

**End of
Term
Evaluation
(ETE)
Children in
Crossfire
(CIC)
Irish Aid
Programme
Grant
(IAPG)
2012-2015**

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Acronyms and Abbreviations

3'Es	Economy, Effectiveness and Efficiency
AKF	Aga Khan Foundation
CIC	Children in Crossfire
CMMF	Community Managed Micro Finance
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
CSP	Country Strategic Plan
CWD	Children with Disability
DCF	Dubai Cares Foundation
DFID	Department for International Development
EFA	Education For All
ETE	End of Term Evaluation
FMV	Field Monitoring Visit
FkW	Fursa kwa Watoto aka Opportunities for Children
GoT	Government of Tanzania
IA	Irish Aid
IAPG	Irish Aid Programme Grant
IECD	Integrated Early Childhood Development
IYCF	Infant and Young Child Feeding
LF	Log Frame
M&E	Monitoring and Evaluation
MELQO	Measuring Early Learning Quality and Outcomes
MICS	Multiple Indicator Cluster Survey
MNH	Muhimbili National Hospital
MN	Molly's Network
MoCDG	Ministry of Community Development and Gender
MoEVT	Ministry of Education and Vocational Training
MOHCDGEC	Ministry of Health, Community Development, Gender, Elders and Children
MoHSW	National Plan of Action
MoU	Memorandum of Understanding
MTR	Mid Term Review
MV	Monitoring Visit

MVC	Most Vulnerable Children
OD	Organisational Development
OECD DAC	Organisation for Economic Cooperation and Development-Development Assistance Committee
PCM	Programme Cycle Management
RBA	Rights Based Approach
RBM	Results Based Management
RF	Results Framework
SDG	Sustainable Development Goals
TAHEA	Tanzania Home Economics Association
TECDEN	Tanzania Early Childhood Development Network
TFNC	Tanzania Food and Nutrition Centre
TLM	Tumaini La Maisha aka Hope for Life
TOC	Theory of Change
TOR	Terms of Reference
UNICEF	United Nations Emergency Children Fund
VAC	Violence Against Children
VFM	Value for Money
VSLA	Village Savings and Loans Associations

Executive Summary

- I. **Introduction:** This report presents the results of an end of term evaluation of the Irish Aid Programme Grant (IAPG) 2012-2015 to Children in Crossfire (CIC) entitled *Integrated Early Childhood Development (IECD)*¹. Key findings and recommendations are set out below. Lessons have been formulated with a view to informing the development of the programme beyond 2016. The focus of the new CIC strategic framework 2015-2018 '*A Present for the Future Strategic Plan*' has shifted to a more sharpened programme niche on school readiness. A new results framework will be developed prior to submission of a new programme grant proposal to Irish Aid in mid-2016. However, for the purpose of the evaluation and reporting for 2015, CIC will report against the current Irish Aid (IA) approved results framework (Annex 2).
- II. **Background:** Children in Crossfire has been registered in Northern Ireland since 1996 and currently works in Tanzania and Ethiopia. Irish Aid has supported CIC since 2008 when they first became a block grant partner. In 2011 the organisation secured a four-year Programme Grant. Irish Aid engages in a set of partnerships with programme partners in order to further its policy objectives, reflecting the broader policy context of the Irish Aid White Paper (2006), Civil Society Policy (2008) and Ireland's One World, One Future framework (OWOF 2013). Programme funding is provided to organisations which demonstrate a capacity to operate on a strategic and policy basis.
- III. Between 2012-2015 Irish Aid disbursed €2,191,779 for the organisation's programme of work in Tanzania. The total income of CIC during the period 2012 up to March 2015 was €9,858,845. While income for the year to March 2015 is €2,730,065 of which 57% was from grants including Irish Aid (27%) and Dubai Cares Foundation (29%). The remainder was raised through public fundraising and 17% from private sector and cooperation's sources. The programme is implemented by the country office in Dar es Salaam. In terms of Irish Aid resources, 49% is allocated to access to quality IECD services (Outcome 1), 34% to advocacy and the national policy/legal context (Outcome 2) and 17% to cancer services for young children (Outcome 3). Expenditure of the Irish Aid grant was €518,852 in 2012; €593,652 in 2013; €526,403 in 2014; and €552,872 in 2015. The programme was completed within the expected budget. Irish Aid has more recently extended the grant period for one year and the approved budget for 2016 is €553,420.
- IV. The overall goal of the programme is the improved well-being of young children aged 0-7 years through high quality IECD. The programme is implemented in three districts including Moshi Rural (Kilimanjaro Region), Mvomero (Morogoro Region) and Ilemela (Mwanza Region). The expected outcomes arising as agreed in the Memorandum of Understanding (MoU) between Irish Aid and Children in Crossfire are:
 - Young male and female children² in CIC impact districts have better nutrition, stimulation, care and protection;
 - Tanzanian laws, policies and strategies create an enabling environment for Early Childhood Development;
 - Young children with cancer in Tanzania access quality services.

¹ Technically IECD is an approach championed by UNICEF's which takes an integrated approach to early childhood (up to age 8, with a special focus on children under 3) and aims to improve child survival, growth and development, to strengthen protection and to promote participation. UNICEF's approach orients the nutrition, child and maternal health, water and sanitation, and psychosocial care and early learning sectors around the young child.

² The original outcome targeted 'children with disabilities' (CWD) but it was agreed with Irish Aid to revise this to target Most Vulnerable Children (MVC).

- V. The original Irish Aid Joint Appraisal in 2012 raised issues around the lack of clarity on the niche area, logic of intervention and the approach to managing for results. As part of the MoU, CIC agreed to achieve a set of benchmarks³ to address these issues. In May 2013, Irish Aid conducted a Field Monitoring Visit (FMV) and made a set of specific recommendations most of which were met at the output level such as submission of an updated Results Framework (RF), a Country Strategic Plan (CSP) for Tanzania, and a Risk Register at organisational and programme levels. An externally facilitated mid-term review (MTR) in 2014 recommended sharpening the Theory of Change and the niche within IECD during the Strategic Planning process. It also suggested gathering more robust evidence of results by using universal indicators, strengthening RBM and adopting best practice for parent/primary caregiver ECD. More recently in February 2016, a second Irish Aid field monitoring visit took place and those findings were shared recently.
- VI. **Purpose:** The purpose of the evaluation is to assess the results of the programme and how these outcomes will be sustained. Specific objectives are: 1) assess achievements/results against the intended purpose/outcomes; and 2) identify and share evidence/lessons learnt; and 3) assess whether the programme represented value for money in its efforts to deliver results. The findings of the evaluation will inform the future strategic direction of the programme for the remainder of the current cycle up to end of 2016; and in particular preparation for the next programme phase.
- VII. **Methodology:** The evaluation took place between October 2015 and March 2016. It used standard OECD-DAC evaluation criteria⁴. In addition to the above objectives, it examined programme quality, theory of change (Annex 2) and the logic of intervention. The methodology was based on the Terms of Reference (Annex 1). The scope does not include the development education component, which is a separate evaluation. Research relied on primary data gathered from an external end-line survey conducted by Kobe Konsult Ltd in late 2015; and a field visit and primary research conducted by the evaluator. Secondary data was collected from an in-depth review of documentation. One of the major limitations is concern over the validity and reliability of the end-line survey due to significant shortcomings in the design, tools, questions, varying sampling methodologies/size and gaps in data analysis. This resulted in a contradictory and a weak evidence base to verify results. Other limitations include the lack of an original theory of change and the cumbersome nature of the results framework.

Main Findings:

- VIII. **Relevance-Doing the right thing:** Early Childhood Development (ECD) is highly relevant and responds to the needs and priorities of the Government of Tanzania (GoT) to increase access to quality ECD for 0-5 year olds; although it is worth noting that the fast changing national programme and policy context presents both challenges and opportunities. ECD is relevant to achieving the Sustainable Development Goals (SDGs) and Ireland's OWOOF goals. CIC has made a strong case for its involvement in ECD. However, the original design was ambitious with expected changes spread across several sectors and thematic areas i.e. 'integrated' ECD coupled with cancer as opposed to a more narrow focus on early childhood education or care. Targeting of children with cancer is not relevant and therefore IA support to this outcome was phased out. The original focus on children with disability also did not remain. While the organization

³ The organisation will assess its logic model by end of year 2012 to clarify and sharpen the core focus of the organisation.; Baseline information will be completed by end of 2012 with a focus on building a baseline that can clearly track progress in the organisation's core focus area.; A monitoring review will be undertaken by IA in the first half of 2013 to assess the intervention logic and anticipated programme outcomes.; Transparency will be increased in the preparation of 2012 annual audited accounts (and for each year thereafter), particularly in the Directors' Report and its analysis of risk, performance and reserves. The IA grant should be reflected in the organisation's statutory audited accounts. CIC should follow disclosure requirements on staff emoluments as set out in SORP and the Development Education Results Framework will be strengthened through baseline development and research instrument to track impact.

⁴OECD DAC evaluation criteria of relevance, efficiency, effectiveness and sustainability. The evaluation did not examine impact given it is too early and this is an end of term evaluation.

targets the needs of most vulnerable children (MVC), there is room for disaggregation of data on MVCs to demonstrate greater equity in access to services. Enrolment in terms of gender is 47% female or possibly higher, but overall gender could be given broader consideration.

- IX. **Achieving Results:** Under Outcome 1 (ECD); the survey found a reduction in stunting from a baseline of 30.7% to 19.4%/16.2%⁵ which means the target of 24.4% was achieved; but there are serious concerns over the reliability⁶ of the data. Similarly the survey found a dramatic decrease in the number of children aged 2-8 years who experienced any violent discipline in the past month at home, from 68% in the baseline to 0.6% of the total population and 0% of direct beneficiaries. In respect of intermediate outcome indicators, the survey found that only 8% of the total population of households surveyed with young children demonstrated good nutrition, stimulation, care and protection practices. The baseline was 7.1% and the target was 20%, therefore this is a considerable under-achievement, although 28% of the direct beneficiaries did show improved practices. Moreover, the survey found that only 58-59%⁷ of a target of 75% of young children (6-23 months) living with their mothers are fed according to three IYCF⁸ feeding practices. Furthermore, the survey found that only 7-9%⁹ of a target of 48% of mothers of young children have good awareness of ECD messages. In contrast, the target of 83% of day care centres providing quality ECD services¹⁰ was almost met for the total population (80%) and exceeded for direct beneficiaries (89%); and the target of 18.2% of children in the total population accessing pre-school/day care centres was achieved from a baseline of 14%. Furthermore 24.4% of direct beneficiaries report access to ECD centres. It is important to note the overall survey sample size of direct beneficiaries was very small (85 out of 340 in total) and there are some inconsistencies between all three surveys¹¹.
- X. Overall 7,413 children are enrolled in targeted ECD centres, which is an important but a relatively small scale of primary beneficiaries or stakeholders. Records show that a total of 45,571¹² total beneficiaries were reached between 2012 and 2015, out of an original target of 11,000. The evaluator examined the Community Managed Micro Finance (CMMF) model and found anecdotal evidence of increased expenditure on household items (food) and improvement to dwellings; but there is less evidence of using funds to send young children to ECD centres¹³. Moreover CIC lacks sufficient indicators to measure outcomes from the CMMF intervention¹⁴.
- XI. Under Outcome 2 (laws and policies) the evaluator found some evidence of changes at the meso level, but less so at the macro level. For example, CIC supported the Arusha ECD Forum in 2012 and contributed to the formulation of the Child Development Policy which helped shift understanding of ECD across government; although there are issues of attribution. Given the ambitious nature of policy targets, the emphasis shifted to monitoring national minimum standards for ECD centres. Furthermore the target of registering 150 ECD day care centres nationally was not achieved given the minimum standards need revision by the Government. However the 'ratio of pupils to qualified pre-primary teachers' has improved with reports that the revised target of 1:45 is on-track. In respect of other indicators, the target for all three districts to have ECD plans was achieved. In addition, CIC strengthened the capacity of civil society

⁵ 16.2% of direct beneficiaries (DB) and 19.4% of total population (TP).

⁶ Concern over reliability and robustness of end line survey data across all data given shortcomings in design, questions, sampling method, sampling size of direct beneficiaries, consistency between baseline, interim and end line survey, gaps in analysis/interpretation of findings

⁷ 58% of direct beneficiaries and 59% of total population

⁸ Infant and Young Child Feeding (IYCF) practices

⁹ 7% of direct beneficiaries and 9% of total population

¹⁰ Based on meeting 8/10 priority minimum national standards of day care/pre-school as defined in Law of the Child Act, Tanzania 2009

¹¹ There is also inconsistency between the sampling (random or purposive), sample size, sampling population and definition of direct beneficiary between the baseline, interim and end line survey.

