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REPOA Brief

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Barriers to accessing quality daycare services for Most Vulnerable Children in Low-Income areas of Dar es Salaam

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Key Messages

- Many children aged 2-5 in high-density, low-income (HDLI) areas of Dar es Salaam face challenges in accessing quality daycare services due to financial constraints, inadequate infrastructure, and undertrained caregivers.
- Dominance of private sector in providing and financing daycare limits access for Most Vulnerable Children (MVC).
- The supply for daycare service is generally lower than demand.
- In addition to inadequate facilities and trained staff, unwillingness of some centers access for children with disability.

Introduction

Access to affordable, high-quality childcare is essential for fostering early childhood development and supporting inclusive economic participation, particularly in high-density, low-income (HDLI) areas (World Bank, 2022). In this context, HDLI areas are neighbourhoods with a high population density and generally low household incomes, often characterised by informal housing and inadequate basic services. The 2022 Tanzania Demographic and Health Survey (TDHS) found that fewer than half of children aged 24–59 months are developmentally on track, revealing a critical gap in the nation's human development potential (MoHCDGEC, NBS, and ICF, 2023). Although progress has been made during the first 1,000 days of life, Tanzania experiences a decline in developmental outcomes between ages three and under-five, with Early Childhood Development Index (ECDI) 2030 data showing a drop from six in ten children meeting developmental milestones at 24–35 months to fewer than four in ten by 48–59 months. Evidence from Children in Crossfire confirm that those attending daycare demonstrate stronger developmental outcomes than their unenrolled peers, reinforcing the urgency of expanding access. This study seeks to explore how affordable daycare can be expanded for MVCs in urban low-income communities, through demand-side analysis of daycare use and a supply-side review of subsidy models to reduce financial barriers. By improving access to childcare, enables low-income caregivers, particularly mothers, to engage in work or education, enhance household welfare and support national economic growth in line with the triple dividend. In addition, Tanzania's large population of under-five children in informal settlements, coupled with persistent barriers such as cost of accessing private day care, limited-service and weak social protection systems underscore the need for innovative, equitable childcare solutions (Immervoll and Barber 2006). Therefore, this brief presents barriers to accessing quality daycare services for Most Vulnerable Children (MVCs) in high-density, low-income (HDLI) areas of Dar es Salaam. It highlights both demand- and supply-side constraints in HDLI contexts and offers policy recommendations to improve access, affordability, and the quality of childcare services for MVCs in Tanzania.

Methodology

This study was conducted between October and December 2024 in selected high-density, low-income (HDLI) areas covering Kinondoni, Ilala, and Temeke districts in Dar es salaam, Tanzania. A mixed-methods approach was employed to capture the diverse experiences of Most Vulnerable Children (MVC) families, daycare providers, and key stakeholders. Interviews were administered to 399 caregivers of MVCs, primarily parents or guardians. 10 in-depth interviews (IDIs) and 10 focus group discussions (FGDs) were conducted with caregivers. 20 key informant interviews (KIIs) were carried out with daycare service providers, Social Welfare Officers (SWOs), and members of the Dar es Salaam daycare providers' association (UVIWADA). Primary data were triangulated with secondary sources to provide a comprehensive understanding of the demand- and supply-side dynamics influencing access to quality daycare for MVCs in urban low-income settings.

Key Findings

Demographic and Socioeconomic Characteristics of Study Participants

Among the 399 MVC children surveyed, gender distribution was nearly equal (50.1% male, 49.9% female). Most were aged 2–5 years, with the age distribution skewed toward older preschoolers: 53.1% were 24–47 months, 30.8% were 48–59 months, and 15.8% were 18–23 months. Notably, 7.3% of the children had a disability.

