KULEA WATOTO
Nurturing Children

IMPROVING ACCESS TO

Quality Early Childhood Care and Development for Children under 5 years in Refugee and Host Communities in Uganda.

GOOD PRACTICES FROM THE KULEA WATOTO PROJECT REPORT

In partnership with

RESCUE COMMITTEE · LITERACY PROMOTERS · KRC UGANDA · MADRASA EARLY CHILDHOOD PROGRAMME · AfriChild

Improving Access to Quality Early Childhood Care and Development for Children under 5 years in Refugee and Host Communities in Uganda

Good Practices from the Kulea Watoto
Project report

Submitted to the International Rescue Committee and Kulea Watoto Partners

By
The AfriChild Centre

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

ACRONYMS

CCT	Centre Coordinating Tutor
CMC	Centre Management Committee
ECCD	Early Childhood Care and Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ERD	Economic Recovery and Development
IRC	International Rescue Committee
KRRC	Kabarole Research and Resource Centre
LABE	Literacy and Adult Basic Education
MEAL	Measurement, Evaluation and Learning
NIECD	National Integrated Early Childhood Development
OECD	Organisation for Economic Co-operation and Development
OPM	Office of the Prime Minister
OVC	Orphans and Vulnerable Children
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
UWESO	Uganda Women's Effort to Save Orphans
VHT	Village Health Team
VSLA	Village Savings and Loans Association
WHO	World Health Organisation
WV	World Vision

EXECUTIVE SUMMARY

INTRODUCTION

Children under the age of five living in refugee contexts are among the most vulnerable (Banin & Post, 2021) who need multidimensional support (USAID, 2020). The Kulea Watoto interventions is a two-generation approach that integrates ECD and economic recovery and development (ERD) to benefit such vulnerable children in the benefiting districts. The project is led by the International Rescue Committee (IRC) in partnership with Madrasa Resource Centre, Literacy and Adult Basic Education (LABE), and Kabarole Research, Resource Centre (KRRC) and AfriChild as the research and learning partner. In Kampala, IRC implements the ERD, a livelihoods programme, while Madrasa focuses on the ECD components in Makindye and Rubaga Municipalities. In Kyegegwa district, KRRC implements the livelihood component, while IRC delivers the ECD components in 7 zones within Kyaka II refugee settlement. In the host communities, IRC and KRRC work in 5 sub-counties of: Nkanja, Mpara, Kyegegwa Town Council, Kyegegwa Sub County, and Ruyonza; supporting a total of 53 ECD centres, 31 being for refugees and 22 for the host communities. In Yumbe, IRC implements livelihoods component, and (LABE focuses on education. Together they support 40 ECD centres, with 20 in Bidibidi refugee settlement and 20 in 5 sub-counties (Bijo, Romogi, Lori, Kulikulinga and Ariwa) in host communities.

This study was conducted to identify good practices and lessons learned from the existing reports, implementing partners, and field exercise related to the three identified outputs for this review. The study employed qualitative phenomenological research approach to document stories, lessons, and effective practices from the project's implementation context (Sovacool et al., 2018). The study was conducted in Yumbe (West Nile Region), Kyegegwa (Western Uganda) and Kampala (Central region). The participants included project staff, and beneficiaries (parents and caregivers) of the ECD and ERD programmes.

