



The Republic of Uganda

# **The UGANDA INTEGRATED EARLY CHILDHOOD DEVELOPMENT POLICY**

2013

## **Foreword**

The Government of Uganda recognizes the importance of Early Childhood Development (ECD), as one of the most important levers for accelerating the attainment of Education For All (EFA) Goals and the Millennium Development Goals (MDGs). The EFA goal number one obligates state Governments to expand and enhance comprehensive ECD programs which is essential to the achievement of the basic education goals. Similarly, the World Fit for Children Conference in 2002 called for every child to have a good start to life through promoting quality nurturing, care and safe environment.

*"We recognize that the future of Africa lies with the well-being of its Children and Youth. The prospect of socio-economic transformation of the continent rests with investing in the young people of the continent. Today's investment in Children is tomorrow's peace, stability, security, democracy and sustainable development".* Pan African Forum for Children – Cairo, May 2001.

Government of Uganda's efforts to address ECD issues have in the past been fragmented and with little impact. In cognizance of this fact, the Government recommended the development of a comprehensive ECD Policy Framework.

This Policy Framework provides a co-ordination mechanism and explicitly defines the role of key stakeholders in the provision of ECD services. It recognizes the fact that the needs of Children are integrated in nature, are cross cutting and that it is not possible for any one sector working alone to meet all of these complex requirements and needs of the child. It is

therefore essential that all sectors of government and society work together to support the holistic development of young Children, while supporting their parents and legal guardians in their role of primary caregivers. A strong public-private and civil society partnership is an essential factor to achieve this vital objective.

It is therefore my wish that implementation of this framework ensures enhanced quality, equity, access and efficient management of ECD services. This will put the development of infants and young Children as an urgent priority in the development agenda of our country, Uganda.

For God and my Country,

**MARY KAROORO OKURUT**

**MINISTER FOR GENDER, LABOUR AND SOCIAL DEVELOPMENT**

## **Acknowledgment**

## **Abbreviations and Acronyms**

ACDO	-	Assistant Community Development Officer
ACRWC	-	African Charter on the Rights and Welfare of Children
AIDS	-	Acquired Immune Deficiency Syndrome
AU	-	African Union
CAO	-	Chief Administrative Officer
CBOs	-	Community Based Organization
CFPU	-	Child and Family Protection Unit
CID	-	Criminal Investigations Department
CPC	-	Child Protection Committees
CRDP	-	Convention on the Rights of People with Disabilities
CSOs	-	Civil Society Organization
CwDs	-	Children with Disabilities
DES	-	Directorate of Education Standards
DOVCC	-	District Sub County OVC Coordination Committee
ECD	-	Early Childhood Development
ECDE	-	Early Childhood Development and Education
EFA	-	Education for All
EID	-	Early Infant Diagnosis
FBOs	-	Faith Based Organizations
FIDA	-	Uganda Association of Women Lawyers
GoU	-	Government of Uganda

HIV	-	Human Immune-deficiency Virus
IEC	-	Information, Education and Communication
IECD	-	Integrated Early Childhood Development
IMCI	-	Integrated Management of Childhood Illnesses
LCs	-	Local Councils
MAAIF	-	Ministry of Agriculture, Animal Industry and Fisheries
MDGs	-	Millennium Development Goals
MIA	-	Ministry of Internal Affairs
MoD	-	Ministry of Defense
MoES	-	Ministry of Education and Sports
MoFPED	-	Ministry of Finance Planning and Economic Development
MoGLSD	-	Ministry of Gender, Labour and Social Development
MoH	-	Ministry of Health
MoHUD	-	Ministry of Housing and Urban Development
MoIG	-	Ministry of Information and Guidance
MoJCA	-	Ministry of Justice and Constitutional Affairs
MoLG	-	Ministry of Local Government
MoTI	-	Ministry of Trade and Industry
MoWE	-	Ministry of Water and Environment
MoWT	-	Ministry of Works and Transport
MTCT	-	Mother to Child Transmission
NCC	-	National Council for Children
NCD	-	National Council for Disability

