showing its significant effect on day-care operations. The burden of day-care centers stems from high operational expenses for rent, utilities, and caregiver wages, surpassing the funds they receive from parents. Delayed and inconsistent payments caused by widespread poverty intensify financial instability, preventing day-care centers from sustaining their operations. Day-care centers face substantial operational challenges because sustainable funding models and long-term financial support do not exist to maintain quality service delivery which results in service interruptions and decreased access.

i

Policy and regulatory gaps

presented another major challenge with a salience score of **14.7**. Stakeholders found that childcare policies receive insufficient evaluation, which results in outdated guidelines that no longer meet current needs. The classification of day-care services compared to pre-primary education remains unclear, which creates confusion among both the community and service providers. Without a standardized curriculum, learning frameworks become inconsistent, and the absence of proper registration and regulatory processes prevents effective monitoring and quality assurance. The discontinuity in service provision due to these gaps prevents day-care centers from following best practice standards.

ii

Parental engagement and awareness

stood as a significant problem, measured by its salience score of **11.4**. Many parents do not possess adequate knowledge or skills for early childhood development support, resulting in some of them choosing a hands-off approach while expecting caregivers to take complete responsibility for childcare. Children experience hindered cognitive and emotional development because learning and growth demand active cooperation between caregivers and families. Some communities hold attitudes that devalue parental involvement in early education which leads to decreased participation from parents.

iii

Infrastructure and access challenges

The study found that **infrastructure and access challenges**, along with **resource constraints**, received a salience score of **10.9**. Numerous day-care centres function within insufficient facilities, which are often situated in dangerous areas like marketplaces and bars, where children face various risks. Most day-care centres fail to meet disability-friendly standards, which restricts children with special needs from gaining access. The shortage of standardized learning resources continues to restrict cognitive growth, while transportation obstacles decrease day-care service accessibility, especially for low-income families.

iv

Quality of caregivers and availability of educational materials

The **quality of caregivers and availability of educational materials** formed another important challenge, which received a salience rating of **9.5**. Many caregivers do not possess specialized training for early childhood education, which leads to difficulties in recognizing and supporting children with non-physical disabilities like autism. The sector faces a deficit of trained professionals, which results in insufficient child-to-caregiver ratios. The lack of ability to make learning materials from available resources stops many caregivers from building dynamic and interactive environments for children.

v

Nutrition and healthcare services

Nutrition and healthcare services earned a salience score of **8.8** that signalled the need for improvements in this area. Many day-care centers serve meals that fail to meet nutritional standards because they lack both variety and vital micronutrients essential for children's development. Day-care centers offer minimal healthcare services and have inadequate referral systems for children who need medical care. The Ministry of Health continues to show minimal participation in early childhood development (ECD), which limits the integration of health interventions into day-care services.

vi

Governance and management inefficiencies

Day-care centers face challenges due to **governance and management inefficiencies**, which received a salience score of **7.3**. The inadequate management frameworks within facilities result in operational inefficiencies and inconsistent service delivery outcomes. These problems are intensified because local governments do not participate in managing or supporting day-care services. The absence of effective cooperation between major ministries such as the Ministry of Health and the Ministry of Community Development, Gender, Women, and Special Groups leads to disjointed policy execution and service delivery.

