



MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

The National Situation Analysis Of Early Childhood Development In Uganda

ECD Service Delivery and Access

June 2024



Foreword

It is with great honor that we present the National Early Childhood Development Situational Analysis Report 2024, a comprehensive document that encapsulates the current state of early childhood development (ECD) in Uganda. This report is a product of collaborative efforts among various stakeholders, representing an important milestone in our journey towards enhancing the well-being and future of our youngest children.

Early childhood is a critical period that lays the foundation for a child's lifelong development, shaping their cognitive, emotional, social, and physical growth. In recognizing this, the Government of Uganda, in partnership with key stakeholders, has undertaken this situational analysis to provide a clear, evidence-based understanding of the current landscape of early childhood development in Uganda.

This report provides an in-depth analysis of the current status of ECD services, identifying gaps and challenges while also highlighting successful practices and opportunities for improvement. The data and insights gathered from national, regional, district, and community levels offer a holistic view of the ECD sector, ensuring that the diverse needs and contexts of our population are taken into account.

As we move forward, the findings and recommendations outlined in this report will serve as a vital tool for policy formulation, strategic planning, and implementation of programs aimed at fostering early childhood development. It is our collective responsibility to ensure that every Ugandan child receives the best start in life, and this report sets a clear path towards achieving that goal.

We invite all stakeholders to engage with the findings of this report, to continue to collaborate and innovate, and to work tirelessly towards the shared vision of a robust, vibrant, progressive and inclusive ECD sector in Uganda.

Together, we can make a lasting difference in the lives of our children, and by extension, in the future of our nation

A handwritten signature in black ink, appearing to read 'Betty Amongi Ongom'.

Hon. Betty Amongi Ongom (MP)
Minister for Gender, Labour and Social Development

Acknowledgement



This National Early Childhood Development (ECD) Situational Analysis Report 2024 represents a significant collaborative effort across multiple tiers of stakeholders, encompassing national, regional, district, and community levels.

We extend our deepest gratitude to Early Years Count Uganda for their critical technical and financial support, which was pivotal in the development and compilation of this comprehensive report.

Our sincere appreciation goes to the National Early Childhood Development Technical Committee members for their strategic oversight and invaluable support throughout the report writing process.

We also recognize the essential contributions of ECD stakeholder representatives from Government Ministries, Departments and Agencies, civil society organizations, the private sector, and parents, whose provision of pertinent information and sharing of rich experiences and insights were integral to this analysis.

Special acknowledgment is due to Mr. Ngabirano Fred, Commissioner for Youth and Children Affairs; Mr. Tollea Franco, Assistant Commissioner for Children Affairs; Ms. Mubiru Lydia and Mr. Daniel Amanyire of Early Years Count Uganda; and Mr. Kisaame Keith, Lead Researcher. We also extend our thanks to all staff members of the Department of Youth and Children Affairs at Ministry of Gender, Labour and Social Development for their multifaceted support and dedication.

We look forward to the continued partnership and support of all stakeholders as we implement the recommendations of this report to improve the well-being and development of the youngest citizens of this Country.

A.D Kibenge
Permanent Secretary

Acronyms

ANC	Antenatal Care
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
DHO	District Health Officer
FY	Financial Year
KCCA	Kampala Capital City Authority
MDAs	Ministries, Departments and Agencies
MGLSD	Ministry of Gender, Labour and Social Development
MMR	Maternal Mortality Rate
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MTCT	Mother to Child Transmission
MUAC	Mid-Upper Arm Circumference (MUAC)
NCDC	National Curriculum Development Centre
NDP	National Development Plan
NIECD	National Integrated Early Childhood Development
OVCMIC	Orphans and Vulnerable Children Management Information System
PHC	Primary Health Care
SNE	Special Needs Education
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UGX	Uganda Shillings
UNAP	Uganda Nutritional Action Plan
UNHS	Uganda National Household Survey

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A young girl with braided hair is smiling and looking towards the camera. She is wearing a blue patterned dress. In the background, other children are visible, some looking towards the camera and others looking away. The setting appears to be outdoors in a rural area.

Executive Summary

Uganda ranking second globally in terms of having the youngest population, faces a critical juncture in its development trajectory. With nearly one-third of its population falling within the Early Childhood age group (0-8 years), which accounts for 28% or 12.9 million individuals, Uganda's vision of achieving middle-income status by 2040 greatly hinges on ensuring the protection of children's rights and their contribution to national development.

Efforts to integrate Early Childhood Development (ECD) indicators into national surveys like the UDHS have been made, but data on the current state of ECD, especially as it relates to services remains limited. Consequently, the Ministry of Gender Labour and Social Development commissioned a comprehensive National ECD situational analysis to assess the status of ECD services. The analysis aims to provide insights into the provision of ECD services, identify key issues and gaps in coverage, equity, and quality.

The situational analysis was conducted using available literature and data along with consultations at both national and subnational level. A total of 30 interviews were conducted at national level, with an additional 228 conducted at sub-national level across 20 districts.

Overall, Uganda has made significant progress in delivering ECD services, leading to improved developmental outcomes for children. Data from the UDHS 2016 indicates that a majority of children are developmentally on track, with 56.5% of those aged 3-4 years and 68.3% of those aged 4-5 years meeting developmental milestones. However, notable gaps persist, particularly in the literacy and numeracy domains of the country's ECD index. Only 14% of the children aged between 3 and 4 years were developmentally on track in literacy and numeracy while only 35.3% of those aged between 4 and 5 years were developmentally on track in literacy and numeracy.

The provision of ECD services has significantly improved over the years to contribute to the improved outcomes in child development. In health, access to maternal and child-care has greatly improved owing to

interventions such as the Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP). Yet, challenges persist, especially in the availability of the health workforce.

The provision of Early Childhood Care and Education (ECCE) has been significantly improved by the implementation of Universal Primary Education (UPE). Consequently, majority of 6-8-year-old children are enrolled in school, achieving gender parity in enrolment among this age group. However, gaps persist in the provision of pre-primary education, primarily offered by private actors. Approximately 6 out every 10 children aged 3 - 5 years lack access to pre-primary education, and even among those who do, discrepancies exist in the quality and standard of the education provided.

Child protection services in Uganda play a crucial role in Early Childhood Development (ECD) as they aim to uphold children's rights comprehensively. While there have been enhancements in the availability of child protection services, such as the increase in birth registration from 47% in 2019 to 66% in 2020 due to the implementation of the Mobile Vital

Registration System (MVRS), Significant limitations persist in the functionality of referral pathways and the funding of these services, during the early years..

Who is being left out? The uneven progress in ECD service delivery and access reveals disparities across the country. Those left behind are often characterised by factors such as low wealth, disability, rural residence, and parental incarceration. Specifically, children from impoverished backgrounds are at risk of missing out on ECCE. Similarly, they may face barriers to healthcare, as evidenced by a high percentage of parents seeking treatment for under 5 illnesses at private clinics. Notably, regions like Kampala, the south-central region, Karamoja and Bunyoro sub-regions exhibit disproportionately poor access and service delivery. These areas warrant focused interventions or strengthened existing efforts to address these disparities.

Key Constraints: Challenges in ECD service delivery often revolve around funding, particularly in private pre-primary education where six out of every ten children miss out on early learning and mental stimulation due to financial constraints. The profile of funding for ECD across all its domains is heavily reliant on donor funding which carries with it a great risk in the event of unexpected delays in disbursement or complete closures of country programmes by the donors.



Key Recommendations: In order to improve ECD service delivery, this study makes the following proposals:

Coordination

- Engage the Steering Committee of the Human Capital Development Programme to fast-track key results identified for ECD in the programme.
- Strengthen the functionality of the ECD Coordination Committees at sub-national level to improve the delivery of integrated ECD services.
- Increase transparency on ECD funding by government and its partners to ensure streamlined spending, consistency with national development goals and improved efficiency.
- 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

- Amend the Education Act (2008) to provide for a basis to legalise, standardise and regulate the provision of pre-primary education in government aided schools.
- Fast-track the approval of the draft Inclusive Education Policy (2020) with its attendant implementation plan to guide the provision of Special Needs Education at pre-primary level.

Funding

- Government of Uganda and its partners should prioritise increasing funding for ECD coordination, policy implementation and service delivery.
- Government of Uganda and its partners should explore alternative financing mechanisms such as Results Based Financing and Public Private Partnerships to increase access to ECD services.

Work Force Development

- Invest in the development of a highly skilled and motivated ECD workforce as a strategy to increase access to quality ECD services at all levels.
- Develop a harmonised training manual on ECD to guide the training of frontline workers.

Child Protection

- Make birth registration free and accessible to all children in Uganda.
- Develop and enforce national guidelines and standards for establishment and management of childcare facilities for children below 3 years.
- Build a quality assurance mechanism for childcare services in places of incarceration and alternative care.

ECCE

- Increase awareness on government funded opportunities for ECD teacher training and development at public universities.
- Fast track the development of Basic Requirements and Minimum Standards for pre-primary education institutions in Uganda.
- Put in place strategies to ensure continuity of services for the 0–8-year-olds in the design and implementation of response measures to children in the refugee context and other emergencies.

Data

- 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.



Introduction

ECD is a process of ensuring a holistic growth and development of a child resulting from both biological and environmental factors.¹ The 2017 UNICEF's Programme Guidance for Early Childhood Development defines ECD to be comprised of three components namely, the early childhood phase of life (0 – 8 years); what constitutes development and how that development occurs.

1. World Bank, 2017

Relatedly, Uganda's NIECD policy takes a comprehensive approach, integrating inputs from various sectors and programmes to promote children's development from conception to age eight. This approach aims to ensure children's physical, mental, emotional, spiritual, moral, and social well-being.

Scientific research spanning three decades underscores the significance of early years in shaping health, well-being and productivity across the lifespan. Evidence from the past two decades emphasises the importance of the early years of life, 0-8. This compelling evidence, underscores the importance of ECD services for national socio-economic development, particularly the crucial roles of nutrition, parenting, and early stimulation. Giving children the best possible start in life is essential for developing both individual potential and a country's human capital. The first five years of life witness the fastest period of human growth and development, with 90 percent of brain development occurring by the age of five.

The science underlines that genes provide the blueprint for the brain, while a child's environment moulds brain development. During this

period, the brain needs various inputs: stimulation and care to spark neural connections across regions of the brain, enhancing cognitive and language skills, social competency and emotional growth; health and nutrition at the right time to nourish both the body and the brain; safety and protection to counter stress and pollution, allowing nutrient absorption for the nervous system and brain development. These environmental aspects must synergise to form a stronger brain during early childhood.

Recent scientific progress firmly asserts that early life experiences significantly impact adolescent and adult outcomes. Poor growth and exposure to adverse environmental events in foetal development and infancy correlate with adult chronic diseases. Stunted growth and limited home stimulation lead to cognitive deficits, lower education and decreased adult income. Early physical, mental, and social development influences short and long-term educational and occupational achievement and earnings. Investing in early years is, thus, wise economics and a key human capital development strategy.

ECD enhances learning outcomes later in life. Children participating in early childhood education programs are twice as likely to demonstrate **ADVANCEMENT** in early literacy and numeracy, compared to the 20 percent who do not attend any pre-primary education program. Additionally, accessing quality early childhood education increases the likelihood of children starting primary school at the appropriate age, advancing through the education system, and acquiring the competencies necessary for life.

This means lower dropout and repetition rates, and higher completion rates. Attending an early childhood education program is, therefore, one of the strongest predictors for a child's readiness for school. It is also a pillar on which future learning and training are grounded.

Investing in ECD yields significant economic and social benefits. The World Bank (2018) highlights that well-nourished children can earn 5 to 50 percent more in adulthood compared to malnourished individuals. Heckman (2008, 2017) further emphasises the substantial returns on investment in ECD, estimating an annual rate of⁵ return ranging from 10 and 13.7 percent for every dollar

invested, translating to a range of \$1.80 to \$17.7 in US dollars.

The realisation of the demographic dividend hinges largely on government investment decisions. Inadequate budget allocations for children's education, health and protection, coupled with a lack of support for broader economic growth and job creation, may result in unprepared young workers or a scarcity of decent employment opportunities. This scenario could lead to increased poverty, inequality, social and political instability, and migration. Conversely, strategic investments in children and youth by governments can leverage the population boom to drive economic growth, enhance job prospects, and foster long-term stability and prosperity.

Investing in the health and education of Ugandan children is not only beneficial for their own wellbeing, it also is key to developing human capital – a skilled and educated workforce. Such investment would facilitate future gains in productivity, allowing the country to counter a rising dependency ratio in the future.

Uganda's human capital development programme accounts for the largest proportion of Uganda's

2 Shonkoff, 2012
3 UNICEF, 'Building Better Brains: New Frontiers in Early Childhood Development', 2015

4 UNICEF, 2019
5 Pence and Nsamenang, 2008; Heckman, 2017

national budget for FY 2023/24. However, it is documented that public investments in education and other forms of human capital development will have low returns if children do not have the adequate levels of cognitive and social skills development at an early age . Investment in Early Childhood Development (ECD) has been documented to be one of the most effective, long-term strategies for poverty eradication. Available evidence suggests that “smart investments in the physical, cognitive, linguistic, and socio-emotional development of young children – from before birth until they transition to primary school – are critical to put them on the path to greater prosperity, and to help countries be more productive and compete more successfully in a rapidly changing global economy”.

“ If a government strategically invests in children & young people, the population boom can increase economic growth, improve economic opportunities, & ensure long-term peace & prosperity.

7 See Macours et al., (2008)
8 World Bank, (2020)



One

Background to the Study

The significance of ECD in sustainable development is emphasised in the fourth Sustainable Development Goal (SDG); particularly SDG target 4.2 which aims to ensure quality early childhood development, care, and pre-primary education for all children. Uganda having ratified the SDGs, has also aligned its planning framework accordingly. In addition, the country's third National Development Plan (NDP III) prioritises Early Childhood Development as a key strategy in human capital development. The plan underscores the importance of the foundational years in building a more developed and productive society. NDP III takes a life-cycle approach to human capital development aiming to enable all children, especially the most vulnerable, to reach their full developmental potential from conception to school entry age.

This involves ensuring equitable access to essential quality health-care, nutrition, protection, and early learning services. These services must address children's developmental needs and support parents and caregivers in nurturing care and positive parenting.

Over the years, the ECD provisions in the NDP III have further been operationalised in various efforts aimed at strengthening ECD services. These efforts have included initiatives such as the development and implementation of the National Integrated Early Childhood Development (NIECD) policy and action plan; the development of the draft ECE policy; development and dissemination of the key family care practices; the National Child Policy and several other initiatives and programmes across the country targeting the youngest children.

Nonetheless, there is still much to be done to achieve the broad vision of ECD that is outlined in Uganda's policies. ECD services in Uganda have yet to become comprehensive, coordinated, provided in an equitable manner, and funded at a level to achieve their objectives. Ensuring high-quality ECD services and making sure that young children

have access targeted to their levels of need remains a challenge. Many children aged 0–8 years have limited access to the essential package of services as outlined in the NIECD service delivery framework.

For Uganda, human capital will be the foundation of the country's future success. Currently, just under half of the population are below the age of 15; however, fertility rates are falling which means that in the future the proportion of the population which is of working age will grow (UBOS 2019). Between 2023 and 2050, the proportion of the population which is of working age (15–64) will grow from 54% to 64%. (World Bank) At this point, if most of these adults are productively employed, Uganda could reap a sizable demographic dividend: a powerful economy, large tax revenues, and productive investments. Uganda is currently a low-income country (LIC) and, despite significant progress, still has high rates of poverty (42% of the population live on less than \$2.15 per day).

Realising this demographic dividend is, therefore, exceptionally important to supporting Uganda's broad development goals and ambitions to become a Middle Income Country in line with Vision 2040. (UNICEF,2023)

However, the size of Uganda's dividend will depend in large part on whether those working age adults are productive. This productivity will depend significantly on what happens from the very earliest moment in their lives. Capitalising on this important window of opportunity to define the course of a child's development is critical if human capital development is to be realised in Uganda. This is recognised by the Government of Uganda (GoU) in the Third National Development Plan and is supported by the National Integrated Early Childhood Development Policy (NIECDP) which has been in place since 2016.(UNICEF,2023)

Uganda's vision to become a middle-income country by 2040 therefore remains highly contingent on the country's ability to safeguard its children's rights to contribute to national development. Investing in its young population will enable Uganda to reap an unprecedented demographic dividend. Put simply, over the next 30 years, today's children gradually transitioning into an already dynamic labour force hold the potential to transform Uganda's economy and remodel the socio-economic future of the nation.

Efforts to integrate ECD indicators in national surveys such as the UDHS, UNHS and sector MISs have been made. However, data on the current state of ECD services remains insufficient. This lack of data makes it challenging to monitor progress, evaluate the impact of policy changes, identify challenges, and recognise opportunities for enhancing ECD service delivery. National estimates are often limited to specific age groups, primarily focusing on older children and are sometimes generalized across key age groups.

While progress tracking has been undertaken for some ECD components like child health and nutrition, there is limited information available for Early Childhood Care and Education (ECCE), on parenting and family strengthening services, child protection services, the ECD workforce, and the equitable access to services, particularly for the most marginalized children and their families. Understanding the current status of ECD service provision comprehensively and generating relevant information to align ECD within the existing programmes, opportunities, and strategies for improved service delivery is crucial. The ongoing development of a National Child Wellbeing MIS by the Ministry of Gender, Labour and Social Development is expected to address this data gap.



To comprehend the present state of Early Childhood Development (ECD) in Uganda, the Ministry of Gender Labour and Social Development in partnership with Early Years Count – Uganda commissioned a National ECD situational analysis. The analysis aims to furnish insights into the provision of ECD services across key components, pinpointing areas of concern and gaps in coverage, equity, and quality of services. Additionally, it sheds light on the policy and donor landscape in the country, delineating key issues, priorities, and challenges. By offering a holistic view of the circumstances facing children aged 0–8 years, the analysis enables the identification of overarching intervention areas within the national development agenda.

Chapter Two

Methodology

The study utilised mixed methods in meeting its objectives. Quantitative approaches were based on data obtained from the Uganda Bureau of Statistics and Management Information Systems while qualitative data was obtained from consultations with key actors in Uganda’s ECD space. Consultations were undertaken using both Key Informant Interviews (KIIs) and Focus Group Discussions. These two approaches were complemented with a review of the available literature on ECD in Uganda.

Quantitative Data Sources: The study relied on data from the Education Management Information System (EMIS), District Health Information System 2 (DHIS2), Uganda Bureau of Statistics Survey data (Uganda National Household Survey - UNHS 2019/20, Uganda Demographic Health Survey - UDHS 2016, Statistical Abstract 20222), Management Information System data from UNHCR, National Child Helpline, and UNICEF's Situational Analysis of Child Poverty and Deprivation in Uganda, 2014.

Qualitative Data: Key Informant Interviews (KIIs) were held with key actors at both national and subnational level. At national level, KIIs were held with actors in key ministries, departments, and agencies of government along with selected actors from the development partners and Civil Society Organisations. A list of the key actors consulted at national level is annexed to this report.

At Local Government/Subnational Level, KIIs were held with key actors from the District Health Departments, District Education Departments, District Police Commanders, District Prison Officers, Community Development Offices, Probation Offices,

Health Facility In-Charges, Early Childhood Care and Education (ECCE) teachers, Education and Health Inspectors. In addition, Focus Group Discussions (FGDs) were utilised to consult parents and Village Health Team members. A detailed list of the actors consulted is annexed to this report.

Sampling Local Governments: Sampling of the district local governments was undertaken using purposive sampling. The entire number of district local governments (136 at the time of sampling) formed the sampling frame. A total of 20 districts including the Kampala Capital City Authority (KCCA) were purposively sampled for district/sub-national level consultations. Only a few local governments were selected for the consultation due to limitations in resources (financial and time).

Selection Criteria: While there are several indicators of ECD performance in the country, the purposive selection of the districts was particularly based on composite variable of district performance in maternal and child health indicators along with pre-primary enrolment. These two areas were selected based on availability of district level data for the whole country. At the time of

sampling, the research team was not able to attain comprehensive data on nutrition and child protection that was disaggregated by district.

For education, sampling considered pre-primary net enrolment per district. Net enrolment was preferred because it depicts the number of pre-primary aged children that are enrolled in pre-primary school across the districts. It should be noted that due to absence of updated enrolment statistics, the sampling was based on the annual education abstract of 2017. This consequently also meant that the sampling framework was based on the existing districts designations at the time which numbered to 122.

For child health, indicators on maternal and child health performance were drawn from the district health performance league table of the FY 2020/21 Annual Health Sector Performance Report. The total performance score for each district was computed against percentage performance in ten indicators including DPT 3 Coverage; IPT3 coverage; ANC 4 coverage; health facility deliveries; under-five Vitamin A 2nd Dose; pregnant women tested for HIV during the current pregnancy; DPT1 to Measles Rubella Drop Out Rate; Maternal

deaths reviewed; Perinatal death reviewed; and under 5 children dewormed in the last 6 months.

In computing the child health performance, the statistical weights used in the FY 2020/21 Annual Health Sector Performance Report were adopted. Percentage performance for each district was therefore recalibrated to be based on the total weights of the maternal and child health indicators.

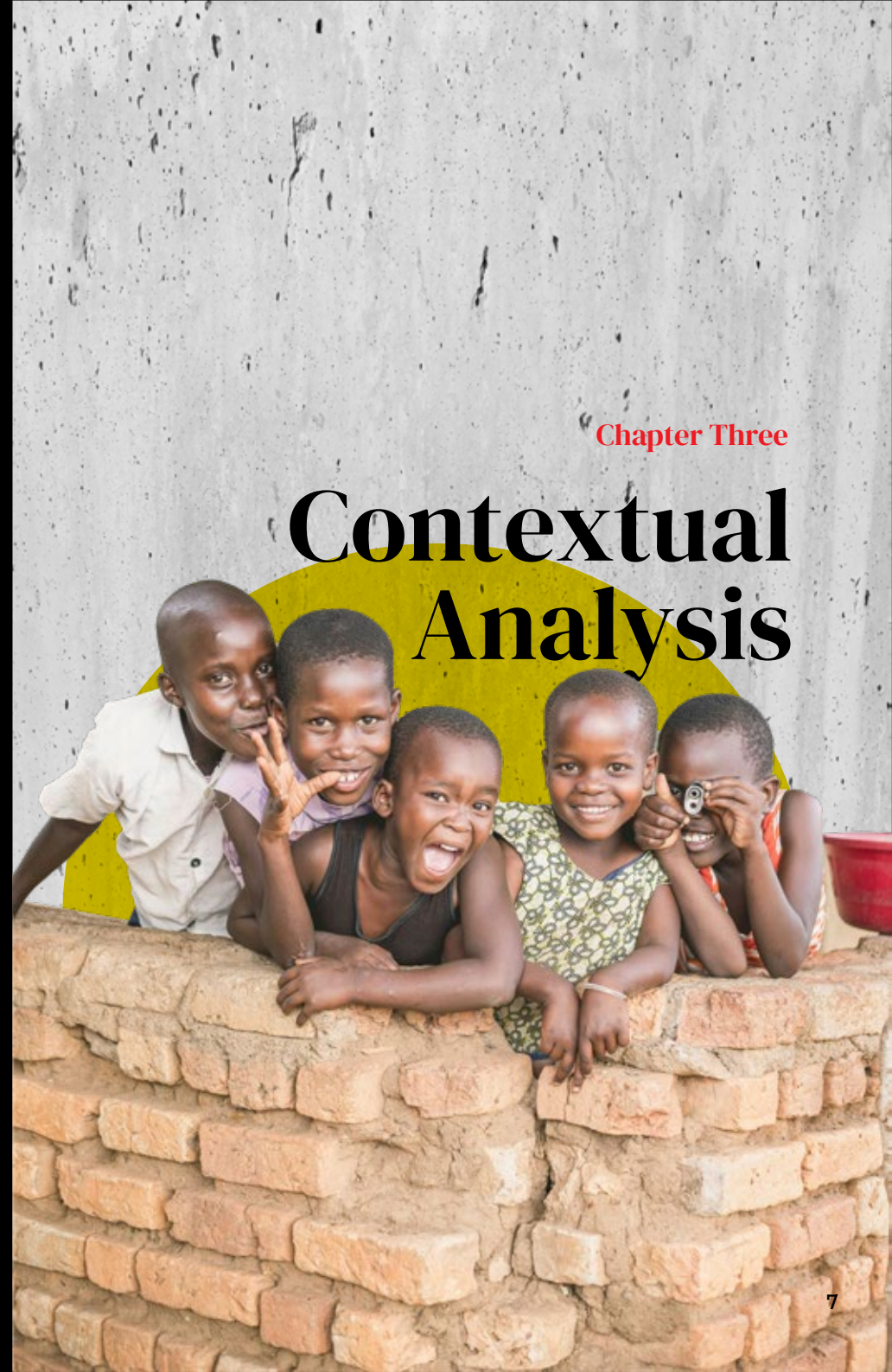
Overall, selection of the districts was purposive in nature taking two districts from each sub-region. The selection took the highest ranked and the lowest ranked districts on the education-health composite variable in each sub-region except for the Buganda sub-region. In the Buganda sub-region, the lowest ranked district was selected alongside Kampala which was not the highest ranked district but was taken because it is the nation's capital. The selected districts are indicated in table 1.

Table 1: Sampled Districts

Sub-Region	Lowest Ranked	Highest Ranked
Acholi-Lango	Amuru	Gulu
Ankole	Kiruhura	Sheema
Buganda	Bukomansimbi	Kampala
Bunyoro - Toro	Bulisa	Bundibugyo
Busoga	Mayuge	Jinja
Elgon	Bukwo	Kween
Karamoja	Amudat	Napak
Kigezi	Kisoro	Rukungiri
Teso-Bukedi	Bukedea	Busia
West Nile	Yumbe	Koboko

Data Management and Analysis: The analysis of the quantitative data was undertaken using Ms Excel. On the other hand, qualitative data obtained from the KIIs and FGDs was transcribed as interview notes by the research assistants where recording wasn't permitted. Where interviews were recorded, the interviews were transcribed using Otter.ai – a data management software and exported into Ms Word documents. These Ms Word Documents (transcripts) were analysed using NVIVO. The analysis arising from the data obtained along with the secondary data formed the basis for writing the study report.

Contextual Analysis



This section presents an analysis of the current context underpinning the provision of ECD services in Uganda. It specifically presents the demographics, economic outlook along with the institutional set up in which ECD service delivery is undertaken in Uganda.