¹² There may be double counting of beneficiaries in some places

¹³ Stewart et al (2010) found that village loans and saving is a popular model but generally speaking there is limited international consistent evidence that the approach is effective in achieving improved economic or non-economic outcomes for the poor

¹⁴ Indicators such as portfolio at large, increase in income, % of savings in ECD fund, % of outstanding loans

partners and local authorities but there is room for more intense and strategic engagement at the meso level.

- XII. Good results were achieved under the final Outcome 3 with 2,500 children with cancer accessing quality services. However the targets were not fully achieved¹⁵. Additionally, there is a downward trend in meeting targets related to the short term survival rate of child cancer patients one year after presentation, from a baseline of 60% in 2012 to 55% in 2013-14 and 53% for 2016. Conversely the % of total paediatric chemotherapy drugs budget across three regional centres supplied by the government is on-track with a reported 38% of a target of 40% achieved. Good progress was also made regarding stimulation of children with cancer as part of non-clinical efforts by TLM¹⁶ that supplement paediatric oncology care at Muhimbili National Hospital in Dar es Salaam.
- XIII. **Effectiveness- Doing the right things in the right way:** Under effectiveness, the evaluator noted that CIC offers some added value to ECD in Tanzania given there are limited players in the sector. While the current theory of change¹⁷ is based on programmatic engagement at micro-meso-macro levels and sets out linkages, the approach is very broad. Notwithstanding this, the current sharpening of the niche towards early learning and school readiness brings a greater distinctive offering. Partnership is a core value and CIC has strong relationships with its partners through district and national fora, with the exception of challenges with TECDEN¹⁸ at the national level. There is room to improve the approach to capacity development and pay more attention to strengthening capacities related to programme cycle management/RBM; when compared with the priority given to capacities related to strategic planning, financial management and resource mobilisation. Overall partnerships could be more strategically based on the added value of each partner in respect of particular results; and there could be more synergy between the work of Molly's Network and the work of CIC's programme staff.
- XIV. **Efficiency: Doing the rights things, in the right way and at the right cost:** The evaluator examined evidence of cost effectiveness and considered value for money. CIC has been responsive to IA feedback and this has helped improve efficiency, operations and systems. While some consideration was given to value for money, there is still a tendency for partners to focus on activities and for CIC to focus on financial management, at the expense of fully linking outputs to actual outcomes. Moreover, the evaluator noted shortcomings in the level of support given to basic administration systems and human resource management. There is a need for a clearer delineation between the Head of International Programme and the IA Programme Manager in Tanzania. Management at HQ are familiar with risk registers, however several staff in Tanzania are not. Some of the original mitigation strategies were not followed through such as continued participation in the national ECD Group given problems with leadership. Other risks such as 'poor financial oversight' were addressed by the mitigation measures put in place by management.
- XV. **Monitoring, Evaluation and Learning (MEL) and Results Based Management (RBM):** It is clear that the organisation has a strong commitment to RBM and has invested resources in establishing systems. Despite this, sufficient operationalisation of these systems has not yet taken place and MEL could be more rigorous. Recent efforts to address gaps in technical expertise available to the IAPG at country level resulted in the formation of MEL unit and provision of support across both programmes. In respect of learning there are documented examples of learning from the Partners Forum, but there is room to more

¹⁵ 520 achieved out of target of 550 in 2014 and 531 out of a target of 600 achieved in 2015

¹⁶ Tumaini La Maisha (TLM)/Hope for Life voluntary organisation

¹⁷ Theory of change- how CIC believes change will happen, the desired change and strategies/approaches that underpin the change process at each level and CIC contribution to change at each level (micro-meso-macro)

¹⁸ Tanzania ECD Network (TECDEN)

robustly demonstrate which strategies actually worked (e.g. approaches to capacity building or advocacy) and use this learning to improve programming. CIC has the capacity to innovate as evident from the pilots¹⁹ including FkW²⁰, but further work is needed to institutionalise learning and innovation. Generally speaking there are still gaps in terms of full implementation of recommendations from Irish Aid feedback including field monitoring visits and the external mid-term review (MTR) recommendations, several of which are reiterated in this evaluation.

- XVI. **Sustainability:** There is evidence that some aspects of the programme could continue once the current programme cycle ends. For example, at the micro level, changes in knowledge, skills and attitudes of individual parents/guardians/teachers on the importance of ECD can help to contribute to improved stimulation, care and protection of young children but the scale and intensity is low. Capacities have improved among partners at an organizational level such as increased strategic thinking. In addition local government authorities have increased capacity; they also have developed district ECD plans and are aware of the national standards (meso). With regard to financial sustainability, CIC's resource mobilization strategy in Northern Ireland has resulted in increased public fundraising efforts (26%) and private sources/direct marketing programme (17%) as a proportion of income. Regardless, if CIC is not successful in the next IAPG II, several elements would still require funding. A reserves policy is in place to cover three months of operating costs with current reserves standing at €228,193.
- XVII. **Conclusion:** The overall assessment is that the Irish Aid grant has enabled CIC to improve the lives of targeted young children and is making a meaningful contribution to ECD especially at community and district level. Moreover CIC has the potential to be an important national actor if it capitalises on recent changes in the external environment and ensures that its engagement at macro level is informed by its work on the ground to hold government accountable and use this grassroots work to inform policy and advocacy at the higher levels. There are some encouraging results, despite the lack of a robust evidence base from the end-line survey. Outcome 3 was mostly achieved and Outcome 2 was partially achieved with performance affected by unforeseen changes in the national context and over ambitious policy related outcomes. Generally speaking there is a lack of a robust evidence base in respect of results related to nutrition, stimulation, education, care and protection (Outcome 1); although clearly some changes are taking place and these were evident during the evaluator's field visit.
- XVIII. The evaluator concluded that an improved design and plausible theory of change from the outset would have greatly increased programme performance. In particular, the results framework should have been revised to focus on a limited number of outcome indicators following the MTR recommendations. Importantly, the theory of change needed more validation. The conclusion is that while the grantee did not achieve everything it set out to achieve, there is a window of opportunity to use the newly refined niche (school readiness) coupled with better synergy between IECD and FKW programme to develop a more focussed proposal to Irish Aid; that hopefully can enhance future delivery of results at a sufficient scale and quality to bring more lasting changes. Irish Aid's support has improved CIC's approach to results based management, governance, financial oversight, policies, programming and partnership; but in order to strengthen performance there is a need for a clearer division of work, enhanced provision of human resources and more distinctive competencies in ECD and results based management across the organisation. To optimise performance, CIC must have the right human resources in the right place at the right time to capitalise on its investment in results based systems.

¹⁹ ZUMM- Talk to your Baby' pilot and another pilot which adapted ZamCat ECD assessment tool to the local context. This tool is similar to the UN ECD Index (ECDI) indicator for SDG 4- access to quality ECD programmes.

²⁰ Fursa kwa Watoo (FkW) demonstrated a robust model that has the potential to benefit the pre-primary sector, although according to the Mathematica Evaluability Assessment, it needs to be costed to ensure it is scalable and it needs to be integrated into the government system at the national level

XIX. Key Recommendations

1. Continue to sharpen the focus/niche on school readiness, making use of the recent Theory of Change to bring greater clarity on the trajectory of change at different levels ranging from individual (micro) organisational (macro) and institutional (macro) level and test/validate the theory of change. Ensure greater synergy and integration between the IA funded community/home based pre-school programme and the Dubai Cares funded school based pre-primary programme (FkW) to strengthen the programmatic approach²¹.
2. CiC should give more attention to targeting of and accessibility of marginalised and most vulnerable children (MVC) including data disaggregation to ensure issues of equity are better addressed.
3. Develop a clear and concise results framework as part of the next phase of the programme cycle (2017-2020) with a maximum of 3-5 universal SDG based outcome level indicators²² and a maximum of 3-5 output indicators for each outcome or result area.
4. Strengthen M&E and learning (MEL) systems by ensuring the on-going collection of reliable and high quality baseline data, research, and surveys and monitoring data during the next cycle to help produce a sufficient body of robust and valid data to support reporting on results (outcomes/changes) at the different levels.
5. CIC should consider how to ensure that learning and knowledge management are evidence based and rigorous; and that its application takes account of the local context and uses this to inform programming as well as the national discourse and advocacy on ECD, i.e. connect meso to the macro level.
6. Pay attention to quality assurance particularly oversight and technical support from Head office and further close the gap between HQ and the country office.
7. Ensure that sufficient technical capacity is available for future programming in programme cycle management (RBM, MEL), school readiness/ECD in the country office in Tanzania; and similarly in HQ (i.e. recruit a Programme Officer/Technical Specialist based in Derry).
8. Improve human resource management, including staff recruitment, motivation, benefits, adherence to national labour laws and policies and improve office administration systems in the country office.
9. Expand the current approach to capacity development, particularly the service agreement with Molly's Network (MN) to ensure sufficient attention is given to programme cycle and results based management including MEL; and at the same time, improve synergy, coordination and communication between MN and CIC programme staff to address current gaps.
10. Improve risk management, particularly staff understanding of risk management at the country office and pay more attention to programmatic type risks.

²¹ IA defines elements of a programmatic approach as clear organisational goals, synergistic strategies, strategic partnerships, capacity building of partners, linkages between levels esp. policy and wider institutional environment.

²² Universal indicators include: % of children (3-5 years) receiving at least one year of quality ECD programme or pre-primary education programme; UN SDG ECD Index (ECDI) assessment of language, literacy, basic numeracy, physical, socio-emotional and cognitive development; or % of children (0-5) experiencing responsive and stimulating parenting in a safe environment

Introduction

1. Children in Crossfire (CIC) was founded in Northern Ireland in 1991 and currently works in two countries including Tanzania and Ethiopia. It opened its first national office in Tanzania in 2008. The organisation currently works in three districts covering 3 regions. CIC first become a block grant partner of Irish Aid in 2008. In 2011 the organisation secured a four-year Programme Grant. The overall goal of the programme is the improved well-being of young children aged 0-7 years through high quality early childhood care and development. The MoU with Irish Aid outlines three expected outcomes by the end of 2015, namely:
 - Young male and female children²³ in CIC impact districts have better nutrition, stimulation, care and protection;
 - Tanzanian laws, policies and strategies create an enabling environment for Early Childhood Development; and
 - Young children with cancer in Tanzania access quality services

2. The MoU with Irish Aid also contained the following benchmarks:
 - The organisation will assess its logic model by end of year 2012 to clarify and sharpen the core focus of the organisation
 - Baseline information will be completed by end of 2012 with a focus on building a baseline that can clearly track progress in the organisation's core focus area.
 - A monitoring review will be undertaken by Irish Aid in the first half of 2013 to assess the intervention logic and anticipated programme outcomes.
 - Transparency will be increased in the preparation of 2012 annual audited accounts (and for each year thereafter), particularly in the Directors' Report and its analysis of risk, performance and reserves. The Irish Aid grant should be reflected in the CIC statutory audited accounts. CIC should also follow disclosure requirements on staff emoluments as set out in the Statement of Recommended Practice.
 - Development Education Results Framework will be strengthened through improved baseline development and the introduction of a specific research instrument to track impact.

3. Between 2012 and 2015, Irish Aid disbursed €2,191,779 for the organisation's programme of work in ECD in Tanzania. The total income of the organisation in the year to March 2015 was €9,858,845. While income for 2015 was €2,730,065 of which 57% is from grants including Irish Aid (27%) and Dubai Cares foundation (29%) for the 'Fursa Kwa Watoto' aka Opportunities for Children pre-primary school readiness pilot. This is carried out in 120 schools and is expected to reach 25,000 direct beneficiaries between 2013 and 2017.

4. The remainder was raised through public fundraising and 17% from private sector and cooperation's sources. Expenditure of the Irish Aid grant was €518,852 in 2012; €593,652 in 2013; €526,403 in 2014; €552,872 in 2015. The budget was completed within the expected budget. Irish Aid has extended the grant period for one year, and the approved budget for 2016 is €553,420. The majority (63%) of the Irish Aid programme grant (IAPG) is allocated to ECD centres (Outcome 1) with 19% allocated to Outcome 2 (policy), and the balance (10%) was allocated to children with cancer. The original Irish Aid programme grant application set out to reach 11,000 direct beneficiaries (55% female) by the end of 2015.