vii

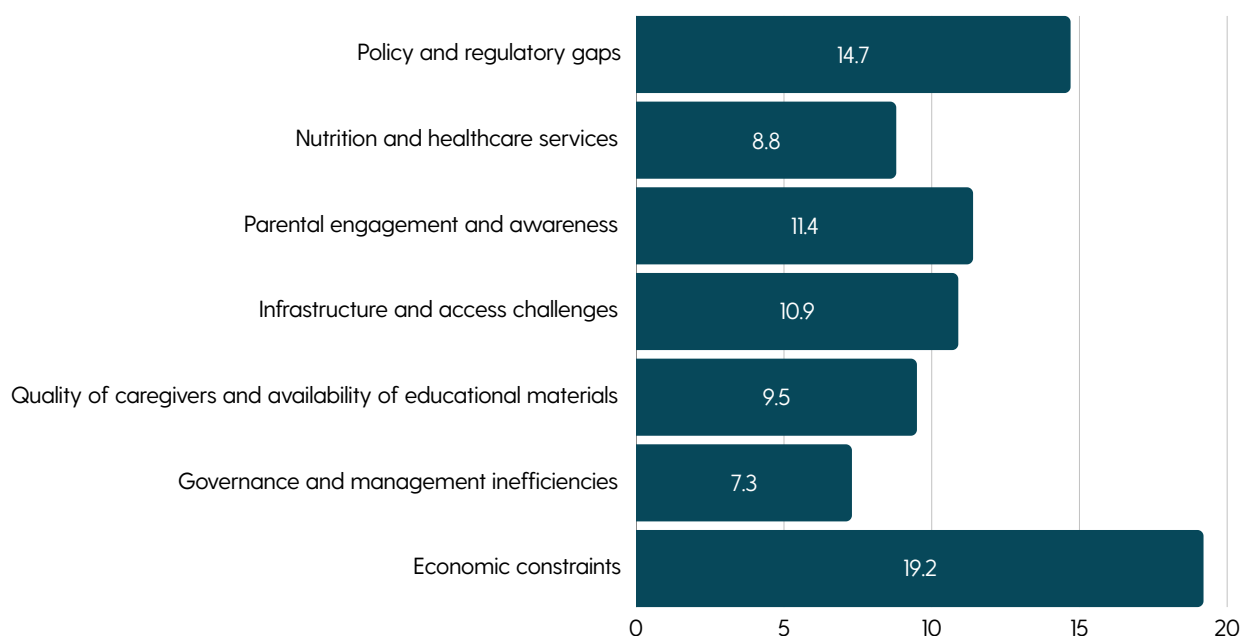
Critical evidence gaps hindering the childcare sector

The development of an effective and equitable childcare sector in Tanzania is fundamentally constrained by a **critical lack of evidence and data**, particularly for children aged 0–3. This deficiency creates a blind spot for policymakers, hindering informed policy, targeted investment, and quality assurance. Most day-care centres do not systematically track essential operational metrics like enrolment or caregiver qualifications, making it impossible to assess service quality. This is compounded by the absence of standardized indicators to measure child development outcomes, which

prevents the evaluation of effective programs. Furthermore, with no clear understanding of the true cost of providing quality childcare, developing sustainable financing models is a major barrier. Finally, a scarcity of research on informal childcare models means a large portion of the sector remains disconnected from national Early Childhood Development (ECD) policies. Collectively, these gaps severely limit the capacity to formulate inclusive policies that align with national goals for women's economic empowerment and child rights. Addressing these issues through systematic data collection, outcome monitoring, and targeted research is a strategic imperative for building a quality childcare system for Tanzania's most vulnerable children.

The top challenge identified among all issues was **economic constraints (financial difficulties)**, which had the highest salience score of **19.2**. Day-care centres' financial instability, together with parents' economic limitations, hinder the provision of quality childcare services. The absence of enduring funding structures alongside insufficient government support and private capital investment exacerbates the problem and endangers the future survival of early childhood care initiatives. Day-care centers will remain at risk of service interruptions and deteriorating quality standards unless they receive financial support through public funding increases and private sector partnerships, along with community-based finance solutions.

The salience analysis reveals financial constraints, along with regulatory gaps and limited parental engagement, as the top three barriers hindering effective day-care service delivery. Multiple sectors need to collaborate using policy changes, financial inputs, caregiver training programs, and better community education to tackle these challenges. Government agencies, together with private investors and civil society organisations must work together to deliver sustainable and high-quality early childhood development services.