53
ECD centres supported
by IRC and KRRC in
Kyegegwa

40
ECD centres supported
by IRC in Yumbe
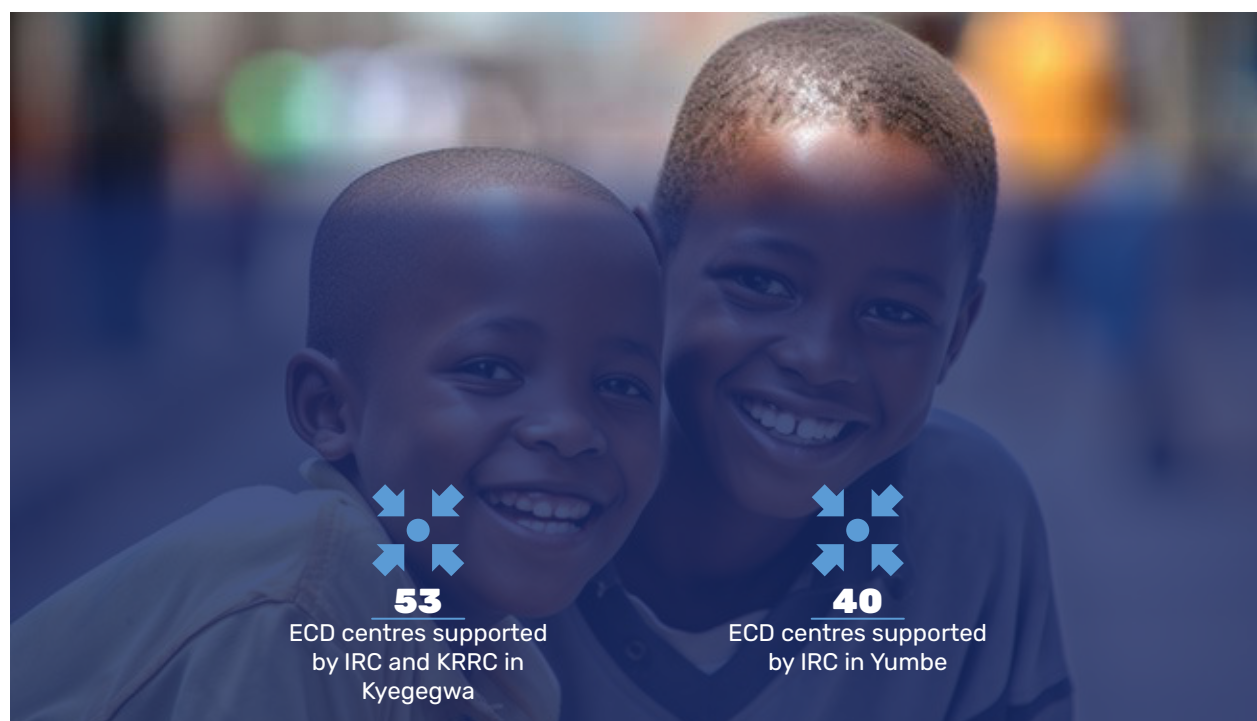
EMERGING BEST PRACTICES

What works in different contexts

- Daycare options for children of 0-3years were seen as feasible only in urban centres. However, rural communities found it difficult to embrace the supervised play groups approach, as many felt their children were too young to be left in such spaces.

- The concept of Village Health Teams (VHTs) working with families to provide ECD services is more widely accepted in rural settings, where VHTs conduct home visits and support ECD play groups. In contrast, urban families often prefer engaging directly with health facilities and caregivers in childcare providers due to time constraints

Linking Livelihood Programming with Children's Nutrition and Learning:

- VHTs serve a vital purpose of linking children to nutrition services. They conduct screening for malnutrition and refer children with health related issues to nutrition services. Families are also supported in establishing kitchen gardens to produce food for the children, and VHTs train them on child nutrition.

- Kulea Watoto initiative has enabled parents to provide food and learning for their children. Beneficiaries have acknowledged that children who are hungry cannot learn effectively.

Integrating Nutrition into ERD Programs

- Kulea Watoto focuses on livelihood activities that are related to farming and food production. In rural areas, beneficiaries are largely engaged in farming activities, such as animal rearing, crop cultivation, or poultry, which provide food for the family.

- Kitchen gardens have helped provide readily available food for families, reducing

the need to divert livelihood funds toward food purchases, allowing those funds to be directed toward income generation.

Programmatic Best Practices

Some of the notable programmatic best practices include:

- One of the most discussed emerging practice is the use of ComCare that is linked to Power BI, a data visualization tool that provides real time view of data to improve programming.

- Tailoring support to suit the environment is another successful initiative. The Kulea Watoto program's business startup and business skilling trainings has been found to work better in urban areas, where there is a ready market and limited spaces for large scale enterprises.

- Use of a cascading training approach for beneficiaries. Instead of conducting large group training sessions, a cascading model was introduced to create different levels of knowledge consumers, which proved more efficient.

- Use of feedback registers to collect complaints and suggestions from different communities allowed people to voice their concerns and opinions about the project, improving its responsiveness.

- Collecting commitments from duty bearers, such as politicians and technocrats, regarding ECD funding and integration into work plans has made duty bearers more focused on delivering ECD services.

- Leveraging the efforts of other organizations working in the same space helped prevent duplication and facilitated collaboration.

- The inclusion of gender officers in training and community dialogues has been a positive practice that raises awareness about gender issues in ECD and advocates

for gender equity in ECD planning and budgeting.

Opportunities for integrating two-generation approaches

- Collaboration with district officials, who were previously involved in ECD, helped bring more stakeholders on board to support both ECD and livelihood activities, thereby supporting the two-generation approach.

- Partners hoped to use a group approach in training families on livelihoods, but this proved challenging as most families could not agree on similar projects.

- While empowering parents brings more resources to the family, it also takes away quality time from children, as parents engage in livelihood activities. This creates demand for childcare services, which is an opportunity to directly support children further.

