ChildFund Korea

ChildFund Uganda

EARLY CHILDHOOD CARE AND EDUCATION IMPROVEMENT (ECCE)
Endline Evaluation Report



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ABBREVIATIONS & ACRONYMS

BUACOFE	Busia Area Communities Federation
CAO	Chief Administrative Officer
CDO	Community Development Officer
CMCs	School Management Committees
CPC	Child Protection Committees
DAC	Development Assistance Committee
DDP	District Development Plan
DEO	District Education Officer
ECCE	Early Childhood Care and Education Improvement Project
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ELDS	Early Learning Development Standards
FGD	Focus Group Discussion
IECD	Integrated Early Childhood Development
KII	Key Informant Interview
LG	Local Government
M&E	Monitoring and Evaluation
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOLG	Ministry of Local Government
NGO	Non-Government organisation
OECD	Organization for Economic Cooperation and Development
S/C	Sub-county
SPSS	Statistical Package for Social Sciences
VAC	Violence Against Children
VHT	Village Health Team
VSLA	Village Savings and Loan Association

AFFIRMATION

Except as acknowledged by the references in this report to other authors and publications, the report and research described herein consist of our own work undertaken to advance learning as part of the requirements of Child Fund International Uganda's Design, Monitoring and Evaluation Learning System.

The primary qualitative and quantitative data collected throughout the early childhood care and education improvement (ECCE) project evaluation process remain the property of the communities described in this report and must be used only with their consent.

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The consulting team would like to express its appreciation to Child Fund International Uganda for assigning us the opportunity to conduct the endline evaluation of Early Childhood Care and Education Improvement Project. The production of this evaluation report involved participation, support, cooperation and contribution of different people and institutions. We are grateful for their different forms of contribution. The consultant appreciates whoever participated in the exercise that provided the key milestones realized by the project, and special appreciation goes to:

- The various participants in the evaluation including Caregivers (parents), Caregivers (ECD teachers), Early Child Development Centres, the District Technocrats, the project implementers, and the different community structures, for their participation in the evaluation and giving valuable information that aided writing of this report;
- Child Fund International Uganda field project officers for their effectively mobilizing evaluation respondents and providing technical back-up, which aided successful execution of the assessment.
- The Consultancy team, comprising **Dr. Stephen Mayende (Team Leader)**, **Toga Ronald (Support Consultant I)**, and **Etyang Martin (Support Consultant II)** for their dedicated effort in coordinating both quantitative and qualitative data collection.
- The enumerators for being cooperative in collecting quality data that was used for writing this report.
- Lastly but not least, appreciation goes to the project officer Mr. Mumbe for his technical backstopping, providing all the required documents on the project and also the support in training enumerators about collecting quality data. This support has been key in preparation of this report.

We believe that this report meets the requirements of the Terms of Reference and will be helpful for Child Fund International Uganda and other stakeholders in designing interventions directly benefiting the communities in these locations, and refining other projects in the area of education, health, and for the most vulnerable households.

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EXECUTIVE SUMMARY

Project Overview: The early childhood care and education improvement (ECCE) project was being implemented by ChildFund International (Uganda) in partnership with ChildFund Korea, it was a 3-year "Early Childhood Care and Education Improvement Project in Busia district, located in the eastern part of Uganda funded project running from May 2021 – May 2024. The project is implemented in Busia District in the 6 LLGs (Sub-counties and Town Council) of Dabani, Masinya, Buhehe, Lumino town council, Lumino and Majanji. The project was targeting Children aged 0 to 8 years in Busia community to achieve age-appropriate growth and development milestones.

End of Project Evaluation Objective: The purpose of the study was to evaluate the progress made towards results or outcome of the project. The study also was to documented efficiency, effectiveness, sustainability, key lessons learned, practices and change stories that could be replicated in other areas.

Evaluation Methodology: The evaluation study employed a mixed approach. The mixed approach entailed adopting a before (baseline) and after (End of Project) evaluation design on one hand, a cross-sectional study evaluation design on another hand, complemented with the case study design approach. 351 respondents participated. These consisted of 251 caregivers/parents for quantitative data, all 15 ECD centres (Caregivers), 10 primary schools (Head Teachers/Deputy) and 17 ECD teachers and 48 respondents for qualitative interviews.

Evaluation Findings:

Characteristics of Households

Population size, Sex composition, Age, and Household size: The survey reached a total of 251 respondents who were found at household level, of which 74.9% were female and 25.1% male, implying that majority of the caregivers at household level are female. The average household size is 6 members with Majanji Sub-county having the largest household size of 8 members and the lowest being Lumino T/C with 6 members per household. The average age of respondents was 38 years, with a minimum of 18 years and a maximum of 78 years. The youth (18-30 years) were 35.1% of the respondents, while adults (31-60 years) were 60.2% and the elderly (above 60 years) were 4.8% of the sample.

Findings as per the Development Assistance Committee (DAC) evaluation criteria

The five evaluation criteria from the Development Assistance Committee of the Economic Cooperation and Development (OECD/DAC) have been a strong foundation for international development evaluation since 1991. They have been the most prominent and widely adopted criteria used for aid evaluation by most bilateral and multilateral donor agencies, as well as international nongovernmental organizations (INGOs). The five DAC evaluation criteria are based on the conception that evaluation is an assessment "to determine the relevance and fulfillment of objectives, developmental efficiency, effectiveness, impact and sustainability" below are the evaluation findings on each parameter.

a) Relevance of the project

- Child Rights: The project focused on improving the knowledge of parents/guardians on responsive and protective parenting practices through trainings, meetings, information communication, and

education campaigns by child protection volunteers. The baseline findings indicated that 48.9% of the parents used positive parenting practices while 50.1% of the parents used bad parenting practice such as use of violence against young children, which is very detrimental to their proper child development. Busia District in its development plan attempts to enhance the protection of children.

- The project was implemented following a needs assessment and a baseline survey conducted in 2022. From the baseline findings, about a third of the caregivers (35.8%) faced some challenges in the care of their children aged 0-5. About half of the caregivers lacked enough time to fulfil their different responsibilities during the day and for their families. These caregivers were equally stressed or overwhelmed as they attempted to meet family or work responsibilities. About 20.2% had ever received information on how to care for themselves.

The Project implementation was in line with many national policies and framework regarding education development such as the National Integrated Early Childhood Development (NIECD) Policy.

Effectiveness of the Project: The project was to a large extent effective in delivering the intended objectives. Of the 7 outcome and result area performance indicators, 6 indicators (85.7%) were fully attained, whereas the other indicator was partially attained with only 3.8% left to full achievement. The achievement by outcome indicator is as follows:

Indicator	Baseline value	Mid-Term	Endline Values	Target	Change Created	% Target Achievement
Indicator 1.1: %. of parents with knowledge about responsive and protective parenting practice	**54.6%**	**75.5%**	**94.8%**	**95%**	**40.2%**	**99.8%**
Indicator 1.2: Change in average household Monthly Income	UGX **54,924**	UGX **99,267**	UGX **142,661**	UGX **80,000**	UGX **87,737**	**178.3%**
Indicator 1.3: % of Households supporting their children at the ECD centres due to increased income.	**0.0%**	**68%**	**91.2%**	**95%**	**91.2%**	**96.0%**
Indicator 2.1 % of Children 0- 3 years benefiting from quality home based ECD services	**15.0%**	**85.2%**	**86.8%**	**75%**	**71.8%**	**115.7%**
Indicator 2.2 Average score (%) in ECD learning framework for children 3-5 years test by ECD teachers/caregivers.	**39.7%**	**85.5%**	**97.1%**	**75.0%**	**57.4%**	**129.5%**
Indicator 2.3 % Of ECD children who transition to primary one.	**23.4%**	**96.8%**	**98.6%**	**95%**	**75.2%**	**103.8%**
Indicator 2.4 % of age-appropriate children 3-5 years attending pre-school/centre-based learning	**43.2%**	**94.9%**	**96.3%**	**95.0%**	**53.1%**	**101.4%**

Project effectiveness in achievement of RPP Model Indicators

RPP: Indicator	Baseline Value	Endline Value	Change Created
% of caregivers/ parents who report their community is a safe place for children.	92%	95.6%	4.4%
% of primary caregivers of children 0-5 with improved knowledge on nurturing care components.	54%	94.8%	40.8%
% of primary caregivers who report leaving children (0-5 years) alone for more than 1 hour in the past week.	11%	0.4%	10.6%
% of primary caregivers who report leaving children (0-5 year) in the care of another child aged 10 or younger for more than 1 hour in the past.	37%	6.0%	31%
% of primary caregivers engaged in 2 or more early stimulation activities with their child 0-5 in the past 3 days.	43%	96.4%	53.4%
% of caregivers who engaged in positive method of parenting (and do not recur to violent forms of discipline) with their children 0-5 in the past month.	41%	92.6%	51.6%
% of Government officials with improved knowledge across nurturing care components.	9%	89.3%	80.3%
% of Government officials with improved knowledge on reflective supervision.	0.0%	100.0%	100.0%
% of Government officials with improved knowledge on the importance of caregiver well-being.	91%	94.0%	3.0%
% Facilitators with increased knowledge on nurturing care, and CBCP. (Threshold score 3/3)	0.0%	53.7%	53.7%
% of community leaders and/or CSS stakeholders with increased knowledge in facilitation parenting session planning, and reflective supervision.	0.0%	61.4%	61.4%

b) Project Efficiency:

- The project had adequate staffing, resource control systems (e.g. Child Fund procurement manual guides all major procurements and Enterprise Resource Planning (ERP) system that provides project management information and supports daily bookkeeping, facilitating monitoring of the project budget and preparation of monthly project financial reports).
- The evaluation findings indicate that the project interventions were delivered after conducting a needs assessment and a baseline, which showed the most affected communities, which needed much more support in the area of child protection and ECD services. This ensured that there was no duplication of interventions within these communities. The project coordinated and harmonized interventions with the district from inception.
- The project used existing community structures that included VHTs, CPC, ECD Center management committees, caregivers and Local Government for IECD committees in community selection. The ECD centres are owned and managed by the communities, which reduced on costs of operation.

- The project had a functional monitoring and evaluation system to guide data collection and monitoring of project performance, with detailed tools and activity monitoring and reporting guidelines including indicator tracking forms, reporting templates, needs assessment, quantitative data questionnaires among others, which were designed at project onset and made available for use.

c) Project Impact:

- The evaluation study found out that learning materials for children were procured. These included equipping the ECD centres with both indoor and outdoor play materials for both play and learning, Integration of ECD and child protection, health. The VHTs were used to build capacity of caregivers on issues of early childhood development.
- The evaluation study findings indicate there has been improved parenting skills such as: provision of basic needs such as food, shelter, prevention of children from diseases, taking the child to qualified health worker when sick, observing and immunizing the child according to the immunization schedule, setting rules for children, providing safe play spaces at home, proving care to all children regardless of gender, supporting children aged 0-5 to access ECD centres, feeding the child other foods in addition to breast milk starting at 6 months, removal of harmful objects from child's play environment, exclusive breast feeding for the first 6 months, feeding the child on balanced diet to the child, and protecting children from different forms of abuse/ violence.
- Existing structures like the Village Health Teams, Health assistants, and the center management committees have been rationalized to avoid duplication of work.
- In terms of quality regulation and enforcement, the evaluation study found that implementation structure provided for in the ECCE policy and legal documents as well as the guidelines has been fully operationalized in the project area, which seems to explain the quality leaning outcomes being reported by the lower level primary teachers who acknowledged that there is a significant difference between the child who passes through ECD level than that one who just joins primary one from home directly.
- The project contributed to the increasing the proportion of parents (80.1%) sending at least one or more of their age-eligible children to an organized early learning center, nursery school, kindergarten, or community ECD from 25.6% reported at baseline in 2022, and also increasing their knowledge about responsive and protective parenting practice by 40.2% (from 54.6% to 94.8%).
- The ECCE project has successfully improved the use of the learning framework, which is contributing to creating more uniformity across the ECD profession in meeting ECD standards. The ECCE project has also had positive effects on caregivers' knowledge competences, the way they teach and on learner outcomes.

d) Project Sustainability:

Project Sustainability: The project design and implementation arrangements incorporated sustainability aspects since inception. The evaluation team ranks the project highly in sustainability because of the following:

- Existence of collaborative dialogue between the community and duty bearers to make sure that community needs are prioritized. The ability of the community to report any child protection issue was assessed. From the evaluation findings, the project has continued to support local level

advocacy activities for improved service delivery through the continuous provision of refresher trainings to the caregivers (ECD Teachers) to continue providing quality services to the community children. Using the RPP model, which seeks to enlighten the community on their role in responsive and protective parenting centered on the nurturing care framework. Maternal and child health, tremendous scores were made in advocating for child health services and child protection. Through this, the community is well much knowledgeable of what they are supposed to do for creating a better community, which is safe for the children.

- **Increase in household income:** Due to increased household income from UGX.54,924 to UGX.142,661 per month, the community will continue to support their children to attend quality education and have a good health by accessing nutritious food and medical care for the better growth and protection of the children. The project continued to encourage the community to have continuous saving for transformation and household engagement and accountability approaches in which they were trained.

Recommendations: The evaluation recommends that:

- **Food Security and Nutrition:** There is need to promote and improve food security at household level. The evaluation findings revealed that 90.8% of the households are buying food, which calls for the need to ensure that all households are food secure and have proper nutrition for proper child growth and development. This should involve supporting nutritious food production and uptake, nutrition care within the household, and community mobilization to promote the adoption of healthy behaviours and increased public awareness of the centrality of improved nutrition to community and national development to reduce prevalence of malnutrition among infants and young children, expectant and lactating mothers within the project implementation area and beyond.
- **Family strengthening and support:** The evaluation findings revealed that the 26.6% of the female respondents were the household head, meaning that they were at the helm of supporting their children without the support of the man due to family break-up, and those who were still in marriage 4.7% reported intimate partner violence. Therefore there is need promote approaches that strengthen families and community capacities including structures and systems in order to expand equitable, effective, and high-quality community-based response to enhance holistic child development.
- **Need for continuous support of Early Childhood Care and Education**: Given the positive impact of Early Childhood Care and education (ECCE) on primary school learning outcomes, the evaluation team recommends a consideration of a needs-based approach to provide a basic package of ECCE services in all areas in the district without or with very limited access to ECCE.. The study recommends every primary school far from ECD centres to initiate an ECD centre to cater for the growing demand as a result of project impact in the district.

CHAPTER ONE INTRODUCTION AND BACKGRUND

Background to the Project Implementing Organisation

Child Fund is a child-focused international development organization that works with partners in 24 countries across Africa, Asia, and the America to connect children with people, resources, and institutions they need to grow up safe, healthy, educated, and skilled, no matter where they are. Under the global strategy 2030 of "Growing Connections", Child Fund seeks to reach 100 million vulnerable children and their family members annually. Child Fund has delivered programs in Uganda since 1980. At present, Child Fund's program covers 32 districts in Uganda. The programs focus on Child Protection; Education, Early Childhood Development (ECD), Advocacy, Emergency Response, Health and Nutrition, Food Security, WASH (Water, Sanitation and Hygiene), Household Economic Strengthening, and Youth Development and programs are tailored to Life stages of age 0-5, 6-14, and 15-24 years.

Project Objectives and Result Areas

The early childhood care and education improvement (ECCE) project was being implemented by ChildFund International (Uganda) in partnership with ChildFund Korea, it was a 3-year "Early Childhood Care and Education Improvement Project in Busia district, located in the eastern part of Uganda funded project running from May 2021 – May 2024. The project was funded by ChildFund Korea and implemented by ChildFund Uganda through its local partner Busia Area Community Federation (BUACOFE). The project was implemented in six Sub counties namely: Buhehe S/C, Masinya S/C, Lumino S/C, Dabani S/C, Lumino T/C, and Majanji S/C. The project targeted Children aged 0 to 8 years in Busia community to achieve age-appropriate growth and development milestones. The achievement of the project goal (principle objective) was measured through two result area/outcomes, namely:

Outcome-1**: **Parents / caregivers have increased capacity in income generation and practicing responsive and protective parenting practices for their children by May 2024.

The expected outputs to be delivered under this outcome are enumerated below -

a) Capacity of 30 community facilitators to deliver responsive and protective parenting (RPP) strengthened.
b) 864 parenting sessions to caregivers of children 0 to 5 years conducted.
c) Capacity of 600 parents in entrepreneurship skills, and business management built.
d) 600 Parents/ caregivers of ECD children participate in at least one sustainable livelihood intervention.

Indicators under these outcome one;

- **Indicator 1.1:** % of parents with knowledge about responsive and protective parenting practice
- **Indicator 1.2:** Change in average household Monthly Income
- **Indicator 1.3:** % of Households supporting their children at the ECD centres due to increased income.

Outcome-2**: **Improved access to Quality center based ECD services for 2995 ECD children in Busia communities by March 2024.

The expected outputs to be delivered under this outcome were as follows:

a) *15 supported ECD centers meet quality standards for child friendly learning environment.*
b) *45 ECD caregivers and 40 teachers of lower primary motivated mentored and supported to lead learning programs at the centers.*
c) *3,000 aged' appropriate ECD children transitioned to primary one education.*

Indicators under these outcome one;

- **Indicator 2.1** % of Children 0- 3 years benefiting from quality home based ECD services
- **Indicator 2.2** Average score (%) in ECD learning framework for children 3-5 years test by ECD teachers/caregivers.
- **Indicator 2.3** % Of ECD children who transition to primary one.
- **Indicator 2.4** % of age-appropriate children 3-5 years attending pre-school/centre-based learning

Objectives and Scope of the end of ECCE Project Evaluation

The purpose of the study was to evaluate the progress made towards results or outcome of the project. The study did document efficiency, effectiveness, sustainability, key lessons learned, practices and change stories that could be replicated in other areas. The end of project evaluation fast tracked the immediate impact and performance so far of the outcome indicators in comparison with the baseline and midterm assessment for each of the project result area. The specific objectives/key aspects of the evaluation include:

i **Impact:** Establish any immediate changes in the well-being of both direct and indirect beneficiaries contributed by the ECCE project.
ii **Efficiency:** Establish the extent to which the ECCE project approaches have been efficient.
iii **Effectiveness:** Establish extent to which the ECCE project interventions contributing to the sustained wellbeing of both direct and indirect beneficiaries, especially the most vulnerable.
iv **Sustainability:** Establish what happens in these communities when Child Fund winds up project implementation?
v **Lessons learnt:** Establish the key lessons learned so far.

Evaluation Report outline

The evaluation report is organized in five chapters. The first chapter presents the introduction and background to the project and the evaluation, while chapter presents the methodology adopted for the evaluation. Chapter three presents the evaluation findings, covering seven sub-sections, namely: socio-demographic characteristics, household vulnerability, relevance, effectiveness, and efficiency, impact and sustainability, and project risks. The fourth chapter presents the conclusions and recommendations, while chapter five presents the appendices.

CHAPTER TWO: EVALUATION APPROACH AND METHODOLOGY

This Chapter presents information on the project evaluation design, evaluation process, sample size and sampling design, data collection methods, data processing and management and quality control measures. Details on each of this aspect are presented here under.

