

Policy, governance, financing and coordination barriers to early childhood development implementation in Tanzania: a qualitative study

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Abstract

Background

Early Childhood Development (ECD) requires coordinated action across health, nutrition, early learning, child protection, and caregiving. Yet translating this multisectoral agenda into implementation remains difficult in many settings. In Tanzania, there is limited empirical evidence on how stakeholders across different levels of the system understand the barriers affecting ECD implementation. This study explored stakeholder perspectives on the systemic barriers shaping ECD implementation, with particular attention to policy, financing, multisectoral coordination, and governance.

Methods

An exploratory qualitative design was used, drawing on 55 in-depth interviews conducted between June and July 2024 with national policymakers, regional and council officials, and community-level actors across four regions of mainland Tanzania.

Results

Participants described an ECD implementation system marked by a fragmented policy environment, weak and unclear governance arrangements, inconsistent multisectoral coordination, and financing that was fragmented and difficult to track. These barriers were understood as interrelated weaknesses that reinforced one another across sectors and administrative levels, weakening coordinated implementation and limiting the delivery of integrated support for young children and their families.

Conclusions

The findings suggest that ECD implementation in Tanzania is constrained by fragmented sectoral arrangements and weak alignment in leadership, coordination, financing, and accountability. Addressing these barriers will require clearer institutional leadership, stronger coordination across sectors and levels of government, and more functional systems for planning, financing, and accountability. This study provides an empirically grounded account of the systemic conditions shaping ECD implementation in Tanzania.

Background

Over the past decade, Early Childhood Development (ECD) has increasingly been recognized as a multisectoral development priority. By 2014, at least 68 countries had adopted national ECD policies, reflecting growing recognition that child development in the early years depends on coordinated action across health, nutrition, early learning, child protection, and responsive caregiving domains [1–3]. This

shift reflects a broader understanding that ECD cannot be addressed effectively through a single sector but instead requires coherent action across multiple institutions and levels of government.

However, policy recognition alone does not guarantee effective implementation. Across low- and middle-income countries (LMICs), ECD implementation often remains constrained by weak institutional capacity, fragmented leadership, limited coordination across sectors and administrative levels, and inadequate financing [1, 2]. In sub-Saharan Africa, these challenges have been observed in contexts where ECD-related responsibilities are dispersed across sectors without sufficiently strong mechanisms to align planning, implementation, and accountability [4, 5, 3].

In Tanzania, these broader institutional challenges are reflected in interrelated gaps in policy, governance, multisectoral coordination, and financing. Although the country has made important efforts to strengthen the ECD agenda, including the National Multisectoral Early Childhood Development Programme (NM-ECDP) 2021/22–2025/26, evidence suggests that implementation remains constrained by fragmentation across ministries, uneven coordination arrangements, and weak systems for planning and tracking ECD-related investments [6, 7]. Recent public financing analysis shows that ECD-related budgeting remains difficult to identify and track because services and expenditures are distributed across multiple sectors and delivery platforms rather than organized through a clearly protected multisectoral financing framework [6].

These challenges are not entirely new. Earlier Tanzania-focused evidence also pointed to limited operationalization of intersectoral ECD structures, weak monitoring and implementation arrangements, insufficient data to guide policy and resource allocation, and inadequate financing approaches for mainstreaming ECD services at scale [8]. Related work on early childhood education in Tanzania has also highlighted persistent implementation constraints in policy and service delivery, suggesting that institutional bottlenecks have deeper roots within the system [9]. This suggests that while policy attention to ECD has evolved over time, several institutional bottlenecks persist.

At the same time, the evidence base for ECD in Tanzania remains uneven across the domains of the WHO Nurturing Care Framework (NCF [10]). Recent mapping of ECD research in Tanzania identified a growing body of work but found that research has been concentrated mainly in health and nutrition, with comparatively less attention to early learning and responsive caregiving [11]. Although some Tanzania-based studies have examined caregiver practices, early stimulation, and community-level ECD implementation, this body of work remains more limited and less developed than the broader literature on child health and nutrition [12, 13]. This imbalance is important because ECD is inherently multisectoral, and uneven evidence may reinforce uneven policy and implementation attention across domains.