- The project design, which included various partners implementing different ECD models, such as home-based ECD for rural settings (LABE) and center-based ECD for urban settings (Madrasa and IRC), was key in successfully integrating both generations.

Strategic Recommendations for Research

- Since different partners are implementing different ECD models, it is recommended that a study be conducted to identify successful practices and form a hybrid model for future scaling

- Fewer supervised ECD groups are being established, particularly for children aged 0-3 years. Research should be conducted into what services are acceptable and feasible for this age group, which is not benefiting fully from Kulea Watoto.

- There is a lack of deliberate activities focused on children with special needs. Research into special needs inclusion is recommended to provide holistic support.

- ôMany beneficiaries are involved in multiple savings groups, which may lead to defaulting on savings commitments. A study should be conducted to understand this behavior and cultivate a stronger savings culture.

- Host communities are more engaged in ECD than in livelihood activities, while refugees focus more on business opportunities. Further research is needed to understand why this preference exists despite awareness of the importance of ECD.

- ECD was expected to be the entry point of the program, followed by livelihood support, but this approach has been challenging. Research should be conducted to understand why parents show less interest in ECD despite its central role in Kulea Watoto.

Strategic Recommendations for Policy and Practice

- Kulea Watoto partners are implementing a joint M&E data management system that brings all needed data in one place. Data management is still a challenge for ECD. It is recommended that Basic Education together with the MoES planning unit learns from this data management system and adopt a comprehensive M&E system for ECD to strengthen their current system for better management.

- The high enrolment numbers in ECD centers supported by Kulea Watoto (sometimes over 100 children per class) indicate the need for research on optimal class sizes to ensure effective benefits for children.

- In the refugee settlements, there are play groups that take on children from 2-5 years as opposed to the 3-5 years. It is recommended that Government strengthens the childcare aspect to absorb the 0-3 year's old children who are being mixed in the programs of 3-5 years.

- Funding for early learning and stimulation often ends with the program's lifespan, which can lead to a lack of continuity. It is recommended that the Ministry of Finance and development partners prioritize and earmark funding for early learning within national ECD systems to ensure sustainable quality services.

In the refugee settlements, there are play groups that take on children from **2-5** years as opposed to the **3-5** years.

1.0   INTRODUCTION

1.1   BACKGROUND TO THE STUDY

Globally, evidence shows that 43 percent of children under five years of age in low- to middle-income countries are at risk of poverty, poor health, malnutrition, and other adversities, which threaten their ability to reach their developmental potential (Black et al., 2017). In Uganda, this figure is even worse, with 63 percent of children under five facing risks related to poor development based on a composite indicator of stunting, extreme poverty, or both (Lu et al., 2016).

Across different contexts, there are parents and children facing unique challenges whose needs are often overlooked by existing programs. For instance, in refugee settings, children are among the most vulnerable populations. They represent 50% of the world's refugees (Banin & Post, 2021), and children aged 0-3 years are particularly underserved, under- researched, and overlooked (Bouchane, Curtiss & Ellis, 2016; Stark & Landis, 2016). These children often spend the critical early years of their lives without access to nutritious food, healthcare, quality schooling, clean water, or safe spaces (Banin & Post, 2021). These experiences have profound and lasting impacts on their physical, cognitive, emotional, and social development, influencing their success in school and later in life (USAID, 2020).

If we are to address these challenges, urgent attention must be given to younger children, who, according to evidence from neuroscience, are more affected by extreme adversity and toxic stress in their earliest years (Kabay & Smith, 2022). Research continues to show that children facing adversity can overcome such disadvantages if they have access to quality early childhood care and education, provided these experiences are of high quality (Lee & Schafer, 2021). High-quality early childhood care involves positive teacher-child interactions and

minimizing negative interactions (OECD, 2018). Caregivers who are well- trained in effective caregiving practices can promote these positive interactions, which are key contributors to children's cognitive and socio-emotional development (Yoshikawa et al., 2013).

The 2016 Lancet Series on Early Childhood Development (ECD) and the World Health Organization's (WHO) 2020 guidelines for improving ECD emphasize the importance of holistic, nurturing care through integrated services (USAID, 2020). One way to provide such care is through dual or two-generation approaches, which specifically address contexts of adversity, where traditional interventions often fall short (Kabay & Smith, 2022).

Two-generation (2Gen) approaches, also known as "whole family," "intergenerational," or "dual generation" models, aim to support both children and their caregivers simultaneously to build protective factors, resilience, and parental capacity, ultimately enhancing child and family well-being and preventing child abuse and neglect (Shonkoff, 2016). These initiatives intentionally combine high-quality adult-focused services with child-focused programs to improve outcomes for children, primary caregivers, and families (IRC, 2023). The two- generation model is based on the understanding that the well-being of children and their parents is intertwined—outcomes for children are closely linked to the well-being of their families and caregivers (Shonkoff & Fisher, 2013). Providing simultaneous, high-quality interventions for both parents and children is often more effective and efficient than serving them separately (Haskins, Garfinkel & McLanahan, 2014). The aim of 2Gen approaches is to break the cycle of poverty by creating the foundations for positive educational, economic, and other outcomes that can pass from one generation to the next.