NCDC	-	National Curriculum Development Centre
NDP	-	National Development Plan
NGOs	-	Non Governmental Organization
NHP	-	National Health Policy
NNAP	-	National Nutrition Action Plan
NPA	-	National Planning Authority
NSPPI	-	National Strategic Program Plan of Interventions
OPM	-	Office of the Prime Minister
OVC	-	Orphans and Other Vulnerable Children
PwD	-	People with Disabilities
SOVCC	-	Sub county OVC Coordination Committee
SPSWO	-	Probation and Social Welfare Officers
SWSCC	-	Sub county Water and Sanitation Coordination Committee
TTIs	-	Teacher Training Institutions
UBOS	-	Uganda Bureau of Statistics
UCRNN	-	Uganda Child Rights NGO Network
UDHS	-	Uganda Demographic Health Survey
UHRC	-	Uganda Human Rights Commission
UN	-	United Nations
UNCRC	-	United Nations Convention on the Rights of Children
UNESCO	-	United Nations
UNICEF	-	United Nations Children Fund
UPE	-	Universal Primary Education

- URSB - Uganda Registration Services Bureau
- USDC - Uganda Society for Disabled Children
- WHO - World Health Organization



## Table of Contents

Foreword .....	II
Acknowledgment Abbreviations and Acronyms .....	IV
Abbreviations and Acronyms.....	V
1.0 INTRODUCTION.....	1
2.0 SITUATIONAL ANALYSIS.....	3
2.1 Demographic Characteristics.....	3
2.2 Health Determinants.....	3
2.3 Socio-Economic Issues .....	5
2.4 Funding for ECD Activities .....	7
2.5 Rationale for developing the policy.....	8
3. POLICY DEVELOPMENT CONTEXT .....	9
4. THE INTEGRATED ECD POLICY .....	11
4.1 Vision .....	11
4.2 Mission.....	11
4.4 General Objectives of the Policy .....	11
6.1 Establishment of Early Childhood Education centers.....	14
6.2 Food Security and Nutrition.....	14
6.3 Child protection.....	15
6.4 Primary Health Care, Sanitation and Environment.....	16
6.5 Socio-economic strengthening .....	17
6.6 Communication and Advocacy .....	17
6.7 Partnership and Collaboration.....	18
6.8 Financing for ECD Services .....	18
7. Institutional Arrangements.....	20
8. IMPLEMENTATION PLAN .....	20
9. MONITORING AND EVALUATION.....	20

## **1.0 INTRODUCTION**

It is scientifically proven that Children exposed to ECD Programmes have better social and emotional development and well-being, language and cognitive skills, school readiness which makes them do better in school, increases their completion rates and later earn higher incomes (ACPF Report, 2010).

In economic terms, ECD is the first step in the process of human capital development, with very high rates of economic returns and significant social gains through its contribution to reducing poverty and inequality, among other benefits (UNESCO, 2000, Grantham-McGregor et al., 2007).

The World Conference on Education for All (EFA) that took place in Jomtien, Thailand, in March 1990, articulated the significance of the early years as the foundation for the life of an individual. These deliberations have been corroborated by recent research on brain development (Shore Rima, 1997; Mustard, 1998; O'Donnell, 1999; Stephens, 1999), which emphasizes that the first eight years of life are extremely important;

The environmental experiences during this period are significant in influencing one's life in that the experiences of this period are known to either enhance or inhibit realization of one's potential in life. This is the period when the brain is most malleable and also highly impressionable. Environmental influences, especially care, nurture and stimulation, have the greatest impact on the brain. Parents, other caregivers and teachers need to make use of this period in order to maximize Children's holistic development and therefore their potential in life.

This is also the fastest period of growth and development in all aspects. The development of the brain is most rapid in the early years. By the second year of life the brain of the child is 70% of an adult brain. By six years of age it reaches 90% of its adult weight and size. In addition, by

the end of six years the brain of the child has developed maximum connections, more than an individual will require in a lifetime.

All the “critical windows of opportunity” are open during this period. These are the periods when Children are able to learn and acquire certain knowledge, skills and attitudes very quickly with minimal effort. This is the period when it is very easy to mold the character of Children by inculcating social norms, values and habits as well as regulation and control of emotions.