²³ 'including those with disabilities' was removed from original outcome

Background

5. In May 2013, Irish Aid conducted a follow-up Monitoring Visit (MV) to Tanzania and made a set of specific recommendations to CIC including: submission of an updated Results Framework (RF), developing a Country Strategic Plan (CSP) for Tanzania, and a Risk Register at the country level as well as evidence of revising and applying the Partnership policy, and reassessing its partnership with TECDEN. It also recommended that CIC provide IA with assurances that it can deliver on its commitments with Irish Aid and that the requisite technical programming and ECD capacity be put in place as well as financial capacity and a clear delineation between International Programme Director (now head of Programmes) and the Country Directors Post. Furthermore as part of feedback to CIC on CIC Annual Reports, IA noted that the broad spread of thematic areas and interventions in Tanzania does not easily lend itself to providing a concise picture of the overall progress towards results and that future reports need to strengthen the evidence that CIC is making progress towards streamlined strategic objectives and placing greater emphasis on CIC's specific contribution towards results.
6. While much of the feedback was taken on-board and to some extent addressed, particularly at the output level (e.g. CSP, Risk Register, updated RF and Partnership Policy are in place) and CIC is also no longer a partner with TECDEN; several key areas require further action. For example, there is still a need to demonstrate that updated/new policies (e.g. partnership,) and systems (e.g. RBM calendar, regular programme meetings, partner forum, annual Strategic Review) are supporting results-based management. Some serious gaps remain with regard to ensuring the requisite technical capacity is available to the IAPG, particularly in programme management and ECD technical specialist. In addition, greater delineation between the Head of International Programme based in the UK and the IA Programme Manager in Tanzania (recruited as a consultant in August 2015 and took up post of IA PM in January 2016) is necessary.
7. An externally facilitated The Mid-Term Review (MTR) and workshop with partners was completed in January 2014 by the evaluator. The MTR process included an interim survey conducted by Kobe Consultants. This process helped management agree upon the necessary action and follow-up further on Irish Aid recommendations and other feedback. The MTR recommended sharpening the organisation overall Theory of Change and CIC niche/distinctive offering within ECD in Tanzania during the Strategic Planning process and ensuring that the next phase achieves results that are effective, sustainable, and at a sufficient scale and quality to targeted beneficiaries. It also suggested gathering more robust evidence of results by using universal indicators and strengthening RBM/PCM and the evidence base at country level; as well as adopting national models and best practice for parent/primary caregiver ECD. In addition it recommended strengthening implementation of the Partnership Policy and capacity development based on evidence based organisational assessments and consider ways of strengthen value for money. The MTR noted significant changes in the design since 2011 including shifting the focus to Most Vulnerable Children (MVCs) and expansion to more impact areas. It noted that despite some evidence of changes in lives at the micro level and some changes in the capacity of civil society partners and local government, the programme has not yet performed at the optimum level.
8. Furthermore Irish Aid provided feedback to CIC on its annual reporting which recommended fully implementing the partnership policy, addressing the limited technical capacity (nutrition, gender, disability) and improving oversight from HQ, risk management and providing further information on audit function. Finally a recent Irish Aid Monitoring Visit (MV) to Tanzania took place in February 2016 with the draft report recently received by CIC. Several of the findings and feedback appear similar to the findings of the external evaluator.

9. The current Programme Grant cycle was extended by Irish Aid by one year until the end of 2016 to give time for fuller realisation of results and transition to the end of the Irish Aid Programme Grant (IAPG). Applications for the new programme cycle (2017-2022) will be invited in the second quarter of 2016 and a crucial part of the application process will be the evidence of change/outcomes/results from the first programme cycle (2012-2016).

Purpose of the Evaluation

10. The purpose of the evaluation is to:

1. assess achievements/results against the intended purpose/outcomes
2. identify/share evidence of results and lesson learnt
3. assess whether the programme represented value for money in its efforts to deliver results

The findings of the evaluation will inform the future strategic direction of the programme for the remainder of the current cycle up to end of 2016, and in particular preparation for next programme phase 2017-2020.

Evaluation Framework

11. The approach is principally shaped by the following:

- ✚ The Terms of Reference (ToR) which is underpinned by the key evaluation/research questions.
- ✚ An overarching and research evaluation framework based on OECD DAC evaluation criteria²⁴ was used to develop research instruments and determine the extent to which performance against expected results/outcomes were achieved (Annex 3).
- ✚ To help frame the evaluation, the consultant used CIC's overarching Theory of Change (TOC) model (Annex 4) that helps visualise the strategic objectives and expected changes as a result of programme. This also helps analyse the intervention logic.

12. The research for the evaluation was divided into three phases:

- I. **Inception Phase** including development of methodology, research framework and instruments, e.g. topic guide for key informant interviews and/or focus group discussion.
- II. **Implementation Phase** including desk top review of key documentation including end line survey, field visit to Tanzania, key informant interviews and focus group discussions.
- III. **Completion Phase** including analysis, report writing, validation of findings, finalising the report and drawing conclusions and recommendations.

²⁴ DAC OECD criteria of relevance, efficiency, effectiveness & results, impact and sustainability

Evaluation Methodology

13. The evaluator used a mix of research methods. The evaluator gathered primary qualitative data from semi-structured interviews either face to face and/or skype with key informants/stakeholders, including CIC Management and staff and partner organisations. In addition, a field visit took place to Mwanza programme site and focus group discussions took place with young children and their parents/guardians using the Topic Guide based on DAC Evaluation Criteria and the research guide.
14. Moreover, secondary data collection was collected from a review of relevant documents, reports, strategies, monitoring visit reports, previous reviews and evaluations. The evaluator ensured findings of the evaluation were robust and valid through an ability to triangulate data collected (check with different sources and use of different methodologies) and make clear links between data source, strength of the evidence base, interpretation and conclusions. The evaluator ensured findings are synthesised to inform conclusions, recommendations and lessons learned. The consultant used CIC overarching Theory of Change (ToC) model that helps visualise the strategic objectives and expected changes as a result of the Programme. This also helped analyse the intervention logic and frame the evaluation and at the same time, assess whether changes occurred.
15. With regard to limitations, there are inherent strengths and weaknesses in all evaluation and research designs and methods. Some of the general limitations include lack of theory of change at the outset and limitations in the overall results framework. However the most significant limitation is major concern over the validity of findings from the end line survey by Kobe Konsult conducted in October 2015, i.e. whether the right questions were asked, question wording, data collection methods, accuracy of information collection and over concerns over reliability i.e. consistency of measurement, comparing baseline to end line and to interim of the end line survey conducted by Kobe Konsult Ltd. There are different sample size, and different sample population between the baseline study (total/general population) and the interim survey (which focussed on MVCs only). The end line focussed on both total population and direct beneficiaries.
16. There are serious shortcomings in the design, administration, analysis and interpretation of the end line survey findings by Kobe. For instance, some questions did not specify if researchers were asking about pre-school children i.e. the age group. In addition, only 27 direct beneficiaries were interviewed in Moshi and only 85 out of sample size of 340 were direct beneficiaries in total. There is inconsistency between the sampling (random or purposive), sample size, sampling population and definition of direct beneficiary between the baseline, interim and end line survey. The results when compared to the baseline and interim survey findings show very large variations which is another indicator of lack of reliability of overall findings. Moreover nutrition related questions were conducted by specialists from Tanzania Food and Nutrition Centre (TFNC). Apparently TFNC applied more stringent survey approaches including no probing; and this has led to differences in findings across thematic areas. It also undermines the robustness of Kobe Konsult research methodologies. In order to address this limitation; during the field visit in January 2016, the evaluator recommended CIC contract another service provider to conduct a more robust survey. This has however not taken place and therefore major limitations remain in terms of assessment of results.
17. A final limitation is the double counting by CIC of direct beneficiaries. For example, CIC counts the number of children reached each year, and some of the children attending ECD centres are the same children as the year before; while women volunteers are the same as community volunteers yet double counted in total numbers reached.

Early Childhood Development (ECD) and Pre-Primary Education Conceptual Framework

18. Over the past decade early childhood development has received increasing attention, drawing on a range of child development, health and psychology research, econometric analyses and frameworks of rights, social investment and human capital. This has drawn attention to the importance of cognitive, physical, social and emotional development in the period of 0-8 years and how it influences the trajectories of individuals throughout their life, overcoming inequalities and contributing to productive societies. Early childhood services are also an integral part of efforts to provide equitable access to the workforce for parents, and especially mothers who carry much of the burden of care. Although access to early childhood education is increasing worldwide, huge inequalities remain in terms of coverage and quality. The development of early childhood development services raises many challenges for governments in terms of governance (with services spanning health, welfare, education, community development and protection sectors and different ministries), financing, gender, cultural and social norms and traditions around child upbringing. Although it should be noted that changes to line ministries have occurred recently.
19. According to UNICEF many definitions and conceptualizations of school readiness have been used in past but more recently an international growing consensus on the definition has emerged. School Readiness is currently defined by UNICEF²⁵ as three interlinked dimensions: a) ready children; b) ready schools; and c) ready families. Children, schools and families are considered ready when they have gained the competencies and skills required to interface with the other dimensions and support smooth transitions. For example, the child transitions to school, the school transitions to accepting new children into Grade 1, and the families transition to sending their children to school on time and interacting with the school. These three dimensions and characteristic features are essential. The 'ready children' dimension focuses on children's learning and development. It refers to what children should know and be able to do in order to enter school ready and eager to learn, thereby enabling a successful transition to a primary school learning environment.
20. Success in school is determined by a range of behaviours and abilities, such as literacy, numeracy, ability to follow directions, working well with other children and engaging in learning activities. These behaviours and abilities are interrelated across broad domains of development and learning, including physical well-being and motor development; social and emotional development; approaches to learning; language development; cognition and general knowledge; spiritual and moral development; appreciation for diversity and national pride. Children's readiness for school addresses all children, especially the economically disadvantaged and the vulnerable, including girls, children with disabilities, ethnic minorities and children living in rural areas. There is a particular emphasis on equity in achieving SDGs.
21. The 'ready schools' dimension focuses on the school environment. It includes practices that: a) foster and support a smooth transition for children to primary school and beyond; and b) promote learning for all children. Ready schools characteristically create continuity and maintain learning expectations for children between early childhood development (home, ECD day care centres (pre-school) and pre-primary school wings). In general, the dimension of ready schools includes the overall quality of the school environment evidenced in such characteristics as sufficient class time devoted to learning; adequate supply of learning materials such as books and teaching aids; and effective teaching, pedagogic practices and teachers' competencies.

²⁵ School Readiness and Transitions, UNICEF July 2012

22. The 'ready families' dimension focuses on parental and caregiver attitudes and involvement in their children's early learning, development and transition to school. Supportive parenting and stimulating home environments have been shown to be among the strongest predictors of school performance during primary school and beyond. Parents' educational goals, beliefs, attitudes and commitment are considered crucial for school success. Parental commitment to ensuring timely enrolment for young children is an important aspect of successful school transition. Another characteristic of ready families is the learning environment provided in the home, including parents' engagement with their children in learning activities such as singing, reading books, telling stories and playing games. Supportive and responsive relationships within the family are the building blocks of children's social and emotional development and are required for success in school.
23. Importantly, CIC's current focus on school readiness in the recent Strategic Plan for 2016- 2020 is aligned with the UN definition of school readiness and the current international Sustainable Development Goals (SDG) agenda, including the most recent universal outcome based indicators for ECD²⁶.

Contextual Analysis- Tanzania

24. Tanzania's Vision 2025 seeks to build an economically viable nation and achieve middle income status by 2025 and reduce poverty by implementation of the national poverty reduction and development plan entitled MKUKUTA II 2010-2015. Pre-school enrolment has been gradually expanding from a low base, but enrolment levels remain low. The Government of Tanzania has developed national policies, laws, strategic plans and operational guidelines to guide service delivery in each of the relevant Early Childhood Development (ECD) sectors. While Parliament has enacted some of these policies, including the Law of the Child (2009), several policies and laws remain unenforced.
25. More recently, significant changes in national leadership in late 2015 have resulted in major changes in government coordination of ECD policy development and service delivery across sectors including the merging of Ministry of Community Development and Gender (MoCDG) with the Ministry of Health and Social Welfare (MoHSW) into what is now entitled the Ministry Health, Community Development, Elders and Children (MoHCDEC). This ministry is responsible for child care and development, health of children 0-18 years and is now also responsible for supervision and coordination of ECD day care centres.
26. Development in ECD is a multidimensional and in order to meet children's diverse need during the early years strong government coordination is essential. These very recent changes in January 2016 should help improve coordination horizontally across different sectors as well as vertically from the local to national levels. The Ministry of Education and Vocational Training (MoEVT) remains responsible for education from pre-primary, to primary, secondary, vocational and third level as part of the National Education Development Plan (PEDP III 2012-2016) with a specific focus on increasing access and equity to pre-primary education, improve the quality of pre-primary education. There is some overlap between community based ECD day centres for young children aged 3-5 years (pre-school) and school based pre-primary wings, given pre-primary wings can enrol young children from 3-5 years. In Tanzania, children will now start primary at 6 years of age.

²⁶ % of children receiving at least one year of a quality pre-primary education programme; % of children receiving responsive and stimulating parenting in a safe environment; and the UN ECD Index (ECDI) composite indicator based on real time observation of young children's developmental milestones designed to measure whether children 36-59 months are developmentally on track within four domains (literacy-numeracy, physical, social-emotional; and learning).