Uganda is a landlocked country located in East Africa occupying a land mass of 241,555 square kilometres (sq. kms), of which 45,786 sq. kms are open water and wetlands. It is bordered by Kenya in the East, Tanzania in the South, Rwanda in the southwest, Democratic Republic of Congo in the west and South Sudan in the North.

Currently, the Uganda Bureau of Statistics projects the country's population to stand at about 45.6 million. Uganda ranks second among countries with the youngest population globally. It is estimated that more than half (51% or 22.2 million) of the country's population is below 18 years of age. Furthermore, about eight of every ten Ugandans (about 36.5 million) are below the age of 35 years.

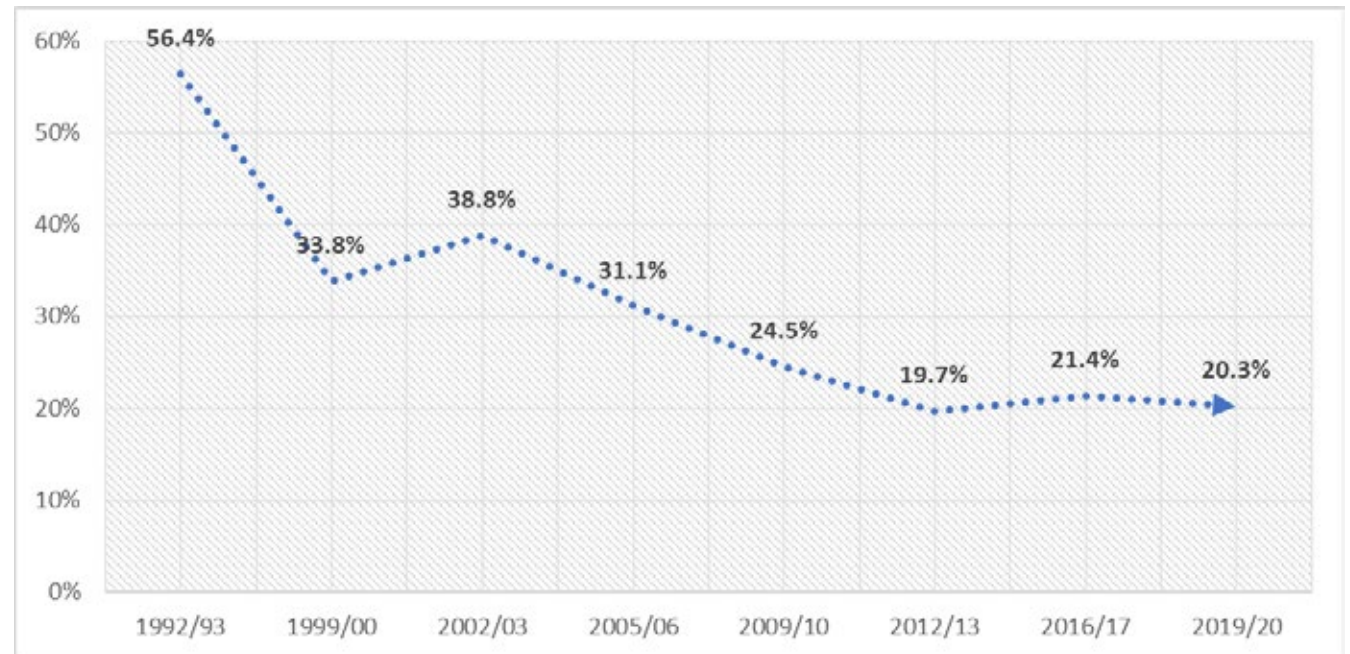
Uganda is currently categorised as a low-income economy on the World Bank Group's country classifications by income. The country's Gross National Income (GNI) per capita was estimated at \$930 as of 2022 implying that it is still ranked as a low-income country. The size of Uganda's economy was estimated to be UGX 184.3 trillion (USD 49.4 billion) as of June 2023. The economy is projected to have grown by 5.5% in the period between July 2022 and June 2023. This level of growth places Uganda among the fastest growing economies in the Sub-Saharan Africa region whose average growth is projected at 3.6% in the 2023 calendar year.

Despite being classified as a low-income country, Uganda has made significant gains in poverty reduction albeit with some setbacks encountered during the COVID-19 pandemic. Income poverty has reduced from 56.4% in the 1990s to 20.3% in 2020.

While poverty in Uganda is more prevalent in the rural parts of the country (with 73.4% of the poor Ugandans living in the rural areas) the poverty reduction observed between survey years 2016/17 and 2019/20 was mostly due to reductions in rural poverty. In the rural parts of the country, the poverty headcount reduced from 25.2% to 23.4% (from 7.1 million poor people to 7 million). On the other hand, in

urban areas, there was an increase from 9.5% to 11.7% (from 0.9 million poor people to 1.3 million). This data suggests a complex economic dynamic within Uganda. Understanding these dynamics is crucial for policymakers to formulate effective strategies tailored to the specific needs of both rural and urban populations. It highlights the importance of addressing structural inequalities, promoting inclusive economic growth, and ensuring equitable access to resources and opportunities across regions. Additionally, monitoring and evaluating the impact of existing policies and interventions can provide insights into their effectiveness and inform future decision-making processes.

Figure 1: Poverty Headcount Trends in Uganda



Source: Poverty Status Report, 2021.



One

The ECD Institutional Framework

ECD systems and services encompass a broad age range, spanning from prenatal to 8 years old. They often cater to the diverse needs of various ethnic and population groups, and intersect multiple sectors, involving a wide array of stakeholders. The Ministry of Gender, Labour, and Social Development is responsible for coordinating ECD efforts as mandated by the National Integrated ECD policy. Traditional sectors such as health, nutrition, sanitation, education, protection, and social welfare play a significant role in providing ECD services tailored to specific age groups. Health and related sectors primarily focus on the early phase of this age period, while education emphasises the pre-primary and primary school years.

Within the sector, a range of key partners, including agencies and Civil Society Organisations typically exist. At the national level, the MGLSD oversees the sub-sector, along with the implementation of social welfare, child protection, community development, parenting and Family strengthening, all

integral components of ECD. ECD is situated within the Department of youth and children Affairs in the MGLSD, with a designated ECD focal person responsible for internal coordination, working closely with the Family Affairs Division, Community Development and Labour Departments.

All other ministries have similar arrangements. In the Ministry of Health, ECD falls under the Department of Reproductive and Child Health, overseeing maternal, child health and nutrition. In the Ministry of Education and Sports (MoES), ECCE is coordinated by the Pre-primary division within the basic education department. This division collaborates closely with the TETD, Directorate of Education Standards and the NCDC, which is responsible for curriculum development and implementation. The Ministry of Internal Affairs provides child protection services through the National Identification and Registration Authority, Uganda Police Force and Uganda Prisons Service. Other key sectors, including Water and

Sanitation under the Ministry of Water and Environment, MAAIF, Agriculture, Internal affairs, Local Government and the Justice Law and Order sector, play significant roles.

The Office of the Prime Minister (OPM) oversees coordination of all government Ministries, Departments, and Agencies (MDAs) to ensure effective service delivery in Uganda. OPM also leads coordination and implementation of Humanitarian Programmes and the Uganda Nutrition Action Plan.

The Ministry of Gender, Labour and Social Development convenes the IECD Steering committee composed of members from each sector. This committee oversees and advises on ECD Implementation, facilitating joint planning, budgeting, and coordination. Within each key sector, multiple departments collaborate to fulfil essential ECD governance functions, each with designated roles and responsibilities.

Development partners and civil society organisations implement ECD programs across sectors. They participate in ECD Technical working groups within each sector, providing technical support, advice, and coordination of efforts among key actors.

Ministry of Local Government leads policy implementation in all Local Governments according to the Local Government Act Cap 243. Overall implementation cascades to each City and District Local Government under the leadership of Town Clerks, Chief Administrative Officers and Senior Assistant Secretaries. There are direct linkages between sectors and their respective departments at Local Government levels. For instance, the MOH works with the DHO on ECD implementation and structures within the same service until the lowest unit, the MGLSD coordinates with the Community development office, the Ministry of Education works directly with the district education office. At subnational level, there's an IECD coordination committee and selected ECD focal person, operational in some districts.

ECD Legal and Policy Frameworks

Uganda's legal and policy framework for ECD draws from various regional and global conventions and treaties. These include the Sustainable Development Goals, United Nations Convention on the Rights of the Child (including optional protocols), UN Convention on the Rights of Persons with Disabilities, Convention on all forms of Discrimination Against Women, ILO Conventions (138& 132), and the African Charter on the Rights and Welfare of the Child. ECD is seen as pivotal in driving progress towards realisation of the Sustainable Development Goals (SDGs). This includes SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health and Wellbeing), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 6 (Clean Water and Sanitation), SDG 13 (Climate Action), and SDG 16 (Peace Justice and Strong Institutions)

Legal Framework: The 1995 Constitution outlines children's rights comprehensively in Article 34 (1-7), the Children (Amendment) Act, 2016 emphasizes the protection of the child by upholding their rights, duties and responsibilities. The Education Act 2008 identifies pre-primary education as the first level of education in Uganda and provides for free and compulsory primary education for all children. The Persons with Disability Act 2020 provides for the respect and promotion of the fundamental and other human rights and freedoms of persons with disabilities.

ECD health related laws include Public Health Act Cap 281, the Immunisation Act 2017, Insurance Act 6 of 2017, the Medical and Dental Practitioners Act Cap 272, the Nurses and Midwives Act Cap 274, the Allied Health Professionals Act Cap 268, Mental Treatment Act Cap 279, Venereal Diseases Act Cap 284, National Medical Stores Act Cap 207 and National Drug Policy and Authority Act Cap 206.

The current Employment Amendment Bill 2022 passed by Parliament makes provisions for establishment and inspection of childcare and breast-feeding facilities at workplaces. Once assented to by the President, it contributes to increasing access to care and protection of children aged 6-36 months for working parents.

NDPIII: The Third National Development Plan 2021–2025 (NDP III) has prioritised Human Capital Development as critical for achieving National Development Objectives. Under this Programme, the Government of Uganda has set key targets for next five years, following a life cycle approach (pre-conception, infancy, childhood, adolescence, adulthood, and old age). These include increasing average years of schooling from 6.1 to 11 years, raising learning adjusted years of schooling from 4.5 to 7 years, decreasing the prevalence of under 5 stunting from 28.9% to 24%, reducing under 5 mortality from 64/1000 live births to 52/1000, narrowing the Gender Gap Index from 0.523 to 0.5, improving access to safe water supply from 70% to 80% (rural) and 74% to 100% (urban), increasing access to basic sanitation from 19% to 40% and enhancing the proportion of the population accessing Universal Health Care from 44% in 2018 to 60% by 2025.

Early Childhood Development is a priority under the first objective of the Human Capital Development Programme. This involves improving the foundations for human capital development. Priority interventions include institutionalising training of ECD caregivers at public PTCs and enforcing a regulatory and quality assurance system for ECD standards. Other

measures involve promoting optimal maternal, infant, young child and adolescent nutrition practices, strengthening the family unit to reduce domestic violence, child deprivation, abuse and child labour and expanding the scope and coverage of care, support and social protection services for the most vulnerable groups and disaster-prone areas.

Policies: Several policies also exist to guide delivery of ECD services in Uganda domiciled in different Ministries. ECCE Policy (2007), National Health Policy (2010), Malaria Control Policy, National Food and Nutrition Policy (2003), National Policy on Disability (2006), National Gender Policy (2006) National Culture Policy (2006), and National Population Policy for Social Transformation and Sustainable Development (2008), National Child Policy (2020), National Social Protection Policy (2015). A draft Early Childhood Care and Education Policy was developed by MoES in 2020 and awaits cabinet approval.

In 2016, Government of Uganda adopted Integrated Early Childhood Development (IECD) as a key strategy to provide the ‘best start in life’ to every child and achieve sustainable and equitable growth and prosperity as a nation. The Ministry of Gender, Labour, and Social

Development (MGLSD) currently coordinates implementation of the National Integrated Early Childhood Development (NIECD) Policy in collaboration with key line ministries, development partners and civil society organizations. The NIECD policy framework steers government systems toward coordinated, integrated and inclusive ECD in alignment with the Sustainable Development Goals (SDGs). Notably, the Policy does not replace sectoral policies and program frameworks supporting children under eight and their families. Rather, it seeks to bridge the gaps within existing policies and

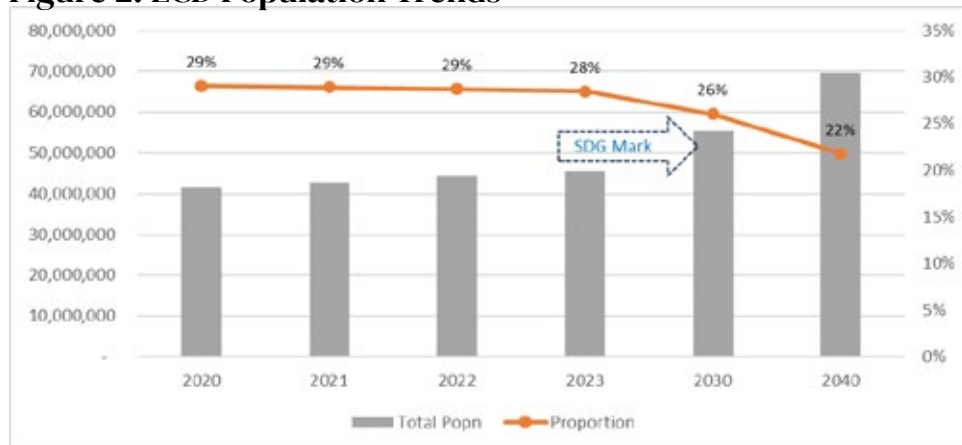
programs and harmonize them for better coordination and utilisation of resources, benefiting the 10.7 million Ugandan children under eight (Census, 2014) while giving priority to those who are most vulnerable. Provisions have been made to review the implementation of old Integrated ECD action plan 2016–2021 and thereafter develop a new one.

Demographics

According to Uganda Bureau of Statistics, Uganda’s mid-year population project for 2023 is 45.5 million. Uganda currently has a broad-based population pyramid where the younger age cohorts make up the largest proportion of country’s population. The ECD age cohort (0–8 years) particularly makes up nearly one-third (28% or 12.9 million) of Uganda’s population. Male children are slightly more (51%) compared to their female counterparts (49%).

Uganda’s population is projected to continue rising rapidly given the country’s high fertility rates. However, the structure of the country’s population is bound to change in the next two and a half decades as the current ECD aged cohort transitions into teenagers and the adults of tomorrow. By 2030, the ECD aged cohort of Ugandans is projected to make up 26% of the population.

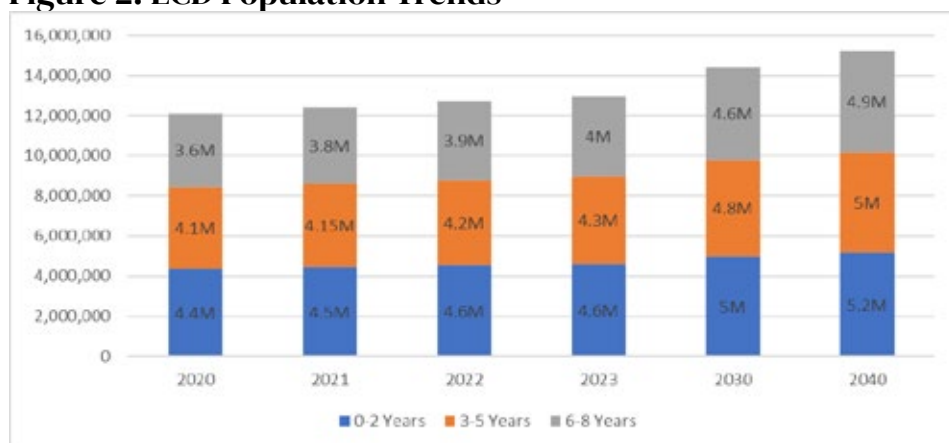
Figure 2: ECD Population Trends



Source: Computations from UBOS mid-year population projections

Age Cohorts: The distribution of the population across the major ECD age categories sees the largest number of children belonging to the 0–2-year-olds followed by the 3 – 5-year-olds. Combining these two cohorts yields the 0–5-year-old cohort which makes up 70% of the ECD aged Ugandans. It is notable that this population structure continues in the future albeit with near convergence in the proportions by 2050 (see figure 3).

Figure 2: ECD Population Trends



Source: UBOS mid-year population projections

Location: Comparing the population distribution by residence (urban and rural) from the UNHS 2019/20 with UBOS mid-year population projection for the same period, this report estimates that roughly three-quarters (9.3 million) of 0–8-year-old Ugandans live in the rural areas while the remaining quarter (almost 3 million) resides in urban areas. Given that the largest proportion of the country’s ECD age children are in rural areas, it’s crucial for the government and development partners to strategically target interventions in these areas. This ensures increased access to quality services across all ECD components, bridging potential inequality gaps, and establishing a foundation for equitable and sustainable development and social economic transformation.

By the year 2040, Uganda aims to become an upper mid-income economy. Achieving this goal requires investing in the current ECD cohort, who will comprise the country’s labour force by then.

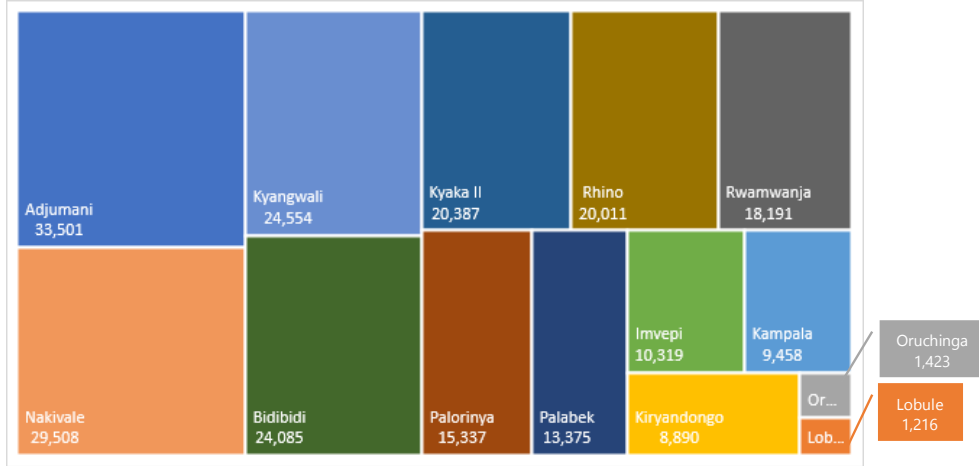
Refugee Demographics

Uganda hosting approximately 1.55 million refugees (UNHCR 2023), stands as the foremost refugee hosting country in Africa. As of May 2023, children constituted the majority (56.3%) of refugees in Uganda. Among these refugee

children, those aged under 5 comprise around 26%, while the largest proportion falls between 5 and 11 years old. Like their national counterparts, boys slightly outnumber girls, accounting for 50.1% of refugee children.

The distribution of under 5 aged refugee children across settlements is highest in Adjumani, Nakivale, Kyangwali, Bidibidi and Kyaka II district (refer to Figure 3 for more details). This emphasizes the vulnerability of this demographic group and the urgent need for targeted interventions. With children constituting the majority of refugees, including a notable percentage under 5 years old and a slight gender disparity favoring boys, there is a pressing need to address their specific needs and challenges, especially regarding health, education, and protection. The geographical distribution of under-5 aged refugee children across settlements highlights varying levels of demand for services, indicating the necessity for tailored interventions and resource allocation in high-concentration areas. Integrating frameworks such as the Nurturing Care Framework for Early Childhood Development (ECD) and fostering collaboration among stakeholders are essential for addressing the multifaceted needs of refugee children, enhancing their well-being, and promoting their holistic development in Uganda.

Figure 4: Distribution of Under 5 Refugee Children Across Settlements



Source: Computations from OPM Data

The majority of refugee children under 5 years old originate from South Sudan and the Democratic Republic of Congo, making up 54% and 38% of this group. Hosting such a large number of refugees presents significant economic, social and environmental challenges for Uganda, particularly for host communities. These children face significant challenges in accessing essential ECD services due to the strain on resources caused by hosting a large refugee population in Uganda. This strain impacts the quality and availability of ECD programs, potentially leading to long-term consequences for the developmental outcomes of refugee children. Ensuring equitable access to quality ECD services for refugee children is crucial for promoting their well-being and future opportunities, necessitating efforts to address their unique needs within both refugee settlements and host communities. Integrating refugee-specific considerations into national ECD policies and planning processes is essential for fostering inclusive environments and effectively supporting the developmental needs of refugee children in Uganda.



Child Welfare & Livelihoods

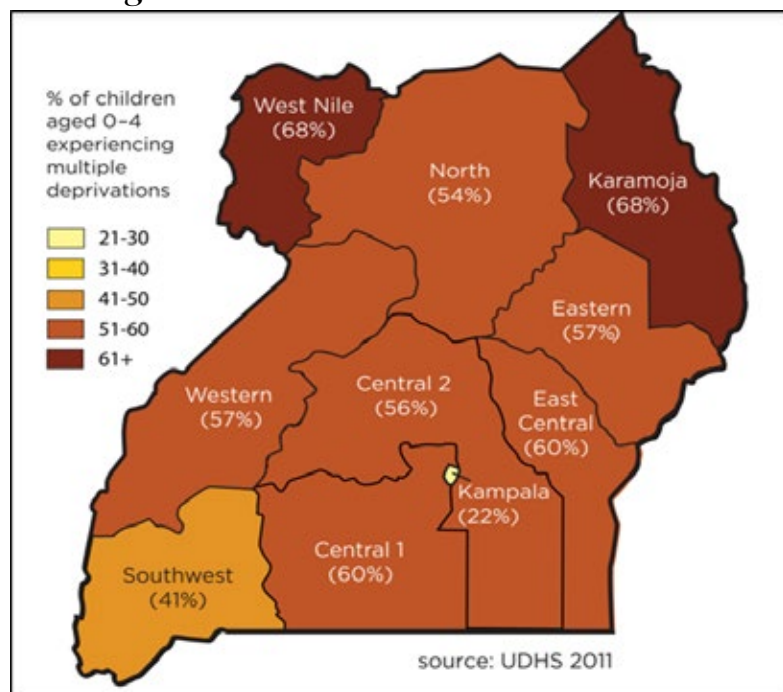
This report examines child welfare by analysing child poverty situations. It favours a multi-dimensional measure of child poverty over income, given the limited scope of child income. This approach to defining multi-dimensional child poverty emphasises material deprivation as the primary aspect, stating that children in poverty lack essentials in multiple areas of life (such

as nutrition, water and sanitation, education, shelter, and protection). This lack of goods and services pose a serious threat to their growth and development (United Nations General Assembly 2007).

According to available evidence, over half (55%) of children aged 0-4 years are multi dimensionally poor. However, this poverty decreases as children age, with 38% of those aged 6-17 years considered poor. It is worth noting that poverty impacts children more than adults within the same households. Additionally, poverty isn't evenly distributed among children across the country. Children in the northern and eastern regions of Uganda are notably poorer compared to their counterparts elsewhere. By recognizing the diverse factors that contribute to child deprivation and inequity, policymakers and stakeholders can develop more targeted and comprehensive strategies to improve the well-being of children in Uganda.

Available evidence indicates that more than half (55%) of the children aged 0-4 years are multi dimensionally poor.

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



Source: UNICEF, 2018

Children from the West Nile and Karamoja regions were notably poorer, with rates 13 percentage points higher than the national average, compared to their counterparts in other regions. The lowest child poverty rates are seen in Kampala and the southwestern parts of the country, particularly in Kigezi. Child poverty is more prevalent among refugee children who experience greater deprivation across all aspects of child poverty with differences ranging from 8–32 percentage points across various indicators.

This multi-dimensional poverty measure reveals that children are deprived in two or more fundamental rights including nutrition, health, water, education, sanitation, shelter, information, and protection. Among children in Uganda aged 5 and below, malnutrition is the most prevalent form of deprivation with nearly

one-third (29%) of children in this age group experiencing stunting, more prevalent among boys (31% than girls (27%).

Nutritional deficiencies have long term consequences for children, leading to frequent illness and disability later in life. It is important to recognize that these deficiencies result from various factors, such as limited access to safe drinking water, insufficient protein intake, and inadequate care.

There's an urgent need for targeted interventions to address child poverty, especially in marginalised regions and among refugee communities. Such efforts should prioritise addressing the root causes of deprivation, including improving access to essential services, ensuring food security, and enhancing caregiving practices to mitigate the long-term impacts of malnutrition and other forms of deprivation on children's well-being and development.

Image 2: Summary of Key Socioeconomic Status Indicators Among <5 Children in Uganda

Health	Water & Sanitation	Child Protection	Shelter	Education
34.1% of <5 children experience deprivation in health	30% of children lack access to clean water 23% of the <5 children with diarrhoea were practicing open defecation	37% of children < 5 left alone or in the care of another child (< ten years) for more than an hour	17% of Ugandan children suffer extreme shelter deprivation	63% of children <5 excluded from formal early learning

Source: UNICEF, 2014 and UDHS 2016

Data on the socioeconomic status of ECD aged children is notably scanty. The data in this subsection relies on the 2016 UDHS and the UNICEF situational analysis of child poverty from 2018. Additionally, the UNICEF report mentions the 2011 UDHS, further indicating the dated nature of the status being presented. Without more recent and comprehensive data, it becomes challenging to develop targeted interventions and policies aimed at addressing the specific needs and challenges faced by this vulnerable population. Therefore, there is a need for efforts to collect more recent and reliable



data to better understand and address the socioeconomic circumstances affecting ECD aged children in Uganda.