Uganda recognizes that Early Childhood development is a vital period for ensuring proper physiological and psychosocial growth and of children, thus a crucial period for significant ECD interventions. Accordingly, through Uganda Nutrition Action Plan, OVC Strategy, the Immunization Policy, among others there is emphasis on the importance of early childhood development in the country. It is against that background that this policy is being developed.

## **2.0 SITUATIONAL ANALYSIS**

### **2.1 Demographic Characteristics**

Uganda has the second youngest population in the world with 48.7% of the population under 15 years of age and about 55.3% below 18 years of the total Uganda's population which is about 34.2 million people (UDHS, 2011).

Children below nine years are approximately 11,827,000 children, about 37% of the total population (Bakehena 2010). These Children have needs ranging from protection, food and nutrition, health care, interaction and stimulation, sanitation and hygiene, affection, security, and learning, among others, which are being met by various stakeholders.

### **2.2 Health Determinants**

#### **2.2.1 Immunization:**

Uganda is currently implementing universal immunization of children against the eight vaccine-preventable diseases. However, in Uganda full immunization stand at only 52% (UDHS 2011). Low immunisation rates mean that there are many children in Uganda that are constantly denied proper growth benefits.

#### **2.2.2 Under-five Mortality**

The current under-five mortality stands at 90 per1000 live births a reduction from 137 per 1,000 live births in 2006. This is still insufficient for Uganda to achieve the MDG4 target of under-five mortality of 56 by 2015 (UDHS 2011).

#### **2.2.3 Malnutrition**

Malnutrition contributes to poor health, aggravates disease, impairs education achievements and reduces productivity while compounding poverty and its effects on children growth and development (Cost of

Hunger Study 2013). In pregnant women, malnutrition causes anaemia which leads to chronic fatigue, impairs productivity, leads to low birth weights and affects care-giving abilities. Over 180,000 children suffer from acute malnutrition each year, 14% Children are underweight, 33% of Children are stunted while 6% are wasted (UDHS 2011).

#### **2.2.4 Breastfeeding**

In Uganda, only 52% of newborns are breastfed in the first hour of life meaning that just a few children receive the disease-protective benefits of colostrum. Thirty seven percent of infants under 6 months are not exclusively breastfed. Children that are breastfed exclusively for 6 months are more likely to resist infections and live a productive life.

#### **2.2.5 HIV/AIDS**

Every year, about 25000 Children are born with HIV. Uganda's HIV prevalence stands at 6.7 in adults and 0.7% in Children. The National Early Infant Diagnosis (EID). Database shows that the percentage of infants born to HIV-infected mothers in 2009 stood at 9.9%. Only 17% of children born to HIV positive mothers are receiving ARVs to prevent transmission.

#### **2.2.6 Maternal Health**

Women receiving delivery care from a skilled attendant increased from 42% in 2006 to 58% in 2011. However maternal mortality rates have slightly increased in recent years from 418 to 438 per 100,000 births between 2006 and 2011 (UDHS 2011).

## **2.3 Socio-Economic Issues**

### **2.3.1 Domestic Violence**

Fifty nine percent (59%) of ever married women aged 15 – 49 have experienced some form of physical and / or sexual violence (UDHS, 2011). A violent home environment stresses and caregivers and children which further leads to abuse, neglect and abandonment of children.

### **2.3.2 Water, Sanitation and Environment**

Access to safe water in the rural areas had stands at 65%, while in the urban areas is at 66% (Water and Sanitation Sector Performance Report 2011). Access to improved sanitation in the rural households is 70% while in the urban areas is at 81%. Lack of access to proper sanitation increases the likelihood of infections among children thus affecting their growth and development.

### **2.3.3 Early Childhood Education**

Pre-primary is considered to have the highest rate of economic returns of all levels of education; however, net enrollment ratio at pre-primary in Uganda is 23%. According to the NDP (2010/11 - 2014/15), in 2008, ECD enrollment stood at only 89,296 yet there were about 3.5 million aged 3-5 years.

