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PLANNING FOR INCREASED ACCESS TO EARLY CHILDHOOD CARE AND EDUCATION THEMATIC STUDIES REPORT.

GOVERNMENT OF UGANDA

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NATIONAL PLANNING AUTHORITY
PLANNING FOR DEVELOPMENT

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National Planning Authority

Ministry of Gender,Labour and Social Development.

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List of Selected Abbreviations

BRMS	Basic requirements and minimum standards
CAO	Chief Administrative Officer
CPD	Continuous Professional Development
DEO	District Education Officer
DES	Directorate of Education Standards
DIS	District Inspector of schools
ECCE	Early Childhood Care and education
ECD	Early childhood development
EFA	Education for All
EI & TTU	Education International and Tanzania Teachers' Union
ELDS	Early learning and development standards
FGD	Focus Group Discussion
GWP	Government White Paper
MDG	Millennium Development Goals
MEO	Municipal Education Officer
MIS	Municipal Inspector of Schools
MoES	Ministry of Education and Sports
NCDC	National Curriculum Development Centre
NDPII	The second National Development Plan
NDPIII	The third National Development Plan
NPA	National Planning Authority
PTC	Primary Teachers' College
SDG	Sustainable Development Goals
TIET	Teacher, Instructor Education and Training
UK	United Kingdom
USA	United States of America

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Executive Summary

The overall objective of the study was to identify Early Childhood Care and Education (ECCE) priorities to inform the National Development Plan III (NDPIII). The study addressed three thematic areas:Prospects for the establishment, management and administration of ECD centres at public primary schools; Prospects for scaling up the training of ECCE caregivers at public primary teachers' colleges in Uganda; and Support supervision and enforcement of the regulatory and quality assurance system for ECCE standards.ECCE as one of the dimensions of ECD was chosen based on the premise that ECCE lags behind the rest of the dimensions of ECD and is totally in the hands of the private sector with limited government participation. A summary of key findings are highlighted in this section.

Key findings

Impact of ECCE on primary school learning outcomes

1. The survey findings affirmed considerable differences in learning outcomes between children exposed to pre-school and those who are not. Children who attended pre-primary school were more likely to: engage (96.4%), normally progress to next class (93.3%), complete the primary education cycle (87.5%) and achieve higher literacy & numeracy grades (94.6%) compared to their counterparts that were directly enrolled in primary one. This im;plies that early interventions for young children are essential to ensure their holistic development and preparation for school. This justifies more strategic investment in ECCE as a smart option for Uganda since it is the foundation for human capital development.**Rural-Urban devide in access to ECCE**

2. **It was established that access to ECCE is uneven in Uganda with the urban areas still having higher access levels to compared to rural areas amidst inefficiencies in terms of underage & over age enrollments and higher repetition rates among rural learners compared to urban learners**. The majority (62.5%) of the enrolments in Nursery Schools from the 140 ECCE centres surveyed were from urban areas

compared to 34.5 % from the rural areas. The enrolments in institutionised ECCE centres disadvantaged children from rural areas and hence has a direct bearing on their educational achievements and transition rates to higher levels of education.

ECCE centre funding

3. **The main source of funding at ECCE centres was tuition which implies that households were the major funders of pre-primary education**. The dominance of household contribution to funding pre-primary education has implications regarding the capacity to pay by parents from rural areas since rural households contibute up to 89% of national income poverty[1]. In addition to tuition fees, households paid hidden costs in form of: cotributions for lunch (16%), scholastic materials (24%), school uniforms (24.6%), holiday packages (8.9%), co-curriculum activites (3.4%), education trips (10.4%), construction expenses (3.4%), examination fees (8%) and others (1.4%) which further financially strain parents. While upfront tuition payment remains a significant barrier towards access to ECCEby children aged 3-5 years, poor segments of the community are more disfavored and this has far reaching consequences on their future education attainments.

Distance and access to ECCE

4. **Children who stay within a distance of less than 1 Km from the ECCE centre are more likely to attend ECCE than those living outside such a radius**. About 82% of the children aged 3-5 years who attended nursery schools in rural areas lived within a distance less than 1Km from the nursery school. This therefore presuposesthat provision of institutionalised ECCE services should be based at village level and not at parish/ward level.

Registration status of ECCE centres

5. **The study found that only 18 per cent of the centres were registered that is, at least in theory, they met the minimum standards for an ECCE centre .Twenty six per cent were licensed, i.e. they had at least lodged an application and passed the**

[1]UBOS, 2018

initial inspection but had not fully met all the quality requirements. On the other hand, more than half of these centres (56%) were unregistered and not even licensed. This meant that more than half of the centres looking after the critical formative years of Uganda's children were of unapproved standards.

Establishment, management and administration of ECCE centres at public primary schools.

6. **Whereas government's current strategy is to maintain provision of ECCE wholly in the hands of the private sector, majority (82%) of public primary schools have already annexed a pre-school to the existing primary school.**Other primary schools without dedicated ECCE centres had *hidden pre-primary schools* in form of special arrangements for children below 6 years such as special primary one class (commonly referred to as P1B).On the other hand, a number of primary schools that had no special arrangements for underage children enrolled children less than 5 years (5% of total P1 enrollment) directly intoprimary one. Majority (53.4%) of underage enrolments in P1 were in rural areas. It is critical to note that underage enrollment is one of the leading causes of wastage in primary schools since underage children are more likely to repeat P1 and sometimes dropout of school given that they are not always ready for school.

7. **With regard to centre management, 20% of the surveyed ECCE centers did not have a functional centre management committee**. It was also found that 65% of the ECCE centres that were attached/annexed to public primary schools shared the same management committee instead of a seperate one, which contradicts the standard operating guidelines of the Ministry of Education and Sports.

Training of ECCE caregivers in public Primary Teachers' Colleges (PTCs)

8. **While majority (88%) of the ECCE caregivers employed by ECCE centers were found to have had some form of ECD training, still a significant proportion (12%) was found without any kind of training and was unqualified.** Even with some partial

institutionalization of ECCE caregiver training within the public PTCs, the current caregiver training system supplies less than the required number of caregivers by the ECCE centers.

9. **The current caregiver training system is highly varied without any standardized training curriculum, trainee entry requirements, assessment and certification**. For instance, fewer PTC staff are aware of the ECD caregivers' training framework, and some caregivers hold a MoES certificate in ECD while others hold qualifications not ratified by the MoES. In addition, some training programmes require UCE as the minimum entry requirement into ECCE caregivers training while others such as certificate in community child care and certificate in child care require only a PLE.
10. Low capacity of PTCs was found to undermine the effectiveness of training of caregivers

(i) ***Majority of the PTCs visited reported inadequate human and financial resources for training ECCE caregivers.*** On average, PTCs that were surveyed reported having not more than two (2) tutors with ECD specialization. On the other hand, given that government provides no budget for ECCE caregivers training, PTCs depend on the meagre tuition paid by the trainees and some donor support, which is inadequate for quality training.

(ii) ***There is limited provision of instructional materials and space for training ECCE caregivers.*** In all the sampled PTCs, findings show that instructional materials are provided by different partners such as UNICEF, the colleges, Kyambogo University, Makerere University, parents, and caregivers themselves. In addition, there are no specialized physical spaces within the PTCs for training ECCE caregivers. All these presuppose that caregivers are trained in resource constrained environments which tend to compromise their quality.

(iii) ***There is no quality assurance framework for the PTCs and this has increased the proliferation of highly varied and in some instances unaccredited ECCE caregiver training programmes***. Inspection of training of caregivers within PTCs and other training providers is not mainstreamed into the typical routine school supervisions done by local governments and the directorate of education standards.

Support Supervision and Enforcement of The Regulatory and Quality Assurance

11. With regard to support supervision and enforcement of the regulatory and quality assurance system of ECCE standards**, the analysis found that whereas there are various policy documents and guidelines for this purpose, there is limited enforcement happening in the subsector:**

(i) ***Contrary to the available policy guidelines, more than half of ECCE centres (56%) were unregistered and not even licensed***. This meant that more than half of the centres looking after the critical formative years of Uganda's children were of unacceptable standards. Only 18% of the centres surveyed were registered implying that, at least in theory, they met the minimum standards for an ECCE centre.

(ii) ***Inspection of ECCE centres as a quality assurance mechanism is largely ad hoc and haphazard***. Since local governments reportedly have no budget lines for inspecting ECCE, occasional visits are made to those particular ECCE centreswhich happen to be close to primary schools. As a consequence, 50% of the surveyed ECCE centres reported that they were not being inspected as the policy requires.

(iii) ***The existing quality regulatory frameworks for ECD mainly depend on the goodwill and commitment of the individual actors involved***. This is because there is no obvious enforcement machinery that is proposed within these structures. For instance, while a lot of quality assurance of ECCE's rotates principally around MoES departments and agencies, the Ministry cannot and does not have regulatory and enforcement powers over those other actors with whom the regulation and enforcement have to be undertaken.

(iv) ***There is lack of unanimity among local governments on who is responsible for enforcing standards and guidelines in ECD centres.*** Some local governments indicated that the CAO was responsible while others indicated the DEO as the one responsible. Nonetheless, many hinted that the ECD focal person is expected to be responsible. Unfortunately, in all the districts surveys, the focal person role is just an added responsibility to particularly the district inspectors of schools who reportedly have never had specialized training in quality assurance of ECCE and without necessary logistics for this purpose.

Recommendations

Establishment, management and administration of ECCE centres at public primary schools.

1. **It is recommended that that the MoES regularizes and regulates the ECCEs that have been established within the public primary schools for them to provide quality holistic ECCE services for the 3-5-yearolds and ensure their smooth transition to primary schools.**From the findings, 82% of ECCE centres surveyed were found in public primary schools while others are offering disguised pre-primary education (also known as P1B). This implies that whereas this arrangement is not yet the official policy of government, ECCE is increasingly becoming integrated into the public primary education system.
2. **Given the positive impact of ECCE on primary school learning outcomes, the MoES should consider a needs-based approach to provide a basic package of ECCE services in areas 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 signifant inequitable access for the 3-5-year-old children by location with rural children being more at risk of not accessing ECCE.There is need to establish the cost function for this recommendation.

Training of ECCE caregivers in public Primary Teachers' Colleges (PTCs)

3. With regard to the need to scale up the training of care givers in public primary teachers colleges, it is recommended that: the Government of Uganda takes up the responsibility of training ECCE Care Givers just as is the case with the training of the Grade III and ensure implementation of a standard curriculum for training ECCE Care givers;
4. All ECCE caregivers' training programmesshould bestandardised including admission criteria, assessment & certification, and delivered by qualified staff. In addition, the

defined career path in the ECD Care Givers' Training Framework should be operationalised;

5. The PTCs should be appropriately equipped in terms of space and learning aids for the training of ECD caregivers. In addition, the Ministry of Education may also consider earmarking some PTCs as centres of excellence for ECD caregivers training;
6. The Ministry of Education and Sports should validate, register, accredite ECD Caregiver training institutions and ensure recruitment of only qualified ECD tutors in both public and private institutions that train ECCE Caregivers;
7. There is need to mainstream inspection of ECCE Caregiver training into the existing inpection undertaken at the Central and Local Governments based on established minimum standards; and
8. The MoES should decouple the ECCE budget from the aggregated Pre- and Primary Education Budget to adequately finance ECCE Caregiver training and other interventions.

Support Supervision and Enforcement of The Regulatory and Quality Assurance

9. The registration of ECCE centres should be used rigorously as a quality control tool and existing unregistered and unlicensed ECCEs should be supported and fast-tracked to upgrade to registration status

10. To address the ad hoc nature of ECCE quality assurance and the unclear enforcement machinery, there is urgent need to operationalize the quality standards regulation and enforcement framework as provided in the Education Act (2008), the Draft ECCE Policy (2019) and ELDS Guidelines (2012). The sector should aim at using the above existing legal and policy framework as a starting point to develop National Minimum Standards for ECCE comprehensively focus on standards of facilities and service delivery environments, training and qualifications of service providers, and procedures for managing and monitoring service delivery. Accordingly, ECCE indicators should be developed and integrated into the Education Management Information System (EMIS) to facilitate this operationalization. For effective implementation, operationalization will involve incorporation of municipal and district inspectors of schools as Associate ECCE Assessors with clear Terms of Reference and a budget.

11. Provide specialized training and logistics for local government inspectors to effectively monitor ECCE centers under clear terms of reference, since from the anecdotal evidence, inspection of ECCE centres seems not be their explicit respeonsibility.

12. In light of the huge human resource requirement in the inspection area, the pool of Associate ECCE Assessors should be established to include part-time inspectors drawn from retired inspectors and members of ECCE training institutions present in the different districts.

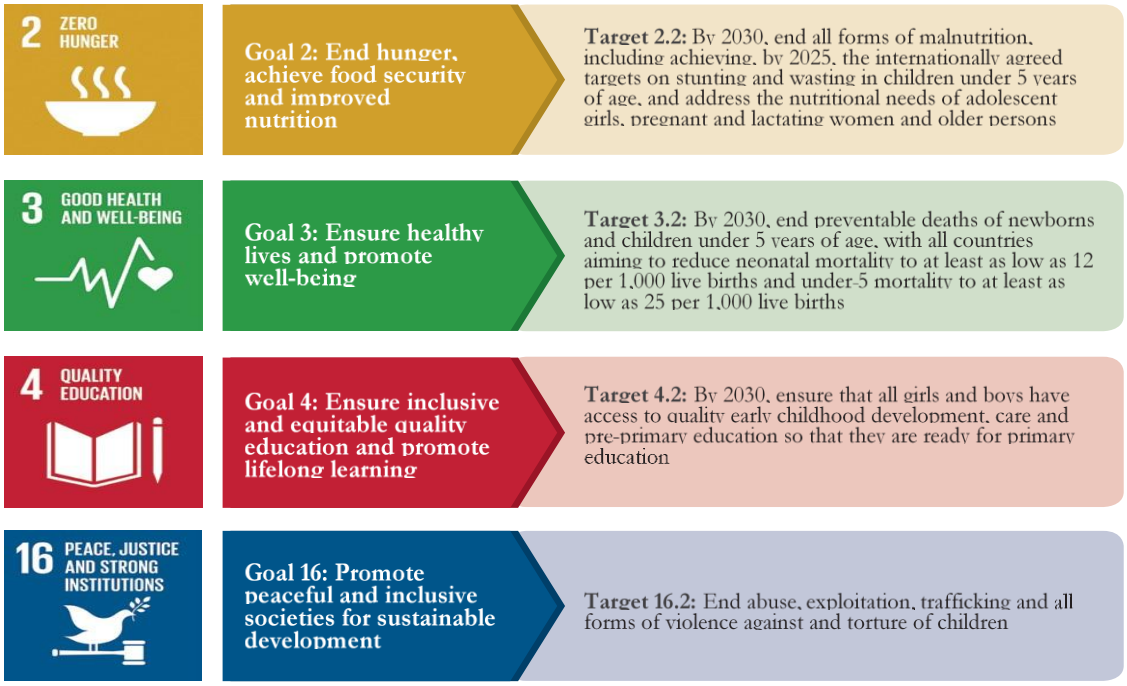
SECTION ONE: INTRODUCTION

1.1 General Background

The earliest years of life are pivotal in forming the foundations for healthy development and providing children with the opportunity to grow to their full potential (Martinez, Naudeau & Pereira, 2012). To avoid the consequences associated with inadequate investments in early childhood development, countries have implemented deliberate interventions to enable children grow to their full potential. There are a number of benefitsconcomitant with investing in Early Childhood Development (ECD)which include but are not limited to the following: (i) results in positive school outcomes through enhancing children's readiness for school thereby minimizing inefficiencies such as poor grades, dropouts, repetitions, pressures on early grade teachersetc,(ii) helps parents to more easily combine work & family&hence has an effect on reproductive decisions (iii) increases gender parity by freeing older girl children to attend school(Sayer, Devercelli, Nueman&Wodon, 2015) and (iv) at country level, it presents a country's vision for its young children and clarifies the responsibilities of different stakeholders including funding & service provision (Neuman &Devercelli, 2012).Investing in ECD is therefore one of the smartest decisions countries make.

Triangulating, the benefits for ECD investments, the 1946 UNESCO Memorandum advocated for a more active role of governments in the development and improvement of quality of ECDservices. The Jomtein Declaration, 1990 and the Dakar Declaration 2000 pinpoint the need for a holistic development of the child.ECD is therefore part of the transformative agenda for 2030, making it an international priority of the Sustainable Development Goals (SDGs). Global target 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 as detailed in **Figure 1.1.**

Figure 1.1: ECD in Sustainable Development Goals, Source: UNICEF, 2017



Despite the fact that Africa has the youngest population in the World (20 percent under 5), the Continent has among others: (i) largely expensive private ECCE services which limit accessibility by disadvantaged segments of society (Kamerman, 2006), (ii) ECCE facilities not tailored to children's needs especially in the rural areas compounded with overcrowded classrooms &use of unsuitable teaching materials, (iii) high ECCE teacher/child ratios and (iv) paid maternity leaveslargely limited to formal sector workers.In Sub-Saharan Africa (SSA), millions of children enter school with learning difficulties due to malnutrition, health problems, poverty and lack of access to pre-primary education (BREDA, 2010).

Government of Uganda is, however, committed to improving access to ECD services through a number interventions that were highlighted in NDPII..A part from developing policies and strengthening the enabling environment during the NDP II planning cycle not much progress was achieved towards the ECD interventions that were highlighted in NDP II and disadvantaged children that continued to miss out on what would otherwise be opportunities to develop to their full potential.Furthermore, the Education Act (2008) classifies pre-school as largely a private undertaking which limits access due to relatively high fees and uneven distribution of ECD centres which is skewed towards urban areas or wealthy communities and central Uganda (NPA, 2015).It is therefore certain that the current system of managing ECD provision is not achieving acceptable levels of outcomes.

Accordingly, the National Planning Authority is desirous of generating evidence to inform planning for increased access to ECD in general and ECCE in particular. This study is undertaken to serve this purpose.

1.2 Problem Statement

About 80% of children aged 3-5 in Uganda do not have access to Early Childhood Care and Education (ECCE)-a key component of Early Childhood Development (ECD). This denies them an opportunity to reach their full potential and as a consequence risks the country's desire to have an appropriately skilled, health and productive human capital as highlighted in the Uganda Vision 2040. This ECCE coverage is below the Sub-Saharan average of 34% of the children aged 3-5 having access to ECCE. This is against the backdrop that Uganda is a signatory to a number of international conventions such as the UN Convention on the Rights of Children, Dakar Framework of Action, 1990 and the African Agenda 2063 that focus on expanding and improving comprehensive ECD. Whereas coverage is expanding, gaps remain that need urgent interventions. Reports indicate that ECCE provision is concentrated in urban and in relatively rich regions of the country, and there is limited intersectoral coordination and financing albeit the country having a fairly elaborate legal framework. Also, in as much as basic standards for ECCE services exist, the system to monitor compliance remains ad-hoc and in some instances non-existent. This has perpetuated low ECCE standards across the entire value chain of ECCE in the country. Given the strategic nature of ECCE to national development, the country desires to plan better for ECCE. This study is a response to this desire to provide evidence for the high impact interventions needed to increase access of children to quality ECCE.

1.3 Objectives

The overall objective was to conduct a study covering three key ECCE thematic areas whose findings would be used to inform and identify ECCE priorities for the NDP III.

Specific objectives:

The ECCE study set out to:

a) Examine the prospects for the establishment, management and administration of ECCE centres at Public Primary Schools;

b) Establish opportunities for scaling up the training of ECD caregivers at public primary teachers' colleges in Uganda; and
c) Examine possibilities for support supervision and enforcement of the regulatory and quality assurance system for ECCE standards.

1.4 Scope and Approach

The studies were restricted to Early Childhood Care and Education (ECCE) but working in the context of the NIECD Policy. The slightly narrow scope was chosen based on the premise that ECCE lags behind the rest of the dimensions of ECD and is totally in the hands of the private sector with very limited government participation. Oncean ECCE centres at public primary schools are regularised, many other ECD services can be offered within. It was therefore regarded as a high impact intervention to ECD. Information needs were mapped to the different stakeholders and data collection tools for the subsamples were designed accordingly. To achieve the study objectives, primary data (survey and informant interviews) were collected from different stakeholders to ECCE including MoGLSD; Local Governments; Parents/Households; Proprietors/Caregivers of private (profit motivated), Faith-based and Community-based ECCE Centres; Primary Teachers Colleges (PTCs); Public primary schools and key Development Partners. Lessons from case reports of countries at various stages of implementing ECCE within the public-school system were highlighted.

