POLICY BRIEF

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THE AGA KHAN UNIVERSITY
INSTITUTE FOR HUMAN DEVELOPMENT

Integrating Playful Parenting Interventions for Early Childhood Development in Government Systems

Executive Summary

The Government of Uganda's national population projections of 2018 indicated the number of children between the ages of 0- 8 years as 11,575,100 representing 30% of Uganda's population. Of these children about 55% are exposed to multiple risks including; childhood illnesses, and living in poverty *(Uganda National Household Survey Report, 2016-17)*.

Consequently, Maternal and Child Health (MCH) and Early Child Development (ECD) are key priorities for the Government of Uganda in its efforts to ensure that children survive, thrive and function optimally. Uganda has made considerable strides in ECD governance by facilitating integrated ECD action planning and service delivery among the Ministries of Health, Education, Gender and Social Development, and Agriculture.

Notwithstanding the foregoing efforts, challenges in sustaining ECD projects; identifying resource persons that could be leveraged;

and an apparent lack of motivation to implement scientifically based responsive caregiving interventions to improve early childhood outcomes; led to a consortium of civil society actors partnering with the government to implement the WHO-UNICEF *Care for Child Development* (CCD) package and its local variant *Boost for the Youngest* (BFY).

Over a five-year period, a collaborative process to revise, adapt, and integrate CCD in pre-existing government childcare service delivery platforms across sectors, was undertaken.

Upon implementation, the results attained included:

1. Documentation of early childhood data in government information systems.
2. Incorporation of CCD in health worker training.
3. Integration of CCD into healthcare chart booklets.
4. Development of multi-sectoral partnership platforms to leverage funds for ECD.
5. Formulation of the National Integrated ECD Policy.
6. Increased awareness on child development and uptake of childcare services.
7. Increased involvement of male caregivers.

Consequently, sustained collaboration between multiple service sectors to deliver integrated services must be underpinned by a strong understanding of the essential elements of nurturing care, including health, nutrition, security and safety, responsive caregiving, and early learning.

Introduction

The legitimacy (i.e., reach/coverage) and quality of a society-wide agenda such as ECD depends on the partnerships between government and stakeholder networks of civil society, universities, think tanks, the private sector, other development actors, and national human rights institutions[1]. A clear understanding of the benefits of aligning national and sub-national plans and policy-making processes with community aspirations for their young children helps build ownership among people.

In Uganda, there has been progress in increasing children's access to: early education, health care, safety and security. However, there is inadequate attention on how parents and caregivers can provide responsive care to mitigate the effects of multiple risk factors affecting child development outcomes such as poverty, childhood illnesses, and malnutrition among others. Responsive care occurs when caregivers play, communicate with, observe and respond to children's movements, sounds, gestures and verbal requests[2].

Continuing efforts at prevention of childhood infections which, for instance, require household practices such as hand-washing with soap – the success of which depends on behavior change to adopt the practice (culture), the availability of safe water (water supply), and the affordability of soap (socioeconomic status) – have necessitated the employment of a multisectoral approach in service delivery.

Overview of issues

The *Nurturing Care Framework for ECD* employs state-of-the-art evidence on how delivery of ECD services demands, among others: a whole-of-government, whole-of-society, family-centered approach and action. It is designed to serve as a roadmap for action, helping mobilize a coalition of parents and caregivers, national governments, civil society groups, academics, the United Nations, the private sector, educational institutions and service providers, to ensure that every baby gets the best start in life.

However, in Uganda:

- There was inadequate commitment by the government to provide the necessary resources to maintain ECD projects.
- Selected and trained health facility supervisors were overwhelmed, thus hampering the availability and delivery of quality basic responsive caregiving counseling services; important for children's health, nutrition, and overall wellbeing.
- Although several approaches to supporting nurturing care had been proposed, implementation of such projects was still low, mainly due to lack of skills/capacity to practice, and/or lack of motivation. For instance, despite the CCD approach being incorporated in the health booklets for resuscitating asphyxiated babies, its implementation was poor.