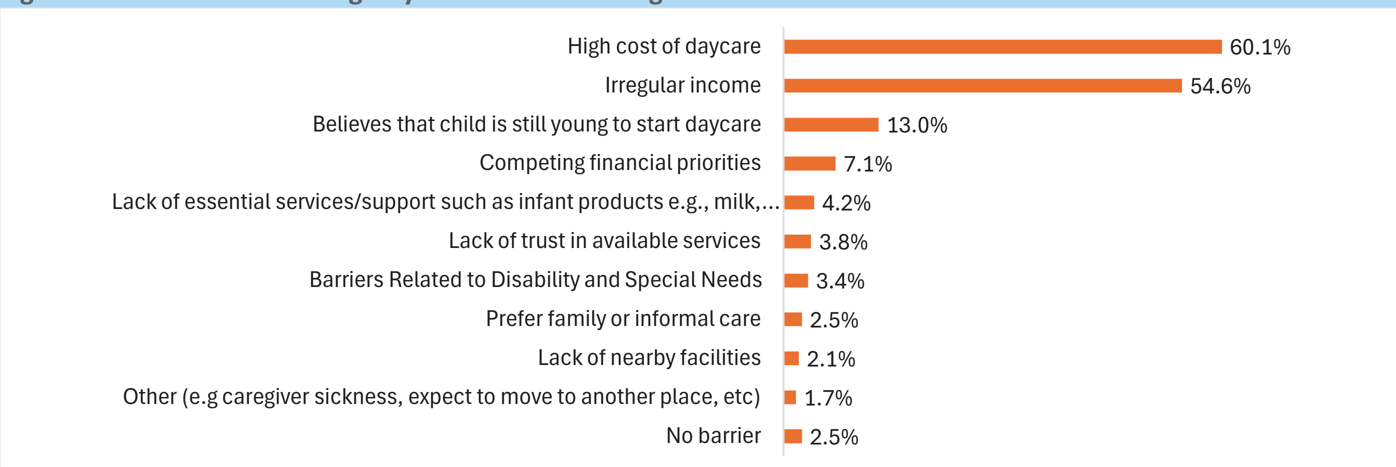
From the caregivers' perspective, women constitute the overwhelming majority at 93%, while men account for only 7%. Most respondents (60%) are youths aged 18–35 years, followed by 28% who are middle-aged (36–50 years). Educational attainment is generally low whereby 7% of caregivers have no formal schooling, 60% have completed only primary education, and 17% have some secondary education. Meanwhile, marital status is diverse with 61.9% being married or cohabiting, 15.3% separated or divorced, 14.5% never married, and 8.3% widowed. In terms of employment, 42.6% engage in petty trade, 41.6% are unemployed, 12.5% rely on casual labour, and salaried employment is rare, which contributes to limited financial stability among caregivers.

Barriers to Daycare Access: Financial and Non-Financial Factors

Limited household income

Figure 1 shows that the high cost of income and irregular income are the highest barriers to access. Fluctuations in informal work exacerbate this challenge, leaving caregivers unable to commit to consistent payments. Survey data indicate that approximately 60% of caregivers not using daycare cited inability to pay as the primary reason, which aligns with their reported income levels and the prevailing cost structures of daycare centres in high-density, low-income (HDLI) areas. Compounding the problem, many caregivers are unaware of available support mechanisms such as educational vouchers, Output-Based Aid (OBA), or Conditional Cash Transfers (CCTs), while unclear or inconsistently applied eligibility criteria further discourage uptake in daycare centres in high-density, low-income (HDLI) areas.

Figure 1: Barriers to Accessing Daycare Services among Households with MVCs



As shown in Figure 2, fully inclusive daycare services, which cover tuition and meals, typically cost between TZS 30,000 and 39,999 per month, as reported by about half of the families. One-quarter of households paid slightly more, in the range of TZS 40,000–49,999, while smaller proportions paid either less than TZS 30,000 or more than TZS 50,000. Beyond tuition, the inclusion of meals significantly increases the monthly financial burden. For basic daycare services that exclude meals, most caregivers reported paying between TZS 10,000 and 19,999 per month. Only a small minority managed to pay under TZS 10,000, and very few incurred costs above TZS 30,000.

Figure 2: Monthly Tuition Fees (Including Meals) Paid by MVC families

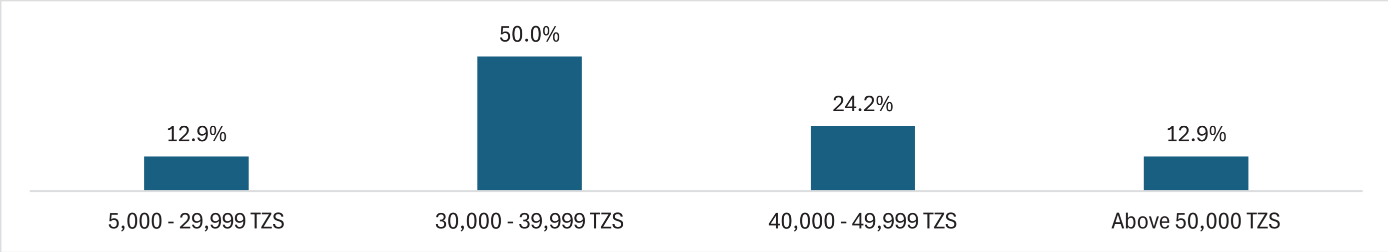


Figure 2a: Monthly Tuition Fees (Excluding Meals) Paid by MVC families (n=8c)

These figures highlight that the most basic daycare option can consume 20% or more of a household's monthly income when including meals. For families earning around TZS 10,000 per day (roughly TZS 250,000–300,000 per month), this represents a significant budgetary sacrifice, especially when weighed against competing essential needs such as food, rent, and healthcare. Caregivers' testimonies underscore the depth of this challenge. As one caregiver from Ilala explained *"The daycare is nearby, but even TZS 30,000 is too much when I don't know if I will sell enough in the market today…".* Similarly, a caregiver from Kinondoni emphasised, *"Daycare is not just about location, it's about whether you can pay every month without fail…"*

In addition to tuition, most caregivers must pay for meals or snacks (Figure 3). The majority reported paying between TZS 1,000 and 1,500 per day for food, translating to approximately TZS 25,000 per month based on a typical 22-day month.