Taken together, these conditions suggest that policy recognition alone has been insufficient to support coherent implementation of ECD across routine government systems in Tanzania. However, limited empirical evidence has examined how stakeholders at different levels of the system understand the barriers shaping ECD implementation in practice. To address this gap, this study explored stakeholder

perspectives on the systemic barriers affecting ECD implementation in Tanzania, with particular attention to policy, financing, multisectoral coordination and governance.

Methods

Study design and qualitative approach

This study employed an exploratory qualitative design to examine stakeholder perspectives on system-level barriers affecting ECD implementation in Tanzania. A qualitative approach was appropriate because the study sought to understand how actors across different levels of the ECD system experienced and interpreted barriers related to ECD policy, financing, multisectoral coordination, and governance. Given the limited empirical evidence on how these institutional challenges are understood in practice within Tanzania, in-depth interviews were conducted to generate detailed accounts of participants' experiences and perspectives.

Study setting

The qualitative study was conducted in four regions of mainland Tanzania: Dodoma, Arusha, Lindi, and Dar es Salaam. Within these regions, data were collected in Dodoma City Council, Monduli District Council, Nachingwea District Council, and Ilala Municipal Council. These sites were purposively selected to capture variation in geographic location, administrative context, and level of engagement with ECD implementation. They also provided access to actors working at both national and sub-national levels of the ECD system. Dodoma and Dar es Salaam were particularly important because they host central ministries and many national-level ECD partner organizations, while the selected councils offered insight into how national ECD priorities were interpreted and implemented within local government systems. All interviews were conducted face to face.

Research team and reflexivity

Data were collected by a team of trained qualitative researchers with backgrounds in public health and social sciences. Most interviewers held bachelor's or master's degrees and had between three and eight years of experience in qualitative data collection and transcription. Data coding and analysis was done by three senior research scientists. All interviews, transcription and analysis were done in Kiswahili to maintain the original meaning.

Before data collection, the research team held structured reflexivity discussions to consider how their professional backgrounds, interest in ECD systems, and institutional positioning might shape the interview process and interpretation of findings. At the start of each interview, interviewers introduced themselves, explained the purpose of the study, described their institutional affiliation, and clarified their role as independent researchers. The team confirmed that no prior personal or professional relationships

existed with participants. Reflexive field notes were documented throughout data collection to capture interviewer impressions, contextual observations, assumptions, and interaction dynamics, and these were later used to support analysis and interpretation.

Study population and sampling

A purposive sampling strategy was used to recruit participants who were actively involved in the design, coordination, financing, management, or implementation of ECD-related activities. The sampling strategy was designed to capture perspectives from multiple levels of the ECD system, including national policy, regional oversight, council-level implementation, and community-level service delivery.

Eligible participants included national-level government officials from ministries linked to ECD, regional officials responsible for health, education, nutrition, and social welfare services, council actors who are involved in day-to-day planning and service delivery, and community health workers engaged in supporting child health and development at household level. Participants were eligible if they were currently serving in an ECD-related role and were willing to provide informed consent.

A total of 55 interviews were completed. The final sample included 12 national-level actors, 35 sub-national level (17 region actors; 18 council actors), and 8 community health workers. Recruitment continued until the research team judged that sufficient depth had been reached and no substantially new themes were emerging across participant groups. The achieved sample provided broad representation across levels of the system and across sectors relevant to ECD implementation.

Recruitment and consent

Participants were identified through close coordination with the President's Office–Regional Administration and Local Government (PO-RALG), relevant line ministries, regional secretariats, and council authorities. This approach was used to identify individuals occupying roles directly related to ECD policy, planning, coordination, implementation, or community-level service delivery. Potential participants were approached through official letters, follow-up phone calls, or direct visits.