2.1 Proposed Evaluation Designs

A mixed evaluation design was adopted when conducting this Project Evaluation. The mixed evaluation design approach entailed adopting a before (baseline) and after (End of Project) evaluation design on one hand, a cross-sectional study evaluation design on another hand, complemented with the case study design approach. These designs are described hereunder:

2.1.1 Before-and-after Evaluation design

Before-and-after design looked at group characteristics (project beneficiaries) before and after the intervention (the pre- and post-intervention characteristics). It involved a comparison of the situation of beneficiaries before (project baseline), at mid-term review (MTR) and after the interventions (end of project evaluation). This approach was used to estimate project benefits/effects (outcomes) for each of the project indicators. This was based on outcome indicators specified in the project design document (logical framework and monitoring and evaluation plan). The baseline project survey report, mid-term evaluation report, and end of project evaluation survey data were crucial in application of this design. Extracted information was compared with evaluation findings.

2.1.2 Cross-sectional Evaluation Design

A cross-sectional evaluation design is a type of observational design that analyzes data of variables collected at one given point in time across a sample population or a pre-defined subset. This study type is also known as cross-sectional analysis, transverse study, or prevalence study. This design applied when assessing different issues, which did not have baseline figures. These are issues, which do not require comparison with the situation before the project inception, and they included; sustainability, ownership, relevance and some elements of efficiency and effectiveness. The reference point was sound management practices and programming standards. Participatory impact assessment activities guided this approach and identified pockets of success for follow-up and documentation.

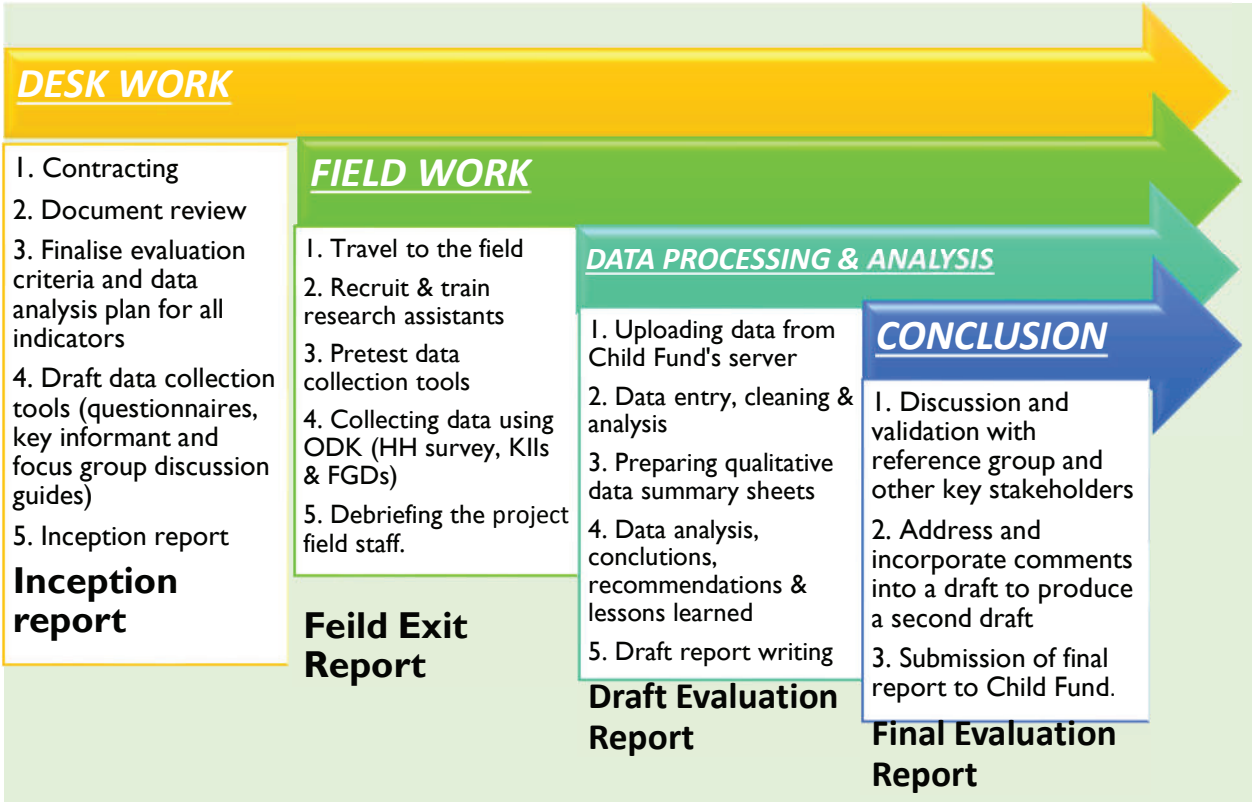
2.1.3 Case Study Design

This design was used to identify and document success stories on most significant change stories felt by the households and the community, as well as interventions, which worked well. The evaluators used the most-significant change methodology in documenting these success stories. The methodology involved use of participatory approaches like focus group discussions and storytelling.

2.2 End of Project Evaluation Process

The Evaluation process was made up of a combination of; i) Desk work, (ii) Field work; (iii) Data processing and analysis, and Conclusion. The phasing of this project evaluation is set out graphically below along with reporting milestones for the project evaluation is graphically presented in figure 1 here under;

Figure 1 End of ECCE Project Evaluation Process



2.2.1 Phase 1: Desk Work

The evaluation team reviewed several documents including; Project annual narrative report, Monitoring, evaluation, and learning framework, Baseline report, Project Document (Financial application document), Uganda Vision 2040, National Development Plan Three (NDPIII), Busia District Development Plan Three (BDDPIII), The National Integrated Early Childhood Development Policy Action Plan Of Uganda (2016-2021), Guidelines for Early Childhood Development Centres, Planning For Increased Access To Early Childhood Care And Education Thematic Studies Report, UNICEF's Programme Guidance For Early Childhood Development 2017, Early childhood development training manual for nursery schools and community based ECD centres, and the National Integrated Early Childhood Development Policy Of Uganda. The reviewed documents enriched our understanding of the project context and rationale, strategies, coverage and key stakeholders that were consulted during the Evaluation. Under this phase, the main deliverable was an inception report, which was submitted as per the terms of reference.

2.2.2 Phase 2: Field Work

This second phase involved travelling from Kampala to the project area to collect project evaluation data. Data was collected following the revised work plan. Data collection involved both participatory and non-participatory techniques using structured and unstructured data collection tools adopted and adapted from the baseline. These included administering coded questionnaires (structured Interviews), key

informant guides, FGD guides and observations of some key project observable results. Data collection started with recruiting and training of research assistants (specifically for this task). The research assistants were recruited with the help of Child Fund International, and were those familiar with the local area of data collection, are fluent (oral and written) in both English and local languages, had prior experience in data collection. Such selection criteria were intended to enhance quality of data collected.
Research assistants were briefed about the project and its objectives, trained, and an in-house pre-test of data collection tools was done as the research assistants were paired and one acted as an interviewer, and the other as an interviewee, then they were tasked to conduct the interview as the others observe. The entire team was given chance to give comments and point out areas of improvement. This was followed up by a community pretest the following day. Quantitative data from households was collected concurrently with qualitative data. The qualitative data focused on generating insights and reasons for the level of achievements of the quantitative data.

2.2.3 Phase 3: Data Processing, Analysis and Report Writing

This phase commenced with downloading data from the server, importing data into Statistical Package for Social Sciences (SPSS), labeling and defining variables, cleaning data to ensure that data is free from errors made during filling in of questionnaires. Besides, qualitative data was analyzed using content analysis approach. Content analysis was used to analyze qualitative data. Each qualitative data collector prepared data summary sheets from collected data. Electronic data capture matrices were used to process qualitative data, after which a content analysis was undertaken. Some of the qualitative data sources generated information, which was reported exclusively while some of it was integrated into the information generated from the household surveys. The information is presented in form of graphics (tables, charts, diagrams) and texts (verbatim quotes, text boxes, stories and case studies).

The project evaluation report is structured into three parts; Part 1 presents preliminary information, Part 2 presents main content of the report, while Part 3 presents supportive information to the evaluation (appendices and annexes). Preliminary section (part 1) consists of title page, table of contents, acknowledgment, affirmation, list of abbreviations and executive summary). Part two comprises of introduction (project description and background to the evaluation), methodology, evaluation findings (on each of the project evaluation objectives), conclusions, and recommendations. The recommendations are aligned to the respective findings of the report, oriented towards informing follow-up or design of similar interventions. Part three presents supportive information such as data collection tools, list of key informants.

2.2.4 Phase 4: Conclusion and Submission of Project Evaluation Report

The fourth and last phase started by receiving comments from Child Fund International Uganda. The consultant then embarked on addressing and incorporating comments into a draft to produce a second draft of the report/main findings, which was disseminated to Child Fund International Uganda for any additional observations and comments. Comments from the dissemination was reviewed, acted upon and incorporated into draft report to produce the final draft for submission to Child Fund International Uganda as per the terms of the contract.

2.3 Evaluation Sampling Design

A two-stage cluster sampling design was adopted for the household surveys conducted among project beneficiaries. The first stage involved the random selection of clusters (parents groups in Sub counties) where respondents were selected. The second stage involved random sampling of households as respondents from these communities

2.3.1 Sampling of Enumeration Areas and respondents

A random sampling without replacement was adopted for the evaluation. The enumeration areas include the six Lower Local Government (five Sub Counties of Dabani, Masinya, Buhehe, Lumino, Majanji and one Lumino Town Council) purposively as predetermined initially during project design in Busia District.

2.3.2 Sampling Procedure for households

A cluster-based sampling was used, where villages around targeted ECDs were selected and from which households with children aged 0-8 years were sampled. Owing to lack of a sampling frame, for each village selected, Research Assistants establish the total number of households in the village, a census of available and accessible households were interviewed.

2.3.3 Sampling procedure for ECDs and Teachers

A census of available and accessible early childhood development centres (ECDs and Caregivers/teachers) were interviewed. Each ECD 2 teachers were randomly selected to participate in the survey. However, the Caregiver head were was present at the center, he/she was purposively selected to participate in the survey as well.

2.3.4 Sample Size

A total of 351 respondents participated in the study. This consisted of 251 caregivers/parents for quantitative data, all 15 ECD centres (Caregivers), 10 primary schools (Head Teachers/Deputy) and 17 ECD teachers and 48 respondents for qualitative interviews. Details of selection of each of these categories of respondents is provided hereunder:

Quantitative Household Sample

The project targets population 600 direct households shall be used. The confidence interval of plus or minus 5 percent (±5%) was used, the sample size for the end line evaluation was determined using the formula developed by Yamane[1] (1967) as shown below.

$$n = \frac{N}{1 + N\left(e^2\right)}$$

Where:

n=sample size,

N=total number of targeted population (600)

e = 0.05 (5%) is the desired 95% margin of error.

[1] Yamane, Taro. 1967. Statistics, An Introductory Analysis, 2nd Ed., New York: Harper and Row

$$n = \frac{600}{1+600\,(0.05^2)} \quad n = \frac{600}{1+(1.5)} \quad n = \frac{600}{2.5} \quad \underline{n = 240}$$

In order to cater for non-response cases, the evaluation team interview 11 extra households (5%). This brought the total household sample to 251 household respondents. The sample was distributed to the six project Sub-counties.

2.4 Data Collection, Organisation Methods and Tools

2.4.1 Data Collection methods and tools

Both quantitative and qualitative data collection methods and tools were administered to the various groups of respondents. The data collection tools were developed and refined in consultation with the technical staff at the Child Fund International Uganda national office and approved before actual data collection.

2.4.1.1 Quantitative data collection

Using an error margin of 5% and incorporating about a 5% non-response rate, a total quantitative sample of 251 respondents were selected. Quantitative data collection was conducted using different tools both at household and institutional level. The quantitative tools used at both household and institutional levels included;

Household level quantitative data collection tools

- **General caregiver/parent tool:** This covered different attributes of the project indicators and included Education, Health and Child protection.

Institutional level quantitative data collection tools

- **ECD Caregivers tool** (This was subjected to sampled ECD caregivers to assess quality standards, and child protection to these centers within the project)
- **Government official tool** (This was subjected to all the Sub-county health assistants within the project area to determine their improved knowledge across nurturing care components, improved knowledge on reflective supervision, and improved knowledge on the importance of caregiver well-being)

NB: The Information on the individual children were provided by the caregivers (parents).

2.4.1.2 Qualitative data collection

For qualitative data, purposive sampling methods was employed in identifying respondents for interviews. Purposive sampling was used to select respondents who yielded appropriate and useful information on project implementation. Purposive sampling strategies moves away from any random form of sampling and are strategies to make sure that specific kinds of cases of those that could possibly be included are part of the final sample in the research study. The reasons for adopting a purposive strategy were based on the assumption that, given the aims and objectives of the study, specific kinds of people may hold different and important views about the ideas and issues at question and therefore need to be included in the sample. Qualitative assessments (Key informant interviews & Focus group discussions) were conducted

across all the Six Sub-counties where the project implementation was involved to build on the body of knowledge gathered using the quantitative tools. The tools used in collecting qualitative data are below;

2.4.1.2.1 Focus Group Discussions (FGDs)

FGDs were used to solicit and feedback success stories and in-depth information on project success stories in the district. During FGDs the evaluation team employed additional participatory assessment tools such as resource mapping, preference ranking to further deepen analysis and identification of critical issues and most significant stories. 3 FGDs (39 participants) was conducted in 6 sub counties to capture data on, Education, Child protection, and Health, Nutrition and livelihood.

2.4.1.2.2 In-depth Key Informant Interviews

Key informant's interviews were used to elicit in-depth information regarding the different evaluation issues related to project monitoring, impact/outcome, challenges and sustainability plans as well as different crosscutting issues. A total of 31 In-depth KIIs interviews were conducted across all the 6 project Sub counties who include; Centre managers, District Education Officer, Teachers of lower primary, Centre coordinating tutors, Community facilitators, VSLA Trainer of Trainee, project implementers, and district officials as presented in the table below.

Table 1: The KII Respondents selected for the Project Evaluation

Respondent Category	Data collection guide	Sub-County							Total
		District	Dabani,	Masinya	Buhehe	Lumino,	Majanji	Lumino TC	
Parents (women and men)	FGD Guide		1	1		1			**3**
Centre Management Committee	KII Guide	1	1		1		1	1	**5**
Centre managers	KII Guide		1	1	1	1	1	1	**6**
District Education Officer	KII Guide	1							**1**
Health Assistants / S/C CDOs	KII Guide		1	1	1	1	1	1	**6**
Teachers of lower primary	KII Guide		1	1	1	1	1	1	**6**
Centre coordinating tutors	KII Guide	1							**1**
Community facilitators	KII Guide		1	1		1			**3**
VSLA Trainer of Trainee	KII Guide				1		1	1	**3**
Project Implementers	KII Guide								**2**
Total Sample		**3**	**6**	**5**	**5**	**5**	**5**	**5**	**34**

2.4.1.2.3 Case Studies.

The evaluation team conducted field visits to areas in which the Early Childhood Care and Education Improvement Project was implemented to capture and document narratives that described the transformation or fruition of individuals as result of the project. The case studies illustrated key findings, including, best practices, achievements of the project, Challenges, and recommendation. Through use of recorders, identified project participants supported to obtain their stories.

2.4.2 Field Staff Recruitment and Training

The consultant worked closely with the Child Fund International Uganda Project team to locally source and recruit credible and ethical research assistants (6 enumerators) with experience in conducting social research, eloquent in both English and the respective local language. They were trained for a full day to ensure that they understand the purpose, objectives, scope, targeted respondents and how to safely collect data. The enumerators were trained in the data collection methods and the tools to be used. These ensured that they clearly understand the evaluation objectives and the methodology for addressing the assignment objectives. Measures were taken to ensure that participants attend all the sessions.

2.4.3 Pretesting of data collection tools:

The survey tools and instruments were developed by the consultant with the guidance and approval from Child Fund International Uganda. The evaluation team pretested the data collection in Buyengo Village, Dabani Sub-county. Pretest data was analysed and a preliminary review of questionnaires were done in after the pre-test to iron out errors and omissions.

2.4.4 Data Analysis and Reporting

2.4.4.1 Data Cleaning, Analysis, and Presentation (Quantitative data)

At the end of every day of data collection, survey data was sent to the server. After completing data collection process, data was downloaded from the server set-up. After downloading data into Microsoft Excel, it was imported into SPSS where activities like defining variable, labelling variables and cleaning of data was performed. Data cleaning was done to ensure that it is free from errors made during filling in of questionnaires (questions) on phones by research assistants. In addition, data cleaning was done by performing preliminary analysis of data where errors were identified and rectified accordingly. After data cleaning, data analysis commenced immediately and there after report (draft) writing started.

Quantitative data has been presented using appropriate techniques such as; descriptive statistics, mean, frequencies, proportions, percentages, cross-tabulations (disaggregated against the gender) Correlations and totals. Trends of Indicator Performance for the entire course of the programme data was compared to regional/national level data. Data analysis utilized sub-national or National level data and previous baseline/evaluation data through the project to illustrate trends of Indicator Performance..

2.4.4.2 Qualitative data analysis and presentation

Qualitative data was in textual form, consisting of notes and stories generated from KIIs, FGDs and Most Significant Change (MSC) stories. These were transcribed, edited and typed out. These were then read and re-read to identify responses that answer particular objectives and questions, as well as any emerging patterns of thinking, argument, and practice as revealed by the evaluation survey participants. The scripts were then analysed for content using latent content analysis. Results from the qualitative data were then triangulated with the quantitative data to enable meaningful interpretation. Some quotations from the qualitative data were as well included in the report to bring out the voices of the beneficiaries but also to support explanations and findings from the qualitative data.

Additionally, most significant change stories were used as a qualitative measure of change in the lives of project beneficiaries as a result of the project interventions. This was done through identification of key project milestones and ascertaining the change created as a result of the project through change stories told by the project beneficiaries. Key project photos demonstrating the change that the project created in the lives of communities were documented as part of the evaluation process. The Qualitative findings

were used to add more meaning (by triangulation) to the quantitative findings. In some instances, direct quotes, pictorial evidence, and stories from stakeholders, were used. Information from the quantitative and qualitative analysis was triangulated and synthesized to inform the writing of the report. Observed changes also and stories of change were documented.

