



MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

The National Early Childhood Development Situation Analysis

Advocacy Brief



June 2024

Uganda is the second youngest country globally, with a third of its population below 8 years of age.

Out of its total population of 45.5 million, 12.9 million (28%) are children of 8 years or below.

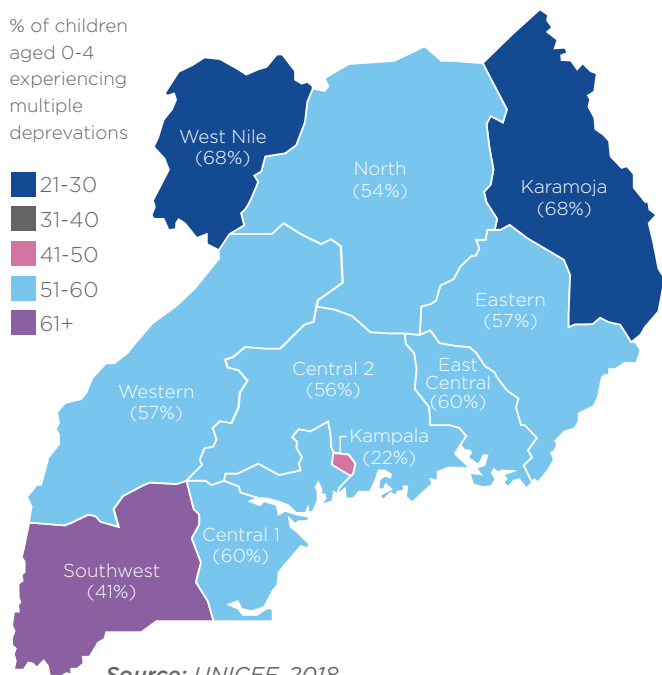
The ECD cohort is the nation’s future and its greatest asset. Between 2023 and 2050, the proportion of the population which is of working age (15-64) is set to grow from 54% to 64%. This incredible demographic dividend can set Uganda up to be a powerful economy in the coming years, helping achieve its goal to be a middle-income country by 2040. This vision, however, is highly dependent on its ability to harness the potential of its young population.

Uganda has made recent progress in improving services for young children and their families.

The Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP), and the implementation of Universal Primary Education (UPE) have moved the sector in the right direction. However, significant challenges remain in health, education, and other ECD services to achieve national development goals.

Addressing these challenges by improving access to quality ECD services can bring enormous benefits to children, families, public services and society at large.

Figure 1: Regional Distribution of Child Poverty among 0-4-year-olds in Uganda



Demographic Profile of Uganda’s ECD Cohort (0-8 years)

- Fertility rate in Uganda is high, with about 5 children per woman aged 15-49 years
- The largest number of children belong to the 0-2-year-olds followed by the 3 - 5-year-olds. The 0-5-year-old group thus makes up 70% of the ECD cohort.
- Roughly three-quarters (9.3 million) of the ECD cohort lives in rural areas. The remaining quarter (almost 3 million) reside in urban areas.
- Uganda hosts the largest number of refugees in Africa, over 50% of which are children. Under 5 children make up just over a quarter (26%) of those. Refugees are largely immigrants from South Sudan and Republic of Congo. They are spread across settlements in Adjumani, Nakivale, Kyangwali, Bidibidi and Kyaka II districts.

Nationally, more than half (55%) of children aged 0-4 years are multi-dimensionally poor.

This highlights a very significant and urgent vulnerability for the youngest.

A third of the children aged 0-5 years are stunted, with prevalence slightly higher for boys than girls (31% and 27% respectively). In terms of literacy and numeracy, only 14% of children aged between 3 and 4 were found to be developmentally on track.² This figure improves for the 4-5-year cohort, though it is still very low at 35%.

There is a need for local government support, focussing on those that have been left behind.

Progress in ECD service delivery and access reveals significant regional disparities across the country.

Income level, disability, rural residence, and parental incarceration often determine access. Notably, regions like West Nile, Karamoja and Bunyoro sub-regions exhibit disproportionately poor access and service delivery. Even Kampala faces high levels of stunting and malnutrition in children. There is therefore a need for context and region-specific understanding, planning and policy action, with active support of the local government.

