

In partnership with













Background to Kulea Watoto Intervention

Kulea Watoto is a two-generation intervention that aims to improve access to quality early childhood care and development for children aged 5 and under in refugee and host communities in Uganda across Yumbe, Kyegegwa and Kampala.

The project is implemented in Yumbe (Bidibidi among refugees and host communities), Kyegegwa District (Kyaka II Refugee Settlement and the host communities), Kampala District (Rubaga, Makindye and central Divisions (among urban refugees and Host communities) and it has two major components - Early Child hood Care and Education and Livelihoods/Economic Recovery and Development. Specifically, Kulea Watoto aims to;

- 1. Empower Households with Responsive
 - Caregiving and Early Learning Skills
- 2.Improve Economic Wellbeing and Household
 Income Generation Opportunities
- 3. Improve the Availability of Quality ECCD
 Services
- 4. Advocacy for an **Enabling Environment for**quality ECCD service provision

Kulea Watoto is a two-generation intervention that aims to improve access to quality early childhood care and development for children aged 5 and under

Background of the Implementation Model

Evidence suggests that for a 2 Gen intervention to be successful, it should be defined and implemented consistently. It is also very complicated to evaluate the impact of the project without a defined intervention.

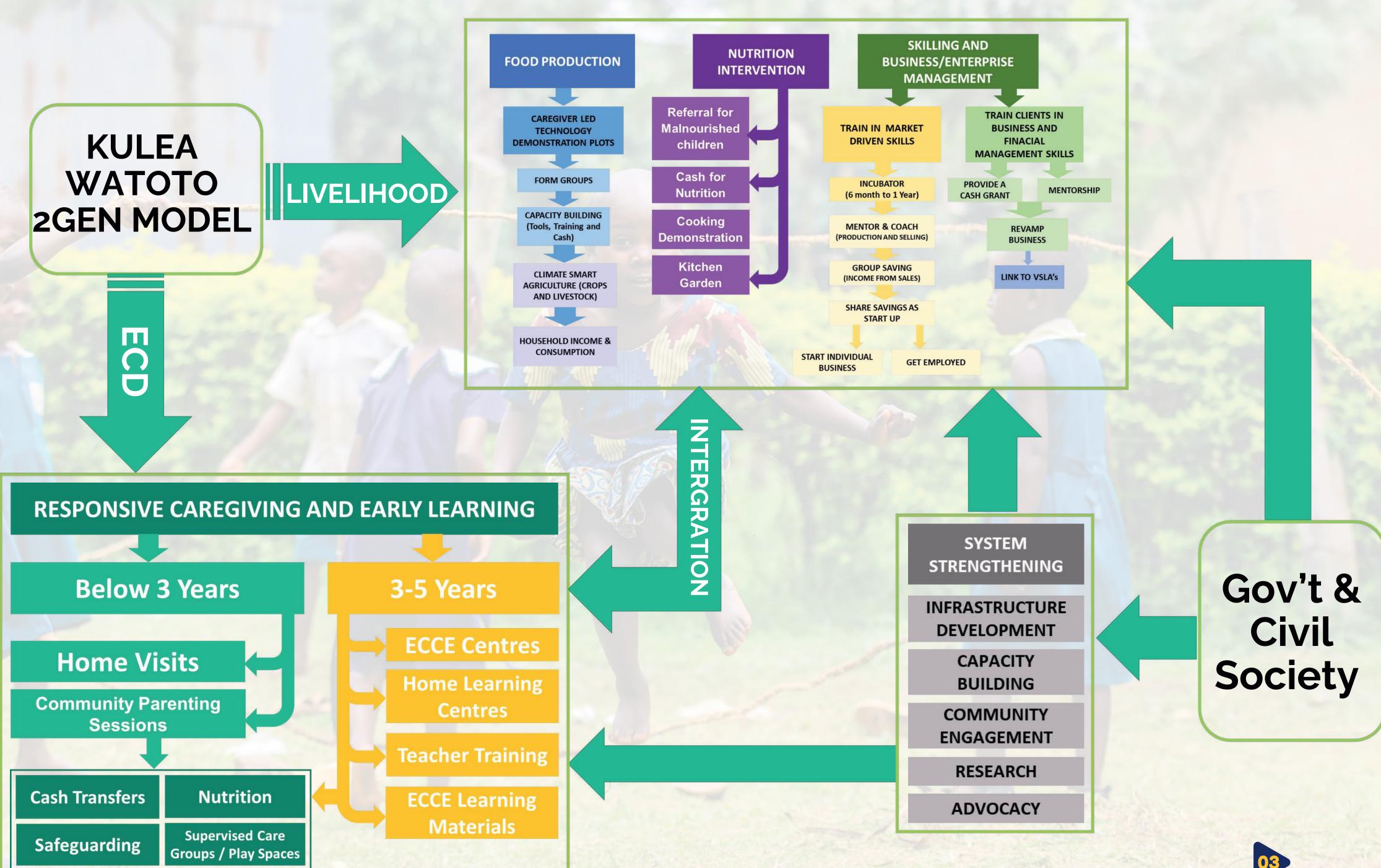
Given the fact that the partners implementing KW have different models it's from this background that the team found it imperative to come up with combined model that could later result into the Kulea Watoto defined intervention package. Having the model and the package will enable contextual implementation uniformity and enable more robust evaluation mechanisms including experimentation (i.e. the Randomised Controlled Trial)