3.7.2 Opportunities

The meeting produced several solutions, which the salience analysis confirmed can be divided into six essential themes that represent necessary improvements in childcare services accessibility and quality. A comprehensive approach to addressing childcare sector challenges emerges from solutions based on practical experiences and theoretical frameworks.

i

Capacity Building

The salience analysis revealed that **capacity building** received the highest frequency of mentions as a solution and achieved a **salience score of 19.0**, which shows its fundamental importance for resolving childcare sector challenges. Multiple participant groups stressed the essential nature of systematic, continuous training programs for caregivers. Training for caregivers should encompass early childhood development theories, child-centered teaching methods, recognition of developmental delays or disabilities, and practical ways to utilize local resources for educational material creation. Caregivers must develop competencies to support children who have a range of developmental requirements, including non-physical disabilities such as autism. Capacity building enables caregivers to deliver suitable care and education for children while developing their skills in detecting developmental problems early to create a proactive support system for individual needs. This solution forms the core foundation as it plays a direct role in shaping both the quality of care provided and the overall performance of childcare services.

ii

Policy and Guideline Development

The development of **comprehensive childcare policies and guidelines** became a critical solution because it achieved a **salience score of 10.8**. The solution involves creating national standards and maintaining regular policy reviews and updates to align them with current requirements and best practices. Participants indicated that current childcare policies suffer from inadequate assessments and updates, while the community remains unclear about the distinction between day-care services and pre-primary education. To achieve consistent quality service, the sector needs transparent and standardised registration and regulation procedures for day-care centres. Childcare services align with current early childhood development research and meet parental demands when policies receive regular updates to address children's evolving needs. Policy guidelines require integrating monitoring mechanisms to assess local policy implementation while maintaining adequate adherence to standards and quality control.

iii

Advocacy and Government Involvement

Participants identified **advocacy and greater government involvement** as essential solutions with a **salience score of 6.3**. Participants emphasised the requirement for stronger government backing and participation in expanding childcare services across

underserved regions. Various ministries and local government bodies work together through a multi-sectoral approach to prioritise childcare services in national agendas. Incorporating childcare services into national health, education, and social welfare programs leads to better coordination and prevents policies from operating independently. Government plays a vital role in promoting early childhood development awareness and mobilising resources through political support, which provides necessary funding and logistical resources for execution.

iv

Funding and Financial Support

Funding did not emerge as the top solution, yet it stands as a critical element with a **salience rating of 4.8**. The lack of financial resources stood out as a primary obstacle to both maintaining and growing childcare services in economically disadvantaged areas. Participants recommended investigating new funding avenues through public-private partnerships (PPPs) to tackle the issue. These partnerships with the private sector produce additional resources and utilize corporate social responsibility (CSR) programs to enhance childcare infrastructure. The investigation of new financial solutions like microfinance loans for parents could alleviate family expenses and enable them to pay for childcare services. Running income-generating activities through childcare centers by means of community fundraising events or paid services offers a consistent financial source to fund operational expenses. Childcare services require sustainable financial models to maintain their long-term viability while continuing to deliver high-quality care for children.

v

Community Engagement and Sensitization

Community engagement and sensitization became essential for increasing awareness of early childhood development value and childcare service availability. The solution builds community support for ECD services by creating a culture of shared responsibility and care for early childhood development. The solution requires increased male participation in caregiving because men represent an underrepresented group in many communities. Educational advocacy campaigns targeting parents and community members about early childhood education and development needs can generate demand for these services while promoting community involvement. Early childhood education sensitisation efforts should illustrate the lasting advantages of this education system by emphasising its effects on cognitive development, along with health outcomes and social integration. When communities take action to demand better childcare services and engage in caregiving activities, they create environments that are more supportive for children.