Child Development in Uganda

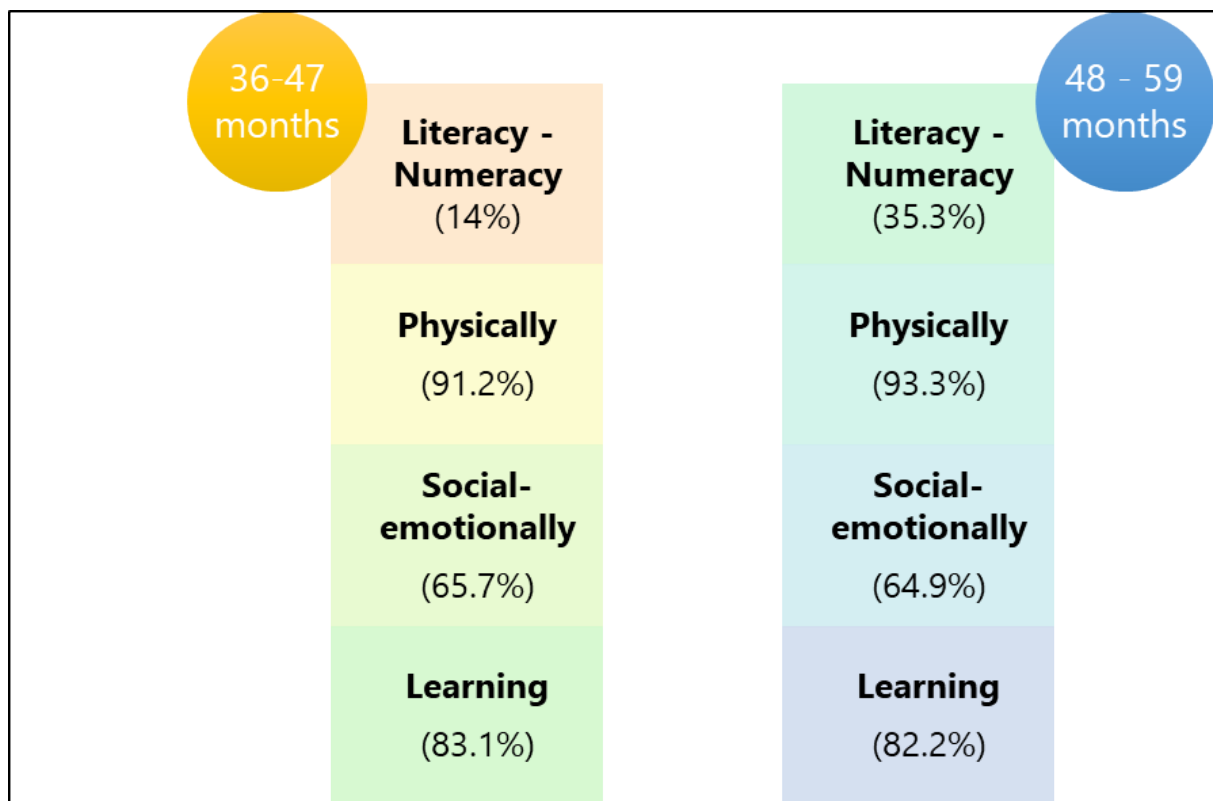
The ECD Multiple Indicator Cluster Survey Tool provides for six ECD domains under which the development children aged 0-8 years is measured in Uganda.

These include the physical, mental, emotional, spiritual, moral, and social domains. Analysing data from the UDHS 2016, it is notable that about 56.5% of the children aged between 3 and 4 years (36-47) months are developmentally on track and about 68.3% of the children aged between 4 and 5 years (48-59 months) are developmentally on track.

It is notable that the ECD index in the 2016 UDHS is computed using only four dimensions of literacy and numeracy, physical development, social-emotional development, and learning. The ECD Index is based on benchmarks that children are expected to reach if they are progressing in their development at a pace similar to the majority of children in their age group. While many of the children in Uganda were developmentally on track as per the index, major gaps were observed in literacy and numeracy. Only 14% of the children aged between 3 and 4 years (36-47) months were developmentally on track in literacy and numeracy while only 35.3% of the children aged between 4 and 5 years (48 - 59 months) were developmentally on track in literacy and numeracy.

While the limited literacy development among the children under 5 years of age can mostly be attributed to the limited access to pre-primary education in Uganda.

Figure 5: Percentage of Under 5 Aged Children that are Developmentally on Track



Source: UDHS 2016

It's worth noting that children in urban Uganda were slightly more advanced in development than those in rural areas, with one exception: the social-emotional dimension. Specifically, 67.1% of rural children were on track socially and emotionally, compared to 58% of urban children.

This could indicate various factors at play, such as differences in community structures, access to resources, or cultural norms that influence social-emotional development differently in urban and rural settings. Further research is needed to explore the underlying reasons behind these differences and their implications for child development policies and interventions.

Table 2: Location Differences in ECD in Uganda

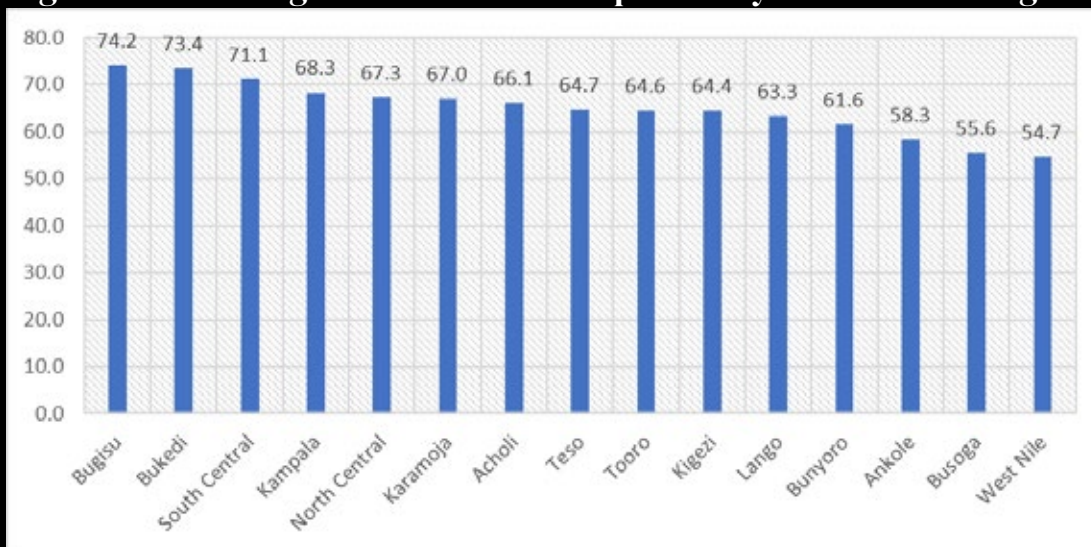
Background characteristic	Category	Literacy-numeracy	Physical	Social-emotional	Learning	ECD index score
Location	Urban	42.7	93.3	58.0	90.2	70.2
	Rural	21.9	92.2	67.1	85.0	63.1

Source: UDHS 2016

The country exhibited varying levels of ECD, with Bugisu region ranking highest on the ECD index, and the West Nile region ranking lowest (see figure 5). Notably, the West Nile region, which also had the highest child poverty levels as previously mentioned, supports the argument that wealth quintiles impact ECD.

Additionally, the West Nile region hosts the largest proportion of refugee children, who are more vulnerable to child poverty compared to national counterparts. However, there are significant data gaps on ECD among refugee children. Further research is needed to understand the performance of different child categories in Uganda, informing future programming.

Figure 6: Percentage of Children Developmentally on Track Per Region



Source: UDHS 2016

The UDHS of 2016 shows that children from higher wealth quintiles were more developmentally on track. The ECD index revealed that 74.8% of those in the highest wealth quintile were on track compared to 57.2% in the lowest wealth quintile. Notably, the biggest gaps were in literacy and numeracy, with 53% of the highest quintile children on track, contrasting sharply with only 11% in the lowest quintile.

The disparities in early childhood development outcomes reflect broader systemic inequalities, with wealthier families having better access to resources like nutrition, healthcare, and education. This leads to significant gaps in literacy and numeracy skills, potentially impacting long-term academic and socioeconomic success. Addressing these disparities requires comprehensive interventions that tackle both immediate needs and systemic factors, including policies aimed at improving access to education, healthcare, and economic opportunities for disadvantaged families, ultimately striving for equal opportunities for all children regardless of socioeconomic background.



Chapter Four

ECD Service Delivery in Uganda

The NIECD Policy 2016 outlines five policy actions that guide ECD service delivery in the country: Early Childhood Care and Education (ECCE); Food Security and Nutrition; Child Protection; Primary Health Care, Sanitation and Environment, and Family strengthening and support.

Primary Health Care (PHC)

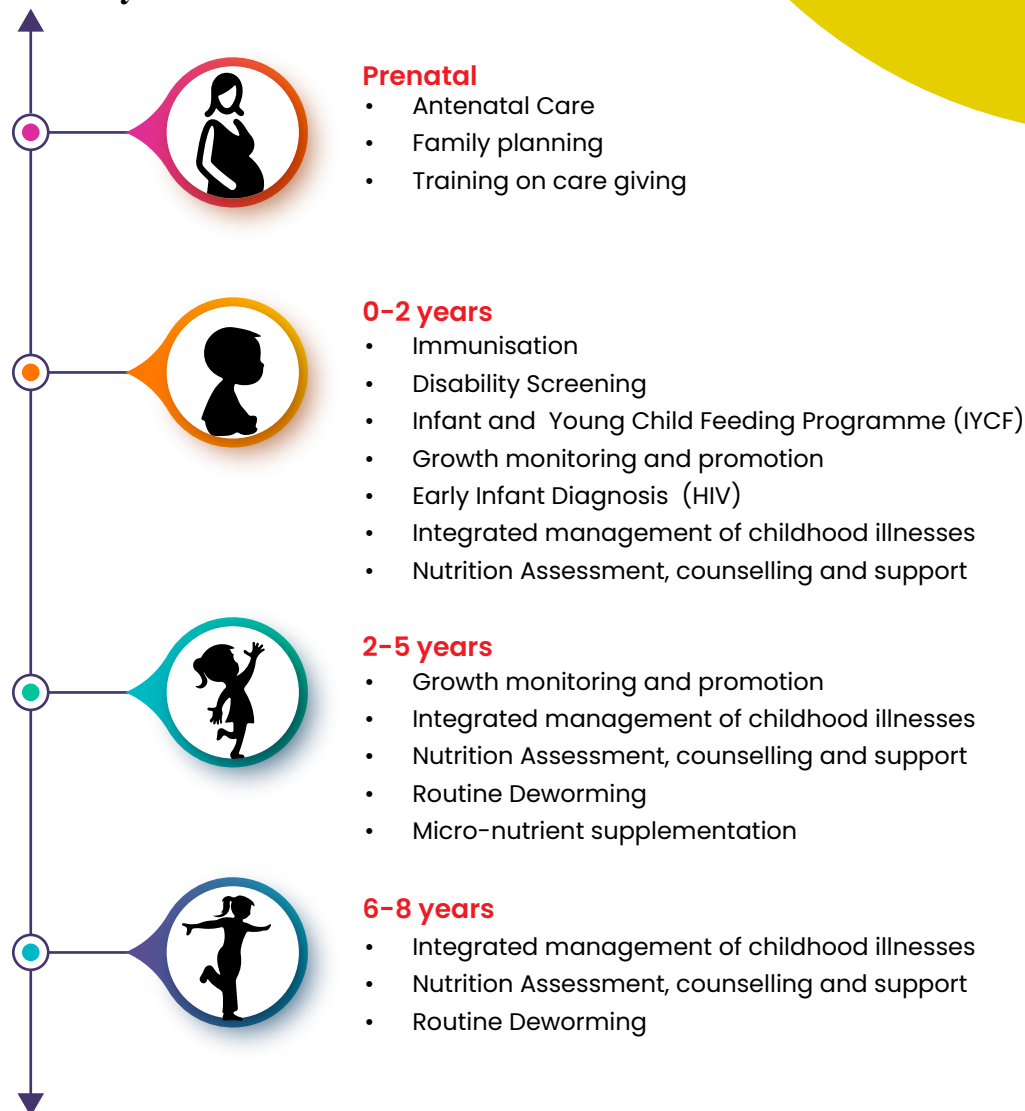
Under the PHC, sanitation and Environment action, the main policy thrust of ECD service delivery in the country is to ensure survival and healthy growth of all children through access to quality PHC services, safe water, and sanitation facilities. This greatly informs the nature of the services provided as illustrated in image 3.

While the policy thrust is mainly on survival, the country's planning framework emphasises a life cycle approach to ECD service delivery. There is therefore a need to up the effort going into initiatives to improve thriving.

“ I think to a great extent, our role has been mostly on the survival rates for the children. As far as early childhood development is concerned, especially if you look at the lifecycle approach, we basically start as far as the antenatal period, we prepare these mothers for birth, we set the foundation for the babies who are going to be born then we go through the delivery then the early neonatal period, and then the post-natal period, and then infancy and childhood.

... MoH Respondent

Image 3: Summary of Key Health and Nutrition Services Offered to 0–8-year-olds.



The scope of services is quite comprehensive across the age categories of ECD. Government of Uganda has over the past three decades invested in expanding access to Primary Health Care, improving the quality of health care services through building capacities of the health service workforce, establishment, expansion, and renovation of health infrastructure and strengthening health data management systems.

Access to Prenatal and Post natal Care: Pre-natal and post-natal care are foundational services along the continuum of care for mothers and children. These are mostly offered through ante-natal care and family planning.

Family Planning: Government of Uganda recognizes the role that family planning will play in achieving Uganda Vision 2040 target of reducing its population growth rate from 3.2% to 2.4%. This reduction in population growth is considered crucial to the country reaping a demographic dividend. Building on the achievement and momentum as a result of Uganda's commitments to FP2020 partnership, the sustainable development goals and renewed global strategy for women's and children's health, the government of Uganda undertook the following commitments:

- Increase the modern contraceptive prevalence rate (mCPR) for all women from 30.4% in 2020 to 39.6% by 2025 and reduce unmet need from 17% in 2020 to 15% by 2025.
- Annually allocate at least 10% of Maternal and Child Health (MCH) resources to adolescent responsive health services by July 2025

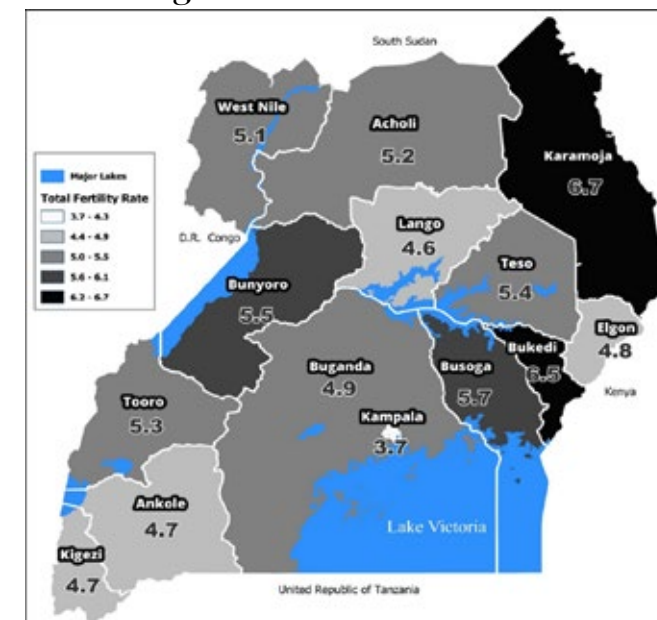
- Improve FP data quality through ensuring use of DHIS2/Health Management Information System (HMIS) data for decision making at Service Delivery Points (SDPs) in the public and private sectors.

Family planning is essential in reducing dependency levels in the household ensuring proper spacing of children and helps to avert unwanted pregnancies. Family planning is also crucial to the country's efforts to minimise competition for the limited resources it has available. Uganda has one of the fastest growing populations in the world owing to a high fertility rate (about 5 children per woman aged 15-49 years). Key findings from the UDHS 2022 indicate that the fertility rate has only declined slightly from 5.4 in the 2016 to 5.2 in the year 2022. It is higher among rural women (5.6) compared to their urban counterparts (4.3). From a continental standpoint, Uganda has the highest fertility rate in Eastern Africa.

The fertility rates are higher among the refugee population in the country. Key findings from the UDHS 2022 indicate that refugee women had higher fertility rates (5.9) than their counterparts in the host community (5.4) and the national average.

From a regional standpoint, 5 of the 13 sub-regions in the country have fertility rates higher than the national average. The Karamoja and Bukedi sub-regions have the highest fertility rates at 6.7 and 6.5 respectively. These represent the major areas of intervention for the family planning interventions.

Image 4: Regional Distribution of Fertility Rates in Uganda



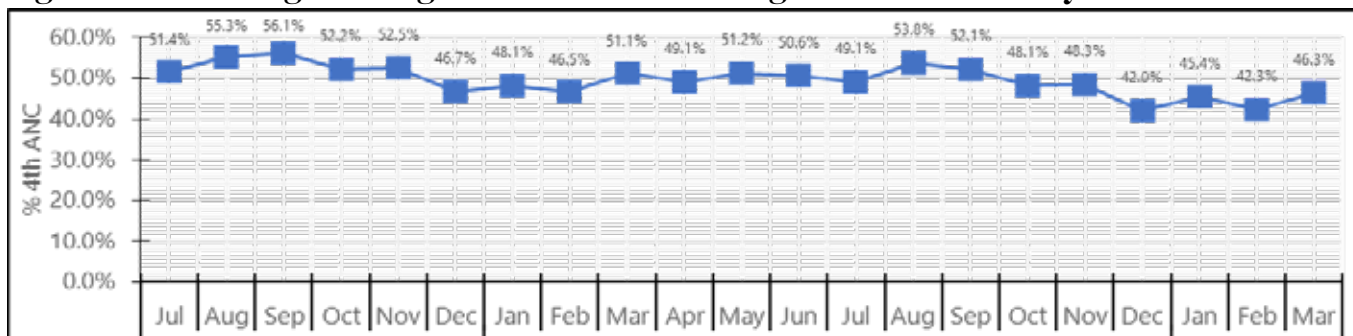
Source: UBOS, UDHS 2022 – Key Findings

Provision and uptake of family planning has been increasing over the years. The Annual Health Sector Performance Report (FY 2021/22) indicates that the unmet need for family planning reduced from 31% to 23% in the twelve months period between July 2021 and June 2022. This level of progress notwithstanding, it is still thirteen percentage points above the targeted 10% stipulated in the National Family Planning Costed Implementation Plan of 2020. The progress in access to family planning is also limited among certain sections of the country. The key findings from the UDHS 2022 indicate that the unmet family planning needs are higher among the refugee population (43%) and their host communities (33%) relative to the national average.

It is also notable that these statistics reflect demand among married women. The unmet need is likely to be higher if unmarried women are also considered.

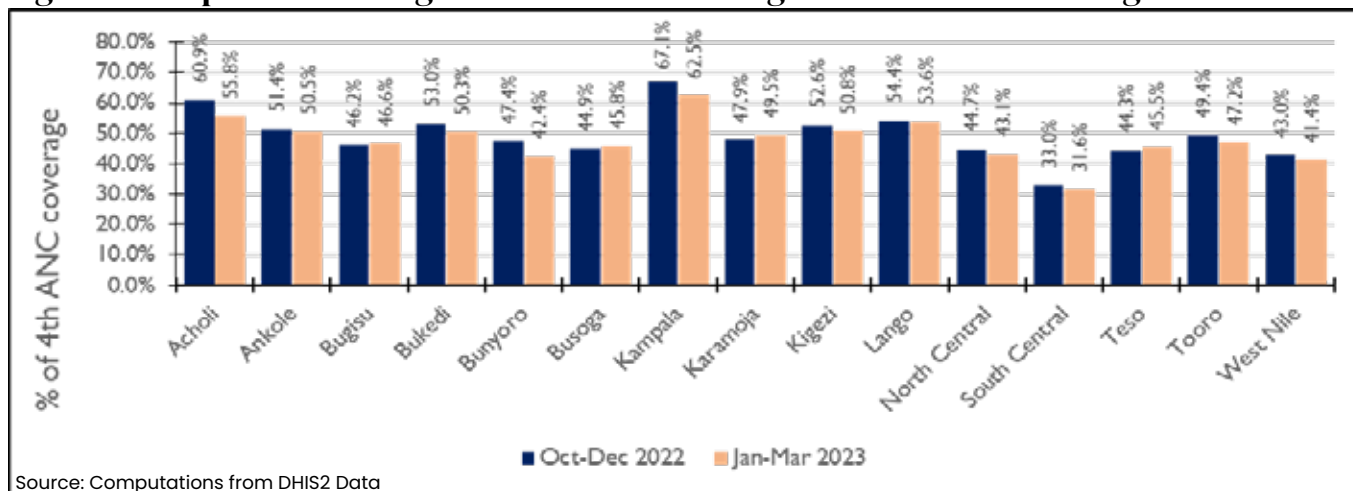
Antenatal Care: Uganda has recently shifted to targeting eight ANC visits through the course of the pregnancy. However, most of the pregnant women in the country are not making more than four visits. As of March 2023, it was estimated that 5% (about 1.2 million women) of the mid-year projected female population in the country was pregnant. Data from the DHIS2 however indicates that only 46% of the estimated pregnant women attended had attended a fourth ANC visit as of March 2023. This is below the national target of 50%, a target which has not been met since October 2022.

Figure 7: Percentage of Pregnant Women Attending 4th ANC Visit - July 2021 & March 2023



Source: Computations from DHIS2 Data

Figure 8: Proportion of Pregnant Women Attending a 4th ANC Visit Per Region



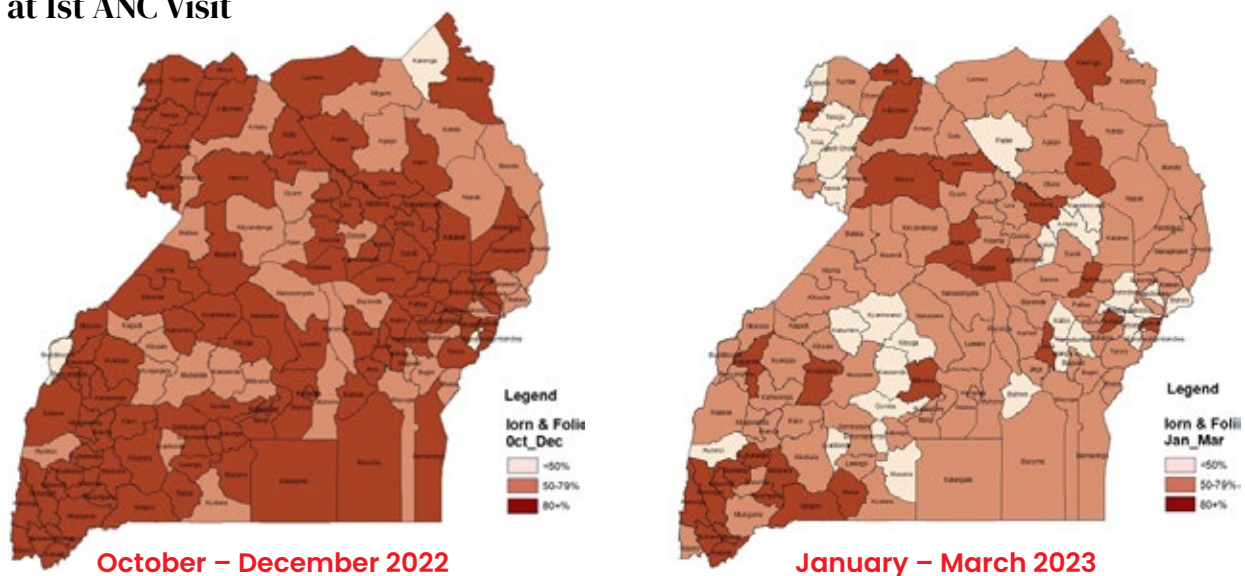
Source: Computations from DHIS2 Data

Since July 2021, the proportion of pregnant women attending a 4th ANC visit has generally been showing a decreasing trend. While the national trend generally declined, the levels of access varied across regions. It is notable that the majority of regions did not meet the national target of 50% between October 2022 and March 2023.

This decline is indicative of potential gaps in maternal healthcare accessibility or utilization. While the national data reflects this downward trajectory, the regional disparities highlight the complexity of the issue. The variation in access levels across regions suggests that factors such as geographic location, socioeconomic status, and availability of healthcare facilities might influence ANC attendance. Regions with higher access levels may have better healthcare infrastructure or outreach programs, whereas those with lower access levels may face barriers such as transportation challenges or limited healthcare facilities.

Understanding the specific challenges faced by each region, whether it's inadequate healthcare facilities, cultural beliefs, or socioeconomic disparities, is crucial in designing effective strategies to improve ANC attendance rates. It's also essential to not only focus on increasing attendance but also ensuring that ANC visits are comprehensive, providing essential screenings, counseling, and interventions to address maternal and fetal health needs.

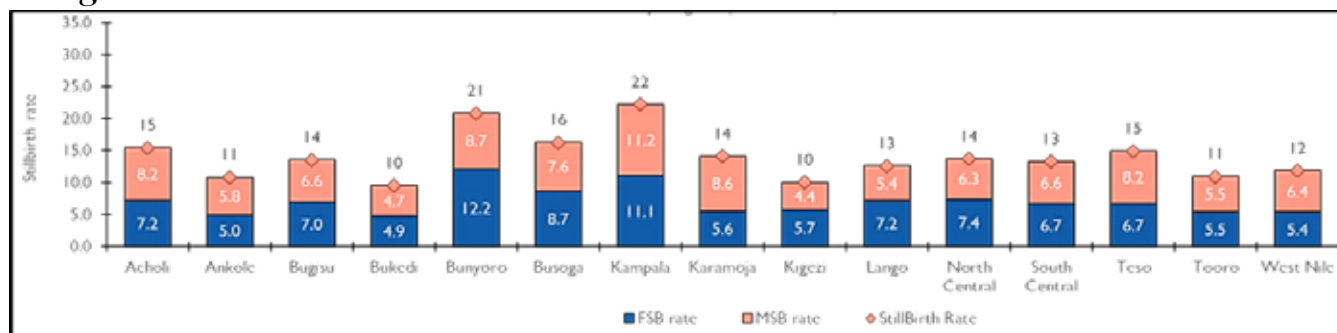
Image 5: Percent of Pregnant Women Receiving at least 30 Tablets of Iron/Folic Acid at 1st ANC Visit



Source: Computations from DHIS2 Data

The general decline in mothers accessing ANC services, along with declines in basic ANC care, partially explain the relative stagnation in the stillbirth rate since July 2021. The country's stillbirth rate has relatively stagnated at 14 per 1000 births between October 2021 and March 2023, with Kampala and Bunyoro having the highest rates among the regions.

Image 6: Still Birth Rates as of March 2023



Source: Computations from DHIS2 Data

Relatedly, the incidence of low birth weight (less than 2.5kgs) among newborn babies has relatively stagnated since July 2021 and March 2023, ranging between 5.1% and 6% during that period. Relatedly, it is notable that Kampala registered the highest proportion (9.2%) of low birth weights among newborns, closely followed by Acholi (8.5%), West Nile (7.4%) and Bunyoro (7%).