The Education Sector Policy recognizes pre-primary as the first level of education in Uganda under four programmes; day care centers, home based centers, community centre and Nursery Schools. However, majority of these centers (about 80%) are in the hands of the private sector, and out of financial reach of most Ugandans. There are very few Children benefiting from institutionalized ECD centers, the rest sit at homes with their parents, yet the services given to the parents to be able to address the ECD needs of those Children are minimal.

Further, the Policy mandates the MoES to license and register ECD Teacher Training Institutions (TTIs), to ensure quality teaching and

quality caregivers and finally quality ECD, however the findings from the MoES Assessment Study 2013, shows that only four (4) out of the 50 institutions inspected were licensed and registered by MoES. 91% of inspected ECD TTIs are not licensed and/or registered with the MoES. According to the Directorate of Education Standards (DES), most inspected TTIs do not meet the basic requirements and minimum standards by MoES and this affects the quality of learning, quality of the caregivers and subsequently the quality of ECD.

#### **2.3.4 Orphans and other Vulnerable Children**

Approximately 2.43 million Children have been orphaned and 51% (8million) are either critically or moderately vulnerable (NSPPI II 2011/12-2015/16). A quarter of households in Uganda have at least one orphan in an average family size of 6 members. Even though the NSPPI I was formulated as a strategy to address vulnerability of Children, available literature shows that vulnerability of Children in Uganda remains unacceptably high (NSPPI II 2011/12-2015/16). According to the OVC Situation Analysis Report (2010), only 11% of 8.1million OVC in dire need were reached with external support services.

**Special Needs Children:** According to the USDC Report 2011, there are about 1.22 million Children with Disabilities (CwDs) across the country with challenges in seeing, hearing, communicating, mobility or moving, touching, learning, emotional, physical, among others. Of the 1.22 million CwDs, only 5% are able to access education within an inclusive setting in the regular schools while about only 10% access education through special schools and annexes (USDC Report 2011). Most CwDs have no access to preventive measures or basic care. In Uganda, only about 10% of CwDs who require rehabilitative health services actually access them.

**Street Children:** There are approximately 10,000 Street Children on the streets of Kampala City and other towns across the Country mostly due to neglect, abuse orphan-hood, political unrest, among other causes.

**Child abuse:** According to the Police Annual Crime Report 2009, defilement remains a rampant form of crime against the Children with over 7,360 (57%) from 8,635 reported in 2008. Child neglect is the second highest cases of abuse against Children in the ECD age bracket at 3,126 (24%) up from 2,628 cases in 2008 indicating an increment in child neglect by 498 (16%) cases. Child desertion 754 (5.9%), indecent assault 550 (4.3%), torture 552 (4.3%), child stealing 206 (1.6%) up from 157 (13.4%) cases in 2008, abortion 72 (0.5%) up from 48 cases in 2008 increasing by 20%, kidnap 49 (0.3%), infanticide 46 (0.3%), child sacrifice 29 (0.2%) up from 25 cases in 2008 and child trafficking with 16 cases (0.1%).

**Child Labour:** This constitutes a key obstacle to achieving Universal Primary Education and the MDGs. There is over 1.76 million 5-17 year-olds in Child Labour (ILO Report, 2008). It is common sight to find Children within the ECD age being used to beg especially on the streets of Kampala.

**Children in conflict with the Law:** Children face a justice system designed for adults. Children are generally housed in adult prisons and remand homes, and there are limited opportunities to use family courts.

### **2.3.5 Child Participation**

According to the UNCRC Articles, 11, 12, and 13, Children have a right to participate in issues that concern them. In Uganda today, in as much as Children participate in a number of activities, meaningful child participation especially of children 0-8 years, is yet to be embraced by all.

### **2.4 Funding for ECD Activities**

Funding for ECD services is extremely low. While there are some centers with funding from the Ministry of Education, most ECD centers are community owned with very minimal funding. The inadequate funding of ECD services for many communities has resulted in ECD provisioning for



these communities being characterised by; lack of financial resources for salaries for practitioners and for equipment and food for the children, the demotivation of ECD staff and a high turnover of non-formally trained ECD practitioners, low morale amongst practitioners due to the non-recognition of their non-formal qualifications, and the unavailability of appropriate physical structures for ECD services resulting in multi-purpose halls and informal structures being utilised as ECD centers.