Several two-generation initiatives have sought to increase access to ECD services in marginalized settings in Uganda. However, limited efforts have been made to document lessons learned that could help scale these initiatives beyond their original contexts. The Kulea Watoto initiative is one such promising initiative that recognizes the importance of sharing insights and offering valuable lessons for other partners to learn from and scale. The motivation behind the project stems from the observation that many parents in Uganda are not prioritizing ECD for their children. Instead, they focus on earning money at the expense of nurturing their children, depriving them of critical growth and learning opportunities. This practice contradicts global efforts to ensure nurturing care for all children (Banin & Post, 2021).

Kulea Watoto is a three-year, five-partner consortium, with IRC as the lead international partner, collaborating with four local partners. The project, funded by the Conrad N. Hilton Foundation, started in October 2022 and will end in September 2025 (IRC, 2023). It is being implemented in three districts of Uganda: Kampala, Kyegegwa, and Yumbe. Specifically, it is being implemented in the urban divisions of Rubaga and Makindye in Kampala; in Kyegegwa district within the Kyaka II refugee camp among refugees and host communities; and in Yumbe district within the Bidibidi refugee camp and the surrounding host communities. IRC is the lead partner overseeing various aspects of the Kulea Watoto program across all three districts, collaborating with Madrasa Resource Centre, Literacy and Adult Basic Education (LABE), and Kabarole Research and Resource Centre (KRRC).

1.2   THE KULEA WATOTO THEORY OF CHANGE

"Kulea Watoto," which means "nurturing children" in Kiswahili, is an initiative designed to support children under 5 years of age and their caregivers, including teachers and parents, to improve children's physical development, language, cognitive abilities, and other components within the nurturing care framework through a two-generation approach.

The overall goal of Kulea Watoto is to improve the well-being and school readiness of children aged 0-5 years in refugee and host communities in Yumbe, Kyegegwa, and Kampala. The intermediate outcome is to increase access to quality ECD services for children in these communities. The four key outcomes of the project include:

1. Households empowered with responsive caregiving and early learning skills.
2. Economic well-being and household income generation opportunities improved.
3. Improved accessibility to quality ECD services.
4. A strengthened enabling environment for quality ECD service provision.

Kulea Watoto's theory of change posits: "If refugee and host community households are empowered with responsive caregiving and early learning skills, while their economic well- being and household income generation opportunities are enhanced, and the quality and inclusiveness of early childhood education services are improved within an enabling environment, THEN access to quality ECD services will improve, leading to overall improvements in school readiness, well-being, and the full potential of children aged 5 and under."

The outcomes are based on a set of measures, change strategies, and approaches, as illustrated in Figure 1

Figure 1: Kulea Watoto Theory of Change

KULEA WATOTO THEORY OF CHANGE (TOC)

Goal/Impact	Improved well-being and school readiness for children aged 0–5 years in refugee and host communities in Yumbe, Kyegegwa and Kampala.			
Intermediate outcome	Improved access to quality ECCD Services for children aged 0–5 years in refugee and Host Communities in Yumbe, Kyegegwa and Kampala.			
Outcomes	Households empowered with responsive caregiving and early learning skills	Economic well-being and household income Generation Opportunities improved	Accessibility to quality ECCD services Improved	Enabling the environment for quality ECCD service provision strengthened
Measures	1. Responsive caregiving skills enhanced 2. Early learning skills improved	1. Household economic well-being improved 2. Improved food security and nutrition at HH	Quality and inclusive early childhood education	1. Improved multi-sectoral coordination 2. Increased financial investment at the district level to expand ECCD coverage
Change Strategies	1. Formation of parent/caregiver groups 2. Household and group-level learning sessions 3. Home visits by trained volunteers 4. Development and implementation of household-level ECCD improvement plans 5. Dissemination of IEC materials on responsive caregiving and early learning 6. Linking households and groups to existing ECCD services	1. Livelihood skills training 2. Promoting production of nutrient-dense foods 3. Promotion of nutrition-sensitive and climate-smart agronomic practices 4. Start-up funding 5. Linkage to financial services and markets 6. Establish VSLA groups 7. Support value addition and food processing	1. Improving the physical environment for learning (through ECCD facility upgrades) 2. Caregiver engagement through supervised care groups 3. Establish centre management committees (CMCs) 4. Training ECD teachers and CMCs 5. Establish home learning centres (HLC) in selected refugee hosting communities 6. Identify, equip and manage community child-friendly and safe play spaces	1. Identifying and engaging local champions 2. Stakeholder engagement/dialogue 3. National-level dialogue with policy and decision maker 4. Dissemination of information products
Approach	Strengthen family and community engagement	1. Household economic strengthening. 2. Enhancing food and nutrition security at the household level	1. Ensuring high-quality, play-oriented indoor/outdoor learning environments 2. Engaging caregivers to support their children's early learning	Advocacy to strengthen the enabling environment for quality ECCD services and responsive care.