HIV/AIDS Prevention

The Government of Uganda, through the Elimination of Mother to Child Transmission (EMTCT) programme, has significantly reduced the number of HIV infections among newborns. According to the EMTCT programme evaluation report as of 2022, the overall mother to child transmission rate among children aged 0 – 18 months is currently estimated at 2.8%, representing a major reduction from the 20% rate in 2000. Early transmission (among 4-12 weeks olds) is estimated at 2.1%, while late transmission (among 6 – 18 months) is estimated at 0.7%.

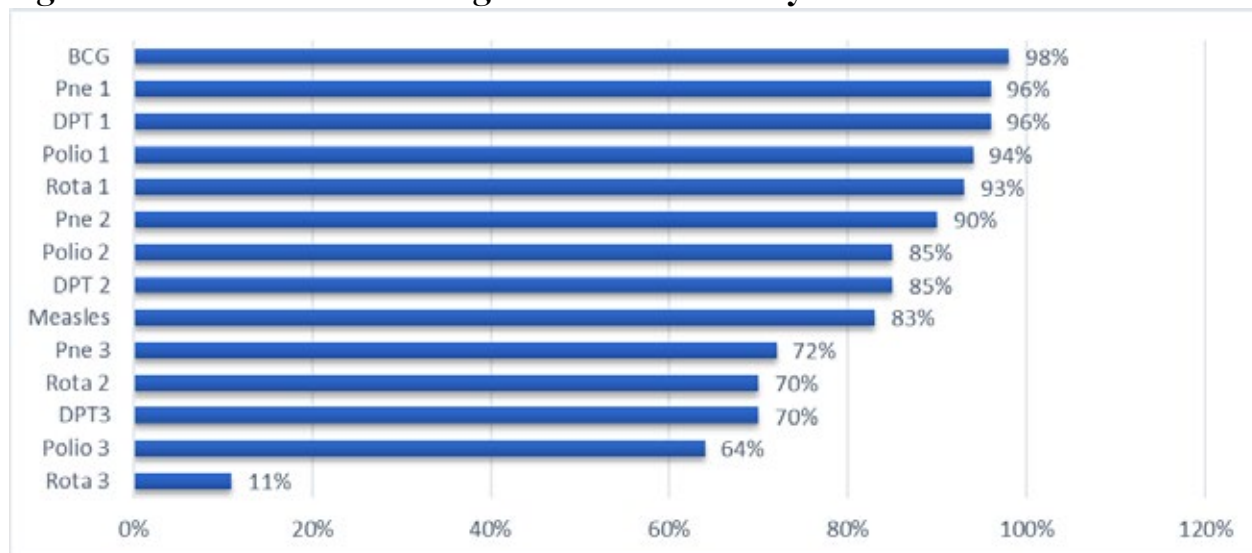
The MTCT rate was found to be higher among young mothers aged 15 – 24 years compared to those aged 25 years and above. The risk for MTCT was 60% lower among mothers aged 25 years and above. The report also indicates that there were 5000 newborn HIV infections in the period reviewed, half of which were attributed to mothers who discontinued treatment during pregnancy.

Immunisation: Immunization is a highly effective public health measure, providing every child the chance to grow up healthy and achieve their full potential. It is also a key focus within Uganda’s basic health care services. According to the UDHS 2022 data, 54% of children aged 1 to 2 in Uganda had received all recommended vaccines. The BCG vaccines showed the highest uptake, while the third dose of the Rota vaccine had the lowest uptake.

Immunisation rates declined in the past two years due to the pandemic disruptions (Covid-19 and Ebola Virus Disease in selected districts), limited geographical access, and vaccine hesitancy.

Social mobilisation and communication efforts should address the complexities of urban-urban settings with transient, diverse populations, as well as hard- to-reach and sparse populations.

Figure 9: Percent of Children aged between 1 and 2 years that are Vaccinated



Source: UDHS 2022, Key Findings Document

The Annual Health Sector Performance Report FY 2021/22 indicates that as of June 2022, the national coverage of DPT3HibHeb3 stood at 91% which despite being high was still 4 percentage points shy of the targeted level of coverage for the 12 months period ending June 2022. Further scrutiny of the national average however reveals that only 66 out of 145 (46%) local governments achieved the national target of 95%. Across the same period, the country however performed much better in immunisation against measles for children under one year whose coverage met the targeted 91%.

Notably, the DPT1 to Measles/Rubella dropout rate remained stable (6.3) between July 2020 and June 2022. Lowest dropout rates were observed in Kotido (-35.2%), Manafwa (-24%), Kisoro (-18.9%), Kakumiro (-18.2%), Namisindwa (-18.1%) and Lira City (-14.0%). Conversely, Nakaseke (+35.7%), Lira (+30.5%), Karenga (+27.0%), Buliisa (+24.9%) and Arua (+24.7%) had the highest dropout rates, indicative of poor utilisation.

The Maternal and Child Mortality Situation

Maternal Mortality: Maternal mortality, a key outcome indicator for both prenatal and postnatal care, has seen a decline since 2016, falling from 336/100,000 births to 189/100,000 births according to UDHS 2022. However, it still falls short of the national target of 63/100,000 births. The Annual Health Sector Performance Report FY 2021/22 attributes most maternal deaths to haemorrhage (41%) and hypertensive disorders during pregnancy (14%).

Maternal mortality poses a critical challenge to child development given the nurturing role of mothers, including crucial aspects such as breastfeeding. Orphanhood resulting from maternal mortality often exposes children to disease, hunger and exploitation.

Orphanhood: Orphanhood and child vulnerability are closely interconnected. The 2014 Census estimated that approximately 12.7% of Ugandan children have lost one or both parents while there are about 25,000 child-headed households in the country. According to DHS 2016, only 52% of children under 18 are living with both biological parents, and a third (32%) of households include foster or orphaned children (age disaggregated data for



children under 8 is not available).

Uganda has a high burden of Orphans and other vulnerable children. In the period April –June 2023, the Orphans and Vulnerable Children Management Information System (OVCMIC) recorded a total of 7,096,910 children and adults below 25 years living in 184, 528 households.

Because OVCs are at a higher risk of experiencing adversity and chronic stress, it is especially crucial that ECD interventions aim at supporting stable and responsive environments of relationships for children, safe and supportive physical environments which enable exploration and learning, sound nutrition and disease prevention.

Infant and Child Mortality: Uganda's performance in infant, neonatal and under 5 mortality has been impressive over the years. According to UDHS 2022, Under 5 mortality decreased from 64 deaths to 52 deaths per 1000 births between 2016 and 2022. Similarly, infant mortality dropped from 43 deaths per 1000 births to 36 per 1000 births, and neonatal mortality decreased from 37 deaths per 1000 births to 22 per 1000 births. Regionally, the West Nile region had the highest infant mortality and the under 5 mortality rates, surpassing the national average. Following West Nile, Ankole and

Bunyoro sub-regions had high infant mortality rates, as shown in Image 7. Busoga and Bunyoro ranked second and third, respectively, in under 5 mortality among Uganda's sub-regions, as depicted in Image 8. These mortality trends indicate a change in regional performance since 2016, with notable improvement in Karamoja, which previously had the highest child mortality rates.

Image 7: Infant Mortality Across Regions

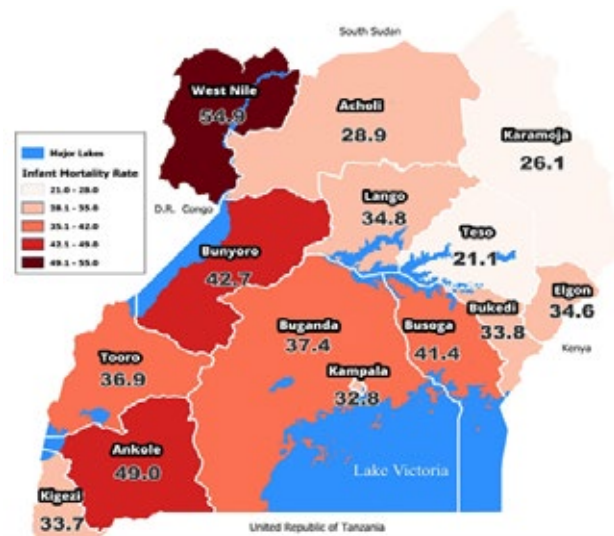
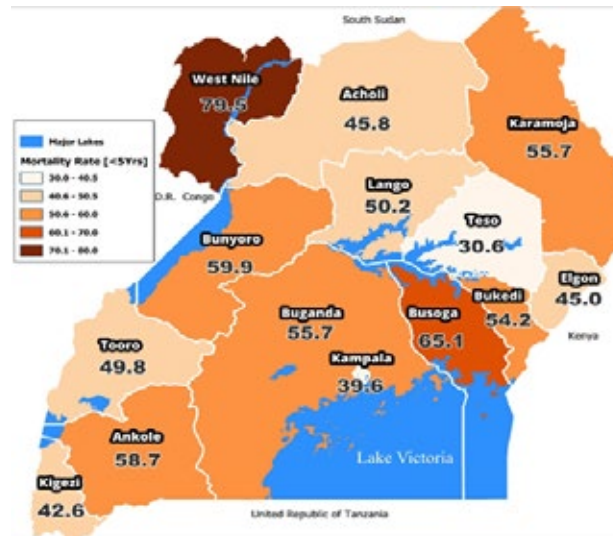


Image 8: Under 5 Mortality Across Regions



The Annual Health Sector Performance report (FY 2021/22) highlighted neonatal conditions as the primary cause of death among children under 5, accounting for 10.3%. Following closely were malaria (7.4%), pneumonia (5.3%), and anaemia (3.9%). Within neonatal conditions, prematurity led with 29.5% of neonatal deaths, followed by neonatal sepsis (0-7 days) at 16.1%.

Uganda ranks third in Africa for malaria disease burden after Nigeria and DR Congo. Malaria results in over 40% of health facility visits, 30% of admissions, and 20% of facility deaths. The Government of Uganda allocates over USD 160mn annually to combat malaria. Four mass long-lasting insecticidal net (LLIN) campaigns have been conducted to boost household LLIN ownership and usage. Additionally, the government, with support from the Global Vaccine Alliance (GAVI), plans to introduce the malaria vaccine next year.

The health Workforce

The Human Resource for Health (HRH) is crucial in Uganda's efforts to enhance maternal and child health. While all HRH members play a vital role, midwives are particularly essential as they provide prenatal and postnatal care. As of October 2020, Uganda had 21,155 registered midwives according to the Uganda Nurses and Midwives Council. This translates to one midwife for every 2000, below the WHO recommended ration of 2 midwives per 1000 population for adequate access to skilled birth attendants.

The current number of midwives with active licenses also falls short of the 2030 SDG target. The 2020 Human Resource for Health Strategic Plan reports 14,961 midwives with active licenses, leaving a 41% gap to achieve the SDG desired density of 4.5 per 1000 population. The Government of Uganda and its development partners are collaborating to meet these targets.



Food Security and Nutrition

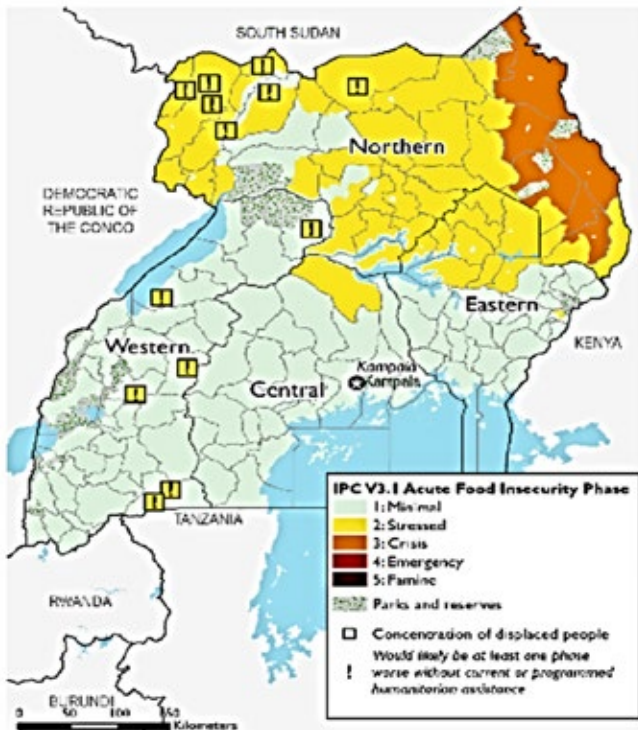
Because early childhood is such a crucial phase of physical and social-emotional development, food insecurity in the early years of life is particularly detrimental and can compound the effects of other risk factors associated with poverty, such as reduced access to health care and unstable or unsafe home environments. Poor nutrition and food insecurity are associated with poorer physical and mental health in all age groups, but in young children they can deeply affect well-being and development in ways that can endure for a lifetime. Good nutrition is the bedrock of child survival, growth, and development. Well-nourished children are better able to learn, play and participate in their communities. They are also more resilient in the face of illness and crisis.

As of January 2023, most of parts of Uganda were considered to have minimal risk of acute food insecurity. Data from the Famine Early Warning Systems Network (FEWSNET) indicates that the largest section of Uganda faced minimal risk of acute food insecurity between June 2022 and January 2023. Karamoja region in North-east Uganda has been chronically plagued by food insecurity and malnutrition, which are closely linked to weather related fluctuations, poor environmental conditions, high prevalence of



diseases, weak infrastructure, high food prices, localised conflicts and civil insecurity, inadequate food access, poor dietary diversity, structural poverty, low-value livelihood options, poor hygiene and sanitation, and morbidity. The region has the highest food insecurity and malnutrition levels in the country.

Image 9: Food Security Outcomes as of June 2022



Source: FEWS NET

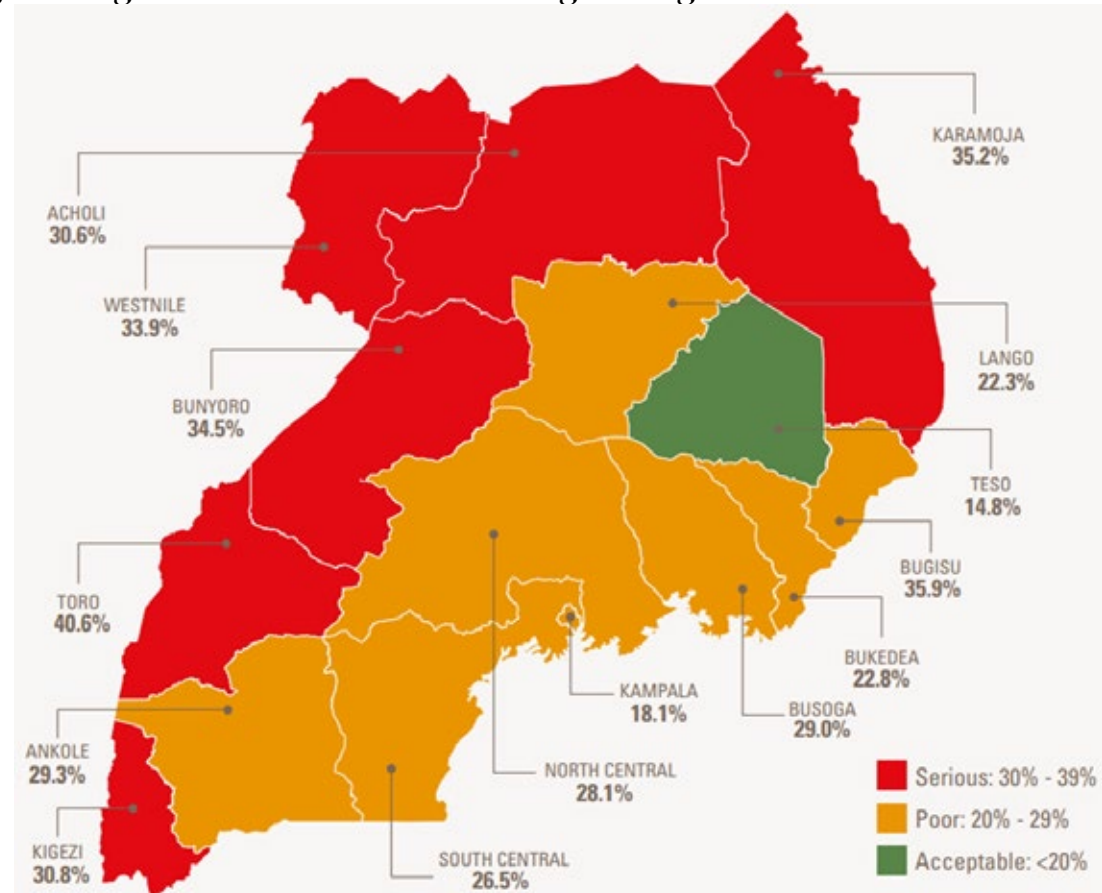
Nationally, it is estimated (based on UDHS, 2022) that 10.2% of Uganda's under 5 aged population is underweight/malnourished. Additionally, 24.4% of the population aged under 5 is considered stunted in its growth.

The UDHS 2022 rate of stunting represents an improvement from 2016 where it was estimated at 29%. The progress notwithstanding, the estimated levels of stunting are yet to reach the national target levels of below 20%.

The UNAP indicates that the prevalence of stunting increases in the first 12 months of child's life but often peaks between 18-35 months where about 37% of the children are stunted. The Plan also highlights that prevalence of stunting is higher among rural children relative to their urban counterparts (30% and 24% respectively).

Based on data from the UNAP, it is notable that most sub-regions in the country had high levels of stunting with 6 out of the 15 regions registering serious levels of stunting (30% – 39%).

Image 10: Regional Distribution of Stunting Among Children Under 5 Years**



Source: UNAP 2020/21 – 2024/25

“ It is important to note that the data utilised to depict the distribution of stunting in the country predates the food security situation depicted in image 9.

Tooro subregion exhibited the highest levels of stunting among children under 5 years, Karamoja, Bunyoro and West Nile following. Despite the food security situation shown in image 6, which indicates a high risk of stunting in Karamoja, there’s a notable increase in risk within Teso sub-region, the only region with acceptable stunting levels in 2016.

Additionally, the nutrition status of children under 5 is evaluated against various indicators, including low birth weight, wasting, and anaemia prevalence among children and women of reproductive age. These indicators and more, are summarised in table 3.

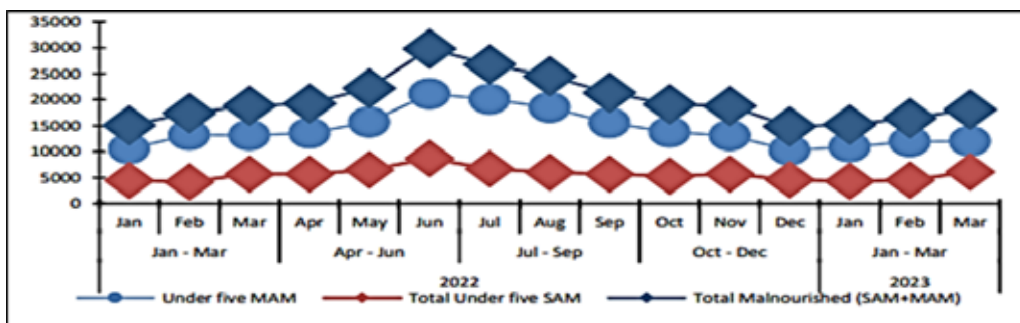
Table 3: Summary of Key Nutrition Indicators Among Children Under 5 Years

Indicator	National Status	Target	Learning
Prevalence of low birth weight (under 2.5 Kgs)	10%	7%	Stagnated relative to 2011 levels
Prevalence of wasting among under 5s	3.2%	2%	High in Karamoja (10%) and West Nile (10.4%) as per the UNAP
Prevalence of Anaemia among under 5s	53%	35%	Higher among younger children (aged 6–23 months) than older children (aged 24–59 months), with a peak prevalence of 78 per cent among children aged 9–11 months.
Prevalence of overweight in children under five years of age	3.4%	3%	-
Percentage of newborns put to the breast within one hour of birth	66%	80%	-
Proportion of children aged 6–23 months who receive a minimum diet diversity (MDD).	30%	40%	Increased from 12.8%
Proportion of children aged 6–23 months who receive a minimum meal frequency (MMF)	42%	60%	Reduced from 45% in 2011
Proportion of children aged 6–23 months who achieve minimum acceptable diet (MAD).	15%	40%	Increased from 5.8% in 2011

Overall, the nutrition indicators represent progress relative to the previous UDHS survey year. Nonetheless, many of the national targets remain unmet. Emphasis must be placed on raising indicators such as the proportion receiving a minimum meal frequency which reduced from 45% to 42% and the prevalence of anaemia which rose from 23% to 32%. Additionally, the increase (albeit slightly) in overweight among children represents a growing risk to non-communicable diseases.

Access to Nutrition Services: Between January 2022 and March 2023, recent estimates show a fluctuating trend in the number of cases of under 5 children diagnosed as severely malnourished. Figure 8 illustrates that most of these cases were moderately malnourished.

Figure 10: Under 5 Children with Malnutrition (SAM + MAM) in the Period January - 2022 to March - 2023

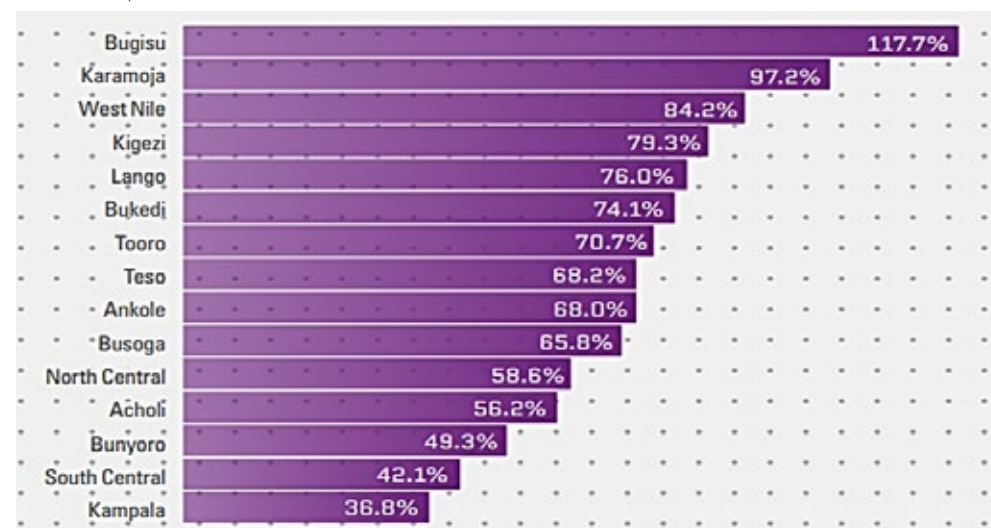


Source: MoH, Monthly Health Facility Nutrition Program Report

In March 2023, approximately 58.5% of the 439,993 children aged under 5 underwent MUAC testing in outpatient departments nationwide. Though slightly lower than the 60% in February 2023, it reflects the typical proportion assessed. Data shows that 6 out of 10 children under 5 visiting health facilities receive nutritional assessments. However, this is not consistent countrywide. In Buikwe, Pakwach, Mpigi, Mubende, Bukomansimbi, Kyotera, Nakaseke, Rakai, Lwengo, Kalungu, Kalangala, Lyantonde, Masindi, and Kayunga, less than 25% of children underwent MUAC assessment at OPD.

Vitamin A supplements are vital in fighting malnutrition, especially among ECD aged children. Between July 2021 and June 2022, coverage for under-five vitamin A supplementation rose from 48.2% to 66.3%, slightly exceeding the 66% target. Bugisu, Karamoja and West Nile regions showed notably high performance, while Kampala, South Central and Bunyoro regions fared poorly.

Figure 11: Vitamin A Second Dose Coverage by Region in FY 2021/22



Source: MoH, Monthly Health Facility Nutrition Program Report

The increased coverage was attributed to increased support from MoH's partners like UNICEF, World Vision, and Nutrition International. However, disaggregating the regional performance further, the districts Amuru, Arua, Kalaki, Kaberamaido, Wakiso, Mbarara, Gomba, Butaleja, Omoro, Masindi, Moyo, Kole, Kampala, Ntoroko, Nebbi, Buliisa, Kisoro, Jinja, Mayuge, Bugweri, Kitgum, Kiryandongo, Kasese, Kaabong, Kibaale, Buvuma, Kiruhura, Mpigi, Nakasongola, Isingiro, Ngora, Kabarole and Lwengo all had coverage below 50%.

Water & Sanitation

Access to water and sanitation facilities for ECD aged children is intertwined with household dynamics. In June 2022, it was observed that 79% of Ugandan households had access to safe water. However, this varies seasonally, rising to 89% during the rainy season. Urban households fare better, with 90% having access compared to 74% of rural ones.

In terms of sanitation, most households use unimproved facilities. The National Service Delivery Survey (2021) shows many use covered pit latrines with a slab (29.1) or without a slab (30%), while 5.4% practice open defecation, posing hygiene risks like diarrhoea.



Table 4: Percentage Distribution of Toilet Facility used by Households.

Characteristic	Flush Toilet	VIP Latrine	Covered Pit Latrine with a slab	Covered Pit Latrine without a slab	Uncovered Pit Latrine with a slab	Uncovered Pit Latrine without a slab	Ecosan (Compost toilet)	No facility/bush/polythene bags/bucket	Other
National	3.3	11.5	11.5	30	5.5	14.3	0.3	5.4	0.5
Sex									
Male	3	11.2	11.2	30.7	5.8	14.8	0.3	4.8	0.5
Female	4	12.4	12.4	28.2	4.8	13	0.3	7	0.5
Residence									
Urban	9.5	18	18	20.1	4.4	6	0.4	1.7	0.2
Rural	0.4	8.5	8.5	34.6	6	18.2	0.3	7.1	0.7
Sub-regions									
Kampala	15.3	19.6	19.6	10.6	1	0.2	0.4	0.9	0.4
Buganda South	7.2	14.1	14.1	12.6	4	9.9	1.3	2.5	0.1
Buganda North	1.4	22.6	22.6	13.9	9	16.2	0.2	1.2	0.9
Busoga	1.5	5	5	43.2	2.6	10.6	0	2.9	0.3
Bukedi	1.8	6.8	6.8	48.9	5.5	7.2	0	6.9	0.2
Elgon	2.4	5.9	5.9	29.4	14.6	33.1	0.1	4.4	0
Teso	0.7	4	4	26.8	10.1	41.1	0	4.5	0.2
Karamoja	0.7	10.9	10.9	8	2	7.2	0.1	61.6	1.2
Lango	0.7	6.8	6.8	33.9	5.8	30.6	0.2	13.9	0.8
Acholi	2	6.4	6.4	38.2	4.3	19.7	0	16.1	0.1
West Nile	1.1	2.7	2.7	44.4	2.9	31.3	0	5.6	0.7
Bunyoro	0.1	9.8	9.8	23.3	7.3	10.7	0	3.8	1.2
Tooro	1.3	11.6	11.6	55.8	1.5	8	0	4.5	1.5
Ankole	2.2	18.4	18.4	45.1	7.8	1.6	0	0.5	0.3
Kigezi	1.3	12.9	12.9	45.6	9	2.7	0.4	0.7	0.8

Notably, Karamoja region faces significant sanitation challenges, with the majority (61.6%) of households practicing open defecation. This high proportion poses a crucial need for intervention due to its impact on child health. According to UDHS 2016, 23% of children under 5 with diarrhoea were practicing open defecation.