## **2.5 Rationale for developing the policy**

At a policy level, the implementation of ECD and ECD related services remainly isolated and fragmented. This is because there are various ECD and ECD sensitive policies domiciled in different institutions of Government. These include; the Ministry of Education and Sports (MoES) ECD Policy (2007), The National Health Policy (2010), Malaria Control Policy, National Food and Nutrition Policy (2003), OVC Policy (2004), National Policy on Disability (2006), National Gender Policy (2006) National Culture Policy (2006), and National Population Policy for Social Transformation and Sustainable Development (2008), among others.

Therefore, in order to focus on the multi-disciplinary needs of Children, there is need for an overarching, integrated, comprehensive policy which will guide and govern the delivery of ECD services in Uganda.

### **3. POLICY DEVELOPMENT CONTEXT**

The NIECD Policy is anchored within international and national frameworks as highlighted below.

#### **3.1 International Frameworks;**

This policy is anchored on the United Nations Convention on the Rights of Children (UNCRC-1986) which was ratified in 1990 by the government of Uganda (and its optional protocols, the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (2000) and the Optional Protocol on the Involvement of Children in Armed Conflict (2000)). Thus, the lives of children will be reached through observing the four principles; non discrimination, the best interest of the child, survival and development and the right to participation.

The government of Uganda also upholds the World Declaration on Education for All, 1990 which states that, " every person – child, youth and adult – shall be able to benefit from educational opportunities designed to meet their basic learning needs. The GoU further affirm the Dakar Framework for Education for All (EFA) which calls for "expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The NIECD Policy is also aligned to the Millennium Development Goals especially MGDs number 2 (achieve universal primary education), 4 (reduce child mortality), 5 (improve maternal health) and 6 (combat HIV, Malaria and other diseases).

Other international framework include; the UN Convention on the Rights of Persons with Disability (CRDP) (2007), key instrument on issues of PwDs and CwDs, The UN Convention for the Suppression of the Trafficking in Persons and of the Exploitation of Prostitution of Others (1949) and its Protocol (The Palermo Protocol, 2000), The Convention on the Elimination of all Forms of Discrimination Against Women (1979), The ILO Convention

No. 138 on the minimum Age of Admission to Employment (1973) and the ILO Convention No. 182 on the Prohibition of the Worst Forms of Child Labour (1999), among others.

### **3.2 Regional Frameworks**

The African Charter on the Rights and Welfare of Children (ACRWC-1990), Africa fit for Children which envisions a continent where Children's full inviolable rights are promoted and protected by all, the Maputo Protocol, Protocol to the African Charter on Human and People's Rights on Rights of Women in Africa, among others.

### **2.3 National Legal Frameworks;**

The major national frameworks include; the 1995 Constitution provide for the rights of Children in Article 34 (1-7)and Children Act Cap.59 (2000) that emphasizes the protection of the child by upholding the rights, protection, duties and responsibilities. Other frameworks The National Council for Children Act Cap.60 (1996) BDR Act Cap 309, which calls for registration of all births and deaths of all Children, The Education Act (2008) which provides for free and compulsory primary education for all Children including OVC and CwDs, The Prevention of Trafficking in Persons Act (2009). ., The Disability Act (2003) and the Education Policy - UPE Policy (1997);

## **4. THE INTEGRATED ECD POLICY**

### **4.1 Vision**

All Children in Uganda from conception to 8 years grow up and optimally achieve their full potential.

### **4.2 Mission**

To ensure equitable access to quality and relevant ECD services for holistic development of all Children from conception to 8 years.

### **4.3 Overall Goal of the policy**

The major goal of the Framework is to provide direction and guidance to all ECD stakeholders in the implementation of ECD Programmes and to harmonize all existing ECD Policies for holistic development of all Children from conception to 8 years.

