

Toward Effective Provision of Under-Five Childcare Services: Experiences from Marginalized and Vulnerable Communities in Tanzania

Ignasia Renatus Mligo

Abstract

The aim of this study was to assess the effectiveness of the provision of under-five childcare services taking experiences from marginalized and vulnerable communities in Tanzania. This interpretive study employs phenomenology design to investigate the views of stakeholders based on childcare services. The focus was to determine the childcare interest, needs and requirements of caregivers living in vulnerable and marginalized communities in Tanzania and across the world. This study was grounded by parenting and child-rearing theory which emphasizes in caring for young children from the early stages. The findings indicated that the situation of children and childcare services amongst marginalized and vulnerable communities was not satisfactory. Several NGOs and Networks have been supporting childcare services with minimal support from the government. The Government and the responsible ministries and departments are responsible for reducing the vulnerability of children and their families through accessible, comprehensive, and integrated quality childcare services. This study recommends that to improve the current situation and attain the quality provision of childcare services the government policy planners in collaboration with childcare service providers and practitioners need to establish a strong commitment to the provision of quality childcare services and programs in marginalized and vulnerable communities.

Keywords

Childcare, early childhood development, caregivers, marginalized and vulnerable communities, service providers, Tanzania

Introduction

Early Childhood Development (ECD) refers to the process by which children grow and thrive, physically, socio-emotionally, cognitively, and in language and communication from conception to eight (0-8) years of age (AMANI ECCD, 2001; Heckman & Masterov, 2007; Nsamenang, 2008; World Health Organization, 2018; UNICEF; 2017). These early years have a longer-lasting impact on the full life course than any other period in life. In Tanzania, and elsewhere many parents and families are found in situations where they are not able to spend adequate time with their younger children due to increased social life complexities (AMANI

ECCD, 2001, UNICEF, 2017). Parents and caregivers struggle to balance the demands of work and childcare. As a result, evidence of children facing violence, abuse and neglect happens at family and community levels that lack guided childcare and support services for young children (MoHCDGEC, 2019; VAC, 2009). Furthermore, this leads to missed early investment opportunities for young children to grow and become productive adults in their society. The establishment and management of daycare centers are key in addressing the challenges faced in Early Childhood Development (Eurofound, 2015). These centers complement parents' and caregivers' parenting practices in promoting early childhood

development and help to build a solid and broad foundation for children's well-being and lifelong learning.

However, the establishment, management and monitoring of these centers have been inconsistent due to a lack of comprehensive National guidelines (MoHCDGEC, 2020). Different stakeholders have been providing these services without well-defined standards and guidelines that make monitoring and evaluation of ECD services difficult.

The change in social-economic activities has increased the demand for early childhood stimulation services in urban, semi-urban and rural areas supporting parents to take care of their children as they get engaged in income-generating activities (Mitchell, et al; 2008; Mtahabwa, 2009; OECD, 2006). The government was compelled to develop comprehensive National Guidelines for the Establishment and Management of Daycare Centers in 2020 to ensure the provision of uniform ECD services in the country (MoHCDGEC, 2020). The guidelines provide the blueprint on how to establish, manage and monitor these institutions ensuring quality and consistency in ECD services provision.

Over time, childcare and support services have been decreasing due to changing contexts in the changing world where inequalities are higher in developing countries (Kojan and Clifford, 2018; Mauney, 2014). Families and communities concentrate more on income-generation activities to sustain household demands and needs due to increased poverty levels (Kojan and Clifford, 2018; Mauney, 2014; UNICEF –State of the World Children 2019). This has a direct impact on the growth and development of young children focusing on the quality of investment in young

children at an early age. In sub-Saharan Africa, data indicate only 26% of the population under five years in the region attend early childhood education, while only 51% get early stimulation and responsive care giving by adults; 7% of children have learning materials at home and 35% of children under five year left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week (UNICEF –State of the World Children 2019).

Thousands of marginalized children lack access to early childhood development and care services and are exposed to conditions that may impair their optimal development (Eurofound 2015; Mauney, 2014). Young children cannot protect themselves and are vulnerable to unexpected danger, physical pain and emotional stress (Kojan and Clifford, 2018; Mauney, 2014). Extreme poverty and low income bring serious risks that have to be mitigated by social support that may include material of financial services.