The CCD approach in Uganda

In Uganda, the Volunteer Health Technician (VHT) and primary health care facilities were the platforms for implementation. In these settings home visiting services and community groups already existed though resources were not being adequately allocated for ECD, hence the huge dependence on donor agencies.

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1 Vargas-Barón, E. (2013). *Building and Strengthening National Systems for Early Childhood Development.* DOI:10.1093/acprof:oso/9780199922994.003.0024

2 WHO-UNICEF. (2012). *Care for Child Development.*

Fig. 1 Components of Nurturing Care for ECD

To mitigate this, potential cost efficiencies were realized through interventions being integrated into existing health and other sector platforms. MECP-U's approach in integrating playful parenting interventions involved:

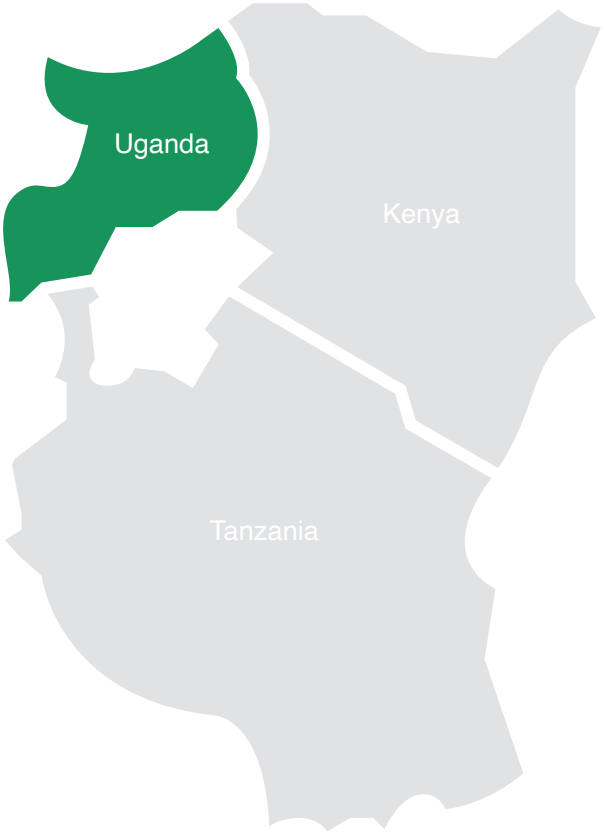
I. Selecting mutually agreed upon practical entry points like health facilities and the community structures.
II. Adapting *CCD* material and content to the local context/language.
III. Securing stakeholder ownership and leadership at national, district, and parish levels.
IV. Building health staff's capacity to independently take charge of cascaded training, and management of other health staff in health facilities and the community.
V. Agreeing on a three-pronged implementation approach i.e., integration of CCD/ BFY content in training curricula, group sessions and household visits
VI. Establishing collaborative partnerships with other stakeholders.

The government maintained its strategic focus on ECD by supporting the formation of a multi-sectoral technical committee; having representation from the relevant line ministries and other stakeholders. With the Ministry of Gender and Social Development coordinating, organizing meetings and bringing stakeholders onboard.

Results and lessons learned

Policy recommendations

1. Ensure annual budgetary allocations for equitable access to quality and relevant ECD services for the holistic development of all children from conception to eight years.
2. Prioritize investment in continuity of community and home-based services, so as to give young children, especially the most deprived, the best start in life.
3. Expand access to effective and essential ECD services, including safe play spaces in homes, schools, communities and health clinics.
4. Create collaborative frameworks across sectors to deliver support for ECD in a way that is integrated, aligned, and straightforward for children and caregivers to access.
5. Build on contextually appropriate childcare practices and integrate them into existing service delivery platforms and counselling tools.



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