2.5 Validation of Evaluation methodology

a) A team of 6 Research Assistants comprising of males and females were trained and engaged for a period of one week in data collection. During the training, data collection instruments were reviewed and pre-tested. Equally, a common interpretation on key phrases/statements or issues in the questionnaire into the local languages was agreed. Data instruments were then revised and reprogrammed into the system (KOBO-Collect) for data collection.

b) Research assistants were trained on different aspects of the evaluation survey to enable them acquire new skills or refresh their data collection skills. Specifically, the training involved a brief introduction to the project in target communities, child protection policy, evaluation survey (background, purpose and significance), and the sampling strategy. Research assistants were also trained on core elements of conducting successful interviews. During the training session on conducting successful interviews, opportunity was given to research assistants to share their experiences on conducting structured interviews. The training also covered some ethical considerations during the survey. Different training methods were applied during the training of research assistants. These included group discussions, mock interviews, group study of questionnaires, presentations from the survey team and internal pre-test of the tools within participants.

c) During the survey, key steps were undertaken before, during and after field work to generate high quality data. Before sending teams to the field, the consultant and supervisors prepared the team (research assistants) for proper data collection. Key actions before field work included; giving pre-field briefing on sampling procedure; underscoring the importance of collecting reliable data, dividing the group into small teams (one group to the refugee community, and the other to the host community), setting the target in terms of interviews to be completed per team, allocating supervisors to teams.

d) After fieldwork, the consultants reviewed each filled questionnaires and made possible corrections, identifying mistakes and giving feedback to individual teams. Key issues arising out of the days' work was always noted and formed the basis for next day's briefing before departing for fieldwork.

e) The evaluation was designed following sound procedure for conducting surveys. The adopted margin of error was five percent (5%) though extra questionnaires (11) were collected to guarantee even a tighter margin of error. Additionally, qualitative information was generated to supplement quantitative information. The sound quantitative survey procedure as well as qualitative information generated guaranteed internal and external validity of the findings within the stated margin of error and the project area.

2.6 Ethical Considerations

Ethical conduct is the cornerstone of any research or study undertaking and requires practitioners to abide by certain standard practices. In this evaluation, we integrated clear ethical standards throughout the assignment process, beginning from the choice of tools, community monitoring structures/research assistants, and confirmed consent to observance and respect for rights of respondents. Importantly child protection was high on protocols. The following Ethical standards and considerations guided the Project evaluation processes:

- Permission was from the community leadership before entry into the communities.
- Consent forms were always read word by word to the sampled group or individual participants (either in English or local language) to ensure a common understanding of the study objectives, requirements, risks and benefits. Only individuals who consented were included in the study.
- The principle of respect for one another was strictly observed for Research Assistants (RAs) and encouraged to maintain discipline.
- Training of Research Assistants (RAs was to explain the main objectives, demonstrate use of approved tools and instruments, transfer knowledge and learning on use of appropriate methodology.
- Pre-testing of the tools was done to ensure Research Assistants (RAs) understand the tools and clarify aspects that are unclear.
- All respondents (household members) received a verbal explanation of the survey for the household questionnaires.
- Research Assistants (RAs) were provided with a paragraph in their guide requesting consent from the target respondents. Households were always informed that the study was confidential.
- Participation was voluntary and household members had all their right to refuse to answer any or all questions as well as take photographs.
- Every piece of information collected was treated with all the confidentiality that it deserved.
- During data collection, no names of respondents were recorded anywhere on the consent form or questionnaire, no family information was shared with the other.

Quality Assurance Measures

Morrow (2005) argues that the quality dimensions in undertaking inquiries should focus on, credibility validity, trustworthiness or rigor. To ensure credibility evaluation findings, the evaluation team adopted and adopted WVU developed procedures that were followed to ensure quality outputs of this assignment, and these included;

- **Tools Design:** Quantitative data collection tools were designed using Open Data Kit and quality checks and limits to data were inserted within the designed questionnaire. This was to prevent wrong data entry, missing entries and ensure that correct data is entered into the system. Qualitative tools was reviewed by consultant team to ensure that they pick the right information needed for the study. Access to the central server was restricted to authenticated users who are responsible for managing the data and performing data quality measures on the data submitted.
- **Sampling strategy was strictly followed.** Experienced research assistants who were eloquent in both English and Local languages were identified with the help of the project implementation

team, recruited and trained for two days in completing interviews using tablets and ethics of data collection.

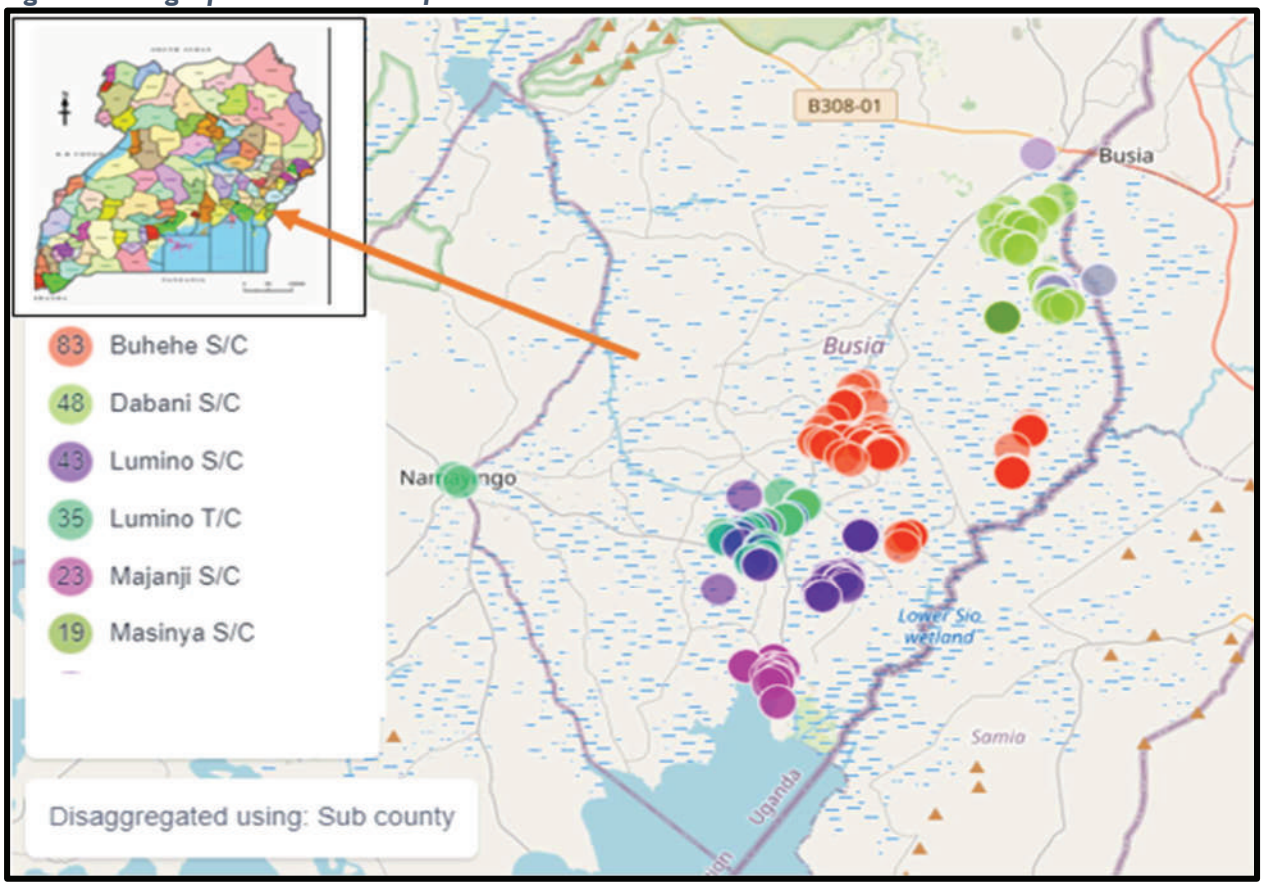
- **Training of Research Assistants:** These were trained for two days in completing interviews using tablets and ethics of data collection.
- **Pretesting of Tools:** Upon completion of the training, the data collection tools were pre-tested by the team and necessary changes made depending on the feedback from the pre-test.
- **Supervision of the Data collection process:** During Training, data collectors were trained so that they have a good understanding of the tools and provide necessary support where need be.
- **Data Cleaning:** Once data had been collected and uploaded to the server, preliminary data cleaning was conducted to check for any inconsistencies, correct sample size has been reached, any missing data before finally converting to SPSS for data analysis.

CHAPTER THREE: FINDINGS AND PRESENTATION OF RESULTS

The chapter presents the key findings for the end of project evaluation for "*Early Childhood Care and Education Improvement Project in Busia District in Sub Counties of Dabani, Masinya, Buhehe, Lumino, Majanji and Lumino Town Council.* The chapter presents the main purpose of the study which was "to evaluate the progress made towards results or outcome of the project. The chapter also documents efficiency, effectiveness, sustainability, key lessons learned, practices and change stories that can be replicated in other areas".

3.1 Geographical scope for Evaluation

Figure 2 Geographical location of the evaluation



Geographical Coverage: The end of project evaluation survey was conducted starting Saturday 25th May to Friday 31st May 2024 in the project area. The sub-counties from which the survey was conducted in each of the three districts are presented in the table 3.

Table 2 Distribution of respondents by sub-county in the project district (Busia)

SUB-COUNTY	FREQUENCY	PERCENTAGE
Buhehe S/C	**83**	**33.1%**
Dabani S/C	**48**	**19.1%**
Lumino S/C	**43**	**17.1%**

Lumino T/C	**35**	**13.9%**
Majanji S/C	**23**	**9.1%**
Masinya S/C	**19**	**7.6%**
TOTAL	**251**	**100.0%**

3.2 Demographic Characteristics

Data on the demographic characteristics within the project area provide an important background information and the necessary framework for the understanding of other aspects of the population, including economic activity and poverty and also provide information necessary for development planning, and resource allocation. These background characteristics of the households and household population are therefore, critical in providing contextual meaning and interpretation of the survey findings. The Evaluation collected information on personal characteristics of household members including information on age, sex, and education status among others. This section presents the key demographic characteristics of the household and household population within the project area.

3.2.1 Characteristics of Households

Population size, Sex composition, Age, and Household size: Population's size and sex composition are among the most basic ways to understand population change over time (Howden and Meyer, 2011). These represent the numbers of people of a given sex in society and are derived from the input of births, deaths and migration. In addition, they have significant implications for the reproductive potential, human resource, school attendance, family formation, healthcare, and other aspects of service delivery in general. In this regards, the survey reached a total of 251 respondents who were found at household level, of which 74.9% were female and 25.1% male, implying that majority of the caregivers at household level are female. The average household size is 6 members with Majanji Sub-county having the largest household size of 8 members and the lowest being Lumino T/C with 6 members per household. The average age of respondents was 38 years, with a minimum of 18 years and a maximum of 78 years. The youth (18-30 years) were 35.1% of the respondents, while adults (31-60 years) were 60.2% and the elderly (above 60 years) were 4.8% of the sample. The findings further show that 43.4% of the respondents are the ones in charge of their respective households (household heads) were female are the majority as summarised in the table 3.

Table 3: Household Demography Characteristics

Household Characteristics	Sub-County						Total
	Buhehe	Dabani	Lumino	Lumino T/C	Majanji	Masinya	
Gender of respondents							
Female	68.7%	75.0%	79.1%	82.9%	78.3%	73.7%	**74.9%**
Male	31.3%	25.0%	20.9%	17.1%	21.7%	26.3%	**25.1%**
Average age of respondents	39.19	36.73	36.07	36.83	38.04	38.79	**37.72**
Respondents Age Group							
Youth (18-30 Years)	26.5%	43.8%	37.2%	45.7%	30.4%	31.6%	35.1%
Adults (31-60 Years)	67.5%	52.1%	58.1%	48.6%	69.6%	63.2%	60.2%
Elderly (Above 60 Years)	6.0%	4.2%	4.7%	5.7%	0.0%	5.3%	4.8%
Average household size	6.41	6.17	6.00	5.54	7.61	6.47	**6.29**
Average number of children	3.81	3.63	3.79	3.37	4.96	3.32	**3.78**
Do you have children aged 3-5 years?							

Yes	69.9%	66.7%	74.4%	68.6%	95.7%	84.2%	**73.3%**
No	30.1%	33.3%	25.6%	31.4%	4.3%	15.8%	**26.7%**
Are children aged 3-5 attending any pre-school Centre (Nursery/ECD Centre)?							
Yes	87.9%	62.5%	78.1%	66.7%	100.0%	93.8%	**81.0%**
No	12.1%	37.5%	21.9%	33.3%	0.0%	6.3%	**19.0%**

3.3 Findings on Relevance of the Early Childhood Care and Education Improvement Project

By definition, relevance is the extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change. Assessing the relevance of the Early Childhood Care and Education Improvement Project design in respect to the needs of the community entailed the evaluation team establishing the extent to which programme activities were suited to the needs of the target beneficiaries. In assessing relevance, focus was made on measuring the extent to which the project interventions and approaches suited and responded to the needs of Uganda development context as a county, Busia local government context, the context of the implementing agency, and the needs of beneficiaries and affected communities at large. The evaluation further assessed the extent to which the project used existing structures, skills and knowledge of beneficiaries within the project area.

3.3.1 Relevance to the community (community needs)

The project was implemented following a needs assessment and a baseline survey conducted in 2022, which revealed that caregivers' wellbeing was compromised. About a third of the caregivers (35.8%) faced some challenges in the care of their children aged 0-5. About half of the caregivers lacked enough time to fulfil their different responsibilities during the day and for their families. These caregivers were equally stressed or overwhelmed as they attempted to meet family or work responsibilities. A very small percentage (20.2%) had ever received information on how to care for themselves. Across communities under the BUACOFE, Buyengo fared worse than Buhenye and Buhasaba. The welfare of female caregivers was more compromised than that of their male counterparts. Caregivers faced three specific challenges in caring for children, namely; financial strain (83.7%), lack of support from partners (30.2%) and violence/fighting with intimate partner (4.7%). The project strategy of economically empowering caregivers through VSLAs was very much relevant in this context to the community. This addressed the financial strain faced by caregivers. The table 4 shows the caregivers wellbeing status during the baseline.

Table 4: Caregivers Wellbeing Status

Indicator	Total (N=240)
% of caregivers who faced any challenges in the care of children aged 0-5 years	35.8%
% of caregivers who feel that you do not have enough time for yourself because of your different responsibilities during the day	49.6%
% of caregivers who feel stressed/ overwhelmed/ overly tired when trying to meet other responsibilities for your family	52.3%
% of caregivers who feel stressed/ overwhelmed/ overly tired when trying to meet other responsibilities for your work/livelihood	51.3%
% of caregivers who received training/information on how to care for yourself	20.2%

Source: *Baseline survey report 2022*

The baseline reports indicate that the existing ECD centres at that time did not have adequate learning materials to effectively aid quality-learning processes for all learners. Caregivers/teachers also indicated that their allowance/salary was low due to limited payment of school fees by parents. Few parents contributed to a feeding programme for children at ECD centre because they thought that services at ECD were supposed to be free of charge and due to lack of responsibility among some parents. All these challenges indicated the relevancy of the project to address education needs for parents and children in the community.

Before project implementation, the baseline revealed that there are few ECDs in the targeted communities and these few ECDs in existence were not well facilitated with adequate learning materials. This was because the initiation, operation and management of ECDs were done by the private sector (plus a few NGOs) and with minimal government interventions. The baseline survey findings further showed that ECD caregivers (teachers) had limited capacity to teach learners at ECD centres due to inadequate qualifications and training of caregivers. None of 17 assessed caregivers at baseline scored 75% on the ECD competence framework. The ability of ECD centres to attract better-qualified caregivers was limited to the low payment of caregivers, which was not monthly basis. There was also limited integration of targeted ECD centres with existing primary schools due to limited government support of ECD programmes in the country. Young children need a lot of nutritional support and health monitoring but these issues were not yet integrated in the day-to-day management of existing ECD centres. There was also limited involvement of parents especially male parents in ECD's activities and its management due to limited understanding among some parents of the value of ECD in the growth and development of children. With these findings, the relevancy of the project has been paramount to the community.

3.3.2 Relevance to the Busia District Local Governments Development Agenda

Child Rights: The project focused on improving the knowledge of parents/guardians on responsive and protective parenting practices through trainings, meetings, information communication, and education campaigns by child protection volunteers. The baseline assessment analysis indicated that about half of the children exclusively used positive parenting practices. Another half used bad parenting practice, which encourage use of violence against young children, and is very detrimental to their proper child development, which necessitated child protection interventions. Busia district in its development plan attempts to enhance the protection of children. The Busia DDPIII intends to enhance children's access to education, health, and protection against abuse by supporting the implementation of the District Child Protection Ordinance currently in place, which seeks among others to uphold the Universal Primary Education programme as a priority and that no child is left behind. Over the DDP III period, the Local Government shall focus on addressing the following: the rampant child abuses, rape and defilement; high school dropout, particularly for girls, largely emanating from inadequate appreciation of retention of girls in school, preference of early marriages and poor sanitation/lack of private facilities for the girl child.

Education: From the district development plan three (BDDPIII) Busia District Education sector aims at achieving Sustainable Development Goals (SDGs) 4 (Quality Education) and 5 (Gender Equality), NDP III targets and NRM Manifesto, all of which focus on realization of Vision 2040. The District provides Early Childhood Develop and Education, Primary Education, Post Primary Education and Training (UPPET) as well as sports for enhancing citizens' wellness/ health/ productivity and the country's image. The mandate of the district is to ensure access to quality education services. Quality access is to be achieved through

increased enrolment, net completion rates; adequacy of physical infrastructure and human capacities to supporting these services. Busia District education sector still faces a number of challenges, especially with the rapidly growing population in the district. The district plan is anchored in the Sustainable Development Goals (SDGs), and the National Development Plan III as presented in the table 5.

Table 5: Busia District Development Plan towards Early Child Care and Education

Sustainable Development Goals (SDGs)	National Development Plan Three (NDP III)	Busia District Development Plan Three (BDDPIII)
Goal 1: No poverty: "End poverty in all its forms everywhere	The overall goal is "Increased household incomes and improved quality of life". Reduced Poverty rates; from 21.4 percent to 14.2 %.	Improve household Income and provide necessities of life. Reduce Poverty rate from average of 30 percent to 14.2 percent.
Goal 4: Quality education: "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all."	Improve access and quality of social services. Institutionalize training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards	Improve access and quality of social services through implementation of UPE, USE and vocational training for both boys and girls in all Sub-counties and Urban Council. Implement IECD services in public and private schools

3.3.3 Relevance to the National Development agenda

The Project was implanted in line with many national policies and framework regarding educational development. Uganda is also signatory to many international conversions on education which is the project was hinged on as detailed below;

Education in Uganda: Education in Uganda hinges on both the International and National policy and regulatory frameworks. Some of the international frameworks that the education in Uganda is anchored upon include the Sustainable Development Goals which aims at leaving no one behind, the United Nations Convection on the rights of the child which emphasize Non-discrimination; Best interest of the child, Right to survival and Development and right to be heard as four major guiding principles, and sees education as a right. The Darker Framework for Action 2000, which aims at meeting Education for All, among others. The SDGs, which has 17 goals, is the latest development framework, which Uganda is a signatory among other countries. Goal 4 of the Sustainable Development Goals (SDGs) aims to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. Seven specific targets were identified for SDG goal 4, which addresses specific areas of educational needs. For example, target 4.1 emphasize that 'by 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. Target 4.2 states that "by 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary Education so that they are ready for primary education.' Thus the census data provides a benchmark on which SDGs can be monitored and evaluated.