Current Situation of Childcare Services in Tanzania

The situation of childcare services in Tanzania is guided by the law of child act no 21 of 2009-part XI section 147 to 151 (MoHCDGEC, 2020). These sections provide a framework that supports development of guidelines and regulations used in establishing, management and monitoring and evaluation Daycare centers (MoHCDGEC, 2020). By the end of July 2022, about 2523 daycare centers had been registered, with a total of 173,254 children where by 82,382 are boys and 90, 872 are girls, and many of which are in towns and peri-urban areas. There are 36 registered childcare workers training institutions, 35 privately owned and one owned by the Government (MoHCDGEC, 2020). These 36 institutions provide certificates, but the intention of the responsible ministry is to

provide Diploma, Bachelor up to PhD levels for childcare workers. However, there are many actors operating daycare centers across the country which are not registered, and Ministry has no data related to this category. The Ministry of Community Development, Gender, Women and Special groups (MoCDGWSG) by then was (MoHCDGEC) has provided guidelines which are providing a framework for the Government to monitor and evaluate the provision of these services (MoCDGWSG, 2022). The Government (MoCDGWSG, MoEST, and KSWTI) works collaboratively with Karibu Tanzania Organization integrating ECD courses in FDCs, whereby 20 tutors from 10 FDCs have received ECD training as an effort to increase childcare workers' workforce.

Furthermore, the team of experts in early childhood development currently are conducting training to social welfare workers and daycare center owners in different cities, councils and municipals across all regions in Tanzania. The aim is to raise awareness on how to support the childcare workers and the owners of the daycare centers on how to provide integrated services. Facilitators have a training manual package which contains nurturing care components needed for childcare services at large. Components such as Health, Nutrition, Responsive Care, Safety and Security (including Birth Registration, WASH, Social Safety Nets-TASAF), Opportunities for Early Learning) and a module on mental well-being for facility and community level service providers addressing (Individual needs of children including those with malnutrition, disabilities, developmental delays, sick children, gender, HIV+ or exposed, abused, mental wellbeing of parents) accordingly (MoHCDGEC, 2020).

By the end of July 2022, about 173, 254 under-five children are accessing ECD services through daycare centers (MoCDGWSG, 2022).

All registered daycare centers had qualified childcare workers from recognized childcare workers training institutions supporting learning and childcare activities. With support from Non-governmental Organizations (NGOs) and other development partners these volunteers received on-the-job training to build their capacity on ECD (MoCDGWSG, 2022). Services provided in many daycare centers are not holistic in nature, childcare workers mostly address parents' needs as opposed to the provision of holistic needs of young children that include early learning and stimulation, nutrition, care and protection and health care services (Mtahabwa, 2009; Smith, 2013). Furthermore, in Tanzania, the responsible Ministry is in the process of developing the *National ECD Curriculum for Child Care Workers* (NTA LEVEL 4-6) that will facilitate trainers to understand key learning areas and training content to be covered.

Apart from having such registered childcare centers in Tanzania, the quality of services is still problematic. Quality and access remain a challenge, particularly for poor and vulnerable groups in the country's rural areas (AMANI ECCD, 2001). With quality childcare services, the women could focus more on work knowing that their children are well cared with qualified childcare workers. Childcare workers need two years of training in a recognized institution (MoHCDGEC, 2020). There are 36 registered childcare workers training institutions, 35 privately owned and one owned by the Government (MoCDGWSG, 2020). Women some time to meet with other women to exchange experience, knowledge and information, which contributed to increasing their self-awareness and confidence.

Despite the fact that the benefits of childcare are well known, paying a reliable caregiver or placing a toddler in quality childcare

can be expensive to many families (Eurofound, 2015; UNESCO, 2017). Often only the more well-off parents can afford to pay someone to look after their child while they are at work. Women's decision to become employed after having a child, and the decision to use out-of-home care services, are affected in large part by the price and availability of quality childcare services. Like in other countries, in Tanzania when the price of care is high, low and middle-income parents are often faced with the difficult choice of either reducing the amount of time one of the parents (UNESCO, 2017). Usually, the woman who works outside of the home and consequently reducing the household's income; leaving the child with poor-quality care; or leaving the child with no care at all. Whatever their choice, both the child and parents will likely suffer. So, the government has realized the problems many families face in ensuring that children are well looked after while their parents work, and that lack of childcare is leading to the inefficient functioning of labor markets, under-utilization of public investments in human resources and insufficient care of the next generation. Thus, it is in the public interest for the government to support and facilitate access to childcare.

Childcare plays an important role in providing educational and social benefits for poor and vulnerable children. It is widely recognized that basic life skills for all children should begin before pre-school and that early childhood care service is an important way to address inequality and social disadvantage (AMANI ECCD, 2001; Eurofound, 2015). Findings from the literature indicate the many benefits childcare services can bring to girls and boys, and how can help to reduce sex-based and other types of discrimination against children and families (International organization, 2015). Socially disadvantaged boys and girls who

attend childcare services are more ready for pre-school, would perform better in pre-schools and are less likely to drop out than their peers who do not attend daycare centers. Much remains unknown about the status of childcare services in the marginalized /vulnerable communities in Tanzania. The little information available has never been put together to provide a holistic picture of the progress so far made in this important area.