### **4.4 General Objectives of the Policy**

The NIECD Policy has four major objectives;

- (i) To harmonize all existing ECD sector initiatives for holistic service provision;
- (ii) To set standards for equitable access to quality ECD services;
- (iii) To set standards for access to relevant ECD services; and,
- (iv) To strengthen institutional capacity of ECD Systems for quality and sustainable ECD services.

### **4.5 Policy Target Groups**

This Policy targets a number of stakeholders both primary and tertiary;

#### **4.5.1 Primary Targets;**

These include all Children including OVC and CwDs from conception to age eight. Within this age range, there are four major categories: conception to birth, birth to 3, 4 to 6, and 7 to 8. Although these Children all have the same holistic needs, which consist of nutrition, love, care, health,

nurture, protection, early stimulation and training, the emphasis and focus of providing for these needs varies depending on the age category. In addition, special attention must be focused on the needs and rights of OVC and CwDs.

Under this category, the Framework also targets; Parents, Teachers and other caregivers who provide care for Children are including; grandparents, relatives and others in a home setting. In addition child mothers will be given special attention.

#### **4.5.2 Tertiary Targets**

These are service providers who include; Government Ministries, Bodies and Other Government Arms, FBOs, CSOs, Communities, among others.

### **5. GUIDING PRINCIPLES**

The following principles will be observed and upheld by all stakeholders in the implementation of the Framework.

**Holistic Development of the child** promotes desirable future wellbeing. Therefore every effort should be made to ensure comprehensive and integrated service provision through partnerships and collaboration.

**Equity** in access to ECD services: Effort should be made to examine and understand the relationship between the categories and the needs of Children the Policy is targeting. Focus should be directed to all Children conception-8 years, particularly the OVC and CwDs irrespective of gender, geographical location, race, tribe, among others.

**The Family as the first line of response** in ECD service delivery. The Policy recognizes parents and families as the primary caregivers and health providers. Hence they need to be supported and empowered to ensure that they effectively fulfill their roles.

**Child participation:** This Policy is cognizant of the fact that Children are active participants and indispensable agents in the events that shape their

lives. Efforts should be made by all stakeholders to engage Children at every stage during the implementation of the **policy**.

**Good governance and accountability:** This builds confidence of the populace and promotes sustained service provision.

**Rights approach:** This is one of the best approaches to demand for the rights of marginalized groups, particularly Children. Implementation of the Policy will therefore take a Rights Approach.

**Public – Private Partnership:** This policy reiterates the indispensable role of the public private partnership in achieving its goal. The government will partner with the private sector to improve access to quality ECD programs for all children from conception to eight (8) years.

**Building on Existing positive cultural practices:** The role of culture is critical in proper child development.

**Gender Sensitive Approach:** Equitable access to ECD Services for both girls and boys children of 0-8 and caregivers both men and women.

**Age appropriate responses:** For effective services for children leading to proper and balanced growth of children from conception to 8 years. The policy shall promote age appropriateness.

## **6. POLICY ACTIONS**

In upholding the rights of the children from conception to 8 years and their holistic development, the following areas will be the main thrust of this Policy;

### **6.1 Establishment of Early Childhood Education centers**

There are very few Early Children Development Centers in Uganda. Even those established, many of them do not meet the required standards. As a result, many children in Uganda miss opportunities offered by the ECDs. ECD centers shall be established at various community levels.

#### **6.1.1 Policy Objectives**

To increase access to ECD centers by all children in Uganda so as to attain quality and relevant ECD education services.

#### **6.1.2 Policy Strategies**

- (i) Develop standards for establishment of ECD centers in the country.
- (ii) Review teacher training curricula so as to train adequate numbers of ECD teachers in the country.
- (iii) Establish ECD centers at various community levels.
- (iv) Establish a fully fledged department in charge of Early Childhood under the MoES.

Provide financial and Technical support to Community Based ECD centers.

### **6.2 Food Security and Nutrition.**

Proper feeding is a critical requirement for the development of a child. However, 33% of Children in Uganda are stunted thus preventing them from attaining their full potential in life (UDHS 2011). To this end, GoU shall ensure that all households and ECD centres are food secure and have proper nutrition for proper child growth and development.

