Integrating Playful Parenting Interventions in Government Systems

Experiences of Stakeholders in Implementing Care for Child Development in Uganda

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Acronyms and Abbreviations

ECD	Early childhood development
CCD	Care for Child Development
WHO	World Health Organization
UNICEF	United Nations Children's Fund
NCF	Nurturing Care Framework
MECP–U	Madrasa Early Childhood Programme Uganda
BFY	Boost for the Youngest
VHTs	Village health teams
CSOs	Civil society organisations
AKF	Aga Khan Foundation
NGOs	Non-governmental organisations
DHS	Demographic and Health Survey
MCHP	Maternal and Child Health Passport
NIECD	National Integrated Early Childhood Development
ToT	Trainers of trainers
IMMCI	Integrated management of childhood illness
ICCMCI	Integrated community case management of childhood illness

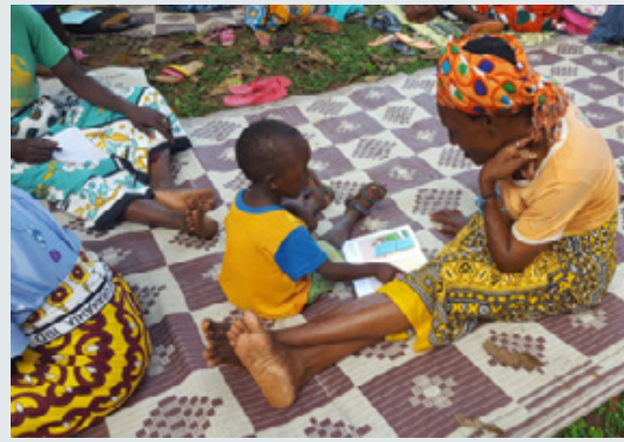
Executive Summary

In the last decade, Uganda has made considerable strides in early childhood development (ECD) governance by establishing ECD policies and systems, and implementating the same. With the support of multiple partners, Uganda has been involved in implementing the WHO/UNICEF Care for Child Development (CCD) intervention since 2013. This resulted in strengthening the capacity of healthcare workers and other professionals working with children and also sharpened caregivers' sensitivity to children's needs. In addition, it led to the integration of CCD content into healthcare documents such as the Maternal and Child Health Passports to enhance continuity in healthcare from pregnancy through early childhood. The Ugandan government is also working on integrating the nurturing care framework (NCF) into its existing systems.

This case study documents the experiences of multiple stakeholders in the implementation of the CCD approach in Uganda. CCD is an evidence-based approach that aims to strengthen the caregivers' capacity to engage in play and communication activities to support children's motor, cognitive, and socio-emotional skills. Frontline workers in the health, protection, and other sectors deliver the CCD approach by counselling parents and caregivers on how to effectively interact with their children through play and communication. Frontline workers also encourage caregivers to be sensitive (aware of the signals the child is sending), responsive (act on those signals), and playful with their children.

The case study highlights the process of adapting CCD content for use in the Ugandan context, the key achievements, lessons learned, and challenges experienced in the implementation process. The study also establishes the facilitating factors that led to the successful integration of CCD into the government systems based on the experiences of different stakeholders. These include the Madrasa Early Childhood Programme Uganda (MECP-U), Save the Children International, the Ministry of Health, Ministry of Education, Ministry of Gender, Labour, and Social Development, and the Ministry of Agriculture. The different stakeholders worked together to enhance early childhood health, nutrition, education, child protection, early stimulation, and caregivers' response to children's needs.

Foundational work conducted during the implementation of CCD helped inform the development of the other programmes such as Boost for the Youngest (BFY) in 2015 by Save the Children in support of the Ugandan government and other stakeholders. It also paved the way for the development of the Uganda National Integrated ECD (NIECD) Policy. The policy aimed to provide guidance on ECD from a holistic perspective, incorporating maternal and child health and nutrition, early childhood education and care, water and sanitation, and social and child protection services. The policy also provided guidance on different strategies to accomplish its mission, including; establishing a specific ECD department, strengthening quality ECD programmes and services, capacity-building of ECD professionals, and creating community-based ECD centres. The policy supported a multisectoral approach that engaged the national government; NIECD policy steering committee; ECD technical committee, National ECD secretariat; National ECD technical forum; and the local governments (at the district, sub-county, parish, and village levels).



The case study highlights the process of adapting CCD content for use in the Ugandan context, the key achievements, lessons learned, and challenges experienced in the implementation process.