Objective of the Study

The main objective of the current study was to assess the effectiveness of the provision of under-five childcare services taking experiences from marginalized and vulnerable communities in Tanzania. The study intends to synchronize the information available in Tanzania for the purpose of depicting the country's holistic situation. This will serve as an important database for future actions as well as make childcare services providers in Tanzania aware of the challenges ahead. Overall, the type, quantity and quality of services delivered to young children in Tanzania tend to differ according to program ownership, location of programs and children's ages.

Therefore, the focus of this study is to gain knowledge and understanding about the effective provision of under-five childcare services in marginalized communities in Tanzania. The main question of the current study was to investigate the effectiveness of the provision of the under-five childcare services taking experiences from marginalized and vulnerable communities in Tanzania.

The study is expected to explore how educational stakeholders, NGOs and networks collaborate on the provision of childcare services, especially in marginalized/vulnerable communities. Also, to examine childcare

interests, needs and requirements of caregivers living in vulnerable communities, caregivers' interest in childcare services and perceived benefits of enrolling children in childcare and considerations in choosing a childcare service (Featherstone, 2016; Kojan and Clifford, 2018; Mauney, 2014). Service providers need to understand ECD programs and childcare services needed in the marginalized/vulnerable communities, and what support requires in the development of young children and their families (Mitchell et al., 2008; OECD, 2006; Smith, 2013). Therefore, the findings from this study may inform us of the benefits of locating childcare services in marginalized/vulnerable communities through the partnerships approach, engaging various stakeholders, NGOs and networks available in the country. Hence, when childcare services are improved young children can fulfil their potential, equally and with dignity. Taking in mind the Framework's vision which denotes "a world in which every child is able to develop their full potential and no child is left behind" (World Health Organization (2018).

Research methods

Design

This interpretive study employs phenomenology design for investigating the views, perceptions, and opinions of the Social Welfare Department, under the Ministry of Community Development, Gender, Women and Special Groups (MoCDGWSG), caregivers, owners of the daycare centers, networks and NGOs about their experiences, knowledge, and possibilities, found during the provision of childcare services in the marginalized/vulnerable communities in Tanzania (Bernard, 2013; Wahyuni, 2012). Phenomenology is the study of the nature and meaning of things, a phenomenon's essence and

essentials that define what it is (Willig, 2013; Saldana, 2011). That means is a form of qualitative research in which the researcher attempts to understand how one or more individuals experience a phenomenon (Sarantakos, 2005; Saldaña, 2011). It refers to a detailed investigation of how people observe, see or experience themselves and their world, how people interpret the world, and the phenomena that surround them (Hammersley, 2012; Saldaña, 2011).

The researcher in the present study decided to choose the interpretive paradigm because of its potential to generate rich data and to inform the study due to the nature of the study and the types of data that the researcher considered could answer the research questions (Sarantakos, 2005). The interpretive paradigm was used in this study in order to explore meaning in the everyday world of childcare services. It is argued that social reality is viewed and interpreted by the individual himself or herself according to the ideological positions she/he holds (Best & Kahn, 2006; Neuman, 2007, 2011; Sarantakos, 2005).

Sampling for this study was purposive: suitable participants were selected through non-probability sampling (Bernard 2013; Best and Kahn 2006; Neuman 2011; Sarantakos 2005). The six participated childcare centers were located in different regions of Tanzania such as Tabora, Dodoma, Arusha, and Morogoro regions. Also, participants from the Social Welfare Department, caregivers, and owners of the daycare centers, networks and NGOs were selected based on the support they provided in the daycare settings. The criteria were the participating providers who supported the provision of childcare services in marginalized/vulnerable communities. The selection of the study participants stopped when

the researcher was satisfied by the NGOs and networks that met the criteria.

Data collection

This study used interviews, Focus group discussions and documentary reviews for data collection. Data was collected from the owners of the daycare centers, caregivers, parents/guardians, and social welfare staff under the ministry of community development, networks and Non-governmental Organizations (NGOs). The owners of daycare centers, social welfare staff, networks and NGOs were interviewed twice, the second time as a follow-up to fill gaps observed after the analysis of the first interview, and each interview lasted for 45–55 minutes. Focus group discussion was conducted once to parents/guardians and lasted for 45-55 minutes. Caregivers were interviewed three times with the intention of understanding in detail their needs and requirements for living in vulnerable communities. To explore more about caregivers' interest in childcare services and the perceived benefits of enrolling children in childcare. Also, the average costs of childcare and the ability of caregivers to pay for childcare services as determined, the income and cost of childcare. The first and second interviews for other groups concerned their perceptions regarding the provision of childcare services in marginalized/vulnerable communities, and the third interview was a follow-up to fill gaps identified during the initial analysis of the previous two interviews. The interviews varied in duration from 40 to 60 minutes and were conducted in the daycare centers during working hours. Parents were interviewed once, for between 30 and 45 minutes, by appointment at their homes. During the follow-up interviews, data that were found largely to repeat previously generated data from various participants were not recorded because this provided no new or surprising information (Strauss and Corbin