Background of the Implementation Model

The ECD component is comprised of 4 major elements i.e. Home-based Learning that targets the o-3 years' category of children, Centre based learning and services that target 3-5 years children in ECD centres, the supervised care groups and the Community play spaces

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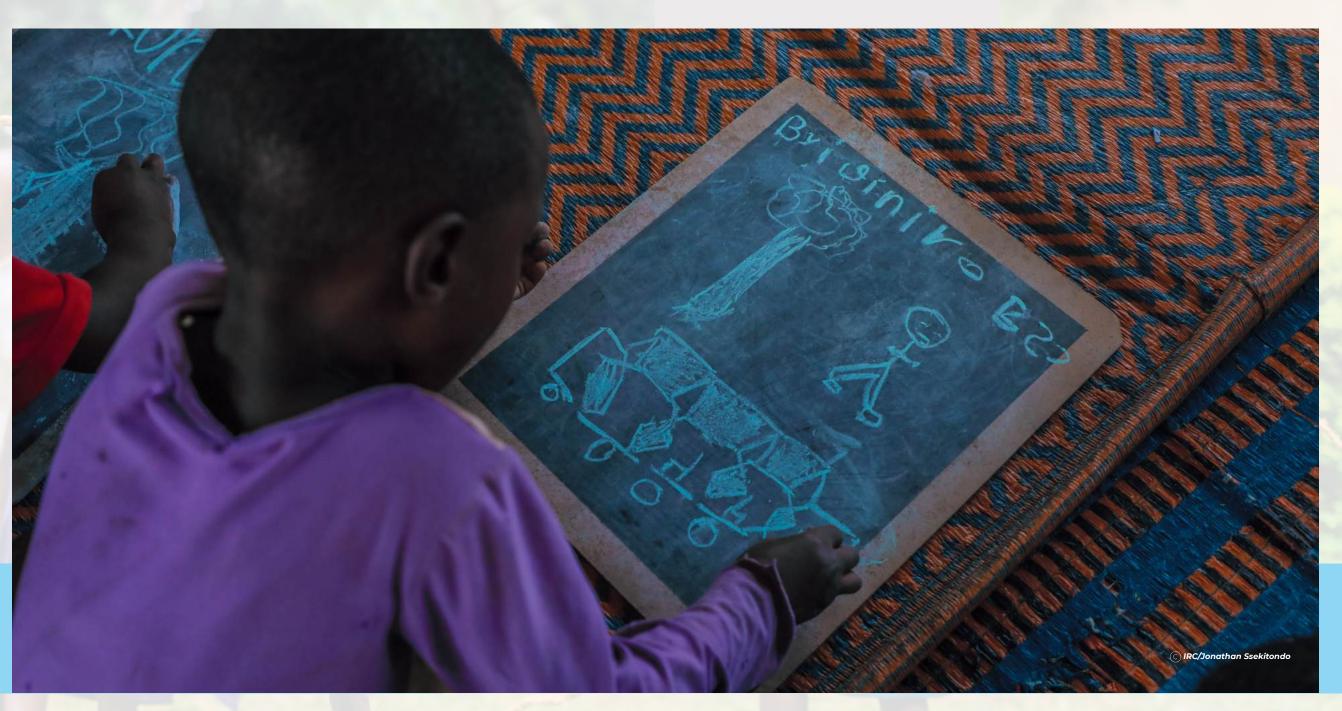
Illustration of the Kulea Watoto Project Implementation Model



ECD for below 03 years

Home based learning

This element is implemented through the home visits and in this; partners train livelihood and education officers, Master Trainers who include (the Community Development Officers, Probation Officers, Education Officers) using the Care for Child Development (CCD) training manual. They are also trained in Responsive Caregiving, Early Learning, Child Protection, safeguarding, Nutrition, Immunisation, stimulation and play with a focus on the 22 care family practices. The Master Trainers afterwards cascade the same training to a team of Village Health Teams, Para social workers and paraprofessionals who conduct home visits with respective households to offer services to caregivers.