### **6.2.1 Policy Objective**

To reduce prevalence of malnutrition levels among children and their caregivers and increase food security in all households.

### **6.2.2 Policy Strategies**

- (i) Promote breast feeding at household and community level.
- (ii) Mobilize communities to ensure that they apply modern methods of farming, food production, and utilization.
- (iii) Strengthen the policy, legal, and institutional frameworks and the capacity to effectively plan, implement, monitor, and evaluate nutrition programs.
- (iv) Protect households from the impact of shocks that affect their nutritional status.
- (v) Create awareness of and maintain national interest in and commitment to improving and supporting nutrition programs in the country.

## **6.3 Child protection**

Many children in Uganda continue facing abuses of various forms including domestic violence, defilement, ritual sacrifices, among others. Government shall ensure that all children in Uganda are protected from all forms of violence.

### **6.3.1 Policy Objectives**

To increase level of protection and safety of all children in Uganda so that they live in a secure environment for effective growth and development.

### **6.3.2 Policy Strategies**

- (i) Ensure that law enforcement officers detect, and act upon all crimes against children.
- (ii) Identify and make special programs to reach children in difficult circumstances.



- (iii) Empower and equip the law enforcement officers for protection of children.
- (iv) Promote child-participation activities at both households and community levels.
- (v) Sensitize the community about the existing laws on children and enforcement them.
- (vi) Ensure that local governments work with responsible departments to reduce incidences of street children.
- (vii) Raise awareness on child labor and implement programs for their withdrawal, rehabilitation and re-integration in the community.
- (viii) Every child shall be registered at birth.

#### **6.4 Primary Health Care, Sanitation and Environment**

Primary Health Care is the pillar of Universal Health Care for which governments work towards achieving. Although 70% of households in Uganda are within a radius of 5 kilometers to a nearest health facility, disparities between income and social status hinder their access to the needed health services. Therefore, the Uganda National Minimum Health Care Package shall be implemented for the benefit of all children in Uganda.

##### **6.4.1 Objectives**

To increase access to primary health care services by all children in Uganda.

##### **6.4.2 Policy Strategies**

- (i) Strengthen public health care systems such as sanitation and hygiene.
- (ii) Equip and empower the children hospitals in Uganda.
- (iii) Sensitize communities and households about clean environment and sanitation.
- (iv) Ensure universal immunization coverage for all children.

- (v) Ensure access to safe and clean water in all areas of Uganda.

## **6.5 Socio-economic strengthening**

About 22% of Ugandans are living below the poverty line. Approximately 2.43 million Children have been orphaned and 51% (8million) of the children are either critically or moderately vulnerable (NSPPI II 2011/12-2015/16). For this, social assistance schemes shall be extended to families especially the most vulnerable.

### **6.5.1 Policy Objective**

To strengthen the economic capacity of caregivers so as to provide for the needs of children.

### **6.5.2 Policy Strategies**

- (i) Initiate and monitor economic empowerment, policy programs for families and communities.
- (ii) Disseminate the ECD Policy and Strategic Plan from National to local governments.
- (iii) Support group based saving schemes of caregivers.
- (iv) Provide income support such as micro-finance for increasing households' incomes.
- (v) Provide vocation training of caregivers to improve their skills in entrepreneurship.
- (vi) Facilitate access to market information for caregivers to help them sell their products.

## **6.6 Communication and Advocacy**

There is inadequate public awareness regarding the early childhood years and their importance as a foundation for developing life skills, growth and development. Public awareness campaigns on ECD shall be developed and implemented.

### **6.6.1 Policy Objectives**

To increase awareness and commitment to ECD by all stakeholders.

### **6.6.2 Policy Strategies**

- (i) Develop a NIECD communication strategy.
- (ii) Develop communication materials for community outreach approaches.
- (iii) Disseminate all the relevant IEC Materials on ECD.

## **6.7 Partnership and Collaboration**

By its nature, Integrate early childhood development is multi-sectoral. Effective implementation of this policy will thus require partnerships and collaboration across various sectors. Thus government shall put in place a coordination mechanism to enable effective implementation of this policy.