2016). Recruitment was conducted for all study participants for three days. All the study participants gave their consent for the interviews to be recorded with a voice recorder. To conceal the identity of the study participants, no names were recorded on the audio tapes.

Data Analyses

The data of this study was qualitative in nature and the analysis was informed by a phenomenological approach. To minimize the influence of biases during data analysis and interpretation of the findings the researcher employed reflexive journaling by writing down her thoughts, feelings and perceptions about the topic and reflected on the same throughout the research process. The researcher had to hold out her pre-conceptions, beliefs, and experiences about the phenomena under investigation prior to and throughout the investigation (Tufford & Newman, 2012). After completing the data generation, the exercise of transcription started. Therefore, coding of the transcripts from the interviews with caregivers and service providers emerged from the basic question: *Do children in marginalized/vulnerable communities receive effective childcare services?* The analysis of the data began with open coding (Strauss & Corbin, 2016), a process by which concepts are identified and established by asking questions, and labelling and grouping similar occurrences and events into categories. With the help of the NVivo10 software, the researcher coded all the data, addressing the research questions for each separate participant. The use of NVivo as a tool for data analysis was useful in data organization, sorting and locating the main ideas and patterns to the particular themes and sub-themes (Richards, 1999). For this study NVivo was helpful because the researcher used it for coding processes and was able to browse and retrieve all the data coded there, rethink, re-code, and ask questions about the category in the searches.

The data were grouped into themes and analyzed for each participant separately. The following were the two main themes that the researcher looked for: (1) *What were the childcare interests, needs, and requirements of caregivers living in marginalized/vulnerable communities?* and (2) *What support structures were needed from key stakeholders to support the provision of childcare services?* The main guide research questions helped to address the above themes. The next step was to reduce the data within some codes to a series of matrices within the relevant themes. The intention was to clarify information within and between item analyses (Miles & Huberman, 1994), and a comparison was made between cases by identifying the similarities and differences amongst cases. Phenomenological approach helped the researcher to understand on how people interpret the world, and the phenomena that surround them (Hammersley, 2012; Saldaña, 2011). To augment accuracy, the researcher reviewed the data analyses in detail to ensure that she had apprehended the participants' intended meanings and descriptions.

Ethical Statement

To access the institution where the research is to be conducted, acceptance by those whose permission one needs before embarking on the task, is essential (Cohen et al. 2007; Creswell 2014). The study ethical clearance was approved by the University of Dodoma Research and Publication Committee under the regulation of 2008. Permission to conduct the study was secured from the regional administrative secretaries (RAS) in Dodoma, Tabora and Arusha regions in Tanzania, where the study was conducted. The participants were informed that their participation in the study was voluntary, so they were free to withdraw at any stage of the study if they found they were not comfortable.

Also, participants were assured of anonymity in the research report.

Results

The results presented in this section are mainly based on analyses from documentary reviews and interviews with owners of childcare centers, caregivers, social welfare officers, parents/guardians, networks and NGOs since their points of view are the main focus of this study. During the presentation of data, it will become obvious that comparable information largely on the interview themes is overlapping and similar for all study participants (i.e., caregivers, parents/guardians) and (social welfare officers, networks and NGOs). In order to underscore the results, therefore, representative quotes have been included to clarify the points under discussion.

Research Question 1: What are the childcare interests, needs, and requirements of caregivers living in marginalized/vulnerable communities?

An initial task was to define vulnerable and marginalized communities in the context of this study, which are orphans, pastoral communities, urban informal settlements, women's prisons and large commercial agricultural settlements. This marginalization results in lost opportunities such as childcare services and other benefits for human beings. The findings from the owners of childcare settings and caregivers indicated various childcare interests, needs and requirements of the daycare setting and caregivers. Study participants were asked to identify the childcare interests, needs and requirements of caregivers living in vulnerable communities. The findings indicated that the government of Tanzania is willing to locate childcare services all over the regions in the community centers.