1.5 Deliverables

1. Three thematic reports on the following ECCE themes:
a. Prospects for the establishment, management and administration of ECCE centres at public primary schools;
b. Prospects for scaling up the training of ECD caregivers at public primary teachers' colleges in Uganda; and
c. Support supervision and enforcement of the regulatory and quality assurance system of ECCE standards.

SECTION TWO: EARLY CHILDHOOD DEVELOPMENT IN UGANDA

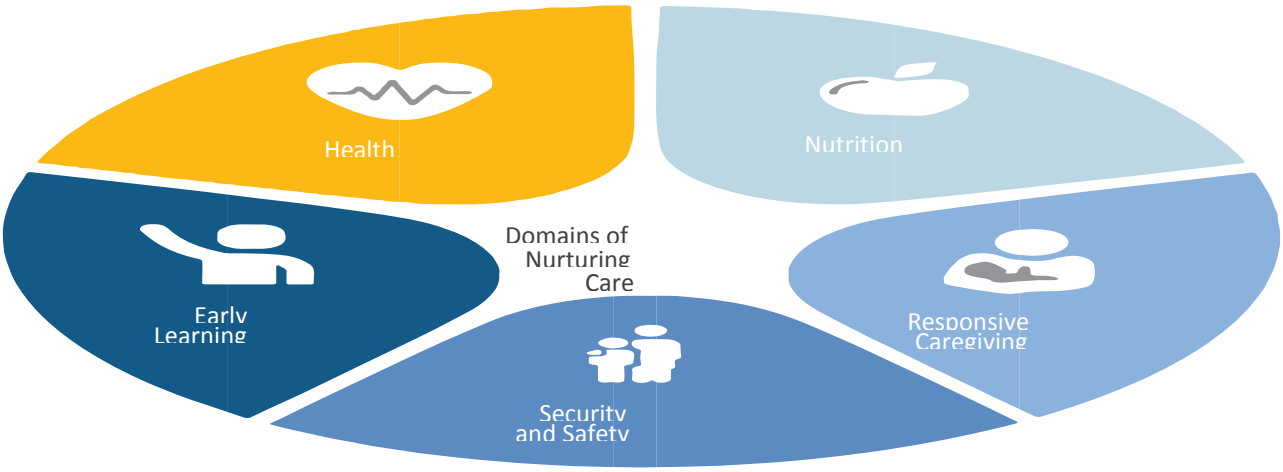
2.1 Introduction

Countries have developed national intersectional ECD policies and legal frameworks to ensure that all children have an equal opportunity to develop to their full potential. Despite the development of multsectorial polices backed by legal frameworks and the presence of institutional anchors, there are however more than 200 milliion children less than 5years old in low and middle-income countries feared to be at risk of poor or delayed development. The fear is based on the fact that risk factors that lead to children's delays in development often co-occur & amplify each other. Malnutrition and lack of stimulation for instance can lead not only to poor physical growth but also to impeded brain development, resulting in delayed cognitive development, poor health outcomes & low academic achievement throughout a child's life (Engle et al., 2011). It is hence believed that in order for children to fully benefit from future opportunities in life & become productive members of society, by the end of their early childhood, children should be: (a) healthy & well-nourished; (b) securely attached to caregivers; (c) able to interact positively with families, teachers & peers; (d) able to communicate in their native language and (e) ready to learn throughout primary school (Neuman & Devercelli, 2013, Naudeau et al., 2011).

2.2 ECD Conceptual Framework

The definition of ECD has three parts: (i) the "early childhood" period of life, (ii) what constitutes "development"' and (iii) how development occurs. The early childhood is mapped on numerous phases from: conception to birth & from birth to 3 years followed by the pre-school & primary school years (3 years to the age of school entry). Development is the continual phase of amassing skills & abilities across domains of: cognition, language, motor, social and emotional development. The acquired skills help in solving problems, expressing emotions and forming relationships. It is believed to be the foundation of health, learning, productivity, well-being and the building blocks for future human capital. Development occurs as a result of the interaction between the environment and the child.

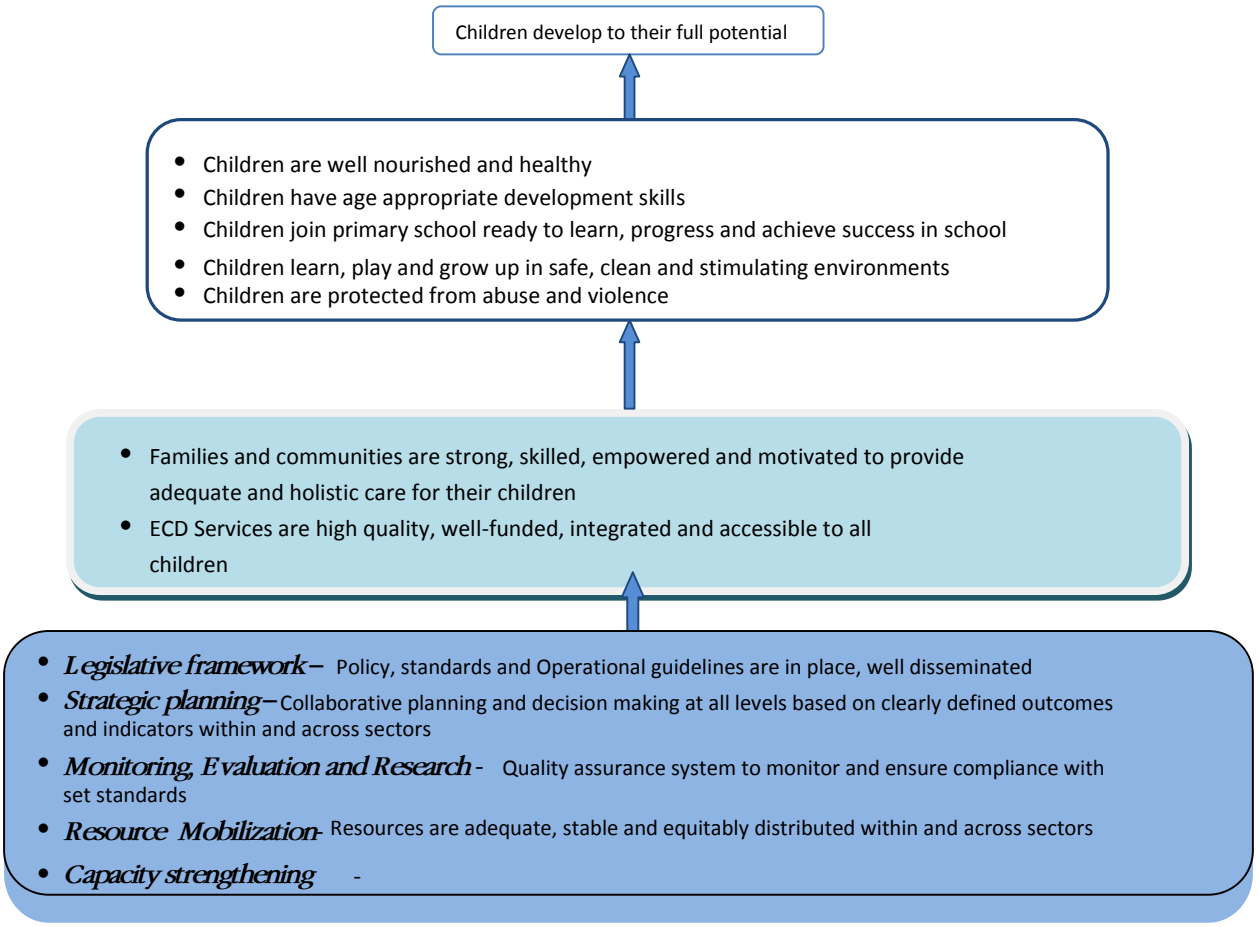
Figure 2.1: Domains of Nurturing Care for Children to reach their Developmental Potential

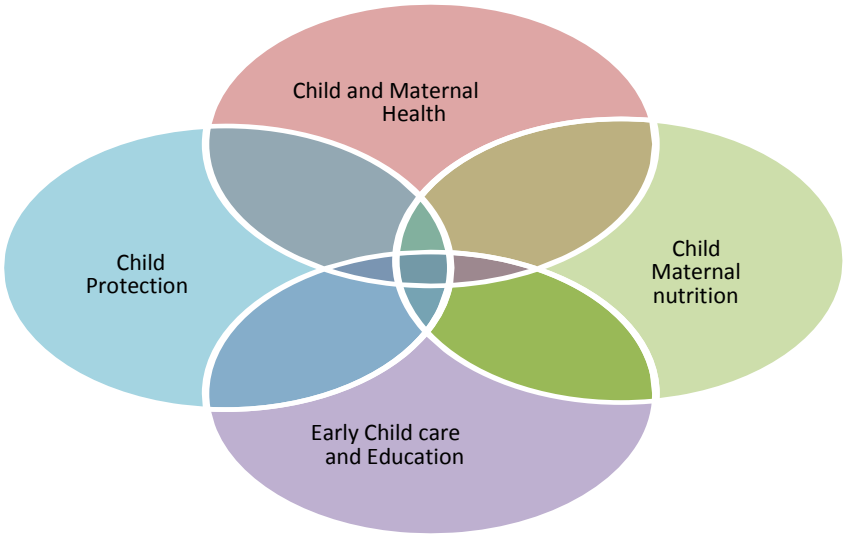


Source: UNICEF, 2017.

The key aspect of the environment is "nurturing care" which is a set of interrelated components such as: behaviors, attitudes & knowledge about care giving (i.e. health, hygiene & feeding), stimulation (i.e. talking, singing & playing), responsiveness (i.e. early bonding, secure attachment, trust & sensitive communication) and safety (i.e. protection from: violence, abuse, neglect, harm and environmental pollution). The overall goal for ECD is therefore to enable all children especially the most vulnerable from conception to school age entry achieve their full developmental potential through: (a) having equitable access to essential quality health, nutrition, protection & early learning services that address their developmental needs and (b) having parents &caregivers supported and engaged in nurturing care & positive parenting of young children. The two enablers form the basis for the ECD conceptual framework that was adopted by the Government of Uganda, **Figure 2.2.**

Figure 2.2: ECD Conceptual Framework





Source: MGLSD, 2016

Uganda has adopted an interdisciplinary and child-centered approach to the provision of ECD services which is aligned to the national development plan life-cycle approach to human

capital development, ECD Policy 2007 and National Integrated Early Childhood Development (NIECD) Policy 2016. The ECD interdisciplinary and child-centered approach is premised against the claim that progress in one domain is a catalyst for development in other domains.

The multisectoral quality intervention approach adopted by Uganda requires a number of delivery platforms through which services are delivered because children are either at home, in the community, at school or at health facilities. Systems designed to deliver services linked to ECD must reach families through established platforms. The health system for instance has access to pregnant women & families with children. It is also useful for screening, identifying and supporting children with early delays & disabilities. The education system inclusive of quality non-formal and private provision has the ability to reach children 3 years and older. Family support and strengthening delivery platforms are, however, not linked to age of the child since they are relevant across the spectrum of early childhood development. Community platforms not only offer services for early childhood but also for increasing women's empowerment (UNICEF, 2017).

2.3 Policy, Legal and Institutional Framework

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 overall goal of the NIECD Policy, 2016 is "to provide direction and guidance to all sectors for quality, inclusive, coordinated and well-funded IECD services and programs". The ECD holistic approach to children needs in Uganda is summarized in **Table 2-1**

Table 0.1: The NIECD Policy, 2016 calls for coordinated actions

a) Increasing access to equitable, quality, integrated, inclusive and developmentally appropriate early learning and stimulation opportunities and programs for children b) Ensuring household food security and adequate nutrition for child growth and development. c) Strengthening mechanisms for preventing and responding to abuse, exploitation

and violence against children and their caregivers.

d) Ensuring access to quality primary health care services and safe water & sanitation in households, institutions &within the community.

e) Strengthening families as the first line of response to enable them provide holistic and adequate care for children.

f) Increased financial allocation to IECD programs and raising awareness for all stakeholders

g) Enhanced partnerships and capacity to coordinate service delivery.

Source: MGLSD, Uganda, 2018.

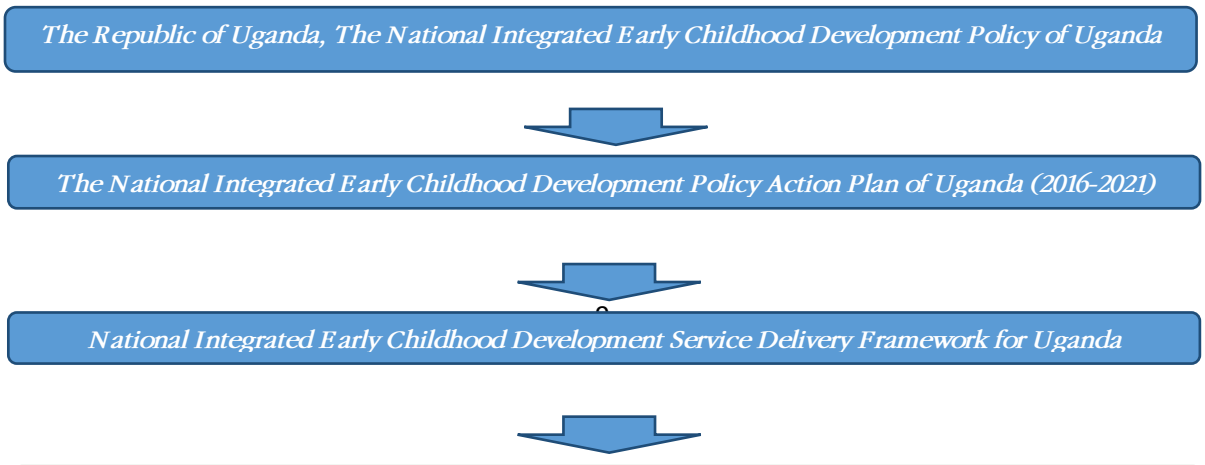
The NIECD Policy is operationalized through the following six thematic key policy actions: Early Childhood Care & Education, Food Security & Nutrition, Health Sanitation & the Environment, Child Protection, Family Strengthening & Support and Enabling Environment. A number of line ministries are responsible and are broadly aligned with the six thematic areas as indicated in **Table 2.1.**

Table 0.2: Line Ministry Responsible for Thematic Areas

Thematic Area	General Responsibility
Long term Outcome and Impact	All sectors
Early Childhood Care and Education	Ministry of Education and Sports
Food Security and Nutrition	Ministry of Agriculture, Animal Industry and Fisheries, Ministry of Health
Health Sanitation and the Environment	Ministry of Water and the Environment, Ministry of Health
Child Protection, Family Strengthening and Support	Ministry of Gender, Labor and Social Development
Enabling Environment	All sectors

The NIECD Policy Action Plan, 2016 supported by the Service Delivery Framework, 2019 was developed as a companion document of the (NIECD) Policy, 2016 to provide an implementation framework, for the policy and defines roles and responsibilities of key sectors involved in IECD. Both the NIECD Policy Action Plan, 2016 and the Service Delivery Framework, 2019 are buttressed by the IECD Monitoring and Evaluation Strategy in a hierarchical order depicted by **Figure 2.4.**

Figure 2.3: Hierarchy of IECD Guidelines



Source: MGLSD, Uganda, 2018.

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.

The IECD Monitoring and Evaluation Framework is designed to monitor both the supply & demand of services in the community and it is embedded within the IECD Strategic Plan, 2016 as a reference point. The IECD monitoring framework is instrumental in identifying inequalities such as: gender, disability, location, poverty, conflict prevalence, ethnicity/culture /language and religion so as to flag off appropriate interventions. The IECD Technical Coordination Committee (TCC) has the overall responsible for monitoring of IECD in Uganda. There are, however, two points of collation for IECD data: at the District Local Government Planning office and at the IECD Secretariat TCC. The IECD roles and responsibilities for the other stakeholders are highlighted in **Table 2.2**

Table 0.3: Roles and Responsibilities in Monitoring IECD in Uganda

SN	Institution	Role and Responsibility
1	ECD Technical Committee	To coordinate and support district local governments in the annual monitoring of IECD.
		To facilitate the process of monitoring of IECD by providing formats, tools and technical support to district local governments in the monitoring of IECD.
		To liaise with ministry line departments over institutional standards (supporting and mandated services) required for IECD and on monitoring requirements (data capture and reporting) of those standards
		To conduct direct surveys and studies as required.
2	Chief AdminitrativeOfficer	To coordinate the TPC
		To approve IECD data
		To budget for IECD monitoring and ensure its proper and timely conduct.
		Chair TPC meeting session on the district IECD report.

		Share District IECD report to Ministry of Gender, Labour and Social Development
		Disseminate the district report to stakeholders.
3	Technical Planning Committee	To liaise with line departments to collate and report data on IECD both to the IECD technical committee/OPM and to line departments, counties, parishes, villages and service delivery points.
		To assist (technically) the line departments to collect, verify and collate required IECD data in the appropriate format in a timely manner.
4	Line Departments	To collect and manage data under their mandate and to report the data in the format required to the TPC
	Heads of Department (Education, Health, Community Development, Water, Production)	To verify and validate data
		Provides technical guidance to officer in charge of data.
		Identify capacity needs for officers in charge of data.
		Hold departmental meetings to discuss IECD data needs and implications.
		Ensure timey collection and submission of the data to his/her department.
		Ensure timely submission of data to the district planner.
		Identify and communicate gaps in data collection, analysis and reporting.
		Disseminate IECD data to IECD committee and other stakeholders.
5	District Planner	Take lead in coordinating the various heads of departments to ensure that the data is received, collated, analysed and reported.
		Present the District IECD data report to the Technical Planning Committee.
		Prepare the Annual District IECD report for submission to CAO.
6	District Focal Person	Provide support to the District Planner in collecting the various data sets from the heads of department at district level.
7	District IECD Committee	Discuss data requirements from the district planner for the particular reporting period.
		Share implementation plans for data use and dissemination.
		Identify any bottlenecks and possible solutions to streamline the data flow process
8	Village/Parish/County	To ensure timely and accurate data required by each line department is provided from service delivery points and to verify and validate the data.
9	Service Delivery Points	To provide timely and accurate data required by each line department.

Source: MGLSD, 2018.

The IECD Monitoring and Evaluation Framework needs to be galvanized by the proposed NIECD Management Information System (MIS) so as to centralize agreed upon data from the multiple and uncoordinated MISs within each line sector. It will provide a central database for data storage and data backup facilities in the MGLSD (ECD Secretariat) as the lead

coordinators of IECD interventions to monitor progress of service delivery to IECD(MGLSD, 2018).

2.4 Early Childhood Care and Education

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 pre-primary 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. 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. 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. A total of 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 proposed 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 incentivised private provision of ECCE services in order to close the gap between urban and rural areas and (iii) streamlined provision of customised 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).

2.4.1 Rational for Annexing Early Childhood Care and Education Centres to Public Primary School

Pre-primary education is considered to have the highest rate of economic returns of all levels of education. Uganda's benefit-to-cost ratio for pre-primary education is a minimum of 1.6 implying that money invested in pre-primary schooling has a return of 60% in terms of future incomes, productivity and good health. It is further asserted that for every Ugx 1,000 invested in Universal Primary Education (UPE), Government loses Ugx 600 because majority of the children have not accessed pre-primary education and some take more than two years in primary one yet Government continues to provide capitation grants for these children. Government also loses out on completion and retention rates as the numbers are recorded as drop-outs. The lifespan of textbooks provided to under-age children in P.1 reduces to one year because they are mishandled.

In addition: (i) teachers attending to under-age children mixed with six-year-olds in one class are strained, (ii) over 80% of the population cannot afford the fees charged for pre-primary education, which limits access and (iii) inappropriateness of learning materials, poor quality of infrastructure & shortage of qualified pre-school teachers affect quality of pre-primary education. The access to pre-primary schools is not alone made difficult because of costs/fees charged by the private providers but also by the geograpical spread of the pre-primary schools. It has therefore been argued that in order to increase access to pre-primary education, it should be made universal (UNICEF, 2013).

Uganda's pre-primary education access is still low compares unfavourably withsome of her regional counterparts including Kenya at 53.5%, Tanzania at 35.5% and Rwanda at 29%. Whereas pre-primary education in Kenya is free and compulsory, in Tanzania each primary school has a pre-primary classroom. The attached pre-primary classroom in Tanzania are financed out of the capitation grants provided to primary schools. In Rwanda the government is responsible for teacher training and curriculum development (MoFPED, 2016).