Each participant received a written information sheet explaining the purpose of the study, study procedures, voluntary nature of participation, and issues related to confidentiality and use of findings. Participants were given time to ask questions before the interview began. Written informed consent was obtained from all participants before data collection. Participants were informed that they could decline to answer any question or withdraw from the interview at any time without consequence. Consent procedures also included permission for audio recording and for the use of anonymized quotations in publications. Anonymity was assured to all participants that no identifying information was retained during transcription and reporting.

Data collection

Data were collected between June and July 2024 using semi-structured in-depth interview guides tailored to different participant categories and levels. The interview guides explored perceptions of the ECD policy environment, governance arrangements, implementation structures, multisectoral coordination mechanisms, financing and budgeting practices, and data availability and use. The guides were originally developed in English, translated into Kiswahili, and reviewed by senior ECD specialists to improve clarity and contextual relevance. They were further refined following a three-day interviewer training and a one-day pilot exercise. All interviews were conducted in Kiswahili to maintain consistency and preserve the original meaning of participants' accounts. Interviews took place in private offices or quiet and convenient meeting spaces to support confidentiality and lasted approximately 45 to 90 minutes. All interviews were audio-recorded with participant permission. Interviewers also prepared field notes immediately after interviews to document contextual details, non-verbal cues, and preliminary analytic reflections. Repeat interviews were not conducted. The semi-structured interview guides were developed specifically for this study in English, translated into Kiswahili, reviewed by senior ECD specialists, and refined through interviewer training and pilot testing. Because interviews were conducted with different participant categories and system levels, separate guides were tailored for national-level actors, regional and district actors, community health workers, NGOs/associations, and international partners. English-language versions of the interview guides are provided in Supplementary File 1.

Data management and analysis

Audio recordings were transferred immediately after each interview to a password-protected computer and deleted from recording devices. Interviews conducted in Kiswahili were transcribed verbatim, and transcription quality was checked by a second research team member, who reviewed the first five transcripts produced by each transcriber against the original audio recordings. Data were analysed using thematic analysis, combining inductive coding with attention to the study's predefined analytic domains. Analysis began with repeated reading of transcripts to support familiarization with the data. An initial codebook was then developed based on both emerging concepts and the key domains of interest: policy, governance, multisectoral coordination, and financing. Three researchers participated in coding and met regularly to compare coding decisions, discuss discrepancies, and refine the codebook iteratively. This process helped strengthen consistency in interpretation across the analytic team. Following coding, data were organized into broader thematic categories reflecting major components of the ECD system. Themes were refined iteratively to capture both recurring and divergent perspectives across participant groups and system levels. Field notes were used alongside transcripts to deepen interpretation and contextualize participants' accounts. Illustrative quotations were selected to reflect the range and depth of stakeholder perspectives. Participants were not re-contacted to review transcripts or comment on preliminary findings; therefore, member checking was not conducted.

Strategies to enhance trustworthiness

Several strategies were used to enhance the trustworthiness of the findings. First, the study included participants from multiple levels of the ECD system and from diverse institutional backgrounds, enabling triangulation of perspectives across national, regional, council, community, and partner levels. Second, reflexive field notes were maintained throughout data collection and used during analysis to support interpretation and awareness of researcher influence. Third, multiple researchers were involved in coding and theme development, with regular discussions to review consistency and resolve differences in interpretation. Fourth, interview guides were adapted by participant type, piloted, and refined before full implementation, helping to strengthen the relevance and clarity of the data collection process.

Ethical considerations

Ethical approval was obtained from the Ifakara Health Institute Institutional Review Board (IHI/IRB/No: 37-2024) and the National Institute for Medical Research in Tanzania (NIMR/HQ/R.8a/Vol.IX/4712). The study was conducted in accordance with the Declaration of Helsinki. Written informed consent was obtained from all participants before participation. Confidentiality was maintained by removing personal identifiers from transcripts, storing digital files securely, and reporting findings using anonymized quotations and role-based participant descriptors only.