vi

Service Delivery and Infrastructure Improvement

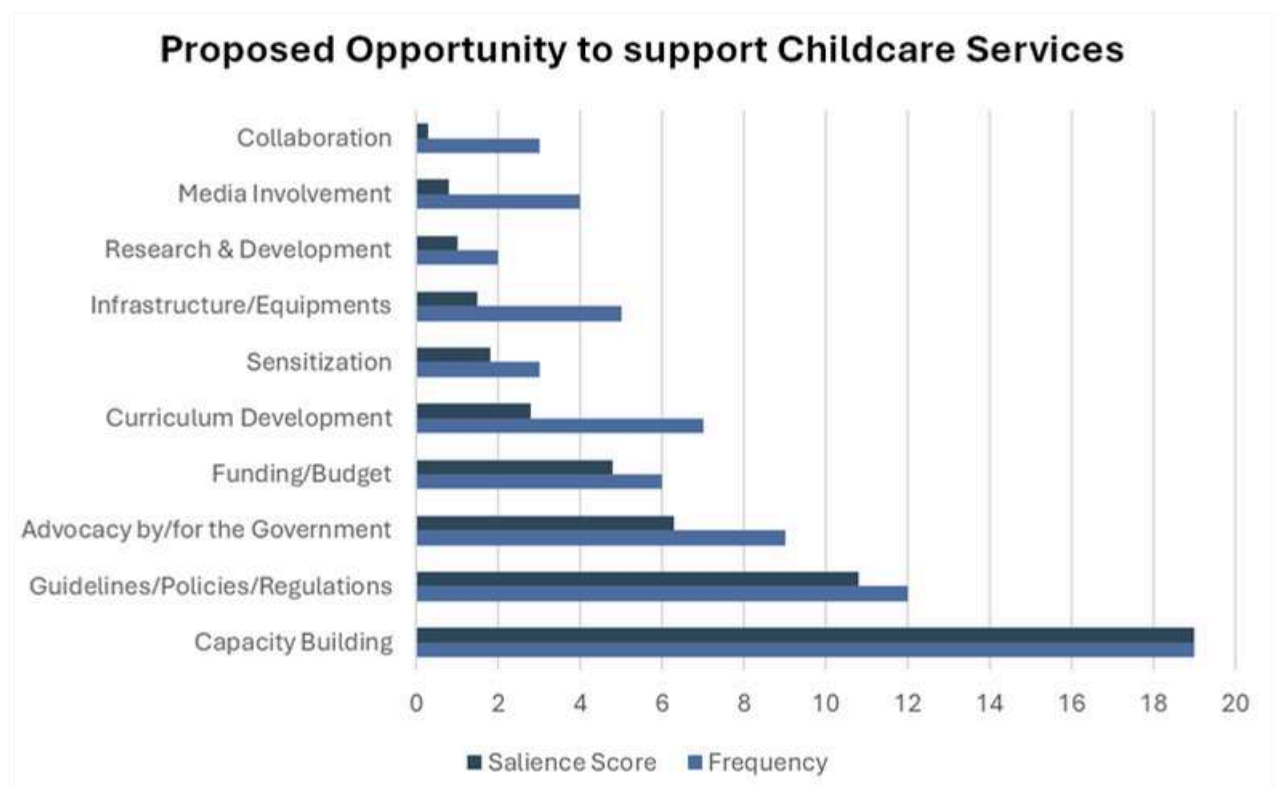
Service delivery and infrastructure improvement emerged as the primary area for intervention, especially for children with disabilities. Day-care settings require integrating nurturing care principles (NCP) and creating referral systems to deliver comprehensive childcare. Day-care centre infrastructure needs to incorporate inclusive design features that provide accessible spaces for children with disabilities alongside essential learning materials and resources to support their educational development.

According to participants, day-care centres need basic facilities and educational materials that create interactive learning spaces. Specialised training for caregivers is essential to address the unique requirements of children with both physical and cognitive disabilities. Practical physical and operational enhancements of day-care centres create inclusive environments where children with any ability can prosper through appropriate care and education.

Most Raised Solution

Salience analysis reveals that capacity building is the most common proposed solution. All participants acknowledged improving caregivers' skills and competencies as essential for overcoming childcare sector challenges.

Proper caregiver training allows day-care centres to deliver high-quality childcare while enabling early detection of developmental delays and the creation of supportive environments for children. Capacity building enables caregivers to conduct appropriate developmental activities while offering emotional support and identifying neglect or abuse indicators. This solution stands as the most powerful method to improve care quality while adapting childcare services to satisfy the changing requirements of children and their families, and community needs. When caregivers receive ongoing professional development opportunities, they provide better quality services, leading to better outcomes for children.



3.8 Key Takeaways & Synthesis

Challenges:

Economic constraints

The main obstacle to maintaining childcare services is significant financial challenges. Daycare centres face operational cost burdens and service delivery instability because parents struggle to pay on time due to poverty.

Childcare services cannot grow consistently because there are no sustainable funding sources which affects their quality of care.