National Polices on Education: The national policy guidelines and regulations for education is a replica of the international framework sometimes customized to fit the contextual needs of the country. The frameworks include the 1995 Constitution of the Republic of Uganda. In the Constitution Article 30, all persons have a right to education. Article 34 states that 'a child is entitled to basic education which shall be the responsibility of the state and the parents of the child' and also emphasize that 'the state shall

promote free and compulsory basic education.' The Government White Paper (1992) on Education is the basis for official policy which provides linchpin for education programmes in the Country. It is the supreme guiding document for the overall policy framework and main thrust of the Education and Sports Sector

Uganda Vision 2040 on Education: The Uganda Vision 2040 identifies human capital development as one of the key fundamentals that need to be strengthened to accelerate the country's transformation and harnessing of the demographic dividend. The availability of appropriate and adequate human capital facilitates increase in production, productivity and technological growth thus making it one of the key endogenous drivers of economic growth. Education is therefore seen as a human right is the heart of sustainable development and it is important to the development of individuals and economies, as it helps to pave the way to a successful and productive future. The current ESSP is premised on the critical role that the education and sports sector has to play in realisation of the national development agenda, articulated in the NDPIII and Vision 2040. Investment and interventions in the sector are therefore geared toward improving access to quality education, training and sports for the people of Uganda in order to create a critical mass of adequately skilled labour force to actualize the demographic dividend.

Early Childhood Development: Regarding Early Childhood Care and Education (ECCE), both the Education Act (2008) and the Government White Paper on Education (1992), have entrusted the delivery of preprimary education to the private sector and charged Government with the mandate of regulating and developing standards in delivery of pre-primary education. The proposed Early Childhood Care Education (ECCE), Policy, 2019 is hinged against the assertion that the ECCE is a foundation for quality education and charts a critical phase in children's physical, mental and psycho-social development for children aged 0 to 8 years of age. The Service Delivery Framework, 2019 advocates for multi-sectoral partners to change their methods of work, develop strategic partnerships with others and use the available scarce resources to ensure effective delivery of IECD services to children (MGLSD, 2019). The aim of the framework is to maximize the outcomes for children: (i) focuses on aspects of service delivery most likely to significantly improve outcomes for children & their families, (ii) articulates a model for the IECD within the Ugandan context and (iii) sets an aspirational national framework for achievement over five years.

Policy, Legal and Institutional Framework: The country has developed a policy and Action Plan on early childhood development. It is a comprehensive approach designed for children from conception to eight years of age, their parent and caregivers purposely to help the child grow and thrive physically, mentally, emotionally, spiritually, morally and socially. The National Integrated Early Childhood Development (NIECD) Policy, 2016 uses a holistic approach to the delivery of Early Childhood Development (ECD) services and requires multiple partners to have a common vision of ECD at all levels. It advocates for a shift towards a more coordinated and integrated service delivery for children and their families. Most of the Nursery and Day care centers in the country provide pre-primary education (for children aged 3-5 years). The Vision of the NIECD Policy is that all children in Uganda from conception to 8 years of age grow and develop to their full potential. Provision of pre-primary education is exclusively private sector-led, with the public sector only providing an enabling environment (i.e. policy, legal and regulatory framework, inter-sectoral coordination mechanisms, finance, monitoring, inspection and support supervision) to promote the provision of pre-primary education services. In order to streamline the operations of the private sector and to ensure that they are harmonized with the broader policy

thrusts of the sector, the Ministry of Education, Science, Technology and Sports performs oversight functions that include licensing and monitoring supervision and curriculum development.

The Planning For Increased Access to Early Childhood Care and Education Thematic Studies Report conducted in 2020 by the National Planning Authority together with the Ministry of Gender, Labour and Social Development revealed that Children aged 0 to 8 years were 11,052,800, representing 30% of Uganda's population in 2016, of which 3,614,827 were aged 3-5 years making them eligible for pre-primary education. The report indicates that in 2016, only 563,913 learners accessed pre-primary education in the registered 6,798 pre-primary schools of which 284,824 (50.5%) were girls. 3,050,913 eligible pre-primary learners did not access pre-primary education in 2016. The low attainment of quality ECCE in Uganda is attributed to a multitude of factors including but not limited to the following: (a) limited access to ECCE services; (b) ineffective regulation of ECCE delivery; (c) limited awareness on the importance of ECCE; (d) inconsistent levels of family &community engagement; (e) uncoordinated efforts in ECCE delivery; (f) high poverty levels; and (g) high cost of ECCE services.

In order to improve access to equitable, quality, inclusive and sustainable ECCE services for children, the newly passed ECCE Policy, 2019 makes provision for policy actions and strategies towards: (i) universal ECCE provision tagged to subsidies towards provision of ECCE services in vulnerable communities, (ii) enhancement of incentivized private provision of ECCE services in order to close the gap between urban and rural areas and (iii) streamlined provision of customized and appropriate quality ECCE for the different age groups of the children across three levels, i.e. day care; pre-primary and lower primary services. Among other policy actions and strategies geared towards provision of quality ECCE services is the increasing of the capacity of MOES and Local Governments to support, regulate and oversee ECCE service delivery, including adjusting the human resource structure of each District/Municipal/City Local Government to provide a position for an Officer responsible for ECCE who will be substantively appointed and deployed (MOES, 2019)

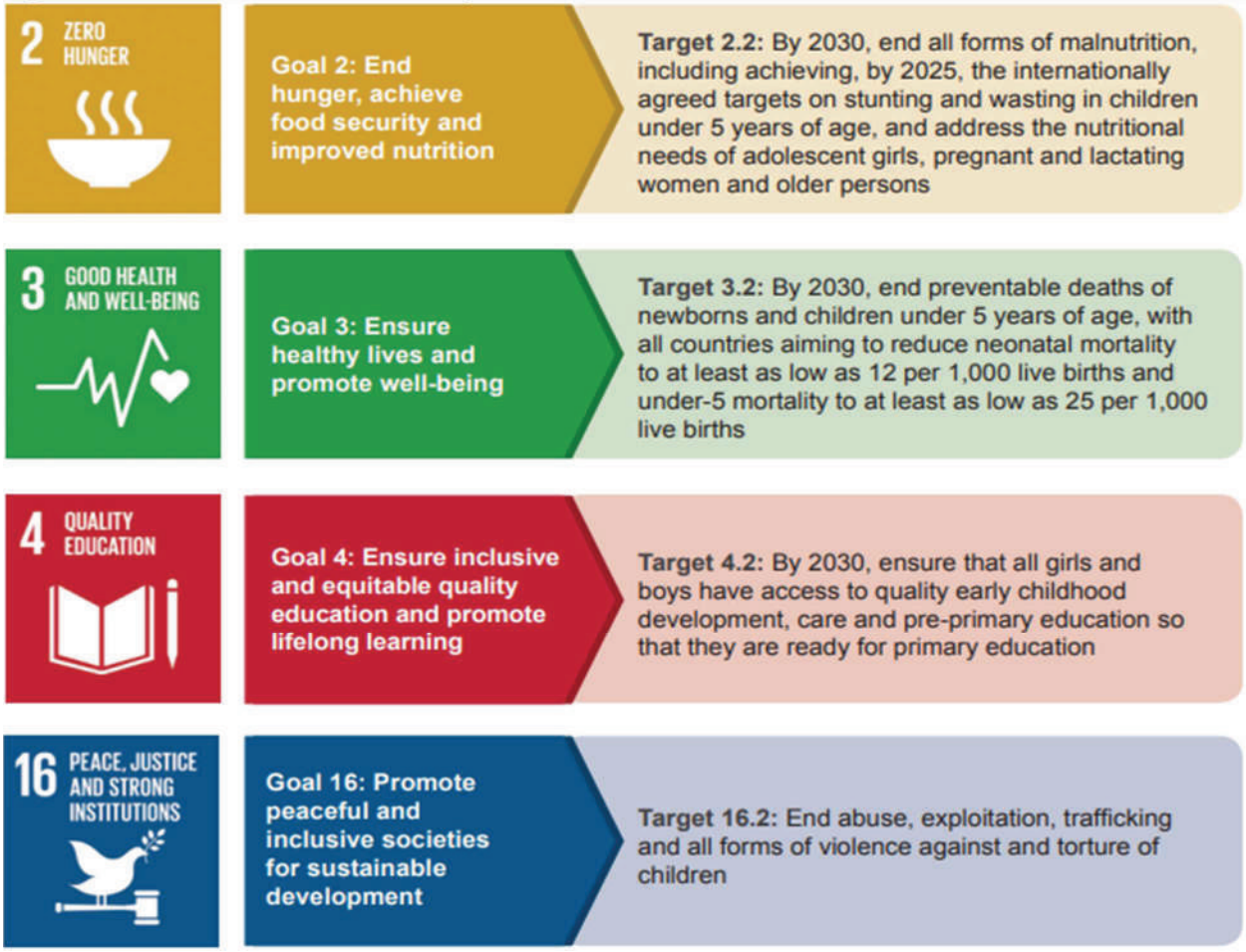
Primary Education: Primary education is the largest sub-sector of education in Uganda in terms of enrolment, human resource requirements and the budget. It has a seven-year cycle (i.e. P.1 – P.7). Options for primary school completers include either proceeding with secondary education, three year crafts course in a technical school or joining the labour market. In accordance with the 1995 Constitution (which made the provision of free primary education government's responsibility). The provision of primary education is mostly public-led complimented by the private sector.

3.3.4 Relevance to the Global Development agenda

ECD is part of the transformative agenda for 2030, making it an international priority for the 21st century. Global targets in education (SDG 4.2); health (SDG 3.2); nutrition (SDG 2.2); and protection (SDG 16.2) address key outcomes to realize young children's developmental potential. Addressing inequities early in life can convert a vicious cycle of inequality into a virtuous cycle. ECD also adds value to different strategic frameworks and partnerships, working towards the SDG goals, such as every Woman Every Child (EWEC), Global Partnership for Education (GPE), Scaling up Nutrition (SUN), and The Global Partnership to End Violence against Children (GPEVAC). This inclusion presents both opportunities and challenges in

policy setting, planning, budgeting, programming and monitoring results for young children. The ECD is supported and anchored in the sustainable development goals as seen in the figure 3.

Figure 3: ECD in Sustainable Development Goals, Source: UNICEF, 2017



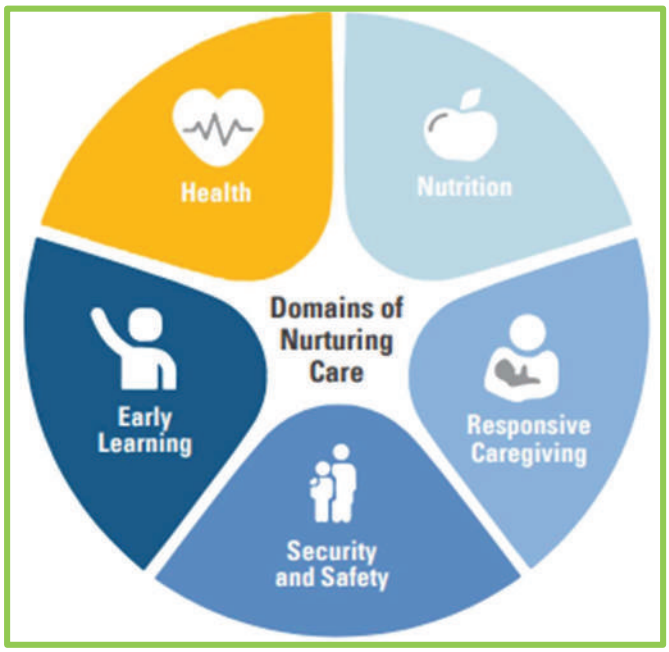
Quality early childhood development is crucial to the SDGs Strengthening early childhood development is key to achieving at least seven of the Sustainable Development Goals, on poverty, hunger, health (including child mortality), education, gender, water and sanitation, and inequality. In the words of UN Secretary-General at that time Ban Ki-moon:

> *"… early childhood development can help drive the transformation we hope to achieve over the next 15 years. This is a pivotal time. … Too many countries have yet to make early childhood development a priority. We need to invest more, not just in education, but also in health and protection. We need to target our investments and interventions to reach children at greatest risk of being left behind. The Sustainable Development Goals recognize that early childhood development can help drive the transformation we hope to achieve over the next 15 years." (Ban Ki-moon Statement on 22 September 2015)"*

The goal for ECD is that all young children, especially the most vulnerable, from conception to age of school entry, achieve their developmental potential, including in humanitarian settings. This is enabled by two factors:

- All young children, from birth to school entry, have equitable access to essential quality health, nutrition, protection and early learning services that address their developmental needs;
- Parents and caregivers are supported and engaged in nurturing care and positive parenting with their young children.

Figure 4: Domains of nurturing care, Source: UNICEF, 2017



Since evolving skills in early childhood are acquired through interaction with the environment, parents and caregivers are critical, as they are the architects of this environment.[2] For this reason, from a programmatic perspective, the objectives of ECD address both the children as direct beneficiaries, as well as parents and caregivers, as they create the primary enriched environments for young children.

Overall, the evaluation team affirms that the project was highly relevant in terms of addressing priority needs of the community. The project addressed early childhood learning for children aged 0-8. The quality of early childhood learning. The existing ECD services were constrained by poor infrastructure, poorly trained caregivers/teachers, inability of parents to pay fees and provide scholastic materials for learners and inadequate learning aids and materials needed to support learning for children. The enrolment of children in ECD increased as the baseline indicated that only one in four children in early primary has ever gone through ECD centres, implying that many children were not exposed to such critical child development services.

3.4 Findings on Effectiveness of the Project (Attainment of Project goal and outcome indicators)

Effectiveness refers to ability to achieve set objectives or purpose within a given time. It measures whether (or not) the project has achieved its set objectives. Effectiveness relates to the level at which Early Childhood Care and Education Improvement Project activities produced the desired effect. Under effectiveness, we looked at the extent to which the Early Childhood Care and Education Improvement Project intervention's objectives were achieved, taking into account their relative importance. This was

[2] Maureen M. Black et al., 'Early Childhood Development Coming of Age: Science Through the Life Course', The Lancet, series 0140-6736, no. 16, 4 October 2016, p. 1. http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31389-7.pdf.

measured by examining the programme outcome indicators as drawn from the programme log-frame to ascertain the level of achievement using the indicator definition in the programme M&E plan. The evaluation sought to establish the level of attainment of the project objective indicators in comparison with the baseline assessment findings. The findings on the status on each of the objective indicators are presented hereunder

3.4.1 Project Effectiveness

The evaluation sought to establish the level of attainment of the project outcomes indicators in comparison with the baseline assessment, and mid-term review findings. The findings on the status on each of the outcome indicators are presented hereunder.

Outcome 1: Parents / caregivers have increased capacity in income generation and practicing responsive and protective parenting practices for their children by May 2024.

***Indicator 1.1:* % of parents with knowledge about responsive and protective parenting practices**

Indicator	Baseline Value	Mid-Term Value	Endline Value	Target Value	Change Created	% target achievement
% of parents with knowledge about responsive and protective parenting practices	**54.6%**	**75.5%**	**94.8%**	**95%**	**40.2%**	**99.8%**

Achievement of ECD outcomes requires sustained investments in the capacity of parents and other caregivers to implement evidence-based, quality strategies that accelerate the uptake of protective caregiving behaviours and norms. This leads to increased knowledge among the public, especially parents and caregivers, on the importance of the earliest years of life for healthy brain development.

In this regards, the endline evaluation captured information on the extent to which parents and guardians exhibited knowledge of responsive and protective parenting practices. Recommended responsible and protective parenting practices include: 1) Provision of basic needs such as food and shelter, 2) Prevention of children from diseases, 3) Taking the child to qualified health worker when sick, 4) Observing and immunizing the child according to the immunization schedule, 5) Setting rules for children, 6) Providing Safe play spaces at home, 7) Proving care to all children regardless of gender, 8) Supporting children aged 0-5 to access ECD centres, 9) Feeding the child other foods in addition to breast milk starting at 6 months, 10) Removal of harmful objects from child's play environment, 11) Exclusive Breast feeding for the first 6 months., 12) Feeding the child on balanced diet to the child, 13) Protecting children from different forms of abuse/ violence, 14) Provide a good, consistent, nurturing relationship with the child, 15) Safe disposal of human waste, 16) Regularly communicating to the child through gestures, facial expression, body movements and sounds, 17) Hand washing with soap, 18) Regularly observing the child to identify illnesses early enough, 19) Provide different play materials for the child to feel, hold bang and drop, 20) Regularly consulting a qualified person when child is faced with a problem, 21) Making follow-up with ECD caregivers

and teachers on children learning, 22) Observe children on regular basis to identify their challenges and emerging skills, 23) Regularly Identifying issues that can harm children in the environment, 24) Provide ways for your child to see, hear and freely move and touch different things, 25) Preventing violence in families, 26) Registering the child at birth, 27) Being on the look out to detect child's cues in early childhood, 28) Providing adequate space for children in early childhood for movement and discovery, 29) Safe waste management, and 30) Safe water chain.