Results

Participant characteristics

A total of 55 participants were interviewed across national and sub-national levels of the ECD system as detailed in Table 1. National-level participants consisted of senior policymakers involved in ECD policy and financing decisions, while sub-national participants included regional and council implementers, community health workers, and representatives from partner organizations involved in program implementation.

Table 1
Participant characteristics

Characteristic	n	%
Gender		
Female	33	60.0
Male	22	40.0
Age group (years)		
18–24	1	1.8
25–34	9	16.4
35–44	17	30.9
45–54	21	38.2
55+	7	12.7
Education level		
Primary	4	7.3
Secondary	3	5.5
University	48	87.3

Key findings

Analysis of the 55 in-depth interviews identified four interrelated themes that help explain why ECD implementation in Tanzania remains difficult. These were: (1) a fragmented and inconsistent policy landscape, (2) weak and ambiguous governance arrangements, (3) inadequate multisectoral coordination, and (4) financial bottlenecks and dependence on donor funding. Participants at different levels of the Tanzanian ECD system described these barriers in different ways. National-level actors focused mainly on policy fragmentation and leadership challenges, while regional and council actors emphasized coordination, accountability, and day-to-day implementation difficulties. Community health workers described how these weaknesses affected the support and messages reaching children and families. Overall, the findings suggest that these barriers were interconnected and reflected broader weaknesses in how ECD was organized and implemented across the system.

Fragmented and inconsistent ECD policy landscape

Participants across all levels and categories described the ECD policy environment as fragmented and lacking a shared framework to guide action across sectors. National-level actors referred to several policy and programme documents, including the Child Development Policy, the Law of the Child Act, the Education Policy, the Disability Policy, and the National Multisectoral ECD Programme. However, they emphasized that none of these was widely understood to provide a single, coherent framework covering

the full range of nurturing care services. As a result, ECD was often interpreted and implemented through sector-specific priorities rather than through a common multisectoral agenda.

One national-level participant explained:

“At the national level, you will find every ministry pointing to its documents. Health talks about the Child Health Strategy, education refers to the 2014 Education Policy, and social welfare to the Child Development Policy. But when we come together to discuss ECD, we realize there is no single document that speaks to all of us with the same message”

Sub-national actors described the practical consequences of this fragmentation. They reported receiving guidance from different sectors that was not always harmonized, making it difficult to determine which direction should guide planning and implementation at council level.

As one sub-national participant noted:

“When guidelines come down, they are not harmonized. What health is saying does not always match what education is saying, so at the council level we end up asking ourselves which direction we should follow”

Community-level actors described this fragmentation in more direct ways, particularly in relation to communication with caregivers. One community health worker explained that unclear policy direction limited the availability of simple and practical ECD messages beyond clinic attendance and basic health care.

“In the community, when we try to discuss ECD, people think it is just clinic visits. We are not given simple, clear messages to teach caregivers about play, stimulation, or responsive caregiving”

Taken together, these accounts suggest that the policy challenge was not simply the existence of multiple ECD-related documents, but the absence of a shared framework capable of aligning sectors around a common ECD agenda.

Weak and ambiguous governance structures

Participants across groups described ECD governance arrangements as complex, weak, and unclear, especially below the national level of government. Although responsibility for implementation was intended to be decentralized to regional and council authorities, participants explained that roles, communication, and decision-making did not function clearly across these levels. Information from district and community actors did not consistently reach higher levels of government, while planning was often described as top-down, with limited involvement of regional, district, and community actors in shaping priorities or implementation decisions. Some participants also noted that the development of the National Multisectoral ECD Programme did not sufficiently engage regional and district actors, leaving many of them with limited ownership of the agenda and an unclear understanding of their implementation role. While responsibilities at national level were described as relatively clearer,

participants stressed that there was no dedicated officer or formal coordinating position for ECD at regional or council level. As a result, leadership for ECD was often left to individual initiative rather than assigned institutional responsibility, and reporting lines and accountability remained unclear.