ENABLERS

1. Policies to support families to provide nurturing care for the children
2. Partnership and multi-sectoral collaboration
3. Monitoring and assuring quality
4. Learning, innovation, and adaptation
5. Integrated approach

ASSUMPTIONS

1. Adequate and skilled human resources
2. Stable political and social environment
3. Political will and commitment
4. Adequate financial support
5. Favorable weather

1.3   PROGRAM DESCRIPTION

From this theory of change, various interventions have been designed around ECD and Economic Recovery and Development (ERD) in the three target districts, supported by different partners. In Kampala, IRC implements the ERD (livelihoods) component, while Madrasa implements the ECD component in urban areas. In Kyegegwa district, Kabarole Research and Resource Centre (KRRC) implements the livelihoods component, while IRC oversees the ECD aspect. The two partners jointly implement Kulea Watoto in 7 zones within the Kyaka II refugee camp, including Sweswe, Bukere, Mukondo, Kaborogoto, Itambabiniga, Kakoni, and Bwiriza. In the host communities of Kyegegwa district, IRC and KRRC work in 5 sub-counties: Nkanja, Mpara, Kyegegwa Town Council, Kyegegwa Sub County, and Ruyonza, supporting a total of 53 ECD centers (31 for refugees and 22 for host communities). In Yumbe, IRC implements the livelihoods component, while Literacy and Adult Basic Education (LABE) focuses on education. Together, they support 40 ECD centers—20 within the Bidibidi refugee camp (zones 1-5) and 20 in host communities across five sub-counties: Bijo, Romogi, Lori, Kulikulinga, and Ariwa.

AfriChild is the research partner for Kulea Watoto, providing evidence on learning across all partners, offering technical oversight, strategic direction, and coordinating the research team. AfriChild's role includes reviewing and synthesizing existing evidence, facilitating reflection and learning sessions, and conducting impact evaluations. A quasi-experimental design is being used for the impact evaluation, with baseline data collected in April and May 2024, and endline data to be gathered in 2025. The focus is on evaluating the project's impact on early learning, responsive caregiving, household well-being, income generation opportunities, and access to quality ECD services.

The **ECD component** of the Kulea Watoto initiative is being implemented in two main ways. The first is the **home-based model** under the guidance of LABE, which is being implemented in the rural host communities of Yumbe. The second model is the **center-based ECD**, which is being implemented in refugee camps and urban areas of Kampala. In these centers, children aged 3-6 years are cared for by caregivers and paraprofessional teachers, who conduct ECD sessions for the children. Both home-based and center-based ECD models are supported with play materials, a learning framework, and training for caregivers on their roles and financial literacy, laying a firm foundation for sustainability. The centers also receive seed grants to start income-generating activities to support their sustainability. Specifically, the centers have been supported with infrastructure upgrades, instructional materials, learning frameworks,

In Yumbe, IRC implements the livelihoods component, while Literacy and Adult Basic Education (LABE) focuses on education. Together, they support **40** ECD centers—**20** within the Bidibidi refugee camp (zones **1-5**) and **20** in host communities across **five** sub-counties: **Bijo, Romogi, Lori, Kulikulinga**, and **Ariwa**.

caregiver guides, hygiene and sanitation kits, sitting mats, lesson plan books, charts, and training for caregivers on ECD methodology and local materials creation. Additionally, Community Management Committees (CMCs) receive training on management and resource mobilization. Needy centers have also been provided with iron sheets as part of a facilities improvement grant to make the learning spaces safer for children. Village Health Teams (VHTs) continue to track the actions committed, while Child Care Technicians (CCTs) and district officers support in skilling the teachers.

The third model is the **supervised ECD care groups**, where trained community volunteers support guided play for children aged 2–3 years as a daycare initiative. This takes place in formal ECD center spaces when older age groups are not in session. These children are also supported at the household level, with targets for 0–3-year-olds being monitored through home visits by VHTs. Parents of children in this age group are supported through group- based parenting sessions, home visits by VHTs, and a volunteer caregiver. These sessions train parents on the 21 key family care practices, including toy making, nutrition, early learning, protection and security, responsive caregiving, and health, conducted monthly, among others.