27. Strengthening ECD policy framework can be viewed as a continuum at different policy and legal levels and goals from national, ward, district, school/centre and village level (by laws). The recently drafted policy (but not yet approved by Cabinet) entitled 'National Child Care and Growth Development Policy' (NCCGDP) provides an overarching child development and care framework for children 0-18 years in Tanzania. This policy is a result of an extensive national process which included the former development of a draft National IECD policy in 2012, in which UNICEF, CIC and partners and other stakeholders participated. The current NCCGDP gives some attention to ECD particularly parenting and family care, although there are gaps given the comprehensiveness of the former draft IECD policy. Regardless the policy should help provide a clearer and more coordinated framework for ECD.
28. Financing for ECD service delivery appears to be budgeted but expenditures are not tracked and no specific targets have been set for ECD. The international community has advocated for at least 7%²⁷ of national education budget to be allocated to ECD. Data is collected at the national level on ECD related health and nutrition indicators, but data collection on specific SDG Indicators or demographics is lacking and only a few mechanisms are in place to monitor ECD service delivery. Financial data are particularly lacking, and quality assurance is not fully enforced despite efforts to require inspections of pre-primary school wings and community based ECD day care centre.
29. A pre-primary curriculum (draft 2015) for schools is currently in the final stage of revision and focuses on communication skills, reading, writing, maths, and social skills. While the Department of Social Welfare (DSW) which remains part of the above MoHCDEC has guidelines for 'Early Childhood Care for 0-5 years'; but these are not enforced or well-known at local government or service provider level. Recent changes during January 2016 in both coordination structures and policies should in the longer term help provide a more enabling environment and a more adequate legal and regulatory framework for the implementation of effective ECD policies. Support to ECD greatly necessitates strong coordination within sectors and across institutions as well as sufficient fiscal resources and transparent and efficient allocation mechanisms.
30. A document entitled 'Operational Guidelines and Minimum Standards for ECD in Tanzania' were prepared by the MoHSW in 2008. Currently a selected 10 Minimum Standards for ECD day care centres²⁸ as defined in the Law of the Child Act are used by some if not most of the local authorities targeted by the programme and other stakeholders such as UNICEF and CIC partners. However, these may be revised as part of the current evolving policy environment.
31. With regard to an enabling policy environment, similar to the World Bank report²⁹, it is clear that there is an established system with regulations in some sectors but inter-sectoral coordination and enforcement is weak. While a developed legal framework exists (Law of the Child 2009); up-to-recently the policy framework had not reached an advanced level including the approval by Cabinet of the NCCGDP national policy to implement the Law of the Child, nor is there evidence of sufficient or sustained financing. According to the UNICEF, low coverage and high inequality in access to learning outcomes still remains.

²⁷ Allocation of at least 7% of annual Ministry of Education budgets to the pre-primary grades(s) and an investment of at least 15% of international education aid into pre-primary and early childhood education programs, Call for Action by the Consultative Group on Early Childhood Care and Development (CGECCD) as part of the formulation of the SDGs.

²⁸ Availability of the functional parents committee; centre has minimum level of Child protection measures in place; cases of violation of children rights occurred for the past three months; availability of trained Teachers/carers at the ECD centre; structure and layout of ECD centre is safe for the number of young children attending the centre; location of the ECD Centre is safe for young children; sanitary facilities suitable for young children are available at the Centre; suitable, age appropriate play items and equipment is available for children at the ECD Centre; meal provided to children at the Centre; and ECD Centre makes use of structured curriculum.

²⁹ Systems Approach for Better Education Results (SABER), Tanzania Country Report 2008, World Bank

Key Finding and Results

Finding 1: The ECD programme is highly relevant to national and international priorities

32. The programme is particularly relevant to the needs and priorities of young children and their parents/guardians. It is highly relevant to the SDG Goal 4: *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, and in particular Target 4.2: by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.* The importance of investing in ECD is internationally recognised given science shows that missed opportunities in early childhood can never be caught up. Moreover economic research suggests that investments in early childhood give long term social and economic returns that are of greater impact than interventions later in life. ECD is also relevant to the Tanzania Law of the Child (2009) and the draft National Child Care, Growth and Development Policy (NCCGDP) 2015. Finally it is also relevant to CIC organisational strategic plan 2015-2019 'A Present for the Future Strategic Plan' and the Tanzania Strategic Plan 2015-2019.
33. As shown in CIC current theory of change, CIC programming has focused on contributing to the progressive realisation of children's rights on the basis that children's educational achievement, school completion, children's development and learning and ultimately to success in adulthood. Strengthening ECD therefore contributes to children's right to basic education, lifelong learning and the fulfilment of their developmental potential. In order to do this, future impact is sought in terms of access to quality ECD services (pre-school) with a growing focus on school readiness and strong linkages to the pre-primary programme (FkW) as part of the new Strategic Plan and upcoming preparation of a proposal to IAPG II.
- XX. Given the limited rationale for the targeting of children with cancer as part of an ECD programme, this component (Outcome 3) was phased out. Children with disability were also targeted but during implementation, this shifted to giving priority to access of Most Vulnerable Children (MVC)³⁰ to ECD day care centres or pre-primary wings. This is guided by the national definition of MVC and was in line with the former draft of the National Integrated ECD (NIECD) Policy. Most of the ECD centres are rural and parents contribute Tsh 3,000 per month for volunteers allowance and other expenses. However there is need for a much stronger evidence base that the programme is reaching MVCs and that households with MVCs can actually afford fees. With respect to most vulnerable children there was little if any formal data available on MVCs in ECD centres. This is required to demonstrate greater equity in access to ECD services. In addition there is little data on attendance and completion rates or how many of these children (MVCs, girls) actually go on to primary school.
- XXI. Enrolment in terms of gender is 47% female or possibly higher given lack of gender breakdown for 2012. Gender is broadly taken into account but greater consideration could be given to the specific barriers faced by girls during early childhood, the different needs of women and men; and the power relationships which underpin gender relations. For example, more formal analysis could be given to key barriers, social inclusion/exclusion, gender stereotypes, cultural and social norms and traditions around child upbringing for girls and boys.

³⁰ In the original proposal, the programme targeted children with disability (CWD) but it is understood that specific targeting of CWD was phased out in agreement with Irish Aid, and targeting shifted to Most Vulnerable Children in line with national priorities.

Finding 2: The programme has mixed performance with regard to effectiveness and achieving results especially Outcome 1 (ECD)³¹ due to gaps in the theory of change and shortcomings in results based management

34. Effectiveness is essentially about the doing the rights things in the right way to achieve the expected outcomes. Finding are presented against the following three outcome/impact level indicators in the Results Framework:

1. % Under 5's who are stunted³² in CiC Impact Districts
2. % of Children in CiC Impact Districts accessing Early Childhood education (Pre-school)
3. % of children 2-8 years old who experienced any violent discipline (psychological aggression or physical punishment) in the past month in the home.

35. Further findings of results are presented against the four intermediate outcome level indicators in the Results Framework, namely:

1. Households with Children 0-8 years old demonstrating good Nutrition (3 out of 5 food groups in the previous 24 hr); Stimulation (toys and safe place to play around the house), Care practice for targeted young children (who children are left with when parents not around) and Protection (no physical punishments for discipline)
2. Youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices in CiC Impact Districts
3. Mothers of children 0-8 in CiC Impact Districts with good awareness of ECD messages
4. Care Centres providing quality early childhood education in CiC Impact Districts

36. **In terms of first outcome indicator as part of Outcome 1: ‘% Under 5’s who are stunted in CiC Impact Districts’,** the endline survey by Kobe Konsult Ltd found between 11-14% reduction in stunting in target areas from 30.7% to 19.4% in the total population and 16.2% among direct beneficiaries. The target was 24.5%. This finding is not deemed credible given the general issue with reliability of survey findings. Moreover the sum of CIC supported activities by partners (e.g. food gardens, IYFC messages) is not sufficient to reduce stunting. Moreover, there are problems with using ‘stunting’ to measure ECD, given it is not a universal indicator of ECD but rather an indication of child health and survival. In short, the outcome indicator on stunting is not appropriate.

37. The indicator on stunting is linked to the following intermediate indicators:

- *youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices in CiC Impact Districts’*
% of households with Children 0-8 years old demonstrating good nutrition (3 out of 5 food groups in the previous 24 hrs)
- *% of households demonstrating good nutrition, stimulation, care and protection practice for young children in CiC impact districts*

³¹ Outcome 1: ECD services and better nutrition, stimulation, care and protection of young children

³² Stunting is low height for age; the indicator measures children age 5 years and under whose height for age is two or more standard deviations below the median height for age of a reference population. Stunting is caused by chronic nutrient deficiency and/or illness. Wasting is low weight for age; the indicator measures children age 5 years and under whose weight for age is two or more standard deviations below the median weight for age of a reference population. While ‘Wasting’ is caused by acute food shortages and/or disease, and is strongly correlated with under-5 mortality

38. Generally the projected target of 20% for the composite indicator on nutrition, stimulation, care and protection practice was not achieved for the total or general population with only 8% of respondents in the end-line survey demonstrating good nutrition, stimulation, care and protection for young children compared to 7.1% recorded in the baseline survey. However 28% was reached for direct beneficiaries. In particular, Moshi and Ilemela impact districts have recorded improvements, while Mvomero recorded a drastic decline from 10.4% in the baseline survey to 3% in total population and only 7% in direct beneficiaries. The reasons for these findings are not fully clear but may relate to the difference in questioning across thematic areas. For example, questions on nutrition were not multi-choice while those on other thematic areas were. Moreover this indicator has limitations given its composite nature.
39. Another intermediate indicator '*% of youngest children aged 6-23 months living with their mother who are fed according to three IYCF feeding practices in CIC Impact Districts*' was missed though some improvements were observed. The survey found that 58% of direct beneficiaries and 59% of the total population (out of an overall target of 75%) of children aged 6-23 months who live with their mothers out of total respondents are fed according to three IYCF feeding practices. This is a 9% increase when compared to the baseline survey findings but far below the target of 75%. Notable improvements were recorded in Ilemela from 33% to 54/52% (general population/direct beneficiaries) and in Mvomero from 53% to 60/64%. Moshi rural performed poorly as the proportion of youngest children aged 6-23 months living with their mother who are fed according to three IYCF feeding practices declined from 77% to 64/63%. Again the Kobe survey does not provide sufficient explanation of these findings; however CIC's narrative report including the Results Framework to Irish Aid refers to problems with survey reliability and validity as well as over ambition in terms of design.
40. The indicator '*% of mothers in CIC impact districts with children aged 0-8 years with good awareness of ECD messages*' performed badly and the target of 48% by 2015 was not reached with only 7% of direct beneficiaries and 9% of the general population demonstrating good awareness of ECD messages. Deterioration in performance with respect to this indicator was recorded in all three districts ranging from 1% to 3%, which is a long way off the target of 48%. This is another worrying and confusing finding. CIC's report to Irish Aid states this is influenced by the compound indicator and the different approach taken by the Tanzania Food and Nutrition Centre (TFNC) to questions on nutrition. These very low levels of change and awareness on key nutrition messages are clearly contradicted by the reported reduction in stunting and compliance to IYCF feeding practices by Kobe Konsult. The evaluator is of the opinion that the TFNC methodology was in fact more robust i.e. no prompting or multiple choice options for respondents. Another issue which may have affected results is the lack of quality assurance, and clarity on the actual messages parents or caregivers are receiving.
41. **With regard to the second outcome indicator (measuring Outcome 1 & 2): '*% of Children in CiC Impact Districts accessing Early Childhood education*'**, the survey found an increase in the number of targeted young children accessing ECD education from 14% in the baseline to 18.2 in total population and 24.4 in direct beneficiaries. In total 7,114 young children (3-5 years) of which 47% approx. are girls enrolled in ECD centres. There is however no gender breakdown available for 2012 and no specific data is available on attendance, drop out, completion rates or graduation to primary school. There are also regional variations which impact on figures (e.g. registration in ECD centres is up in Ilemela, stagnant in Moshi and down in Mvomero). In addition, disaggregated data on MVCs (including children with disability) is unavailable. There is also evidence from M&E and partner data that the above related intermediate indicator was achieved. Moreover the evaluator found evidence of increased access to ECD services during the field visit.