Policy and regulatory gaps

The current childcare policies and guidelines need updating because they have not been evaluated consistently. Day-care centers operate without standardized registration and regulatory procedures, which results in inconsistent service delivery.

The sector suffers from mixed understanding about day-care versus pre-primary education functions without any consistent policy implementation framework.

Parental engagement and awareness

Many parents do not possess adequate knowledge or abilities for early childhood development support, while others fully rely on caregivers for their children's growth.

Parents need to participate more actively in childcare services and development programs.

Infrastructure and accessibility

Several childcare centers suffer from insufficient facilities and learning materials, which detrimentally affects the growth of children.

Numerous centers function in poor locations, such as near markets or pubs, while lacking the necessary resources to support children with disabilities. Childcare services accessibility remains difficult, especially in underserved regions, because of inadequate transportation options and insufficient infrastructure.

Caregiver competence

A substantial number of trained caregivers are lacking, while those available frequently do not have the ability to identify developmental concerns and disabilities among children.

The effectiveness of day-care caregiving decreases because of limited capacity and a lack of learning materials, which leads to poor developmental outcomes for children.

Health and nutrition services

Day-care centers continue to struggle with providing sufficient nutrition and healthcare services. Children receive meals that do not provide balanced nutrition while facing limited access to healthcare services, which undermines their overall health.

The Ministry of Health shows minimal involvement in ECD services while healthcare services for children and caregivers in those settings remain insufficient.

Governance and coordination issues

Childcare services suffer from ineffective coordination and monitoring between ministries and local government bodies.

Without multi-sectoral collaboration, service delivery becomes inefficient, and substandard service provision results from weak management practices in daycare centres.

Solutions

✓ Capacity Building for Caregivers:

The sector identifies continuous professional development for caregivers as the most common solution. The improvement of service delivery depends on providing caregivers with training in early childhood development techniques, along with disability identification methods and the use of local materials for educational purposes.

Enabling caregivers to acquire essential competencies helps them detect developmental delays promptly while creating a nurturing environment for children to thrive.

✓ Policy and Guideline Development:

It is essential to develop comprehensive and standardized policies and guidelines that remain updated for childcare services.

Day-care registration procedures that are clear and consistent will create uniform service delivery while making sure childcare services maintain ambitious standards through regulatory compliance.

✓ Advocacy and Government Involvement:

Government involvement and enhanced advocacy efforts are critical in expanding childcare services and establishing long-term sustainability.

Collaboration between government ministries and local authorities is critical to developing a unified approach to childcare services and improving policy execution.

Funding and Financial Support:

Securing financial resources for day-care centers requires the exploration of alternative funding sources, including public-private partnerships.

Income-generating initiatives for parents, along with donor-funded partnerships, serve as solutions for resolving financial difficulties confronting childcare services.

Community Engagement and Sensitization:

To create demand and support for childcare services, we must educate people about the significance of early childhood development.

By promoting active parental participation along with male caregivers' involvement in childcare systems, we can develop a community environment that supports and engages its members.

Service Delivery and Infrastructure Improvement:

Quality childcare services require improvements in infrastructure and inclusive practices within day-care centers.

The overall quality of service delivery gets better when caregivers become stronger in addressing children with disabilities while learning environments become more supportive.



CHAPTER 4

Conclusion & Recommendations

4.1 Conclusion

This study examined the current landscape, challenges, and opportunities associated with childcare services in Tanzania. Drawing on policy reviews, stakeholder mapping, and participatory assessments, the findings reveal a fragmented and inequitable childcare ecosystem characterized by high demand, low supply, and a firm reliance on informal, unregulated care arrangements. Despite a robust regulatory framework established under the Law of the Child Act (2009) and supported by the National Multi-Sectoral Early Childhood Development Programme (NM-ECDP), the formal childcare sector remains severely underdeveloped. Formal registration and licensing processes are hindered by complex regulatory demands, infrastructure deficits, and limited financial capacity among providers, especially in rural and low-income urban areas.

The study also uncovers deep-rooted disparities in access to quality childcare services based on geographic and socioeconomic factors. Urban and affluent areas benefit from better-resourced, regulated services, while rural and marginalized communities rely on informal, often substandard alternatives. Furthermore, children with disabilities and developmental delays are systematically excluded due to infrastructural and capacity limitations within most childcare centres. While caregivers are central to the delivery of early childhood care, their effectiveness is compromised by a lack of training, inadequate compensation, and minimal institutional support.