Hand washing is crucial for child health, an integral part of sanitation. The 2021 National Service Delivery Survey revealed a concerning trend: many households lack access to handwashing facilities, and only a few have access to soap. Almost 70% of households do not have any hand washing facility, with rural areas being the most affected. In these regions, over 76.3% of households lack access to such facilities.

Limited access to hand washing facilities is widespread across most regions, with Bukedi having the highest proportion (91.5%) of households lacking access. This low access undermines government efforts in child health.

Table 5:
Percentage Distribution of Availability of Handwashing Facilities among Households

Background Characteristics	Yes, with water only	Yes, with water & soap	Yes, with no water	No
National	11.5	14.0	5.7	68.8
Urban	12.9	25.7	7.6	53.8
Rural	10.8	8.2	4.7	76.3
Sub-regions				
Kampala	15.8	27.5	10.4	46.4
Buganda South	17.2	24.3	8.3	50.2
Buganda North	13.0	25.9	5.9	55.3
Busoga	17.0	2.5	2.7	77.7
Bukedi	3.0	5.0	0.4	91.5
Elgon	10.8	17.0	4.9	67.3
Teso	13.8	6.1	2.4	77.6
Karamoja	7.7	8.7	5.1	78.5
Lango	6.6	6.7	2.8	83.9
Acholi	4.6	5.3	2.3	87.8
West Nile	12.6	6.3	4.7	76.4
Bunyoro	6.4	7.2	2.8	83.6
Tooro	7.8	4.7	1.2	86.3
Ankole	4.9	15.0	11.8	68.3
Kigezi	6.3	11.1	8.5	74.1

Source: National Service Delivery Survey, 2021

Emerging Issues

- Maternal and Child Health, Nutrition and Sanitation



Conflict constraining access in Karamoja: The Karamoja region presents with unique needs given the social-cultural and security context of the region. Many children in the region cannot be reached by services due the nomadic nature of their culture. However, the frequent incidents of insecurity also constrain the provision of services to the children.

“ Now one of the constraints is high mobility of the community; they move so much. So even if you say you're putting on outreach here, so these children come and get services, next time they will shift. So, you again must trace for where they've shifted, and then you follow them there.

Then the other one is the issue of insecurity. See, now, there's a lot of insecurity right now. So, there are places where we cannot even go for an outreach, those types of children, you cannot go there...

DHO Respondent – Karamoja Region

The security challenges further make the region unattractive for qualified staff thereby constraining the recruitment and retention of well-trained staff in the region.

Limited Financing: Trends depict an improvement in health financing over the last 5 years, supported by external financing. However, the fiscal strain from COVID-19 saw a reduction in the budget for several health-related programmes especially immunisation.

“ Children’s immunisation programmes had major budgetary reductions. In the Financial year 2021/2022 about 31.8 billion USD was spent on the vaccination programme. This was far less than what was planned given that the fiscal space was far stretched by COVID 19. It is hoped to increase back to the pre-COVID levels of 80 billion shillings annually...

MoFPED Respondent

High out of pocket expenditure: Despite the expansion in the coverage of the health services to the ECD aged children, nearly half (46.3%) of the under 5 aged children are first treated in a private facility followed by 22% in a Government Health Centre, pharmacy/shop (17.4%) and 10% in a Government Hospital, VHTs (2.2) and others (not specified – 0.9%). The choice of private facilities could be attributed to persistent drug stock outs and long waiting times.

“ You may take the child to the hospital when is sick but on reaching there are no drugs; at the end they will write for you to go outside and buy yet you have come to the government facility without any single coin. Also, long waiting hours for the whole day also limit other parents to come and access these early childhood development services...

Parent in Jinja

Limited workforce: Across the country, the provision of maternal and child health services continues to be constrained by the limited health work force. Many of the staff ceilings among health facilities are not fully recruited for leading to health workers being overwhelmed.

“ In my office here as you can see the number of healthcare workers, they are not proportional to the people accessing the services meaning that their number is not enough. We have a ratio of about 2 health workers to 200 service seekers...

DHO West Nile

“ In terms of midwives, the coverage is not adequate because there are facilities which have only one, instead of having two, others have three instead of having four, the proportion is like in the whole of Busia district around 65%....

DHO Teso-Bukeddi Region

Additionally, there are capacity gaps regarding the handling of children with special needs especially among the Village Health Teams. This represents a major capacity gap that needs urgent filling. The limited capacity to handle children with special needs implies that they have to move very long distances to obtain services.

“ We handle some children. But we just give primary services here at the health centre. We don't offer extensive services which they are entitled to get. So, we make referrals to Mbale regional hospital and Corso Hospital in Mbale. There also humanitarian NGOs around that sometimes we refer to, to help these children. But generally, that's where we are lacking. As a district, we need to have fully equipped services for special needs children in the district...

Health Facility In-charge, Busia District



Early Childhood Care and Education (ECCE)

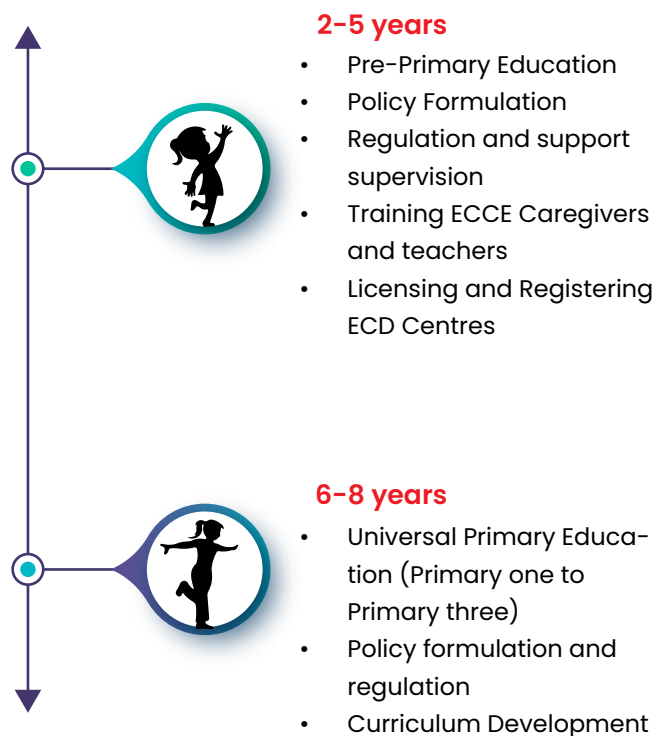
Pre-primary education not only reduces repetition rates, it also improves long-term learning outcomes for children. Children who receive quality pre-primary education are more likely to stay longer in school, achieve more years of learning, and complete higher levels of education.

Strong links between attendance of pre-primary education and improved long-term learning outcomes for children are evident in Uganda. The SACMEQ study showed reading achievement scores were 21.7 points higher for those who had attended pre-primary education and 14.5 points higher in mathematics. Further, pre-primary education attendance correlated with significant improvements: 96% engaged better in learning, 93% progressed to the next class, 87% completed primary education, and 95% achieved higher literacy and numeracy grades compared to those directly enrolled in primary 1.

The Government of Uganda recognises pre-primary as the initial level of education according to the 1995 Constitution. It's the responsibility of both the state and parents to ensure children receive education, as stated in the Education Act (2008), which outlines the government's role in education provision and regulation. Since 1997, the Government of Uganda has implemented Universal Primary Education (UPE), offering tuition-free primary education to all Ugandan children. Consequently, access to lower primary education (P1 – P3) for children aged 6 – 8 years has significantly increased.

In alignment with this, the Government of Uganda has established various policy instruments to guide ECCE provision. The prioritisation of ECCE is evident in the 2007 ECD Policy and the drafting of the ECCE Policy (2019), aimed at providing additional guidance on pre-primary and lower primary education. Additionally, the enactment of a teacher policy in 2019 further delineates standards for ECCE provision.

Image 11: Services Provided Under ECCE



In alignment with this, the Government of Uganda has established various policy instruments to guide ECCE provision. The prioritisation of ECCE is evident in the 2007 ECD Policy and the drafting of the ECCE Policy (2019), aimed at providing additional guidance on pre-primary and lower primary education. Additionally, the enactment of a teacher policy in 2019 further delineates standards for ECCE provision.

Access to Pre-Primary Education

The 2019/20 Uganda National Household Survey report shows that pre-primary education access is at 38% nationwide. This means six out of ten ECD-aged children do not attend. Access varies regionally, with Karamoja trailing.

Girls generally have more access than boys, both nationally and regionally. Surprisingly, urban areas show only a slight (0.8 percentage points) in access over rural areas.

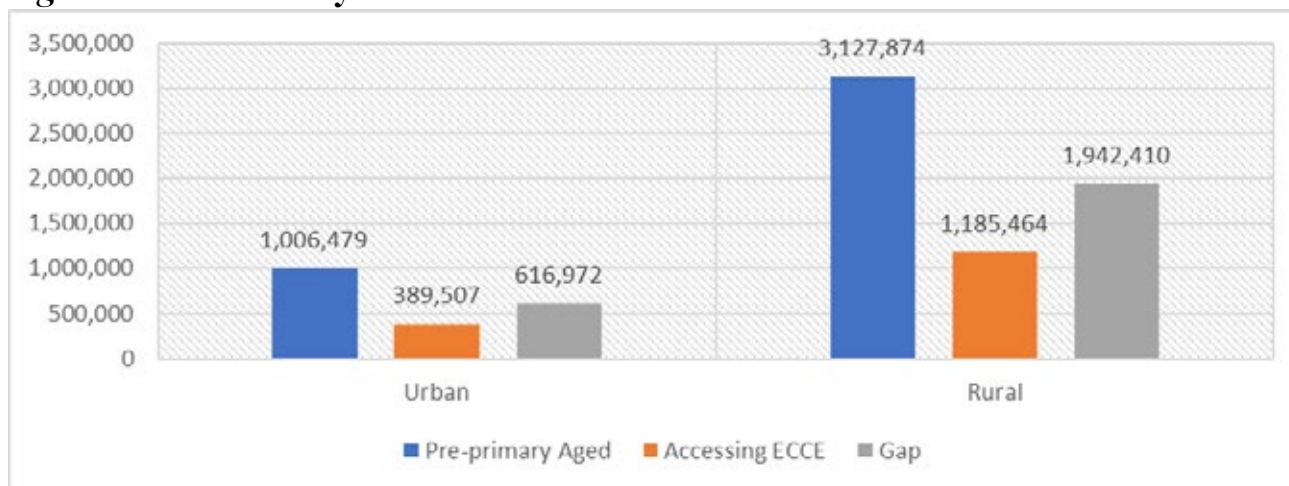
Table 6: Proportion of Children Aged 3 Years to 5 Years Attending School

Background Characteristics	Female	Male	Total
Residence			
Urban	38	37.8	37.9
Rural	40.5	37.9	38.7
Sub-regions			
Kampala	38.7	32.4	34.5
Buganda South	46.0	38.6	40.7
Buganda North	44.5	37.9	39.9
Busoga	47.1	38.7	41.0
Bukedi	45.7	41.8	42.6
Elgon	45.9	43.3	43.9
Teso	40.9	38.7	39.2
Karamoja	15.7	17.9	16.4
Lango	40.4	36.2	37.2
Acholi	31.9	29.7	30.4
West Nile	41.0	36.1	37.8
Bunyoro	36.5	37.9	37.6
Tooro	40.7	39.3	39.6
Ankole	41.5	39.6	40.1
Kigezi	38.3	36.8	37.2

Source: UBOS - UNHS 2019/20

To present a more relatable picture, the proportions must be reconciled with the absolute numbers. Therefore, this report estimates that there are about 389,507 children aged 3-5 years accessing pre-primary education in the urban parts of the country and about 1,185,464 in the rural parts of the country by reconciling the population distribution by residence (urban and rural) presented in the UNHS 2019/20 with the mid-year population projection for 2020. Going by these estimates, the gap in absolute numbers is presented in figure 10.

Figure 12: Pre-Primary Education Access Numbers



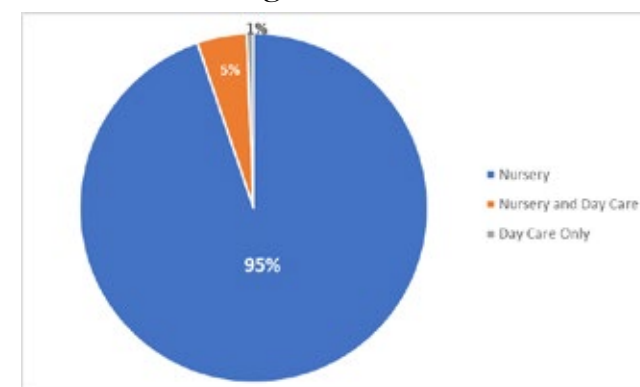
Source: Computations from UNHS 2019/20 & UBOS Mid-year Population Projections

Therefore, while the rural and urban settings are more closely related in terms of access proportions, the absolute numbers point to a wider gap in the rural parts of the country. Furthermore, beyond the effect on access to pre-primary education, location (urban or rural) is also documented to account for 40% of the inequalities in school enrolment and completion rates among children.

Coverage of Pre-primary Services in Uganda

The Master List of Education Institutions in Uganda published by UBOS in 2019 puts the number of pre-primary schools in Uganda at about 28,194. These include schools operating as nursery schools only who are the majority, along with those operating both day care centres and nursery, as well as those operating only day care centres.

Figure 13: Estimated Pre-primary Institutions in Uganda

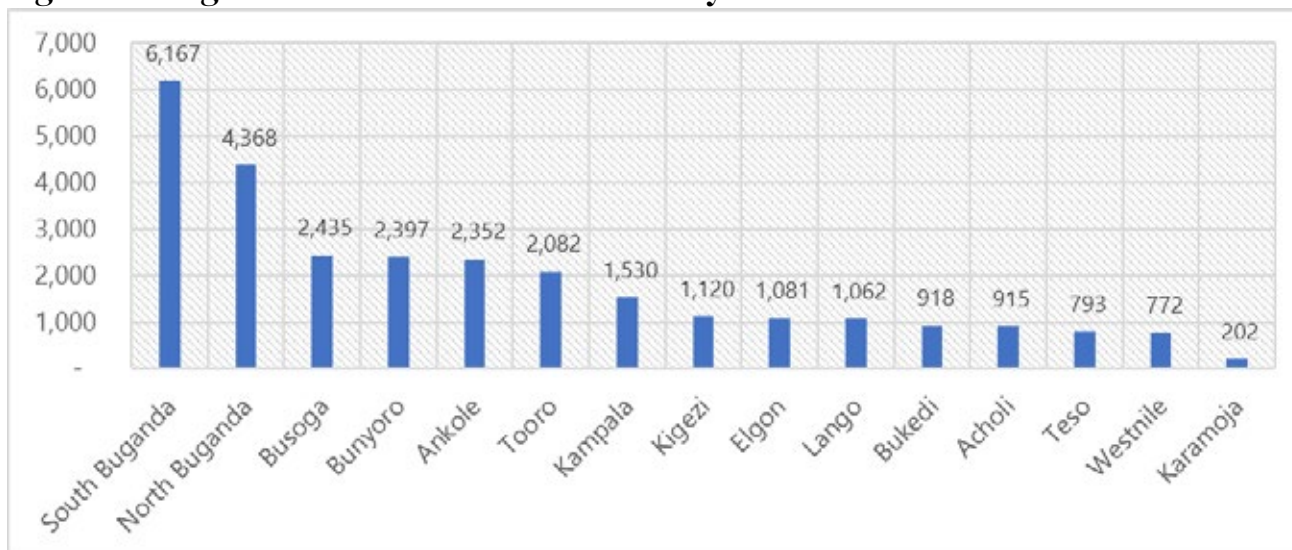


Source: UBOS Master List of Education Institutions in Uganda

However, it is notable that some types of ECCE centres such as those in community and home-based learning are not reflected in these numbers, a major gap considering that many of the children not attending formal pre-primary education may be receiving some form of learning in these centres. This is also significant because home-based learning models have increasingly been popularised by different humanitarian and development actors for their accessibility—in the proximity of rural homes and affordability for most parents.

The regional distribution of pre-primary education services shows most of them concentrated in the central part of the country. The Buganda subregion (including Kampala) alone accounts for 43% of the pre-primary education institutions in the country. In contrast, the Karamoja region lags behind the rest of the regions in the country with only 1% of the pre-primary education institutions located in the region, as illustrated in table 5.

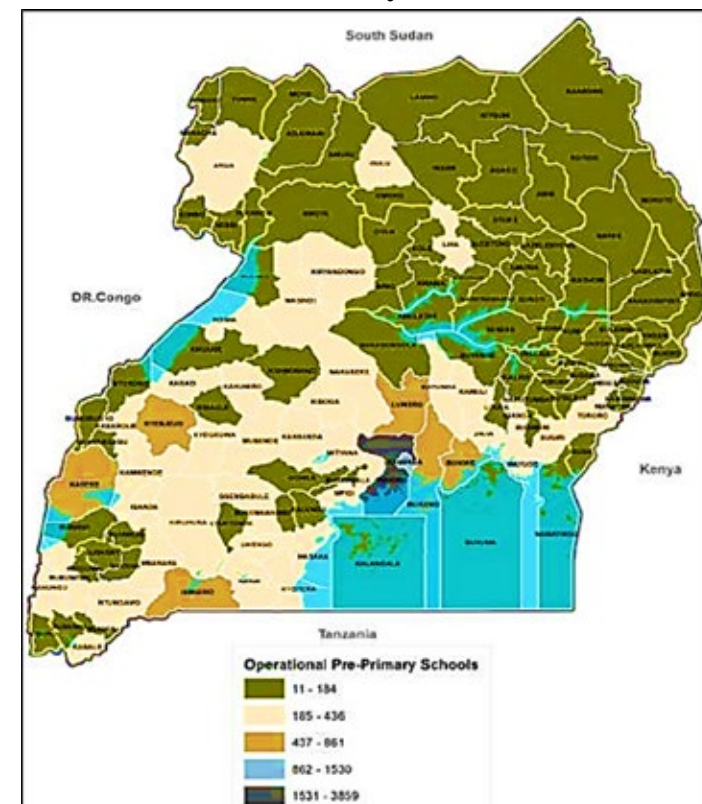
Figure 14: Regional Distribution of Pre-Primary Schools



Source: UBOS Master List of Education Institutions in Uganda

While Karamoja had only a small share of the total pre-primary institutions in the country, the district level distribution indicates that majority of the greater northern Ugandan districts and those in the Teso sub-region have limited numbers of pre-primary education schools ranging from 11 to 184.

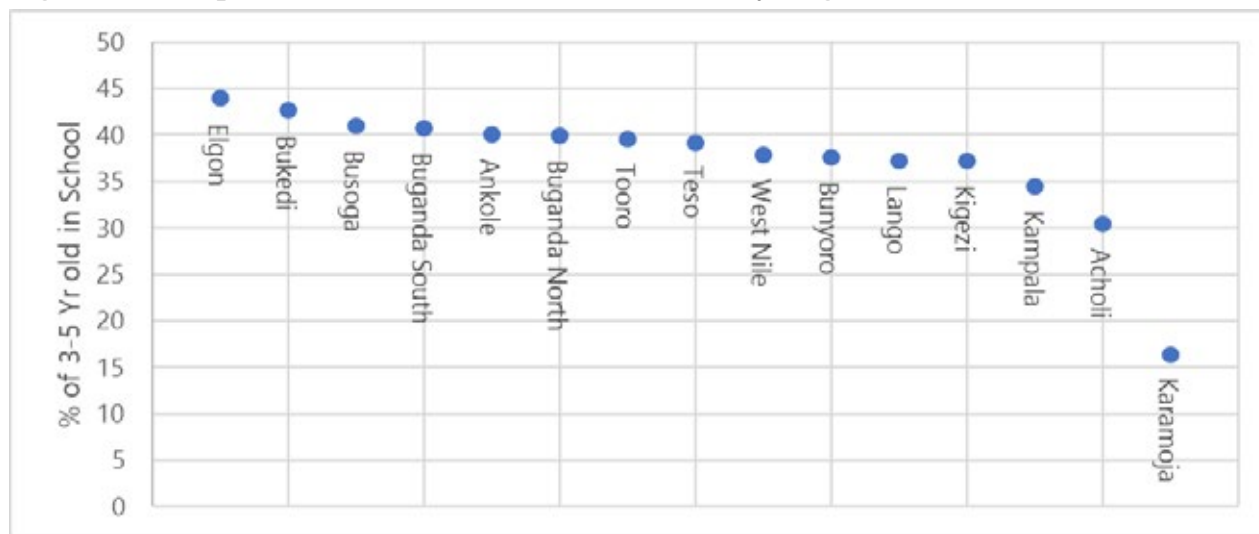
Image 12: Distribution of Pre-Primary Education Institutions by District



Source: UBOS Master List of Education Institutions in Uganda

However, despite the regional disparities in the number of pre-primary schools, the proportion of the 3–5-year-old children enrolled in school is relatively similar across the regions with the regions of Kampala, Karamoja and Acholi being the major exception. This can be attributed to the fact that access to pre-primary education is privately provided mostly and paid for.

Figure 15: Proportion Of 3-5 Year Olds in School by Region



Source: UBOS - UNHS 2019/20

Cost of Pre-primary Education: There is limited evidence on the average costs incurred by households to put children through pre-primary education. The estimates available across the various reports vary significantly and many do not provide a holistic picture (beyond tuition fees). However, a report published by UWEZO in 2021 attempts to provide cost estimates households incur in putting children through pre-primary school. Using reported costs two districts of Oyam and Tororo, the report estimates average pre-primary costs to range from UGX 72,600 to UGX 312,000 per term. These costs are a combination of tuition fees (including registration, feeding, uniform, learning material and hygiene items. For many Ugandan households (especially in the rural areas), such costs are prohibitive and go a long way in explaining the limited access to pre-primary education in the country.

Distance to pre-primary education centres is an important driver of access. Only one-fifth of ECCE centres are based in rural areas, highlighting vast inequities in geographic service coverage. Of the children in rural areas who do access ECCE, about 82% of them live within one kilometre of a centre, indicating the importance of proximity in driving coverage. (MOGLSD 2019).

Standards in ECCE Schools

Standards are crucial for maintaining consistency in the quality of pre-primary education nationwide. Uganda has established various policy instruments to ensure quality standards in ECCE over the years. This included the ECD Policy of 2007, and the Basic Requirements and Minimum Standards (BRMS) indicators for educational institutions of 2010, the Early Learning and Development Standards (ELDS) for 3-5-year-olds enacted in 2012, alongside the Draft ECCE Policy (2019) and ECD Centre Guidelines. Additionally, the Directorate of Education Standards is presently developing BRMS for pre-primary education institutions in Uganda. Despite this comprehensive array of instruments, challenges persist in their implementation and enforcement.

Ensuring quality involves registering and licensing pre-primary schools in the country. However, it is noteworthy that most pre-primary education facilities are unlicensed. According to MLEIU data, only one-third of pre-primary schools in Uganda were licensed to operate for a three year period. Furthermore, only one in ten pre-primary schools was fully registered. This suggests that about six of ten pre-primary schools in the country fail to meet required operating standards.

Table 7: Regional Distribution of Pre-Primary Schools and their Registration Status

REGION	Unlicensed		Unlicensed		Registered		Total Number
	Number	%	Number	%	Number	%	
South Buganda	3104	50.3	2229	36.1	834	13.5	6167
North Buganda	2539	58.1	1441	33	388	8.9	4368
Busoga	1705	70	558	22.9	172	7.1	2435
Bunyoro	1602	66.8	656	27.4	139	5.8	2397
Ankole	1509	64.2	523	22.2	320	13.6	2352
Tooro	1250	60	679	32.6	153	7.3	2082
Kampala	596	39	602	39.3	332	21.7	1530
Kigezi	758	67.7	270	24.1	92	8.2	1120
Elgon	704	65.1	297	27.5	80	7.4	1081
Lango	643	60.5	303	28.5	116	10.9	1062
Bukedi	590	64.3	255	27.8	73	8	918
Acholi	621	67.9	223	24.4	71	7.8	915
Teso	495	62.4	236	29.8	62	7.8	793
West Nile	479	62	199	25.8	94	12.2	772
Karamoja	123	60.9	60	29.7	19	9.4	202
NATIONAL	16718	59.3	8531	30.3	2945	10.4	28194

Source: UBOS Master List of Education Institutions in Uganda

The Busoga region had the highest proportion of unlicensed pre-primary schools, while Kampala had the least. Overall, the proportion of unregistered pre-primary schools is relatively similar across the regions, with most regions, specifically 11 of the 15 sub-regions having over 60% of their pre-primary schools unlicensed.

The prevalence of unlicensed pre-primary schools suggests gaps in the implementation of national standards. These gaps mostly stem from limitations in funding, which restrict the enforcement work of the Directorate of Education standards. A report produced for the MoES found that the majority of centres that are not registered that this is because it is too complicated, there are too many requirements, or it is too expensive. The standards against which ECCE centres are assessed are not realistic (and also are not ECCE-sensitive), limiting their utility and recommendations.

Annexed Pre-primary Schools and Early Enrolment:

Moreover, a significant number of learners are attending pre-primary education within pre-primary sections connected to government aided primary schools. These arrangements are often informal due to the lack of licensing or registration for pre-primary sections in these schools.