Unfortunately, the interests, needs and requirements of childcare are not met, and caregivers living in marginalized/vulnerable communities claim not to get childcare services. The following quote illustrates the view:

Of course, the coverage of daycare services is not extensive in our region. And the few available childcare centers are not in good condition in terms of services, infrastructure, and qualifications of caregivers. For example, some parents enroll kids of one to two years, at young ages, when the immune system is developing, children are much more vulnerable to infections and disease than when they are somewhat older. This means that they need close care in terms of health (vaccination), nutrition and sanitation conditions, unfortunately, the services are not in a good standard. I suggest the government invest much in this area for the welfare of young children [Social welfare officer/Interview, 2022].

The quote above indicates that marginalization affects family life. Families in contact with child protection normally have severely deficient social and helping networks and dysfunctional family relationships. These tend to be associated with poor social integration, not only for parents but also for their children. The study findings indicated that immunizing children against vaccine-preventable diseases can greatly reduce childhood morbidity and mortality. However, parents (mothers) reported that children in marginalized areas had no access to the service. Vulnerable and marginalized children were identified by the study participants in the target areas visited. However, the list was not inclusive of all vulnerable children in Tanzania as it

highlighted the vulnerabilities only in the visited areas.

Based on the feeding practices to reduce dehydration and minimize the effects of diarrhea on nutritional status, parents (mothers) reported continuing normal feeding of children with diarrhea and to increase the number of fluids given to the child. In some cases, children lack appropriate feeding practices. For instance, children with diarrhea need to be given more liquids than usual, and as much food or more than usual. The following quote illustrates the view:

We are pastoralists and keep on moving from one place to another to hunt food for our livestock. So, it is not possible to send our children to daycare centers and even we mothers when we are pregnant is hard to attend the clinic because we are in movement all the time. We miss vaccination, appropriate feeding practices, and nutritional foods and sometimes our children get diarrhea we try to give them fluidly without medical directives. We suggest the government give us a permanent settlement which can accommodate our livestock and for our children to be enrolled in daycare centers where they can get proper services from qualified caregivers [Parent (mother)/ FGD/ September, 2022].

The above quote concurred with children with families migrating for work. Migration to work was another very common factor reported to lead to child vulnerability. Study participants reported that parents commonly migrated to farming during rainy season to work on farm activities and would either take children with them or leave them with elderly grandparents, who could not afford

to send children to daycare centers. During the Focus group discussion, one parent reported “Children of migrant families are left with grandparents that can’t always send them to daycare centers. Sometimes the children are expected to work themselves” [Parent/Interview/ September, 2022].

Another sub-themes that emerged from the data was about children living in poor families. Children living in poor families were the most commonly identified group of vulnerable or marginalized children and failed to enroll at the childcare center (Featherstone, 2016). When asked all study participants reported that poor children are the most vulnerable and are marginalized. Children in these families were characterized by large family sizes, unstable livelihoods, or lacking income stability. As a result, families did not have money to pay service fees at the daycare center, buy school supplies or uniforms and also faced challenges in providing basic needs such as nutrition and health care. The following quote illustrates the view:

Of course, poverty is the main reason children are vulnerable in our community, parents cannot enroll them for daycare centers. Parents do not have a stable income so they cannot send the children to childcare centers regularly. As a result, children miss their rights to socialize with their fellow children at the center and other services available at the place. It could be much appreciated if the government in collaboration with NGOs and Networks would address this issue [Caregiver/Interview 2022].

The above quote indicated that children living in poor families were the most commonly identified group of vulnerable and marginalized children. Children living in or working on

streets; children in exploitative labor; children at risk of or experiencing violence, abuse, neglect and exploitation; and trafficked children; with such environments, children are likely to face difficulties in developing their potential. With this in mind, guidelines are also intended to facilitate ownership of the process of identification of most vulnerable children (MVC) using local government authorities (LGAs) and local communities. Thereafter, it needs to find out what kind of intervention is suitable for the children based on their difficulties.

Research Question 2: What are the support structures needed from key stakeholders to support the provision of childcare services?

Findings indicated that there were different support structures from key ECD stakeholders to support the provision of childcare services. A number of International and local NGOs in Tanzania such as BRAC Maendeleo Tanzania (BMT), The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Children in Crossfire (CiC), Tanzania Early Childhood Development Network (TECDEN), Partnership for Nutrition in Tanzania (PANITA), UNICEF, Right to Play, Save Children to mention but a few recognize that marginalized and vulnerable children are at risk for abuse and face challenges in access to education, learning and participation. This includes providing support to orphaned children, children with disability, children living in poor families, families having domestic violence incidents, minority children, children affected by poor health conditions, children affected by HIV/AIDS, children living in care centers/shelters, and children living in the neglected family. Children have the right to equal opportunities for education and participation.