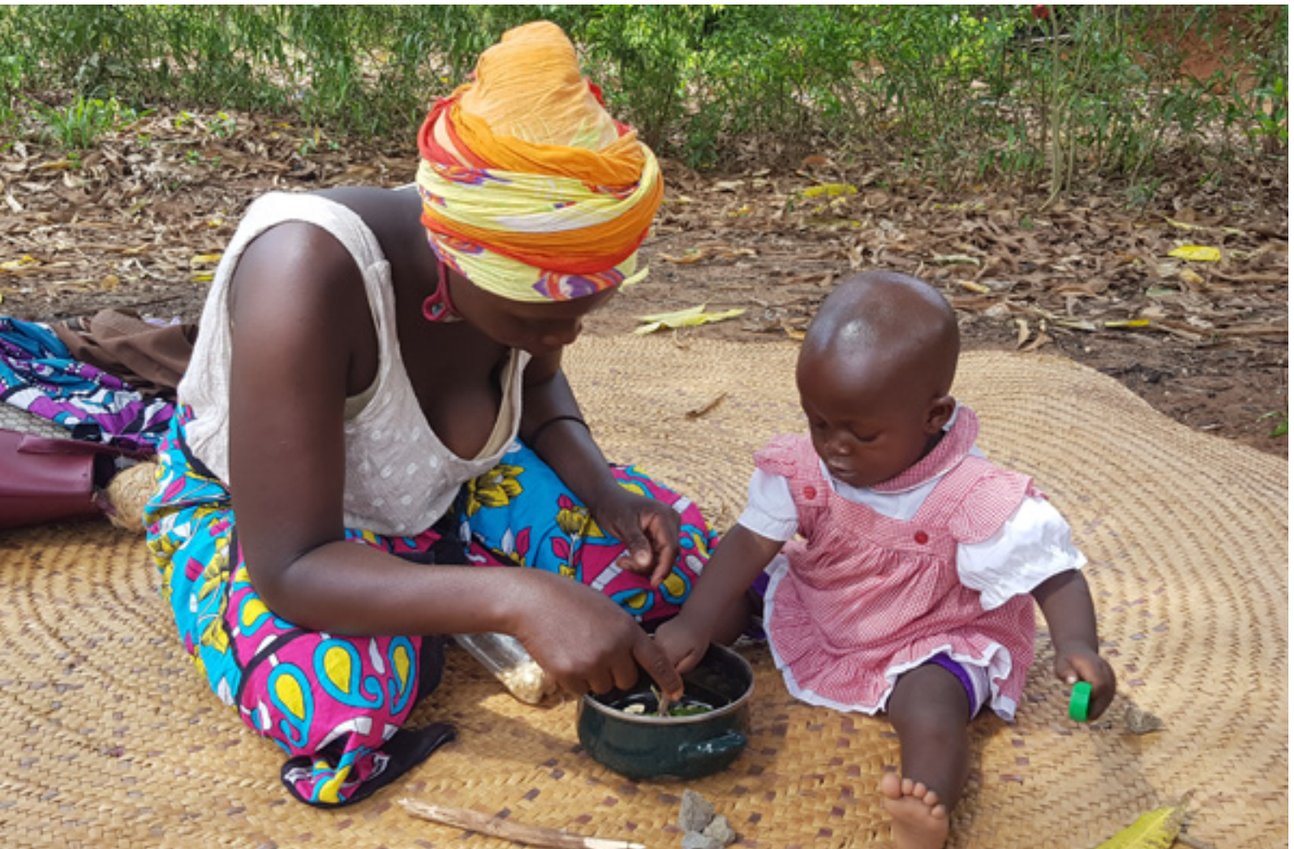
Introduction

Globally, approximately 250 million children under five years of age - the majority of them in low-andmiddle-income countries (LMICs) - are at risk of not reaching their developmental potential because of poverty and undernutrition, among other risk factors[1]. Moreover, in LMICs, about 80 per cent of children aged two to four years are physically abused regularly. An additional 15.5 million three to four-year-olds lack cognitive and/or socio-emotional stimulation, which can be achieved by telling stories, singing songs, naming, reading books, counting or drawing, and playing with adult caregivers [2]. Today's children are tomorrow's future, and helping these young ones reach their full potential will help decrease poverty, increase equity, and promote peace and harmony in our planet [3]. The global community agrees that it's not enough for a child to simply survive; a child must be able to thrive as well. Scientists maintain that young children need nurturing care to thrive and reach their full developmental potential [4]. Therefore, nurturing care is critical in fostering holistic development in children, and interventions that contribute to this are necessary for building the strongest foundation for their lives.

The Aga Khan University's Institute for Human Development (AKU IHD), in collaboration with the Aga Khan Foundation (AKF), is developing a series of case studies about how implementing the CCD approach in various contexts has supported nurturing care for young children. The series aims to help practitioners and other stakeholders implement CCD in their local or national settings. Additionally, the information provided in this series will assist the government and other stakeholders who may consider adopting CCD. The series is being produced with the generous support of the LEGO Foundation as part of the UNICEF-LEGO Foundation Playful Parenting programme that aims to improve access to, disseminate, and enhance uptake of relevant information on the importance of Playful Parenting programmes.

This case study documents the experiences of multiple stakeholders in implementing CCD in Uganda. It identifies the factors that led to the successful integration of CCD into the Ugandan government systems, based on the experiences of different stakeholders, including the Madrasa Early Childhood Programme Uganda (MECP-U), Save the Children International, the Ministry of Health, the Ministry of Education, the Ministry of Gender, Labour, and Social Development, and the Ministry of Agriculture. The case study highlights the process of adapting the CCD content into the Ugandan context including modification of CCD into Boost for the Youngest (BFY). It also documents the key achievements, lessons learned, and challenges experienced in the process.

> The strategy complements health facility-level interventions at the maternal and child health (MCH), and nutrition departments.



Key Achievements

1. Documentation of child data in government systems
2. Incorporation of CCD in health worker training
3. Integration of CCD into healthcare chart booklets
4. Development of platforms to leverage funds for ECD
5. Formulation of the National Integrated ECD Policy
6. Establishment of multi-sectoral partnerships
7. Increased awareness on child development and uptake of childcare services
8. Involvement of male caregivers
9. Improved relationships between health workers and caregivers

Challenges

1. Challenges in sustaining ECD projects
2. Challenges identifying resource persons
3. Lack of motivation to implement CCD
4. COVID related challenges

Success factors

1. The use of a multisectoral approach
2. The government's commitment to providing integrated ECD services
3. Existing government structures supporting ECD
4. Aligning ECD services to the government's strategic plan
5. Sensitisation and patience when working with the government
6. Identifying existing frameworks within an organisation as entry points

The Nurturing Care Framework and Care for Child Development

The Nurturing Care Framework for early childhood development was launched in May 2018. This Framework re-establishes the importance of holistic support for young children and emphasises a critical piece of that puzzle that has been overlooked – responsive caregiving. Nurturing Care comprises five inter-related and indivisible components that cut across multiple sectors - good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning [2].

While there has been progress in increasing children's access to early education, health care, nutrition, and safety and security, not enough attention has been paid to how parents and caregivers can provide responsive care. Responsive caregiving occurs when caregivers play, communicate with, observe and respond to children's movements, sounds, gestures, and verbal requests. It allows a caregiver to focus intensely on a child's needs and respond in a way that helps the child feel safe.

Figure 1: nurturing care framework

Through responsive caregiving the child explores and takes risks needed to stimulate connections in the child's brain [5]. It also includes responsive feeding, which is especially important for low-weight or ill infants. Before young children learn to speak, their engagement and caregivers' engagement is expressed through cuddling, eye contact, smiles, vocalisations, and gestures.

Many approaches have been tested to enhance the responsive caregiving skills of parents and caregivers. One such model is CCD. Developed in the late 1990s and updated in 2012 by the United Nations Children Education Fund (UNICEF) and the World Health Organization (WHO), CCD aims to strengthen the capacity of parents and caregivers to provide responsive care. The CCD approach can be integrated into existing services in all sectors, and while its ultimate aim is to support caregivers, the approach does so through frontline workers [2]. CCD helps these workers acquire knowledge and skills to counsel and empower parents and caregivers to communicate and play with their children. Frontline workers promote responsive care by encouraging caregivers to be sensitive (recognise signals the child is sending) and responsive (act on those signals). CCD focuses on the period from birth to two years. This aligns with the emphasis of the health sector on the first 1,000 days of a child's life. As of 2017, CCD has been integrated into existing government and non-governmental services in at least 19 countries and 23 sites worldwide [6]. It has been translated into 20 languages and tested in over 50 countries.