One national-level actor explained:

“The system expects regions and councils to coordinate ECD, but there is no officer assigned that mandate. So, leadership becomes dependent on individual initiative, with limited accountability”

Sub-national actors reinforced this concern by describing uncertainty over who was formally responsible for coordinating ECD at regional and council levels. They explained that, in many cases, no one had been officially appointed to serve as the ECD focal person, making it unclear who should lead coordination, follow up on activities, or bring sectors together. Participants also noted that some local decision-makers were not sufficiently familiar with the National Multisectoral ECD Programme, which limited attention to ECD in planning and implementation.

One sub-national social welfare officer explained:

“At the regional level, we have nutrition, social welfare, education, and health, but none of us is officially appointed as the ECD focal person. So, when issues arise, every department assumes someone else is supposed to handle it. That’s where delays start. Leaders know the plan exists, but they have not internalized it. Therefore, when you request support for ECD activities, they say, this is not our priority. Without leadership understanding, nothing moves”

Community-level actors described how this lack of clear leadership affected their day-to-day work. One participant explained that even when community workers sought guidance from district-level authorities on ECD activities, it was often unclear which office or officer was responsible for providing direction:

“We wait for guidance from the district, but occasionally they also don’t know who should advise us. Therefore, we work with what we know, but ECD is bigger than that”

Taken together, these accounts suggest that the governance challenge was not only weak coordination across sectors, but also the absence of a clearly designated institution or office with the authority and responsibility to lead, coordinate, and follow up ECD implementation across levels of government.

Inadequate multisectoral coordination

Participants across all levels described multisectoral coordination as inconsistent and irregular. Although the NM-ECDP outlines formal coordination structures, participants explained that these arrangements did not function consistently at implementation level. In practice, coordination meetings were not held regularly, sectors did not consistently plan together, and follow-up on shared actions was often weak. National-level actors also noted that many coordination forums depended on donor financing and external facilitation to convene meetings and support joint activities. As a result,

coordination across sectors was often not maintained through regular government-led planning and review processes.

One national-level participant explained:

“Most of the coordination activities are driven by donor funding. Without this support, it’s unclear how the forums will function effectively. But also, sectors still work in silos. Education works on its priorities, and health on its own. Unless there is donor support, coordination rarely happens in a structured way”

Sub-national actors reinforced this concern by describing coordination meetings as infrequent and often lacking continuity or follow-up. They explained that sectors rarely came together through routine government planning and review meetings, and when they did, the meetings were often linked to specific projects or partner-supported activities rather than regular government-led coordination. Participants suggested that this weakened joint planning and contributed to both duplication of activities and gaps in implementation across sectors.

One sub-national participant explained:

“Coordination happens only when there is a special event or partner support. We do not have regular meetings where sectors sit and plan together. When sectors do not plan together, you observe nutrition doing one thing, health doing another, and community development doing its outreach. There is duplication, and sometimes gaps”

Community-level actors described how weak coordination shaped the messages and support reaching families. They noted that caregivers often received fragmented advice, with more emphasis on nutrition or clinic attendance than on broader ECD elements such as stimulation, play, and early learning. Participants explained that when sectors were not well coordinated at higher levels, the information delivered to families at community level also became uneven and incomplete.

As one community-level participant stated:

“Mothers receive different messages. One day they are told to focus on nutrition, the next day on clinic visits, but rarely on stimulation or early learning. Coordination at the top affects what we tell families”

Taken together, these accounts suggest that the coordination challenge was not simply the absence of meetings, but the lack of regular government-led mechanisms for sectors to plan together, review progress, and follow up on shared actions.