A respondent had to mention at least five of the above to be considered knowledgeable about responsive and protecting parenting practices. From the evaluation findings, 94.8%% of sampled parents/caregivers had knowledge about responsive and protective parenting practices. The findings shows a positive change from the baseline findings conducted in 2022 which revealed that before project implementation only 54.6% of the parents/caregivers had knowledge about responsive and protective parenting practices. Similarly, the endline findings shows an improvement from the midterm review conducted in 2023, which revealed that 75.5% of the parents had knowledge about responsive and protective parenting practices. The endline evaluation findings shows that slightly higher but insignificant percentage of male caregivers/parents (96.8%) had knowledge about responsive and protective parenting practices than their female counterparts (94.1%). Figure 5 shows the trend in the indicator performance right from the baseline (2022), mid-term review (2023), and the endline evaluation (2024)

Figure 5: Trend analysis of caregivers demonstrating responsive and protective parenting

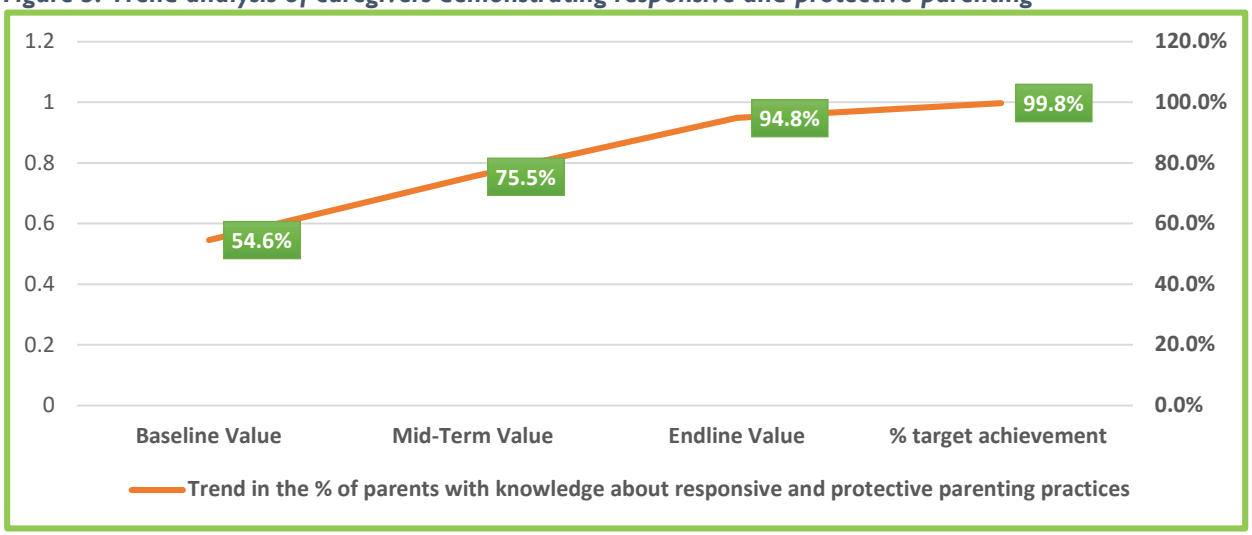
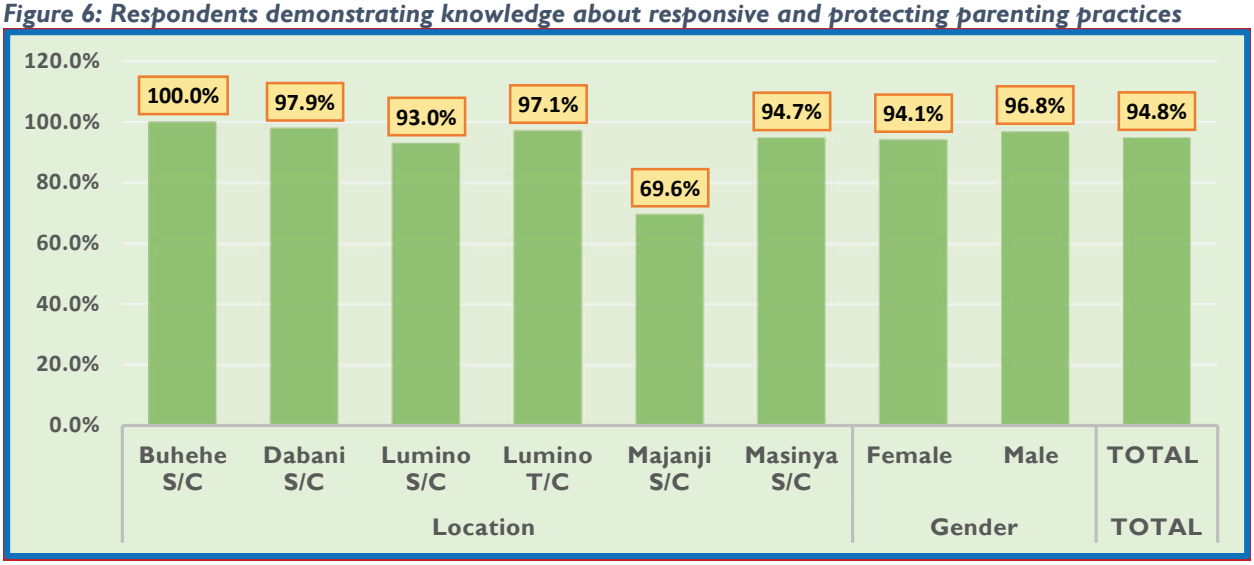


Figure 6: Respondents demonstrating knowledge about responsive and protecting parenting practices



Findings from the different Sub-counties shows that all (100.0%) parents/caregivers in Buhehe Sub-county demonstrated knowledge about responsive and protecting parenting practices (see figure 6). This was followed by Dabani Sub-county where 97.9% of parents demonstrated to have knowledge about responsive and protecting parenting practices, Lumino Town council recorded 97.1%, Masinya Sub-county recorded 94.7%, and Lumino Sub-county recorded 93.0% of parents/caregiver with knowledge about responsive and protecting parenting practices. The least Sub-county with parents/caregiver having knowledge about responsive and protecting parenting practices was Majanji with only 69.6%. The details are in indicated in figure 6. From the qualitative findings, this was quoted on positive parenting skills.

"……..I highly praise the ECCE Project because it has changed the behaviour of mothers in our community. In the past, it very common to see parents curse or hit their children. Now, they have changed. Their choice of words is more pleasant to the ears……they are knowledgeable and can take care of their children better……" **Participant in FGD with Caregivers (Parents)**

"……..there was a case where a mother always verbally abused her children by shouting and cursing and neglecting the children…….. When the project first started, she did not want to join the training. Later, she realized her mistakes in her parenting practice…….She experienced a transformation. She started modelling good practice and encouraged other mothers to come and join the training……" **Participant in FGD with Caregivers (Parents)**

"……..children always copy what we parents do….For example, my child when I make strange sound, he will also respond following my sound. I always read for my child books with pictures. Thanks to ChildFund for the trainings they have been giving us to be good parents……..the community is now a good place for children to grow into good citizens……."
Participant in FGD with Caregivers (Parents)

"…….I admit that although I have worked as a caregiver for some time in this centre, my knowledge of parenting skills is still limited. It doesn't mean I can do better than others, but I am committed to learning new practices. With the trainings received from the project, we have improved tremendously on issues of child protection……..This project can change the habit and mindset of parents in the new generation……" **KII with caregiver (Teacher)**

"…….before having some training with the project, I used to drink alcohol so much and had conflict often at home…..with training, slowly I felt ashamed and start changing my behaviour. From there I started taking

care of my family and teaching my children……. Now, I know how to communicate with my family, and learn how to teach my children by sporting them with homework when given…….. I have witnessed the improvement in my family after I started following what we were taught……..." **Male Participant in FGD with Caregivers (Parents)**

As indicated in table 6, the evaluation study found that the ten most reported parenting skill by the caregivers were; Provision of basic needs such as food, shelter (79.7%), followed by Prevention of children from diseases (60.2%), Taking the child to qualified health worker when sick (59.4%), Observing and immunizing the child according to the immunization schedule (55.0%), Setting rules for children (54.2%), Providing Safe play spaces at home (53.8%), Proving care to all children regardless of gender (53.0%), Supporting children aged 0-5 to access ECD centres (51.8%), Feeding the child other foods in addition to breast milk starting at 6 months (48.2%), and Removal of harmful objects from child's play environment (47.4%). The five least reported parenting skills by the caregivers were; Registering the child at birth (29.9%), Being on the look out to detect child's cues in early childhood (29.1%), Providing adequate space for children in early childhood for movement and discovery (28.3%), Safe waste management at home (24.7%), Safe water chain for home consumption, (21.1%).

Table 6: Parenting skills known by the care givers/parents

Some of the good parenting skills known by the care givers/parents	Sub county						
	Buhehe S/C	Dabani S/C	Lumino S/C	Lumino T/C	Majanji S/C	Masinya S/C	Total
Provision of basic needs such as food, shelter	80.7%	72.9%	86.0%	68.6%	82.6%	94.7%	**79.7%**
Prevention of children from diseases	77.1%	52.1%	74.4%	34.3%	39.1%	47.4%	**60.2%**
Taking the child to qualified health worker when sick	63.9%	52.1%	58.1%	51.4%	73.9%	57.9%	**59.4%**
Observing and immunizing the child according to the immunization schedule	61.4%	66.7%	46.5%	68.6%	17.4%	36.8%	**55.0%**
Setting rules for children	56.6%	60.4%	55.8%	57.1%	60.9%	10.5%	**54.2%**
Providing Safe play spaces at home	67.5%	45.8%	48.8%	40.0%	52.2%	52.6%	**53.8%**
Proving care to all children regardless of gender	63.9%	37.5%	41.9%	54.3%	39.1%	84.2%	**53.0%**
Supporting children aged 0-5 to access ECD centres.	53.0%	41.7%	53.5%	48.6%	65.2%	57.9%	**51.8%**
Feeding the child other foods in addition to breast milk starting at 6 months.	59.0%	58.3%	23.3%	60.0%	17.4%	47.4%	**48.2%**
Removal of harmful objects from child's play environment	67.5%	39.6%	32.6%	37.1%	8.7%	78.9%	**47.4%**
Exclusive Breast-feeding for the first 6 months.	49.4%	52.1%	46.5%	54.3%	21.7%	47.4%	**47.4%**
Feeding the child on balanced diet to the child	54.2%	47.9%	37.2%	54.3%	21.7%	36.8%	**45.8%**
Protecting children from different forms of abuse/ violence	56.6%	62.5%	48.8%	31.4%	13.0%	5.3%	**45.0%**
Provide a good, consistent, nurturing relationship with the child	49.4%	43.8%	51.2%	37.1%	26.1%	15.8%	**42.2%**
Safe disposal of human waste	53.0%	27.1%	39.5%	11.4%	47.8%	73.7%	**41.0%**
Regularly communicating to the child through gestures, facial expression, & body movements	38.6%	45.8%	30.2%	51.4%	13.0%	31.6%	**37.5%**
Hand washing with soap	39.8%	33.3%	34.9%	71.4%	4.3%	10.5%	**36.7%**
Regularly observing the child to identify illnesses early enough	45.8%	45.8%	30.2%	17.1%	8.7%	21.1%	**33.9%**

Some of the good parenting skills known by the care givers/parents	Sub county						
	Buhehe S/C	Dabani S/C	Lumino S/C	Lumino T/C	Majanji S/C	Masinya S/C	Total
Provide different play materials for the child to feel, hold bang and drop	41.0%	35.4%	18.6%	37.1%	8.7%	36.8%	**32.3%**
Regularly consulting a qualified person when child is faced with a problem	44.6%	35.4%	41.9%	14.3%	0.0%	15.8%	**31.9%**
Making follow-up with ECD caregivers and teachers on children learning	41.0%	41.7%	16.3%	42.9%	0.0%	15.8%	**31.5%**
Observe children on regular basis to identify their challenges and emerging skills	42.2%	31.3%	30.2%	34.3%	4.3%	10.5%	**31.1%**
Regularly Identifying issues that can harm children in the environment	44.6%	33.3%	25.6%	17.1%	8.7%	31.6%	**31.1%**
Provide ways for your child to see, hear and freely move and touch different things	39.8%	37.5%	23.3%	31.4%	4.3%	15.8%	**30.3%**
Preventing violence in families	44.6%	35.4%	39.5%	0.0%	8.7%	15.8%	**30.3%**
Registering the child at birth	34.9%	31.3%	53.5%	11.4%	8.7%	10.5%	**29.9%**
Being on the look out to detect child's cues in early childhood	38.6%	31.3%	37.2%	20.0%	4.3%	10.5%	**29.1%**
Providing adequate space for children in early childhood for movement and discovery	36.1%	33.3%	25.6%	28.6%	4.3%	15.8%	**28.3%**
Safe waste management at home	38.6%	27.1%	20.9%	20.0%	4.3%	0.0%	**24.7%**
Safe water chain for home consumption	33.7%	18.8%	25.6%	8.6%	8.7%	0.0%	**21.1%**

Indicator 1.2: Change in average household Monthly Income

Indicator	Baseline Value	Mid-Term Value	Endline Value	Target Value	Change Created	% target achievement
Change in average household Monthly Income	UGX 54,924	UGX 99,267	UGX 142,661	UGX 80,000	**UGX 87,737**	**178.3%**

Household monthly income: In broad terms, income refers to receipts, whether monetary or in kind, that are received at annual or more frequent intervals by households or individuals and are available for current Consumption[3]. Household earnings comprise of both cash income and income "in kind". It combines incomes from all household members earning any income. It includes income from agriculture, wage employment, income from non-agricultural enterprises, property incomes, transfers, and organizational support among others. The evaluation inquired if the household had any member earning an income, and how much in total (total of all household members earning an income) did the household earn in a month. The findings shows that all (100.0%) households have a source of income. On average, the monthly household income was revealed at UGX 142,661, which is approximately 37 USD[4], with the maximum monthly income of 9,000,000 UGX and a minimum of 10,000UGX as seen in the table 8.

Table 7: Household income across project location, gender, and age groups

Descriptive Statistics

[3] A Framework for Household Income, Consumption, Saving and Net Worth, 1995
[4] Source: Bank of Uganda official exchange rates in May

	N	Minimum	Maximum	Mean	Std. Deviation
Average household monthly income	251	10000	9000000	142661.35	577275.962
Valid N (list wise)	251				

Average monthly household income		Mean	N	Std. Deviation
Location	Buhehe S/C	214542.17	83	980314.326
	Masinya S/C	149105.26	19	145234.253
	Lumino S/C	122906.98	43	183313.525
	Dabani S/C	102916.67	48	112197.742
	Lumino T/C	97228.57	35	199549.505
	Majanji S/C	66956.52	23	45570.603
Gender	Female	156457.45	188	664481.007
	Male	101492.06	63	98560.260
Age group	Youth (18-30 Years)	187136.36	88	952948.916
	Adults (31-60 Years)	119403.97	151	157942.487
	Elderly (Above 60 Years)	109166.67	12	163788.019
Total		**142661.35**	**251**	**577275.962**

This shows a positive change in income from 54,924 UGX reported at baseline in 2022, and 99,267 UGX reported at midterm review in 2023. From baseline, the finding shows an increase of 87,737 UGX of the monthly household income, which shows 167.8% achievement for the indicator as targeted during project design. Furthermore, from the evaluation, households were asked to identify the different sources from which they receive their income, and majority of respondents reported crop farming as the main economic activity (32.3%) as well as the main source of income (81%). This was followed by Selling Food items/stall (fish, vegetables, Butchery etc.) reported by 26.7% of respondents as the main source of income. Other reported main source of incomes included; Retail shop, Saloon/Tailoring/fabrication etc., Farming, Animal/Birds, Selling clothes, Transport (Boda-boda, Taxi, etc.), Mason, Brewing local alcohol, Formal Employment, Provision of Hard labour (Digging for people), Produce buying and selling fish.

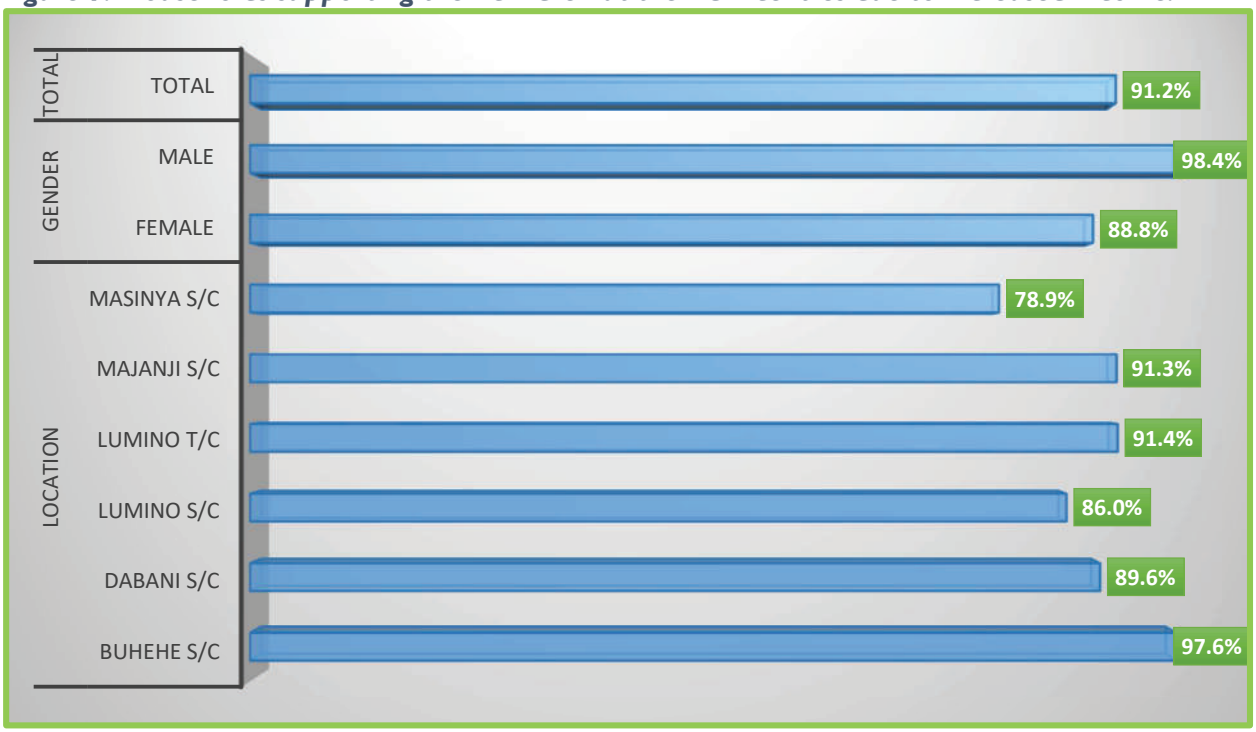
Indicator 1.3: % of Households supporting their children at the ECD centres due to increased income.

Indicator	Baseline Value	Mid-Term Value	Endline Value	Target Value	Change Created	% target achievement
% of Households supporting their children at the ECD centres due to increased income	**0.0%**	**68%**	**91.2%**	**95%**	**91.2%**	**96.0%**

From the qualitative findings, the evaluation found out that the main source of funding at ECD centres was tuition, implying that households were the major funders of pre-primary education. The dominance of household contribution to funding pre-primary education implies an increase in the household income, which results to increased support of children at ECD centres. The evaluation findings shows that there has been an increase in household income from 54,924 UGX reported at baseline to 142,661 UGX reported at endline evaluation. With this increase in income, 91.2% of the parents/caregivers revealed that they have been able to support their children with education at ECD centres by paying their school fees,

school feeding dues (providing maize grain and beans), and other scholastic materials. Caregivers reporting supporting their children at the ECD centres due to increased income are presented in the figure 7.

Figure 7: Households supporting their children at the ECD centres due to increased income.



The increase in household income was attributed to the project livelihood initiatives of formation and capitalisation of Village Savings and Loans Associations (VSLAs) in all the project implementation areas. From the Project Annual Report 2023, it was revealed that the formation of the 24 VSLA groups which comprised 601 members saving and taking loans was an achievement observed in the same year. This was realised by creating a readily available revolving fund accessible to the members for loans outside the banking system. From the observed report by the evaluation team, it was revealed that during the year 2023, the 24 created VSLAs groups with a membership of 601 caregivers (179 Males, 422 Females) made savings amounting to **UGX 57,217,500** (USD 15,464.12), against **UGX 18,205,300** (USD 4,920.35) which was saved in year 2022. With this increased household income as a result of capitalization of VSLAs which 98.8% of the caregivers affirmed that they belonged to at least one VSLA, the caregivers are now supporting the ECD centres through paying the school dues. From the evaluation findings, the table 8 shows the contributions in monetary and none monetary (Cash and Maize Contributions on to the ECD centres per community)

Table 8: Households Annual Contributions 2023 (Cash and Maize) to ECD Centres

Community Name	No. Centres per community	Annual Totals Per Community		Maize monetized (UGX)
		Cash (UGX)	Maize (Kilograms)	
Buhenye	5	20,086,300	7,123	8,547,600
Buhasaba	6	23,427,600	7,227	8,672,400
Buyengo	5	17,628,100	4,064	4,876,800

Total Annual contributions	**16**	**61,142,000**	**18,414**	**22,096,800**
Grand Total (Annual Contributions 2023 (Cash and Maize) in UGX (Maize costing 1,200/= UGX per Kilogram)				**83,238,800**

Source: Project monitoring report 2023

Figure 8: Some of the members of Notola Soluya Village Saving Group



Outcome 2: Improved access to Quality centre based ECD services for 2995 ECD children in Busia communities by May 2024.