The **ERD program** aims to improve the income situation of families with children under 5 years old by identifying and registering such families, which are then assessed using a vulnerability tool. Eligible families are encouraged to develop income-generating projects that can help support their children under the age of 5. They are also trained in business skills or build on existing business ventures and learn how to manage these businesses. Families receive a business startup grant and later receive ongoing monitoring and support to ensure that their business benefits the child. IRC collaborates with Opportunity Bank to provide training and support in financial literacy and fund management for clients in urban areas.

The livelihood program in rural areas differs from the urban version. While the urban version targets business development, the rural version focuses on enterprise development. In urban areas of Kampala, the ERD component specifically provides skills training, either on-the-job or through workshops, in specific areas like bakery for those without skills to start a business. Clients are also trained in business skills if they have started a business or are attempting to grow an existing one. Once clients begin earning money, they are trained in financial literacy with the support of Opportunity Bank to help them manage their funds effectively.

IRC and KRRC support agricultural production as the dominant livelihood activity in rural areas. Most farmers have opted for livestock farming, including piggery, goat rearing, and poultry. The livelihood activities are linked to 10 actions that each family must fulfil to connect ECD and livelihood, which supports child nurturing. These actions include: making play materials, paying fees, providing food, clothing, and medications; setting up kitchen gardens; farming; rearing goats or animals; vocational skilling; and establishing small enterprises. Households are also supported with skills training in hairdressing, tailoring, carpentry, and barbering, and are linked to various skill-building institutions. Later, they are provided with start-up kits to begin their own businesses or are assisted in finding employment. Households also receive support to access finance through Village Savings and Loan Associations (VSLAs) and nutrition services. Child screening for malnutrition is conducted, cookery demonstrations are held, and home and school gardens are supported to help grow food. Additionally, financial literacy and mindset change programs are provided to boost clients' ability to positively utilize the resources they receive.

In implementing the Kulea Watoto components, certain proportions must be respected. These proportions are shared between refugees and host communities, and between men and
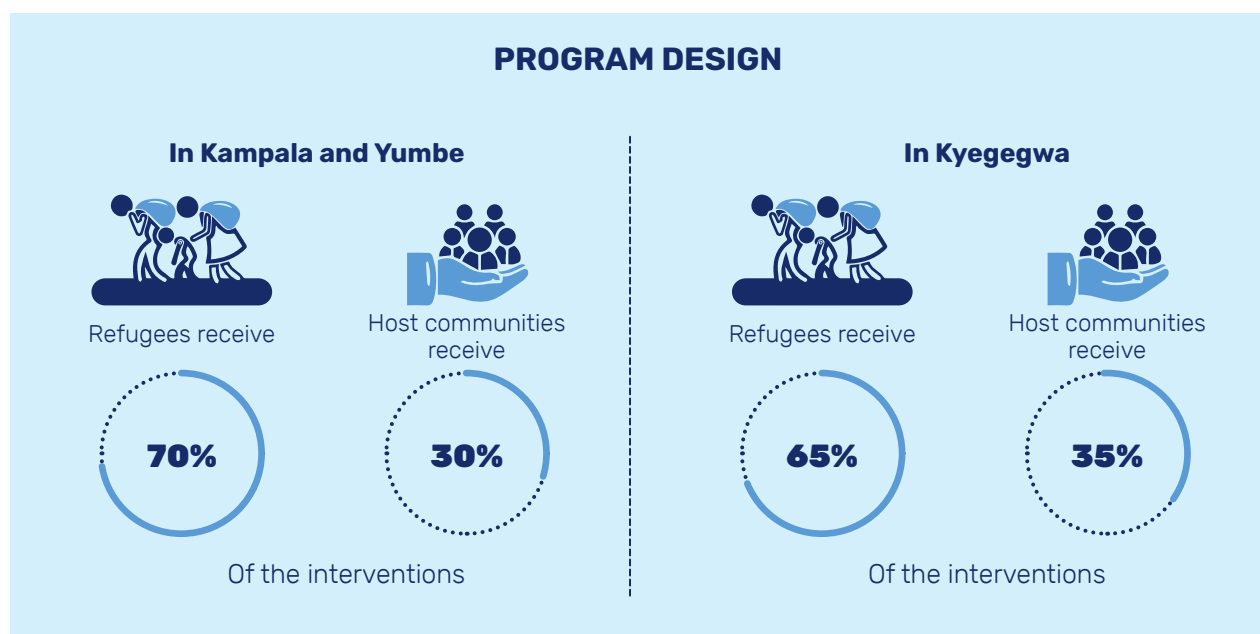
women, as those most likely to be engaged in child nurturing. In the program design, in both Kampala and Yumbe, refugees receive 70% of the interventions, while host communities receive 30%. However, in Kyegegwa, an exception was made, with refugees receiving 65% and host communities receiving 35%. The design also specifies that 60% of the interventions should target women, with 40% for men. However, because the majority of caregivers are women, it has been difficult to maintain this balance, and men only account for up to 30% of the participants.