42. Overall there is an increase in the number of ECD day care Centres (435) and pre-primaries (14) that are progressively providing quality early childhood education in CIC Impact Districts with the survey finding that 89% of a targeted 90% are meeting 8 out of the 10 National Minimum Standards³³, when compared with 0% in 2012. Moreover, CIC and partner's records show that 73 ECD Centres in impact districts and 107 centres across the 3 UNICEF Focal Regions have improved compliance. With support from UNICEF, CIC helped develop a methodology for assessment and trained 10 District Social Welfare officers who coordinated activities, participated in the assessments and established local registers that conformed to plans at the national level. While CIC and partners have worked closely with local government especially district social welfare officers to establish a national register for pre-schools in line with Law of the Child Act and meeting the Department of Social Welfare National Minimum Standards for Pre-schools in 2014; the target of achieving registration of 150 centres by 2015 was not met- given it appears that none of the centres are now considered 'registered'. This is due to the fact that the minimum standards are not fully approved, enforced or regulated at district level. Moreover, recent changes in the national policy context and the former Ministry of Health and Social Welfare (now Ministry of Health, Community Development, Gender, Elders and Children) has led to suspension of the national registration process until the standards are reviewed and there is a stronger regulatory and supervisory systems for community based ECD day care centres in Tanzania. Nevertheless, there is certainly future potential to scale-up and replicate the current intervention on minimum standards and to take advantage of the changing and potentially more enabling external environment.
43. Moreover, monitoring of ECD centres has tended to focus on the quality of ECD centres infrastructure (playgrounds, toilets, locally developed learning materials). Given the gaps in the current standards including lack of clarity on a curricula for pre-school/ECD day care centres, insufficient guidelines on the quality of ECD day care centres personnel training (including inclusive and child-centred pedagogical content) and the levels of qualifications required, as well as teaching and learning practices; moving forward this is certainly area that CIC could input into especially given the experience and learning from the FkW model. Furthermore there is a need to examine the extent to which the centres provide a seamless link to primary schools and to address the issue of volunteer/ECD para professional teachers/facilitators allowances and parent's contribution; particularly given some of the recent mixed messages from Government sources over whether parents should or should not contribute to pre-school/ECD centres. Nonetheless, important foundations are in place to improve the quality of ECD day care services.
44. It is worth pointing out that increased enrolment or attendance in ECD is not impact. Impact on ECD can only be measured by universal child development indicators which measure if children 36-59 months are developmentally on track within four domains (literacy-numeracy, physical, social-emotional; and learning) such as the UN SDG ECD Index (ECDI) global composite indicator for measuring child development and school readiness. FkW is exploring piloting a similar but different tool called 'Measuring Early Learning Quality and Outcomes' (MELQO) which was developed by the Brookings Institution, a US based consortium of academics, government and NGO. However it is also worth noting that MELQO is not a universally recognised tool or an UN SDG indicator when compared to the UN SDG ECDI. Therefore it is preferable to use universal tried and tested tools to ensure coherence with SDGs indicators.

³³ Department of Social Welfare 10 Minimum Standards for ECD Day Care Centres include: Availability of the functional parents committee; centre has minimum level of Child protection measures in place; cases of violation of children rights occurred for the past three months; availability of trained Teachers/carers at the ECD centre; structure and layout of ECD centre is safe for the number of young children attending the centre; location of the ECD Centre is safe for young children; sanitary facilities suitable for young children are available at the Centre; suitable, age appropriate play items and equipment is available for children at the ECD Centre; meal provided to children at the Centre; and ECD Centre makes use of structured curriculum.

45. Additionally under Outcome 1, according to the survey, **the third outcome indicator** ‘% of children 2-8 years old who experienced any violent discipline (psychological aggression or physical punishment) in the past month in the home’ was fully achieved. Again there are concerns over the reliability of the finding related to violence against children given the survey found that the number of children age 2-8 years, who experienced physical punishment or violence i.e. hitting during the last month has reduced from 68% in the baseline to 0.6% in total population and 0% in direct beneficiaries. One explanation for this dramatic decrease to 0%, is that respondents simply wished to give the ‘correct response’ and therefore they reported no violence against their children. However the researchers should have probed. Generally speaking the strategic approach taken to child protection is an area that requires greater clarity and strategic thinking. In addition, CIC should also pay more attention to implementation of its own child protection policy.
46. As part of its work under Outcome 1 (ECD), CIC has adopted a Community Managed Micro Finance (CMMF) model to help 50 CMMF groups comprising of poor women/mothers/guardians to increase their savings and income and to use the model to develop an ECD fund to either community based ECD centres (allowances of volunteers) or send their children to ECD centres (pay fees) assuming they have pre-school aged children- several members do not. This is not entirely innovative but based on the widespread Village Savings and Loan Associations (VSLA) model which differs from traditional microfinance in that the money for loans comes from the members themselves and the process of saving and lending is managed by the members of the group themselves. It is evident from the field visit that the savings group have had some positive impact on members’ levels of savings and expenditure on household items (food) and improvement to dwellings/accumulation of assets (windows, roofing) but there is little evidence of using funds to send young children to ECD or of linkages to ECD type outcomes. Moreover CIC and partners lacks sufficient data or indicators to measure or demonstrate outcomes such as increased income or savings or increased number of children attending ECD as a result of CMMF intervention.
47. Despite the popularity of VSLA/CMMF programmes in sub-Saharan Africa, there is little consistent evidence³⁴ that it is effective in achieving improved economic or non-economic outcomes for the poor, particularly for women and children. Other similar research by Oxfam³⁵ on VSLA models found increased savings and lending, increased food security, and investment in livestock, but no actual evidence of changes in income or health and education type outcomes. Moving forward, CIC need to develop a much stronger MEL base to demonstrate changes/outcomes as a result of CMMF, both in terms of developing SMART indicators, collecting robust data. Importantly from a RBM perspective, CIC need to test the theory of change around the CMMF model to demonstrate if there is sufficient evidence which shows effectiveness of the approach in delivering learning or educational outcomes for young children. Currently there are too many assumptions that investing in CMMF will deliver results.
48. **Results under Outcome 2 with regard to Tanzanian laws, policies and strategies create an enabling environment for Early Childhood Development** are mixed. The original indicators were revised as they were considered too ambitious. The current indicator focusses on the output level e.g. ‘*Impact districts that are implementing ECD Action Plans*’. This was part of a UNICEF supported initiative whereby CIC worked with partners using a ECD Action Pack (outlining responsibilities at District level) developed by UNICEF, CIC, TECDEN, and ECD focal persons from the three line Ministries with responsibility for ECD in 2013 and which resulted in 3 districts developing ECD District Level Action Plans. Furthermore, the ratio of

³⁴ Steward et al (2015) review of 17 impact evaluations, 3 RCTs and 14 quasi-experimental studies on microcredit (15 in SSA).

³⁵ Randomised Control Group (RCT) in Mali- Saving for Change: Financial inclusion and resilience for the world’s poorest people, Oxfam, 2013.

'pupil: qualified pre-primary teachers' has improved with signs that the revised target of 1:45 is currently on-track.

49. Moreover in 2012, CIC along with USAID co-sponsored a National Symposium on Early Learning in Arusha which was attended by key decision makers including five ministers where a strong case for investment in early years education was made. This certainly helped put ECD higher on the national agenda; although there are issues of attribution to consider (e.g. role of UNICEF, regional and global trends in ECD which influenced the Government of Tanzania). This was followed by a short period where CIC helped influence policies affecting young children such as the Child Development Policy 2015. CIC also tried to monitor budget allocations to ECD at district and government levels, as part of a UNICEF funded project but these targets were not met. At the national level, CIC used to participate in the Joint Secretariat for the ECD Policy (2010-2013) and ECD Development Partners Group with UNICEF, World Bank and others; but in recent years, CIC's profile at the national level has suffered due to lack of participation by the new Country Director in national fora and limited if any engagement with relevant ministries.
50. While CIC remains a valued and important partner to Government and UNICEF, the change of country leadership in 2015 reduced the profile of CIC at the national level. Moving forward, there is certainly a need for the new Country Director to engage actively and strategically at this level, if the programme is to be effective at the national and macro level. It is also necessary to consider which type of strategic alliances are required to be effective at this level. The approach to advocacy is rather ad-hoc given the lack of an Advocacy Strategy or specific messages. It is essential that CIC strategically and systematically links its work at the community/household/individual level (micro) with the district/local government authorities and CSO level (meso); to the macro level. This work at grassroots should be used to better inform policy and advocacy at the higher levels. This is particularly important given the recent changes to the national policy and ministerial context which has the potential to create a more enabling environment for investment in ECD, particularly given early signs and talk of an increase in national political will to invest in pre-primary education.
51. Overall in respect of the indicators used to measure performance under outcome 2; two out of three outcome based indicators were achieved/on-track, namely ECD district plans, pupil/teacher ratio. The exception is the full recognition or registration of ECD centres. Moving forward there is scope to develop smarter and more relevant outcome based indicators to better measure and demonstrate progress under this result area.
52. **Under Outcome 3** there is clear evidence of results with 2,500 young children with cancer in Tanzania accessing quality services as part of the Paediatric Oncology programme. Although the targets for 2014 (520 out of target of 550) and 2015 (531 out of target of 600) were not fully achieved. There is also a downward trend in meeting targets related to the short term survival rate of child cancer patients one year after presentation, for example, from a baseline of 60% in 2012 to 55% in 2013-14 and 53% for 2016. Despite this, child survival rates are high and are coupled with greater availability of drugs and improved capacity of human resources. Importantly the % of total paediatric chemotherapy drugs budget across the three regional centres supplied by the government is on-track with a reported 38% of a target of 40% achieved, which is a significant achievement; although there is still some reliance on elements funding of cancer drug. The latter was necessary given the lack of a clear rationale for targeting of children with cancer as part of an ECD programme. Therefore after consultations, CIC developed an exit strategy which was completed in June 2015 and included a handover/signing of MoU with a new partner. Children with cancer and their families are also accessing non-clinical services such as therapeutic play and innovative components such as 'bed play' from a local CSO called Tumaini La Maisha (TLM)/Hope for Life which was initially supported by CIC but is now run by parents of children with cancer. Good progress was made with

regard to the development and use of age appropriate materials and resources for stimulation of children as part of non-clinical efforts. However, sustainability of this component could be an issue, given TLM's current reliance on local and international volunteers.

53. Partnership is an important element of effectiveness. CIC's approach to partnership is guided by the Partner Strategy (2014) which forms part of the International Operations Manual. The aim is to provide guidance on the selection of partners and to use mechanisms like MoUs, joint planning, review and learning to help deliver results. While in theory a stakeholder analysis is supposed to be used, more attention could be given to partner selection based on the ability of partners to make a contributions towards particular results, that are complementary to CIC overall results areas; as well an analysis of what types and mix of partners are needed at each level (micro-meso-macro) to ensure the programme is effective. In other words, the comparative advantage of each partner at each level should also be considered, especially at the macro level.
54. It is worth noting that CIC had both successes and challenges in its partnership with TECDEN at the national/macro level, as the lead civil society network representing ECD-focused NGOs in Tanzania. The more persistent challenge was related to governance capacity and effective management of funds, which despite CIC investment in institutional and governance capacity building since 2011, resulted in termination of support for programme activities due to concerns over financial systems and lack of TECDEN capacity to meet its commitments. This was a setback to CIC's advocacy and capacity development work at the national level. Nonetheless, CIC continues to support partners who are TECDEN members and members who are involved in advocacy activities as part of district level chapters. Moving forward this gap at the national level in terms of strategic alliances needs to be addressed.
55. In 2014, Molly's Network (MN)³⁶, a registered international NGO in Tanzania was contracted as an external service provider in capacity development. As shown in the table below, MN ranked each partner following organisational assessments (OA). The OA covers five organisational themes including: Strategy and Purpose; Reputation; Due Diligence; Finance Accountability; Legal and Governance; and Growth and M&E. A common scale of rating is applied resulting in Green 76-100 (Accredited); Amber 41-75 (High Potential); and Red 0-40 (Assessed). For each organisation a Summary from Assessors and an Assessment Panel Conclusion is provided to the partner organisation and to CIC.

³⁶ www.mollysnetwork.org

Molly's Network Organisational Assessment Ratings		
Organisation	Score/Rating	Areas for attention:
TECDEN	60.5% Low Amber	Governance and oversight, M&E management processes, Strategic Planning
Maarifa ni Ufunguo	86.5% Green	Growth management, Strategic planning, Governance training
CDFN	61.5% Low Amber	Financial management and planning, Governance training, Strategic planning
TAHEA	70.5% High Amber	Strategic planning, Staff/HR management
Tumaini La Maisha	72.5% High Amber	Governance training, M&E systems

56. While the approach to capacity development is systematic, particularly in terms of using specific tools, some of these tools have shortcomings as outlined in the mid-term review and there is need for greater clarity on what evidence was presented, criteria and descriptors; and what action will be taken such as Action/ Capacity Development Plans. There is also a need for more information on the overall approach to capacity development taken by Molly's Network (e.g. conceptual framework/model used).
57. Moreover there has been a tendency for Molly's Network (MN) to focus on strategic planning; resource mobilisation and fundraising elements when compared with programme cycle management (including MEL) and results based management. There is also little if any synergy or communication between Molly's Network and the support work of CIC programme officers. This has led to disjointed effort and lack of a common understanding of the expected capacity development outcomes/results. The evaluator noted risks with the outsourcing of the capacity development function during the mid-term review and to an extent this has materialised given the lack of sufficient oversight by CIC previous Country Director. Furthermore, capacity building of partners is a dynamic and multi-faceted process and not a finite event or technical process. Therefore it requires on-going strategic thinking and careful management of relationships.