² Measured through SDG Indicator 4.2.1, by using an ECD Index (ECDI 2030) that captures data on key developmental milestones (12 sub-domains across learning, health and psycho-social well-being) of children in the age of 24 to 59 months.

The following sections provide an overview of the major challenges in the ECD sector in Uganda and offer evidence-based, action-oriented policy recommendations to address these issues.

Health and Nutrition

A child's health begins with the health of her mother. Further, for young children, ensuring adequate nutrition and addressing food security are essential for their healthy development, particularly in regions with high rates of stunting and malnutrition.

- **High Maternal mortality (MM) poses a critical challenge to child development given the nurturing role of mothers.** MM has reduced by nearly 44% between 2016 and 2022 to 189/100,000, though still falls short of the national target of 63/100,000.
- **Less than half of the pregnant women attend a fourth ANC visit as of March 2023,** with a trend that is declining further.
- **One third of pregnant women suffer from undernutrition,** impacting both maternal and child health.

Uganda's performance in infant, neonatal and under-5 mortality has been impressive over the years, with improvements across all three categories. Under-5 mortality decreased from 64 deaths to 52 deaths per 1000 births between 2016 and 2022. However, key regional differences and malnutrition persists:

- **Regionally, West Nile had the highest infant and under 5 mortality rates.** Busoga and Bunyoro ranked second and third, respectively.
- **Malnutrition is the most prevalent form of deprivation for children aged under 5.** Despite some improvement, nearly a third of all children remain stunted, missing national target levels of keeping it below 20%. Tooro subregion exhibited the highest levels of stunting among children under 5 years, Karamoja, Bunyoro and West Nile following.



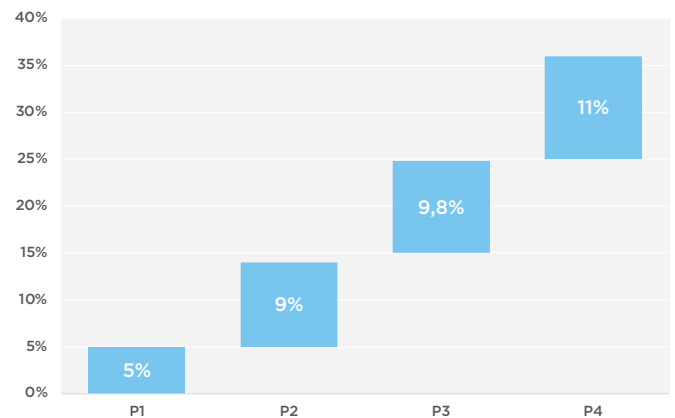


“ All families need some support, but some families need all the support they can get.⁶ ”

Opportunities for Early Learning - status of pre-primary education provision

Attending an early childhood education programme is one of the strongest predictors for supporting a child's readiness for school, regardless of household or national income level.³ Given its positive impact on future learning, universal pre-primary education helps make education systems more effective and efficient. Uganda currently has several major challenges on its path to realising universal provision.

Figure 2: Repetition Rates among 6-8-year-olds



Source: Computations from the UBOS National Statistical Abstract, 2023



Pre-primary education access is at 38% nationwide⁴

- meaning six out of ten ECD-aged children do not attend. Pre-Primary services are concentrated in the central parts, with the Buganda subregion having 43% of all pre-primary schools. In sharp contrast, the Karamoja region has only 1%.



Most pre-school institutions are unlicensed and/or informal, with only 1 in 10 pre-primary schools fully registered, and 3 in 10 registered to operate for 3 years. This means 6 in 10 remain fail to meet basic operating standards. 11 of the 15 sub-regions have over 60% of their pre-primary schools unlicensed. This results in informal set-ups with low-quality delivery, resulting in poor literacy outcomes (such as progressively high repetition rates shown in Figure 1).

A concerning 1% of the pre-primary workforce meets the bachelor's degree requirement mandated by the state. 12% of caregivers have no training at all.