Home learning centre approach

This approach involves a team of education and livelihood officers training parent educators and caregivers on responsive caregiving and Early learning using the CCD manual and the 22 good care practices. These later cascade the training to parents/caregivers of children 0-5 years in Home learning centres that are communally owned. In addition, the Home Learning Centres establish a Centre Management Committee that is also trained. Children 3-5 years are also enrolled in the learning centres and are supported by ECD caregivers. This approach deliberately targets children aged 0-5 years who are not enrolled in established ECD centres to prepare them for joining primary school.



Supervised care groups/community play spaces

These are established supervised centres where parents or a group of parents or caregivers leave their children during the day as they go for work and pick them in the evening as they return from their work. Each established care group centre has a para professional in charge and is also equipped with play books, play space and other play materials. This targets 3-5 years old children



ECD for below 03 - 05 years



Centre-based approach

Kulea Watoto works with the ECD centres to improve the capacity of ECD caregivers in responsive caregiving and Early Learning through training in the 22 care practices. The project also establishes and trains Centre Management Committees in specific ECD centres, support low-cost infrastructural improvements, support ongoing training of paraprofessional teachers and Training of Parent Educators.

Centre Management Committees are established and trained in the ECD centres where they don't exist and where they exist, they are just trained.

In addition, the project conducts needs assessment with the ECD centres, develop centre improvement plans and support the implementation of the plans as well as ECD infrastructure improvement including painting, fencing and improving water access

Kulea Watoto Livelihood Model

To improve household income and economic wellbeing, the ERD component in Kulea Watoto focuses on Food Production, Enterprise and Skilling.

Food Production

Under food production, households form farmer groups and they are trained in farmer led technology demonstration plots. Thereafter groups are supported with training and capacity building in climate smart agricultural crops, given farm equipment like hoes. Farmers harvest yields for home consumption and sell of the surplus

Business Enterprise Selection and Management

The same households form groups of 16 Households and are trained in business and financial management skills, agronomy practices and farming as a business. Groups are also given a cash grant for business/ enterprise start-ups. They are also linked to Village savings and Loans Associations to improve savings.

Skilling

Selected groups are trained in different skills like bakery, tailoring, and the project supports them in identifying market for the products for example in Kampala groups that are doing baking as an enterprise are connected to market for the bread and other products. After selling, individuals save as a group which and later share savings that contribute to individual start-ups.

Cross Cutting Components

1. Nutrition

Nutrition intervention cuts across livelihood and ECD. Households with malnourished children are identified and referred to the Kulea Watoto partners that provides cash for nutrition. The caregivers of the children are also oriented on how to prepare nutritious food through cooking demonstrations. Kitchen gardens are also promoted with a focus on nutritious foods the reduces on the cost of buying the food from the markets.



2. System Strengthening

Kulea Watoto implements an array of system strengthening activities ranging from; Capacity building for Teachers/ caregivers, VHTs, para professionals and Centre Management Committees on different areas of focus to Infrastructure development or upgrade, community engagement, research and advocacy.

Through Advocacy, the project engages different stakeholders and platforms about 2Generation interventions including the Uganda Parliamentary Forum for Children, Cabinet ministers and local Kulea Watoto Champions at the district (sub-national level).

Through Research the project conducts evaluations and learnings to inform project implementation but also ascertain the impact of the project.



3. Integration

At the helm of Kulea Watoto project implementation is integration which is a key pillar towards successful implementation of 2 Generation interventions. Kulea Watoto even while implemented by different partners and different locations ensures that among others:

- 1. The project is reaching the same target beneficiaries for both components of the intervention (FCD and Livelihood) across locations
- 2. Partners are delivering the services simultaneously ie sessions on responsive caregiving and early learning are delivered at the same time with sessions on financial literacy and business start-ups
- 3. There is intentionality in identifying children from the households supported by the project that are enrolled in ECD centres supported by the project.
- 4. There is coordination among the implementing partners to avoid duplication but also offer support to one another.





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