The CCD approach can be integrated into existing services in all sectors, and while its ultimate aim is to support caregivers, the approach does so through frontline workers.

The Ugandan Context

Uganda is organised into four regions: Central, Eastern, Northern, and Western. These regions are further divided into several administrative units including districts, counties, constituencies, sub-counties, parishes and villages. By 2019, there were 135 districts in Uganda [7]. The Ugandan population was estimated to be 41.6 million by mid-2020. The younger generation (under 18 years) made up 55% of the Ugandan people, while children aged 0-5 years were 21.4% of the population and are the most fragile section of the people. Therefore, the government has prioritised its investment on ECD and other childcare interventions that ensure children develop optimally and thrive [8].

Although Uganda is classified as a low-income country, its GDP has increased from US$4.3 billion in 1990 to US$35.2 billion in 2019 [9], a remarkable economic improvement. The country has made commendable progress in the well-being of its citizens with life expectancy at birth increasing from 48.1 in 1991 to 63.7 in 2014. Despite these economic achievements, Ugandans still face poor health and youth unemployment.

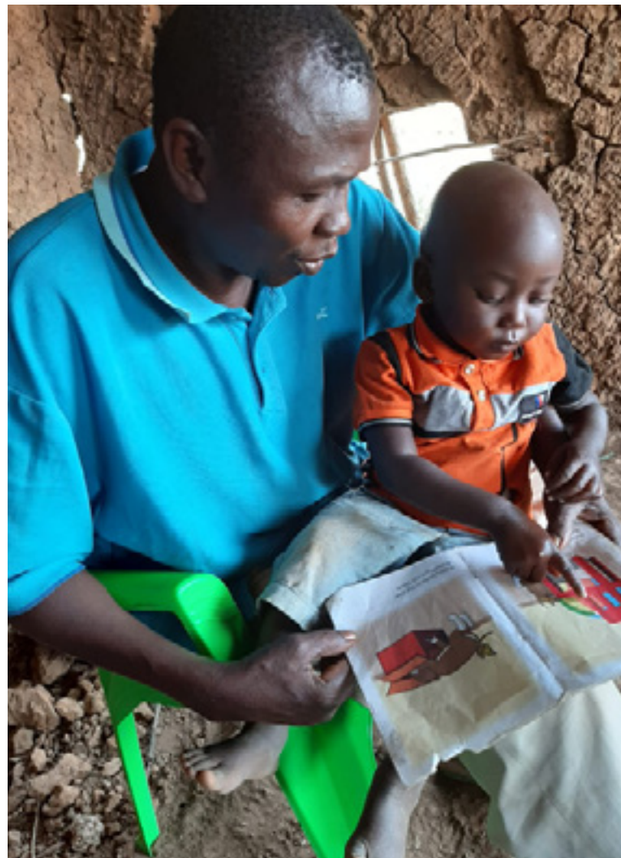
Malaria and pneumonia are the leading cause of death in Uganda across all ages. The prevalence of HIV among 15-49 yearolds is 7.3%. The literacy rates for the population aged 10 years and above have increased from 69% in 2012/2013 to 73% in 2016/17 [7]. While 95 out of 100 Ugandan children survive to the age of five years, undernutrition and stunted growth affect more than a quarter (29%) of children five years and below. Consequently, maternal and child health (MCH) and early child development (ECD) are priorities to the Ugandan Government, to ensure that children survive, function optimally, and thrive [10].

Early Childhood Development in Uganda

In the last decade, Uganda has made considerable strides in ECD governance by establishing ECD policies, systems, and implementation. For instance, in 2007, the Ministry of Education and Sports recognised the need for a holistic approach to ECD based on increasing evidence and research [10]. Consequently, the ministry developed a multisectoral policy to guide ECD activities. The policy allowed the education sector to take charge of access to childcare, ECD training for teachers, supervision of ECD centres, curriculum assessments, public-private partnerships, and multisector government engagement.

This initiative was further accelerated by different ministries which established other policies related to improving ECD in Uganda, as shown in Figure 1. Together with several stakeholders, the Ministry of Gender and Social Development came up with the National Integrated ECD (NIECD) policy action plan of Uganda (2016-2021) [11]. The policy provides for integrated ECD services and action among the Ministry of Health, Ministry of Education, the Ministry of Gender and Social Development, and the Ministry of Agriculture for holistic childcare services. These services include maternal and child health and nutrition, early childhood education and care, water and sanitation, and social and child protection. The mission of the NIECD is to: "*ensure equitable access to quality and relevant ECD services for holistic development of all children from conception to 8 years*" [11].

The policy targeted all children, including those in marginalised settings, from 0-8 years. To better take care of specific age-appropriate needs for all children, the ages were grouped into four main categories, i.e., conception to birth; birth to 3 years; 3 - 6 years; and 6 - 8 years. The policy focussed on primary caregivers and the local community, due to their vital role in providing for holistic needs of children [11]. The policy provided guidance on different strategies to accomplish its mission. These included establishing a specific ECD department, strengthening quality ECD programmes and services, capacity-building of ECD professionals, and creating community-based ECD centres. It called for a multisectoral approach that engaged the national government the NIECD policy.



2003: Uganda Food and Nutrition Policy	• Established by the Ministry of Health. • In relation to child welfare, the policy promoted nutrition interventions such as exclusive breastfeeding, positive child-rearing practices, and adherence to the International Code for Marketing Breastmilk substitutes.
2007: Early Childhood Development Policy	• Established by the Ministry of Education and Sports. • Provided a multisector guidance that encouraged ECD activities. • The policy provided Early Childhood Care and Education (ECCE) with the government being responsible for providing services for children between 6-8 years and the private sector for education services from 3-5 years.
2008: The Education Act	• Established by the Ministry of Education and Sports. • The Act ensured that the Ugandan Curriculum Development Centre has a learning framework.
2010/2011-2014/2015: Health Sector Strategic Plan III	• Established by the Ministry of Health. • Aimed at improving mother and child health and reducing deaths and incidence of illness in children and mothers. • Ensured that the promotion of child services such as child visits, check-ups for pregnant women, growth monitoring promotion, etc.
2011-2016: Uganda Nutrition Action Plan (UNAP)	• Established by the Ministry of Health. • The policy aimed at reducing malnutrition in the first 1,000 days of life.
2013: Reproductive Maternal, Newborn and Child Health Sharpened Plan for Uganda	• Established by the Ministry of Health. • Sought to activate collective action towards achieving equitably accelerated improvements in maternal, newborn, and child mortality. • Focused on pregnant women and children aged 0-2 years. • Implemented the mother-child passport.
2016: Children's Act Amendment	• Established by the National Children's Authority. • A protective legislation regarding guardianship, corporal punishment, etc. • Applies to children below 18 years.
2016-2021: National Intergrated ECD policy (2016) and Action Plan (2016-2021)	• Housed by the Ministry of Gender, Labour and Social Development. • Ensures equitable access to quality and relevant ECD services.