³ UNICEF (2019). A World Ready to Learn: Prioritizing quality early childhood education.

⁴ 2019/20 Uganda National Household Survey

Safety, security and family strengthening for supporting young children

Early childhood development is shaped as readily by negative experiences of care-giving as by positive experiences. Young children however are particularly at risk of violence by caregivers and family members. Thus, child protection is a central theme and goal for ECD in Uganda, aiming to guarantee safety and adequate responsive care for ECD aged children.

- **Children born to incarcerated mothers or belonging to incarcerated parents face unique risks and threats to their rights.** This can include living in the facilities where their mothers are incarcerated alongside other suspects, in environments highly unsuitable for children.
- **Children with disabilities, representing approximately 13% of the child population are among the most disadvantaged groups** in society and barely one in nine receive basic education.
- **Low birth registration rates hinder effective planning and budgeting for essential services.** Registration remains low due to high costs (UGX 5000 or \$1.3) and logistical barriers, with additional difficulties for refugee children and those who are incarcerated. Birth registration is crucial for child protection.
- **There is growing usage of child protection reporting services like Sauti, but state funding remains scarce.** This also affects children in alternate care, where institutions often lack structured inspection and adherence to safety standards.

Funding

ECD service delivery in Uganda suffers from significant funding gaps, with provision heavily reliant on donor financing. At the sub-national level, probation offices lack crucial logistics such as fuel, transport, and supplies, hindering their ability to manage reported cases effectively.

- **Over-reliance on donor funding for Health:** GoU currently contributes 0.15% to the key national ECD health program⁵ for maternal and child health. The rest comes from external funding.
- **Declining spends on Education, along with low efficiency:** Spending on pre-primary and primary education, as a proportion of the already limited total education budget, has declined by approximately half as a proportion of the overall budget. Even so, Uganda spent more on its primary education as a proportion of total spending in education compared to East African peers, yet had the lowest completion rates in primary school – this indicates limited efficiency in spending.
- **There is inadequate data to assess precise funding gaps for Child Protection,** though it is evident the sector remains highly underfunded and unmonitored.



⁵ Uganda Reproductive, Maternal and Child Health Improvement Programme (URMCHIP)

⁶ WHO Nurturing Care Practice Guide. Available [here](#).

Taking Action – Key asks to advance ECD in Uganda

Addressing these challenges requires a concerted effort from all stakeholders, including the government, development partners, civil society organizations, and the private sector.

1 Health & Nutrition

To improve the health and nutrition outcomes for mothers and children, the Ministry of Health, in collaboration with development partners, should:

- **Lift the Recruitment Halt:** Consider lifting the halt on recruitment to ensure an adequate number of Human Resources for Health, such as midwives, are recruited.
- **Intensify Targeted Nutrition Interventions:** Implement targeted interventions on nutrition in regions and districts with nutrition indicators below the national average. Focus on the critical period between 18-35 months, where the prevalence of stunting in Uganda often peaks, affecting about 37% of children, as indicated in the Uganda Nutrition Action Plan (UNAP).

2 Early Childhood Education (ECE)

To ensure all children have access to quality early childhood education, the Ministry of Education and Sports, supported by education partners, should:

- **Increase Awareness of Training Opportunities:** Promote government-funded opportunities for ECD teacher training and development at public universities to address the shortage of qualified pre-primary teachers.
- **Establish Minimum Standards for Pre-Primary Education:** Fast-track the development and implementation of Basic Requirements and Minimum Standards (BRMS) for pre-primary education institutions in Uganda. Ensure that all pre-primary schools, including those annexed to primary schools, meet these standards to provide quality education and care.
- **Develop Strategies for Continuity of Services:** Put in place strategies to ensure continuity of services for 0–8-year-olds during emergencies, such as in refugee contexts or other crises.