Central governments therefore play different roles in the provision of inclusive, equitable & quality ECCE services to children aged 3-5 years as: (a) providers of ECCE infrastructure, (b) funders through subsidies/grants to ECCE service provider to make the services available, (c) providers of training opportunities for ECCE professionals and (e) regulators of ECCE services. The rationale for annexing pre-schools to existing public primary schools is hence a provision function-based but not limited to the following: (a) Pre-primary children are mostly accompanied by older siblings & due to lack of formalized after-school care facilities, pre-school children stay in school in the afternoon in case they have to travel home with siblings, (b) where nursery schools are part of the primary schools, the infrastructure is unsuitable for early age ones & there are high possibilities that they are subjected to primary one/school curriculum, (c) most pre-school schools are located in urban areas, far by distance & private providers charge prohibitive fees and (d) annexing ECD centres to public primary schools targets the most disadvantaged group of children from poor households hence an equity requirement. Rural areas are less likely to have private pre-school provision since parents/guardians are less able to pay fees (MoES, 2017).

2.4.2 Challenges facing the Pre-Primary Sub-sector in Uganda

Despite the interventions taken by the Ministry of Education and Sports towards improviong the quality of pre-primary education provision, the sub sector still faces a number of of challenges which include:

a) The Pre-Primary, Primary & Post Primary Act, 2008 recognizes pre-primary education as the first level of education but its delivery is private sector-led andalso delegated to Local Governments by ECD Policy, 2007. The MoES plays an oversight role. Currently government provides partial funding to ECCE by covering the 6-8 (P.1-P.3) age groups under UPE arrangement. The private sector is profit motivated which limits access particularly for disadvantaged children due to lack of public provision options and a solid framework for regulation, inspection & support for pre-primary provision,
b) The private pre-schools are concentrated in urban & peri-urban areas where the income levels are higher and parents can afford. This limits access to pre-primary education by children aged 3-5 years mostly in rural areas hence making pre-primary

education in Uganda inequitable and skewed towards urban areas and the central region,

c) It is asserted that the quality of pre-primary education in Uganda is low which is tagged to the following parameters: (i) inadequacy of qualified pre-primary school teachers and their distribution across the country where the majority of the qualified & experienced ones are mostly employed in urban and peri-urban areas. Closely related is the difficulty to attract, train and retain suitably qualified ECCE staff due to either unsuitable working conditions or poor remunerations, (ii) poor quality of infrastructure because most providers in the rural areas lack adequate resources to invest in appropriate pre-primary education structures compared to their the urban and peri-urban counterparts. Some of the centers are makeshift houses in very poor state that is not conducive for learning (Kasankyu, 2017), (iii) the recommended learning materials cannot be afforded by most pre-primary schools providers who either improvise or use primary education instructional materials which are inappropriate for the learners, (iv) inadequate pre-primary teacher training capacity in the country and (v) weak regulation & coordination of pre-primary school inspections, monitoring & supervision amplified by the lack of specific guidelines for pre-primary schools apart from the broad ECD guidelines leaving quality assurance at the discretion of the providers (NPA, 2015).
d) The under-age children enrolled in a P.1 class tagged as P.1B (4-5years) and P.1C (3 years and below) results in high repetition rates and double expenditure of UPE funds, and
e) Lack of Government pronouncement on undertaking of ECD services (attaching a pre-class to UPE schools) (NPA, 2015, MoES, 2017).

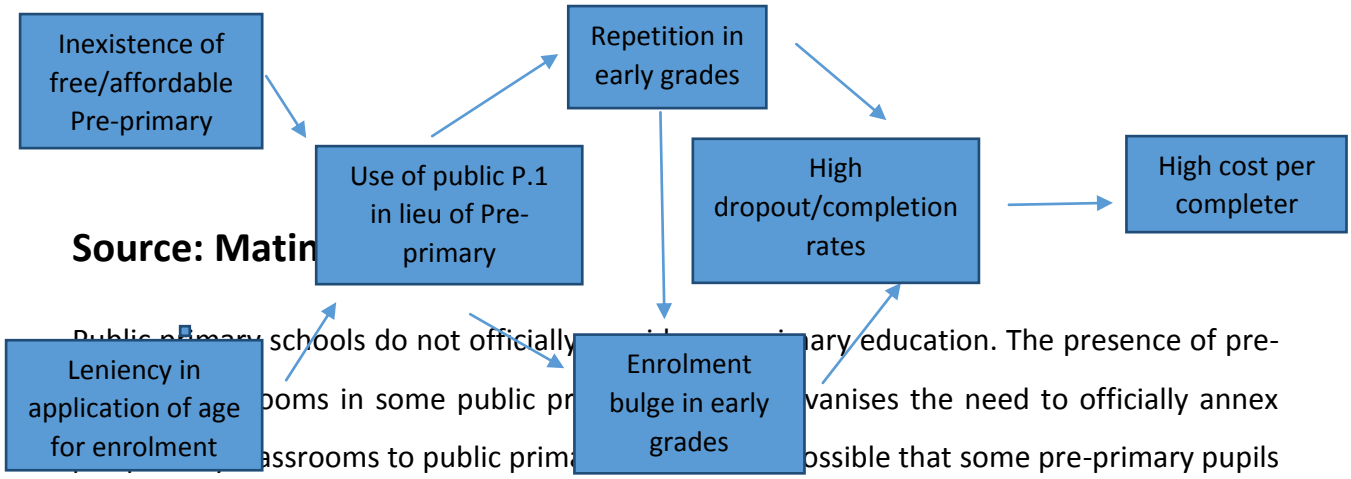
In order to address the challenges faced by the Pre-Primaty School sub sector, previous studies that focused on the access, cost, quality and relevance of pre-primary education in Uganda made the following recommendations aimed at improving the provision of pre-primary education in Uganda: (a) GoU should take over critical functions like training of pre-primary school teachers by integrating their training into Primary Teachers Colleges curriculum development and policy formulation, (b) Formulate and enforce national service delivery standards for pre-primary education and (c) In areas that are least served by the

private sector, the Government should attach a pre-school class for children aged 4-5 at no cost (budget neutral) since the pupils were already enrolled in the primary education system (NPA, 2015).

2.4.3 Conceptual Framework for Pre-Primary Education

The Pre-primary education sub-sector in Uganda is recognised as the first level of education delivered under four programs: day care centres, home based centres, community based centres and nursery schools. The GoU being a signatory to the global and regional frameworks & standards on the rights of the child is committted to ensuring that all children in Uganda from conception to 8 years of age grow and develop to their full potential[2]. Holistic approaches are prefered with an intended outcome of having children that are healthy & well-nourished, securely attached to caregivers, able to interact positively with families, teachers & peers, able to communicate in their native languages and ready to learn & complete the primary school cycle. Holistic approaches minimise risks and ensure that children survive and grow healthy (Wodon, Tsimpo & Onagoruwa, 2016). The conceptual framework for the pre-primary sub-sector in **Figure 2.5**is adopted from Matinda et al, 2018.

Figure 2.4: Conceptual Framework for the Pre-Primary Sub-sector



Source: Matin

Public primary schools do not officially ary education. The presence of pre-ooms in some public pr vanises the need to officially annex assrooms to public prima ossible that some pre-primary pupils are being reported as P.1s hence the terminology "*hidden pre-primary*" pupils. Some head

[2] *Children require different needs to grow to their full potential: physical needs; social, economic & cultural needs; psychological needs including intellectual & emotional needs & the need to be able to exercise needs and spiritual*

teachers utilise multiple primary one streams to ensure that younger learners complete primary one (Matinda et al, 2018). Age six is, however, the official age for primary one and therefore the "*hidden pre-primary*" pupils are underage for primary one.

The age at which children should enrol in nursery schools has attracted a lot of attention to extent that countries have declared official pre-school enrolment ages. Parents' perceptions about whether their children are ready for school or not, however, influence their decisions as at what age they enrol their children in nursery schools. The concept of school readiness has two wide perspectives: maturational perspectives and chronological age perspectives. Teachers and professionals, however, recommend postponing enrolment of children who have late birthdates in their cohort to give them the "gift of time" to be ready for school. Empirics have shown that nearly 4-27% children experience delayed enrolments.

The age of entry of learners in the primary education sub sector affects completion rates. Completion rates are one of the measures of efficiency of an education system. For an education system to be considered efficient, all learners should move through their years of schooling i.e. one year of age to one year of school. The learners should in addition exit the education system or sub-system with skills and competencies expected of a particular level of education for purposes of transition to higher education levels or meaningful participation in the labour market.

Completion rates are, hower, determined by dropout rates which are closely tagged to repetition rates. Repetition, low achievement, low attendance and late enrolment are significant early warning signs of drop out (Gibbs & Heaton, 2014). In Uganda, 16% of the drop out cases are comprised of children with physical & mental disabilities (UNICEF, 2014). Multiple repeaters are more likely to drop out than single repeaters. Class repetition as a measure of ineffeciency in the education sytems, utilises limited public resources and blocks access to educating more children and is likely to result in large class sizes which are difficult to teach, assess and supervise (Eboatu & Omenyi, 2015). Sub-Saharan Africa has the largest share of primary school reapeaters in the World, with 11.4 millions repeating grades. This accounts for 35% of the global proportion of primary school repeaters totaling to 32.2 millions. High repetition rates are experienced in the first grade of primary school. Pupils from poor & rural households are more likely to repeat a primary school grade than their

rich and or urban counterparts. In terms of gender, boys are more likely than girls to repeat grades in all regions of the World except in East Asia and the Pacific (UNESCO, 2012).

Children older than their peers at either entry or the exist of the primary or secondary cycles are more likely to drop out because of social and or economic factors (Sabates, Hossan & Lewin, 2013). Age is hence related to repetition & drop out (Kabay, 2016). Household surveys from Sub-Saharan Africa show that children from rural areas & poor households are more likely to experience higher repetition and dropout rates than their counterparts in urban areas & rich households (UNESCO, 2012). Emprics assert that such children are at greater risk of dropping out of school (UIS, 2005). Empirical evidence from South Africa affirmed that children who were two years older than the right age of their cohorts were 24.3% more likely to drop out of school (Matinda, 2018).

Governments adopt automatic promotion policies to minimise repetition and hence dropout rates (Glick & Sahn, 2010). It is, however, important to note that "hidden repetitions" continue to affect dropout rates despite automatic promotion policies thereby rendering them an ineffective strategy for improving learning outcomes (Brunette et al, 2017). Despite the policy of automatic promotion, Uganda experiences a bulge of over-age pupils in primary one which is amplified by a high rate of repetition. Large proportions of over age pupils, sometimes many years older than the intended primary school age are a result of either late entry or repetitions. High repetition rates among over-aged pupils in first grade of primary school may be expalined by lack of motivation or relevance of the curriculum which is usually designed for younger learners.

Repetitions (and drop outs) are a waste of educational resources since learners take longer to complete education cycles resulting in higher completion costs per pupil. It took 12.6 years to produce a primary school graduate in Uganda in 2013 (yet the primary school cycle is 7 years) which was a marginal improvement from 14 years in 2008 (Bold & Brown, 2019). Repetition is hence costly to governments and affects the efficiency of education in several ways: (i) contributes to low learning outcome, (ii) increases the likelihood of dropout & high rates of school incompletion and (iii) results in overcrowding of classrooms hence even non-repeaters are affected by the presence of repeaters in their classrooms (Matinda et al, 2018).

Since the current decentaralised, private sector led and partial Government funding (P.1 – P.3) model for ECD provision in Uganda is inequitable, there is need to eliminate inequalities in schooling early to increase education system efficiencies and productivity (Heckman, 2008). This is backed up by empirical evidence to the extent that ECD benefit-to-cost ratio analysis for Uganda range from 1.6 to 8.6. There is therefore a relationship between ECD programs and lower primary schooling outcomes mainly for disadvantaged children. Children who attend pre-primary schools are less likely to repeat grades but experience timely transition to higher levels, complete education cycles & score higher grades than their counterparts that miss or do not attend pre-primary schools (Naudeau, Kataoka, Valerio, Neuman & Elder, 2011). Quality ECD programs are likely to reduce repetitions and enrolment of under-age & over age learners hence improving the overall efficiency of education systems (Matinda et al, 2018).

The conceptual framework adopted is butteresd by three arguments for ECCE provision: the rights argument, scientific and the economic/investment argument (Heckman, 2006). The basic rights argument considers ECCE as a basic right for young children. The scientific approach is based on the evidence for the plasticity of the brains in early years, the importance of neural connections made and the long-lasting consequences of damage or neglect in this period. The investment argument views ECCE as a critical area for investment that yields high economic returns for national development since future efforts to rectify early deficits are very costly and results are often less promising (Doryan et al, 2002).

2.4.4 Rationale for scaling up the training of Early Childhood Care and Education Caregivers

Effective implementation of ECD programmes among others depends on a strong and well-prepared workforce. Teacher quality is very vital and remains one of the most important determinants of student achievements and learning outcomes (MoES, 2012). Furthermore, EI &TTU (2017) assert that teachers with ECCE qualifications who have followed and received ECD training in such areas as stimulation, early learning and pre-primary education are key to improving children's learning outcomes and supporting the development of the ECCE sector towards attainment of the SDG target 4.2.

Furthermore, pre-primary teachers who are well-trained and equipped with the right knowledge, skills, and conditions are more likely to support rich reciprocal interactions and

content teaching that positively influence children's socio-emotional development, language development, and cognitive skills. Investment in pre-primary teachers' initial formal education, practical in-service training, and on-going mentoring &coaching is therefore paramount to achieving quality in ECD programs (Raikes, 2015; Yoshikawa & Kabay, 2015). Provision of quality pre-primary education hence requires highly skilled, well trained caregivers that are specialized in the field of ECD. It is also argued that teachers with more training and experience are more likely to hold child-centred beliefs and engage in similar pedagogical practices, which are associated with better learning outcomes for children (Raikes, 2015).

The training of ECD caregivers needs to be prioritized for effective and efficient delivery of ECD services in Uganda.It is believed that training is a key determinant of teacher quality and there are several reasons to justify the scaling up training ECD caregivers in Uganda.In an attempt to streamline the training of ECD teachers in Uganda, Kyambogo University in conjunction with MoES and other ECD teacher training stakeholders developed a comprehensive ECD Teacher Training Framework (2012) for dissemination and implementation by all ECD teacher training institutions. The purpose of the framework is to streamline content, admission requirements into different programmes and assessment of trainees so as to enhance their quality (MoES, 2012). All ECD teachers trained following the framework would be registered by MoES and would be considered for upgrading by universities to other levels of education which was not possible before introduction of the training framework.

SECTION THREE: METHODOLOGY

3.1 Scope and Approach

The central focus of the study was restricted to ECCE but situated in the context of the NIECD Policy. This slightly narrower scope was chosen based on the premise that ECCE might be the most strategic entry point for interventions geared towards the bigger ECD goal, yet it is the most lagging of all ECD components. Currently, ECCE services in Uganda are almost entirely in the hands of the private sector. This fact makes integration of ECCE components into the bigger area of early child care and development problematic at best. The study started off with a desk review and scoping exercise in order to identify relevant existing studies and emerging issues on ECD and ECCE as a basis for planning the main studies.

The desk review and scoping exercise guided the collection of empirical data and creation of data analysis frameworks through the highlighting of: the current status of ECCE with regards to the quality of inputs; processes and outputs within the existing ECCE centres; the current policy, legal and institutional framework for ECCE; training of ECCE teachers/caregivers and quality assurance processes supporting ECCE centers.

3.2 Study Design

The study was designed primarily as a quantitative sample survey but with some complementary qualitative components. The study units were grouped into the following categories: District Local Governments, ECCE centres, primary schools, parents and Primary Teacher Colleges (PTCs). These units comprised the overall study data collection targets.

Sample Design

The sample design was essentially a multi-stage design. The primary sampling unit was the regionusing the 15 statistical regions[3] that the Uganda Bureau of Statistics (UBOS) definedfor data collection. At the first stage, out of the 15 regions, 8 regions were selected randomly. The second stage involved selecting districts within the chosen regions. District selection was based on the following central study criteria:

[3] *The regions are adopted from the National Statistical Regions as defined by UBOS.*

a) age of district: the study sought to ensure inclusion of older districts, that is those which existed during the period 1997-2008 and newer ones, created from 2014 onwards;
b) hard-to-reach and to-stay districts, either in terms of distance or facilities;
c) the extent of and lack of ECCE services to ensure representation of both extremes; and
d) the presence of ongoing ECCE projects within the districts.

The original target was to select 5 districts from each of the selected regions to produce a sample of 40 districts. The resulting district distribution was however weighted according to the number of districts per region as highlighted in Table 3.1.

The third and final stage, involved randomly selecting the final sampling units, i.e. the primary schools and ECCE centres. Two sampling frames, namely a list of ECCE centres and of primary schools in each district by location were obtained from the Ministry of Education and Sports. From each district, ten (10) units were selected consisting of 6 public primary schools and 4 ECCE centres. An effort was made to ensure that half of these were from urban and half from rural locations.

Sample Size Determination

There were a total of 27,515 study units, that is, primary schools and ECCE centres in Uganda. Of these, 74 per cent were primary schools and 26 per cent ECCE centres. The minimum sample size required for this type of study at the desired level of precision was determined using the Yamane (1967) formula for calculating sample size. This is given as:

$$n = N/[1+N(e)^2]$$

Where:
n is the required sample size;
N is the population size of the study; and
e is the tolerable error level (1- level of confidence);
The tolerable error level selected was 0.06

A slightly higher error tolerance level of 6% was adopted due to anticipated uncertainty likely to be introduced by particularly the hard-to-reach areas. Therefore, the minimum sample size was calculated as:

Sample size n = 27,515/ [1+ (27,515/0.05*0.06)] = 276 units

It was anticipated that the various stratifications that have been used in identification and selection of the sample, including region; old and new districts; hard-to-reach and stay districts; the extent of lack of ECCE services; and the ongoing ECCE projects within the districts; would likely affect precision of results. To compensate for this, a decision was made to increase the sample size by a factor of 30% over and above the minimum required sample by simple random sampling. This gives a total sample of 360 schools. A total of 10 schools were sampled from each district, 6 being public primary schools and 4 being ECCE centres. An effort to take account of the rural and urban divides was made such that half of the schools and ECCE centres visited in each district were located in rural and the other half in urban. Initially, an attempt was made to select the school and ECCE centres sample proportional to size. However, it turned out that such a criterion would lead to very few ECCE centres being studied. The final sample consisted of 216 primary schools and 144ECCE centresas indicated in **Table 3.1.** In addition, two household heads one of whom had children enrolled in ECCE centres and those that did not in every locality of the school and ECCE centre were selectedand interviewed. Furthermore, one PTC was selected in every region. At each district headquarters, a leaders' focus group discussion (FGD) was conducted consisting of the Chief Administrative Officer (CAO or their designate), District Education Officer (DEO) and District Inspector of Schools (DIS).

Table 2.1: Districts and number of primary schools and ECCE centres selected

No.	Region/Teams	Primary school	ECCE
	Region 1		
1	Isingiro	6	4
2	Kamwenge	6	4
3	Kabarole	6	4
4	Mubende	6	4
5	Bundibugyo	6	4
	Region 2		
1	Gulu	6	4
2	Pader	6	4
3	Otuke	6	4
4	Lira	6	4
	Region 3		
1	Mityana	6	4
2	Masaka	6	4

3	Luwero	6	4
4	Kayunga	6	4
5	Mukono	6	4
	Region 4		
1	Kisoro	6	4
2	Kanungu	6	4
3	Rukungiri	6	4
4	Bushenyi	6	4
5	Mbarara	6	4
	Region 5		
1	Jinja	6	4
2	Luuka	6	4
3	Busia	6	4
4	Tororo	6	4
5	Mbale	6	4
	Region 6		
1	Hoima	6	4
2	Masindi	6	4
3	Buliisa	6	4
4	Kiryandongo	6	4
	Region 7		
1	Kaabong	6	4
2	Kotido	6	4
3	Napak	6	4
4	Amuria	6	4
	Region 8		
1	Nebbi	6	4
2	Zombo	6	4
3	Arua	6	4
4	Adjumani	6	4
	Total	216	144

3.3 Data collection

From all the targeted units, data were collected using some structured pre-coded as well as semi-structured questionnaires depending on the target. The data collection structure was as follows:

a) The Local Governments data collection tool was directed at Chief Administration Officers (CAO), District Education Officers (DEO) and District Inspectors of schools (DIS) and collected information on governance structures for ECCE; access to ECCE services within the local government; quality assurance measures; and financing for ECCE. Given the tripartite nature of the data solicited in this tool, as well as their implied triangulation, its administration took the form of focus group discussions. Consequently, the questions in this tool were also semi-structured and many were

open-ended. Analysis of the data from the local government level was therefore qualitative.

b) The ECCE tool targeted heads of ECCEcentres and solicited information on centre location, founding, governance, attachment and supervision; centre enrolment; availability of integrated services; centre staff and infrastructure; play and learning materials available; feeding, protection and safety measures; and centre financing.

c) The respondents to the primary school tool were head teachers who were asked for information on location, founding, governance, andsupervision; enrolment; staff; infrastructure; physical education and sports facilities availability; presence of special arrangements for children below 6 years; catchment area; perceived requirements for establishment of an ECCEcentre at the school; feeding programme; and perceived effects of exposure to pre-school learning.

d) The parents' questionnaire sought to establish family environment including children's school and pre-school attendance; perceptions on school feeding; perceptions on how pre-school can succeed; and perceived benefits of pre-school attendance.

e) The final tool was directed at heads of PTCs and sought information on ECCE training availability, requirements and enrolment; existing college facilities and identified gaps; ECCE training curricula and their implementation; quality assurance issues; and any challenges faced as well as their recommendations. Due to the small number of the PTC sample, most of the data collected was qualitative. Similarly, the analysis of the data from this target group, even the numerical ones, was qualitative or descriptive.