According to a 2021 study led by the National Planning Authority, most government-aided primary schools have either informally added pre-primary sections or included a special primary one stream (s) to accommodate learners under six years old. Out of the 224 public primary schools surveyed, 180 (80%) had learners below the age of 6. About 53% of these schools had established dedicated ECCE centers for children under 6, while 9% had introduced a special primary one stream. The remaining 18% enrolled underage (below 6 years) learners in the same primary one stream as older learners.

The integration of pre-primary sections into public primary schools aims to meet the high demand for pre-primary education nationwide. However, this integration often results in low standards of pre-primary education provision. The management of these sections is typically identical to that of primary sections, lacking specially trained staff and oversight from center management committees as per MOES guidelines. Additionally, the curriculum and facilities (such as play areas and sanitation) utilised may not be age-appropriate for pre-primary learners, significantly impacting the quality of pre-primary education in the country.

School Readiness: Due to the absence of universal pre-primary education, many Ugandan children enrol into primary school before they are ready. Without recent EMIS statistics, estimating the exact proportion of underage learners enrolled in primary one across the country is difficult. A recent NPA-led

study estimated that 5% of their sampled learners enrolled in primary one were underage. The more widely quoted study by Research Triangle International (RTI) puts the proportion at about 10.1%.

ECCE is meant to be age-appropriate and, therefore, early enrollment could be detrimental to the child's development. Early enrollment has also been associated with high repetition rates in primary school, resulting in inefficiencies in GoU's spending.

The Pre-primary Workforce: The pre-primary workforce mainly comprising teachers and caregivers, is crucial for delivering quality pre-primary education in the country. According to the MEIU 2018, there are 90,642 caregivers in the pre-primary sub-sector, with the majority (about 90%) being female.

The quality of care provided is strongly linked to the training and competence of care givers. The National Teacher Policy of 2019 requires pre-primary teachers and tutors to have at least a bachelor's degree. In line with this policy, 23 out of 46 Primary Teacher Colleges (PTCs) are being phased out, leaving 23 core PTCs. These core PTCs, along with the five National Teachers Colleges (NTCs), will be affiliated with the Uganda National Institute for Teacher Education (UNITE) as a degree awarding institution.

However, implementing this qualification requirement remains challenging. The NPA-led ECD thematic study shows that majority of caregivers hold the Ministry of Education Certificate in ECCE as their highest qualification. Notably, the higher the qualification, the lower the proportion of caregivers.

“ Many schools, ECD centres have unqualified teachers. There is a school where we went and there was not a single qualified teacher. We advised them to get qualified teachers..... School Inspector, Busoga Region

Currently only 1% of caregivers meet the bachelor's degree requirement, as shown in Figure 14. Notably, 12% of caregivers have no training at all. The limited training of these caregivers makes it difficult to assess the quality of care provided to learners under their supervision.

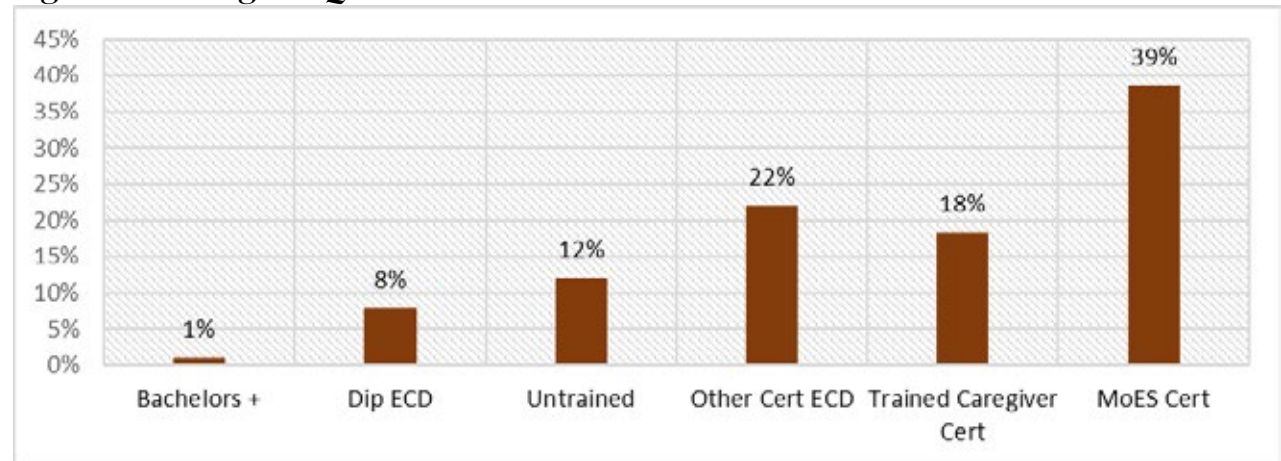
Notable variations exist among training levels across locations, with higher qualifications more common in urban areas.

To facilitate the degree requirement in the National Teacher Policy, the Government of Uganda offers

scholarships in National Teacher Colleges and some universities. A total of 800 slots for ECD are allocated in all the 28 training institutions (23 Primary Teachers Colleges and the 5 National Teachers' Colleges) with 2060 slots available specifically for upgrading to a Diploma in Education specializing in ECD at Kyambogo University, as illustrated in Annex 2.

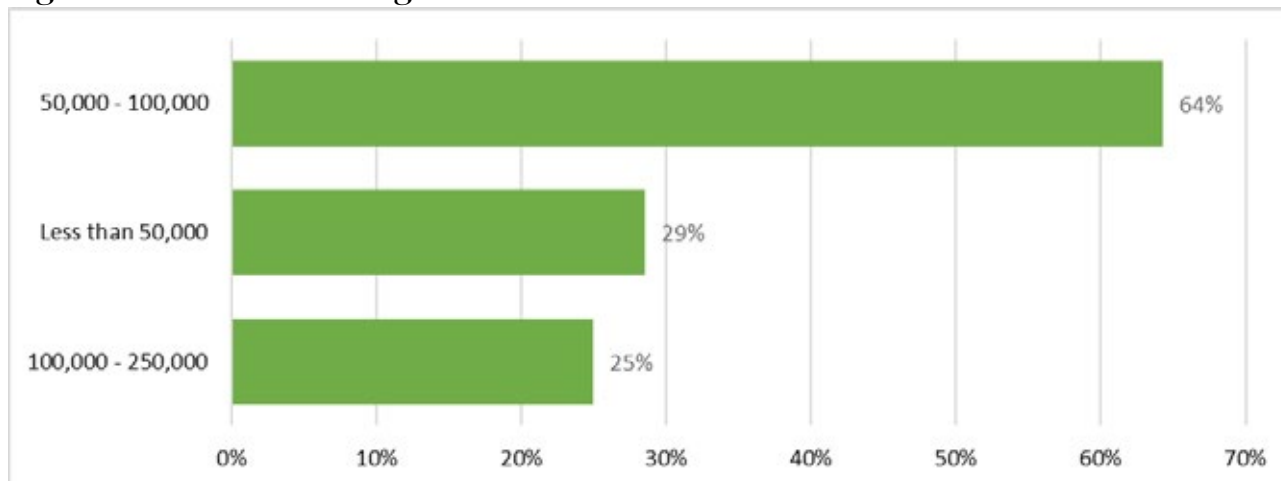
However, many of these scholarship remain unused, mainly because the courses are full time and exclude in-service pre-primary teachers in the private sector. The government has established clear career development pathways and extended the adjustment period for in-service teachers to upgrade their qualifications. It is challenging to attract and retain highly qualified caregivers, especially in rural areas, due to the poor facilities and low remuneration. Urban areas also face limitations in caregiver remuneration. According to the NPA ECD thematic study, the majority of sampled caregivers earn between UGX 50,000 and 100,000 per month.

Figure 16: Caregiver Qualifications



Source: Computations from NPA and MGLSD, 2020

Figure 17: Estimated Caregiver Salaries



Source: Computations from NPA and MGLSD, 2020

The analysis emphasises the significance of enhancing teacher salaries, especially in pre-primary education, to attract and retain qualified candidates. Current salary levels for teachers in Uganda are relatively low, potentially discouraging people from pursuing teaching. Increasing salaries can make teaching more financially appealing and attract quality candidates. However, it is noted that raising salaries alone is not enough. It should be coupled with efforts to make teaching more accountable and performance-driven, ensuring that increased investments lead to better learning outcomes.

To address remuneration challenges, the Government of Uganda, through the National Teachers' Policy, has established provisions for enhancing pre-primary teachers' compensation and other welfare considerations. Section 7.3 of the policy outlines the creation of a salary scale/grid based on teachers' qualifications, experience, and performance goals. It also includes non-cash incentives like housing and insurance. Effective implementation of the policy could address some of the challenges faced by pre-primary teachers.

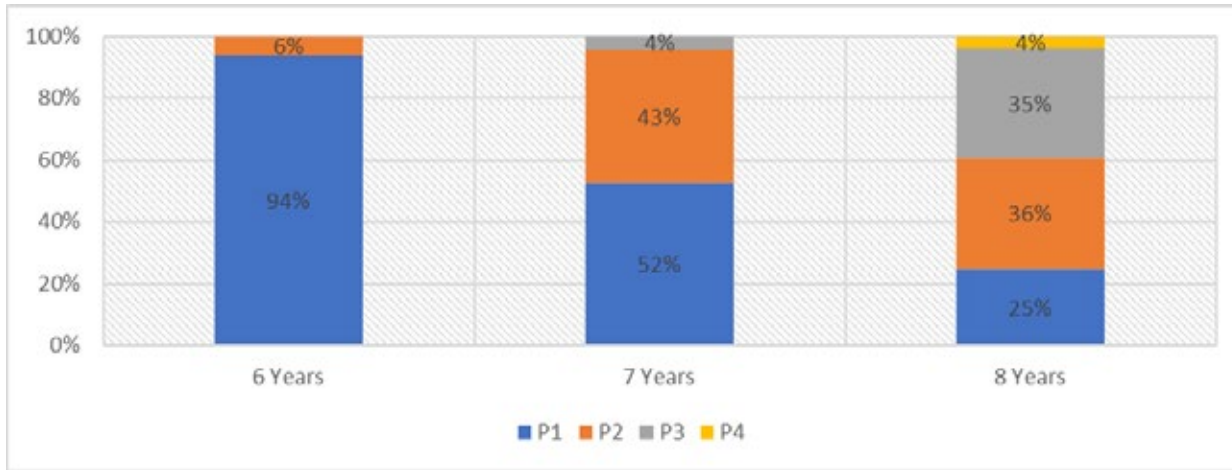
According to the UNICEF cost-benefit analysis, currently, the pre-primary education sector faces low levels of staff retention, with stakeholders suggesting that 50% of the teachers leave the profession each year. This is an important challenge for pre-primary education providers. New staff have to be recruited and significant costs are incurred in pre-service training.

the teachers' qualification, years of experience and performance target. The section also provides for non-cash incentives such as housing and insurance. If effectively implemented, the policy will provide solutions to some of the challenges being faced by pre-primary teachers.

Access to Lower Primary Education: : Since 1997, the availability of Universal Primary Education has significantly increased access to lower primary education (P1 – P3). There are approximately 36,285 primary schools in the country offering lower primary (Primary one to Primary three) services.

With UPE, the majority of the 6 – 8-year-old children are enrolled in school. Over half of the new Primary One entrants are 6 years old, while older children make up the rest. According to the UBOS Annual Statistical Abstract for 2023, around 4.71 million pupils were enrolled in lower primary education (P1 – P3) in 2017. The country has achieved relative gender parity in lower primary enrolment, with slightly more than half (50.2%) being male and 49.8% female.

Figure 18: Distribution of the 6-8 Year Olds Across the Lower Primary Classes



Computations from Education Abstract 2017

The distribution patterns shown in Figure 16 demonstrate a strong alignment with age appropriateness of children aged 6-8 years enrolled in class. This alignment is largely due to the widespread availability of universal primary education provided by the Government of Uganda. However, recent studies have revealed a trend of more late entries into primary one. According to the UWEZO report of 2021, the COVID-19 pandemic worsened access issues in lower primary education, resulting in many children facing delays in enrolment. The report highlights that 39% of P1 children surveyed in August 2021 were 8 years old, compared to 33% in 2018.

Despite the high enrolment rates, there is added strain on the limited resources available. Consequently, despite the high levels of access, lower primary education continues to grapple with challenges in ensuring quality due to insufficient funding amidst rapidly increasing demand. Lower primary classes, in particular, suffer from high pupil-teacher ratios and high classroom-pupil ratios. The availability of adequate seating space for pupils is lowest in primary one and gradually improves with each successive class.

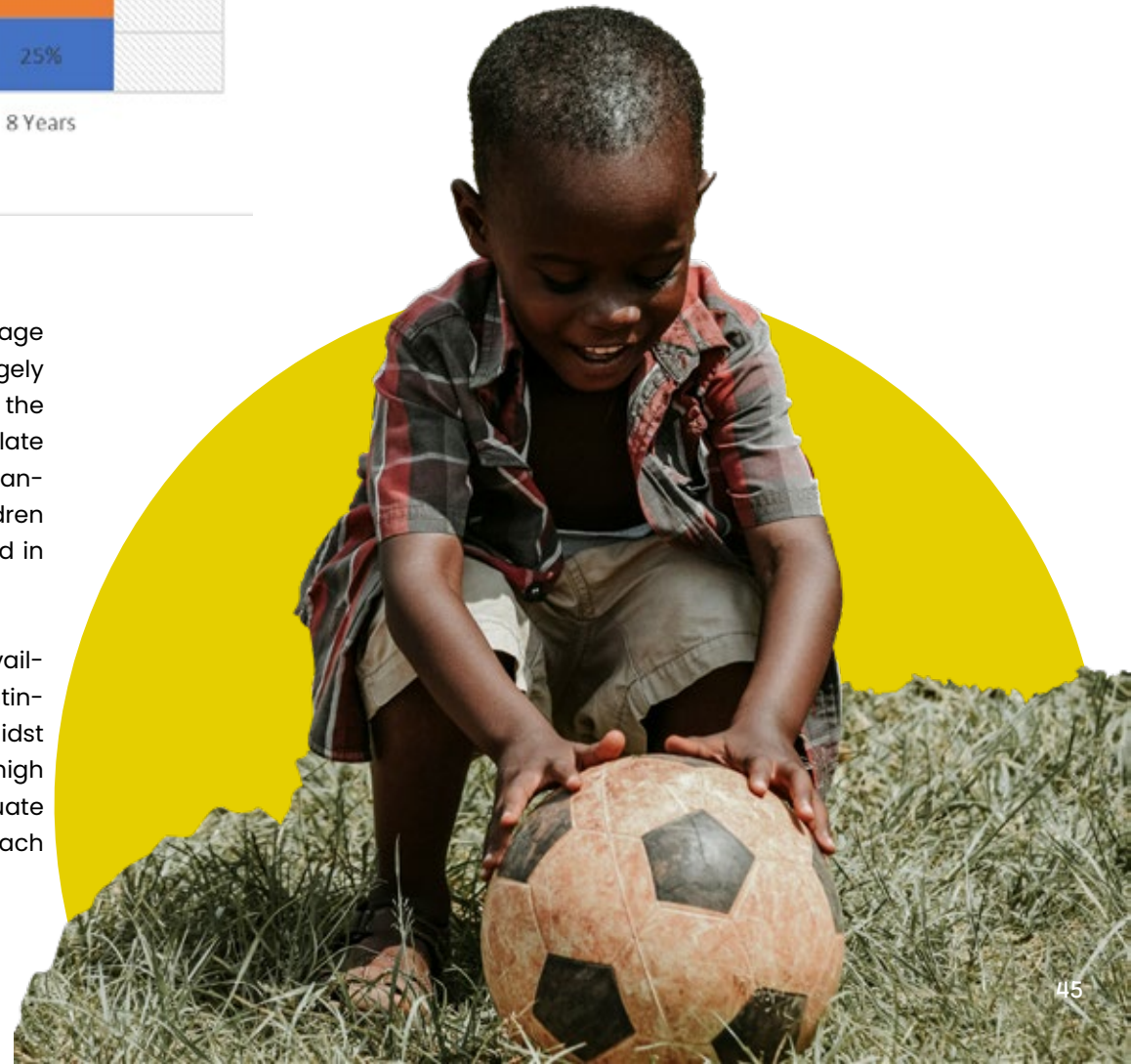
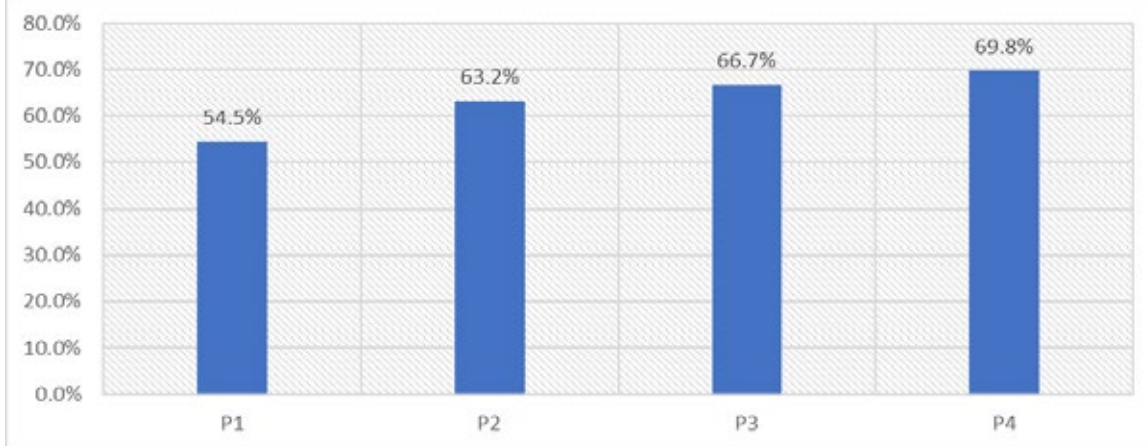


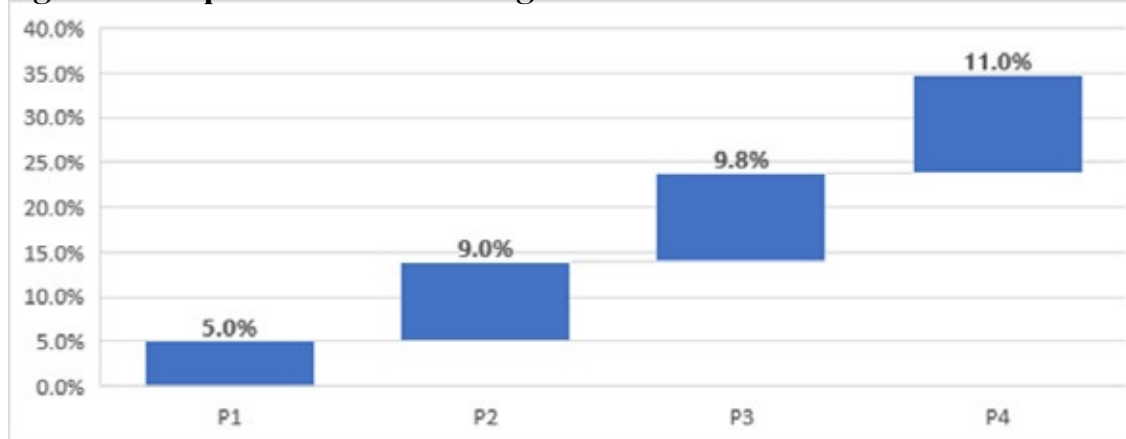
Figure 19: Adequate Seating Space in Lower Primary



Source: Computations from the UBOS National Statistical Abstract, 2023

Moreover, the UWEZO 2021 report reveals disparities in learning outcomes among lower primary pupils. Over half of Primary 3 children (54.5%) struggled with basic literacy, unable to read or sound out letters. This marks a 14% increase from 2018, highlighting significant gaps in foundational learning. Many children miss pre-primary education, exacerbating these challenges. Additionally, repetition rates rise with each successive class, underscoring the persistent learning gaps.

Figure 20: Repetition Rates Among 6 - 8 Year Olds*



Source: Computations from the UBOS National Statistical Abstract, 2023

*Primary four is included some 8-year-olds are enrolled in P4 as highlighted in Figure 16

ECCE and Special Needs

As of 2017, the Government of Uganda initiated an inclusive approach to provide Special Needs Education for ECD aged learners. This approach involves integrating special classrooms into regular schools to cater to children with special needs.

By then, it was estimated that 87,096 learners with special needs were enrolled in lower primary education, constituting approximately 2% of the total enrollment in classes primary one to primary three. The main disabilities observed among pupils in these classes include hearing impairment, visual impairment, mental illness, and physical disabilities.

Table 8: Special Needs by Class in Lower Primary

Class	Gender	Autism	Hearing	Mentally	Multiple Handicaps	Physically	Visually	TOTAL
P1	Male	866	4,637	5,974	516	3,163	3,372	18,528
	Female	614	4,056	4,474	382	2,148	2,798	14,472
	Total	1,480	8,693	10,448	898	5,311	6,170	33,000
P2	Male	566	3,511	3,620	310	2,372	2,996	13,375
	Female	477	3,424	3,043	251	1,916	2,713	11,824
	Total	1,043	6,935	6,663	561	4,288	5,709	25,199
P3	Male	650	4,245	3,482	303	2,925	3,717	15,322
	Female	524	4,340	2,901	326	2,325	3,358	13,774
	Total	1,174	8,585	6,383	629	5,250	7,075	29,096

Computations from Education Abstract 2017

More awareness and attention also needs to be given to Children with Disabilities (CwDs). The MoES indicates that around 15% of all pupils enrolled at ECCE level are affected by different physical and mental impairments. Out of these, 29% of pupils were reported to have mental disabilities, 3% of the pupils are living with multiple disabilities, and 6% are living with autism. These children require additional support to access centres and to receive inclusive services by appropriately trained caregivers.

Challenges in providing Special Needs Education (SNE) include the delayed approval of the inclusive education policy, drafted in 2011. This delay hinders integration of SNE education into mainstream primary schools due to insufficient funding.

Effective provision of ECD services for children with special needs demands a systemic approach, contingent upon the approved of an inclusive education policy. At the district level, inspectors lack the to assess special needs children and mobilize parents, leading to underreporting due to parental attitudes. Overcoming these barriers requires necessitates heightened awareness, improved district capacity, and a shift in cultural perceptions. Moreover, the learning framework at both pre-primary and lower primary education level lacks disability friendly infrastructure and teaching aids, posing challenges for both SNE learners and their teachers.

ECCE Access Among Refugee Children

Refugee children, facing various challenges due to displacement, benefit from GoU's collaboration with development and humanitarian partners, ensuring their access to pre-primary and primary education. Uganda's self-reliance strategy for hosting refugees underpins this progress, granting them basic services alongside host communities.

In 2023, GoU implemented the Education Response Plan for Refugees and Host Communities (ERP II), prioritising ECCE. According to ERP II, the General Enrolment Rate for pre-primary education is now 47.7%, with a Net Enrolment Rate of 32%. Moreover, there's been a 30% rise in the General Enrolment Rate for primary education, currently at 88.5%, compared to 2017 access levels.

Table 9: ECCE Access Statistics Among Refugees

Education Level	Population	Gross Enrolment	Gross Enrolment Rate	Net Enrolment Rate
Pre-Primary (3-5 years)	170,843	81,556	47.7%	32%
Primary (6-12 years)	336,478	297,673	88.5%	55.8%

Source: MoES, ERP II - 2023

Access to ECD services has significantly improved within refugee communities due to the presence of service points within the settlements. Despite the progress over the last five years, the net enrolment rate for both primary and pre-primary education imply that many refugee children are still left out of accessing both pre-primary and primary education. The provision of ECCE for-refugee children is mostly constrained by funding limitations. For instance, the ERP II estimates that provision of pre-primary education for refugee children over the next 3 years will require about USD 3.6 Million, most of which has not yet been realised.

In addition, host communities still face challenges in accessing these services, primarily due to distance and lack of resources. Children with disabilities are particularly affected, as they face barriers such as cultural and societal discrimination, which hinder their access to education, medical services, and other ECD services. In a bid to counter these challenges, GoU has been implementing the Development Response to Displacement Impacts Project (DRDIP). The project is addressing the

unmet social, economic, and environmental needs of the refugee host communities in fifteen districts. The project has resulted into improvements in social infrastructure among the host communities to bridge the identified gaps.

Emerging Issues in ECCE Service Delivery

Limited public funding for pre-primary education: As already alluded to, Government of Uganda does not directly fund the provision of pre-primary education. This has significantly excluded many 3 to 5-year-olds from any early learning. At local government level, there are no funds designated to support pre-primary education.

“Now these children are private schools, there is hardly enough funding for this activity in the district. We don't have a budget for ECD in the district. Instead, we use the little we have, to carry out inspections to support ECD teachers carrying out this activity within those schools... DEO Sebei Sub-region.

“ There is no grant that is specifically for ECD apart from those who are six to eight and are enrolled in primary. For the ECD, that is those who are zero to five years, those ones we don't have any specific grant... DEO Rwenzori Sub-region.

However, the challenge of limited funding also extends to primary education. Capitation grants remain inadequate to support primary schools effectively provide lower primary education. There are also significant gaps in the funding for school inspection and support supervision.

Policy and Legal Gaps: While the NIECD policy provides for the inclusion of pre-primary sections in primary schools, this is inconsistent with the Education Act which does not provide for GoU's direct involvement in the provision of pre-primary education. As a result, provision of pre-primary education continues to be dominated by the private sector and mostly available in the urban areas thereby excluding many 3-5-year-olds in the country from access.

“ The conflicts between the Education Act, the NIECD policy and the Childrens' policy, create implementation constraints. This needs to be harmonised if ECD service provision is to be improved... Academia Respondent

Furthermore, the delayed approval and passing of the Draft ECCE Policy (2019) with its attendant regulations has also negatively affected the provision of ECCE services in country. Relatedly, the delay in the approval and passing of the Inclusive Education Policy (2011) has further constrained the provision of SNE for children aged 0-8 years. The absence of the inclusive education policy specifically presents a significant barrier in the funding of SNE.

Limited availability of caregivers and poor career prospects: In recent years, there has been a decline in the number of trainees among the universities and training institutions due to the low career prospects. The declining enrolment in teacher training institutions has partly been attributed to the bachelor's degrees requirement for pre-primary teachers stipulated in the National Teacher Policy.