Furthermore, the findings indicated that the NGOs and Networks collaborated in the provision of childcare services. The support these NGOs and Networks performed has been summarized in **Table 1.1 (see Appendix)**

Table 1.1 above summarizes the few key stakeholders that support the provision of childcare services. Findings indicated that NGOs and Networks collaborate in facilitating the welfare of young children. The activities, achievements, challenges and the best way to do them are closely related in the cases. This implies that all NGOs focus to improve the welfare of the children, however, low government support to provide quality services to the ECD centers. This implies that much depends on the NGOs so when projects phase out the centers remain in poor conditions. The government needs to work closely with different ECD stakeholders such as International and local NGOs, Networks, Civil Society Organizations (CSOs) and community-based organizations (CBOs) for quality childcare services.

The findings from the documentary review indicated that for a long period of time daycare centers have been conducted by different stakeholders. However, the establishment, management and monitoring of these centers have been inconsistent due to a lack of comprehensive National guidelines. Different stakeholders have been providing these services without well-defined standards and guidelines that make monitoring and evaluation of ECD services difficult. Therefore, the Ministry of Health and Community Development, Gender, Elderly and Children (MoHCDGEC) prepared various standard guidelines that direct on how to conduct daycare centers. For instance:

• *National Guidelines for Establishment and Management of Day-Care Centres of 2020.*

• *National Guidelines for the Establishment and Management of Safe Houses for Victims of Trafficking in Persons and Survivors of Violence of 2019.*

• *National Guidelines on Children's Reintegration with Families of 2019.*

• *National Guidelines for Identification of Most Vulnerable Children and Linkage to Care, Support and Protection of 2017.*

The government is compelled to develop comprehensive *National Guidelines for the Establishment and Management of Day Care Centres* to ensure the provision of uniform ECD services in the country. The guidelines provide the blueprint on how to establish, manage and monitor these institutions ensuring quality and consistency in ECD services provision (MoHCDGEC, 2020).

In Tanzania, many parents and families are found in situations where they are not able to spend adequate time with their younger children due to increased social life complexities. Parents and caregivers struggle to balance work demands and childcare activities. This leads to missed early investment opportunities for young children to grow and become productive adults in their society. The establishment and management of daycare centers are key in addressing the challenges faced in early childhood development. These centers complement parents' and caregivers' parenting practices in promoting early childhood development and help to build a solid and broad foundation for children's well-being and lifelong learning.

Therefore, this study is confident that these guidelines will be helpful towards the delivery of inclusive, quality, effective, efficient and equitable ECD services by all stakeholders at all levels in Tanzania and across the world.

Discussion

Marginalized groups have been defined as populations outside of “mainstream society” and 'highly vulnerable populations that are systemically excluded from national or international policy-making forums (Kojan & Clifford 2018; Makuu, 2019; Mauney, 2014). For the context of this study, it refers to the communities in which according to their location children fail to get access to childcare services such as orphans, urban informal settlements, women’s prisons, communities of pastoralists, children with special needs and large commercial agricultural settlements. Eventually, the findings indicated that 50.1% of all people in Tanzania Mainland are children (National Bureau of Statistics, 2014). Children who are considered most vulnerable are estimated to be 6.6 million, nearly half of them living with and affected by HIV (MEASURE Evaluation, 2017). On the other hand, based on the mid-2015 projected population of children 0-17 years, the estimated population of orphans and vulnerable children, as defined by PEPFAR, is 3,330,254 (MEASURE Evaluation, 2017). Furthermore, the recent Tanzania Demographic Health Survey and Malaria Indicator Survey (TDHS-MIS 2015-2016) estimates the population of orphans from all causes to be 2,159,474 (range 2,020,862 – 2,295,324) (MoHCDGEC, MoH, NBS, OCGS, and ICF, 2016).

Marginalization affects family life (Featherstone, 2016; Kojan & Clifford, 2018; Mauney, 2014). Findings have indicated that social vulnerability is created by poverty and

marginalization, but as child health professionals, we are able to appreciate the very real effects of poverty and concomitant social exclusion on the health of our young patients. Findings have shown that children from low-income families are facing a diversity of problems including a lack of access to childcare services. Low-income families are more likely to miss the opportunities to be registered in special education classes than children from middle- or upper-income families. The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) through the Department of Social Welfare (DSW) is responsible for reducing vulnerability of children and their families through accessible, comprehensive, and integrated quality health and social welfare services. Care, support and protection of these children must include effective referrals to health and social welfare services through functional linkages between health facilities and communities (MoHCDGEC, 2017).