The field operations were organized around 8 teams, i.e. one team per region. Each of the teams was made up of 8 people including a Team Leader, 6 Research Assistants and a Driver. Team leaders conducted both the focus group discussions at the district headquarters as well as the PTC interviews. Research Assistants, on the other hand, carried out interviews at primary schools, ECCE centres and for parents.The final fieldwork implementation schedule took the following form:

	Regions	Districts
Team 1:	Region 1	Isingiro,Kamwenge,,Kabarole, Bundiburyo
Team 2:	Region 2	Gulu, Pader, Otuke, Lira
Team 3:	Region 3	Mityana, Masaka, Luwero, Kayunga, Mukono
Team 4:	Region 4	Kisoro, Kanungu, Rukungiri, Bushenyi, Mbarara
Team 5:	Region 5	Jinja, Luuka, Kaliro, Tororo, Mbale
Team 6:	Region 6	Hoima, Masindi, Buliisa, Kiryandongo
Team 7:	Region 7	Kaabong, Kotido, Napak, Amuria
Team 8:	Region 8	Nebbi, Zombo, Arua, Moyo, Adjumani

3.4 Quality Assurance

Quality considerations were central in the design and were embedded in all the different stages of the study. The study tools were generated using experience from other studies as well as the objectives of the study. Draft tools were, however, subjected to rigorous pretests to ensure that validity, reliability and logistical management issues were all properly addressed.

The study personnel were subjected to rigorous training in both study objectives and logistics as well as general interviewing and field management techniques. As part of the training, trainees went through structured classroom instruction as well as role playing as interviewers and responndents. They later participated in practice interviews. Trainees that displayed leadership qualities were designated as team leaders, while the rest were made field interviewers. In the field, team leaders edited all the completed questionnaires and met with the study teams at the end of every field day to discuss any emerging quality issues.

At the end of the fieldwork, the completed questionnaires were returned to the NPA offices, Kampala office. A final editing exercise was done before the beginning of the data entry. The data were captured in both SPSS and STATA and data cleaning was also done in both packages. Tabulations were then generated according to the study analytical plans. The detailed planned and actual sample distribution by study unit are presented in **Table 3.2.**

Table 2.2: Planned and Actual Sample Distribution by Study Unit

	Targeted Sample	Target Sample	Interviewed
1	District Local Governments	36	36
2	ECCE	144	140

3	Primary Schools	216	224
4	Parents	296	288
5	PTCs	8	8

SECTION FOUR: ESTABLISHMENT, MANAGEMENT AND ADMINISTRATION OF ECCE CENTRES AT PUBLIC PRIMARY SCHOOLS

4.1 Introduction

The Ministry of Education and Sports has taken various steps towards improviong the quality of pre-primary education provision which include but not limited to the following:

a) Creation of the Department of Pre-primary and Primary Education in 2000,
b) Development of Early Learning and Development Standards for Children 3 to 5 years, 2015,
c) Mandatory requirement for all ECCEcentres to be registered before being granted a license to operate in addition to meeting minimum standards for operation,
d) An attempt towards institutionalizing the training of ECCE caregivers at Primary Teachers Colleges.

The current decentralized, private sector lead and partial Government funding (P.1-P.3) approach to ECCE delivery has, however, not yielded impressive outputs & outcomes and has been criticized for being inefficient and inequitable. It is hence asserted that the current approach to provision of ECCE services is unlikely to protect children from the risk of failing to attain their full developmental potential which is likely to expose them to long-lasting intergenerational deficients that are expensive and difficult to solve or reverse. In an attempt to ascertain the options available to address the risks associated with the limited access to ECCE services, the MoES identified and costed five options for provision of ECCE services for children aged 0 to 8 years in Uganda. The five options are: (a) the current option for ECD delivery (status quo), (b) decentralised and fully Governent funded ECCE provision, (c) the status quo and strengthened awareness creation on ECCE, (d) the status quo and affirmative action for ECCE and (e) status quo and administrative & economic regulation of ECCE. Building on the " Ex-Ante Benefit-Cost Analysis" of individual, economic and social returns from proposed investment scenarios for pre-primary schooling in Uganda (Behrman

& van Ravea[4], 2013), the Cost Benefit Analysis (CBA) made reference to EMIS and UBoS data for guidance on education statistics.

The costs considered included: administrative costs, enforcement/compliance costs, captitation grants, staff salaries (wages), construction costs, capacity building costs and training costs. The benifits for quality ECCE provision evaluated were: (a) creation of an enabling environment to support the child's optimal development & associated benefits, (b) enhancement of the learning process for acquisition of knowledge, skills, good habits and values through experimentation, observation, reflection and play, (c) enhancement of capacity building of families & communities as key stakeholders in ECD and stimulating social mobilisation, (d) perpetuation of national heritage, cultural, moral & spiritual values in society through children as the future of the nation, (e) promotion of the sectoral partnerships through linkages between education, health and nutrition, gender, water & sanition in support of ECD, (f) ultimate reduction of wastage in UPE program by reducing incidences of repitition, enrolment and drop out of underaged children in primary one classes and (g) assurance of national standards, coordination, regulation, direction, mentoring, monitoring & evaluation in ECD. The CBA Model was applied to the five options for ECCE provision and the details are summarised in **Table 4.1.**

Table 3.1: The Cost-Benefit Analysis

	Options	**Findings**	**Assessment**
1	Maintaining of Status Quo	Cost: 159,311,061,630	The cost outweighs the benefits & will not make significant progress for ECCE provision
		Benefit: 79,655,530,815	
		Coverage: 563,913	
2	Status Quo + provision of ECCE to all children	Cost: 1,021,224,775,700	Is the most effective but very expensive to implement currently
		Benefit: 1,531,837,163,655	
		Coverage: 3,614,827	
3	Status Quo + Strengthened awareness creation on ECCE	Cost: 306,367,404,480	Though less effective than option 2, it is more effective than option 1 but
		Benefit: 459,551,106,720	

[4] *Conducted a study on behalf of MoES, MoGLSD and UNICEF in 2013 and identified key cost drivers and variables in the function of determining the relationship between various variables and their interaction with benefits of ECD as the dependent variable.*

		Coverage: 1,084,448	with no guarantees on action, no way of predicting what types of action will be taken as well as a time scale for action
4	Status Quo + Affirmative action for ECCE	Cost: 408,489,684,300 Benefit: 612,734,526,450 Coverage: 1,445,930	Preferred option though less coverage compared to the option of universal coverage
5	Status Quo + Administrative and economic regulation of ECCE	Cost: 255,305,982,060 Benefit: 382,958,973,090 Coverage: 903,706	Least effective option in terms of enhancing access to ECCE. In addition, offers no guarantees on action relating to enforcement and market reaction to the regulation

Source: MoES, 2018, A Regulatory Impact Assessment Report

The following were established: (a) every extra ECD year a child gains, translates into an average of 2.6 additional years of schooling pointing to higher chances of completion of the learning cycle, (b) children who acquired an additional year of quality ECD (in 2018 as base year) are expected to increase their future earning by Ugx 423,765 (considering per capita income at constant prices of USD 774- UboS, 2016), (d) cost of providing ECD to children was projected at 10% of the basic wage in Uganda transiting into a lumpsum of Ugx 285,510 assuming that the average base wage was Ugx 2,825,100 (per capita income of USD 774). It translated into an aggregate expenditure of Ugx 1,021,224,775,700 annually to provide ECD to the 3,614,824 children with a resultant net income of Ugx 510,606,857,800 to the economy, (e) benefits of investing in ECD vary from 1.6 to 8.6 at an annualised risk & inflation adjustment factor of 6% depending on the adjustment made to the different parameters and (f) the CBA considered only formal ECD in school setting of 3-5 year olds since data on costs & benefits of early childhood care and effective parental support was not readily available.

The CBA was conducted in order to determine the preferred option. Option four was recommended as the Preferred Option since it offers the highest level of benefits and targets the disadvantaged segments of the country. This option is likely to reduce the prevalence of disperaties in ECCE provision. The current system (status quo) of ECCE delevery which is decentralised, private sector led & partial Government funding (P.1-P.3) is in line with Article 176, Constitution of the Republic of Uganda, 1995. Replacing the status quo with a highly centralised or government-aided one was not considered a viable option since it be would be in contradiction with Article 176 (2) of the 1995 Constitituion of the

Republic of Uganda and Sections 96 & 97 of the Local Governments Act, Cap 243 of 1997. The centralised sytem of delivery of ECCE is expensive for GoU since it would involve developing compherehensive capacities (in terms of funding, human resources, accurate & relevant information including capacity to use it, etc) as a pre-condition of centralisation of ECCE and would crowd out the private sector (MoES, 2018)[5]

4.2 Survey Findings

4.2.1 Sample Discription

A total of 140 ECCE centres, 224 Public Primary Schools, 288 Parents, eight Primary Teachers Colleges and 36 Local Governments/Districts were survyed. The majority (106) of the ECCE centres were nurseries, followed by Community-Based (31), Home-Based (1) and Day Care (2) centres. Out of the 106 nurseries, 51 were located in urban areas while 13 in peri-urban and 42 were in rural areas. Using the broad defination of urban areas, 64 out of the 106 nurseries were located in urban areas. The ECCE centres were distributed across the foundation bodies as follows: Caltholic (44), Church of Uganda (37), Entreprenuers (29), Community-Based (15), Islamic (7), etc.

4.2.2 Enrolments

There were 103,137 (51,960 girls) pupils enrolled in the 224 public primary schools surveyed. 61,994 (31,002 girls) were enrolled in lower primary (P.1-P.3) while 41,143 (20,958 girls) were enrolled in upper primary (P.4-P.7). Of the 61,994 enrolled in lower primary 27,416 were in rural areas compared to 34,578 in urban areas (25,422 urban and 9,156 peri-urban) hence the majority of the enrolments in this category were in urban areas. There were 3,012 (1695 girls) enrolled in Primary Seven compared to 22,251 (11,194 girls) enrolled in Primary One hence signalling very low translation rates from lower primary to upper primary. The details of the enrolment of pupils in the 224 public primary schools are highlighted in **Table 4.2.**

[5]A Regulatory Impact Assessment Report (RIA)

Table 3.2: Pupil Enrolments in Public Primary Schools

Class	*P1*		*P.2*		*P.3*		*P.4*		*P.5*		*P.6*		*P.7*		
Gender	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Total*
Urban	*4172*	*4261*	*4013*	*4141*	*4287*	*4548*	*4143*	*4610*	*2748*	*3508*	*1551*	*2102*	*759*	*1002*	*45845*
Peri-Urban	*1851*	*1883*	*1241*	*1448*	*1283*	*1450*	*1033*	*1449*	*654*	*898*	*386*	*604*	*178*	*236*	*14594*
Rural	*5304*	*5050*	*4341*	*3993*	*4500*	*4228*	*3642*	*3665*	*1970*	*2485*	*1241*	*1442*	*380*	*457*	*42698*
Total	*11327*	*11194*	*9595*	*9582*	*10070*	*10226*	*8818*	*9724*	*5372*	*6891*	*3178*	*4148*	*1317*	*1695*	*103137*

In the 140 ECCE centres surveyed there were 14,626 (7,257 girls) learners enrolled in pre-primary schools of whom 5,514 (2,769 girls) were enrolled in Baby Classes, 4,676 (2,226 girls) enrolled in Middle Classes and 4,436 (2,262 girls) enrolled in Top Classes. Out of the total of 14,626 children enrolled in pre-Schools, 7,809 (3,892 girls) were from urban areas, 1,332 (634 girls) in peri-urban areas and 5,485 (2,731 girls) in rural areas. The details of enrolment of learners in the 140 ECCE centres are highlighted in **Table 4.3.**

Table 3.3: Enrolments in ECCE Centres

Class	**Urban**			**Peri Urban**			**Rural**		
Baby Class	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Below 3 Years	165	165	**330**	69	80	**149**	252	251	**503**
3-5 Years	1275	1216	**2491**	207	230	**437**	777	827	**1604**
Above 5 Years			**0**			**0**			**0**
Middle Class									
Below 3 Years			**0**			**0**			**0**
3-5 Years	1093	1101	**2194**	218	136	**354**	726	615	**1341**
Above 5 Years	173	150	**323**	42	29	**71**	198	195	**393**
Top Class									
Below 3 Years			**0**			**0**			**0**
3-5 Years	475	523	**998**	54	60	**114**	239	245	**484**
Above 5 Years	736	737	**1473**	108	99	**207**	562	598	**1160**

The majority (62.5%) of the enrolments in preschools from the 140 ECCE centres surveyed were from urban areas compared to 34.5 % from the rural areas. The enrolments in institutionised ECCE centres disadvantaged children from rural areas and hence has a direct bearing on their educational achievements and transition rates to higher levels of education.

4.2.2.1 Ontime Enrolments

There were 11,231 (5,695 girls) children aged 6 years out of the total enrolment of 30,445 (15,144 girls) enrolled in P.1 in the 224 public primary schools surveyed. **The ontime enrolment constituted 37% of the total enrolments in P.1. The majority (7,022) of the ontime enrolments in P.1 were from urban and peri-urban areas compared to 4,209 from the rural public primary schools.** Despite the disparities there was gender parity in P.1 enrolments. The details of ontime and over age enrolments in P.1 are indicated in **Table 4.4.**

Table 3.4: Enrolments of Pupils in Primary One by Age

Location	Below 5yrs	6yrs	7yrs	8yrs	9yrs	10yrs	11yrs	12yrs +	Total
Peri-urban	343	1835	1158	715	395	391	297	47	5181
Rural	827	4209	3737	2092	769	416	108	263	12421
Urban	380	5187	3020	1746	969	620	404	517	12843
Total	**1,550**	**11,231**	**7,915**	**4,553**	**2,133**	**1,427**	**809**	**827**	**30,445**

In the 140 ECD centres (**Table 4.3**), 10,017 children out of 14,626 enrolment on time. This implies that 68% of children enrolled ontime, that is, within the age bracket of 3-5. Majority (66%) of the children that enrolled ontime were from urban and peri-urban ECCE while only 34% were rural. This trend disadvantages rural children in terms of learning outcomes compared to their urban and peri-urban counterparts.

4.2.2.2. Underage enrolment in primary and ECCEs

The official age for primary school in Uganda is 6 years. Evidence from the 224 public primary schools surveyed, however, revealed that there were 1,550 (776 girls) children enrolled in Primary One at less than 5 years of age. It translated into 5% of the total enrolment of 30,445 children enrolled in Primary 0ne. The majority, 53.4% of the under age children enrolled in P.1 were from rural areas compared to 24.5% in urban areas and 22.1% in peri-urban schools. The details of under-age enrolments/hidden pre-primary learners are presented in **Table 4.5**

Table 3.5: Children below 5 years enrolled in P.1

Location	Number
Peri-urban	343
Rural	827
Urban	380
Total	**1,550**
Boys	774
Girls	776
Total	**1,550**

The problem with under-age children in Primary one (P.1) classes is that they are likely to drop out or take more than one year to complete P.1 and yet government continues to provide capitation grants for them. It is hence argued that government is likely to lose out on completion & retention rates as such children will be recorded as drop-outs and parents are likely to spend more on non-school fees costs incase such children do not complete the education cycle on a one year one class basis. The lifespan of textbooks provided to under-age children in P.1 are likely to serve for a shorter time, because they are likely to be mishandled by the under-aged. In addition teachers attending to under-age children mixed with six-year-olds in one class are strained since either they are not ready for such levels or require special attention. It is, however, not clear to what extent lower primary curicculum addresses the lack of school readiness for children enrolled in primary one.

The problem of under-age enrolments in P.1 is compounded by the enrolment of under-age children in Nursery Schools. There were 982 (18%) children below the age of 3 years that were enrolled in Baby Classes. Underage enrolment in pre-schools happened in both rural and urban ECCE and hence location was not a factor (see table 4.3).

4.2.2.3 Bulge of over age

Over-age enrolment remains a significant problem particularly in primary schools which increases wastage of resources. There were 787 (374 girls) children in Middle Classes and 2,840 (1,434 girls) in Top Classes aged above 5 years in the 140 ECD centres surveyed (**Table 4.4**). The over-age children were distributed as follows: 1,796 (887 girls) in urban areas, 278 (128 girls) in peri-urban areas and 1,553 (793 girls) in rural areas. There were more over-age

learners in Middle and Top classes in urban & peri-urban areas than in rural areas. In addition, there were 17,664 (8,673 girls) children aged 7-12+ years in Primary One in the 224 public primary schools surveyed (**Table 4.4**). The majority (7,385) of the over-age children enrolled in P.1 were from rural areas followed by 7,276 in urban areas and 3,003 in per-urban areas. The over-age children constituted 59% of the total enrolments in P.1 in the 224 surveyed public primary schools. Over-age enrolments means that such children will not complete the primary education cycle at the right age. Over-aged children could easily lead to over crowding in classes, bully the younger ones thereby negatively affecting their learning experiences and are more likely to drop out of the education cycle in future.

4.2.2.4. Reasons for enrolment and non-enrolment of children in ECCE

Parents who enrolled their children aged 3-5 years in Nursery Schools asserted that pre-school education: provided a good foundation (49.8%), children learnt to interact with others (28.1%), could afford (8.8%), nursery schools were cheaper than maids (5.6%), had no maids (4.4%) and other reasons (3.3%). The parents who did not enroll their children aged 3-5 years in Nursery Schools, however, attributed their inability to do so to: could not avoid the expenses (34.6%), did not appreciate the value of pre-primary school education (15%), non-availability of ECD centres in their areas (14.2%), were not aware there nursery schools in their areas (11.3%), had home helps (9.2%), pre-primary education was not compulsory (7.7%), child had a disability (5.8%) and lacked uniform (2.1%). The unaffordability of tuition fees was therefore the most dominant reason for failure by parents to enroll their children aged 3-5 years in pre-primary schools. Ninety six (96%) of the parents that had not enrolled their children aged 3-5 years old in nursery schools, however, indicated they would do so if the GoU established nursery schools at the public primary schools within their vicinities.

Teachers in the 224 public primary schools surveyed affirmed that there were considerable differences in learning outcomes between children exposed to pre-school and those enrolled directly in primary one. Children who attended pre-primary schools were more likely to: engage (96.4%), progress (93.3%), complete the education cycle (87.5%) and achieve higher literacy & numeracy grades (94.6%) compared to their counterparts that were directly enrolled in primary one.

4.2.2.5 Repetitions in primary schools

There were 19,122 (9,828 girls) repeaters in the 224 public primary schools surveyed. The majority of the repeaters (8,101) were from rural public primary schools followed by 8,041 repeaters in urban areas and 2,924 in peri-urban areas. The details of repeaters are highlighted in **Table 4.6**.

Table 3.6: Repeaters in Public Primary Schools.