Finding 3: The programme has gaps in efficiency particularly linking inputs to actual performance

58. Efficiency means doing the right things in the right way and at the right cost. When examining the extent to which there is evidence of efficiency, the evaluator looked at how the organisation understands value for money, its understanding of organisational costs and the factors that drive them and their linkages to performance as well as the organisation's ability to achieve efficiency gains.
59. CIC has administrative and financial policies and an international human resource manual. However one gap is the lack of sufficient staff dedicated to work on human resources in the country office. For example to help organise work permits, travel schedules, book flights, host consultants and evaluators and general administration such as vehicle log books, stock taking etc. Overall there are insufficient support functions in place for the programme.
60. On the programmatic side, the main policy is the operations manual which outlines the organisations approach to programme cycle management; results based management, MEL and partnership. A gender policy and a child protection are also in place. The office has a designated Child Protection Officer but as

mentioned previously there is need to give more attention to actual implementation of policy e.g. regular review or checklist to see if CIC is adhering to its own policy. The organisation has committed to results based management and has invested significant time in developing policies, manual and systems. However these are not fully institutionalised or operationalised at the country office level. Much of this is due to gaps in country leadership and management during 2013-2015 period. In general, the programme needs to be able to draw on greater technical expertise in key programme areas such as ECD and results based management/programme cycle management at both headquarters and in the country office.

61. CIC is a small organisation with headquarters in Derry (10 staff) and the Head of Programmes based in the UK. The evaluator noted a need for a greater delineation between the role of the Head of Programmes and the current IA Programme Manager. The Derry office has supported the programme to adhere to Irish Aid grant conditions and in particular financial management; however due to staff changes in Tanzania, financial management is now managed from Derry, which has some drawbacks including lack of ownership at country office. The country office has a small team of 8-9 including one volunteer and one intern. Two full time staff are assigned to the IA funded IECD programme (IA Programme Manager and IA Programme Officer) and a MEL Officer who spends 60% supporting the programme. The Acting Country Director/FkW Programme Manager has recently resigned to take up a new position with the UN. Therefore currently FkW has two full time staff (Programme Officer and Technical Advisor/Volunteer) and a M&E Officer (80%).
62. Generally speaking, there have been substantial changes to human resource during the course of the entire programme grant which have impacted negatively on programme performance. During the last six months, three new staff (Finance/Administration Manager, Finance Intern and MEL Officer) were recruited and a new Country Director is due to start in April 2016.
63. Importantly, value for money (VfM) is considered by the organisation especially at headquarters, but this tends to focus on financial management and to some extent cost effectiveness. Expenditure by result or outcome area is tracked in term of % spent on each outcome area. However, moving forward there is scope to give more day to day attention to 'managing for results' i.e. how programme management or leadership actually manage their time, resources, staff and partners to deliver outcomes.
64. CIC has both organisational and country level risk registers. Risk management is a standing item on all Board meetings and there is an established annual review of all risk registers as part of the RBM Annual Action Plan at board level and within each country programme as part of the annual programme planning cycle. While management at HQ are familiar with the registers, several of the staff in Tanzania were not familiar with the programme/country level register during the visit. Some of the original risks such as ensuring relevance by participating in the national ECD Group did materialise given the lack of participation in this forum by Country Leadership. Other risks such as poor financial oversight were addressed by mitigation measures put in place by management to reduce their negative impact on results.
65. The total budget under review from Irish Aid is €2,191,779. Expenditure of the Irish Aid grant was €518,852 in 2012; €593,652 in 2013; €526,403 in 2014; €552,872 in 2015. The total income of the organisation during grant period (up to March 2015) was €2,730,065 with 57% from grants including Irish Aid (27%) and Dubai Cares Foundation (29%). The remainder was raised through public fundraising (26%) and 17% from private sector and cooperation's sources.

66. During the grant period, 34% of the entire funding was allocated to Outcome 1 (IECD) with 21% allocated to Outcome 2 (policy), and the balance (45%) was allocated to Outcome 3 (children with cancer). There was insufficient allocation in the original budget to organisational development (OD), and M&E and learning. In terms of Irish Aid resources, 49% was allocated to access to quality IECD services (Outcome 1); 34% to advocacy and national policy/legal context (Outcome 2) and 17% to cancer services (Outcome 3).

Finding 4: It is too early to measure impact but it is important to plan for a robust impact assessment including a counterfactual research

67. It is too early to determine impact given the current duration of the programme grant. Moreover it has been extended for one more year. The scope of the current evaluation was an end of term evaluation and therefore an impact assessment was not carried out. Moving forward, it is important to plan for a robust impact assessment. It is suggested to plan for a counterfactual research of non-targeted communities in the same area. According to the OECD a proper analysis of impact requires a counterfactual of what those outcomes would have been in the absence of the intervention, i.e. with versus without. This generally requires using a comparison group, typically a geographic area which is identical to the impact community, except that it is not subject to the intervention.

Finding 5: The programme is not yet sustainable, although opportunities exist particularly given the fast changing and more enabling external environment

68. With regard to institutional sustainability, there is insufficient evidence that partnership with local district governments has actually increased government resourcing for ECD for the sustainable delivery of services over time. However as mentioned above, significant opportunities exist for CIC to capitalize on its work at community and district level and use this to gain more traction at national level as a key stakeholder in ECD in Tanzania and to influence national policy. With regard to financial sustainability, it is not clear that CIC could continue to fund major parts of the IA programme if the application to Irish Aid for IAPG II was not successful, despite the increase in the organisation's unrestricted resources.
69. Although there are mixed findings with regard to the findings of the survey around parents understanding of key ECD messages and the unreliability of the survey; there is however some anecdotal evidence of socio-cultural sustainability given reported changes at the micro (individual level) in knowledge, skills and attitude among parents/guardians, ECD service providers and local government officials. One aspect that promotes sustainability at the micro level is the focus on community participation and ownership of ECD centres and parents participation in ECD management committees or school management committees, as part of national guidelines.
70. In addition, community based ECD centres require parents to voluntarily contribute Tanzanian Shillings (Tsh) 3,000-4,000 per month (€1.50 approx.) to cover volunteer/para professional teachers allowances given currently the government does not financially support pre-school ECD day care centres. However, the newly appointed President in Tanzania and other relevant officials have made a clear commitment to parents that all children will receive at least one year free of pre-primary education in pre-primary school wings as part of the education system and of their intent to invest further in this area. This political will and other changes at ministerial levels including a more results based approach at national level are a sign of more enabling environment. However currently ECD centres remain un-financed by Government and that some parents are refusing to pay for ECD centres given the Presidential Directive and are opting to

send their child to the free pre-primary school wing (even if it means waiting until the child is older and eligible to attend). This has of course had implications for the IA funded programme.

Monitoring, Evaluation & Learning (MEL) and Results Based Management (RBM)

71. CIC HQ fully recognises the importance of results based management (RBM) and committed significant time and resources to strengthening systems. As part of the development of the Operations Manual and responding to the recommendations of the MTR, the country office established a MEL system during the first quarter of 2014 with a focus on results. For example, a RBM framework was developed and RM Calendar and an integrated IMEP Monitoring Plan (IMEP). A series of tools including templates for partner reporting, monitoring visits and guidance on partner's forums/meetings were developed. Despite the investment in results based management and improved financial systems and oversight, there is still a need to fully operationalise RBM systems. This would also help achieve a greater balance between effectiveness, efficiency and economy and could provide greater value for money.
72. The current results framework is cumbersome and contains a large number of outcome based indicators (7), some of which need more refinement e.g. outcome related to stunting and the composite outcome on nutrition, stimulation, care and protection. Generally speaking the original design had several flaws in terms of logic of intervention and linkages between outputs-outcomes, and limitations in terms of indicators chosen to measure results. This is fully acknowledged by programme management.
73. The evaluation of the last programme grant in 2008, as well as the mid-term review (2014) and on-going feedback from Irish Aid has provided valuable findings and recommendations, some of which have been acted upon. It is also fair to say that CIC is very responsive to feedback from Irish Aid and others. Despite this, the evaluator noted that several of the more critical or strategic recommendations were not fully taken on board, especially following the mid-term reviews³⁷, i.e. the optimum time to take the necessary corrective action to ensure results are delivered, including fully amending the results framework. Moreover many of the findings of this evaluation reiterate previous findings and recommendations. In addition many of the findings of the most recent field monitoring visit by Irish Aid are similar to the evaluation findings.
74. For example, the evaluator noted that partners still tend to focus on the activity level and they are not fully conversant with CIC higher level outcome indicators. Essentially keeping the focus on outcomes is an essential part of RBM. Additionally, some key CIC staff were not fully conversant with the Results Framework during the visit and there was confusion evident between targets and actual results.
75. Moreover moving forward, indicators need to be universal simple single-variable indicators in line with the SDGs, with straightforward implications and easy to interpret and communicate. Composite indices should be avoided since they require more complex data collection methods. Indicators related to advocacy

³⁷ The Mid Term Review made the following five recommendations: 1) Sharpen the organization's overall Theory of Change, including the Results Framework; and CIC niche/distinctive offering within ECD in Tanzania, during the Strategic Planning Process; 2) Gather robust evidence of results by using standard indicators; and strengthening evidence based programming and RBM/PCM at country level; 3) Adopt national models and best practice for parent/primary caregiver education in relation to increased stimulation, care and protection of young children; and child development; 4) Strengthen implementation of CIC approach to Partnership, including implementation of a Capacity Development programme, and evidence based organisational assessment; and 5) Consider ways of strengthening Value for Money (VFM) through analysis of the balance between economy, effectiveness and efficiency (3 E's) and greater integration of VFM into the design and planning process.

should not expand the number of (underlying) variables that need to be collected through official statistical systems as this might undermine the feasibility of a monitoring framework. Instead indicators should rely as much as possible on metrics that consist of one variable only.

76. While the organisation is aware of the importance of recruitment and retention of staff, there has been on-going difficulties and significant staff turnover during the grant period, especially at the Country Director level. Meanwhile, CIC received a large grant from Dubai Cares Foundation (DCF) to implement the FkW programme as part of a partnership with Aga Khan, UNICEF and Mathematica which at times has diverted time and resources away from the Irish Aid funded programme.
77. Despite a commitment to RBM and significant investment in planning for RBM, one of the main challenges in operationalising the MEL/RBM systems and the operations manual was the lack of leadership in the country office in institutionalising RBM particularly during the last two years. While programme meetings are taking place; they are not sufficiently strategic, technical or results based. There is also a need to strengthen MEL systems and to systematically use data for decision making and learning. Furthermore, there is a scope to identify, capture and measure results, assimilate lesson learning and translate the information gained into improved programming. There is also room for more robust collection, tracking and monitoring of data to capture reliable evidence of results and data for all indicators.
78. A system for accountability from country office to HQ and onward to Irish Aid is in place. Partners coordinate their work at district level through appropriate government structures and in some cases, MoUs guide these relationships. Regarding downward accountability to the beneficiaries, consultation and participation is a feature. While there is continued consultation and sharing of key information by partners during quarterly meeting and annual partner forum, this could be further strengthened with a more formal feedback mechanism. A final part of RBM is risk management and this is another area that needs attention, particularly at the country office level. For example, during the evaluation visit, several staff were unaware of the risk register at the country level.

Lessons Learned

79. The programme has more recently introduced annual partner forums and quarterly rotational partner meetings which provide greater space for sharing learning. For example, partners shared an example of quality training curriculum for training of pre-school teachers and shared materials for community awareness raising activities. In addition these rotational partner meetings mean that partners visit each other partner's programme sites which further enhances learning. This is a good example of on-going cross learning amongst partners. However the extent to which good practice and key factors for success based on programming approaches and experiences are actually systematically researched, captured, analysed and used to improve programme could be better documented. One lesson noted by the evaluator is the importance of bridging the cultural divide between home and school.
80. CIC as an organisation has learned lessons, such as the dangers of focussing on too many multiple issues across too many sectors and spreading itself too thin on the ground (programmatically and technically). Therefore the new niche area is school readiness and CIC appears to be currently in the process of exiting from programme components such as cancer, stunting, nutrition and child protection.