Indicator 2.1: % of Children 0- 3 years benefiting from quality home based ECD services

Indicator	Baseline Value	Mid-Term Value	Endline Value	Target Value	Change Created	% target achievement
% of Children 0- 3 years benefiting from quality home based ECD services	**15.0%**	**85.2%**	**86.8%**	**75%**	**71.8%**	**115.7%**

Quality home based ECD services entailed supporting children to participate in different activities, which are aimed at their development while at home. Such activities include; Reading simple story books for the child, Browsing/looking at pictures in books, Telling stories to children, Singing songs, Taking the child outside home (to places such as market, play centres, Parent/guardian playing with the child, Naming things around the child's environment, Counting numbers (0-5), Drawing things commonly found at home, Regularly ensuring the play space for children at home is safe, Providing safe play/learning materials at home, Encouraging play groups at home, Conducting informal but friendly conversations with people at home, Engaging the child in talking while doing domestic chores (e.g. bring those plates, which color are they?, how many are they? Etc.), Creating routines – (Creating for children what to do so that they know

what do whenever they wake up), and Proving dolls and toys (with life – those that make sound) and those without for play. The evaluation findings shows an increase by 71.8% of children 0- 3 years benefiting from quality home based ECD services from 15% reported at baseline in 2022 to 86.8% reported at endline evaluation 2024.

Figure 9: Butula ECD Centre supported by BUACOFE with funding from ChildFund International Uganda



Indicator 2.2: Average score (%) in ECD learning framework for children 3-5 years test by ECD teachers/caregivers.

In relation to the baseline, this indicator was assessed using the National Curriculum Development Centre's ECD learning framework for children aged 3-5. The framework specifies five broad learning areas with corresponding 35 specific elements. The five learning areas include: relating with others in an acceptable way; interacting, exploring, knowing and using my environment; taking care of myself for proper growth and development; developing and using mathematical concepts in my day-to-day experiences, and developing and using my language appropriately. As per the indicator definition, one had to correctly score at least 75% (26 out of 35 indicators) on this framework to be regarded as knowledgeable on the ECD learning framework. From the evaluation findings, out of the 34 ECD caregivers sampled and interviewed, 97.1% scored 75% and above with the highest scoring 100% (from Nagabita ECD in Majanji S/c) and the lowest scoring 68.6% (from Buwumba ECD found in Dabani S/c). The average score was 86.6%. The findings shows a significant positive change from 39.7% at baseline conducted in 2022. The findings further shows that the project target of 75% was surpassed by 129.5%. The result are as a result of the continuous fresher trainings which were always given to the ECD caregivers by the center manger through the project arrangement. Furthermore, the top-up of the monthly 70,000 UGX given to the ECD caregivers was acting as a motivation to them.

Indicator	Baseline Value	Mid-Term Value	Endline Value	Target Value	Change Created	% target achievement
Average score (%) in ECD learning framework for children 3-5 years test by ECD teachers/caregivers.	**39.7%**	**85.5%**	**97.1%**	**75.0%**	**57.4%**	**129.5%**

Indicator 2.3: % Of ECD children who transition to primary one.

Indicator 2.4: % of age-appropriate children 3-5 years attending pre-school/centre-based learning

This transition indicator was computed by looking at the previous two years of 2022, and 2023 children who transited to PI and P2 in those yeas respectively. From the reviewed documents, 98.6% of the children actually transited to grade 1 between the project implementation period of 2022 and 2023. With this results, there is a significant improvement by 75.2% when comparing to the baseline findings which revealed a transition rate at 23.4%. The endline results surpassed the project design target of 95%, implying a 103.8% indicator achievement. Furthermore, the evaluation captured data on whether children aged 3-5 had ever attended Early Childhood education programme in the past, since the beginning of 2022 and those currently attending such programmes at the time of the evaluation. From the findings, 96.3% of age-appropriate children 3-5 years attending pre-school/ centre-based learning were actually attending pre-school/ centre-based learning at the time of the evaluation. This findings shows a significant transformation form that recorded at baseline as seen in the table below.

Indicator	Baseline Value	Mid-Term Value	Endline Value	Target Value	Change Created	% target achievement
% Of ECD children who transition to primary one.	**23.4%**	**96.8%**	**98.6%**	**95%**	**75.2%**	**103.8%**
% of age-appropriate children 3-5 years attending pre-school/ centre-based learning	**43.2%**	**94.9%**	**96.3%**	**95.0%**	**53.1%**	**101.4%**

Figure 10: Children from St. James Sibiyirise ECD Centre during their transition ceremony to lower primary level



From the qualitative findings, this was quoted.

"……We have since admitted may children in ECDs because of the community mobilisation towards positive parenting, and many are transiting to primary one…..Children used to sit home until they can join P.1; it used to be very tough for P.1 teachers making sure that children pick up and learn things but now its easy children get to primary when they are sharp…….Child Fund organizes graduation parties for top class children prepares food, brings the band and gives them gifts……" **KII with Chairperson Management Committee**

"……..Before there were many parents who did not know what ECD is but the project people came in taught the parents with children in ECD and supported them with startup capital for their businesses. In so doing, they will support their children in ECD and after…Children who have gone through ECD are better when they join primary school they are able to read. Comparatively many parents now send their children to ECD their mindset has changed towards ECD……" **KII with Vice Chairperson Sirikano ECD Management Committee**

Responsive Protective Parenting (RPP) Model Indicators

Responsive and Protective Parenting Model (RPPM) is part of ChildFund's adopted program model approach as a means of delivering interventions to their communities and will continue to support other initiatives that would ensure survival, growth and development of children in Uganda. In the early half of financial year 2022, ChildFund Uganda was involved in a rigorous exercise of developing the RPPM Curriculum to support the implementation of RPP model across the country. As part of the model consistent steps, a baseline assessment was commissioned in May 2022 to enable benchmarking success of the model given the different indicator. The model improves the health, nutrition and development

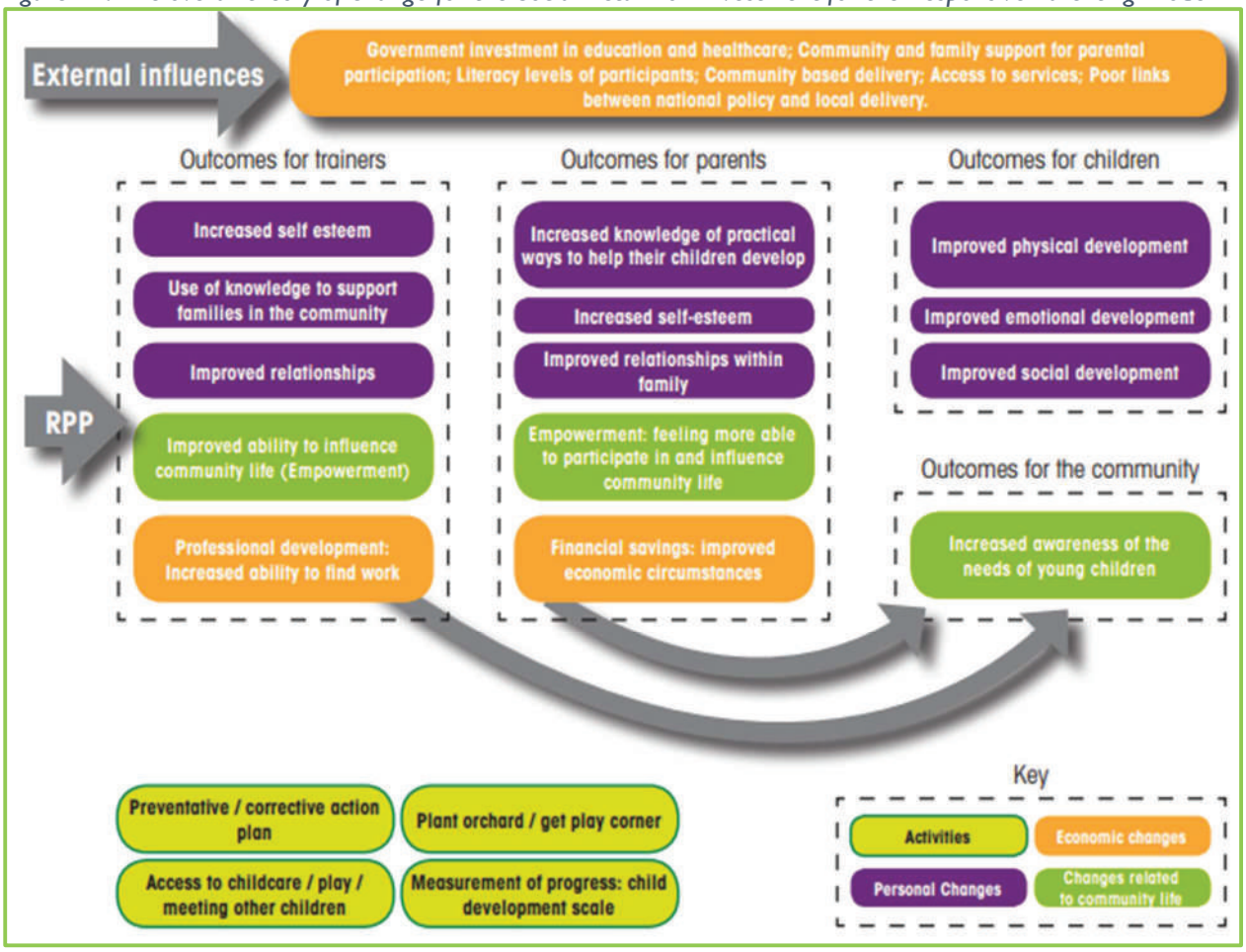
outcomes of children 0-5 years of age by increasing the skills, knowledge and awareness of primary caregivers. It also links families to public health, child protection and education services.

The cornerstone of the Responsive Parenting Model is parenting education and support, through sessions for groups and individual home visits and monitoring. The parenting education in the Responsive Parenting Model covers all aspects of early childhood development, organized into five units: General Messages; Physical Development; Emotional Development; Social Development; and Intellectual and Creative Development[5]. It engages primary caregivers in participatory workshops delivered by trained community volunteers called Mother Trainers.

The model follows six steps of delivery which engage parents, trainers and other community members: (1) Participatory Community Diagnosis; (2) Risk Socialization and Dissemination of Results; (3) caregivers selection to participate in the sessions; (4) Launch of Training of Trainers; (5) Formation of Participant Groups and Implementation of Workshops; and (6) Monitoring and Follow-Up. These steps link parents (mostly mothers) and Mother Guides into networks which provide parenting support beyond the workshops. The model also complements existing social services provided by the Government of Uganda, such as health care, early childhood education, and child protection. It empowers caregivers to stimulate their children's learning, promote healthy practices, and respond to their nutritional and protective needs. The RPP model is guided by the theory of change below;

[5] ECD includes evidence-based strategies that cut across health, nutrition, learning, protection such as parenting support, childcare, health, nutrition, sanitation and social protection services, good quality pre-school and transition to good quality primary school. Information available http://www.ecdgroup.com/library/

Figure 11: The overall theory of change for the Social Return on Investment for the Responsive Parenting Model



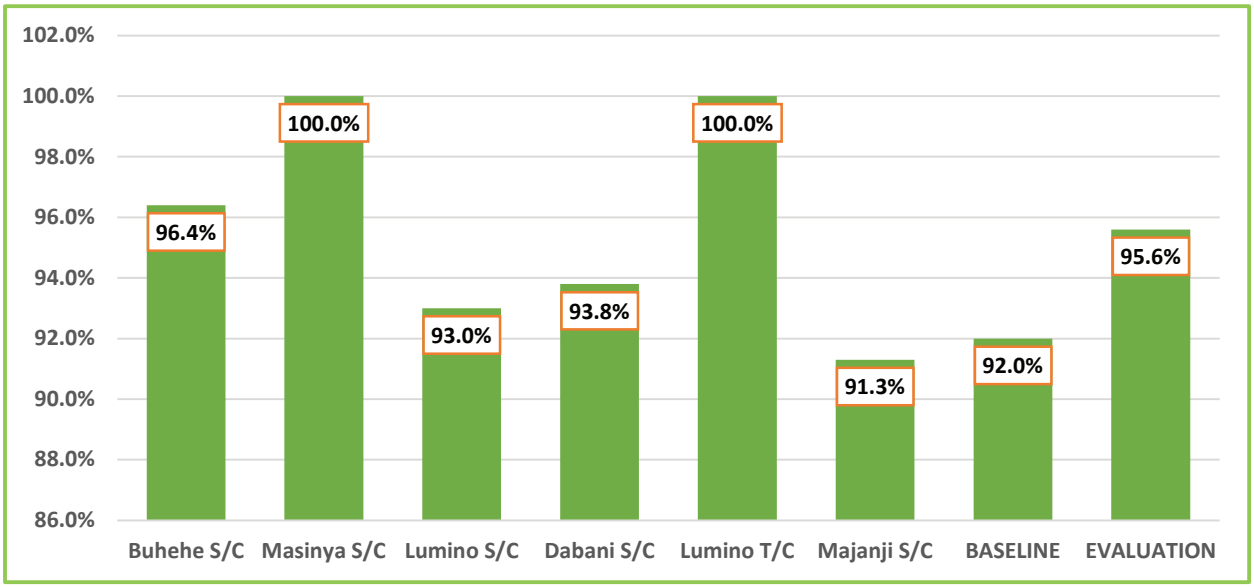
The outcomes presented reflect medium-term outcomes that can become catalysts for longer-term change. For example, children's improved physical development can, in the long run, enhance their future health prospects, educational performance, and eventually their income prospects. However, to assess these long-term outcomes, a longitudinal analysis based on various assumptions is necessary. Instead, the focus here is on shorter term outcomes and benefits that have already been effected for children, families and communities The ECCE Project evaluation team tested the theories of change via questionnaires for caregivers (both parents and ECD teachers) designed to elicit information on the evolution of change across the different outcomes of the model. The questionnaires and indicators captured the more tangible outcomes of changes in children's physical development and families' economic prospects, as well as the less tangible outcomes of changes in empowerment, social capital, agency and participation of women, and improved family relationships. From the findings, below are the indicators used to measure these outcomes of the model.

***RPP Indicator 3.1:* % of caregivers/parents who report their community is a safe place for children.**

Child Protection System includes the set of laws, policies, regulations, services, capacities, monitoring, and oversight across all social sectors especially social welfare, education, health, security and justice organized around the goal of preventing and responding to protection risks such as abuse, neglect, abandonment, violence and exploitation. Parents and caregivers are the most important people in a child's life. They offer love, acceptance, appreciation, encouragement, and guidance, and provide the most intimate context for the nurturing and protection of children as they develop their personalities and identities and also as they mature physically, cognitively, emotionally, and socially. The objective of this approach is to strengthen and restore the protective environment of children. The community, including children themselves, parents and caregivers, and community members all have a crucial role to play in keeping children safe and supporting their healthy development. In this regards, the evaluation inquired from the caregivers/parents whether their community is a safe place for children. Safety was defined by looking at the community where there are referral path ways for reporting cases of child abuse, parents supporting their children in the community, and the community understanding of children rights. From the findings, 95.6% of the caregivers/parents affirmed that their community are safe for the children to grow from. As seen below.

Indicator	Baseline Value	Endline Value	Change Created
% of caregivers/ parents who report their community is a safe place for children.	92%	95.6%	4.4%

Table 9: Caregivers/parents who report their community is a safe place for children.



***RPP Indicator 3.2:* % of primary caregivers of children 0-5 with improved knowledge on nurturing care components.**

Indicator	Baseline Value	Endline Value	Change Created
% of primary caregivers of children 0-5 with improved knowledge on nurturing care components.	**54%**	**94.8%**	**40.8%**

The early years in a child's life are critical in building a foundation for optimal development through a stable and nurturing environment, as described in the Nurturing Care Framework. What happens during early childhood (pregnancy to age 8) lays the foundation for a lifetime. The evaluation findings affirm that the project made great strides in improving child survival, and also creating the conditions to help children thrive as they grow and develop, as 94.8% of the of primary caregivers of children 0-5 years of age had improved knowledge on nurturing care components. The finding shows a significant improvement of 40.8% from what was recorded at baseline. This was made possible through providing children with nurturing care, especially in the earliest years (pregnancy to age 3) through creating awareness, capacity building and training of caregivers/parents in nurturing care components. The nurturing care comprised of five interrelated and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. Nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion. Nurturing care happens when caregivers/parents maximize every interaction with a child. Every moment, small or large, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe, and learning about themselves, others and their world.

***RPP Indicator 3.3:* % of primary caregivers who report leaving children (0-5 years) alone for more than 1 hour in the past week.**

Indicator	Baseline Value	Endline Value	Change Created
% of primary caregivers who report leaving children (0-5 years) alone for more than 1 hour in the past week.	**11%**	**0.4%**	**10.6%**

Leaving children alone at home is considered child neglect, this has been identified as one of the most common types of child maltreatment[6]. In general, it's not a good idea to leave children younger than 10 years old home alone. Every child is different, but at that age, most kids don't have the maturity and skills to respond to an emergency if they're alone. In this regards, the evaluation inquired whether the primary caregivers had left a child aged 0-5 years alone for more than 1 hour in the past week prior to the evaluation. From the findings, 66.5% of the primary caregivers affirmed to have left their children (0-5 years) for more than 1 hour in the week prior to the assessment. However, majority of them had left the children in the hands of other caretakers. Only one primary caregiver representing 0.4% left the child alone. The findings shows a decline from the vise when compared to the baseline, which reported 11% in 2022. This was a result of continuous sensitization of primary caregivers on responsive and protective parenting by the project.

[6] Family Defense Center. When Can Parents Let Children Be Alone? Published online 2015. Accessed June 13, 2024. http://www.ssrn.com/abstract=2643804.

***RPP Indicator 3.4:* % of primary caregivers who report leaving children (0-5 year) in the care of another child aged 10 or younger for more than 1 hour in the past one week.**

Indicator	Baseline Value	Endline Value	Change Created
% of primary caregivers who report leaving children (0-5 year) in the care of another child aged 10 or younger for more than 1 hour in the past one week.	**37%**	**6.0%**	**31%**

Child protection in general, it's not a good idea to leave kids younger below 5 years to fellow children at 10 years old or younger for more than 1 hour home alone. Every child is different, but at that age, most kids don't have the maturity and skills to respond to an emergency if they're alone. Form the evaluation findings, it was revealed that 22.3% of the primary caregivers left their children below five years on age in the care of other children. However, 6.0% acknowledge leaving the child to a minor of 10 years or less. This shows a significant positive change of 31% in the reduction of the vise from the baseline, which was recorded at 37% in 2022.