Class	*P1*		*P.2*		*P.3*		*P.4*		*P.5*		*P.6*		*P.7*		
Gender	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Total*
Urban	*568*	*582*	*511*	*502*	*677*	*645*	*876*	*870*	*632*	*700*	*583*	*683*	*105*	*107*	*8041*
Peri-Urban	*229*	*307*	*195*	*261*	*188*	*298*	*235*	*339*	*192*	*239*	*179*	*243*	*46*	*29*	*2980*
Rural	*919*	*865*	*499*	*443*	*632*	*586*	*743*	*754*	*682*	*631*	*468*	*633*	*135*	*111*	*8101*
Total	*1716*	*1754*	*1205*	*1206*	*1497*	*1529*	*1854*	*1963*	*1506*	*1570*	*1230*	*1559*	*286*	*247*	*19122*

There were 8,907 (4,489 girls) repeaters in lower primary (P.1-P.3) in the 224 surveyed public primary schools. The repeaters were distributed as follows: 3470 (1,754 girls) in P.1, 2411 (1,206 girls) in P.2 and 3,026 (1,529 girls) in P.3. The majority, 3,944 (1,894 girls) of were from rural areas, followed by 3,485 (1,729 girls) in urban areas and 1,478 (866 girls) in peri-urban areas. It was, however, not possible to ascertain the numbers of single and multiple repeaters. The average teacher-pupil ratio in the 224 public primary schools surveyed was 1:68 far above the internationally recommended ratio of 1:40 and national target teacher-pupil of 1:43. . The high teacher-class ratio could partly be attributed to repititons, over-age and under-age pupils enrolled in primary schools.

Repititions result in higher completion costs per pupil, overcrowding and higher teacher-pupil ratios. Repetitions are hence one of major wastes in the education cycles. Class repetition is a measure of inefficiency in the educational system since it wastes public resources and limits access to educating more children against contrary arguements rooted in behaviourist and cognitive principles[6] that class repitition is a means of improving academic/learning achievements. It is also a management issue since it could easily result in large class sizes which are difficult to teach, assess and supervise effecively. Repitition could

[6] *Which hold that knowledge or behavior acquired must be perfected before any new information could be meaningfully absorbed (Mergel, 1989).*

also be emotionally damaging & stressful and repeaters could easily lose self-esteem and might even lead to drop out of the education cycle.

4.2.3. Infrastructure

ECCE providers in rural areas are not equally resourced like urban area counterparts.The 140 ECCE centres surveyed had both permanent (iron sheet roof, Brick & motor walls &cemented floors) and temporary (Grass thatched, Mud & wattle/Wooden/Iron sheet walls &Mud floor). The majority of the ECD centres had permanent infrastructures which included: Classrooms (71), Latrines (72) & Offices (59) out of 140, sick bays (25 out 31 that responded) and store rooms **(**51 out 77 that responded**),**were located in urban areas. Thetemporary structures were dominately located in rural areas. This implies that ECCE providers in rural areas are not equally resourced like urban area counterparts.

The 140 ECCE centres surveyed had both outdoor & indoor play and learning faclities. The outdoor play & learning facilities were broadly categorised as fixed play equipment and movable play materials. The fixed play equipment at the surveyed ECCE centres were: playing grounds, sand pitches, climbers, tunnels, sliders, merry-go-round and jigsaw puzzles. The movable play materials included: bouncing castles, skipping ropes and tyres. The indoor learning environment had equipped book centres, music centres, art centres, audio-visual and resting spaces. The facilities available were suitable for children's growth and well-being.

The 62 public primary schools that didnot have special arrangements for children below 6 years, however, indicated that they required the following minimum customised facilities and human resources if they were to provide ECCE services for children aged 3-5 years: 3 Classrooms, 4 Toilets, a Sick Bay, a Store Room and a Head Caregiver, three Caregivers and a functional Centre Management Committee. It was not possible to estimate how much such requirements would cost in monetary terms.

4.2.3.1 Water and Sanitation.

All ECCE's and public primary schools had access to water sources of diferring types located in diferring distances. Water sources are broadly categorised into two: improved and unimproved sources. Improved sources of water are protected from contamination. The

improved water sources include: piped water, public tapes, boreholes, protected springs/wells, gravity flow schemes, rain water and bottledwater.Unimproved water sources include: unprotected wells/springs, rivers/lakes/streams, and tanker trucks. Public Primary Schools and ECCE Centres surveyed had both improved and unimproved water sources. The details of improved and unimproved water sources at both public primary schools are presented in **Table 4.7.**

Table 3.7: Improved and Unimproved Water Sources

Public Primary Schools					**ECD Centres**			
Water Source	**Urban**	**Peri-urban**	**Rural**	**Total**	**Urban**	**Peri-urban**	**Rural**	**Total**
Borehole	89	31	91	211	16	5	40	61
Piped water	54	13	26	93	41	9	22	72
Well Spring	16	8	19	43	1	0	2	3
Rain water tank	24	10	17	51	1	0	1	2
Cases	**91**	**34**	**99**	**224**	**60**	**15**	**65**	**140**

Boreholes were most dominant improved water source in rural areas compared to piped water in urban areas. Wellsprings were the most common unimproved water sourcce forECCE centres in rural areas. It is therefore rural public primary school pupils & ECCE centre learners that are at higher risks of suffering from waterbornes diseases caused by pathogenic micro-organisms that are transmitted in water such as diarrheal diseases like Cholera, Guinea Worm diseases, Typhoid & Dysentery and Vomiting amidst claims that tiped water in urban areas is not totally contamination free.

Of the 224 public primary schools surveyed, 185 (107 urban) schools had water within the school premises followed by 32 (14 rural) schools that had water sources within a distance of 1-2km. Only two rural public primary schools had watersource within a distance of more 3kms from the school premises. Of the 140 ECCE centres 119 (67 urban) had water within the centre premises compared to only one that either had a watersource either within a distance of 2-3km or above 3kms. There were, however, two incidencesECCE cenres in urban areas that had no water at the time of the survey. It is not clear whether they had just been disconnected or they were not connected to any water source. Absence of water is a

serious sanitation issue. Closely related is the hygenic condition of pupils proxied by among others hand washing facilities tagged to the availability of running water and soap. Of the 141 public primary schools that had both running water and soap for hand washing, the majority were from urban areas. The details are presented in Table 4.8.

Table 3.8: Public Primary Schools with Running Water and Soap for Hand Washing

Category	Urban	Peri-urban	Rural	Total
Total	64	17	60	141

4.2.3.2 Energy Sources

Energy sources are categorised into clean and unclean sources. Clean sources do not produce smoke (solar, gas, electricity/national grid & biogas while unclean energy sources produce smoke (charcoal, generator, firewood & grass and kerosene). Lack of access to clean fuels and electricity in the world's poor households is particularly a serous health risk (Smith et al, 2013). The details of the energy sources available at public primary schools are presented in **Table 4.9.**

Table 3.9: Energy Sources at Public Primary Schools

Category	**Frequency**	**Percent**	**Cumulative Percentage**
No Electricity	66	29.46	29.46
Clean Energy	156	69.64	99.11
Un Clean Energy/Generator	2	0.89	100
Total	**224**	**100**	

The findings (table 4.9) indicate that majority (69.6%) of the public primary schools surveyed had access to clean energy. Nonetheless, still a significant proportion (29.4%) did not have access to electricity while a negliglible proportion (0.89%) was using unclean energy including generators. These findings imply that public primary schools are increasingly getting access to clean energy which is a positive trend given that clean power sources are correlates of good health and learning outcomes.

4.2.3.2 Toilet Facilities

Toilet facilities are categorised into three broad categories of different supposed quality: poor if an individual reported no access to toilet facility, intermediate if an individual reported access to a pit latrine or VIP latrines and high if an individual had access to a flush toiletKwarteng et al (2015).For purposes of this study, toilet facilities werecategorised as either permanent (iron roofed, brick & mortar walls and cemented floor) ortemporary if they did not meet the classification for perment ones. It was assummed that cemented floors provided better hygienic conditions compared mud ones. Presence of SNE toilets was also considered as both an access and quality issue.

i) Toilet availability in ECCE Centres

The findings (table 4.10) show that to a great extent, ECCE centres have adequate toilet facilities with an overall toilet stance to pupil ratio of 1:18. Nonetheless, urban areas have higher ratios implying some level of inadequacy. There is still a challenge of mixed toilets where boys and girls share the same stance. This is more prevalent in the rural areas. This is a risk factor since sharing toilets by both boys and girls has been cited as a reason for dropping out of school.In addition, the findings highlight a challenge of few toilets that are friendly to persons with special needs. Only 30 ECCE centres had SNE latrines distributed accross locations as follows: 14 in urban areas, 7 in peri-urban areas and 9 in rural areas. It was not possible from the data set to ascertain whether the toilet facilities had door shutters.

Table 3.10: Toilet Pupil Ratios in ECCEs

Latrines	Boys	Girls	Mixed	Total	Total Pupils	Toilet Pupil Ratio
Peri-urban	72	81	1	154	1,332	9
Rural	197	193	13	403	5,485	14
Urban	118	119	8	245	7,809	32
Total	387	393	22	802	**14,626**	18

ii) Toilet availability in public primary schools

The details of availability of the toilet facilities by location in 224 public primary schools surveyed are presented in **Table 4.11.**

Table 3.11: Toilet Pupil Ratios in public primary

Latrines	Boys	Girls	Mixed	Total	Total Pupils	Toilet Pupil Ratio

Peri-urban	269	294	3	566	14594	25.78
Rural	981	1012	15	2008	42698	21.26
Urban	680	749	2	1431	45845	32.04
Total	**1930**	**2055**	**20**	**4005**	**103137**	**25.75**

The presence of mixed toilet is not a good gender gesture and could easily lead to abseenteism and eventual drop out by girls due lack of privancy and poor hygenic conditions associated with mixed toilets for pupils. The overall toilet pupil ratio was 1:25.8 with only urban areas having higher ratios. The toilet pupil ratio of 1:25.8 was better than the national average for primary school in Uganda of 1:35[7] hence signalling toilet adequancy in the 224 public primary schools surveyed.The availability of toilet facilities is a pointer to proper disposal of wastes and reduces the risk of contracting related diseases by pupils such as cholera & diarrhoea.

4.2.4. Children Safety in ECCEs

Vulnearable children should be able to access integrated & comphrehensive, preventive and rehabilitative packages so as to ensure their safety and wellbeing. The government of Uganda is committed to ensuring that children from conception to eight years & their caregivers are protected in order to ensure their survival, safety & adequate care at both family, community and national levels. At the 140 ECCE centres surveyed, care was taken by the management of the centres to ensure children safety through a number of protective mechanisms whose details are highlighted in **Table.4.12.**

[7]SABER Country Report (2012). Uganda Teachers

Table 3.12: Children Protection

Location	Child Protection						
	Parents Accompany	Fence/Gate	Received picked	ID Tag	LifeSavers	Guide Safe Road Cross	Watchman
Urban	58	40	55	22	29	35	51
Peri-Urban	13	12	12	4	9	12	11
Rural	49	25	41	19	32	34	33
Total	120	77	108	45	70	81	95
Type of Center							
Nursery	95	59	84	36	57	66	77
Community	24	15	21	9	12	14	16
Home Based	1	1	1	0	0	0	0
Day Care	0	2	2	0	1	1	2
Founding Body							
Islamic	6	3	6	3	3	6	5
COU	33	18	26	10	18	14	23
Catholic	36	25	34	11	20	31	30
SDA	2	2	2	1	1	1	2
Community	12	7	10	6	5	7	9
Entrepreneurs	26	20	26	12	20	19	22
PAG	4	2	4	2	3	3	3
Army	1	0	0	0	0	0	1
Total	120	77	108	45	70	81	95

4.2.5 School Feeding

School feeding modalities in Uganda include: cash contributions for food, food item contribution in kind by parents and home packed meals. It is asserted that parent-led feeding is the best option especially for rural areas that constitute 80% of the estimated 7.9 million children enrolled in primary schools and 67% of the children that go hungry in primary schools. The parent-led school feeding option, however, faces a number of challenges ranging from lack of food & packing materials at the household level to low appreciation of the links between meals & learning outcomes by various stakeholders, high poverty levels and unfavorable weather patterns.The UBOS (2016/17) Household Survey indicates that Ugandans living below the poverty had increased to 10 millions from 6.6 millions and only 52% of the households could afford two meals in a day which reduces the abilities of parents to afford additional food requirements outside their households.

Hungry children experience poor concretration & mental abilities, poor health, absenteeism and are more likely to drop out of school. The MoES has stated that hunger is one of the

main reasons children perform poorly in Universal Primary Education (UPE) schools (MoFED, 2019). The findings of the survey in regard to the extent to which children are fed at public primary schools are presented in **Table 4.13.**

Table 3.13: School Feeding in Public Primary Schools

Feeding	**Yes**				**No**			
Category	**Urban**	**Peri-urban**	**Rural**	**Total**	**Urban**	**Peri-urban**	**Rural**	**Total**
Islamic	4	2	4	**10**	10		1	**11**
COU	19	9	16	**44**	8	3	21	**32**
Catholic	21	12	25	**58**	6	4	21	**31**
SDA	1		1	**2**				**0**
Community Based	8	2	3	**13**	4		3	**7**
Entrepreneurs		2		**2**				**0**
NGO			1	**1**	1		1	**2**
Government	6		2	**8**	1			**1**
Army	2			**2**				**0**
Total	**61**	**27**	**52**	**140**	**30**	**7**	**47**	**84**

Out of 224 public primary schools surveyed, 140 provided children with meals at schools. The respodents at 86 public primary schools indicated that it were parents that provided the meals, compared to 60 where meals were provided by the school and 27 where meals for school children were provided by donors. The public primary school feeding results were similar to those at ECCE ccetres. **Of the 122 ECCE centres that provided meals, at 59 ECCE centres meals were provided by parents while 59 ECCE centres also provided meals.** Reasons for not providing meals at ECCE centres were: parents could not afford (65.2%), lack of cost sharing arrangement (8.6%) and and the center had no provision for feeding (26.2%). The majority of the ECCE centres that provided meals were located in urban and peri-urban centres compared to rural areas as detailed in **Table 4.14.**

Table 3.14: Feeding at ECCE Centres

Funder	**Urban**	**Peri-Urban**	**Rural**	**Total**
Parents	24	8	27	59
School	33	3	23	59
Donor	0	1	3	4
Total	**57**	**12**	**53**	**122**

The gesture of parents being the major providers of meals to children in public primary schools and the ECCE centres is in line with the law and guidelines of the government of Uganda. It has far reaching signals to the sustainablity of school feeding programs in the public primary schools since parent-led feeding option is the government promoted feeding modality. Parent respodents affirmed that it was the responsibility of parents to feed school children (52.2%) while some (30.4%) were of the view that it was the resposibility of government to provide meals to school children against 17.4% who were of the view that it should be a shared responsibilty of both government and parents to feed school children. Parents provided meals either by packing lunch, paid lunch fees and or contributed food in kind.

For public primary schools that did not have school feeding arrangement, it was asserted that parents could not afford the cost of feeding the children (64.%), there was no cost sharing arrangement (21.4%) and there was no school feeding provision (14.6%). The majority (56%) of the public primary schools that did not provide meals to children were from rural areas which could be linked to their poor performance in national examinations. The implications of the presence and or lack of school feeding modalities at public primary schools has implications for ECCE centres since a number of them were annexed to primary schools.

4.2.6 Caregiver Qualifications

The quality of caregivers and lower primary school teachers is not only affected by their qualifications & experiences but also their working environment and renumerations. The caregivers and low primary school teachers are also expected to be competent enough to deliver the legitimate curricullum so as to achieve its intended outcomes amidst challenges of large classes and need to be creative to bridge school unreadiness for both the under-age and over-age learners that miss pre-primary education or have other learning challenges such as disabilities. It is assertedthat it is unavoidable for ECCE providers in rural areas to employ either unqualified or inexperienced caregivers since the majority of the qualified&experienced pre-school teachers are majorly attracted by the high paying pre-schools located in the urban centers leaving the rural pre-schools with Senior Four and

Primary Seven leavers (MoESTS Statistical Abstract ,2014). The details for caregiver qualifications from the 140 ECCE centres surveyed are presented in **Table 4.15.**

Table 3.15: Caregiver Qualifications

Type of Centre	Bach+		Dip ECD		MoES Cert		Trained Caregiver Cert		Other Cert ECD		Untrained	
	M	F	M	F	M	F	M	F	M	F	M	F
Community-based	0	1	0	13	16	50	6	16	4	29	8	22
Daycare	0	0	1	1	6	3	2	3	0	4	1	2
Home-based	0	0	1	0	0	0	0	0	0	0	0	0
Nursery	1	5	2	38	23	175	16	87	14	104	12	40
Total	**1**	**6**	**4**	**52**	**45**	**228**	**24**	**106**	**18**	**137**	**21**	**64**
Location												
Peri-Urban	0	0	1	2	9	14	1	12	2	12	1	8
Rural	1	1	2	12	24	97	9	51	9	29	14	36
Urban	0	5	1	38	12	117	8	74	13	65	6	20
Total	**1**	**6**	**4**	**52**	**45**	**228**	**24**	**106**	**18**	**106**	**21**	**64**

From the findings, majority (88%) of the caregivers had some form of qualification achieved out diverse trainings on the market. The caregiver qualifications ranged from Bachelors to certificates with the Ministry of Education Certificate in ECCE as the most common qualifications among ECCE caregivers for the 140 ECCE centres surveyed. Some of the caregivers were untrained (12%) which has implications for their abilities to teach the required content and handle young children aged 3-5 years. The details of qualifications held by teaching staff at the 224 public primary schools surveyed are presented in Table 4.16.

Table 3.16: Public Primary School Teacher Qualification

Location	Masters +		Bachelor		Diploma		Grade III		Untrained	
	M	F	M	F	M	F	M	F	M	F
Peri-Urban	182	2	20	18	67	88	125	157	13	13
Rural	18	6	66	51	244	228	393	382	8	8
Urban	4	2	81	81	252	346	428	417	19	19
Total	**204**	**10**	**167**	**150**	**563**	**662**	**946**	**956**	**40**	**40**

Grade III Certificate followed by the Diploma were most common qualifications among teaching staff in the 224 public primary schools surveyed. Primary teachers should hold at

least a Grade III Certificate obtained after two years of training. The rationale is that teachers will be relatively mature enough upon graduation to handle primary school learners. There were, however, primary school teachers with Masters and Bachelor degrees

4.2.7. Distanceand monitoring and supervision of ECCE centres

There is an inverse relationship betweeen the distance and the numbers of monitoring & supervision visits by district & municipal authorities and accessibility to institutionalised ECCE services by children aged 3-5 years. One hundred fifteen (115) ECCE centres were within a distance of less than 1Km to the nearest primary school yet 88 ECCE centres were within a distance of less than 1km from each other. 168 public primary schools were within a distance of less than 1Km from the office of the District/Municipal Education Officer and 90 were within a distance of less than 1km from the Sub County/Town Council offices. The 106 nursery schools that were within a distance of less than 1Km were inspected more than twice by the District/Municipal Inspector of Schools in 2018. There was a link between distance travelled by children aged 3-5 years and accessibility to nursery schools. Parents of the 236 (out of 288) of the children aged 3-5 years who attended nursery schools lived within a distance less than 1Km from the nursery school. Only three children aged 3-5 years who attended nursery school lived more than 5 Km from the nursery school.

The distance between ECCE centres and between ECCE centres & public primary schools is a proxy for “market integration”. On average one public primary school in urban and peri-urban areas was supplied learners by four pre-schools compared to three for rural public primary schools. The fact that ECCE centres are that close to one another and are still operational signals to the fact that there is still unmet/high demand for institutionalised ECCE services in the surveyed areas. The details of the relationship between distance and monitoring & supervision visits by district and municipal authorities are highlighted in **Table 4.17.**

Table 3.17: Distance and number of Monitoring & Inspection Visits

Distance to DEO/MEO office	*Number of Monitoring Visits by DEO/MEO*															
	Nursery				*Community Based*				*Home Based*				*Day Care*			
	1	*2*	*>2*	*None*	*1*	*2*	*>2*	*None*	*1*	*2*	*>2*	*None*		*1*	*2*	*>2*	*None*
Below 1 km	*10*	*20*	*38*	*12*	*3*	*6*	*9*	*2*			*1*				*1*		
1 - 2 km	*1*	*6*	*8*	*1*		*2*	*5*	*2*								*1*	
2.1 - 3 km			*6*		*2*												
3.1 - 4 km			*2*														
4.1 - 5 km		*1*		*1*													
Total	*11*	*27*	*54*	*14*	*5*	*8*	*14*	*4*	*0*	*0*	*1*	*0*	*0*	*0*	*1*	*1*	*0*
Distance to DIS/MIS office	*Number of Inspections by DIS/MIS*																
Below 1 km	*13*	*11*	*46*	*10*	*2*	*3*	*11*	*4*				*1*		*1*			
1 - 2 km	*4*	*2*	*8*	*2*		*1*	*6*	*2*							*1*		
2.1 - 3 km			*6*		*1*	*1*											
3.1 - 4 km			*2*														
4.1 - 5 km	*1*	*1*															
Total	*18*	*14*	*62*	*12*	*3*	*5*	*17*	*6*	*0*	*0*	*0*	*1*	*0*	*1*	*1*	*0*	*0*

The effect of the distance travelled by children to educational establishments is a widely researched and discussed issue. It has been empirically established that parents usually desire to have their young children attending educational centres located close to their homes for safety reasons and related logistical issues such as transportation costs. It has further been established that distance to educational establishments may be a stronger barrier for girls (World Bank, 2012). Distance accounts for 14% of non-pre-school attendance in Uganda (Bold & Brown, 2019).