Studies by Makuu (2019) and Mauney (2014) reported that addressing marginalization will require a responsive and caring workforce and a progressive manpower policy on the part of the government and support from development partners. There is a reason why new shingles tend to go up in middle- and upper-income communities, there are few incentives for new practitioners to set up practice in socially vulnerable communities (the highly politicized and important rural initiatives notwithstanding, although I would argue that the huge demographic of the urban poor have been largely forgotten in this debate. We need enlightened policies that promote practice among vulnerable communities (which also address issues of access, such as those encountered by non-status persons), and that includes competitive remuneration and

adequate infrastructure (Mauney, 2014; Makuu, 2019; UNICEF, 2018).

The most vulnerable children identified in the study were children that are from very poor families, have families that migrate for work, have a disability and other vulnerabilities such as illness, divorce, domestic violence or are orphaned (Featherstone, 2016; Kojan & Clifford, 2018; Makuu, 2019; UNICEF, 2018). These categories were identified by all study participants with a significant emphasis on very poor families and the challenges resulting from migration for work. Clearly, poverty is a significant factor in children not being able to attend school and learn (Featherstone, 2016; Kojan & Clifford, 2018). Poverty results in children needing to work, poor nutrition, bad health, and lack of money for school supplies, or for extra classes, transportation and other school costs.

The current study also observed a significant challenge for children with disabilities. They were marginalized, the only children with disabilities that were identified as participating in daycare centers were children with minor physical disabilities. Children with more severe disabilities and children with intellectual disabilities were not expected to be able to participate in pre-school by the teachers, parents or community leaders. The reason cited was the lack of resources including infrastructure, teacher capacity, teaching resources or adaptation equipment and building accessibility.

Conclusion and Recommendation

The main aim of the current study was to assess the effectiveness of the provision of under-five childcare services taking experiences from marginalized and vulnerable communities in Tanzania. The study intends to synchronize

the information available in Tanzania for the purpose of depicting the country's holistic situation. The intention was to gain knowledge and understanding about the effective provision of under-five childcare services in marginalized communities in Tanzania. These early years have a longer-lasting impact on the full life course than any other period in life. The findings of this study suggest that quality early investment is very important. Childcare not only improves mothers' and fathers' access to paid work but also contributes to job creation in the childcare service sector, replacing unpaid household work such as cleaning and food preparation for children. All young children regardless of their situation need quality childcare services in all domains as stipulated by Nurturing Care Framework in 2018 such as nutrition, health, responsive caregiving, safety and security, and early learning. Childcare centers complement parents' and caregivers' parenting practices in promoting early childhood development and help to build a solid and broad foundation for children's well-being and lifelong learning.

Findings have indicated that many children live in vulnerable and marginalized situations due to a number of factors including poverty, low-income families, orphans, social inclusion, urban informal settlements, women's prisons, communities of pastoralists, children with special needs and large commercial agricultural settlements and the like.

The Government and responsible ministries and departments are responsible for reducing the vulnerability of children and their families through accessible, comprehensive, and integrated quality health and social welfare services. Care, support, and protection of these children must include effective referrals to health and social welfare services through functional linkages between health facilities and communities. Addressing vulnerability and

marginalization will require a responsive and caring workforce and a progressive manpower policy on the part of the government and support from development partners.

Overall, this study suggests that childcare service providers and practitioners need to establish a strong commitment to various childcare service programs, and in order to achieve collaboration between government policymakers, early childhood development stakeholders, teachers and parents, so it needs political will. This new line of research has generated important findings that have practical implications for the government, suggesting the need to strengthen childcare services. In addition, this study has implications for government policy planners concerning the need to provide professional development to caregivers for participatory processes in caring for young children and to provide rich resources and a conducive environment for children to develop their potential.

Bibliography

- AMANI ECCD. (2005). *Strengthening the early care and education of young pastoralist children*. A report submitted to Bernard van Leer Foundation on May, 2005. Retrieved from Dar es Salaam, Tanzania.
- Bernard, H. R. (2013). *Social Research Methods: Qualitative and Quantitative Approaches* (2nd edition). Washington, DC: SAGE Publications, Inc.
- Child-Care Workers' Guide for 2-5 Years Old Children: Let's Play and Have Fun*. MoHCDGEC. 2018, Draft Report.
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Eurofound (2015). *Working conditions, training of early childhood care workers and quality of services – A systematic review*. Publications Office of the European Union, Luxembourg.
- Featherstone, B. (2016). Telling different stories about poverty, inequality, child abuse and neglect. *Families, Relationships and Societies*, 5:147–153.
<https://doi.org/10.1332/204674316X14540714620085>
- Felfe, C., Lalive, R (2012). *Early childcare and child development: For whom it works and why*, IZA, Discussion Paper No. 7100.
- Heckman, J. J., & Masterov, D. V. (2007). *The productivity argument for investing in young children*. Allied Social Sciences Association annual meeting. Retrieved from <http://www.jenni.uchicago.edu/Invest>
- International Labour Organization (2015). *Community childcare*. Training Manual/International Labour Office, Jakarta.
- Kojan, B.H., & Clifford, G. (2018). Rights-Based practice and marginalized children in child protection work. In A. Falch-Eriksen, E. Backe-Hansen (eds.),