***RPP Indicator 3.5:* % of primary caregivers engaged in 2 or more early stimulation activities with their child 0-5 in the past 3 days.**

Indicator	Baseline Value	Endline Value	Change Created
% of primary caregivers engaged in 2 or more early stimulation activities with their child 0-5 in the past 3 days.	**43%**	**96.4%**	**53.4%**

Early stimulation consists of doing simple, everyday activities with a child, such as talking, singing, reading, and playing. An essential aspect of early stimulation is ongoing, attentive, and responsive interaction between the caregiver and the child. This mutual interaction is sometimes referred to as "serve and return," a concept borrowed from the game of tennis. Such interaction leads to early bonding, which is associated unlocking the 'ordinary magic' that builds resilience and potential in young children from birth[7]. The first two to three years of life are critical for early child development (ECD), which affects later life trajectories in health, development, and earning potential. Global calls for early stimulation activities to support optimal development among young children are increasing and there is a need to better understand the factors associated with maternal engagement in early stimulation activities, particularly maternal mental health. Responsive caregiving and early learning, two of the five components of the Nurturing Care Framework, encompass child-caregiver social and emotional bonding through physical and eye contact, positive facial expressions (smiling), gestures and vocalizations (talking and singing), engaging in playful acts, exploring new environments and learning through children's books, toys and other play materials among others[8].

From the Planning for Increased Access to Early Childhood Care and Education Thematic Studies Report conducted in 2020 by the National Planning Authority together with the Ministry of Gender, Labour and Social Development, all children need early stimulation, which has been shown to improve children's cognitive function, language skills, and educational outcomes. Children who participate in early stimulation programs may be more likely to perform well in school, continue beyond primary school, and have better

[7] World Bank: Early Stimulation: Supporting Parents to Help Their Children Thrive; Online version https://documents1.worldbank.org/curated/en/805721544007101483/pdf/Early-Stimulation-Supporting-Parents-to-Help-Their-Children-Thrive.pdf Accessed on 13/06/2024

[8] World Health Organisation 2018: Nurturing Care for Early Childhood Development: a Framework for Helping Children Survive and Thrive to Transform Health and Human Potential

labor market outcomes. Form this background, the evaluation inquired how many primary caregivers engaged in 2 or more early stimulation activities with their child 0-5 in the past 3 days prior to the evaluation. From the findings, 96.4% of the primary caregivers affirmed. This showed an increase by 53.4% as the baseline recorded 43% showing a positive change. The reported simulation activities by the primary caregivers included; Read books or looked at picture books, Told stories, Sang songs to or with the child including lullabies, Took the child outside home, Played with the child, and Named, counted or drew things for or with the child

***RPP Indicator 3.6:* % of caregivers who engaged in positive method of parenting (and do not recur to violent forms of discipline) with their children 0-5 in the past month.**

Indicator	Baseline Value	Endline Value	Change Created
% of caregivers who engaged in positive method of parenting (and do not recur to violent forms of discipline) with their children 0-5 in the past month.	**41%**	**92.6%**	**51.6%**

The protection of children from violence is a fundamental right of every child. Unfortunately, violence remains a severe reality for millions of children around the world and leaves lifelong consequences on children's lives and development. Violence impedes children's development, learning abilities and school achievement; it constrains relationships, contributes to low self-esteem, emotional distress and depression, leads to risk taking, self-harm and aggressive behaviour. Additionally, violence conveys serious economic impact for society, reducing human capacity and compromising social capital[9]. Frequency of use of five (5) general types of methods that adults use to teach children proper behaviour or to approach a behavioural problem were asked during the evaluation, including: 1) positive parenting practices (explained why his/her behaviour was incorrect; praised the child about his/her good behaviour; child was given to do something else); 2) non-violent discipline practices (child was ignored when his/her behaviour was incorrect/bad; child was sent to his/her room, or to the corner or to sit somewhere alone; things he/she likes were taken away, or child was forbidden to do something he/she likes or punished him/her to go out); 3) psychological aggression (warned the child with a threat that he/she would be punished; yelled or screamed at the child); 4) minor physical punishment (hit or spanked him/her on the bottom; hit or spanked him/her on the hand, arm or leg; shook him/her with hands; twisted his/her ear or pulled his/her hair); 5) severe physical punishment (hit him/her on the face, head or ears; beaten, i.e. hit him/her over and over as hard as one could).

From the evaluation findings, positive parenting and non-violent types of child discipline methods shows that 92.6% of parents and caregivers exclusively used positive parenting methods with their child in the past month prior to the evaluation (i.e. did not use other methods in addition to positive parenting), while no respondent reported exclusively using non-violent discipline practices like ignoring a child when his/her behaviour was incorrect/bad; sending him/her to his/her room, or to the corner or to sit somewhere alone; taking away things he/she likes, or forbidding a child to do something he/she likes or punished him/her to go out. The findings shows a positive change of 51.6%, as the baseline recorded 41%.

***RPP Indicator 3.7:* % of Gov't officials with improved knowledge across nurturing care components.**

[9] Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle Income Countries. New York: UNICEF 2010

Indicator	Baseline Value	Endline Value	Change Created
% of Government officials with improved knowledge across nurturing care components.	**9%**	**89.3%**	**80.3%**
% of Government officials with improved knowledge on reflective supervision.	**0.0%**	**100.0%**	**100.0%**
% of Government officials with improved knowledge on the importance of caregiver well-being.	**91%**	**94.0%**	**3.0%**
% Facilitators with increased knowledge on nurturing care, and CBCP. (Threshold score 3/3)	**0.0%**	**53.7%**	**53.7%**
% of community leaders and/or CSS stakeholders with increased knowledge in facilitation parenting session planning, and reflective supervision.	**0.0%**	**61.4%**	**61.4%**

Nurturing care: Nurturing care refers to a stable environment sensitive to children's health and nutritional needs, safety and security, opportunities for early learning, and responsive, emotionally supportive and developmentally stimulating interactions with caregivers. As an overarching concept, nurturing care is supported by an ecosystem of social contexts, starting in the home. It includes parental work, childcare, schooling, the community, the environment, services and policy[10]. In brief, nurturing care supports children to survive and reach their full potential and ECD represents the outcomes measured. Nurturing care is important for everyone, and is especially important in the earliest years of a child's life from ages 0 to 3 as this is a period of rapid brain development that sets the foundation for later health and wellbeing. The nurturing care components describes how whole-of government and whole-of-society action can promote nurturing care for every child, and outlines five strategic actions to create enabling environments for nurturing care. From this background, the evaluation inquired from government officials specifically the health assistants who were charged in training and building capacity of the primary caregivers in responsive parenting within the project area.

From the evaluation findings, 89.3% of the interviewed government officials showed improved knowledge across nurturing care components, which was much higher than the 9% recorded at baseline showing an increase of 80.3% in the knowledge regarding nurturing care components. In the same regards, the evaluation further revealed that all (100%) of Government officials engaged in the evaluation process exhibited with improved knowledge on reflective supervision. This was a tremendous improvement as none of the officials reported improved knowledge on reflective supervision at baseline. Furthermore, the evaluation findings revealed that 94.0% of the government officials possessed improved knowledge on the importance of caregiver well-being. These shows a slight increase of 3% from that recorded at baseline (91%) in the year 2022. The evaluation as well inquired about the facilitators with increased knowledge on nurturing care, and Community-based child protection system. From the findings, 53.7% of the facilitators were found to have increased knowledge on nurturing care, and Community-based child protection system (Threshold score 3/3). This findings show an increase from the baseline which was recorded at 0.0% in 2022. Furthermore, the evaluation inquired about the community leaders and/or CSS stakeholders with increased knowledge in facilitation parenting session planning, and reflective supervision.

[10] Nurturing care framework progress report 2018-2023: reflections and looking forward

It was revealed that 61.4% of them were knowledgeable in facilitation parenting session planning, and reflective supervision, which shows a significant improvement from 0.0% which was recorded at baseline survey in 2022.

Figure 12: Quality learning at Butula ECD centre



3.5 Findings on Project Efficiency

Under Efficiency, the evaluation sought to establish the extent to which project activities transformed the available resources into outputs - in terms of quantity, quality, and timeliness. This section of the evaluation presets overall assessments of the quality of day-to-day management in terms of its approach to delivering the project action's planned outputs; the quality of information management and reporting and its respect for/adherence to agreed project deadlines.

3.5.1 Project design and implementation strategy/arrangement

The project was funded by ChildFund Korea and implemented by ChildFund Uganda through its local partner Busia Area Community Federation (BUACOFE). The project was implemented in six Sub counties namely: Buhehe S/C, Masinya S/C, Lumino S/C, Dabani S/C, Lumino T/C, and Majanji S/C. The project was also designed to be implemented within existing structures of the local government like the VHTs, the Health Assistants, the ECD management Committees among others. The evaluation team regular coordination meetings were held and the clarity on the roles and implementation through existing structures enabled the project to optimize efficiency through the different project activities.

The evaluation assessed the quality of project management systems and reporting, particularly the internal control systems, and the project monitoring and evaluation system as these are critical in ensuring efficient project implementation. The project had adequate staffing, resource control systems (e.g. ChildFund procurement manual guides all major procurements and Enterprise Resource Planning (ERP) system that provides project management information and supports daily bookkeeping, facilitating monitoring of the

project budget and preparation of monthly project financial reports). Procurements are conducted following the stipulated thresholds, while payments authorization is done using online system, with controls at each stage of approval. The construction, renovation and equipping of the ECD Centres involved the procurement committee that reviewed all the quotations based on standard procedures. Emphasis on play and teaching materials was put on training, caregivers to use local materials which were more sustainable and cheap. Overall, the evaluation team observed that the project has controls and procedures in place to facilitate prudent financial management.

Figure 13: Learning materials made locally by the caregivers which are efficient and sustainable in nature



The evaluation findings shows that the project interventions were delivered after a conducting a needs assessment and a baseline which showed the most affected communities which needed much more support in the area of child protection and ECD services. This also ensured that there was no duplicating of interventions within these communities. The project coordinated and harmonized interventions with the district from inception. The project used existing community structures at the community level that included VHTs, CPC, ECD Center management committees, caregivers and Local Government for IECD committees in community selection. The ECD centres are owned and managed by the communities thus reduced on costs.

The project had a functional monitoring and evaluation system to guide data collection and monitoring of project performance, with detailed tools and activity monitoring and reporting guidelines including indicator tracking forms, report templates, needs assessment, quantitative data questionnaires among others, which were designed at project onset and made available for use. The project has Monitoring and Evaluation (M&E) personnel, who provides technical support to the project implementation team in monitoring and evaluation matters of the project. Key monitoring and evaluation activities were conducted promptly under the project, including (i) the baseline survey, (ii) mid-term review, and the annual

monitoring activities. Reports of all these activities are disseminated to all the project teams for their attention and action.

3.6 Findings on Project Impact

- The project increased not only awareness on ECD education but is evidenced by increased enrollment that doubled over the three years. Parent's involvement was superb as they also contribute fees, and food. Child abuse cases have gone down. Children can play while learning. Improved working relationship between the schools and ECD centers because they have appreciated the importance of ECD. The capacity of these structures has been built to be able to manage these centers through formation of integrated ECD committees at district and sub-county levels. There is also very good working relation with the district Education department. From the qualitative findings, this was quoted;
  - ✓ *"……..They taught us how to live peacefully as parents in our homes such that our children will like the home environment, treating all children the same way irrespective of gender and disability status. We were also taught that a wife is pregnant they go along with the husband for antenatal services and immunization when they get a baby. They taught us to separate older children from their parents' house; a grown child shouldn't sleep in the same room with the parents……..."* **FGD participants**
  - ✓ *"…….We were also taught to plant tree plants like mangoes, guavas, avocados, oranges because a good home is one that has fruits as you eat of them you conserve the environment……."* **FGD participants**

- ECD centres (Nursery Schools & Community-Based) are required to have functional Centre Management Committees (CMC) that work closely with parents, teachers, caregivers, children, communities, district officials and local leaders to ensure effective: teaching & learning, staff welfare, conducive child friendly environment and day to day governance. The CMC members in addition are required to be inducted and trained to effectively function. Of the 16 ECD centres surveyed, all of them indicated that they had functional CMCs, which is credited to the project. The project working closely with the district education committee mobilized all the ECD centres to elect the Centre Management Committee
- Through the project, learning materials for children were procured and others locally done. These included equipping the ECD centres with both indoor and outdoor play materials were for both play and learning, Integration of ECD and child protection, health, etc. and use of VHTs to build capacity of caregivers on issues of early childhood development. The VHTs also acquired more knowledge on child protection. There was improved parenting skills and children through VHTs engaged the parents on things that would support their children wellbeing. They appreciate that children are also important. Bringing the distrust structures helped in rationalizing resources to avoid duplication. Use of policies was critical in defining the issue, strategizing and sanctioning on the implementation of the project. Primary schools appreciate ECD graduates as better performers for they join when prepared with better literacy and numerally skills than children who have not had early childhood learning opportunities.
- In terms of quality regulation and enforcement, the evaluation found that implementation structure provided for in the ECCE policy and legal documents as well as the guidelines has been fully operationalized in the project area, which seems to explain the quality leaning outcomes being

reported by the lower level primary teachers who acknowledged that there is a significant difference between the child who passes through ECD level than that one who just joins primary one from home directly.

- From the baseline, most parents (had little awareness of the role of ECD education to their children. Early Childhood Learning and Development (ECD) project implemented in 15 ECD centers, used activities such as community sensitization, capacity building of caregivers, village health volunteers and management committees, renovating and equipping ECD centers to raise parents' awareness of the concepts, benefits, and standards of ECD services. The project contributed to increasing the proportion of parents sending at least one or more of their age-eligible children to an organized early learning center, nursery school, kindergarten, or community ECD, and also increasing their knowledge about responsive and protective parenting practice by 40.2% (from 54.6% to 94.8%). From the qualitative findings, this was quoted from the FGDs with some members of the parents group.

  ✓ *"……..From the trainings we learnt that all children are important irrespective of their gender whether boy or girl, disabled or not they are a gift from God. I always pass on the information to my sons, daughters and daughters in law to do the same……."***FGD participants**

  ✓ *"…….I have learnt that saving is a very important issue. Because of the cash benefit we got to do business we are able to save some money and also get loans in case you need it from the group……."* **FGD participants**

  ✓ *"……..For the first time in this community, we were able to have graduation parties for our children in top class. Child Fund supports with food, drinks and certificates for the grandaunts. This has actually encouraged parents who did not want to take their children to ECD to step up because they want their children to have the same experience……."* **FGD participants**

- The parenting sessions have also improved the relationships between husbands and their wives, children and other caregivers. This can be seen in the qualitative findings below.

  "…….before having some training with the project, I used to drink alcohol so much and had conflict often at home…...with training, slowly I felt ashamed and start changing my behaviour. From there I started taking care of my family and teaching my children……. Now, I know how to communicate with my family, and learn how to teach my children by sporting them with homework when given…….. I have witnessed the improvement in my family after I started following what we were taught……..." **Male Participant in FGD with Caregivers (Parents)**

3.7 Findings on ECCE Project Sustainability

Sustainability refers to the ability of project beneficiaries to continue utilizing and benefiting from project results or outcomes realized after its termination and without external support. To assess the progress made towards the sustainability of the project interventions over its lifetime, the project evaluation team embarked on examining key sustainability issues described in line with the five drivers of sustainability. Drivers of sustainability were defined as those interventions, which determine the likelihood of the improvements in child development and protection being realized by the project in ensuring continuity beyond Child Fund International Uganda and other partners' involvement in the project area. These sustainability drivers included local ownership; partnering; transformed relationships; local and national level advocacy; and household and family resilience as detailed below.

3.7.1 Community Ownership

Under community ownership, the evaluation team explored how the project objective and priorities were developed with and owned by the community and local partners after an in-depth shared exploration of the community needs within their own context. Community ownership was enhanced through involvement and participation of partners and stakeholders including project beneficiaries, district and sub county political and technical leadership, Busia Area Communities Federation and other private sector actors throughout the implementation processes. For example, the district education technical committee headed by the District Education Officer, and sub county technical wing through the Health Assistants were involved in design, planning, implementation and monitoring of the project interventions. The district education leadership was charged with monitoring/inspecting the ECDs and giving technical guidance to ensure quality is maintained. The health assistants on the other side were charged by training the caregivers in responsive parenting practices and making follow-ups and acting as referral pathways in case of child case management came into their hands. Now the community appreciates the need for children to pass through the ECD centres before transiting to primary levels. The increasing incomes among caregivers is also observed in the steady increase in the contributions in the ECD centres and this has partly improved management of the ECD centres by providing resources, even though still inadequate. With this, parents are committed to continue paying for their children the required fees, and scholastic materials to facilitate their learning at the ECD centers. The project through the VSLAs initiatives supported the groups by linking them to the government programmes such as the Parish Development Model (PDM) since they were already organized. This helped them to be capitalized were each member got a tune of 1,000,000 UGX. From the evaluation findings, the table 11 indicates the contributions in monetary and none monetary (Cash and Maize Contributions on to the ECD centres per community)

Table 10: Households Annual Contributions 2023 (Cash and Maize) to ECD Centres

Community Name	No. Centres per community	Annual Totals Per Community		Maize monetized (UGX)
		Cash (UGX)	Maize (Kilograms)	
Buhenye	5	20,086,300	7,123	8,547,600
Buhasaba	6	23,427,600	7,227	8,672,400
Buyengo	5	17,628,100	4,064	4,876,800
Total Annual contributions	**16**	**61,142,000**	**18,414**	**22,096,800**
Grand Total (Annual Contributions 2023 (Cash and Maize) in UGX (Maize costing 1,200/= UGX per Kilogram)				**83,238,800**

Source: Project monitoring report 2023

This shows that these ECD centres can be sustainable through the strong commitments of the parents to support their children to acquire better learning experience and better development in all aspects of life. From the qualitative findings, this was quoted.

"……Child Fund gave us some cash in our group and that money helped us to do business and support our children in school and with basic needs. Each of us in the group got one time cash of UGX 150,000. The money was intended to support parents with children in ECD to be able to do business and support their children in school. But as you know when people receive money, they use it the way they want……..."

participant from *FGDs with VSLAs members of Notola Soluya saving Group*

- ✓ *"…….Child Fund has greatly helped us to pay/ top up teachers' salary at the ECD here; it also really trained us in the area of business how to account for the business and see that it runs well so when the money came we knew how to use it well as for me I was already working I deal in clothes so I added in to my business and am now able to sustain my children in school and buy the basic needs……."* ***FGD with VSLAs group member***
- ✓ *"……..Because of Child Fund efforts it's now a law in this community every child must join ECD, you can't get admission in at Buwumba P/S without an ECD certificate……."* ***FGD with VSLAs group member***
- ✓ *"……Child Fund also gave our saving group a saving box……."* ***FGD with VSLAs group member***

Figure 14: Some of the Members of Sibalima Khungila Sibateba Saving Group in Buwumba Village.