4.3. Annexing ECCE to Primary School

A total of 115 (82%) out of the 140 ECCE centres surveyed were annexed to public primary schools. Eighty seven (87) of the 115 ECCE centres were nursery schools while 26 were community-based and two were Day Care centres. This implies that whereas this arrangement is not yet the official policy of government, ECCE is increasingly becoming integrated into the public primary education system The details of annexature of ECCE Centres to public primary schools are presented in **Table 4.18**

Table 3.18: ECCE Centres annexed to Public Primary Schools

	Urban			**Peri Urban**			**Rural**			
Type	**Yes**	**No**	**Total**	**Yes**	**No**	**Total**	**Yes**	**No**	**Total**	**Total**
Nursery	40	11	51	10	3	13	37	5	42	106
Community Based	8	1	9	2	0	2	16	4	20	31
Home Based			0			0	0	1	1	1

Day Care			0			0	2	0	2	2
Total	**48**	**12**	**60**	**12**	**3**	**15**	**55**	**10**	**65**	140
Yes	**115**									
No	**25**									

4.3.1. The Overt and Hidden Pre-Primary

From table 4.19, 180 out of 224 (80%) Public primary schools surveyed had children below 6 years of age in form of special P.1 stream (21), or constructed/dedicated ECCE centre (118). This form of "annexture" or special arrangement for children below 6 years demostrated that there is need and a high demand for institutionalised ECCE services for children aged 3-5 years in the 224 pubilc primary schools surveyed. The special P1 stream is what could be termed as *disguised or hidden pre-primary*. This practice entails the creation of a stream forunderage children who had originally been directly enrolled into P1, but such a stream is not labeled pre-school for fear of repremand from the centre given that it is not yet official policy of government for pre-schools to be annexed to public primary schools.The details of primary schools that had special arrangements for children below 6 years are presented in **Table 4.19.**

Table 3.19: Arrangements for Children below 6 years in Public Primary Schools

Location	Special P1 Stream	Dedicated ECD Centre	No special arrangement	Total
Urban	9	46	19	74
Peri-urban	3	18	7	28
Rural	9	54	15	78
Total	**21**	**118**	**41**	**180**

Forty one (41) public primary schools which had enrolled children below 6 years in P.1 had no special arrangement for them meaning they could have been subjected to primary school curriculum which is inappropriate for their age. Fifty five percent (55 %) of public primary schools that used temporary structures to make provisions for children aged 6 years were located in rurals compared to 33% that were located in urban areas. Forty two (42%) of the rural public primary schools compared to 35% of those in urban areas had converted redundant classrooms to create provisions for children below 6 years.

The major challenges faced by public primary schools that had arrangement for children aged below 6 years enrolled in P.1 included: children needed special attention (30.4%), schools spent more on them than on the other children (23.2%), had to modify seats/toilets (14.3%) and required special curiculum (26.8%). In an attempt to address the above challenges geared towards making provisions for children below 6 years, public primary surveyed spent money on: acquiring the appropriate curriculum (74), acquiring age appropriate furniture (45), building apppripriate toilets (22), buying age appropriate books (60), creating age appropriate play area (36), recruiting a dedicated teacher (24), and ECCE staff (74), in-service training (27), fencing the school (26) and making provision for separate feeding (2).

Some schools reported that they refused admitting children below 6 years. The refusal to admit children below 6 years by some public primary schools was attributed to: lack of space (23.2%), no qualified teachers (26.1%), no budget (23.2%) and not being allowed by Ministry of Education and Sports (27.6%). Of the 62 Public primary schools that did not have provisions for children below 6 years of age, 49 of them indicated they planned to provide ECCE services in future while only 13 had no future plans to do so. Parent respondents were, however, of the view that if all children aged 3-5 years were to be enrolled in pre-schools government: has to establish ECCE centres (26.8%), sensitise on the importance of ECCE (26.7%), fully sponsor pre-education (19.3%), introduce cost-sharing (14.2%), give incentives to enrolled families (9.3%) and others (3.7%).

4.3.2 Financing of ECD Centres

The main sources of funding for ECCE centres were: tuition fees, contributions from founding bodies and commnity. Upfront payment for educational services limits the accessibility by poor segments of the community and is hence one of the major causes of inequitable access to educational services. Advocates for universalisation of educational services have advocated for free provison of education so as to ensure non-descrimatory provsions in order to promote equitable access by disadvantaged segements of society. The details of sources of funding to ECCE centres are summarised in **Table 4.20.**

Table 3.20: Sources of Funding for ECCE Centres

Location	Tuition	Gov't Grant	Donor	Founding Body	Community

Urban	48	0	0	6	9
Peri Urban	11	2	0	1	3
Rural	43	1	5	8	15
Total	**102**	**3**	**5**	**15**	**27**
Type of Center					
Nursery	81	3	1	13	17
Community Based	19	0	4	2	9
Home Based	0	0	0	0	1
Day Care	2	0	0	0	0
Total	**102**	**3**	**5**	**15**	**27**

The main source of funding at ECCE centres was tuition which implies that households were the major funders of pre-primary education. The dominance of household contribution to funding pre-primary education has implications regarding the capacity to pay by parents from rural areas since rural households contibute up to 89% of national income poverty[8]. In addition to tuition fees, households paid hidden costs in form of: cotributions for lunch (16%), scholastic materials (24%), school uniforms (24.6%), holiday packages (8.9%), co-curriculum activites (3.4%), education trips (10.4%), construction expenses (3.4%), examination fees (8%) and others (1.4%) which further financially strain parents. Failure to access pre-primary education by children aged 3-5 years due to tuition fees disfavors the poor segments of the community and has far reaching consequences on future education attainments. The amount of tuition fees charged by ECCE centres are indicated in **Table 4.21.**

Table 3.21: Tuition Fees Paid by Parents

Centre	**< 50,000**	**50,001 - 100,000**	**100,001 - 250,000**	**250,001 - 500,000**
Nursery	55	35	13	3
Community Based	20	7	3	1
Home Based	1	0	0	0
Day Care	2	0	0	0
Total	**78**	**42**	**16**	**4**
Location				
Urban	19	27	12	2
Peri-Urban	10	4	1	0
Rural	49	11	3	2
Total	**78**	**42**	**16**	**4**

[8]UBOS, 2018

The majority (78) of parents contributed Ugx 50,000 per term for their children to access pre-primary education. The amounts paid by parents has implications to the budgets operationalised by the ECCE centres per term which averaged at *Ugx 7,530,667* for urban areas, *Ugx 4,884,654* for peri-urban areas and *Ugx 3,523,183* for rural ECCE centres. The termly budgets operated have an effect on the renumerations paid to caregivers and the capacity of providers to attract and retain qualified and experienced caregivers. The information regarding renumerations paid to ECCE caregivers are presented in **Table 4.22.**

Table 3.22: Caregiver Salaries

Centre	< 50,000	50,001 - 100,000	100,001 - 250,000
Nursery	24	73	9
Community Based	15	15	1
Home Based	0	1	0
Day Care	1	1	0
Total	40	90	10
Location			
Urban	13	42	5
Peri-Urban	4	8	3
Rural	23	40	2
Total	40	90	10

The caregiver salaries ranged from Ugx 50,000 to Ugx 250,000 across the categories and location of the 140 ECCE centres surveyed. The majority (90)of the ECCE centres paid salaries in the category of Ugx 50, 001-100,000. Low pays to caregivers is one the major causes for failure by providers to attract and retain qualified & experienced caregivers which has implications on the quality of teaching and learning experiences by learners aged 3-5 years. The implication is that providers may end up hiring unqualified and inexperienced caregivers who treat low pay as the best alternative to no pay at all.

4.3.3 Governance Structures

ECCE 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 140 ECCE centres surveyed 111 indicated that they had functional CMCs while 29 did not have functional CMCs. The majority (48.3%)of the ECCE centres that did not have functional CMCs were in rural areas compared to 41.4% in urban areas and 10.3% in peri-urban areas. Of the 358 CMC Members that were untrained in the ECCEs, 180 of them were from rural areas compared to 117 in urban areas and 61 from peri-urban areas. In the 224 pubilc primary schools surveyed, there were 2847 School Management Committee (SMC) members that were not trained for their optimal functionality. The majority (1278) SMC members that were untrained were from rural areas followed by 1140 in urban areas and 429 in peri-urban areas.The capacity of untrained SMC & CMC members to take rational and evidence-based decisions is doubtable. The problem of untrained SMC & CMC members was compounded by the fact that 90 of 139 (64.75%) ECCE centres that were attached/annexed to public primary schools had the same management committee instead of a seperate one as required.

4.4 Recommendations

i). It is recommended that that the MoES regularizes and regulates the ECCEs that have been established within the public primary schools for them to provide quality holistic ECCE services for the 3-5 year olds and ensure their smooth transition to primary schools. From the findings, 82% of ECCE centres surveyed were found in public primary schools while others are offering hidden pre-primary education (also known as P1B). This implies that whereas this arrangement is not yet the official policy of government, ECCE is increasingly becoming integrated into the public primary education system.

ii) Given the positive impact of ECCE on primary school learning outcomes, the MoES should consider a needs-based approach to provide a basic package of ECCE services in areas 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 signifant inequitable access for the 3-5-year-old children by location with rural children being more at risk of not accessing ECCE.

iii). There is need to establish the cost function for the provision of ECCE to promote its feasible and equitable provision.

SECTION FIVE: PROSPECTS FOR SCALING UP THE TRAINING OF ECD CAREGIVERS AT PUBLIC PRIMARY TEACHERS' COLLEGES IN UGANDA

5.1 Introduction

The Uganda Vision 2040 identifies human capital as a fundamental that should be strengthened to exploit the growth opportunities. A lifecycle approach to human capital development that necessitates critical investments from conception of a human being through birth to retirement is recommended in the National Development Planning Framework. The effects of the investments at the different levels of the human lifecycle on human capital development, however, heavily depend on the investments made in the early years of a human being (NPA, 2019).The early childhood period plays a critical role in a child's life, since any developmental and growth domain gaps at this time can have a lifelong impact, restricting children's ability to realize their full potential later on in their lives. Child-centred ECCE provision requires adequately trained manpower equipped with the necessary knowledge, attitude and skills for developing the potentials of children holistically(UNESCO, 2011).

5.2 Training Early Childhood Care and Education Teachers

Training of qualityECD teachers or caregivers is paramount in ensuring quality ECD service provision (Ejuu, 2012).Many governments hence continue to invest and focus on establishment of standardized qualifications for early childhood teachers and caregivers (Sun et al., 2015). The Education Act (2008) section 10 (2) (b) mandates the Teacher Instructor Education and Training (TIET) Department in the MoESto ensure that teachers who teach in pre-primary institutions are qualified. The ECD Policy (2007) also mandates TIET Department among other things to develop&harmonize ECD teacher training curricula, streamline the training programmes and their accreditation, standardize ECD program entry requirements while it also mandates Kyambogo University &other tertiary institutions to harmonize training, certification & accreditation for ECD teachers &caregivers, review the PTC curricula in favour of ECD and monitor the training of ECD teachers/caregivers. The review of the progress of the ECD 2007 Policy conducted by Cambridge Education in 2017, however, revealed that whereas there was some progress realized, significant challenges still existed in terms of infrastructure, staffing, caregivers training and staff qualifications

and there was need to improve the quality of training of ECD caregivers as one of the interventions to realize some of the policy recommendations.

5.3 Findings and Discussion

This thematic study aimed at exploring prospects for scaling up training of ECD caregivers at public PTCs in Uganda. A qualitative study therefore was conducted in eight public PTCs with specific interest in the ECD caregivers training programmes offered and entry requirements in relation to the ECD Caregivers Training Framework 2012. The current enrolments in of each the ECD programme by gender, the number of ECD caregivers who graduated, staffing & qualification levels, the current needs and gaps in terms of resources, curriculum implementation, quality assurance, challenges and recommendations. For the purposes of triangulation to obtain more reliable findings, self-administered questionnaires, focus group discussions (FGD) and key informant interviews were also used to collect data from principals and deputy principals about the training of ECD caregivers in public PTCs. Seven of the eight public PTCs visited were core and one was non-core.

5.3.1 ECD caregivers training programmes

There were four ECD caregivers training programmes offered in the eight public PTCs surveyed as shown in Table 5.1. Apart from the Grade III Teachers' Certificate in ECD whose delivery mode was pre-service, the delivery mode of the other programmes was in-service which was in conformity with the ECD Policy 2007. The training of ECD caregivers at public PTCs had been partially institutionalized but lack of stable financing sources remains a threat to this strategic intervention since it was mainly dependent on donors. There is more evidence to support the need for such intervention to be scaled up and improve the quality of training for ECD caregivers to ensure effective delivery of ECD services.

Table 4.1: ECD caregivers training programmes offered in the public PTCs

Programmes	*Duration*	*Entry requirements*	*Enrolment*
Grade III Teacher's Certificate in ECD	*2 years pre-service*	*UCE with credits in English and Maths; plus 4 passes in sciences*	*Highest enrolment*
Certificate in ECD (privately sponsored)	*3 years in-service*	*UCE with credits in English and Maths; plus 4 passes in sciences PLE*	*2nd highest*
Certificate in Community Child Care	*1-year in-service*	*PLE*	*3rd highest*
Certificate in Child Care	*1 year, 2 years, 3 months*	*PLE*	*Least*

There are notable variations between the between the ECD caregivers' training programmes as stipulated in the ECD Caregivers Training Framework and those that are currently being offered by PTCs.Similarly, the training duration of the ECD programmes for the same awards vary by the mode of delivery and or the host institution. This is an indication of non-enforcement of regulations aimed at ensuring the quality of caregivers The official ECD Caregivers Training Framework (2012)stipulates only three training programs: Certificate in Community Child Care (9 months), Certificate in Child Care (1 year pre-service and 2 years in-service) and ECD Teachers' Certificate (2 years pre-service and 3 years in-service). This implies that the ECD caregivers training programmes currently offered in the public PTCshave some marked variations from those stipulated in by the ECD Caregivers Training Framework. This discrepancy could be explained by the fact that despite having the ECD Caregivers Training Framework in place, focus on its dissemination and implementation has not been given due attention and therefore the administrators of public PTCs are not implementing ECD Caregiver Training as stipulated in the framework and have introduced other training programmes for ECD caregivers.

Regarding students' enrolment in all the eight PTCs surveyed, there are generally more female than male caregiver trainees enrolled in each ECD caregivers training programs. The Grade III Teachers' Certificate in ECD (pre-service) had the highest enrolment numbers followed by the in-service certificate in ECD (privately sponsored). The entry/admission requirements to the ECD caregivers training programmes, the Grade III certificate in ECD and certificate in ECD training programmes are highlighted in Table 5.1. The training duration of the ECD programmes are quite varied for the same awards depending on the mode of delivery or the host institution. The variations in the ECD programs training durations implies that there to enforce regulations to ensure the quality of caregivers.

5.3.2 ECD Graduation Numbers

Majority of theECD caregiver trainees who graduated during the academic years 2015/16 to 2017/18, were from the Grade III ECD Teachers' Certificate (1,068) followed by the Certificate in Community Child Care (845). A few graduated from Certificate in Community Child Care (122) and Certificate in Child Care (26) ECD programs over the same perionas indicated in Table 5.2.

Table 4.2: Graduation Numbers of ECD caregivers

Program	**2015/2016**			**2016/2017**			**2017/2018**		
	M	F	**Total**	M	F	**Total**	M	**F**	**Total**
Grade III Teachers' Certificate in ECD	79	321	**400**	62	344	**406**	55	207	**262**
Certificate in ECD				3	63	**66**	1	55	**56**
Certertificate in Community Child Care	18	156	**174**	79	318	**397**	36	238	**274**
Certificate in Child care								26	**26**

There were more female (82%) than male ECD caregivers graduating in all the programmeswhich perfectly mirrored enrolment and employment numbers. Only six out of the eight PTCs visited provided ECD caregivers' graduation numbers for the three academic years.Comparatively, there were high pupil enrolments but fewer caregiversin ECD centres attached to public primary schools surveyed.

5.3.3 PTCs' Staffing and qualifications for training ECCE caregivers

Whereas there were some qualified staff training caregivers in PTCs, significant inadequacies in terms of staffing and qualifications exist in all the sampled eight PTCs. There were fewer qualified staff in ECD than the number required for training ECD caregivers in all the eight PTCs as highlighted in Table 5.3. This is contrary to the observation of the Ministry of Education and Sports that adequately trained and competent nursery teachers and caregivers are a requirement for building a firm foundation for any education system (MoES, 2012). According to the ECD caregivers training framework (2012), the ECD staff in the PTCs must be qualified with a minimum of a diploma in ECD teacher education. A significant number of tutors in the PTCs had other qualifications not related to ECD and therefore they were not qualified to train ECD caregivers.

Table 4.3: Staffing and qualifications for ECD caregivers' Tutors in PTCs

Staff qualifications in ECD	Male	Female	Total
Degree and above in ECD	8	14	22
Diploma in ECD	1	0	1
Other qualifications	16	9	25
Total	**25**	**23**	**48**

In the eight PTCs visited, there were only twenty-two staff with bachelor's degrees in ECCE, one with a diploma and twenty-five (52%)with other qualifications not in ECCE. The 'other' qualifications included bachelor's degrees in other fields other than ECCE and certificates of proficiency in ECCE which are below the required qualifications for training ECCE caregivers. Whereas the training of ECCE caregivers is increasingly becoming institutionalized in the public PTCs, the PTCs are grossly understaffed in terms of qualified staff for training ECCE caregiverswhich negatively affects the quality of ECCE caregivers. There is hence need to train and recruit adequate qualified staff for effective training of ECCE caregivers in the public PTCs and or provide continuous professional development (CPD) for tutors that have less or no qualifications in ECCE.Unfortunately, from the in-depth interviews with key informants, it was Kyambogo University, the only institution training such tutors receives very few applicants at diploma and degree levels. The failure to attract a reasonable of ECD program applicants has been attributed to the fact that the MoES has not yet approved direct entry to diploma and degree programs in ECD caregivers training. The challenge of inadequate ECD caregiver training staff has been reported in previous studies and directly impacts on the quality of early learning and development. It is asserted that staff with formal training in ECCE in the USA held less authoritarian child-rearing beliefs, and worked in settings rated as more safe, clean, and stimulating for young children (Mitter&Putcha, 2018).

5.3.4. Qualification status of Caregivers in ECCEs

Table 4.4: ECCE Caregivers by Qualification and type of centre

Type of Centre	Bach+		Dip ECD		MoES Cert		Trained Caregiver Cert		Other Cert ECD		Untrained	
	M	F	M	F	M	F	M	F	M	F	M	F
Community-based	0	1	0	13	16	50	6	16	4	29	8	22
Daycare	0	0	1	1	6	3	2	3	0	4	1	2
Home-based	0	0	1	0	0	0	0	0	0	0	0	0
Nursery	1	5	2	38	23	175	16	87	14	104	12	40
Total	**1**	**6**	**4**	**52**	**45**	**228**	**24**	**106**	**18**	**137**	**21**	**64**
Location												
Peri-Urban	0	0	1	2	9	14	1	12	2	12	1	8
Rural	1	1	2	12	24	97	9	51	9	29	14	36
Urban	0	5	1	38	12	117	8	74	13	65	6	20
Total	**1**	**6**	**4**	**52**	**45**	**228**	**24**	**106**	**18**	**106**	**21**	**64**

The findings show that 88% (621 out of 706) of the total ECCE caregivers within the 140 ECCE centres visited had some kind of ECCE qualification while only 12% (85 out of 706) have completely no formal training in ECCE teaching. Fifty nine percent (59% ie 50 out of 85) of the unqualified ECCE caregivers were teaching in rural-based ECCE centres. Conversely, majority of the qualified ECCE caregivers were concentrated in urban and peri-urban ECCE centres. This scenario explains the reported poor ECCE outcomes in the rural areas compared to urban areas. The qualifications held by the caregivers were highly varied Broadly, 39% (273 out of 706) of the caregivers held the MoES ECD certificate while the rest held other types of ECD qualifications including Bachelors (1%), Diploma in ECD (8%), and other ECD certificates. Some of these are outside the Caregiver Training Frameowork-an indication of limited enforcement of standards.