Conclusions

81. Under relevance, the programme is highly relevant to the needs of the direct target group, to national priorities in Tanzania and to the Sustainable Development Goals and Ireland's OWOFF framework³⁸. Although the overall design and theory of change needs further work.
82. Under efficiency, the evaluator examined evidence of cost effectiveness, the organisation's understanding of costs and the factors that driven them and link to performance. Efficiency also included a consideration of value for money. The evaluation found that CIC has tried to improve efficiency but there has been a tendency to focus on financial management of costs and not sufficiently linking these to actual performance and outcomes. Partners also tend to spend too much time focussing on the activity level. Overall, there is scope to improve the balance between efficiency, effectiveness and economy (value for money).
83. Under effectiveness, the evaluator examined evidence of results to assess if the programme achieved the desired outcomes from the programmes outputs. The programme has demonstrated some moderate changes in skills and knowledge of ECD service providers and parents/guardians at a micro level. There is evidence of some changes in the capacity of civil society partners and local government authorities (meso) e.g. importance of ECD, district plans etc. CIC has also contributed to some changes at the macro level e.g. national policy but there are gaps at this level. Moreover the profile of CIC has suffered in recent years due to leadership issues. Nonetheless, given current changes in national leadership in Tanzania and at ministerial level, there are signs of a more enabling environment, in which CIC could bring some added value. This will however require linking changes at community/families (micro) and local government and partners (meso) and using these to inform advocacy at the national level. Furthermore, there is a need for more robust evidence of outcomes and examples of how programme has changed course as a result of feedback from beneficiaries (downward accountability).
84. Under results, it is apparent that the programme was effective in achieving outcome 3 (cancer services for young children) despite not reaching the full target. It is however essential that these services are sustainable in the longer term. This requires continued government commitment to finance paediatric oncology. Results under Outcome 1 (IECD services and better nutrition, stimulation, care and protection) which is the backbone of the programme are quite mixed. Generally speaking there is an insufficient robust evidence base of outcomes related to nutrition, stimulation, education, care and protection. This lack of reliable and valid data from the end of line survey is a major shortcoming and unfortunate. Some of the targets under Outcome 2 (laws, policies and strategies create an enabling environment for ECD) were achieved but moving forward results under this area could be much more strategic. Nonetheless, the evaluator found some evidence of changes at the meso level and to a lesser extent at macro level. For example, CIC has strengthened the capacity of civil society partners and local authorities at the meso level which has resulted in increased strategic alliances and district planning on ECD; but there is still a need to link results across the three levels more effectively.
85. Much of the underperformance is related to the original design which is spread across multiple sectors (health and education) and thematic areas (e.g. nutrition, stimulation, care, protection, IGA, cancer, children with disability). This resulted in insufficient focus or coherence coupled with numerous outcome indicators (7) in the result framework, which were difficult to track and measure. This impacted on the ability of the organisation to deliver and demonstrate results. While ECD does require integration, this is

³⁸ One World One Future (OWOF 2013)

more at the national (e.g. Government, UNICEF level, District Stakeholders forums) and does not mean that a small organisation like CIC can and should do everything (i.e. nutrition, stimulation, protection, care, education). Moreover while the current intervention strategies have a relatively good mix of strategies including support to service delivery, capacity building of partners and government, and advocacy/influencing policy; currently these strategies are not sufficiently synergistic.

86. Given 2016 is a transition year for the programme, there is window of opportunity to exit some programme components in a planned and careful manner; while at the same time sharpening the focus on 'school readiness' and preparing for the next phase including the application to IAPG II. This has already begun. In particular, as part of school readiness, the final phase (2016) of the current programme grant should begin to really sharpen the focus on ready children (stimulation, play, early learning in the home and in quality ECD centres); ready families (parenting in the home); and ready schools (teacher training and child friendly pre-primary wings i.e. the FkW component). This requires developing much greater synergy between IA funded programme grant (home and community based ECD and school readiness) and the FkW programme (school based pre-primary and training of teachers/para professionals). Importantly it also requires pulling back from nutrition and to some degree, child protection.
87. One of the most persistent challenges is the need for a clear and SMART³⁹ articulation of a limited number of universal outcome based indicators (not composite) that target specific and realistic change at micro-meso-macro levels⁴⁰. The most recent theory of change as part of the new Strategic Plan for 2017-2020 sets out the links between outputs, outcomes and objectives around school readiness and provides a strong basis to refine and design a more achievable set of results and proposal to Irish Aid for the 2017-2019 period.
88. In considering sustainability, the weaknesses in the original design, lack of results framework, and poor management were all contributing factors to mixed results with regard to sustainability. Another key factor was the lack of sufficient planning for sustainability. Given the timeframe (4 years), it is too early to conduct an impact evaluation but it will be important to conduct a robust impact assessment at some point in the future and this could include a counterfactual research i.e. comparison group.
89. In conclusion, CIC has invested time, effort and resources into strengthening the programme. The current Strategic Plan 2015-2019 provides a much more niched core programme areas. This has reduced the risk of spreading resources too thinly in the future and increased the depth of engagement. It still however cuts across several sectors and there is a need to ensure the programme or partners do not lean back into nutrition or other areas i.e. keep partners/staff focussed on key results. When compared to the original design, the newly developed theory of change contains a stronger logic of intervention and a clearer focus. Furthermore, the recent recruitment of new Country Director should help provide leadership to operationalise RBM systems. There are many opportunities to become a more effective, programmatic and results driven organisation. Finally a foundation for results has been set, but a significant amount of further work is required during the next phase, if the programme is to truly deliver results and value for money. This requires having the right people in the right place (i.e. human resources, technical capacity in ECD and RBM) to fully operationalise results based management systems.

³⁹ Specific, Measurable, Achievable, Relevant and Time-bound (SMART) Indicators

⁴⁰ As a guide, Irish Aid suggests the following can be used as definition of different levels of change (micro-meso-macro) including : Realising a set of immediate and direct benefits for targeted groups (micro level changes); Partnership with the responsible local authorities and /or other relevant structures to bring systemic change within an area to widen the reach of benefits (meso level changes); and strengthening institutional arrangements (policies, legislation, institutions, programming) at regional and/or national level in ways that can sustain improvements (macro level changes)

Key Recommendations

- I. Continue to sharpen the focus/niche on school readiness, making use of the recent Theory of Change to bring greater clarity on the trajectory of change at different levels ranging from individual (micro) organisational (macro) and institutional (macro) level and test/validate the theory of change. Ensure greater synergy and integration between the IA funded community/home based pre-school programme and the Dubai Cares funded school based pre-primary programme (FkW) to strengthen the programmatic approach⁴¹.
- II. CiC should give more attention to targeting of and accessibility of marginalised and most vulnerable children (MVC) including data disaggregation to ensure issues of equity are addressed.
- III. Develop a clear and concise results framework as part of the next phase of the programme cycle (2017-2020) with a maximum of 3-5 universal SDG based outcome level indicators⁴²; and a maximum of 3-5 output indicators for each outcome or result area.
- IV. Strengthen M&E and learning (MEL) systems by ensuring the on-going collection of reliable and high quality baseline data, research, and surveys and monitoring data during the next cycle to help produce a sufficient body of robust and valid data to support reporting on results (outcomes/changes) at the different levels.
- V. CiC should consider how to ensure that learning and knowledge management are evidence based and rigorous; and that its application takes account of the local context and uses this to inform programming as well as the national discourse/advocacy on ECD, i.e. better connect meso to macro level.
- VI. Pay attention to quality assurance particularly oversight and technical support from Head office and further close the gap between HQ and the country office.
- VII. Ensure that sufficient technical capacity is available for future programming in programme cycle management (RBM, MEL), school readiness/ECD in the country office in Tanzania; and similarly in HQ (i.e. recruit a Programme Officer/Technical Specialist based in Derry).
- VIII. Improve human resource management, including staff recruitment, motivation, benefits, adherence to national labour laws and policies and improve office administration systems in the country office.
- IX. Expand the current approach to capacity development, particularly the service agreement with Molly's Network (MN) to ensure sufficient attention is given to programme cycle and results based management including MEL; and at the same time, improve synergy, coordination, communication between MN and CiC programme staff to address current gaps.
- X. Improve risk management particularly staff understanding of risk management at the country office, and pay more attention to programmatic type risks.

⁴¹ IA defines elements of a programmatic approach as clear organisational goals, synergistic strategies, strategic partnerships, capacity building of partners, linkages between levels esp. policy and wider institutional environment.

⁴² % of children (3-5 years) receiving at least one year of quality ECD programme or pre-primary education programme; UN SDG ECD Index (ECDI) assessment of language, literacy, basic numeracy, physical, socio-emotional and cognitive development or equivalent e.g. MELQO; % of children (0-5) experiencing responsive and stimulating parenting in a safe environment

Annex 1: Terms of Reference (ToR)

Background

Children in Crossfire are recipients of a 4-Year Programme Grant from Irish Aid. We are now in the final year of funding and are required to undertake an external evaluation of the programme. This document sets out the criteria for the evaluation as defined by the donor on their official programme Guidelines. Children in Crossfire will provide all supporting documentation in good time and support logistical arrangements in Tanzania and Ireland as required to ensure the evaluation can be carried out effectively.

Draft Schedule:

- 5 days desk research evaluating documentation provided by CiC (Dec 2015 – Jan 2016)
- 5 days in-country visit to Tanzania/2 days travel (to meet partners, beneficiaries and key stakeholders) 11-16th January 2016
 - Day 1: CiC staff consultations, review of RBM systems and programme management cycles, partner capacity building.
 - Day 2 : desk top review, meeting with Acting CD
 - Day 3: Visit TAHEA partner with CiC staff in Mwanza. Meet partner staff, visit school based pre-primary wing and community based ECD centre, meet teachers, para professionals, etc and Women's VSLA Group.
 - Day 4: Meeting with key stakeholders including GoT representatives, bi-lateral donors, UNICEF and Molly's Network
 - Day 5: Interviews with Maarifa ni Ufungo and CTFDN. Discussion on finance systems, value for money, and further in-depth review of the Results Framework and MEL/RBM systems and quality of the evidence base. Final debriefing.
 - Interviews with CIC International Programme Manager, and CiC NI staff and management
- 5 days report write up, including draft and final report.

Deliverables

- Draft Evaluation report mid-March 2016 circulated for comments
- Final Evaluation Report submitted end of March 2016

Evaluation Guidelines:

(a) Impact and Results

- The overall impact of the programme in relation to its outcome/purpose and how this compares with what was expected on an annual basis.
- The key results against the outputs and how this compares against the targets set out in the results framework.
- Effectiveness of the programme's logic of intervention.
- The ways in which the programme improved practice by providing greater access to quality services for targeted beneficiaries.

(b) Intended Beneficiaries

- Who were the direct and indirect beneficiaries? Have they been disaggregated by: location, gender, ethnicity, age, disability, HIV/AIDs status?
- Evidence that the programme reached the intended target group(s).
- Evidence that the programme made a difference to the target group(s).

(c) Value for Money

Effectiveness

- Relevance of the programme outcome throughout the cycle given any changes in context.
- If the final programme outcome was not achieved or more work remains, will activities continue?
- Assess if the programme partners added value and delivered value for money.
- What percentage of Irish Aid funding was spent by Southern Partner(s) and what was the added value?

Efficiency

- To what extent was expenditure guided by Value for Money principles?
- Consider if the programme was implemented in the most efficient way compared to alternative means.

Economy

- Have unit costs increased/decreased during the programme implementation?
- Was the programme completed within the expected budget? (Under/over spends to be detailed and explained)

(d) Innovation

- Description of any innovative approaches of the programme that have been identified during the programme cycle or evaluation.

(e) Sustainability

- Aspects of the programme that will continue once programme cycle ends. How will these aspects be funded and by whom (national/local government or other organisation)?
- Aspects of the programme that will cease and the impact this may have.
- Features of the programme that may be replicable elsewhere.
- Identify major factors which influenced the achievement or non-achievement of the programme's sustainability.

(f) Counter-Factual

- Assess what might have happened in the absence of Irish Aid support.

(g) Realisation of Risks

- Assess if risks identified in the original proposal and annual reports materialised. If so, how did the programme manage them in order to reduce any negative impact on results?
- If the risks did not materialise, was this as a result of measures put into place by the programme?