It is assumed that, through the above intervention activities, the benefiting households will be able to better nurture their children by being proactive, responsive caregivers. These actions are also expected to improve access to quality early childhood care and development (ECD) for children under 5 years and to transform the livelihoods of refugees and host communities in Uganda. Through the program, families will provide nurturing care and early childhood learning opportunities while also building their own skills to generate income (AfriChild, 2023).

The Kulea Watoto research process will be informed by the voices and experiences of children, as they are often excluded from the research process. The research will place a strong emphasis on generating practical and policy-relevant learnings that can support advocacy efforts at local, national, regional, and global levels. The overall goal is to understand how the program model and measurement practices can be improved over time and identify which elements of the program can serve as a blueprint for future work.

It is in this context that the AfriChild Centre has sought to document emerging approaches and good practices that are relevant for scaling or have the potential to be scaled. The criteria for identifying good practices include: relevance in addressing specific challenges in operational and programming areas; innovation in demonstrating new and creative solutions; impact in delivering positive, tangible results that enhance program delivery and contribute to long-term outcomes; and replicability, meaning that the practices can serve as effective models that could be applied in other contexts or programs. The documentation will include stories, most significant change stories, practices, and experiences that can facilitate collective learning across the Kulea Watoto consortium and beyond.

PROGRAM DESIGN

In Kampala and Yumbe

Refugees receive

70%

Host communities receive

30%

Of the interventions

In Kyegegwa

Refugees receive

65%

Host communities receive

35%

Of the interventions

1.4   OBJECTIVES OF THE STUDY

This study has two specific objectives:

1. To identify good practices and lessons learned from existing reports, implementing partners, and field exercises for the three identified outputs.
2. To conduct in-depth analysis and documentation of the lessons learned, identify good or promising practices, and generate recommendations for scaling these practices in a programming context.

1.5   RESEARCH QUESTIONS

This study is guided by the following research questions:

This study is guided by the following research questions:

1. Which national best practices are related to two-generational approaches to Early Childhood Development?

2. Which emerging good and promising practices are available for integrating ECD and livelihoods programming in a two-generational approach?
    a. What works for two-generational approaches in different geographic contexts (i.e., urban vs. rural)?
    b. What is the linkage between livelihood programming, children's nutrition, and early learning?
    c. What are the best practices in integrating nutrition into Economic Recovery and Development (ERD) and Food Security/ Livelihood interventions?
3. How do program beneficiaries describe their experiences?
    a. What benefits do program beneficiaries report?
    b. Are there any unintended consequences of program participation?

2.0 METHODOLOGY

This study employed a qualitative research approach to document lessons learned and practices that were effective during the project implementation in context (Sovacool et al., 2018). The phenomenological research design was used in this learning study to document the stories and experiences of participants to identify the shared phenomenon or essence of groups and individuals engaged in the intervention. The study was conducted in Yumbe, in the West Nile Region; Kyegegwa, in Western Uganda; and Kampala, in the Central Region. The population included project implementers, project clients, project staff, and parents benefiting from the ECD and ERD programs that support child well-being outcomes.

The participants for the qualitative interviews were purposively selected based on their knowledge and authority regarding ECD and ERD in the program areas. Specifically, the following participants were selected:

- **Partner Level**: Interviews were conducted with technical officers from LABE (2), Kabarole Research and Resource Centre (KRC) (2), Literacy and Adult Basic Education (LABE) (3), Madrasa Early Childhood Care Programme (2), and the AfriChild Centre (2).
- **At the district level**: Interviews were conducted with the District Education Officer (1), District Inspector of Schools (1), and field officers implementing the project (10).
- **At the centre level**: Interviews were conducted as follows: 2 focus group discussions with parents/guardians at two centres in each district, and 2 caregivers or teachers who had consistently implemented the project for two years from 2 centres in each district.

Key respondents were purposively sampled from the study sites to gather detailed information on project implementation in their areas based on their expertise, experience, or understanding of a particular phenomenon (Campbell et al., 2020). Data collection involved the use of key informant interview guides, focus group discussion guides, observation guides, and documentary checklists. The key informant guides were administered to purposively selected participants. The focus group discussion guide was developed to facilitate conversations with parents, gathering valuable insights into their experiences and perspectives on the project implementation. A documentary checklist was employed to collect data from existing documents related to the project's implementation.