3.7.2 Partnering

Partnering with key structures in the community is an important driver of sustainability. Under Partnering, the evaluation team looked at how the project activities were developed and implemented by multi-stakeholder and cross sector working groups. The evaluation team assessed how the project utilized or partnered with existing community structures. From the findings, the project was a collaboration between ChildFund Uganda and ChildFund Korea. It was implemented by ChildFund Uganda through its partner, Busia Area Communities Federation (BUACOFE) furthermore, the project built on existing dedicated partners within the project area. These included the district leadership, the Sub-county leadership, and local NGOs like the Busia Area Communities Federation, the exiting government structures such as the

Village Health Teams, the Local Councils, the ECD Management Committees, and the Health Management Committees. The institutions such the ECD centers, parents/care giver's capacity were strengthened to continue supporting the wellbeing of children when the AP transitions, this helped in also creating efficiency when it came to implementing the programme interventions.

3.7.3 Transformed Relationships

In order to enhance transformed relationships among community members, the ECCE project was designed to benefit all members of the communities. For sustainability of project implementation, it requires a good working relationship with all community stakeholders as they all share available resources together. From the evaluation findings, the community will continue to ensure that the impact of the ECCE project interventions and engagements cause transformation in the lives of the children, their families and the entire communities, hence improved child well-being. This was achieved through strengthening the capacity of caregivers, ECD centres, to continue with the transformation work started by the project.

3.7.4 Social Accountability

Social accountability is a strong pillar for any project sustainability as it empowers the community to own up the project outputs. Under this, the evaluation assessed the ability and willingness of the community under the project in holding government service providers (duty bearers) accountable for the quality and quantity of services delivered for the community. Existence of collaborative dialogue between the community and duty bearers to make sure that community needs are prioritized. The ability of the community to report any child protection issue was also assessed. From the evaluation findings, the project has continued to support local level advocacy activities for improved service delivery through the continuous provision of refresher trainings to the caregivers (ECD Teachers) to continue providing quality services to the community children. Using the RPP model which seeks to enlighten the community on their role in responsive parenting centered around maternal and child health were tremendous scores were made in advocating for child health services and child protection. Through this, now the community is well much knowledgeable of what they are supposed to do for creating better community which is safe for the children.

"…….the project ensured that knowledge on children's developmental needs was also imparted through the facilitation of training that was rendered to the ECD practitioners. Through this training, practitioners were afforded an opportunity that left them well equipped with early stimulation skills that prepared children for primary school. By this, we wanted to ensure that the ECDs remained sustainable upon completion of the project……..." **KII with center manager**

"…..we received support in form of trainings specifically on the ECD framework……the reason was to support the sustainability of these ECD Centres….." **KII with one of the Head caregiver**

3.7.5 Building Resilience and Reducing Disaster Risk

Building resilience is one of the project sustainability pillars. Under household resilience, the evaluation assessed the resilience and ability of the different existing community structures in responding to community needs specifically under the child protection sphere. The evaluation team also evaluated the ability of households in preventing, preparing for, mitigating and recovering from disasters, adapt to external factors and transform their well-being on a pathway of growth and progress. Form the findings,

the project continued to encourage the community to continue through saving for Transformation and Household Engagement and Accountability Approaches in which they were trained in through Livelihoods. This was done through creation of a revolving funds for credit to parents and caregivers outside the banks system. The project supported in the formation of 24 VSLA groups comprising of 601 members saving and taking loans. This has been an achievement observed in the year 2023[11]. This created a readily available revolving fund accessible to the members for loans outside the banking system. From the project monitoring report 2023 it was revealed that the 24 groups with a membership of 601 caregivers (179 Males, 422 Females) made savings amounting to UGX 57,217,500 (USD) 15,464.12, against UGX 18,205,300 (USD 4920.35) saved in year 2 – 2022. This will continue to enable the HHs and the community at large to offset the pressures of financial obligation through saving and borrowing in the community saving groups to finance immediate needs like health, education, child protection, disasters, and others. The VSLA initiative became fundamental in advocating for positive parenting whereby the VSLAs membership consisted both mothers and fathers within the community whom during their weekly meeting they could first talk about parenting practices within their community. From the qualitative findings, this was quoted

"……We normally sit every Sunday in the evening as a group to deposit our weekly savings and also members who want loans to add into their business……..after finishing our saving business, we start talking about our community how children are being raised and their protection in general. We have been receiving trainings as a group on positive parenting, financial management, business managements, and this has improved our community……" **FGD with VSLAs group member**

[11] Project monitoring report 2023

CHAPTER FOUR: CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

Relevance: Assessing the relevance of the Early Childhood Care and Education Improvement Project design in respect to the needs of the community entailed the evaluation team establishing the extent to which programme activities were suited to the needs of the target beneficiaries.

- Early Childhood Development: Regarding Early Childhood Care and Education (ECCE), both the Education Act (2008) and the Government White Paper on Education (1992), have entrusted the delivery of preprimary education to the private sector and charged Government with the mandate of regulating and developing standards in delivery of pre-primary education.
- Policy, Legal and Institutional Framework: The country has developed a policy and Action Plan on early childhood development. It is a comprehensive approach designed for children from conception to eight years of age, their parent and caregivers purposely to help the child grow and thrive physically, mentally, emotionally, spiritually, morally and socially.
- The National Integrated Early Childhood Development (NIECD) Policy, 2016 uses a holistic approach to the delivery of Early Childhood Development (ECD) services and requires multiple partners to have a common vision of ECD at all levels. It advocates for a shift towards a more coordinated and integrated service delivery for children and their families.
- The Planning For Increased Access to Early Childhood Care and Education Thematic Studies Report conducted in 2020 by the National Planning Authority together with the Ministry of Gender, Labour and Social Development revealed that Children aged 0 to 8 years were 11,052,800, representing 30% of Uganda's population in 2016, of which 3,614,827 were aged 3-5 years making them eligible for pre-primary education. The report indicates that in 2016, only 563,913 learners accessed pre-primary education in the registered 6,798 pre-primary schools of which 284,824 (50.5%) were girls.
- In order to improve access to equitable, quality, inclusive and sustainable ECCE services for children, the newly passed ECCE Policy, 2019 makes provision for policy actions and strategies towards: (i) universal ECCE provision tagged to subsidies towards provision of ECCE services in vulnerable communities, (ii) enhancement of incentivized private provision of ECCE services in order to close the gap between urban and rural areas and (iii) streamlined provision of customized and appropriate quality ECCE for the different age groups of the children across three levels, i.e. day care; pre-primary and lower primary services.
- Among other policy actions and strategies geared towards provision of quality ECCE services is the increasing of the capacity of MOES and Local Governments to support, regulate and oversee ECCE service delivery, including adjusting the human resource structure of each District/Municipal/City Local Government to provide a position for an Officer responsible for ECCE who will be substantively appointed and deployed (MOES, 2019)

Effectiveness: Under effectiveness, we looked at the extent to which the Early Childhood Care and Education Improvement Project intervention's objectives were achieved, taking into account their relative importance. This was measured by examining the programme outcome indicators as drawn from the programme log-frame to ascertain the level of achievement using the indicator definition in the programme M&E plan. The evaluation sought to establish the level of attainment of the project objective indicators in comparison with the baseline assessment findings. Overall, the project was to a large extent effective in delivering the intended objectives. Of the 7 outcome and result area performance indicators, 6 indicators (85.7%) were fully attained, whereas the other indicator was partially attained with only 3.8% left to full achievement.

Efficiency:

- Procurements were conducted following the stipulated thresholds, while payments authorization is done using online system, with controls at each stage of approval. The construction, renovation and equipping of the ECD Centres involved the procurement committee that reviewed all the quotations based on standard procedures.
- Emphasis on play and teaching materials was put on training, caregivers to use local materials which were more sustainable and cheap. Overall, the evaluation team observed that the project has controls and procedures in place to facilitate prudent financial management.
- The project coordinated and harmonized interventions with the district from inception. The project used existing community structures at the community level that included VHTs, CPC, ECD Center management committees, caregivers and Local Government for IECD committees in community selection. The ECD centres are owned and managed by the communities thus reduced on costs.

Impact:

- The project increased not only awareness on ECD education but is evidenced by increased enrollment that doubled over the three years. Parent's involvement was superb as they also contribute fees, food. Child abuse cases have grown low. Children can play while learning. Improved working relationship between the schools and ECD centers because they have appreciated the importance of ECD.
- The VHTs also acquired more knowledge on child protection. There was improved parenting skills and children through VHTs engaged the parents on things that would support their children wellbeing.
- The project contributed to increasing the proportion of parents sending at least one or more of their age-eligible children to an organized early learning center, nursery school, kindergarten, or community ECD, and also increasing their knowledge about responsive and protective parenting practice by 40.2% (from 54.6% to 94.8%).

From the qualitative findings on the impact, this was quoted

"…….Child Fund has taken the Caregivers for countless training they are now well trained to take care of our children……..Child Fund gives a top up to our caregivers on their salaries, 70,000shillings every month……..It also bought for the center playing equipment like you can see we have a good playing ground only that some equipment got spoilt……..They have helped parents with children in the ECD project by giving them startup capital to do business and be able to support their children……..We were taken for trainings as a committee to learn how to manage the center better……" **KII with *Chairperson Management Committee***

Sustainability:

- To assess the progress made towards the sustainability of the project interventions over its life time, the project evaluation team embarked on examining key sustainability issues described in line with the five drivers of sustainability. These sustainability drivers included: local ownership; partnering; transformed relationships; local and national level advocacy; and household and family resilience
- Community ownership was enhanced through involvement and participation of partners and stakeholders including project beneficiaries, district and sub county political and technical leadership, Busia Area Communities Federation and other private sector actors throughout the implementation processes. For example, the district education technical committee headed by the District Education Officer, and sub county technical wing through the Health Assistants were involved in design, planning, implementation and monitoring of the project interventions.

- Under Partnering, the project was a collaboration between ChildFund Uganda and ChildFund Korea. It was implemented by ChildFund Uganda through its partner, Busia Area Communities Federation (BUACOFE) furthermore, the project built on existing dedicated partners within the project area.
- Under Transformed Relationships, the community will continued to ensure that the impact of the ECCE project interventions and engagements cause transformation in the lives of the children, their families and the entire communities, hence improved child well-being. This was achieved through strengthening the capacity of caregivers, ECD centres, to continue with the transformation work started by the project.
- Through Social accountability, the project has continued to support local level advocacy activities for improved service delivery through the continuous provision of refresher trainings to the caregivers (ECD Teachers) to continue providing quality services to the community children.

4.2 Lessons Learnt and Best Practices from the Project Implementation

- Early childhood development (ECD) programs are most effective in reducing inequalities if they are introduced early in life, provide integrated services that target the many risks faced by vulnerable children, and are of high quality in terms of design, curriculum, training, and monitoring. High-quality ECD programs can have an impact on cognitive development, preparation for primary school, physical growth, nutrition outcomes, immunization, exclusive breastfeeding, HIV outcomes, and so much more.
- Engaging the existing community structures saves money other than setting up new structures and also helps the community to own the achievements of the project, which enhances sustainability.
- Regular field visits through joint monitoring and supervision are key in ensuring that the intended objectives are achieved with the allocated resources and in the given timeframe. They provided opportunities for continuous learning, and developing and implementation of strategies to address gaps identified thereby improving the implementation of the projects.
- The success of the project was majorly attributed to the good team work and social cohesion created especially in the mobilization and coordination from the leaders, knowledge/skills empowerment to the beneficiaries, the associated benefits that beneficiaries acquired from the interventions, transparency reflected in the project, and the good security and cohesion in the communities.
- Robust M&E System: Deployment of robust monitoring and evaluation practices helps in tracking milestones made towards achieving each of the results indicators. Linking M&E to work plans; focusing on efficiency and cost-effectiveness; employing a participatory approach to monitoring progress, disseminating results widely; using data from multiple sources among others, continuously supports tracking progresses made in achieving the Project objectives. Similarly, documentation of events and activities enables evidence-based reporting for the programme.
- Continuous community sensitization: Community sensitization and awareness creation on disaster issues through well-coordinated communication, and multi-agency and sectoral teams of implementing partners, enhances preparedness actions both at district and local community levels.
- The parenting intervention works if delivered well, with a clear understanding of the local context, to improve parenting skills, reduce use of harsh discipline of children, and improve child behaviour.

4.3 Recommendations

The evaluation proposes the following recommendations

Need for continuous support of Early Childhood Care and Education: Given the positive impact of Early Childhood Care and education (ECCE) on primary school learning outcomes, the evaluation team recommends a consideration of a needs-based approach to provide a basic package of ECCE services in all areas in the district without or with very limited access to ECCE. Much as there has been evidence for access to lower primary education for 6-8-year olds, the findings indicate that there is significant challenge were the ECD centres are located many kilometers away from many households. Advocacy is required for every primary school to have an ECD to cater for the growing demand as a result of project interventions. This should focus on increasing access to equitable, quality, integrated, inclusive and developmentally appropriate early learning and stimulation opportunities and programs for all children below eight years within the entire district.

Family strengthening and support: The evaluation findings revealed that the 26.6% of the female respondents were the household head, meaning that they were at the helm of supporting their children without the support of the man due to family break-up, and those who were still in marriage 4.7% reported intimate partner violence. With this, the family is taken as the first line of response and needs to be strengthened to provide adequate and holistic care for children 0-8 years. There is need promote approaches that strengthen families and community capacities including structures and systems in order to expand equitable, effective, and high-quality community-based response to enhance holistic child development. There is also need to strengthen the family relationship in order protect children: The strengthening of the nuclear family consists of including actions aimed at promoting the quality of life of families as co-responsible stakeholders of child development in cross-sectoral work mechanisms. This involves recognizing aspects such as inter-culturally and the territory's social diversity as fundamental elements of child care, along with promoting the gradual implementation of measures that facilitate an equitable distribution of household work and a greater involvement of men in parental tasks.

Food Security and Nutrition: There is need to promote and improved food security at household level. The evaluation findings revealed that 90.8% of the households are buying food. With a recorded average monthly income of 142,661UGX, and average household size of 6 members, it become difficult for the household become food secure and consuming nutritious food which is the recommended food for the children. In this regard, there is need to ensure that all households are food secure and have proper nutrition for proper child growth and development. This should involve supporting nutritious food production and uptake, nutrition care within the household, and community mobilization to promote the adoption of healthy behaviours and increased public awareness of the centrality of improved nutrition to community and national development to reduce prevalence of malnutrition among infants and young children, expectant and lactating mothers within the project implementation area and beyond.

Extend community coverage: Where resources allow, consider extending coverage within communities; e.g., expanding training to include other interested community members outside the targeted groups of caregivers of children in the 0-8 year age range. For example, it may be useful to include newly married couples or those who are expecting children, aunts and uncles, older siblings, or mothers of slightly older children, who may have more children in future. While this was a frequent

recommendation from a range of stakeholders in fieldwork, the efficacy and impact of such extended coverage would require investigation and analysis.

Strengthen refresher training: Consider periodic follow-up with trainers to assess knowledge and training capacity and to assess the need for refresher trainings.

5.0 APPENDIX

5.1 Appendix1: Success story

CASE STUDY WITH OKUMU MOSES ONE OF THE ECD PROJECT BENEFICIARIES IN BUHEHE S/C, BULWENGE PARISH BUKWALA VILLAGE AT HIS BUSINESS PREMISES ON 30/05/2024 AT 11:30AM. Contact: 0789048202

Okumu Moses is a resident of Bukwala Village in Bulwenge Parish Buhehe S/C; he is 43years of age married to Justine Nandera. He has four (4) children namely Masiga Fabis who is 22years of age, Nabwire Aspa 18years of age, Barack Benjamin 4years and Okumu Moses who is 2months old.



Figure 15: Mr.Okumu Moses with one of his employees in the business

Interviewer: ***What do you do to earn some income?***

Informant: Iam a farmer of cassava, maize and potatoes.

I also have a small business of a bar.

Interviewer: ***What has Child Fund done for you individually, what is there to show where Child Fund found you and where you are now? (2022 to date)***

Informant: I'm a member of Busubo ECD Group, they told us to form this group as parents with children in ECD such that we do business and are able to support the children; each of us in the group got a cash transfer of Ugx 150,000 to start a business or boost up our existing business.

Interviewer: ***When was that?***

Informant: It was last year 2023 in April.

Interviewer: ***How did you use that cash you received?***

Informant: I added items into my bar business; before I used to sell only local waragi but after receiving the money I stocked sodas, beers, juices and energy drinks. Before I used to get a monthly profit of UGX 25000/30000 but now I get 70,000. I also employ two staff.

I was also given improved seedlings in April last year for maize and beans a kilogram each which I planted and yielded 100kgs of maize and 20kgs of beans.

Interviewer: ***Did you attend any training organized by Child Fund?***

Informant: Yes and practicing what I learnt.

Interviewer: ***Okay, good to now, what were the trainings about?***

Informant: They taught us how to account for our money in business, keep records well, how to calculate a profit or loss and how to save.

We were taught about parenting, nutrition the feeding of self and expectant mothers, fathers should go with their wives for antenatal care. These trainings were held last year in January.

Interviewer: ***Did these trainings in any way change the way you do your things?***

Informant: Yes, I used not to escort my wife for antenatal but I started doing so even immunization we were not immunizing we used to use local herbs.

Interviewer: ***How do you plan to sustain those things that you benefited from the project?***

Informant: Now I know how to account for my business; I know how much I earn, what to save and put back in the business, pay workers.

Every week we meet to do savings we are taught something about business.

From the savings group, we can take loans to add in our businesses and pay back.

5.2 Apendix2: Documents Reviewed

1) Project annual narrative report
2) Monitoring, evaluation, and learning framework
3) Baseline report
4) Mid-term Assessment report
5) Project Document (Financial application document)
6) Uganda Vision 2040
7) National Development Plan Three (NDPIII)
8) Busia District Development Plan Three (DDPIII)
9) The National Integrated Early Childhood Development Policy Action Plan Of Uganda (2016-2021)
10) Guidelines for Early Childhood Development Centres
11) Planning For Increased Access To Early Childhood Care And Education Thematic Studies Report
12) UNICEF's Programme Guidance For Early Childhood Development 2017
13) Early childhood development training manual for nursery schools and community based ECD centres
14) National Integrated Early Childhood Development Policy Of Uganda

5.3 Appendix 3: Data Collection Tools

Household interview questionnaire



Household survey tool.docx

RPP Model questionnaire



RPP CG Questionnaire.docx



RPP Goverment KII.docx

Key Informant Guide



FGD ENDLINE SURVEY FOR EARLY (

5.4 Appendix 4: Clean Dataset

SPSS Primary Caregivers Dataset



Household Survey
SPSS Dataset.sav

Excel Primary Caregivers Dataset



Household_survey
Clean Excel Dataset.

SPSS Dataset ECD Centres Caregivers



ECD Teachers
survey SPSS Dataset.

Excel Dataset ECD Centres Caregivers



ECD_Teachers
Survey Clean Excel D

5.5 Transcribed FGD and KII Notes, and



Qualitative Findings.docx

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