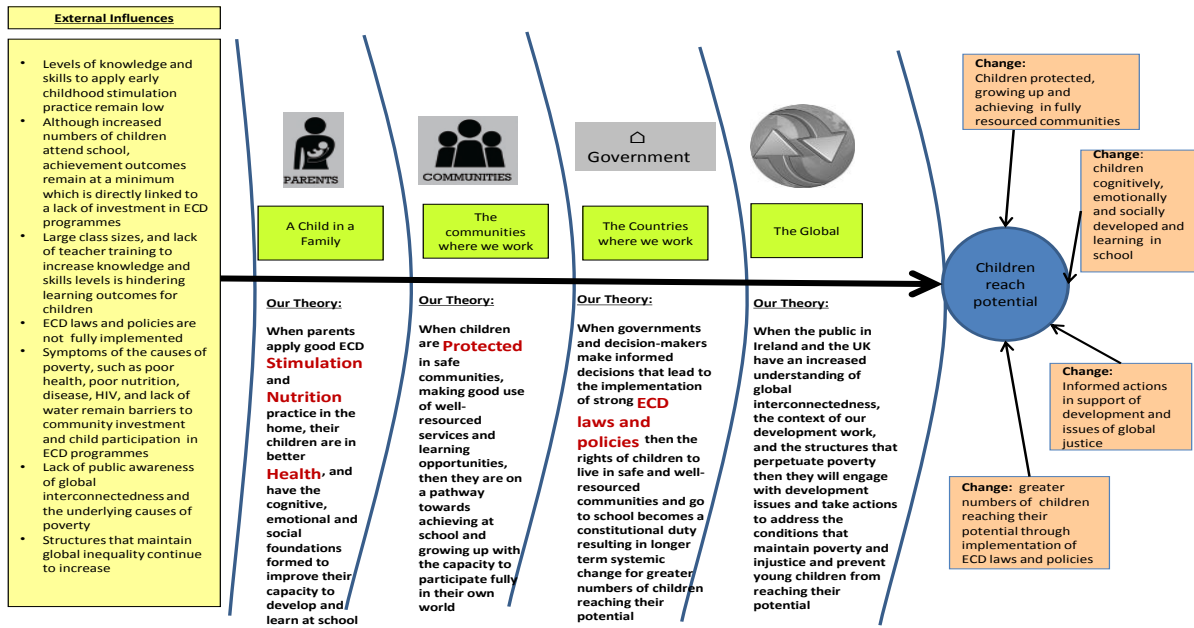
(h) Contribution to Irish Aid Civil Society Policy Objectives

- Establish linkages/show evidence where the programme has contributed to CSP objectives:
- To support an enabling environment for civil society to organise and engage with government and its broader constituencies
- To support the role of civil society in:
 - promoting participation and good governance
 - ensuring pro-poor service delivery and pro-poor growth
 - globally and nationally, to build a constituency for development, human rights and social justice

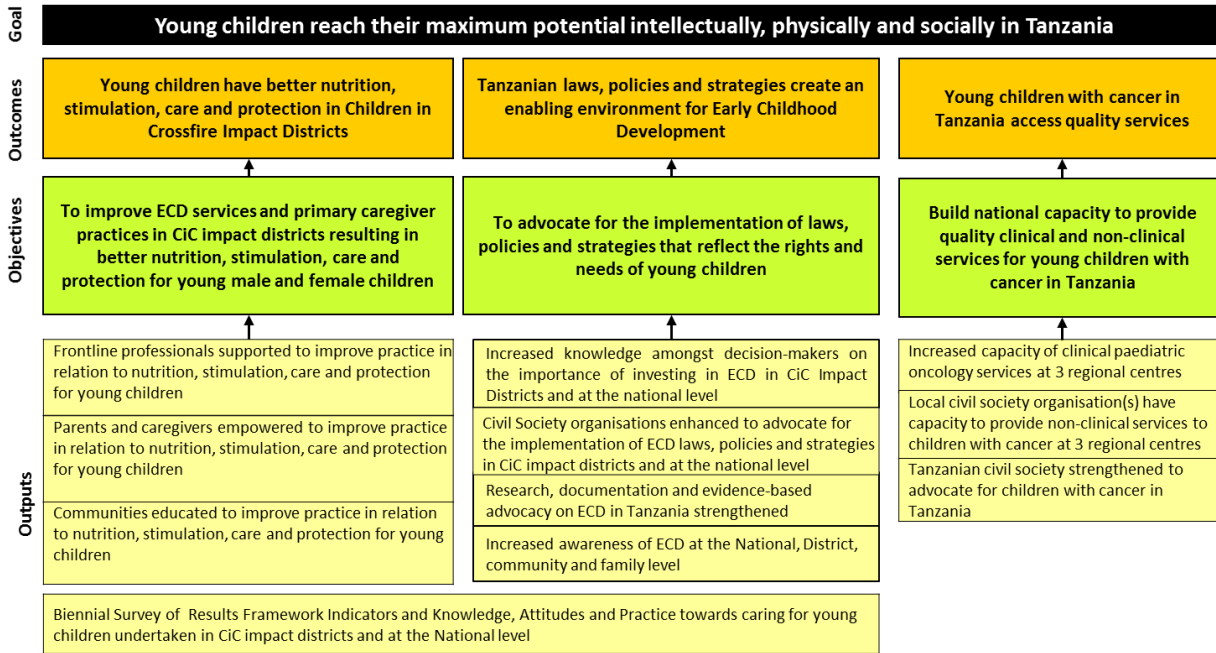
(i) Recommendations

- Evaluations should specify at least 5 recommendations, or more if relevant.

Annex 2: CIC Theory of Change



Annex 3: Results Framework (updated 2014)



Annex 4: Actual Results Presented against Outcome Indicators

Outcome 1: Targeted Young male and female children have improved nutrition, stimulation, care and protection in CIC impact areas

Indicators	Baseline 2012	Result 2013 Interim Survey	Target 2015	Result 2015 End Line Survey	Status ⁴³
% Under 5's who are stunted in CiC Impact Districts	30.7	10.4	24.4	19.4 GP ⁴⁴ 16.2 DB ⁴⁵	Not achieved
% of Children in CiC Impact Districts accessing Early Childhood education (Pre-school)	14	23.3	18.2	18.2 24.4	Achieved
% of children 2-8 years old who experienced any violent discipline (psychological aggression or physical punishment) in the past month in the home.	68	80.2	54.4	0.6 0	Achieved

Outcome 2: Tanzanian laws, policies and strategies create an enabling environment for ECD

Outcome Indicators	Baseline 2012	Results 2013 Interim Survey	Target 2015	Results 2015 End Line Survey	Status
% CiC Impact districts that are implementing ECD	0	0	3	3	Achieved
Ratio of Pupil: Qualified Pre-Primary Teachers in CiC Impact Districts	1:09	-	1:75	1:75	Achieved
Implementation of National min standards for ECD centres implemented : # of pre-schools registered in CiC Impact Districts	0	-	150	0	Not achieved

⁴³ All of these findings are questionable due to concerns over reliability and validity of end line survey

⁴⁴ General Population

⁴⁵ Direct Beneficiaries

Outcome 3: Young children with cancer in Tanzania access quality services

Outcome Indicators	Baseline 2012	Results 2013 Interim Survey	Target 2015	Actual Results 2015 End Line Survey	Status
# of children with cancer accessing treatment through public health systems.	346	495	600	531	Not fully achieved

Annex 5: List of Persons Met/Interviewed

No.	NAME	DESIGNATION	LOCATION
CIC Northern Ireland			
1.	Richard Moore	Chief Executive Office	Derry, Northern Ireland (NI)
2.	Matt Banks	International Programme Manager	Essex, UK
3.	Kevin Gallagher	Finance Manager	Derry, NI
CIC Country Office Tanzania			
4.	Martha Hewison	Acting Country Director	Dar es Salaam
5.	Isla Gilmore	Programme Manager- IA funded IECD	Dar es Salaam
6.	Aplha Mukama	Programe Officer, IA funded IECD	Dar es Salaam
7.	Mwajuma Rwebangile	M&E Officer	Dar es Salaam
8.	Edward Kigenza	M&E Officer	Dar es Salaam
9.	Alex Moses	Financial Administrator	Dar es Salaam
10.	Veronica Moyo	Finance Officer (Intern)	Dar es Salaam
11.	Miriam Wachira	FKW (former IA IECD Finaance Officer)	Dar es Salaam
12.	Belinda Johnson	FKW ECD Technical Adviser- (Volunteer from Australian Agency)	Dar es Salaam
13.	Joseph Ngologo	Office Assistant/Driver	Dar es Salaam
Partners Organisations, Tanzania			
14.	Damas Joachin	Project Officer ECD, TAHEA	Mwanza
15.	Wilbert John	Driver, TAHEA	Mwanza
16.	Dunstan Kishekya	Executive Director, Maarifa ni Ufungo	Arusha (By phone)
17.	Felista Kalomo	CDFN	Morogoro (By phone)
Nyamwilolelewa Ayali School based Pre-primary ECD centre			
18.	Pascali Mahiba	Chairperson, ECD Centre Managemnt Committee	Mwanza
19.	Sabina Clement	Assistant Chairperson, ECD Management	

		Committee	
20.	Thomas Nicodemo	Para Professional Teacher/Faciliator ECD centre	Mwanza
21.	Monica Andrew	Para Professional Teacher/Faciliator	Mwanza
22.	Masanga Budika	Teacher Pre Primary Wing	Mwanza
23.	Deodatha Anton	Teacher, Pre Primary Wing, and Member of Management Committee	Mwanza
24.	Veredianq Robest	Teacher	Mwanza
25.	Young female and male children age 3-5 years	Observation at ECD centre	Mwanza
Nyamwilolelewa Malezi ECD community based Day Care Centre			
26.	Laurean Bungwenge	Chairperson, ECD Centre Committee and Myunyi Kiti for Village and parent	Mwanza
27.	Frank Sungwa	Para Professional Teacher	Mwanza
28.	Babei Benedicat	Para Professional Teacher	Mwanza
29.	Slyvesta Lufuto	Parent of young boy aged 3 attending the centre	Mwanza
30.	10 young children aged 3-5 years (male and female)	Observation	
Umjerani aka Good Neighbours Women's Micro Savings and Credit Group/ Village Loans and Savings Group (VSLA)			
31.	Mama Agnes	Volunteer/Community Resource Person (CORPS) for TAHEA	Mwanza
32.	Valentina Pascali	Coordinator Group	Mwanza
33.	Naomi Luthemisha	Group Secretary	Mwanza
34.	Afnes William	Treasure	Mwanza
35.	Mapyphanya Simon	Group Member	Mwanza
36.	Helena Joan	Group Member	Mwanza
37.	Simone Simon	Group Member	Mwanza
38.	Marietta Bulenganeja	Group Member	Mwanza

39.	Anastazia Amoz Kiberiti Maduka	Group Member	Mwanza
Other Key Informants			
40.	Ben Masani	ECD Focal Point, Ministry for Community Development and Gender, (MoCDG) - now integrated into MoHCCDGE	Dar es Salaam
41.	Mathies Hayle	Focal Point for Violence Against Children , MOCDG	Dar es Salaam
42.	Anna Smeby	Education Advisor, UNICEF	Dar es Salaam
43.	Julia Angeli	Executive Director, Molly's Network	Dar es Salaam
44.	Projestus Makenga	Programme and Administration Officer, Molly's Network	Dar es Salaam

Annex 6: List of Documents Reviewed

1. Baseline Study 2012, Kobe Konsult
2. CIC Application to Irish Aid Programme Grant Cycle, October 2011
3. CIC Annual Reports to Irish Aid
4. CIC Child Protection Policy
5. CIC Financial Reports to Irish Aid
6. CIC Gender Policy
7. CIC Monitoring Visit Checklist
8. CIC Organisational Financial Data updated April 2013, April 2014, April 2015
9. CIC Organogram
10. CIC Partners List, updated February 2015
11. CIC PCM Budget 2015
12. CIC 'A Present for the Future' Organisational Strategic Plan, 2015-2018
13. Comparing CIC ECE Projects in Tanzania and looking for bridges between them, Consultancy report for CIC, Claire Thorne, November 2015
14. Country Strategic Plan for Tanzania 2015-2018
15. Draft National Integrated ECD (NIECD) Policy, MoCDG 2013
16. Economic Intelligence Unit- Country Report Tanzania 24th February 2015
17. End Line Survey, Kobe Konsult, 2016 including data from Tanzania Food and Nutrition Centre
18. Final Evaluation Report for CIC, Molly's Network, February 2014- December 2015
19. Government of Tanzania /UNICEF Uganda Child Poverty and Deprivation Report, June 2014
20. IECD Results Framework for IAPG, updated 2013
21. Irish Aid Annex 3: Data on CIC Organisational Income and Expenditure, Annual Report 2013-2015
22. Irish Aid Appraisal of Annual Reports 2013-2014
23. Irish Aid Monitoring Visit Report, April 2013
24. Irish Aid Programme Grant Monitoring Tool, 2014
25. MoHSW National Minimum Standards for ECD centres, 2008, Department of Social Welfare
26. MoHWS Guidelines 0-5 years olds
27. Monitoring Reports (TAHEA etc)
28. MoU between Irish Aid and CIC signed October 2011
29. MoUs between CIC and Partners
30. Multiple Indicator Cluster Survey (MICS4) www.childinfo.org/mics
31. Operations Manual, April 2014
32. Randomised Control Group (RCT) in Mali- Saving for Change: Financial inclusion and resilience for the world's poorest people, Oxfam, 2013.
33. School Readiness and Transitions, UNICEF July 2012
34. SDGS Final Outcome document, 2015
35. Stewart et al, Review of impact evaluations, RCTs and quasi-experimental studies on microcredit, 2010.
36. Systems Approach for Better Education Results (SABER), Tanzania Country Report 2008, World Bank
37. Tanzania Risk Register and Corporate Risk Register, 2014
38. Theory of Change for IECD programme
39. UN Consultative Group Call for a Global Goal and Action on ECD as part of Post 2015 Development Agenda, June 2011
40. UN Secretary General Report and Resolution on Implementing Rights in Early Childhood, 2010A Transformative Solution: Reducing Poverty and Inequality through a Post 2015 Early Childhood