steering committee, the ECD technical committee, national ECD secretariat, national ECD technical forum, and the local governments (at the district,the sub-county, the parish, and the village levels).

Uganda has received additional technical support from different multilateral agencies like UNICEF and WHO. In addition, non-government organizations like the Private Sector Foundation Uganda, AKF, MECP-U, Plan Uganda, and Save the Children have provided implementation and planning support. UNICEF and other partners provided both technical support and guidance that ensured Uganda developed the NIECD policy.

ECD in Uganda is mainly focused on physical and cognitive development services provided by the Ministry of Health. These services include treating and preventing diseases, good nutrition, and increased uptake of immunization services. The services are also reflected in the NIECD policy, but children's socio-emotional development remains a challenge. However, with the support of WHO and UNICEF, Uganda has implemented CCD interventions that have resulted in the health workers upskilling training, improved sensitivity to children's needs and stimulation, and the Maternal and Child Health Passports launched in 2012 to enhance continuity in healthcare from pregnancy through early childhood. The Ugandan government is also working on integrating nurturing care approach into its existing systems.

Implementing Organizations

This case study focuses on the Madrasa Early Childhood Programme Uganda (MECP-U) and Save the Children's implementation of CCD and its enhanced version, the BFY, through integration into government systems. MECP was established in 1986 and operates in Kenya, Uganda, and Tanzania. At its inception, programme assisted underprivileged communities in establishing, developing, and managing pre-schools, offering professional development and training courses to new and practising pre-school teachers. It also provided tailor-made technical support to pre-schools, civil society, government and private organizations. It has since adopted a holistic approach to ECD by integrating other components of the nurturing care framework such health, nutrition, and parental support services.

In Uganda, MECP-U implemented the CCD intervention between 2013-2018. The first phase was funded by Johnson and Johnson and focused on children from 0-3 years. The second was supported by Elma Foundation and focused on 0-8 years, i.e., 0-3 years, 3-6 years, and 6-8 years. During this period, MECP-U trained its staff as master trainers. They in turn trained district education and health officials, nutrition experts, community development officers and others at the sub-county level to deliver the CCD intervention to support parents and community centres. The TOTs then trained VHTs in CCD to support caregivers of children below 3. The VHTs provide basic screening for childhood infections, health and nutrition, and referral to seek healthcare services. The MECP-U has implemented CCD in Koboko District in the West Nile region, and in seven Districts in the Central region, including Kampala, Mukono, Wakiso, Gomba, Mbitiana, and Utambala districts.

Save the Children has been in operation in Uganda since 1959. The organization has programmes throughout the country and has partnered with various stakeholders including the government, the private sector, communities, and civil society, to deliver essential child services that uphold children's rights. In partnership with the government, it has implemented CCD and the government endorsed BFY since 2015. Save the Children and the Ministry of Gender and Social Development developed the BFY intervention as an improvement of CCD in two areas. First, BFY considered a child's development from conception to three years - which tallies with the government's early learning programme. (CCD's focus is from birth to 2 years). Second, the BFY was also tailored to incorporate essential family services for teenage parents and included specific components on parenting for HIV positive parents or parents struggling with alcoholism.

Preparing for use in Uganda

Adapting Care for Child Development

Successful adaptation retains the core components of an intervention and tailors it appropriately, to fit the new context. The government and the implementing organizations undertook the adaptation process between 2013 and 2014. MECP-U used the CCD manual without any alterations except for translating the language on the counselling cards to Luganda as well as Kakwa, the language used in West Nile. The frontline workers, including the counsellors, health workers, and VHTs, were trained in the local languages as it was difficult for them to engage the community and caregivers in English. However, the master trainers and the local government officials retained English as they were comfortable with it. The toys used were maintained as in the manual, except that local materials were used to make them. Two weeks to the initial training in 2013, frontline workers were invited and given time to develop the toys and other materials needed in the toolkit. Only a few materials were imported.

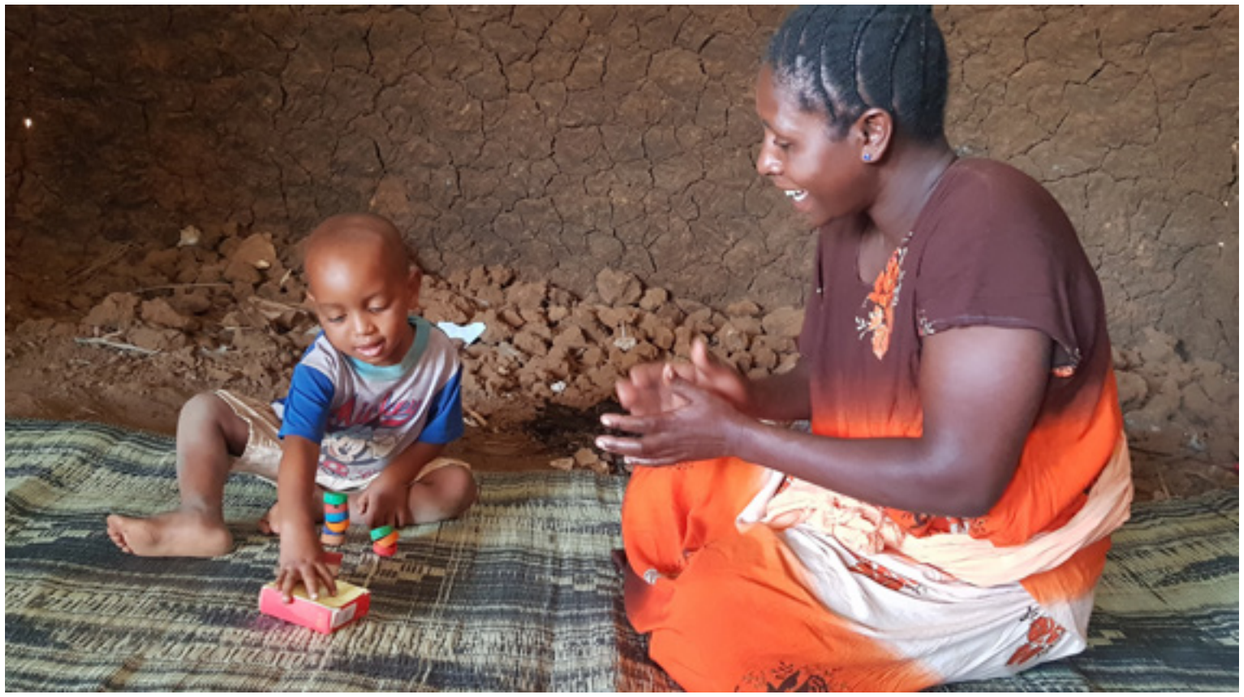
".....we translated to Luganda especially the counselling part, and because of West Nile we also translated in Kakwa *language because we had to use the language which was favourable for the parents. But with the participant manual here when we were training the masters trainers we maintained English .....Then when it comes to the counsellors, the VHTs and then the caregivers, it was realized that it could be very difficult for them to use it as it was, so that's why we, when it came to that lower tier of trainees we had to, to ensure that we, we use local language"* MECP-U respondent.