Addressing childcare challenges requires a systemic, multisectoral response anchored in a National Childcare Action Plan or Strategy. Such a framework should consolidate fragmented efforts, define stakeholder roles, ensure equity and inclusion, and mobilize sustainable financing while integrating childcare into broader development and social protection agendas.

Critically, the absence of sustained public investment and cross-sectoral coordination has left childcare services vulnerable to market fluctuations and donor dependency. Monitoring and evaluation efforts have focused on structural indicators, with limited attention to process quality and developmental outcomes. Despite these constraints, the study identifies multiple opportunities for reform. Stakeholders consistently underscored the need for capacity building, policy harmonization, infrastructure improvement, and stronger government leadership. Moreover, emerging models such as workplace-based childcare and strengthened community-based arrangements offer promising avenues for expanding service coverage and quality.

The Tanzanian childcare system now stands at a pivotal juncture. Addressing existing challenges requires a systemic, multisectoral response that aligns regulatory, financial, and programmatic interventions with the country's broader development goals and global commitments to early childhood care and education. To actualize this, the development of a National Childcare Action Plan or Strategy is essential. This plan should serve as a guiding framework that consolidates fragmented efforts, defines clear roles for stakeholders, and sets measurable goals for expanding access, improving quality, and ensuring equity in childcare services. A well-articulated strategy would not only strengthen governance and accountability mechanisms but also serve as a catalyst for mobilizing resources, coordinating intersectoral action, and integrating childcare into national development and social protection agendas.

4.2 Key Recommendations

These recommendations aim to solve identified challenges within Tanzania's childcare services to improve the quality and accessibility while ensuring sustainable operation of these essential programs. These recommendations target policy development, caregiver training, infrastructure improvement, and community involvement to build a more inclusive and effective childcare system. Government agencies, along with private companies, NGOs and local communities, must work in union to deliver these strategies, guaranteeing that every child receives high-quality care and early education that will establish a solid foundation for their future growth. The recommendations include:



Develop a National Childcare Strategy/Action Plan

- Consolidate fragmented policies and initiatives into a coherent framework.
- Clearly define the roles and responsibilities of government, civil society, and private sector actors.
- Set measurable goals for access, quality, and equity.



Strengthen Policy and Regulatory Frameworks

- Simplify registration and licensing processes for childcare providers.
- Harmonise existing childcare-related laws and guidelines.
- Enforce quality standards while supporting informal and community-based providers in transitioning to the formal system.



Expand Financing Mechanisms

- Introduce dedicated government budget lines for childcare.
- Leverage public–private partnerships (PPPs) and donor support for scaling.
- Explore innovative financing, including employer-supported childcare and community financing schemes.



Professionalise and Support the Workforce

- Establish accredited training and certification pathways for childcare workers.
- Provide continuous professional development, particularly in disability inclusion and responsive caregiving.
- Improve caregiver remuneration and recognition as a professional cadre.



Improve Infrastructure and Inclusivity

- Upgrade childcare facilities with safe, stimulating, and disability-inclusive environments.
- Prioritise underserved rural and low-income areas.
- Ensure access to nutrition, health, and protection services within childcare centres.



Enhance Monitoring, Evaluation, and Learning

- Move beyond structural indicators to also monitor process quality (caregiver–child interactions, learning environment).
- Equip local government authorities with tools and resources for regular supervision.
- Build feedback loops to inform providers, policymakers, and communities.



Promoting Community and Parental Engagement

- Sensitise communities on the importance of childcare for child development and women's empowerment.
- Encourage men's involvement in childcare.
- Strengthen parental committees and community oversight mechanisms.



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Annexe 1: List of Policy/Legal Documents Reviewed

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**The Africa Early
Childhood Network (AfECN)**

www.afecn.org

**Tanzania Early Childhood
Development Network (TECDEN)**

www.tecden.or.tz

**Global Schools Forum
(GSF)**

www.globalschoolsforum.org