- Human rights in child protection.* (pp. 167-183).
- Makuu, M (2019). Situation analysis of orphans and vulnerable children in existing alternative care systems in Dar es Salaam, Tanzania. *Social Work and Society International Online Journal*.
- Mauney, R (2014). *Marginalised children's access to, learning and participation in school: Understanding the challenges.* Commissioned by Plan International.
- Mitchell, L., Wylie, C., & Carr, M. (2008). *Outcomes of early childhood education: A Literature review.* New Zealand, Council of Education Research.
- Ministry of Health and Social Welfare. (2016). *Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16.* Ministry of Health and Social Welfare, Dar es Salaam, Tanzania.
- MoHCDGEC, (2020). *National guidelines for establishment and management of daycare centres.* Final Report
- MoHCDGEC, (2019). *National guidelines on children's reintegration with families.* Final Report.
- MoHCDGEC, (2017). *National guidelines for identification of most vulnerable children and linkage to care, support and protection.* Final Report.
- Mtahabwa, L. (2009). Early child development and care in Tanzania: Challenges for the future. *Early Child Development and Care*, 179(1), 55-67.
<https://doi.org/10.1080/03004430600923436>
- Nsamenang, A. B. (2008). (Mis) Understanding ECD in Africa: The force of local and global motives. In M. Garcia, A. Pence, & J. L. Evans (Eds.), *Africa's future, Africa's challenge: Early childhood care and development in sub-saharan Africa* (pp. 135-146). Washington, DC: World Bank.
- OECD. (2006). *Starting Strong II: Early childhood education and care.* Paris.
- Saldaña, J. (2011). *Fundamentals of qualitative research.* New York, NY: Oxford University Press.
- Sarantakos, S. (2005). *Social research* (3 ed.). New York, NY: Macmillan.
- Smith, A. B. (2013). *Understanding children and childhood: A New Zealand perspective* (5th ed.). Wellington: Bridget Williams Books Ltd.
- The State of the World's Children 2017: Children in a digital world* (2017). New York: UNICEF.
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80-96.
- URT (2016). *National policy guide for the provision of services to most vulnerable children in local government authorities.* Final report by PO-RALG in collaboration with World Education, Inc. (WEI)/Bantwana.

Wahyuni, D. (2012). The research design maze: Understanding paradigms, cases, methods, and methodologies. *JAMAR*, 10(1).

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). New York, NY: Open University Press.

World Health Organization (2018). *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Report, Printed in Switzerland.

Appendix

Table 1.1: List of Key Stakeholders which Support the Provision of Childcare Services

S/N	Name of the provider	Activities	Achievements	Challenges	Best Practice
1	CiC	They work in partnership with local organisations in Tanzania and Ethiopia to improve the lives of the most disadvantaged young children, with a particular focus on Early Childhood Education (ECE). By improving childhood care services they are changing lives and empowering young children and their communities to build a better future.	leading support to the government of Tanzania and the wider ECD stakeholder ecosystem to increasingly raise the profile of ECD policy and programming in Tanzania,	Low government support to provide quality services to the ECD centres much is depends on the NGOs so when projects phase out the centres remain in poor conditions	Multi-sectoral engagement with different partners to ensure a child receives holistic interventions.
2	BRAC Maendeleo Tanzania (BMT)	Establishing Community Based ECD Centres through construction or renting within communities	Advocacy activities related to the establishment of ECD centres using	Government's appetite to invest in ECD is still low	NGOs/CSOs need to work in synergies to complement each other as

			sustainable models		no organization can provide all the needed services at once.
3	EGPAF	EGPAF advocates for the development of policies that facilitate greater access to services and support those disadvantaged children	EGPAF work through health facilities to integrate Nurturing Care Framework services	High incidence of under-five mortality among marginalised communities	At the community level, they have been working with community health workers.
4	PANITA	PANITA focuses on nutrition and nutrition-sensitive interventions and is seriously committed to expanding and strengthening issues of Nutrition all over Tanzania.	Improvement in childcare service in terms of health issues: Nutrition, food security, and children's rights into policies and Strategies across sectors.	An inadequate number of community health workers to provide childcare services (2 CHWs per Village).	Continuous capacity building of service providers