For government, adaptation was done in partnership with stakeholders, including Save the Children. The adaptation team comprised different stakeholders including two international consultants hired by WHO and UNICEF, and trained MCH staff. With the integration of the messaging to cover the period conception to birth, as well as inclusion of content for male caregivers, teen mothers and at-risk populations such as caregivers living with HIV, the intervention morphed into the BFY. The adaptation in this case was mostly at the health facility level, with integration of content into existing health facility documents such as the mother baby passport.

Identification of an Effective Entry Point and Engaging Key Stakeholders

Project implementation requires the identification of an effective entry point for it to be executed successfully. During the implementation of the CCD intervention in Uganda, the main entry point was the health facility and the community. Through its pre-existing pre-school programmes in Uganda, MECP-U had established rapport with the community and this made it easy to implement CCD. Additionally, MECP-U applied the knowledge and experience they gained from implementing CCD in areas where CCD had been implemented previously.

"....we piloted the new projects within the coverage we've been working, because we umm, we had already set up the structures, we had already mobilized the communities, uumm, implementing and piloting new projects becomes easier when they are integrated within and basically, we thought we needed to give a holistic component to some of those communities we had already worked with before we would think about enrolling new communities" MECP-U respondent.



Save the Children identified existing organizations that provided similar services in the specific region of focus. The decision to implement an intervention in a particular location was pegged on the community's needs and the availability of partners doing similar interventions.

"....the decision is influenced by the needs and also the availability of partners who are also doing a similar intervention" Save the Children respondent.

The government of Uganda played a critical role as an entry point for implementing the interventions. First, the government provided platforms such as health centres and ECD centres for hosting the intervention activities. Second, the government provided the human resource of different ECD frontline workers trained to deliver the interventions. Third, the government supported CCD by prioritising the integration of CCD components into the government systems. Lastly, government support helped legitimise the interventions and hence acceptance by community members.

Developing Capacity for Implementation

Building capacity within the health, education, social protection, and agriculture sectors to deliver high-quality ECD services calls for effective coordinated efforts across these sectors. It also requires effective collaboration and partnerships between the government, the private sector, and the community. In Uganda, the government and various partners such as the MECP-U, Save the Children, and UNICEF took important steps to train individuals who took the lead in implementing CCD in the community.

In 2014, the Ugandan government sent a team of paediatricians and the Commissioner for Maternal and Child Health to Kenya to be trained as trainers of trainers in implementing CCD. This team steered the discussions on the implementation of CCD in the different technical working committees such as the Integrated Management of Newborn and Childhood Illnesses Technical Working Group and the National Newborn Steering Committee. UNICEF and WHO supported additional experts who provided technical information on the implementation of CCD.

Two master trainers - one from AKF Geneva, and the other an independent consultant - trained MECP-U staff for four days to be CCD master trainers. MECP-U worked with the government to identify other individuals to be trained as master trainers. They selected individuals from the districts and each district was represented by five officers from different departments including education, health, production, community development and planning, and child welfare. Overall, 39 master trainers from 13 sub-counties were trained. Afterwards, the master trainers trained frontline workers - including VHTs, health workers, and preschool teachers - within their districts. These individuals then reached out to parents in the community to sensitise them on care practices and behaviour, specifically cognitive stimulation, play, and nutrition. The MECP-U master trainers also trained ECD teachers in another four days as trainers of trainers (ToTs). After the training, the ToTs practised for a month while receiving reviews/feedback from the master trainers. They also had debriefing sessions with the master trainers and later received refresher training.

Save the Children Uganda, in partnership with the MECP-U, provided capacity building for frontline workers.

Implementation Approach

Implementation of CCD occurred at two levels. First, it was done at the health facility level through the integration of CCD/BFY content into health documents including IMMCI training materials and mother baby passport. The CCD intervention was also delivered through group sessions at the various

ECD centres (both at the health facilities and pre-school centres). Health workers conducted group counselling sessions at the health care facilities for parents who came in for childcare services. They also delivered individualised counselling while providing healthcare services such as immunisation and growth monitoring within the health facilities. The health facilities were upgraded by improving the children service areas with child-friendly materials. The health facility workers identified the areas to be upgraded.

"....we upgraded health centres by supporting them to improve the child area by putting materials that would enable children to, you know, to play and feel comfortable when they go to the health centres." MECP-U respondent.

Second, the intervention was implemented at the community level through household visits. MECP-U paired VHTs with its ECD caregivers or ECD teachers to make five home visits per month. The pairing was beneficial because the VHTs had experience working within the community in delivering projects such as proper nutrition, hygiene, and sanitation, while the teachers had experience in handling children so they could facilitate the play and communication components of the intervention. Trained officers-in-charge of the MECP-U ECD centres and health centre representatives provided monitoring and supervision of the VHTs. Protection officers responsible for children's affairs were also involved. They proved useful where issues to do with parental neglect (especially the role of fathers) were raised.