“ It is important to mention that the government through the teacher policy, has placed the bar higher, for people who are going to be teachers in pre-primary education to be holders of bachelor's degree. This policy has seen the number of enrolments reduce because teachers from poor communities cannot afford such fees. Government needs to come in and support training for early learning especially teachers from poor marginalised parts of the country... Academia Respondent

“ There is no grant that is specifically for ECD apart from those who are six to eight and are enrolled in primary. For the ECD, that is those who are zero to five years, those ones we don't have any specific grant... DEO Rwenzori Sub-region.

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“ The conflicts between the Education Act, the NIECD policy and the Childrens' policy, create implementation constraints. This needs to be harmonised if ECD service provision is to be improved... Academia Respondent

“..and another challenge is that we have very few caregivers, as most of them train from here then move to urban centers for greener pastures...DEO Buganda Sub-Region

It was noted across the local governments that a growing number of teachers and caregivers have been trained to care for and train learners. However, given the funding constraints, local governments are unable to pay them, relying on development partners and NGOs. This places a lot of uncertainty in the career prospects of these trained caregivers, many of whom have sought alternatives to make ends meet. Relatedly, external labour migration, where qualified ECD teachers and trainees are exported to the Middle East, has further contributed to a shortage of qualified teachers in ECCE centres.

““ We don't pay teachers in this category or caregivers, we only provide inspection and monitoring of the services in these institutions; what we do, we give some training facilities and sensitisation...

School Inspector Kigezi Region

““ Support to caregivers, is one of the biggest challenges. Even when the centres are there, the caregivers are not there to provide the services because this is supposed to be a community led initiative.

...ERP Secretariate Respondent

Limited Capacity for Special Needs Education (SNE):

While Uganda is implementing an inclusive approach to Education, gaps remain in the ECCE provision for children with special needs. Many of the public-school facilities around the country are not disability sensitive limiting access to classrooms and sanitation facilities for children with special needs. Owing to the limitations in funding, purchasing instruction aides such as Braille, along with providing special sanitation facilities for SNE children in ECD centres, pre-primary and lower primary sections remain a major gap.

The SNE standards are equally lacking in private ECD centres, pre-primary and primary schools. Available standards do not stipulate minimum requirements for SNE in pre-primary and lower primary education. Relatedly, only a small number of teachers and caregivers have been trained to handle children with special needs.

Children with special needs and their parents often face stigmatization within the community, leading to social exclusion. Negative cultural attitudes also contribute to parents abandoning their partners, further compounding the difficulties faced by these children. Improving the implementation of legal frameworks at the community level and promoting inclusivity within ECD programs are crucial steps to address these challenges effectively. The poor attitudes of the parents have been entrenched by the limited sensitisation owing to the limited availability of resources for ECD services at the district and sub-county levels.

““ At district level, there is a lack of capacity among district inspectors to carry out periodical assessments and mobilise parents to ensure that special needs children attend school. As a result, district reports often indicate very few or absent cases of children with special needs in their communities. The situation is worsened by negative attitudes of parents who hide these children from the public eye....

Academia Respondent

Poor attitudes among parents: The limited uptake of pre-primary services can also be attributed to poor attitudes among parents regarding enrolment of children in pre-primary education. Many parents especially in the rural parts of the country still do not appreciate the importance of pre-primary education. They therefore do not see the value of investing in it. This has mostly affected the girl children and children with disability.

Another challenge is on the parents of those children who are in ECD, the ones we are teaching in ECD; most often the children who have a disability. A parent may think that my child having a disability, it is inability, then he fails to bring the child to school. So, some parents also neglect their responsibility of taking their children to school...

ECCE Teacher, Rukungiri

“Now, some of the challenges with this is some of the parents look at pre-primary as a long process....” You see a child is going to be pre-primary or ECD program may be from Baby class and middle and top class, those are already three years”. A parent may see that as a delay and gets stressed, asking why they cannot enrol straight to primary one...DEO Sebei Region

“All this depends on how much these households have received awareness. Many of them don't see the importance of sending their children for ECCE. They don't see the important. Some of them say no, or I will wait for my child to add up to primary one. I don't see why I should waste my money. Why should a child go and waste a lot of money in a preschool?...DEO Acholi Sub-region

Limited Enforcement of Standards: Owing to the limited availability of resources, there is a limited enforcement of standards in pre-primary schools and ECD centres. Across the country, there is no uniform standard being followed among the pre-primary schools and ECD centres. There is therefore no guarantee of quality learning across the sub-sector which implies that children get to enrol in primary one when they are at varying degrees of readiness – even when they attended pre-primary education.

Implementing challenges of the degree requirement in the National Teacher Policy: The degree requirement for pre-primary teachers as per the National Teacher Policy is currently affecting the availability of pre-primary workforce. Only about 1% of the current workforce meet the requirement and with the suspension of UCE level enrolment into teacher training institutions the number of new enrolments is negatively being affected.

It is also important to reemphasise the fact that the qualifications of pre-primary teachers should not be the sole determining factor of their quality. Instead, the focus should be on the competencies and training they receive to provide developmentally appropriate learning experiences. The requirement for pre-primary teachers to have degree qualifications may not be necessary if teachers are equipped with the necessary skills and understanding of child development. The emphasis on training and competencies aligns with the idea that effective teaching goes beyond academic credentials alone.

Learning gap for children aged 6 months to 2 years: There is a significant gap in the learning framework when it comes to provisions for children aged 6 months to 2 years. The policy provisions on early learning mostly provide for children starting at the age of 3 years. For children aged 6 months to 2 years, learning between is mostly about their mental stimulation and often takes place in home environments. The provisions for this age group possibly calls for the mandate to be placed under MGLSD rather than MOES. Affecting this must however transcend policy provisions and also be backed up with the necessary resources

to ensure proper implementation.

Limited integration of play based learning in ECCE: Early learning is supposed to be play based given the attention spans for children in their early ages. There is however limited integration of play based learning in teacher training and the teaching of children in ECCE.

A young girl with short dark hair is smiling broadly and hugging a younger boy from behind. The boy is also smiling and has his eyes closed. They are outdoors, with a blurred background of greenery and a building. The girl is wearing a white t-shirt with green and blue stripes. The boy is wearing a blue shirt.

Child Protection

“ State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child” Convention on the Rights of the Child Article 19

Scientific evidence indicates that early childhood is not only a period of special sensitivity to risk factors. The importance of ensuring safe environments for young children is at the core of the global development agenda. The Sustainable Development Goals (SDGs), which reinforce the commitment to invest in early childhood and to eliminate all forms of violence against children through specific goals (4.2 and 16.2), provide an excellent opportunity to gain momentum for an approach that integrates these two global priorities.

A growing body of evidence suggests that infants and young children are particularly at risk of violence by primary caregivers and other family members because of their dependence and limited social interactions outside the home. Violent discipline in early childhood actually takes place on a large scale even in children as young as one year of age. Young children regularly experience some kind of violent discipline – psychological aggression or corporal punishment – in the home. While specific data is not available even for Uganda, global research has consistently found a high prevalence of child maltreatment (abuse and neglect) in almost every country where studies have been conducted. The hidden nature of violence against children adds to the difficulty of obtaining trustworthy data.

“ Ending violence in children’s lives and investing in early childhood are first and foremost a question of children’s rights, further supported by scientific evidence which shows that a violence-free early childhood matters: the first 1,000 days of a child’s life are the foundation for a person’s whole future development.

Early childhood development is shaped as readily by negative experiences of parenting as by positive experiences. While children who receive sensitive, loving care that is responsive to their needs are likely to develop secure attachments and positive internal working models, those whose interactions with their caregivers are inadequate or damaging are more likely to develop insecure attachments and to see themselves as neither loved nor loveable.

Child protection is the overarching concern within the entire ECD framework in Uganda. The overarching goal of child protection services is to guarantee the safety, survival, protection and adequate care for ECD-aged children, promoting their rights.

Image 13: Child Protection Services for ECD Aged Children



Children aged between 0 and 8 years are in the most vulnerable stage of life. Crimes perpetrated against children often happen in environments in which they are meant to feel secure.

Crimes Against ECD Aged Children: Consultations with actors in the child protection sub-sector overall indicate arise in crimes against ECD aged children. High social acceptance of violence, both with children and adults, is evident. According to the Violence Against Children Survey (2018), six in ten females (59%) and seven in ten males (68%) reported experiencing physical violence during childhoods.

Despite 87% awareness of legal prohibition of child abuse, half the respondents of UDHS 2016 maintain physical punishment is necessary for proper to child education. As many as 85% of children between 1 to 14 years face violent disciplining, with only 10% experiencing non-violent discipline. Domestic violence adversely affects young children's psychosocial well-being, as shown in UDHS data where 1 in 2 women and 41% of men justify wife beating. Half of men and women report experiencing physical violence since age 15, mainly by spousal partners and teachers.

Child-related offences surged by 5.8% of reported crimes reported in 2022, showing a rise despite being a small proportion. After declining between 2020 and 2021, child-related offences surged by 55.3% in 2022, with child neglect, child desertion and child abuse/torture making up the largest proportion of the crimes perpetrated against children accounting for 48.2%, 15.8% and 9.2% of the child related crimes respectively. Out of the 13,489 child related offences reported, the North Kyoga region reported the highest number of cases (1,602), followed by the Albertine region (1,404), KMP North (997), Aswa (725), and East Kyoga (707). Districts with the highest child-related offences are detailed in table 4.

Table 10: Distribution of Child Related Offences by District/Division In 2022

District/Division	No. of Cases Reported
Luwero	432
Kiryandongo	420
Katwe	373
Old Kampala	355
Busia	326
Hoima Central	320
Jinja	309
Kween	286
Omoro	252
Dokolo	247
Kapchorwa	245
Lira City East	230
Lira Rural	225
Amolatar	216
Kikuube	185

Source: Uganda Police, Annual Crime Report, 2022

It notable that the top tier of the districts with the highest levels of child related crimes is dominated by districts from Northern Uganda and Bunyoro. Additionally, Kampala accounted for the highest proportion of child related crimes in 2022.

Children and Family Care There is a declining extended family and community support system. As a result, there is a growing number of children who continue to live outside of protective families. These include mainly children in residential childcare facilities, children living and/working on the streets, and children in prisons and detention centres (including children of incarcerated mothers). For instance,

estimates indicate that between 40,000 to 50,000 children in Uganda live in residential childcare facilities (MGLSD, 2015). While the residential facilities are often called orphanages, research shows that more than two-thirds of the children in residential care facilities have at least one living parent and many more have a contactable relative. (MGLSD, 2020)

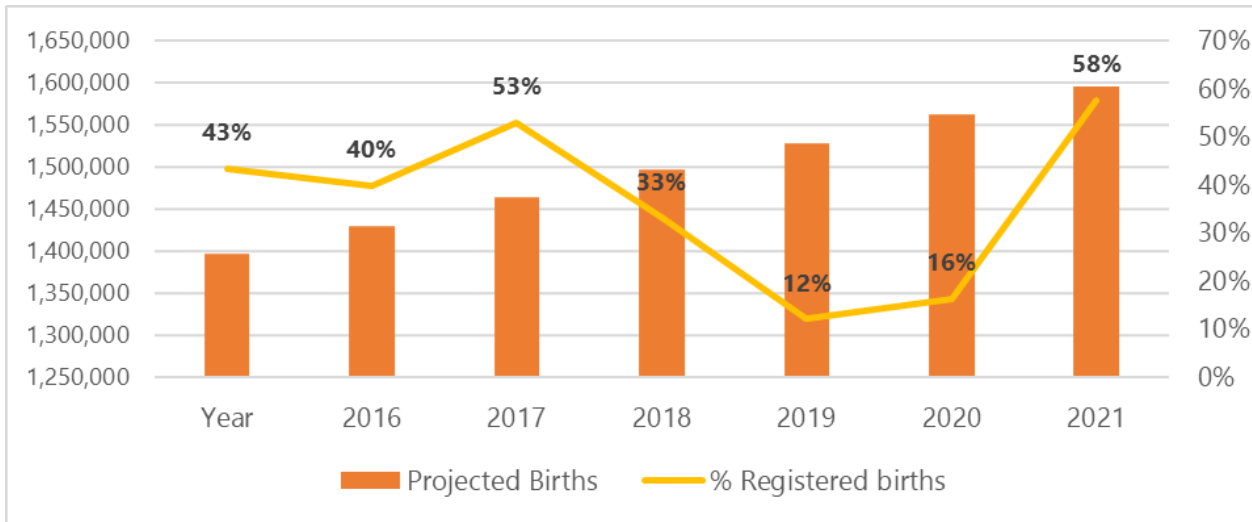
Children of Prisoners: According to the National Child protection policy, Children of prisoners in Uganda face many violations of their rights when their parents or primary caregivers are arrested and detained. They are confronted with the trauma of separation but also have to contend with subtle stigma and discrimination because of their parent's involvement with the criminal justice system. Similarly, children living in prison with their mothers often live in intolerable conditions with inadequate access to nutrition, play and education.

According to a study by Public Interest Law Clinic (PILAC), as of August 2016, there were 237 children detained with their mothers and by the same time 2017, this number had increased to 256 children. This means that about 11 percent of the female prison population is being detained with a child. The children suffer from stigma and discrimination, they are deprived of care and protection, as the arrest of the mother (in situations where she is a single caregiver) does not take this into consideration to prepare for alternative care; and in the case where they have to live with their mothers in prison, the conditions should be adequate and appropriate to provide a safe and caring environment.

Birth Registration: Birth registration is crucial for child protection as it forms the basis of a child’s identity, including nationality, name (which can indicate tribal or religious affiliations, etc) and date of birth.

Over the years, birth registration has increased, largely due to the implementation of the Mobile Vital Registration System (MVRS). This system, operational in most health facilities, has streamlined the birth notification and registration process. Data reconciliation from UBOS and the National Identification and Registration Authority (NIRA) shows that approximately 58% of the projected 1,595,300 births in 2022 were registered. This represents a significant improvement from the low registration levels seen between 2019 and 2021, partly attributed to disruptions caused by COVID-19.

FIGURE 21: Status of Birth Registration in Uganda



Source: Uganda Police, Annual Crime Report, 2022

Despite the increasing trend, the targeted 90% remains unmet. Birth registration remains a challenge for refugee children and those born in incarcerated settings, where integration into NIRA systems is ongoing. Access limitations, particularly for vulnerable children, persist due to high registration costs and service unavailability. Registering for a birth certificate costs UGX 5000 (about USD 1.3), which, though seemingly low, is still beyond the reach of many Ugandans, especially those below the poverty line (1 Dollar a day).

Notably, 35 District Local Governments currently lack registration officers. Low birth registration rates pose significant challenges to national and sub-national level planning, forecasting, and budgeting for essential services and expansion.



Family Strengthening and Parenting

Understanding and actively involving parents, families, and communities brings the vision of ECD to life. Various ministries, civil society organisations, private actors, religious, and cultural institutions are currently implementing programs to address parenting for young children's growth and development.

Over the years, the Government of Uganda has implemented several initiatives to strengthen families and parenting. In 2016, the Ministry of Gender, Labour and Social Development developed National Parenting Guidelines, serving as a national guidance document for all sectors and stakeholders to support parenting education.



In addition, in 2017, the Ministry of Health, in collaboration with the MGLSD, developed and implemented Key Family Care Practices (KFCPs) as evidence-based behaviours at household and community levels, impacting child survival and overall well-being. These practices, adapted with inputs from multiple sectors, serve as a cross-sectoral parenting approach. The 23 practices constitute the primary parenting package for ECD and adolescent-aged children in Uganda. They not only emphasise practices for parents and caregivers to follow at home but also underscore their role in accessing and following up with sectoral services to ensure effective demand creation and utilisation of integrated services.

In 2018, the National Parenting Guidelines were established, offering general guidance. However, they lacked a training manual for practical operation. In 2019, the Boost for the Youngest Toolkit (including a training manual, flip chart, male engagement tools, home-visiting checklist, and mentoring guide) was introduced, aiming to enhance caregiving practices for children under three, emphasising early stimulation. This toolkit is currently utilised in humanitarian settings.

During the development of NDP III, the Human Capital Development Programme integrated family strengthening measures, such as the family care package. It also ensured that the home serves as the primary ECD centre, providing holistic care and education for children. In 2020, a nation-wide assessment of existing parenting programmes and materials was conducted, forming the basis for drafting a comprehensive National Parenting Manual by the Ministry. This manual includes ECD as a foundational module.

Amid the Covid-19 pandemic, the Ministry of Education and Sports devised a Parent Book to empower parents in supporting children aged 3-5 years at home.

Uganda's development partners and Civil Society, along with the government, have played an integral role in family strengthening and parenting. The Ministry of Health and UNICEF are currently piloting the integration of a caregiver module into the KFCPs. The module aims to enhance the skills of front-line workers' skills in strengths-based counseling, fostering caregivers' confidence and equipping them with stress management, self-care and conflict-resolution abilities to support their emotional well-being. Livelihood support is increasingly being integrated into family strengthening interventions to help parents cover child care expenses. This trend is particularly notable in non-state actors. Some organisations, like the International Rescue Committee (IRC) Uganda, and LABE Uganda, supported by Conrad N. Hilton Foundation is adopting a two-generation approach, combining ECD with livelihoods. Moreover, the Child Health and Development Centre has developed guidelines on parenting for promoting good behaviour and respectability. This intervention aims to address sexual and gender-based violence.

While there has been vigorous uptake of the parenting activities, there is a need to coordinate and share engagement modalities with parents to determine the intensity and depth of feasible support across the sectors. This will facilitate required streamlining of the results framework, particularly in tracking outcome targets like child development outcomes, skill building and behaviour change.

Notably, Uganda recognises the value of the Nurturing Care Framework for ECD, yet its not fully adopted and mainstreamed in existing instruments guiding family strengthening and parenting.

Emerging Issues in Child Protection

Overall, there is poor recognition of child protection issues among children under eight years, a situation that is often exacerbated by lack of age and gender disaggregated data and low reporting rates. This section presents some of the key emerging issues under child protection.

Children in incarceration: Children born to incarcerated mothers or belonging to incarcerated parents face unique risks and threats to their rights because most of Uganda's incarceration settings are not child friendly. For instance, children belonging to suspects in

police cells have no shelter or space to accommodate them as their parents are being processed. It was reported that the children either spend the nights at the front desk or in some instances share space with the suspects in the police cells.

“ There is no shelter to accommodate the children belonging to suspects in police custody. So, at night the children either sleep at the reception desk or in the cell if it is not occupied... ” Police Officer

Limited functionality of referral systems: The integrated nature of ECD service delivery implies that the different actors are meant to work together to protect children. However, the referral systems are not functioning effectively. The bottlenecks at referral points include alleged corruption, drug stockouts, staffing gaps and limited funding. It was highlighted that some of the police stations in some districts do not have a designated Child Protection and Family officers. There are also significant gaps between the police and case management structures in refugee settings. These issues have combined to minimise the effective functionality of the referral pathways.

“ There’s another child we also removed from up here. It was a child with disability begging, we called the CPS they came in, took the child and those ones that that had sent him to do that business (like three of them I heard were arrested). ”

Then they called us and told us the child has been taken to a home and is being rehabilitated. Just last week I got the child back on the street. So, our referral pathway, 0%. That one is bad...

Probation Officer Central Uganda

Limited reporting of Child Protection: While there are several platforms for reporting child protection issues, the level of reporting remains low. For instance, the Sauti Helpline is a toll-free number to receive reports about cases of child related offences. It offers an easy platform to report child related offences given the challenges in the referral pathways. However, despite being toll free, the helpline is mostly utilised in the central region. Out of the 608,418 calls that were recorded in 2022 about 56% of them were from the central region.

The number of calls and cases handled has grown which can partly be attributed to support from the development partners. In 2022, the number of calls grew by 48% which indicates growing usage of the services.

Nonetheless, Sauti has several challenges especially around funding. Sauti employs 61 staff, 15 volunteers and 1 student intern. Of these staff, only 5 are on Government of Uganda’s payroll, 36 are paid by UNICEF, 20 are paid by UNFPA and the 15 volunteers are paid an allowance by Save the Children.

Limited Funding: The child protection domain of ECD suffers from the most significant gaps in funding.

Provision of child protection services is therefore heavily reliant on funding from development partners. Relatedly, the recent closure of the Democratic Governance Facility, greatly reduced funding available for child protection services.

Overall Government financing to prevention and response services has remained relatively low affecting the delivery of services. At sub national level, the probation offices are incapacitated to effectively manage reported cases due to inadequacies in crucial logistics such as fuel, means of transport, stationery, internet etc. Increased reliance on un- predictable donor funding threatens sustainability and scalability of existing child protection interventions.

“ When it comes to transportation. Let's say you have this child and maybe you want to transport them back you want to resettle them; it is also another process. When it comes to logistics, nothing because there's no way you're going to travel from here, maybe to the north without fuel, without maybe upkeep. And all the relevant authorities or stakeholders are not willing to work as a team regarding this challenge. I think we need, like capacity building like to help us understand and appreciate the needs that these people have, and what we are supposed to do in line with that. To me, that is a very big gap.... ” Probation Officer, Central Region

Absence of structured inspection and monitoring plans for children in alternative care settings, those incarcerated with mothers and pre-primary schools in addition to their inability to report has increased their exposure to risks of harm by caretakers. Existing guidelines for Reporting Tracking Response and Referral target primary and post primary levels of education.

Higher cases of child desertion and neglect signify greater social and economic concerns in communities. Social protection programmes and livelihood strategies must target poor households with children to attain greater social impact.

Lack of a national and sub national data base or register for children with disabilities poses significant challenges to policy makers, planners, and implementers. The process of operationalising the Child Wellbeing Management Information System has been slow with significant resource constraints.

Massive reductions in humanitarian funding despite current influx of refugees may undercut achievements registered in the past years in terms of overall child survival, health, and development in refugee settlements. The outbreak of the war in Ukraine has resulted in more humanitarian funding being channelled to Ukraine away from

Children living in residential care often live in exploitative conditions and are enrolled without following proper national standards. Recent data from the Alternative Care MIS on children in residential care found that 9,188 children (4746 boys and 4442 girls)

were living in 174 approved children's homes (ACHs) in Uganda as of March 2023. Reasons for placement of children in residential care include material poverty and lack of access to basic social services, violence or neglect in the household, child abandonment, parental death or illness, and other factors affecting family functioning (such as marriage breakdown or parental drug and alcohol abuse).

Disability: Disability is one of the main causes of child abandonment and placement of a child in residential care. According to the 2017 Uganda Functional Difficulties Survey, seven per cent of children aged 5 to 17 years and four per cent of children aged 2 to 4 years have at least one form of disability. Further, analysis of data from children's homes indicates that between 7 and 9 per cent of children living in residential care have at least one form of disability.

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. Despite efforts by Government and development partners in providing early identification and assessment for childhood disabilities and increasing awareness on causal-risk factors for childhood disabilities, the numbers are not significantly coming down. Programs for children with disabilities are often low scale (coverage and reach), implemented by few Organisations and private sector and inaccessible for those in rural and hard to reach areas.

Prevalence of Teenage Mothers: The existence of a teenage mother is often a result of teenage girl being

abused. Teenage mothers are children themselves are often not ready to bear the responsibility of nurturing another child. As a result, both the mother and the child end up being vulnerable socioeconomically, in their health as well as in other spheres of their lives like nutrition.

Key findings from the UDHS 2022 indicate that nearly a quarter (24%) of the women aged 15 -19 were either mothers or pregnant with their first child. This level of teenage mothers has remained relatively the same since 2011 implying a need for interventions to reduce the prevalence of teenage mothers in the country. The challenge is most prevalent in regions of Bukedi (25.9%), Busoga (22.6%), Lango (22%), Tooro (21.3) and Karamoja (20.2%).



Chapter Five

Funding ECD Service Delivery

In this section, the ECD situational analysis presents a snapshot of the funding arrangements for ECD service delivery in the country. The funding of ECD service delivery in Uganda is spread across several implementing agencies of government which makes its consolidation challenging.

To limit duplication, focus was placed on central government entities. This is because local governments mostly receive funding from central government agencies as grants. The funding discussed here represents government of Uganda's spending along with funding from development partners channelled through budget support.

Funding for public services in Uganda is organised along the NDP III programmatic areas. Funding for ECD falls under the Human Capital Development Programme (health, nutrition, education, water, and Sanitation), the Community Mobilisation and Mind-set Change Programme (child protection and coordination under MGLSD) and the Governance Programme (Uganda Police and Uganda Prisons).

Funding for the Health Sub-Programme

The funding for maternal and child health along with their nutrition interventions is channelled through the health sub-programme. Over the past three fiscal years, the bulk of this funding has been channelled through the Uganda Reproductive, Maternal and Child Health Improvement Programme (URMCHIP).

The programme accounts for 99% of the ECD funding under the health subsector as illustrated in Table 10.

Table 11: Funding for ECD Under the Health Sub-Programme (UGX)

Fiscal Year	Budget Type		Nursing and Midwifery	Reproductive and Child Health	URMCHIP
FY 2020/21	Recurrent	Wage	299,027,000	343,245,000	-
		Non-Wage	290,752,000	381,069,000	-
	Development	GoU	-	-	200,000,000
Ext		-	-	332,420,000,000	
FY 2021/22	Recurrent	Wage	299,027,000	343,245,000	-
		Non-Wage	290,752,000	381,069,000	-
	Development	GoU	-	-	400,000,000
Ext		-	-	733,438,315,000	
FY 2022/23	Recurrent	Wage	499,027,000	543,245,000	-
		Non-Wage	829,852,000	2,268,069,000	-
	Development	GoU	-	-	1,200,000,000
Ext		-	-	124,767,642,000	

Source: Computations from MoFPED Approved Budget Estimates of Revenue and Expenditure

The URMCHIP programme has been running from 2017 and is envisaged to be wound up in September of 2023. The funding under the programme is centred around three aims including improving the utilization of essential health services with a focus on reproductive, maternal, newborn, child, and adolescent health services; scaling up birth and death registration services; and providing immediate and effective responses to an eligible crisis or emergency.

It is notable that the bulk of the funding is from external financing mechanisms which implies budget support (through loans and grants) from the development partners. GoU's contribution to the programme constitutes about 0.15% of the total funding for the programme. The funding is also development in nature meaning it mostly goes towards spending that is long term in nature such as purchase of essential medical supplies, construction, and the renovation of health facilities. GoU's largest contribution is channelled through the Reproductive and Child Health department of the Ministry of Health through which the wage and non-wage expenditure is undertaken. Recurrent expenditure is what supports the day to day running of the health facilities and other services provided in the communities. Overall, the funding for RMNCAH is characterised by a heavy reliance on funding from development partners and out of pocket expenditure from households.