5.3.5 ECD caregivers Training Curriculum and its implementation

Despite the existence of the ECD Caregivers' Training Framework, fewrespodentsin PTCs were aware of it. This implies that majority were not aware of it and hence not implementing it. There were marked variations in the curricular being used by PTCs for training caregivers. While the effect of this was not investigated, there is a likelihood that this could be compromising the quality of ECD caregiver currently being trained. Respondents reported various sources of the training curricular being used including the National Curriculum Development Centre, Kyambogo Univerisity, Ministry of Education and Sports and or MakerereUniversity. This necessitates for the establishment of institutional

mechanisms to disseminate and enforce the uniform implementation of the training curriculum in PTCs training ECD caregivers. It is also very hard for unqualified tutors to interpret and implement the ECD caregiver training framework. This is against the backdrop that implementation of the ECD caregiver training framework largely depends on the competence of the tutors that are supposed to implement it and hence, the need for increased attention and investment in the training of ECD caregiver tutors.

The training of ECD caregivers was conducted during holidays and mainly was lecture centred. There was lack of innovative methods of teaching such as self-reflection and peer-to peer instruction, implying that ECD caregiver training at PTCs lacks the highly recommended learner centred pedagogy and needs a lot of improvement. Furthermore, there was no standardized assessment and ECD caregiver trainees enrolled in ECD programs held very low (poor) grades hence the need for standardisation of assessment just as the case is with Grade III assessment. Similarly, the low salaries attracted very low numbers of qualified & experienced ECD tutors who prefer working for institutions with better working conditionsincluding better pay (Cambridge Education, 2017).

5.3.6 Key subjects and non-academic activities within the ECD training curriculum

The responses received from PTCs create the impression that some PTCs use the same curriculum used to training primary school teachers to train ECD caregivers. This is based on the finding that most of the subjects that were mentioned as being taught to ECD caregiversare more related to the primary school curriculum other than to the ECD caregivers training framework. The ECD caregivers training framework specifies the subject content to be taught to the trainees for each program. In sharp contrast, with the exception of introduction to ECD, child growth &development and special needs education, the respondents named subjects like literacy, english; art &drawings, making instructional materials, methods of teaching, learning &assessment in ECD, music, literacy 1 & literacy 2, art &crafts, IPS, special needs education, computer skills, material production, news, religious education, physical education, etc which are more related to the primary school curriculum.

It may also imply that either the tutors are not aware and have no access to the framework or they simply use whatever curriculum they are familiar with, such as the Grade III primary teachers training curriculum. This raises serious concerns about the quality of caregiver training being implemented and the appropriateness of the competences of the trained ECD caregivers delivering early childhood care and education. The Cambridge Education (2017) review affirmed that the trainers of the ECD caregivers need to be trained on how to interpret and implement the caregivers training framework in order to deliver the required caregivers training.

5.3.7 Assessment of ECD caregivers training

It was found that there was no uniform approach to assessment in the training of ECCE caregivers. According to the ECD caregivers training framework (2012), the trainees are supposed to be assessed using coursework and continuous assignments, practicum which includes child study, teaching practice, action research material production and then the final written examination. The findings in this study show that both formative and summative assessment approaches were being used, but there was no uniform approach to assessment in the training of ECCE caregivers, hence the need to urgently harmonize and streamline assessment approaches in ECCE caregiver training.

In the public PTCs surveyed, formative assessment is conducted in form of tests, project work, while summative assessment is conducted through end of term and end of year examinations from Kyambogo University to which the PTCs are affiliated for the training of ECCE caregivers. There was no report of peer assessment and self-assessment which are very necessary for developing 21st century skills such as collaborative learning, reflective practice, critical thinking, among others. The limited and more traditional approach to assessment compromises the development of the desired learning outcomes among ECD caregiver trainees in PTCs, hence the need to improve assessment of the training of ECD caregivers by adopting the more learner centred approaches to assessment.

Regarding school practice for the ECD caregiver trainees, respondents reported conducting school practice for caregiver trainees once a year with varying periods ranging between three to six weeks at the nearby ECD centres. Some PTCs, however, conducted school practice from primary schools which do not provide the required environment for ECD

school practice despite the availability of several ECD centres in both rural and urban settings where caregiver trainees could possibly carry out supervised school practice.

5.3.8 Provision of instructional materials/resources

The training of ECD caregivers requires a variety of instructional materials such as reading materials, play materials, other materials related to ECD and resource centres. **In the sampled PTCs, instructional materials were provided by different partners such as UNICEF, the colleges themselves, Kyambogo University, Makerere University, parents, and caregivers themselves. This meant that the PTCs do not provide all the instructional resources and instructional materials could easily vary in quality and quantity which might affect the quality of ECD caregivers training.**The ECD caregiver training framework in section 2.3.7, however, does not specify who should provide the instructional resources for training of ECD caregivers. There was therefore need to ensure availability and access to adequate and appropriate basic &supplementary instructional resources. Resource rooms or centres are also lacking in the PTCs. This issue of the relevant instructional materials needed to be clarified in scaling up the training of ECD caregivers at public PTCs.

5.3.9 Quality assurance in the training of ECCE caregivers

The question sought to establish the measures being used by the PTCs to ensure that ECCE caregiver training is of high quality and the roles played by the District Education Officers (DEOs) and the Directorate of Education Standards (DES). On measures of ensuring that ECD caregiver training is of high quality, respondents listed inspection by District Inspector of Schools (DIS), Directorate of Education Standards (DES), the colleges (PTCs) through supervision and monitoring by the Centre Coordinating Tutors (CCT); College based continuous professional development (CPD) for both staff and students and ECCE resource rooms for hands-on experience. Others include benchmarking, holding quality assurance meetings, use of suggestion boxes; employing qualified personnel etc.

Concerning the role played by the district education offices and the Directorate of Education Standards (DES) in ensuring standards in ECCE caregiver training, findings show that the District Education Officers inspect, license, register, offer support supervision and mentoring. Others said there was no direct link between the PTCs and the DES, but the DES provides the basic required minimum standards, mobilizes caregivers, offers support supervision and carry out casual visits.

The ECD caregiver training framework, however, requires ECCE training institutions to collaborate with district local governments in terms of planning ECCE programmes, licensing and registration. The MoES through the local governments uses the existing staff and structures to implement policy

and guidelines related to ECCE teacher education. ECCE training institutions and PTCs collaborate on professional training and support; while the DES monitor, assess use of the learning framework monitoring and support supervision but very rarely. Therefore, since the respondents had mixed perceptions of the roles of the DEO and DES in quality assurance, there is need for enforcement of the quality assurance framework in ECD caregivers training.

5.3.10Challengesfaced by public PTCs in training ECD.

Some of the cross-cutting challenges that need to be addressed for PTCs to be able to institutionalise training fo ECD caregivers include inadequate: qualified ECD staff, infrastructure such as lecture rooms, ICT facilities, accommodation for both staff and students; and capitation per student enrolled on ECD caregiver training in the PTCs. There were significant shortages of staff, infrastructure, lecture rooms, accommodation facilities for staff and students, ICT laboratories, IPS workshops.

There are therefore opportunities for improved training of ECD caregivers at public PTCs provided the staffing, infrastructure and instructional materials shortages were adequately addressed.

5.4 Recommendations

In light of the findings, the following recommendations are proposed to address the challenges and also support the scaling up of training of ECD caregivers in public PTCs. The recommendations are directed to areas of policy, infrastructure, staffing, quality assurance and funding.

a) The Government through the Ministry of Education and Sports should take up the responsibility of training ECCE Care Givers just as is the case with the training of the Grade III and ensure implementation of a standard curriculum for training ECCE Care givers. In order to scale up raining of ECCE Caregiver training at PTCs, there is need to ensure that all ECCE training programmes are standardised including admission criteria, assessment & certification, and delivered by qualified staff. In addition, the defined career path in the ECD Care Givers' training framework should be operationalised.
b) Findings show that the current lecture rooms, integrated performance skills (IPS) workshops, ICT laboratories, accommodation facilities for staff and students are

inadequate. The PTCs should hence be appropriately equipped in terms of space and learning aids for the training of ECD caregivers separate from those for primary school teachers. In addition, the Ministry of Education may also consider earmarking some PTCs as centres of excellence for ECD caregivers training.

c) There were fewqualified staff for ECD caregivers training. It is therefore recommended the Ministry of Education and Sports validates, registers, accredites ECD Care giver training institutions and ensure recruitment of only qualified ECD tutors in both public and private institutions that train ECCE Care givers.
d) There is need to mainstream inspection of ECCE/ECD Care giver training into the existing inpection undertaken at the Central and Local Governments based on established minimum standards.
e) The MoES should decouple the ECCE budget from the aggregated Pre and Primary Education Budget to adequately finance ECD/ECCE Care giver training and other interventions.

5.5 Conclusion

Whereas the training of ECD caregivers is increasingly being institutionalised in the public PTCs, there is need to complete the cycle by among others providing for a budget line for the purpose of scaling up the provision and quality assurance of caregiver training. Accordingly, the challenges reported in the critical areas of infrastructure, staffing, curriculum implementation will need to be addressed to enable PTCs improve on admission and training of quality caregivers

SECTION SIX: SUPPORT SUPERVISION AND ENFORCEMENT OF THE REGULATORY AND QUALITY ASSURANCE SYSTEM OF ECD STANDARDS

6.1 Introduction

Recognizing education as one of the decentralized services provided by Government, the Education Act (2008) has as one of its stated objectives, "to give full effect to the decentralization of education services". In assigning the responsibilities of the different stakeholders in education and training, Section 5 of the Act spells out two of the various responsibilities of Government as:

(k) regulating, establishing, and registering of Educational institutions; and

(m) ensuring supervision of performance in both public and private schools.

Consequently, the Education Act in Section 47 provides for the appointment of the Director of Education Standards (DES) specifically, among others:

a) for ensuring the implementation of policies, objectives and ensuring that targets and service standards are achieved; and

b) for ensuring that effective systems of quality control operate to monitor the effectiveness of the Directorate's inspection procedures and practices.

On the relationship between the DES and the Local Governments, Section 47 of the Act further provided that:"To ensure effective implementation of national policies and adherence to performance standards on the part of local governments, and consistency with sections 96, 97 and 98 of the Local Governments Act, the Directorate shall incorporate the municipal and district inspectors as associate assessors in all its regional or national inspection programs as the need may arise."It was therefore a major objective of the ECCE study to examine how effectively these policy and legal provisions were being applied at the local government levels to support provision of quality ECCE services.

6.2ECCE Quality Standards

The ECCE quality standards are set out in various documents including the ECD Policy (2007); Basic Requirements and Minimum Standards (BRMS) indicators for educational institutions (2010); Early Learning and Development Standards (ELDS) for 3 and 5 year olds (2012); Draft ECCE Policy (2019) and ECD Centre Guidelines. The real test of these standards will be in how effectively they are implemented in practice, which this study is setting out to

establish.ECCE scholars have commonly drawn attention to three generic aspects of ECCE quality, namely, structure quality, process quality and outcomes quality. A setting considered to have structural quality may have teachers with appropriate qualifications, small group sizes, a hygienic environment and follow a recognized curriculum. It is measured by the human, financial and time resources (inputs) that are required to deliver the services. Structural quality refers to facilities, staff-to-child ratios, staff qualifications etc which are entry-level requirements that should be met before an ECCE Centre is licenced/registered and hence structural quality measures can be regulated at national level.

A setting considered to be of high process quality may involve frequent, supportive interactions between children & staff, a stimulating curriculum and effective pedagogical practices. Aspects that fall under process quality have an influence on children's experiences, wellbeing and development. Process quality focuses on nature of interactions between the child & teacher, child & child, teacher & parent, teacher & teacher, centre leadership and teacher pedagogical skills. Process quality hence influences the everyday nature of the ECCE settings and the quality of a child's day-to-day experience. Process quality is, however, dependent on structural quality. Structural indicators such as staff-child ratios or the availability of sufficient learning materials facilitate positive child experiences & interaction with childcare environment. (Ishimine, Tayler & Bennett, 2010; Litjens & Taguma, 2010). On the other hand, outcome quality concentrates on the benefits for children, families, communities and society. The benefits relate to children's outcomes and include: measures of children's emotional, moral, mental & physical development; children's social skills and preparation for further learning & adult life; and children's health & their school readiness (European Union, 2014).

With specific reference to ECCE standards, the draft ECCE policy spells (2019) out some of the central Ministry of Education and Sports roles as:

a) Streamline ECCE training programs, licensing, registration of ECCE training institutions and different levels and undertake periodic review and update of ECCE training materials;
b) Develop guidelines for setting up and equipping appropriate learning environment for ECCE Centers as well as assessing learning competencies;

c) Develop, disseminate and provide guidance on appropriate curricula, teaching methods and instructional materials for use in ECCE delivery;
d) Develop teaching guides to support the interpretation of both existing and new curricula as well as undertaking of periodic review of the ECCE Learning Framework;
e) Ensure availability of appropriate materials, facilities and programmes for learners with special educational needs;
f) Set and define Early Learning and Development Standards (ELDS) and Basic Requirements and Minimum Standards (BRMS) for ECCE Centers;
g) Ensure adherence to set standards for ELDS and ECCE programmes through monitoring inspection and support supervision;
h) Provide guidance, counselling and psyco-social support to the various ECCE stakeholders within the decentralised framework of service delivery;
i) Provide appropriate technical guidance on establishment, licensing, classification, registration and management of ECCE Centers;
j) Develop an appropriate assessment framework for lower primary education; and
k) Monitor and evaluate ECCE programmes to ensure quality and relevancy and to enable effective planning.

These policy proposals clearly establish the basis and foundation for creation of ECCE quality standards as well as their assurance and enforcement through support supervision, inspection and monitoring and evaluation.

6.3 Quality Situation Analysis

The data used in this part of quality assessment were mainly collected from the study, "Planning for Increased Access to Early Childhood Development Services" that was carried out in August 2019 by the National Planning Authority, the Ministry of Education and Sports, and the Ministry of Gender, Labour and Social Development. These data were supplemented with information obtained from key informant interviews.

For quality to be assured, it must be known by both the providers and the users. The former to be able to provide it, and the latter to demand it. Although the study had a community component, unfortunately, the quality questions focused only on the supply side actors.

Consequently, the quality issues discussed here are overwhelmingly supply side issues.The types of programmes offered under ECCE have been determined as follows:Day Care Centres, HomeBasedECD centres, Community-based ECD centres and Nursery schools/kindergarten. The definitions of these different options are given in the Guidelines for ECD Centres.

The quality issues found in the sampled ECCE centres in the study are discussed below.In the study, more than three quarters of the 140 sampled centres were nursery schools, 22 per cent were community-based centers, while 2 were day care centres and only one centre was reported to be a home-based centre. The guidelines for ECD centres specify that centres will initially apply for licensing whereby they will be inspected by both the Health Assistant and District Inspector of Schools. The guidelines further state that after two years, the centre should be registered following the same [inspection] procedure. The study found that only 18 per cent of the centres were registered that is, at least in theory, they met the minimum standards for an ECCE centre (see Table 6.1). Twenty six per cent were licensed, i.e. they had at least lodged an application and passed the initial inspection but had not fully met all the quality requirements.

Table 5.1: ECCE Centres Registration Status, ECCE Study, 2019

Registration:	**%**
Registered	18
Licensed	26
Not registered or licensed	56
Total	100
	(n = 140)

More than half of these centres (56%) were unregistered and not even licensed. This meant that more than half of the centres looking after the critical formative years of Uganda's children were of unapproved standards. It was not possible to establish from the study the reason for non-registration and non-licensing, i.e. whether their applications were rejected or they had just neglected to take up the registration issue. Neither was it possible to determine how long the licensed centres had been operating. However, taken together with the licensed centres, this gives a dire picture that more than 80 per cent of the formative handling of Uganda's future human capital is done within environments without

fully approved standards. This is all the more disheartening given that licensing and registration are supposed to be free of charge.

An important dimension of ECCE centre quality is the quality of their caregivers. This is commonly measured in their training status. The study asked how many caregivers were available at a centre and whether they had any training in ECD provision, the results of which are given in Table 6.2. The data show that only 12 per cent of all the care givers were not trained.

Table 5.2: Per cent distribution of ECCE Caregivers by Sex and Training Status

Caregivers by Sex	Trained	Untrained	Total
Male	81	19	100
Female	89	11	100
Total	88	12	100

Although the majority (88%) of caregivers were reported to be trained, their qualifications were quite varied. In terms of quality of service or instruction it was not clear what this variance in qualifications depicted. These ranged from certificates to diplomas to degrees. A similar problem was echoed in interviews with primary teacher training colleges (PTC). They voiced two main concerns. The first was the difference in entry requirements. They were taking in candidates with primary leaving education (PLE) certificates, Uganda Certificate of Education (UCE) as well as Uganda Advanced Certificate of Education (UACE) candidates. The second and related problem that they expressed was that the curricula were mostly designed by various providers including Kyambogo University, NCDC, Makerere University and individual PTCs and it was therefore difficult to claim that we were getting standardized products from these production lines.

Inspection is another important component of the quality framework. During the study, Heads of ECCE centres were asked whether and how often their centres were visited by the various inspection authorities. These included the District Education Officer, the District or Municipal Inspector of schools and the Founding body. As can be seen in Table 6.3, only half of the ECCE centres reported having been visited more than twice in the previous year by either the District Education Officer (DEO) or Municipal Education Officer (MEO).

Table 5.3: ECCE Inspections by the Various District Education Authorities, ECCE Study, 2019

Who Visited	1–2 times	More than 2times	No visit	Total
				% N
DEO/MEO	37	50	13	100 140
DIS/MIS	29	57	14	100 140
Founding body	19	79	2	100 139

At least 3 visits are expected because this will give an average of one per term. Fifty seven per cent of them reported having been visited more than 2 times by either the District or Municipal Inspector of schools (DIS/MIS). Thirteen and fourteen per cent respectively reported not having been visited at all by either the education officers or the inspectors of schools.

Focus group data revealed that the District and Municipal education offices did not have budget lines for inspection of ECCE centres. Most of them pointed out that the occasions when they visit them is where they happen to be close to primary schools. This ad hoc inspection arrangement implies that the inspectors do not actually have a structured ECCE inspection framework, including tools. Asked more directly what standards, guidelines and monitoring tools the district offiers used, they variously replied that some had developed their own tools, others had customized the District monitoring tool while many respondents reported that the BRMS for ECCE was available but rarely used because “most ECD centres did not meet the standard”.A striking contrast to the low inspection record from district officials is the reported visits from the ECCE centre founding bodies. Only 2 per cent of them reported not having been visited at all while 79 per cent reported having been visited more than twice by officials from the Founding Body.

Asked how they ensured quality in ECD centres, they all came up with different responses. Some reported that by registering and licensing the centres; others that by following the learning framework; yet others that through inspection. What these responses point to is that the concept of quality is not strictly salient in the district officials’ work environment with respect to ECCE and something needs to be done to make it stand out more.

6.3.1 Support Supervision

Support supervision is generally accepted as a key quality assurance strategy recommended to all programme managers. According to the World Health Organization (2008), "supportive supervision is helping to make things work, rather than checking to see what is wrong." This type of supervision is seen more as a continuous learning exercise. In this approach, the supervisor and the supervised work together to solve observed problems and improve performance, which in turn delivers improved results. The supervisor therefore plays the role of teacher, mentor and coach to the supervised in order to build not only their technical skills but also their confidence and delivery skills.

It therefore follows that support supervision, though an important component of the quality assurance framework, must be clearly distinguished from inspection. The supportive supervisor must be well trained not only in the subject matter that s/he is supervising, but also in the art of support supervision itself. An inspector on the other hand, only needs a checklist against which to mark compliance or non-compliance by the inspected entity. In terms of the three generic aspects of quality, support supervision particularly addresses the process quality aspect. In this connection, the expert supervisors will interact with the ECCE teachers and watch them at work and how they in turn interact with learners and all the other persons in the learning environment. They will then either re-inforce what they are doing or build their capacity by cooperatively disentangling and resolving any problematic situations that are observed in these interactions.