Financial bottlenecks and dependence on donor funding

Participants described ECD financing as fragmented, insufficient, and difficult to track within existing government systems. Across groups, they explained that resources for services targeting young children were spread across multiple sectors, ministries, funding streams, and development partners rather than organized through a dedicated ECD financing structure. As a result, it was often difficult to identify how

much was being allocated to ECD, who was responsible for managing those resources, and whether spending was sufficient to support integrated implementation.

National-level actors emphasized that Tanzania did not have a specific budget line for ECD services. Instead, ECD-related activities were expected to be financed through general departmental allocations, with each sector planning and funding its own contributions. Participants viewed this as a major gap because ECD cuts across health, education, nutrition, and social welfare, yet financing remained organized in a way that reflected sector boundaries rather than the multisectoral nature of the agenda.

One national-level participant explained:

“There is no specific budget allocated for ECD services. We use general department funds provided by the government and channel them through social welfare offices, so there is no direct funding stream for implementing ECD services”

Another national-level actor echoed this concern while also pointing to ongoing advocacy for a dedicated budget:

“There is no budget for ECD services; each sector plans and finances its own ECD-related activities separately. But there has been progress in advocating for a dedicated ECD budget. We hope that future budgets will include funds for ECD implementation”

Participants also stressed that expenditure tracking was particularly difficult under these arrangements. Because ECD-related activities were planned and funded separately across sectors, there was no single mechanism for consolidating or monitoring total public spending on ECD. This made it difficult not only to assess whether investment was adequate, but also to identify which institutions were responsible for financing and implementing different parts of the ECD agenda.

Taken together, these accounts suggest that the financing challenge was not only limited funding, but also the absence of clear and coordinated arrangements for budgeting, tracking, and overseeing ECD resources across sectors. In this context, fragmented and difficult-to-track budgets made multisectoral ECD implementation harder to plan, coordinate, and sustain.

Discussion

This study examined stakeholder perspectives on barriers to ECD implementation in Tanzania. Across national, sub-national, community, and partner levels, participants described a weak implementation architecture shaped by fragmented policy direction, ambiguous governance, inadequate multisectoral coordination, and fragmented financing. Rather than operating as separate problems, these barriers appeared to reinforce one another across sectors and levels of government, thereby constraining the delivery of coordinated support for young children and their families.

Fragmented and inconsistent ECD policy landscape

The findings suggest that ECD in Tanzania remains weakly integrated across sectors rather than supported through a clearly shared and coordinated policy framework. Participants described the existence of multiple ECD-related policies and programme documents, yet they also reported uncertainty over which document provided the main multisectoral direction for implementation. This indicates that the challenge is not only the presence of many policies, but also the absence of a shared policy architecture capable of aligning sectors around a common ECD agenda. Earlier Tanzania-focused evidence points to a similar pattern, showing that although intersectoral efforts to develop an integrated ECD framework were initiated, operationalization remained limited and implementation structures were not fully consolidated [8]. More recent evidence also suggests that fragmentation persists in practice. Nayanpally et al. [6] note that inconsistent definitions of early childhood across ministries continue to complicate planning, budgeting, and tracking of ECD-related investments in Tanzania. Although the National Multisectoral Early Childhood Development Programme reflects continued policy commitment to integrated ECD, the present findings suggest that policy recognition has advanced faster than the institutional mechanisms required to translate that commitment into a coherent multisectoral implementation framework [7].

Weak and ambiguous governance structures

The findings on governance suggest that the challenge facing ECD implementation in Tanzania is not only weak coordination, but also the absence of a clearly defined institutional anchor with sufficient authority to lead, convene, and sustain multisectoral action across levels of government. Participants described unclear roles, uncertain reporting lines, and the lack of a dedicated sub-national coordinating position, indicating that responsibility for ECD remains diffused across sectors rather than firmly embedded within a single accountable structure. This pattern is consistent with earlier evidence from Tanzania showing that although intersectoral coordination mechanisms had been initiated, management, monitoring, and implementation arrangements remained weakly institutionalized [8].