Collaborative Partnerships

The implementation of the CCD and BFY interventions was strengthened by multisectoral partnerships that involved the community, the government, and other multilateral organisations. The government's role within the partnership was to provide guidelines and resource persons to facilitate intervention delivery. The government also identified linkages and built collaborations. CCD provided an important starting point for the initial mapping of ECD stakeholders in Uganda. Furthermore, the inclusion of local government officials, such as chiefs, helped in encouraging ownership of the project and integrating the intervention within local government activities. However, the local government acted as policymakers and not implementers. The local government ensured that the different departments integrated the CCD intervention in their service delivery to the caregivers.

On the other hand, CSOs and NGOs provided logistical and financial support to government, and consultations with community members. They also led the implementation of CCD within the communities because they had worked with communities for long and established requisite structures for service delivery. Besides partnership with government, the different NGOs – including the Aga Khan Foundation and Save the Children – also collaborated, to provide capacity building for frontline workers. UNICEF and WHO supported additional experts who provided technical support on the implementation of CCD. UNICEF also supported government in maintaining a strategic focus on ECD, and supported the formation of a multi-sectoral technical committee with representation from the relevant line ministries and other stakeholders. The Ministry of Gender and Social Development coordinated, organised meetings and brought stakeholders onboard. The collaboration helped improve performance as articulated by the following interviewee.

"So with the new intergarated approach, sectors actually really saw that with this intergrated approach it will really improve the performance of sectors on headline indicators for government, and that was a win for us." - Government sector respondent.

At the community level, MECP-U worked with local leaders in community pre-schools. The leaders were involved in monitoring the project within the community and reviewing group meetings.

These collaborations contributed substantially to the scaling-up and sustainability of the CCD interventions, ensuring that the interventions lasted beyond the implementation period.

Key Achievements

A. Perspectives of achievements in government integration

Documentation of child data in government systems

Specific child indicators from the CCD intervention (such as questions on whether caregivers play with children, availability of toys, and the number of toys children have) were incorporated into the Uganda Demographic and Health Survey (DHS). The DHS is conducted every five years to evaluate the performance on specific areas of child development, among other indicators. The information obtained from the DHS is used to inform policies and leverage resource allocation for programmes that promote nurturing care, such as CCD.

Additionally, through the training and experience they received from implementing the interventions, the healthcare workers were able to record vital child data. This documentation is essential in monitoring children's social, emotional, cognitive, and physical growth.

"I could see that as the big impact in that child data was created." - MECP-U respondent.

Incorporation of CCD in health worker training

The CCD approach has been adapted into the Integrated Community Case Management of Childhood illness (iCCM) training materials, where VHTs are trained in providing essential psychosocial support services to children. Additionally, components of the CCD approach have been incorporated into the integrated management of childhood illness programme that is used to train clinicians.

Integration of CCD into healthcare chart booklets

The components of CCD were incorporated into the chart booklets that are used to guide on resuscitation of asphyxiated babies. The booklet is a global resource that enhances healthcare workers' capacity in reducing neonatal deaths due to birth asphyxia. An additional one-page information with components of the CCD approach was added to ensure stimulation and sensitivity to the babies. Although this knowledge is available, its practicability is minimal as most healthcare workers lack the capacity and morale to include this into their routine practice.

Development of platforms to leverage funds for ECD

The Ministry of Health developed the reproductive, maternal, newborn and child health and adolescent's strategic endorsement investment plan. The plan guides the implementation and prioritisation of interventions in the Ministry of Health. CCD is among the ECD interventions given priority in this plan. The investment plan is used to leverage funds, for example, applying for loans from the global financing facility, the World Bank.

Additionally, the District Integrated Policy Committee was formed, which planned and budgeted for ECD projects and was created to oversee ECD implementation at the district level. The education officers trained in the CCD approach understood their role well. They had firsthand information and planned and budgeted for the feeding programmes within their department.

Establishment of the National Integrated ECD Policy

A technical reference group formed through a collaborative effort between the government, UNICEF and partners - including the AKF represented by MECP-U, academia, and various programme implementers - enabled the ministry to develop the NIECD policy in 2015. The policy was informed by the initial work on the CCD approach. Other key stakeholders including additional line ministries, CSOs and the ECD partners forum were brought on after the launch of the policy.

"CCD is a critical component for them, and they put it that agenda as a policy that was passed ... by the cabinet and they also worked with the Ministry of Gender, Labour, and Social Development and they were able to establish a secretariat on early childhood education and development. Then this secretariat was supposed to be coordinating all implementing partners - the government, the UN, and

also to ensure that we get massive investments ...." - Government sector respondent.

Multisectoral partnerships

In the beginning, the various government structures were separate entities and coordination was a challenge. However, the CCD approach which had a holistic perspective to child development, encouraged the government to form a special committee hosted by the Ministry of Gender and Social Development that brought together line ministries including health, education, water and sanitation. It also included the Ministry of Local Government, which brought the district officials and the local government officials together. This improved the relationship between the district officials, the health centre officials, and the VHTs.

"we observed was basically at the district and the health, because health centres are controlled by the district so there was a missing link between the health centre, the district and the VHT in terms of activities, which link we also tried to see that we join." MECP-U respondent.

B. Perspectives on achievements for the community

Increased uptake of childcare services and improved child development

The case study interviewees reported that home visits had led to awareness creation as more parents attended the childcare facilities and were involved in the counselling sessions. More parents visited the child clinics for childcare services and to learn more about their children's development.

"*there was an increase in the number of learners as home visits and the counselling sessions improved the confidence of the caregivers.*" - MECP-U respondent.

Additionally, parents became aware of the importance of play for children and its impact on child development. Parents started providing play items for their children at home.

"The other thing is about play. Parents started realising the importance of play to brain development. Before when you could ask a parent, 'Do you play with your child?' they will be surprised and they are wondering, 'How I can even start playing with a child and what is the importance of playing with a child?' So after going through this kind of sensitisation and training, they realised that indeed play is very important and it makes more meaning when the parent becomes involved." - MECP-U respondent.

Most caregivers now take their children to the healthcare centres to seek childcare health services such as immunisation. Moreover, the ECD teachers involved parents and showed them how they could share responsibility to help their children learn and improve their educational outcomes. Parents understood the importance of taking their children to school and participating in their children's school lives. As a result, most children were enrolled in preschools, and this is likely to improve education outcomes.