### **6.7.1 Policy Objective**

To enhance partnership and collaboration for effective IECD services in Uganda.

### **6.7.2 Policy Strategies**

- (i) Promote the Public Private Partnership in IECD delivery.
- (ii) Coordinate and collaborate with the Development partners, civil society and private sector.
- (iii) Enhance multisectoral collaboration for IECD at all levels.
- (iv) Identify and map out partners for ECDs and their roles at all levels.

## **6.8 Financing for ECD Services**

ECD activities are inadequately financed yet the returns on its investing are high, more especially for the poor and disadvantaged families. More funding resources shall be devoted to the provision of quality IECD services in the country.

### **6.8.1 Policy Objective**

To mobilize adequate financial resources for the implementation of ECD activities in the country.

### **6.8.2 Policy Strategies**

- (i) Develop a financial Sustainability Plan.
- (ii) Advocate for increased budgetary allocation to the ECD function
- (iii) Partner with both local and international funding agencies to allocate funding to the ECD function.
- (iv) Put in place mechanism for efficient, transparent and value for money accountability.

## **6.9 Legal and Regulatory Framework**

Appropriate legislation and its enforcement provide an enabling environment for operationalization of the policy, and is essential for an effective ECD service delivery system.

### **6.9.1 Policy Objective**

To review and develop relevant Acts and regulations governing ECD services in Uganda and to ensure their enforcement.

### **6.9.2 Policy Strategies**

- (i) Identify emerging ECD issues that require new legislation and policies, and develop new legislation as appropriate and in a timely manner.
- (ii) Strengthen coordination of policy development in ECD related sectors to ensure mainstreaming of ECD issues.
- (iii) Strengthen relevant institutions including National Council for Children to develop and enforce ECD and related legislations.
- (iv) Support the development and enforcement of by-laws and regulations at local government level that can directly impact delivery of ECD services.

## **7. Institutional Arrangements**

The implementation of this policy shall be in line with the broader implementation framework of government of Uganda.

The Ministry of Gender, Labor and Social Development shall take a lead role by coordinating all other responsible ministries.

The National ECD Technical Committee shall be instituted with independent ECD Technical Working Groups for, coordination committees at policy, implementation and technical levels. The local government structures shall be utilized to implement this policy.

## **8. IMPLEMENTATION PLAN**

An implementation plan shall be developed for effective implementation of this policy.

## **9. MONITORING AND EVALUATION**

A monitoring and evaluation framework shall be developed to effectively monitor and evaluate the implementation of this policy.

To complement the above, stakeholders shall mainstream / incorporate ECD targets and indicators in their existing monitoring and evaluation systems, procedures and or tools for effective execution of this function.

## **Glossary of key Concepts**

**Early Childhood Development (ECD);** Early Childhood Development (ECD) is a period of a child's life from 0-8 years (Edinance Bakehena and et al, (2005)). It is as a process through which Children grow and thrive physically, mentally, socially, emotionally and morally. ECD includes basically four stages; conception to birth, 0-3years, 3-6years, 6-8years.

**Orphans and Other Vulnerable Children (OVC)** in this Policy will mean orphans, Children affected by armed conflict, Children abused, neglected or abandoned, Children in conflict with the law, Children infected and affected by HIV/AIDS or other diseases, Children in need of alternative family care, Children affected by disability, Children experiencing various forms of abuse and violence, Children in hard to reach areas, Children living under the worst forms of labour, Children living on the streets, refugee Children, between 0-8 year.

**Children with Disabilities (CwDs)** in this Policy means Children from 0-8 years with challenges in seeing, hearing, communicating, mobility or moving, touching, learning, emotional, physical, among others which may hamper their proper and balanced growth and development.

**Caregiver** is a person who takes primary responsibility for the physical, mental and emotional needs and well being of a child.

**Child Participation;** refers to the active engagement of Children in all issues that affect their lives. This includes informed and willful involvement of Children no matter the age, sex, ability race or ethnic group, in any matter concerning them either directly or indirectly.

**Multi-Sectoral Approach;** is where actors from different sectors at different levels work together to address one issue.