6.3.2 Quality Regulation and Enforcement

It has been observed above that both the policy and legal frameworks for ECCE place quality standards setting and enforcement under the direct purview of Government as a key stakeholder in ECCE. The "Early Learning and Development Standards for 3 and 5 Year Olds" document from the Directorate of Education Standards proposes an implementation structure at both national and Local Government levels. These are outlined as:

1. Primary implementer: Ministry of Education and Sports
    a) Basic Education Department
    b) Directorate of Education Standards
    c) Higher Education Department
    d) National Curriculum Development Centre

2. Secondary implementers: Other key Stakeholders

    a) Other MOES departments
    b) Other Ministries
    c) Non-Govt., private and corporate partners

3 Lower level implementers: District Local Government

    a) DIS (ECD focal person)
    b) School/Centre Mgt. committee
    c) ECD teacher/caregivers, parents, childcare practitioners and workers

The above is the structure through which the quality standards as set by the DES can be implemented and enforced. This structure has a two-track enforcement potential. The first is the official enforcement track which runs from the DES through local government structures to the ECCE centres. This is the structure that is provided for in the Education Act cited above. However, the Act also explicitly provided that "... the Directorate shall incorporate the municipal and district inspectors as associate assessors in all its regional or national inspection programs as the need may arise." The incorporation will call for a formal arrangement between the DES and the local government inspectors which will include budgets and other resources.

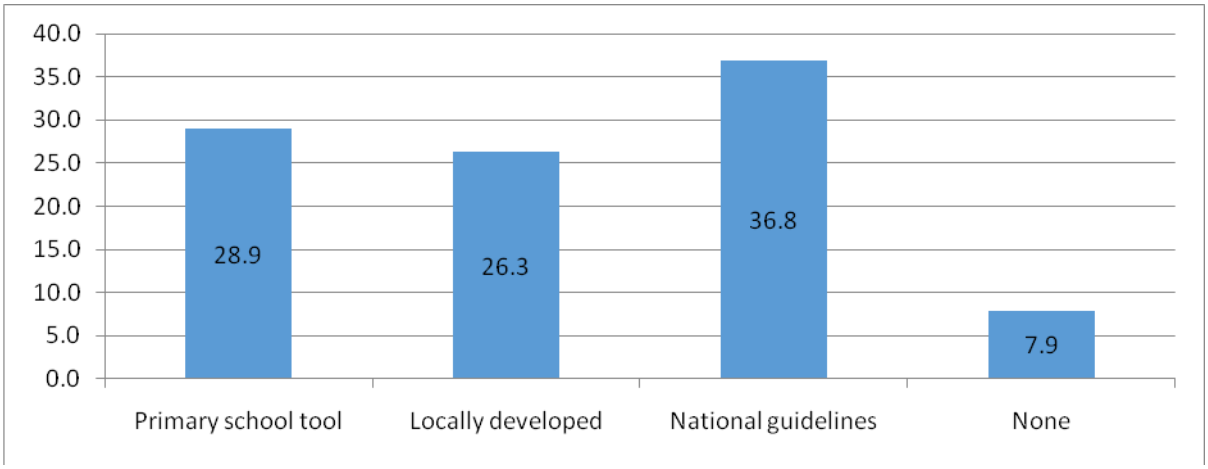
The second enforcement track implied in the implentation structure is the semi-formal structure through support supervision. This track is termed semi-formal because, unlike the formal enforcement structure, it relies on the *soft power* built in the system through capacity building of the various actors in the implementation chain using things like skills enhancement, on-site demonstrations and discussion, and other empowerment techniques and resources. While these resources are powerful behaviour change agents, they do not have the force of law. This track would operate through a structure composed of organs like Basic Education of MOES, NCDC, other Ministries, training institutions, Non-Governmental actors, down to School/Centre management committees, teachers, caregivers and other "frontline" ECCE implementers.

If systematically pursued, support supervision would prove to be a more cost-effective strategy for quality assurance.This is mainly due to the fact that it is seen by the implementers primarily as helping them do their work better rather than catching the mistakes they have made. The basic requirement here will be that the people who are earmarked to engage in support supervision will themselves have to be well trained not only

in the substantive matters of ECCE but also in the science and art of support supervision as a quality assurance technique.

The above enforcement structure was tested in the ECCE field study to find out how the regulatory and quality assurance system actually operates in practice. In the Local Government study, respondents were first asked what standards, guidelines and monitoring tools were used to inspect ECCE centres. The responses fell into 3 main categories, the distribution of which are presented in Figure 6.1. Most districts (37 per cent) reported using standards, guidelines and tools from the Ministry of Education and Sports. Although using national standards and guidelines is definitely desirable, their inability to make reference to any single structured inspection tool must be a cause for concern. On the other hand, **some 29 per cent of the districts reported using the same inspection tools as they use for primary schools.** Slightly more than a quarter of them were using tools developed by themselves either at regional or local levels. It is also notable that 8 per cent of the districts actually admitted to having no standards tool at all.

Figure 6.1: Standards Tool Used by Districts



The Local Government respondents were then asked how they ensured quality in ECCE centres. Since this was a focus group discussion, many responses were given. Some of the responses that stood out were along the following lines:

a) Inspection, support supervision and monitoring
b) “We put emphasis on hygiene and sanitation”
c) Emphasis is on teaching and play
d) Ensuring qualified caregivers are recruited

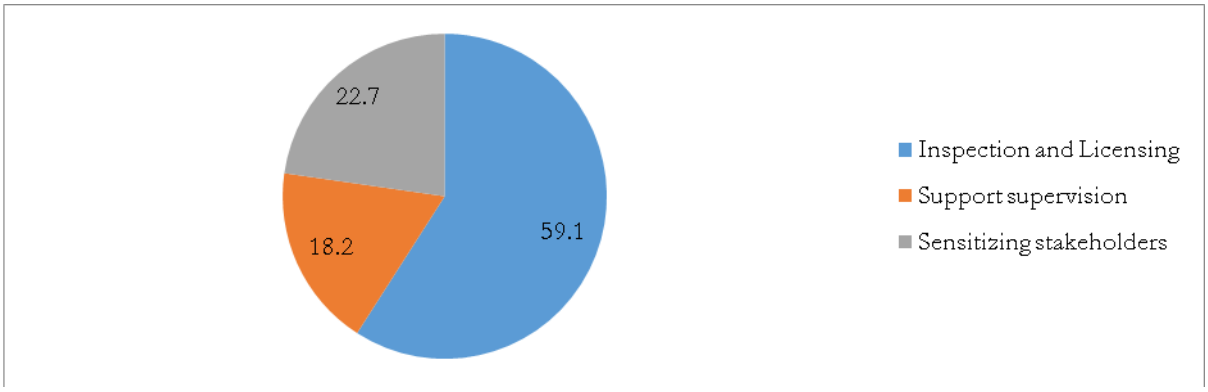
e) Ensure centres comply with BRMS

f) Inspections are done at least 3 times a year depending on availability of funds

What these and all the other answers given in response to this question have in common is that they are all at operational level. Districts seem to have a narrow view of the quality assurance framework. As a result, they seem to have an unstructured process.

When the responses were grouped into their overarching categories, they produced the picture given in Figure 6.2. More than half of the districts reported using inspection and licensing as their quality assurance tools. Not enough distinction is made between the one-off inspection done as part of the licensing process and the routine inspection done to ensure on-going compliance with set standards. This finding is hardly surprising given the one above highlighting the fact that districts largely do not have a standardized quality checking tool and neither do they have a budget for ECCE inspection.

Figure 6.2: How Districts Ensure Quality in ECD Centres

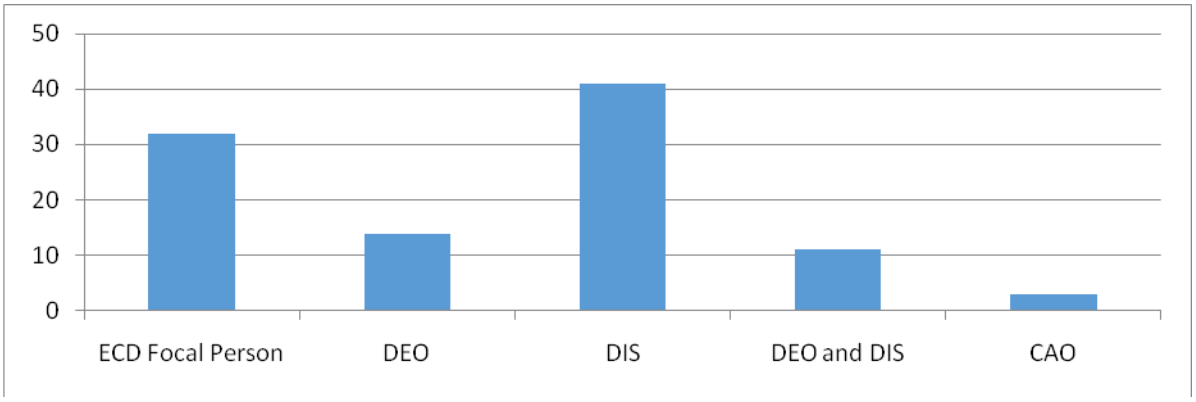


On the other hand, 23 per cent of the districts claimed that they ensured standards through sensitization of stakeholders while 18 per cent did so through support supervision. While this is indeed what it should be as part of the broader quality assurance framework, given the fact that the overwhelming majority of the staff handling these activities are not trained in ECD provision, this is more of wishful thinking on the part of the district officials than a reason for hope in a quality improvement and maintenance strategy.

The respondents were then asked specifically who was responsible for enforcing standards and guidelines in ECCE centres, and further whether that person had any specialized training in ECD. The responses to this question were quite varied. As can be seen in Figure 6.3, over 40 per cent of districts reported that it was the DIS who was responsible for enforcing

standards, while in about a third of the districts it was reported to be the ECD Focal Person. In 14 per cent of the districts, it was reported to be the DEO and in some 10 per cent of them it was reported both DEO and DIS. In a handful of them, it was reported to be the CAO.

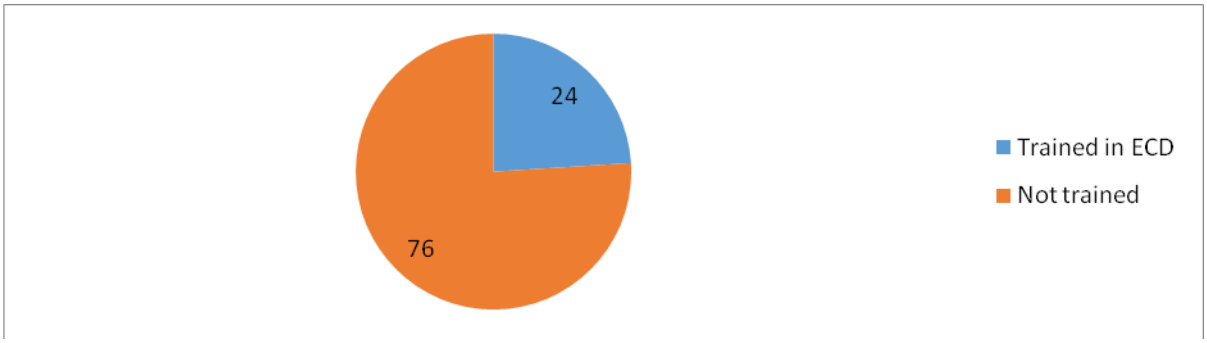
No table of figures entries found.Figure 6.3: Person Responsible for Enforcing Guidelines and Standards



Source: Local Government study, 2019.

When asked whether the person responsible for enforcing ECCE standards and guidelines had any specialized training in ECD, the overwhelming majority of districts answered in the negative as can be seen in Figure 6.4. The fact that more than three quarters of the ECCE quality enforcers did not have any specialized training points to an acute training need.

Figure 6.4: Training Status of ECD Standards Enforcement Person



Source: Local Government study, 2019.

The Local Government leaders were also asked whether there was a need to appoint a full-time ECD Focal Person. All the respondents, without exception, expressed the need for appointment of a full time focal person to be in charge of ECD.

It is noteworthy, however, that neither in the quantitative component of the study nor in the focus group discussions with the district technical leaders was the P1 – P3 segment ever mentioned as part of ECCE. The ECCE heads considered it outside that segment, i.e. outside the Centre, and made no reference to it. On the other hand, **when District Inspectors of Schools reported that they did not have a budget line to inspect ECCE centres, it did not occur to them that this segment of ECD should be inspected and reported on under that programme. This is a serious conceptual gap with serious quality implications.**

6.4 Discussion

The foregoing findings raise a lot of quality questions which need to be addressed if an effective regulatory framework is to be established and enforced. The ECCE policy and legal framework as well as the guidelines spell out the key quality standards and the implementation framework which can be used to regulate and enforce those standards.

There seems to be a lingering grey area around the types of ECCE centres. Although the different types of ECD centres have been highlighted and some definitions given, it is not clear why one community or body should set up one type over another; is there any relationship or hierarchy among them? What are the quality and output differences, if any? These are important questions but still remain unanswered.

The study found that the overwhelming majority of ECCE centres surveyed were nursery schools. From this incomplete information profile, it is not clear whether this disproportionate finding is a danger signal or whether programme people should even worry in any way. The fact that it is still the official policy that ECD will remain in private hands, resolving these foundational issues assumes even greater urgency. For example, given the fact that part of ECD falls in lower primary, will there be any system revision to bring all the components under one sub-programme management? These are issues which will eventually affect the quality of both the services rendered but also of the outcome.

It has come out from the study that most of the ECCE centres operating in the study areas are unregistered, a fact that raises serious quality questions. The slightly more than a quarter centres which are licensed are little consolation because there is no clear evidence of a march towards greater compliance with standards. The guidelines only state that "after two years, the Centre should be registered following the same procedure." It does not

seem to address the issue of what happens if a Centre failes to meet the standards for registration two years after being licensed. Many Centres seem to have operated, and will continue to operate, for many years in the licenced and non-licenced states.

One practical human resource observation that stands out from this finding is that even under the best of circumstances, ECCE inspection is handled by three people in a district namely, the District and Municipal Inspectors of Schools and the Health Assistant as provided in the guidelines. It would not be difficult to imagine why that small human resource would find it hard to keep up with the huge load for both routine and registration-related inspection. In some of the larger districts like Kampala and Wakiso with thousands of ECCE centres, it would conceivably take years to complete just one round of inspection. The number of ECCE centres is bound to grow even bigger as the pre-primary section is streamlined in the education system.

There seems to still be a grey area in the relation between caregiver qualification and training and actual handling of learners and delivery of ECCE services. Either through research or sharing of experiences from elsewhere, this link must be established in order to chart out the most effective standard for the ECCE human resource.

Inspection and monitoring are some of the most effective methods for quality enforcement and assurance. **The study findings have demonstrated that inspection of ECCE centres is largely ad hoc and haphazard, ostensibly due to lack of funding**. A different dimension of the quality picture is support supervision which should be one of the tools used in continuous capacity building of service providers. The evidence from the study suggests that no distinction is made among these three very important but different dimensions of quality control and assurance, viz. inspection, monitoring and support supervision.

In terms of quality regulation and enforcement, the study found that implementation structure provided for in the ECCE policy and legal documents as well as the guidelines has not been fully operationalized, which seems to explain the operational gaps being reported by the lower level implementers. For example, the Education Act (2008) calls on DES to incorporate municipal and district inspectors as associate assessors into all its regional or national inspection programs. The fact that District and Minicipal Inspectors of

Schools reported that they did not have budgetlines for ECCE inspections suggests that some of the expected incorporation is yet to be operationalized. Similarly, the draft ECCE policy states that the role of the Ministry of Education and Sports in the delivery of quality ECCE will, among others, be to "ensure adherence to set standards for ELDS and ECCE programmes through monitoring inspection and support supervision". The study has found that though support supervision was mentioned by some district officials, no formal ECCE support supervision framework has actually been established.

The incorporation gap is also exemplified in the study observation that although most districts reported using guidelines and standards from the Ministry of Education, there was a general absence of a systems approach which would place all the components of the different performance levels into a general results hierarchy. The fact that some districts reported developing their own tools, either at regional or local levels just underscored this absence of a quality systems approach originating from the Centre.

The system problem is most highlighted by the lack of unanimity among local governments on who is responsible for enforcing standards and guidelines in ECCE centres. **While there is agreement that ECCE standards enforcement lies within the Education department, the actual enforcer is not so clearly agreed upon**. In the general local government administration structure the different officers in the education department play different though complementary roles. These include the DEO and DIS or alternatively the MEO and MIS. The Education Act states categorically that "the Directorate shall incorporate the municipal and district inspectors as associate assessors in all its regional or national inspection programs as the need may arise". It follows then that the inspection component of enforcement must be carried out by either the District or Minicipal Inspector of Schools.

It must also follow that selecting an ECCE focal person has to be done carefully. **Given the "associate assessor" role specified for the DIS and the MIS above, it may be preferred that these officers do not at the same time play the role of ECD focal persons.** The Focal Person would actually be the most suited person to undertake support supervision at the local government level. The situation is made more emphatic by most of the identified enforcers lacking any training in ECD. In this regard, the proposal arising out of the study of appointing a full time focal person needs serious consideration. In light of the human resource

challenge that has been found in this study, support supervision offers a more effective and comprehensive way of quality assurance and entrenchment through the use of softer skills.

Since the policy clearly states that the actual running of the ECD centres will be by the private sector, it is not enough to just loosely highlight these implementation chains without clearly and unambiguously spelling out how they will translate into centres on the ground, how they will be registered, regulated and how the expected standards, both physical and content, will be enforced.

6.5 Conclusions

From the study findings analyzed above, the following conclusions can be made about the ECCE quality situation. These conclusions will guide in the consideration and recommendation of the support supervision and enforcement machinery within the ECD regulatory and quality assurance system.

a) It is amply provided in all the ECCE policy and legal documents as well as guidelines that standards setting, their regulation and enforcement is a key Government role;
b) The typology of ECD centres given in the ECCE guidelines is a useful guide and also a necessary though not sufficient condition in the establishment of these centres; and this raises quality challenges;
c) Under the current system, registration of ECCE centres is not used rigorously as a quality control tool, ostensibly due to human resource constraints;
d) The quality of ECCE caregivers needs to be streamlined in terms of minimum qualifications and training;
e) Inspection and monitoring of ECCE centres is still weak mainly due to underfunding and weak institutionalization despite the clear legal provision;
f) The ECCE inspection and monitoring functions at the Local Government levels are largely diffused which is a missed opportunityin the development of a strong and effective enforcement and quality assurance system;
g) Support supervision is virtually indistinguishable in the ECCE operating framework. As a result, this powerful quality assurance resource remains undeveloped and therefore untapped.

h) There is currently little relationship between the Centre and Local Governments in the ECCE quality regulation and enforcement.
i) There is currently no unanimity among local governments on the responsible person for the enforcement of standards and guidelines, which needs to be streamlined.
j) The proposal to have the DIS or MIS as the ECD District Focal Person is inappropriate because of the clear role specified for them in the Act and the potential conflict of interest in the quality assurance system.
k) Currently, ECD standards and guidelines enforcers have no specialized training in ECD which is a challenge.
l) There is an urgent need to establish an ECD standards and quality assurance system starting with appointment of a trained full-time ECD Focal Person.

6.6 Recommendations

The analysis presented above amply demonstrated the centrality of quality considerations in the proper delivery of ECCE services. The following recommendations are made towards streamlining the ECD regulatory and quality assurance system:

a) There is urgent need to operationalize the quality standards regulation and enforcement framework as provided in the Education Act (2008), the Draft ECCE Policy (2019) and ELDS Guidelines (2012). The sector should aim at using the above existing legal and policy framework as a starting point to develop national minimum standards for ECCE that comprehensively focus on standards facilities and service delivery environments, training and qualifications of service providers, and procedures for managing and monitoring service delivery. Accordingly, ECCE indicators should be developed and integrated into the Education Management Information System (EMIS) to facilitate this operationalization.For effectiveimplementation, operationalization will involve incorporation of municipal and district inspectors of schools as DES Associate ECCE Assessors with clear Terms of Reference and a budget.
b) Provide specialized training and logistics for local government inspectors to effectively monitor ECCE centers under clear terms of reference, since from evidence, inspection of ECCE centres seems not be their explicit responsibility.

c) In light of the huge human resource requirement in the inspection area, the pool of Associate ECCE Assessors should be established to include part-time inspectors drawn from retired inspectors and members of ECCE training institutions present in the different districts.

d) Registration of ECCE centres should be used rigorously as a quality control tool and existing unregistered and unlicensed ECCEs should be supported and fast-tracked to upgrade to registration status

e) The DES should initiate an ECCE Support Supervision programme with clear manuals and guidelines, starting with the appointment of full-time properly trained ECD Focal Personsprogramme coordinators.

f) The cadre of support supervision officials should be expanded to include part-time members from ECCE training institutions, not already participating as part-time associate assessors, in the districts to be led by the ECD Focal person.

g) The ECCE monitoring function needs to be differentiated from both the inspection and support supervision functions in order to streamline and strengthen the regulatory and quality assurance system.

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