The FY 2021/22 Annual Health Sector Performance Report indicates that 43.1% total of the spending on RMNCAH services between July 2021 and June 2020 was from development partners, 39.5% was from private sources (households) and the remaining 18.3% coming from GoU.

Funding for ECCE

The funding for ECCE in Uganda is a key remains significantly limited in pre-primary education because it is mostly provided privately. However, GoU has been providing universal primary education since 1997.

UNICEF's ECCE cost-benefit analysis highlights a concerning trend: spending on pre-primary and primary education, as a proportion of the already limited total education budget, has decreased significantly in recent years. Spending on pre-primary and primary education has declined by approximately half as a proportion of the overall budget.[1] As aforementioned, spending on pre-primary and primary education combined fell from 62.6% in 2017/18 to 35.7% in 2020/21, as is seen in Figure 25 below. [2] This stands in stark contrast to the spending in secondary education more than tripling over the same period (from 5.2% to 19.7%). These allocations are in part influenced by the COVID-19 pandemic, though cannot fully explain the imbalance, given the decline in contributions to pre-primary and primary education began in the FY 2017/18. Since pre-primary education is grouped with primary education in the available data, it is not possible to specify the total public expenditure on pre-primary. Though this expenditure (on official

record) is likely very low, since the financing of pre-primary education in Uganda falls largely to the private sector. The GoU is financially responsible for the provision of the curriculum and guidelines, teacher training services, and the licensing, registering, and monitoring of pre-primary education.

Funding for primary education is mostly provided through capitation grants which is the amount of money GoU spends per child enrolled. Due to the ongoing upgrades of the Education Management Information System, the available enrolment data in Uganda's education institutions is based on the 2017 Annual School Census.

In this analysis, it is estimated that the current enrolment in Uganda's lower primary classes is about 5,015,950. This is based on linear projection of the level of enrolment in 2017. Consultations with the MoES indicated that the average annual capitation grant per child in primary school is estimated at UGX 20,000 which would put the estimated level of spending in lower primary education at about UGX 100.32 billion.

Reconciling this level of spending with the challenges observed in ECCE suggests that it is limited. Additionally, the challenges such as the levels of repetition (especially in primary one), and the documented poor learning outcomes in numeracy and literacy among primary three learners suggests that there are gaps in the efficiency of GoU's spending in lower primary education.

The Uganda Early Years Study (Milestone 3) Report indicates that Uganda has low levels of efficiency in its primary education spending compared to its counterparts in the East African Region as summarised in table 11. Relative to its counterparts, Uganda spent more on its primary education as a proportion of total spending in education. However, the country had the lowest completion rates in primary school which speaks to limited efficiency in spending.

Excess spending in Uganda's primary education was estimated to be 114% owing to the outcomes registered. However, the limited enrolment to pre-primary education implies that many pupils enrol into primary education with limited levels of school readiness which greatly limits their learning.

Table 12: Regional Contrasts of Education Efficiency Estimates

Country	Ratio of primary 1 to appropriate population	Pre-primary gross enrolment rate	Excess cost of primary school	Expenditure on primary as percentage of education expenditure	Primary school completion rate
Uganda	1.6	11.1%	114%	58%	56%
Tanzania	1.0	32%	29%	49%	76%
Kenya	1.1	75%	9%	36%	104%

Source: RTI, 2018

The limited investment in pre-primary education is a key constraint in the efficacy of primary education spending. The RTI study of 2018 indicates that children who did not attend pre-primary education were about four times more likely to repeat primary one than their counterparts that attended pre-primary education. This suggests that GoU's policy decision not to fund the direct provision of pre-primary education is a major limiting factor in the efficacy of its spending in primary education especially in lower primary where high repetition and dropout rates are observed.

Funding for Child Protection

Service delivery in child protection has also been constrained by limitations in funding. Tracking funding in key child protection entities like Uganda Police and Uganda prisons was a challenge due to the limited information on the child protection budgets in these entities.

Table 13: Funding for Child Protection (UGX)

Fiscal Year	Budget Type		Youth and Children Department – MGLSD	National Children Authority
FY 2020/21	Recurrent	Wage	-	400,000,000
		Non-Wage	4,505,246,000	401,098,000
	Development	GoU	-	-
Ext		-	-	
FY 2021/22	Recurrent	Wage	368,146,000	400,000,000
		Non-Wage	4,158,998,000	1,518,433,000
	Development	GoU	-	-
Ext		-	-	
FY 2022/23	Recurrent	Wage	220,000,000	-
		Non-Wage	24,435,546,000	900,000,000
	Development	GoU	-	-
Ext		-	-	

Source: Computations from MoFPED Approved Budget Estimates of Revenue and Expenditure

It is notable that all the funding for child protection channelled through MGLSD is recurrent in nature. This suggests that their major gaps in the long-term planning and implementation of child protection initiatives in the country. Additional scrutiny of the non-wage funding for the youth and children affairs department indicates that the largest proportion (76.5%) of the funding goes towards the youth livelihoods fund and about half of the funding indicated as non-wage under the National Children's Authority was wage subventions from the MGLSD.

In FY 2022/23, only UGX 120 million under the Youth and Children's Affairs department was observed to be directly related to ECD as it was directed towards interventions related to street children many of whom are in the ECD age category.

Chapter Six

Overarching Issues



Coordination: Coordination can be taken to refer both to the extent to which agencies work together, and the extent to which they share common objectives (Davis et al., 2014). Meaningful coordination is therefore about more than getting different organisations to work together smoothly, it is also about setting cross-governmental policy priorities and being able to implement these.

Development in early childhood is a multi-dimensional process. In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. Non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential. While coordination and integration can confer advantages to children and their caregivers, they also can pose risks to the delivery of needed services.

The Ministry of Gender, Labour and Social Development serves as the national institutional anchor to coordinate ECD across sectors bringing all other sectors together and harmonizing approaches towards ECD according to the 2016 NIECD policy. The Overall coordination of ECD is through the National IECD Technical Committee designed with representation from all relevant sectors, including education, health, local government and water and sanitation and planning. It also has representation from development partners and Civil Society Organizations. The committee provides technical support to ECD.

There has been some slight improvement in coordination of ECD because of the NIECD policy and other Sector wide approaches within the Line Ministries, there is more meetings between Government and civil society actors. All sectors have a working group that brings together partners such as the child protection working group in MGLSD, the ECCE Technical working group in MOES, and the child health working group in MOH, among others. These play a key role in ensuring that actors meet often and learn from each other.

There has also been slight improvement in civil society coordination for key ECD components, for instance the RAMNAC that convenes Maternal, child health, New-born and nutrition actors who work closely with the health sector and shape the MCH agenda through advocacy. The Nutrition civil society Network that brings together CSOs working on Nutrition, and various efforts to support civil society partnerships in early learning such as the Elma Community of Practice, and the FENU working group on ECD among others.

The shift to program-based budgeting and the Human Capital Development program is envisaged as one of the ways to improve coordination, with sectors planning together and contributing to one programme. This could also be a good entry point for ECD coordination and financing; however, each ministry tends to have its own mechanisms for policy development, and these mechanisms can differ among agencies. As a result, it tends to take place in a political vacuum, which frustrates endorsement and implementation.

Whereas such mechanisms exist for collaboration with line ministries, local and non-state stakeholders, weak

coordination of ECD remains as one of the biggest barriers in ensuring that interventions are well coordinated and that stakeholders are working towards a harmonized approach for improved access to services.

The ECD subsector is increasingly sophisticated, involving multiple sectors, and a range of players across the key components of health, education, nutrition, protection, and parenting. Therefore, tackling ECD to reach the youngest children and their families requires cooperation among the multiple agencies. There is a need to foster strong working relationships with non-governmental actors in the private sector and civil society, as well as with international partners and intergovernmental organisations.

The lack of dedicated resources for ECD to support the implementation of a robust coordination mechanism is a challenge. The MGLSD and other sectors lack a well-resourced budget to coordinate ECD and negotiate for collective action amongst stakeholders implementing ECD programs.

Weak donor coordination is also a barrier. Over the last couple of years, the ECD subsector has registered increased financing by donors focusing on early learning, health, nutrition, and parenting. However, the differences in donor approaches and ways of working with limited coordination meetings and information sharing amongst donors has resulted in duplication of resources. Donors are concentrated within the same geographical areas and components, leaving out many vulnerable children.

The provision of ECD services in Uganda is designed to be integrated with several actors working in tandem. This however is yet to be fully realised. The coordination aspects are among the least funded aspects of ECD services. As a result, joint planning and resource allocation across the major programmes remains limited both at national and subnational level. At subnational level, coordination structures such as the District/City Child Wellbeing Committees are constituted but not meeting every quarter as envisaged due resource constraints. As a result, only a handful of them are reporting as they ought to.

The project approach to planning and implementation has its shortfalls. The approach means that when you have a little money, you develop and implement a project in a few places. When the funding is over, it stops or is put on hold as we wait for another source. This does not build a system and becomes expensive in the long run. This also encourages the increase of uncoordinated interventions where some ministries are not implementing programmes at the same time, one ministry will be left to implement its own programme. A case in point is the early grade reading programme recently implemented by the ministry of Education, other ministries like Gender and Health were not involved in the implementation. There is need to go back to system-based approach as opposed to a programmatic approach to ensure sustainability of outcomes. Otherwise, there will be a duplication of efforts with less results.

I'm not sure whether we have integrated services. Because we don't have an entry

point. Government has not yet put an integrated entry point. We need to have a central point where you can provide learning, health care, nutrition, or protection, but where is that central point? Do you provide it from a hospital a health centre? Do you provide it from a school or home? Government has not yet provided the central place for integrated services. There is no government ECD centre....

Academia Respondent

Without that first step towards integrated services of establishing centres, ECD programmes are likely to remain uncoordinated. Integration of services will require an entry point to provide the services.

Important Data Gaps: ECD service delivery has several data gaps. The data on access to ECD services mostly relies on Demographic Health Survey which given its timelines implies a 5-year lag in several of the indicators. However, even the data that is available is spread across several organisations and cannot be found in one place. There are also limitations in the functionality of key Management Information Systems such as in education whose EMIS has not been effectively updated. Given these challenges, here below is a list of the important data gaps.

- a. Level of access to ECCE disaggregated by District
- b. Data on children in incarcerated settings
- c. Financing for ECD service delivery

ECD Provision in Emergency Situations: The COVID-19 pandemic which peaked between March 2020 and March 2021 negatively affected most-if-not all sectors in the country. However, ECD services were severely impacted by the containment measures which brought all major ECD services to a halt. The Education sector was the worst hit with Uganda registering the longest school closures around the world. However, the pre-primary education sub-sector was more affected than the rest. GoU's pandemic response measures totally halted the provision of pre-primary education and excluded pre-primary sections from any temporary reopening that other levels experienced. Notably, pre-primary education was also not considered in the distance learning strategies that GoU put in place.

The containment measures against COVID-19 also meant that provision of community outreach programmes for services such as immunisation and other child health interventions like deworming were severely constrained. Child protection services were equally constrained with high levels/ cases of child abuse being registered during the national lockdowns.



Chapter Six

Conclusion and Recommendations

Overall, Uganda has made major strides in the provision of ECD services. The country has registered significant declines in key indicators such as maternal and child mortality owing to improvements in ECD service delivery. Data from the UDHS 2016 indicates that most of the children in the country are developmentally on track owing to the improvements in service delivery. About 58% of the children aged between 36–47 months are developmentally on track and about 70% of the children aged 48–59 months are developmentally on track. However, major gaps remain in the literacy and numeracy domains of the country's ECD index. Only 14% of the children aged 36–47 months were developmentally on track in literacy and numeracy while only 35.3% of the 48 – 59 months old children were developmentally on track in literacy and numeracy.

The data indicates notable achievements in health-related aspects of ECD, such as improving child survival rates, increasing immunization coverage, and successfully managing disease control, including recent efforts to contain Ebola. These achievements reflect Uganda's commitment to ensuring the well-being of children. However, challenges remain, particularly in providing continuity of services during public health emergencies, as highlighted by the disruptions caused by the COVID-19 pandemic. The data underscores the importance of strengthening systems to ensure the continuity of education and essential services for children in times of crisis.

The private sector plays a dominant role in the provision of ECD services, which presents a major barrier from both a policy and strategic perspective. This dominance hinders compliance with quality, health,

and sanitation standards in most centres, even within Kampala City. There are limitations in terms of access and coverage in ECD service provision, with services being generally expensive for most Ugandans and concentrated mainly in urban centres. Although government policy requires all schools to establish ECD centres, financial constraints among private players impede progress. To address these barriers, the government should actively participate in ECD service provision, going beyond its regulatory role. This would help bridge the gaps in access and coverage. Strengthening the enforcement of quality standards among service providers, increasing capacity building for caregivers through regular training, and raising awareness among parents and stakeholders about the importance of ECD are additional measures that can be taken. Moreover, improved coordination of efforts and interventions among stakeholders is crucial to ensure the effective implementation of ECD initiatives.

Who is being left out? The story of progress in ECD service delivery and access is however not uniform across the country. Analysis of the available data indicates that male children are slightly more affected than their female counterparts when it comes to child mortality outcomes and child related offences. Boys also make up a slightly less proportion of those accessing pre-primary education relative to their female counterparts.

Beyond the gender disaggregation, a few other background characteristics are defining those being left out and these include wealth quintiles, disability, rural location, and regional dynamics along with

incarceration of parents. Specifically, a child is likely to be priced out ECCE if they are from a poor background. They are also likely to be priced out access to healthcare since nearly half of the under 5 illnesses first sought treatment from a private clinic.

The regional lens placed on the available data also indicates that Kampala, along with the south central, Karamoja and Bunyoro sub-regions are much more represented in the poor access and low service delivery numbers. These potentially represent key areas of focus for new interventions or deepening existing ones.

Key Constraints: ECD service delivery has several challenges but many of them are centred around funding for service delivery. The private provision of pre-primary education in Uganda continues to exclude six out of every ten children from early learning and mental stimulation because they cannot afford it. The profile of funding for ECD across all its domains is heavily reliant on donor funding which carries with it a great risk in the event of unexpected delays in disbursement or complete closures of country programmes by the donors.

Uganda's approach to ECD funding is especially in pre-primary education places great risk to the country's ambition of reaping a demographic dividend in the coming years. While the country has a policy commitment towards investing in ECD, resource allocation remains limited especially at sub-national level.

The limited availability of data is also a major constraint. Without updated data on key indicators, it is difficult to track and monitor progress. It is even more difficult to track progress on quality which is seldom



Recommendations

Recommendation 1: Coordination

- Engage the Steering Committee of the Human Capital Development Programme to fast-track key results identified for ECD in the programme.
- Strengthen the functionality of the ECD Coordination Committees at sub-national level to improve the delivery of integrated ECD services.
- Increase transparency on ECD funding by government and its partners to ensure streamlined spending, consistency with national development goals and improved efficiency.
- Support the establishment of the National ECD Network for Uganda to facilitate coordination and advocacy for policy improvement and fostering dialogue on ECD.

Recommendation 2: Policy and Legal Framework

- Amend the Education Act (2008) to provide for a basis to legalise, standardise and regulate the provision of pre-primary education in government aided schools.
- Develop harmonized guidelines and standards for the Implementation of the ECCE Policy.
- Fast-track the approval of the draft Inclusive Education Policy (2020) with its attendant implementation plan to guide the provision of Special Needs Education at pre-primary level.

Recommendation 3: Funding

- Government of Uganda and its partners should prioritise increasing funding for ECD coordination, policy implementation and service delivery.
- Government of Uganda and its partners should explore alternative financing mechanisms such as Results Based Financing and Public Private Partnerships to increase access to ECD services.

Recommendation 4: Work Force Development

- Invest in the development of a highly skilled and motivated ECD workforce as a strategy to increase access to quality ECD services at all levels.
- Develop a harmonised training manual on ECD to guide the training of frontline workers.

Recommendation 5: Child Protection

- Make birth registration free and accessible to all children in Uganda.
- Develop and enforce national guidelines and standards for establishment and management of childcare facilities for children below 3 years.
- Build a quality assurance mechanism for childcare services in places of incarceration and alternative care.

Recommendation 6: ECCE

- Increase awareness on government funded opportunities for ECD teacher training and development at public universities.
- Fast track the development of Basic Requirements and Minimum Standards for pre-primary education institutions in Uganda.
- Put in place strategies to ensure continuity of services for the 0–8-year-olds in the design and implementation of response measures to children in the refugee context and other emergencies.

Recommendation 7: Child Health and Nutrition

- GoU should consider lifting the halt on recruitment to ensure more Human Resource for Health such as midwives are recruited.
- Intensify targeted interventions on nutrition in regions and districts with nutrition indicators below the national average.

Recommendation 8: Data

- 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.

Recommendation 9: A focus on Equity

- Government and its partners should 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.

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Annexes ANNEX 1: CENTRAL GOVERNMENT AGENCIES CONSULTED

Government Institutions

1. Ministry of Finance, planning and Economic Development
2. Ministry of Local Government
3. Ministry of Gender, Labour, and Social Development
4. Ministry of Education and Sports – Education Response Plan (ERP) Secretariat
5. Ministry of Education and Sports – Teacher Education and Training Department
6. Ministry of Health
7. Office of the Prime Minister
8. National Children’s Authority
9. National Planning Authority
10. National Identification and Registration Authority
11. Private Sector Foundation
12. Kampala Capital City Authority
13. Legal Aid Service Provider’s Network (LASNET) and Justice Law and Order Sector

Partners

14. World Health Organisation
15. United Nations Education Social and Cultural Organisation
16. United Nations High Commission for Refugees
17. World Bank
18. UNICEF
19. Save the Children
20. The ELMA Philanthropies Services East Africa Limited
21. Agha Khan Foundation

Academia

22. Makerere University
23. Kyambogo University

CSOs

24. World Vision
25. BRAC
26. Child Fund International
27. Plan International
28. UWEZO
29. AfriChild
30. Labe
31. Uganda Muslim Supreme Council

Annex 2: Scholarship Advert Calling Teachers to Enrol for ECD Diplomas

Thursday, March 29, 2024 NEWVISION 13

ADVERT

KYAMBOGO UNIVERSITY
P.O. Box 1 Kyambogo Tel: 0414-28007/0414-22004, E-mail: adverts@kyu.ac.ug, www.kyu.ac.ug
Office of the Academic Registrar

ADVERTISEMENT FOR APPLICATIONS FOR DIPLOMA IN EDUCATION - PRIMARY AND DIPLOMA IN EDUCATION - EARLY CHILDHOOD DEVELOPMENT TO BE CONDUCTED IN 23 CORE PTCs AND 5 NTCs STARTING IN MAY, 2024

The Academic Registrar, Kyambogo University, invites applications for Government and Private admissions from suitably qualified candidates for the Diploma in Education - Primary (DEP) and Diploma in Education - Early Childhood Development (DEE) in 2024/2025 Academic Year. Applicants should hold a Grade III Teachers' Certificate in Primary Teacher Education or a Certificate in Early Childhood Development. Applicants should fill the forms on-line from the site <https://adverts.kyu.ac.ug>. Applicants who may find difficulties in filling the on-line form may walk past the university or their nearest study centre, to submit the form, print and a copy into and pay a non-refundable fee of UGX 20,000 plus whatever bank charges levied by any bank integrated with ACMS. Certified copies of academic documents must be submitted to the selected study centre. ONLY applicants who will have submitted certified copies of academic documents will be considered for admission. The Deadline for receiving application forms is 14th April, 2024 by 12.00noon (PMT) sharp.

PTC NAME	ADMISSION REQUIREMENTS	ENTRY POINTS	DEP UNIT CAPACITY	DEE UNIT CAPACITY
DIPLOMA IN EDUCATION - PRIMARY (DEP)	1. The Uganda Certificate of Education (UCE) Level with a minimum of 5 passes obtained at the same sitting. Grade II Certificate/Competence Test, Grade III Result Slip (not Certificate). 2. Should have passed Grade III Teachers' Certificate in Primary Teacher Education or Certificate in Early Childhood Development with a Distinction or Credit. 3. Should have 2 years teaching experience. 4. Should have a Teacher Management Information System (TMIS) Registration Certificate. 5. Should have an original Certified Academic Transcript/Result Slip and Grade III Teachers' Certificate/Early Childhood Certificate from an accredited institution. 6. Should have a National Identity card.	1. Arua Core PTC	200	100
		2. Bulindi Street Core PTC, Mbale	200	100
		3. Bulindi Street Core PTC, Mbale	200	100
		4. Bulindi Street Core PTC, Mbale	200	100
		5. Nt. Nt. Nt. Core PTC, Mbale	200	100
		6. Nt. Nt. Nt. Core PTC, Mbale	200	100
		7. Nt. Nt. Nt. Core PTC, Mbale	200	100
		8. Nt. Nt. Nt. Core PTC, Mbale	200	100
		9. Nt. Nt. Nt. Core PTC, Mbale	200	100
		10. Nt. Nt. Nt. Core PTC, Mbale	200	100
		11. Nt. Nt. Nt. Core PTC, Mbale	200	100
		12. Nt. Nt. Nt. Core PTC, Mbale	200	100
		13. Nt. Nt. Nt. Core PTC, Mbale	200	100
		14. Nt. Nt. Nt. Core PTC, Mbale	200	100
		15. Nt. Nt. Nt. Core PTC, Mbale	200	100
		16. Nt. Nt. Nt. Core PTC, Mbale	200	100
		17. Nt. Nt. Nt. Core PTC, Mbale	200	100
		18. Nt. Nt. Nt. Core PTC, Mbale	200	100
		19. Nt. Nt. Nt. Core PTC, Mbale	200	100
		20. Nt. Nt. Nt. Core PTC, Mbale	200	100
		21. Nt. Nt. Nt. Core PTC, Mbale	200	100
		22. Nt. Nt. Nt. Core PTC, Mbale	200	100
		23. Nt. Nt. Nt. Core PTC, Mbale	200	100
TOTAL		4,600	2,300	
DIPLOMA IN EDUCATION - EARLY CHILDHOOD DEVELOPMENT (DEE)	1. The Uganda Certificate of Education (UCE) Level with a minimum of 5 passes obtained at the same sitting. Grade II Certificate/Competence Test, Grade III Result Slip (not Certificate). 2. Should have passed Grade III Teachers' Certificate in Primary Teacher Education or Certificate in Early Childhood Development with a Distinction or Credit. 3. Should have 2 years teaching experience. 4. Should have an original Certified Academic Transcript/Result Slip and Grade III Teachers' Certificate/Early Childhood Certificate from an accredited institution. 5. Should have a National Identity card.	1. Arua Core PTC	100	50
		2. Bulindi Street Core PTC, Mbale	100	50
		3. Bulindi Street Core PTC, Mbale	100	50
		4. Bulindi Street Core PTC, Mbale	100	50
		5. Nt. Nt. Nt. Core PTC, Mbale	100	50
		6. Nt. Nt. Nt. Core PTC, Mbale	100	50
		7. Nt. Nt. Nt. Core PTC, Mbale	100	50
		8. Nt. Nt. Nt. Core PTC, Mbale	100	50
		9. Nt. Nt. Nt. Core PTC, Mbale	100	50
		10. Nt. Nt. Nt. Core PTC, Mbale	100	50
		11. Nt. Nt. Nt. Core PTC, Mbale	100	50
		12. Nt. Nt. Nt. Core PTC, Mbale	100	50
		13. Nt. Nt. Nt. Core PTC, Mbale	100	50
		14. Nt. Nt. Nt. Core PTC, Mbale	100	50
		15. Nt. Nt. Nt. Core PTC, Mbale	100	50
		16. Nt. Nt. Nt. Core PTC, Mbale	100	50
		17. Nt. Nt. Nt. Core PTC, Mbale	100	50
		18. Nt. Nt. Nt. Core PTC, Mbale	100	50
		19. Nt. Nt. Nt. Core PTC, Mbale	100	50
		20. Nt. Nt. Nt. Core PTC, Mbale	100	50
		21. Nt. Nt. Nt. Core PTC, Mbale	100	50
		22. Nt. Nt. Nt. Core PTC, Mbale	100	50
		23. Nt. Nt. Nt. Core PTC, Mbale	100	50
TOTAL		2,300	1,150	

HOW TO APPLY

- Applications will be online using the ACMS System. A payment reference number using the ACMS System will be generated in order to facilitate payment of application fee to Uganda Revenue Authority (URA) through any bank integrated with ACMS. Applicants should submit certified copies of academic documents and a passport-size photograph to the Selected Study Centre after payment of a non-refundable application fee of UGX 20,000 for National/Non-Resident of Uganda, Kenya, Tanzania, Democratic Republic of Congo, Rwanda, Burundi and South Sudan and UGX 10,000 for other countries plus the bank charges.

3. KYAMBOGO UNIVERSITY ONLINE APPLICATION PORTAL USER GUIDE

- Applicants should access the University's Application Portal from the site: <https://adverts.kyu.ac.ug>
- Before using the portal, create and activate an account. Please note that your name must be similar to the one on your academic documents for your application to be considered valid.
- A password will be sent to both your e-mail and mobile number.
- The system will prompt you to change the password to the one you can easily remember.
- To fill a form, the applicant clicks on the APPLY NOW button displayed on the running scheme.
- Obtain a payment advice slip by clicking on "Pay for Fees" button.
- Make a payment of any fees integrated with the ACMS.

To confirm receipt of your application statement, please check the email address you used to sign up. If you do not receive any email within 30 minutes after payment, please log into your application account and check the status of the form you have used for. It should read "READY". If the status does not change within 24 hours from the date of your payment, please contact Kyambogo University Admissions office on telephone number 0414-28007. All enquiries should be addressed to the ACADEMIC REGISTRAR - KYAMBOGO UNIVERSITY.

WARNING

- Applicants are strongly warned against presenting forged or other people's academic documents to support their applications for admission. This may lead to automatic cancellation of admission, revocation of award where applicable and prosecution in the courts of law.
- Do not pay for any other documents not originating from the Academic Registrar's Office. Those who pay for them, do so at their own risk.
- The Academic Registrar has not appointed any agent to act on her behalf to solicit for additional funds other than the application fee stated above which must be paid to URA through the Bank.

The Deadline for receiving application forms is 14th April, 2024 by 12.00noon (PMT) sharp.

Academic Registrar (Ph 2)
ACADEMIC REGISTRAR