".....at the ECD centres we realized an increase in the number of learners and in the level of participation of caregivers in terms of their involvement in their children's learning and development." - MECP-U respondent.

Additionally, training on the importance of nutrition has resulted in better nutrition for children. Parents were empowered to give their children nutritious foods, prepare them correctly, and feed the children properly.

"Even the aspect of nutrition improved within the home. During the training we had special training on nutrition and even how to prepare balanced meals for their children. So parents used not to value some of the foods around, within their environment, but when they were taken through that session, they realised that all those foods which they were ignoring or neglecting are really important." - MECP-U respondent.

The integrated ECD approach ensured that children received holistic care. For instance, at the ECD centres, parents were taken through nutrition programmes and children were immunised. Births were also registered, making the integrated ECD approach cost-effective and efficient in taking care of children's needs.

"*.....through the integration, the children and parents are able to access all services at one point. For instance, there are nutrition, birth registration and immunization programs in the ECD centres. So, this has really minimized costs and also has made efforts to be very efficient."* - Save the children respondent.

Involvement of male caregivers

Male caregivers, especially fathers who interact with their children, exert a powerful influence on every domain of their children's development. A father's ability to support his child's learning affects the child's engagement with books and schooling. Father involvement has been associated with the promotion of healthy child development. The CCD approach encouraged fathers to participate in the day-to-day activities of their children, such as telling stories, reading books, and using appropriate cognitive and visual cues. Fathers who took part in the CCD intervention would play with their children and spend quality time with them. This ensured the healthy development of their children.

"..... We realised that at community level, the issue of fathers' involvement was improved because previously, when we had just started intervention, mothers could complain awfully, even fathers themselves would confess, that they used not be involved in childcare. " – MECP-U respondent.

Improved relationships between health workers and caregivers

In the past, poor health worker and caregiver relationships (especially during vaccination/childcare services) had been observed. Poor relations due to poor communication could lead to hesitancy to seek healthcare services. Given that the CCD approach was implemented in healthcare centres when caregivers went to seek childcare services, the healthcare workers got an opportunity to interact with caregivers closely. Using effective communication and the valuable CCD content delivered to caregivers, the healthcare workers gained caregivers' trust, thus improving the relationship between the healthcare workers and the caregivers.

"....the improved relationship between the community and the health facility but still also the relationship between the community and the VHTs because previously could fill the form and the parents engaged from a distance and he or she runs away. After this they came to know that these VHTs have some important information which helps them take care of their children. So now they started even welcoming them, even calling them as, 'You've taken long without coming. What is happening?' So the relationship also improved..." MECP-U respondent.

Lessons Learned: Success Factors and Challenges

Success Factors for Buy-in and Sustainability

The use of a multisectoral approach

Different sectors worked together to support ECD services. For instance, the coordination of various government sectors such as the Ministry of Gender, Labour and Social Development, the Ministry of Education and Sports, the Ministry of Health, and the Ministry of Local Government was crucial for integration of ECD services within government sectors. After training officials from the different ministries, case study respondents observed that children began receiving holistic childcare services offering both physical aspects of health and psychosocial services. The various stakeholders from the ministries were involved in adapting the CCD approach and were responsible for ensuring the rollout of CCD in Uganda. Additionally, partners who support the government to deliver its ECD plans were essential in providing childcare services. For instance, while the government offered human resources, other international development organisations such as UNICEF, Save the Children, and the Aga Khan Foundation facilitated the training of the identified officials from the different government sectors.

The government's commitment to providing integrated ECD services

Around 2015/16, the government set out to establish an integrated ECD policy to promote ECD. Consequently, a national secretariat was formed to look into the well-being of children. This national commitment made it possible for the government to embrace ECD related projects, leading to a high level of ownership of ECD projects. This in turn led to the development of documents on good health-seeking behavior for child development. Such opportunities made it possible to adopt the CCD approach in the Mother and Child Health Passport (MCHP) to increase responsive caregiving and stimulation.

Existing government structures supporting ECD

The availability of government-supported services such as antenatal care services was vital in ensuring government involvement. The government of Uganda embraced CCD as it could easily be integrated through the existing structures to enhance ECD. Therefore, partners from the private sector who implemented ECD services were welcomed to integrate ECD in these platforms.

Aligning ECD services to the government's strategic plan

Identifying the gaps that the government needed to fill in its strategic development plan was one way to ensure the government embraced the uptake of ECD programmes. When services are aligned to the government's plan, it is easier for the government to seek support from partnerslike Save the Children or UNICEF when there is a need. Consequently, a project being implemented by development partners can be supported by the government easily if the development partner aligns its ECD services to the government's strategic plans.

"*you can remember that most of our programmes are closely aligned to the government's strategic development plan. So it makes it very easy for the government to impress and uptake our programmes like the boost for the youngest.*" - Save the Children correspondent.

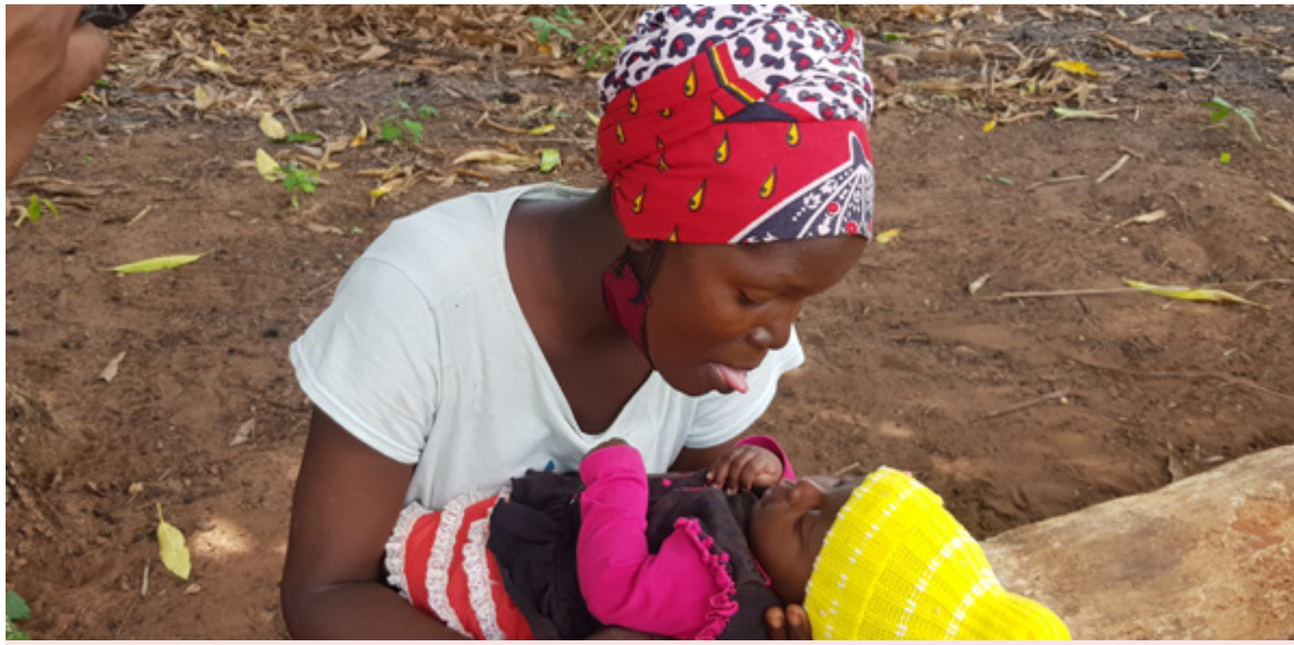
Sensitisation and patience when working with the government