Figure 3: Cost of meals on a daily or monthly basis

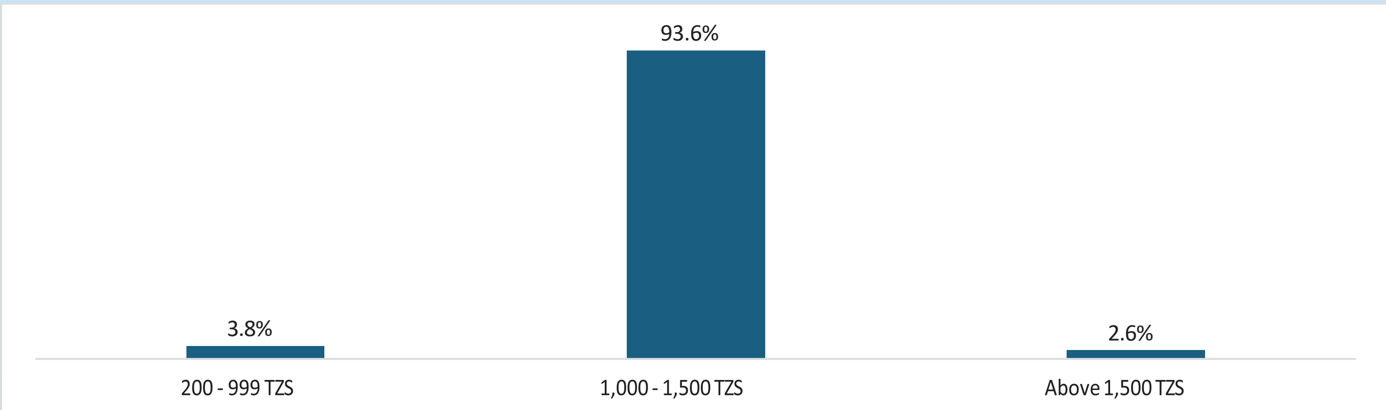


Figure 3b: Meal Payment (Per day) (n=78)

Non-Financial Barriers: Perceptions, Quality, and Practical Challenges

Only 3.8% of non-enrolling caregivers cited concerns about daycare quality or safety. Similarly, among caregivers with children in daycare, most reported satisfaction with service quality (85.1% satisfied or very satisfied) and high levels of trust in safety (over 80% described centres as safe or very safe). These findings suggest that concerns over quality and safety are not widespread and are largely confined to a small minority of cases. Perceptions of readiness were more significant, with 13% of non-enrolling caregivers stating their children were "too young" for daycare, a view shaped by cultural preferences and doubts about whether very young children can be adequately cared for in group settings. A further 4.2% of non-users raised practical concerns such as the absence of diapers, porridge, or sleeping space.

A mother was quoted as saying, "You cannot just leave your child anywhere. Some places mistreat children. That's why I prefer to leave my child with my neighbour…" (Caregiver, IDI 3). Another recalled, "I once took my child to a daycare, but I was not satisfied with how the teachers treated children. They would beat them excessively…" (Caregiver, FGD 6).

However, daycare owners often attributed such complaints to children refusing unfamiliar food or to the centres' financial limitations. Overall, the evidence indicates that while quality concerns are real for some families, they are not systemic nor the primary deterrent to daycare use. This aligns with quantitative findings, where only a small proportion of non-users identified safety or treatment concerns as barriers.

Conclusion and recommendations

This study shows that access to daycare for Most Vulnerable Children (MVCs) in Dar es Salaam's high-density, low-income areas is constrained primarily by cost, unstable caregiver incomes, and weak institutional capacity. Although quality and safety are not major deterrents, inclusion of children with disabilities remains extremely limited. Families that do access daycare report significant benefits in child development, caregiver well-being, and income generation. Therefore, expanding affordable, inclusive daycare is both an urgent social need and a high-return investment for Tanzania. Five recommendations are made for the attention of policy makers and other relevant actors:

First, the Government through TASAF could consider introducing targeted childcare subsidies, such as pilot voucher schemes or conditional cash transfers to cover fees for the poorest MVC families, especially those in informal work and households with children with disabilities.

Second, the relevant Ministries, including the President's Office-Regional Administration and Local Government and Ministry of Community Development, Gender, Women and Special Groups should strengthen quality standards, including enforcing simple, context-appropriate minimum standards for safety, staffing, and child protection, while supporting informal centres to progressively improve.

Third, the Training institutions and Civil Society should build daycare providers' capacity (by developing low-cost training on early childhood development, inclusive care, and disability support to professionalise and expand the daycare workforce.

Fourth, LGAs and Civil Society should collaborate to promote community awareness by collectively running outreach campaigns on the benefits of daycare, available subsidies, and shared caregiving responsibility to boost uptake and shift gender norms.

Fifth, the Government and Development Partners should design interventions to ensure disability inclusion, including top-up subsidies and small grants to centres enrolling children with disabilities, alongside caregiver training and accessibility improvements.

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