More recent analysis similarly points to persistent organizational disconnects, staffing constraints, and coordination challenges at the local level, which continue to limit implementation of the ECD agenda [6]. From a broader governance perspective, such ambiguity is consequential because multisectoral agendas depend not only on shared policy goals, but also on institutions that can define roles, align incentives, and enforce accountability across sectors and administrative levels [1]. Similar tensions have also been observed in other multisectoral policy areas in Tanzania, where political commitment has not always translated into sustained coordination, accountability, and implementation capacity across the system [14]. Taken together, these findings suggest that governance weakness in Tanzania reflects a deeper problem of limited implementation authority rather than simply limited commitment to ECD.

Weak multisectoral coordination as a symptom of institutional fragility

The findings suggest that multisectoral coordination for ECD in Tanzania remains weakly integrated into regular government planning, review, and follow-up processes. Participants described coordination as

irregular, event-based, and often dependent on partner support rather than sustained through regular government-led mechanisms for joint planning and action. This indicates that the coordination challenge is not simply the absence of meetings, but the weakness of the processes through which sectors are expected to work together.

Earlier Tanzania-focused evidence points to a similar pattern, showing that although intersectoral committees and coordination structures had been introduced, mechanisms for mainstreaming ECD and sustaining implementation at scale remained limited [8]. More recent analysis also suggests that coordination challenges persist, particularly at the sub-national level, where organizational disconnects, staffing constraints, and fragmented planning continue to affect implementation of ECD-related activities [6]. This interpretation is consistent with broader literature showing that multisectoral agendas are difficult to sustain where sectors continue to operate through parallel mandates, financing streams, and accountability structures rather than shared implementation platforms [5]. This also resonates with broader implementation evidence from Tanzania, which shows that complex interventions are often reshaped by the institutional and organizational environments in which they are introduced [15]. Taken together, these findings suggest that weak coordination in Tanzania reflects deeper institutional fragility, in which collaboration depends more on projects and individual initiative than on stable and routinized government systems.

Fragmented financing and dependence on external support

The financing findings suggest that ECD in Tanzania remains difficult to support as a coherent multisectoral agenda because funding is fragmented across sectors, weakly tracked, and not sufficiently protected within routine public systems. Participants described the absence of a dedicated budget line for ECD, the distribution of ECD-related expenditures across multiple sectors, and the difficulty of identifying how much public financing is actually allocated to young children. This interpretation is strongly supported by recent Tanzania-specific analysis showing that ECD-related budgeting remains difficult to identify within the public financial management system because allocations are spread across ministries, programmes, and service delivery platforms rather than organized through a clearly defined multisectoral financing framework [6].

Earlier evaluation evidence from Tanzania pointed to similar concerns, noting that existing funding approaches were insufficient for mainstreaming ECD services and that sector-based donor arrangements made it difficult to mobilize and sustain intersectoral financing for ECD [8]. Comparative evidence, including Mainland Tanzania, further strengthens this interpretation by showing that ECE policy commitments have not been matched by adequate and equitable financing, with under-resourced provision, insufficient capitation support, and the lack of ring-fenced funding undermining both quality and equity goals [16]. Taken together, these findings suggest that the financing challenge is not only one of inadequate resources, but also one of weak financing architecture. Where ECD financing remains fragmented, difficult to track, and partly dependent on external support, multisectoral implementation becomes harder to plan, defend, and sustain over time.

Strengths and limitations

This study has several strengths. It draws on perspectives from actors working across multiple levels of the ECD system, including national policymakers, regional and council officials, community-level actors, and development partners. This enabled the study to capture how barriers to ECD implementation are experienced across the implementation chain rather than from a single institutional perspective. The study also applied a systems lens, which helped move beyond isolated challenges and examine how weaknesses in policy, governance, coordination, and financing interact and reinforce one another. The study also has limitations. As an exploratory qualitative study, it was designed to generate in-depth insight into stakeholder perspectives rather than statistically generalizable estimates of ECD system performance. Although participants were purposively selected to reflect multiple levels and sectors within the ECD system, the findings may not capture the full range of experiences across all regions or institutions in Tanzania. The findings also rely on self-reported experiences and perceptions, which may reflect institutional position, professional role, and individual interpretation. Finally, while the study identifies patterns that participants perceived as shaping ECD implementation, the qualitative design does not allow direct causal attribution.