The government leadership needs to understand their role and mandate in any project they are to be involved in. Working with the government needs patience. It takes time for the district leadership to understand the concept/idea. There is also a need to make government officers committed when engaging them in a project. While implementing an ECD project, it is easier to work with government officials knowledgeable in ECD.

Identifying existing frameworks within an organisation as entry points

The entry point to implementing CCD was not difficult, given that both Save the Children and MECP-U had previously mobilised and engaged the community in other projects. Again, they borrowed the lessons they had learnt from their existing projects while implementing CCD in new areas.

"We didn't meet any challenges, actually we found that it is, it was, very easy for us to implement within the communities we had worked with, but then at the same time even in the, in the new communities where the programme has implemented .. we also found it easy because we were using the existing structures." - MECP-U respondent.



Challenges

Challenges in sustaining ECD projects

After successfully implementing projects in partnership with the government, the challenge remains in sustaining such projects. First, there is a lack of commitment by the government to provide the necessary resources to maintain such projects. The lack of adequate funds and planning make it challenging to attain sustainability.

Second, the facilitation and reimbursement costs for district officials were expensive as they were using private rather than public transport. Third, the VHTs were not paid and this contributed to low motivation. Fourth, the pairing of ECD teachers and VHTs was challenging as the teachers had time constraints due to school commitments throughout the week.

Lastly, the fact that the government did not at the onset recognise ECD as its mandate but the private sector's mandate impeded their commitment in providing adequate government funding and investment.

Challenges identifying resource persons that could be leveraged

The MECP-U realised that selecting key individuals to work with at the district level was an important factor. Initially, they selected the in-charge official at the health facility. However, this turned out to be a challenge as they did not have adequate time to work with them, which hampered the implementation of the intervention. Therefore, identifying individuals who directly worked with children, such as the nurses who are committed to implementing the intervention, might have been a better choice.

Lack of motivation to implement nurturing care approaches

Although several approaches to supporting nurturing care have been proposed, implementation of such projects is still low, mainly due to lack of skills/capacity to practise or lack of motivation. For instance, even though the CCD approach has been incorporated into the health booklets for resuscitating asphyxiated babies, its implementation is poor.

COVID-related challenges

The current COVID-19 pandemic has slowed down the activities related to implementing nurturing care interventions. Additionally, the different funding agencies/stakeholders are withdrawing funds and prioritising COVID-related projects.

Conclusion: A Way Forward

Uganda has made significant strides in addressing the needs of its youngest population. This process began with the government's acceptance and support for the CCD approach implemented by various stakeholders, key of which are MECP-U and Save the Children. The foundational work and learnings from CCD implementation subsequently helped them formulate the BFY which further enhanced ECD services, improving child outcomes within the country. These interventions have provided an important platform to strengthen the integration of ECD interventions into the government systems.

Integration of the interventions into the government sectors calls for identification and addressing of capacity gaps. There is need to integrate CCD into the training guidelines of the VHTs, health workers, and other stakeholders working with children. It is also essential to train local government officials as they are in charge of policy making. This would ensure sustainability and ownership of the CCD intervention within government.

Other professionals working with children should be facilitated and trained. In healthcare programmes where the CCD approach has been incorporated, it is essential to strengthen the capacity of individuals concerned with implementing such programmes. Beyond training, hiring of additional workforce to reduce the workload of the existing human resource would ensure that there are adequate implementers for the CCD approach. ECD practitioners also need to be motivated to carry out their mandate as required.

The successful integration of the CCD intervention into the Ugandan government system was largely due to multisectoral collaborative efforts among several government line ministries, non-governmental organisations, and multilateral organisations. Each played an important role in ensuring that CCD, and subsequently, the BFY interventions were effective and relevant to the community, well supported and funded, and offered long-term support to young children and families. Going forward, these collaborative partnerships should be maintained and strengthened, to ensure that there is sustained coordination in the delivery of ECD services.

Although the public healthcare facilities have been an important entry point to deliver the interventions, there is need to identify other entry points. It is noted that most caregivers will stop visiting healthcare facilities for childcare services when the child is one year old. Many caregivers will seek healthcare services from private hospitals or buy over-the-counter drugs instead of presenting their child to public health facilities. Healthcare workers and VHTs also face work overload due to the number of caregivers they are required to serve on multiple programmes implemented at the health facilities. The CCD and BFY interventions should therefore be provided in multiple, platforms, which makes it cost-effective.

While government and stakeholders in Uganda have succeded in developing an integrated ECD policy and action plan, a cost analysis is required to plan for the allocation of budget and attract additional government resources. So far, funding for the implementation and coordination process has been mostly from development partners, and no comprehensive costing is readily available. A costing process would be critical to ensuring government investment, scaling up and sustainability of evidence-based interventions such as CCD and BFY.

Overall, there has been sustained access to the interventions beyond the donor funded projects. Caregivers continue to access childcare services, and they are still offered CCD counselling. The integrated ECD committee still uses the existing structures created during the implementation of the CCD approach and provides advocacy and monitoring, which has ensured the sustainability. Therefore, the benefits of investing in an integrated ECD approach in Uganda have been sustained to some extent, and children have an opportunity to thrive and develop to their full potential.

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