3 Child Protection & Family Strengthening

Ensuring children live in safe and secure environments, and that parents are equipped to provide responsive, loving care to young children are essential building blocks of guaranteeing children a bright future. Based on the gaps identified, the following steps may be taken for this sector:

- **Increase Birth Registration Rates:** Simplify the birth registration process and reduce costs to make it accessible for all families. Ensure refugee children and those born in incarcerated settings are integrated into the registration system.
- **Strengthen Child Protection Services:** Develop and enforce national guidelines, standards and quality assurance for establishment and management of childcare facilities for young children.
- **Supporting vulnerable Families:** Expand access to formal, nationally coordinated parenting programs and resources to promote positive parenting practices. Provide targeted support for vulnerable families, including those with incarcerated members, children with disabilities and crisis affected Children and their families.
- **Supporting Children with Disabilities:** Expand access to inclusive education and specialized health services. There is also a need to conduct advocacy and awareness within society to tackle stigma.
- **Explore Integrated Models of supporting families of the youngest children through combining ECD interventions with Livelihoods interventions.**

4 Financing

A child is likely to be priced out of ECCE if they are from a poor background. They are also likely to be priced out of access to healthcare since nearly half of the under 5 illnesses first sought treatment from a private clinic. Reducing over-reliance on the private sector and prioritising public services is thus a critical need for the ECD sector.

- **Increase Government Investment:** Advocate for increased government funding for ECD programs, reducing reliance on donor funding. Ensure adequate budget allocations for health, nutrition, and education sectors.

- **Improve Funding Efficiency:** Enhance the efficiency of spending in the education sector. Monitor and evaluate the impact of funding to ensure resources are used effectively to achieve desired outcomes.
- **GoU and its partners should explore alternative financing mechanisms** such as Results Based Financing and Public Private Partnerships to increase access to ECD services.

5 Coordination

To create a unified approach to ECD, the Office of the Prime Minister, together with relevant ministries and agencies, should:

- **Engage the Human Capital Development Programme Steering Committee:** Involve the Committee to fast-track key results identified for ECD within the programme.
- **Strengthen ECD Coordination Committees at Sub-National Level:** Improve the functionality of the ECD Coordination Committees at the sub-national level to facilitate the delivery of integrated ECD services.
- **Increase Transparency in ECD Funding:** Enhance transparency on ECD funding by the government and its partners to ensure streamlined spending, consistency with national development goals, and improved efficiency.
- **Address Gaps in Referral Systems:** Strengthen referral systems by tackling bottlenecks such as alleged corruption, drug stockouts, staffing gaps, and limited funding. Ensure that all police stations have designated Child Protection and Family Officers to improve the handling of child protection cases and enhance coordination with other ECD service providers
- **Support the establishment of the National ECD Network for Uganda** to facilitate coordination and advocacy for policy improvement and fostering dialogue on ECD.

Policy & Legal Framework

To create an enabling environment for ECD service delivery, the Government of Uganda should:

- **Amend the Education Act (2008):** Revise the Education Act (2008) to provide a legal basis for

standardizing and regulating the provision of pre-primary education in government-aided schools.

- **Support the implementation of the approved ECCE Policy and its attendant guidelines and standards (2019).**
- **Approve the Draft Inclusive Education Policy (2020):** Expedite the approval of the draft Inclusive Education Policy (2020) and its implementation plan to guide the provision of Special Needs Education at the pre-primary level.

6 Data Monitoring & Learning

Lack of data is a major gap for the ECD sector given its multi-faceted nature, and its need for coordinated, evidence-based decision making between several stakeholders.

- **Invest in the generation, dissemination and review** of regular population and programme level ECD data.
- **Generate consensus on ECD measurement tools and frameworks** for Uganda.

7 Workforce

Address the shortage of skilled healthcare professionals, particularly midwives, to meet the WHO recommended ratio. Invest in training and recruitment to ensure adequate coverage, especially in rural areas.

- **Invest in developing a highly skilled and motivated ECD workforce** at all levels to increase access to quality services.
- **Create a standardized ECD training manual to guide frontline workers** across health, education, child protection, and social welfare sectors.

8 A Focus on Equity

The Government and its partners must prioritise the provision of services and support to those children and families who are in most need such as children from the most disadvantaged families, children with disabilities, children in crisis situations and humanitarian contexts.

