



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation



MALEZI III PROJECT

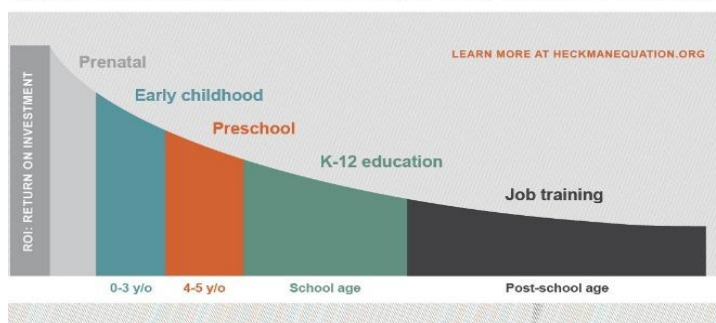
Why Malezi III in ELT& EGPAF.

Many of the 8.5 million children under the age of five in Tanzania are not reaching their full developmental potential. Their ability to do so depends on receiving five inter-related elements of nurturing care (NC): good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for learning. Growing evidence from around the world shows that, in particular, an integrated approach to health, nutrition, and stimulation interventions reduces the risk to children’s development and promotes positive outcomes from early years to adulthood. Despite increasing recognition of the importance of early childhood development (ECD) in Tanzania, historically there has been an overall lack of programs involving different sectors to provide these services in an integrated way. For instance, many school feeding, early education, health, and safety and security programs are implemented in silos, with no coordination around monitoring or reporting. Few existing programs address early stimulation, parenting, play, and communication as building blocks of the nurturing care framework. Furthermore, while most Health College and social welfare curricula include some ECD components, they tend to focus primarily on developmental milestones. In-depth knowledge on and instruction in the comprehensive science of ECD, and on NC components, is often lacking.

With support from the Hilton Foundation, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been implementing the Malezi projects in the Tabora region of Tanzania since 2016. These projects have aimed to increase the likelihood that HIV-infected and HIV-affected children will reach their full cognitive, social, emotional, physical, and developmental potential. This Hilton Foundation investment has been instrumental in terms of ECD knowledge uptake among community members and ECD integration into facilities and communities. For example, the project evaluation found that caregivers receiving the full package of Malezi II interventions – radio messages, short video job aids for community health workers (CHWs), and provider training and home visits based on Care for Child Development (CCD) – were four times more likely to score well in ECD knowledge and nearly twice as likely to score well in early stimulation and father engagement, with an investment of only \$2.90 per caregiver.

According to James Heckman on their study of earlier Childhood development they come up with a

Return on Investment
Heckman | **Economic impact of investing in early childhood learning.**



conclusion that The Earlier the Investment in Child Development the Earlier the return Current evidence suggested that each additional dollar invested in quality early child programs yields a return of between \$6 dollars and \$17 dollars. This dependency is well summarised in the Heckman curve as seen.



And by that fact ELCT is triggered to implement the ECD programs, if possible, every corner of our country but current starting with the pilot of few districts of Arusha region and integrating it in projects and programs within the church.

The project also played a central role in the successful incorporation of ECD elements into national guidelines, curricula, and policies, ultimately culminating in the launch of the National Multisectoral ECD Program (NM-ECDP). Building on the “survive, thrive, and transform” objectives of the Every Woman and Every Child Global Strategy, as well as the nurturing care framework, the NM-ECDP will address systemic and programmatic challenges that affect the growth and development of young children aged 0-8. In line with Sustainable Development Goal Target 4.2 to ensure that all girls and boys have access to quality early childhood development by 2030. The launch of this national program is a pivotal opportunity to take the next step, drawing on lessons learned from the Malezi projects to implement ECD programming on a larger scale and in a sustainable way in Tanzania.

To expand reach and enhance community involvement, EGPAF will work with ELCT to ensure that all caregivers, including those of children exposed to and affected by HIV, are reached with NC services at the community level through CHWs. The project will integrate NC into existing community development projects that ELCT works with, including the USAID Kizazi Hodari (orphans and vulnerable children), Lische Endelevu (nutrition), and Afya Yangu (HIV, tuberculosis, and family planning) projects. It will also ensure that children with developmental delays are identified and referred to appropriate services.

Project Goal

To sustain the gains made under Malezi II, while supporting the sustainable integration of ECD services within health systems at national and regional levels. To achieve this goal ELCT will ensure that all caregivers, including those of children exposed to and affected by HIV, are reached with NC services at the community level.

Objectives

1. Support the implementation of the Multisectoral Early Childhood Development Program through targeted TA and advocacy at the national level.
2. Strengthen the capacity of local government and CSOs at the regional level to embed NC in sector plans and existing services.
3. Build the evidence base on the effectiveness of approaches and interventions for ECD integration to inform future programming.

Achievements of Malezi III project

- ❖ Capacity building on Early Childhood Development to ELCT staff, Community Health Workers, Beneficiaries, and Caregivers
- ❖ Awareness creation to Caregivers and Beneficiaries.
- ❖ Orphans and Vulnerable Children (OVC) under three years were reached (348)
- ❖ Integration of ECD component into other operations in ELCT such as gender justice, women and children department, Kizazi Hodari (KH), Palliative Care (PC), Act Appeal and reproductive health programs.
- ❖ A total of 66 CHWs in Karatu (15), Arusha DC (21), and Meru (30) were oriented on Social Behavior Change Communication and dissemination. The orientation was conducted by Girl Effect who implements the Mzazi Hodari project.



- ❖ Collaboration/engagement of government officials and religious leaders in the Malezi III project implementation for example in Karatu District.
- ❖ Advocacy for male parent engagement on child care.
- ❖ 170 Community Health Workers were training USC (Digital Application) on how to collect Data rather than using paper work.
- ❖ 1500 House hold were reached during the supportive supervision
- ❖ On ECD40 Health Providers were reached during the ECD trainings.
- ❖ Capacity building to Reginal and Districts Early Childhood Development Task Force.

We believe that caring the children today is creating good families/ parents of tomorrow

(Mathew 19:13-14)