Conclusions

This study examined stakeholder perspectives on the systemic barriers affecting ECD implementation in Tanzania. The findings show that ECD implementation is constrained by interrelated weaknesses in policy, governance, multisectoral coordination, and financing. Rather than operating as isolated problems, these barriers appear to reinforce one another across sectors and levels of government, revealing a weak implementation architecture for multisectoral ECD.

Taken together, the findings suggest that Tanzania's central challenge is not simply limited recognition of the importance of ECD, but weak alignment in the leadership, coordination, financing, and accountability arrangements needed to support multisectoral ECD implementation. Although policy commitment to ECD has grown over time, implementation remains affected by fragmented policy interpretation, unclear implementation authority, weak coordination mechanisms, financing arrangements that are difficult to track and sustain, and limited use of data for planning and accountability. Strengthening ECD implementation will therefore require more than policy statements alone. It will require clearer institutional leadership, stronger accountability across levels of government, more coherent multisectoral planning and financing, and better integration of evidence into decision-making processes. By highlighting how these weaknesses interact, this study contributes empirical insight into the broader institutional conditions shaping multisectoral ECD implementation in Tanzania and offers lessons relevant to other settings attempting to institutionalize multisectoral ECD through routine government systems.

Implications for policy and practice

Three implications stand out for strengthening ECD implementation in Tanzania.

First, institutional leadership for ECD needs to be clarified and formalized across levels of government. A clearly designated lead institution or focal structure with authority, staffing, and accountability mechanisms would help reduce role ambiguity and strengthen follow-up across sectors.

Second, multisectoral coordination needs to move from ad hoc and partner-driven arrangements into routine government planning, budgeting, and review systems. More regular coordination platforms at regional and council levels could improve joint planning, reduce duplication, and strengthen accountability for shared actions.

Third, ECD financing and data systems need to become more visible and usable for decision-making. Improved tracking of ECD-related expenditures, stronger domestic financing commitments, and better integration of routine ECD indicators could support more realistic planning, monitoring, and accountability.

Abbreviations

ECD Early Childhood Development

ECE Early Childhood Education

ESSA Education Sub Saharan Africa

IHI Ifakara Health Institute

IRB Institutional Review Board

LMICs Low- and middle-income countries

NCF Nurturing Care Framework

NIMR National Institute for Medical Research

NM-ECDP National Multisectoral Early Childhood Development Programme

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

REAL Research for Equitable Access and Learning

UNICEF United Nations Children's Fund

WHO World Health Organization

Declarations

Ethics approval and consent to participate

Ethical approval was obtained from the Ifakara Health Institute Institutional Review Board (IHI/IRB/No: 37-2024) and the National Institute for Medical Research in Tanzania (NIMR/HQ/R.8a/Vol.IX/4712). The study was conducted in accordance with the Declaration of Helsinki. Written informed consent was obtained from all participants before participation.

Consent for publication

Not applicable. The manuscript does not contain any individual person's data in any form, including identifiable details, images, or videos.

Competing interests

The authors declare that they have no competing interests.

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Author Contribution

L.M led the study conceptualization and secured funding. F.K led data collection, conducted data analysis, and drafted the manuscript. R.M, J.Mrema, and A.W contributed to data collection and data analysis. E.E served as principal investigator and provided overall scientific leadership, technical oversight, and critical review of the manuscript. All authors reviewed and approved the final manuscript.

Availability of data and materials

The qualitative data generated and analysed during the current study are not publicly available because they contain information that could compromise participant confidentiality. De-identified data may be available from the corresponding author on reasonable request and subject to ethical approval requirements.

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