This documentary analysis provided valuable insights into the planning, delivery, and outcomes of the project.

The researchers implemented inclusion and exclusion criteria to ensure appropriate participants were selected. The inclusion criteria included caregivers enrolled in the Kulea Watoto dual programs of ECD and ERD in the project areas for the past two years, and teachers who had been part of the program for the last two years. The exclusion criteria focused on those who had not participated in the Kulea Watoto program for at least two years. These criteria helped ensure the study focused on the target population and minimized potential biases or confounding variables.

To ensure data quality control for the interview guides, credibility was ensured through review meetings with project officers and member checking. Dependability was achieved by verifying that the findings, interpretations, and recommendations were supported by the data received from participants. Transferability was attained by enabling the findings to be applicable to other contexts, through thick descriptions when presenting the findings. Confirmability was ensured by using verbatim statements and ensuring that quotations were linked to all main concepts and widely representative (Adler, 2022).

3.0 FINDINGS

3.1 NATIONAL BEST PRACTICES ON TWO-GENERATIONAL APPROACHES TO EARLY CHILDHOOD DEVELOPMENT

This section presents data from a desk review exploring national best practices on two-generational approaches. The review noted that the two-generation approach to early childhood development focuses on simultaneously supporting both children and their parents or caregivers to create a holistic environment that fosters growth and well-being. This strategy recognizes that children's development is deeply influenced by their home life, including socioeconomic status, education, and emotional support provided by their parents. By offering resources such as parenting education, job training, and health services alongside early childhood education, this approach aims to break the cycle of poverty and improve outcomes for both generations, ultimately leading to stronger families and communities.

In Uganda, several models exemplify the two-generation approach to early childhood development, ranging from policy integration to program integration, as outlined below:

a) *The Policy Integration Approach*:

Several policies in Uganda are designed to promote a two-generation approach to early childhood development, emphasizing the vital link between the well-being of children and their caregivers. Some key policies supporting integration include:

- **The National Integrated Early Childhood Development Policy (2015):** This serves as a foundational framework, advocating for a holistic approach that addresses the developmental needs of children from birth to eight years while considering the capacities and needs of their caregivers. It promotes the integration of health, nutrition, education, and social services, ensuring that programs are designed to support children's growth while also empowering parents with knowledge and resources.

- **The Health Sector Policy (2020):** This policy reinforces the two-generation approach by prioritizing maternal and child health services. It acknowledges that children's health is directly influenced by the health and well-being of their mothers. By promoting comprehensive maternal healthcare, including prenatal and postnatal services, this policy ensures caregivers receive the necessary support to care for their children effectively.

- **Early Childhood Education and Care Policy (2024):** This policy emphasizes the importance of engaging parents and caregivers in the educational process, recognizing their role in early childhood learning. It fosters a collaborative approach between educators and families to create a community of learning that benefits both generations.

- **The National Child Policy (2020):** This policy emphasizes inclusive programs that engage families and communities in child development. It advocates for the establishment of support networks for parents, such as parenting groups that provide a platform for sharing experiences and resources.

- **The Gender Policy (2007):** This policy promotes the empowerment of women, who are often the primary caregivers. By encouraging gender equality and providing women with access to education and economic opportunities, it indirectly benefits children, enabling mothers to invest more in their children's health and education.

b) Programme Integration Approach:

This approach integrates two distinct programs that target two age cohorts to complement each other in promoting better outcomes for two generations. For example, the Health and Nutrition Integration model provides health and nutrition services to mothers and their young children.

> The **review** noted that the **two-generation** approach to early **childhood** development focuses on simultaneously supporting both **children** and their **parents** or **caregivers** to create a **holistic environment** that fosters **growth** and **well-being**.

Examples of organizations using this approach include:

- **BRAC Uganda:** BRAC delivers livelihood support to communities, empowering them to break the cycle of poverty. It implements programs like the livelihood program through VSLA (Village Savings and Loan Associations) and ECD through play labs, which complement each other. Their programs target low-income women in rural and semi-urban communities, enhancing financial literacy and empowering women economically, thereby supporting their children's early learning.

- **Reach Out Mbuya Community Health Initiative (ROMCHI):** ROMCHI offers maternal health education, child nutrition programs, early childhood education, and livelihood training. These services strengthen family capacities while promoting children's healthy development.

- **Save the Children Uganda:** Save the Children supports integrated programs covering child health, nutrition, livelihoods, and child protection at home and school. They run feeding programs for malnourished children, promote breastfeeding, and provide reproductive health information to adolescents.

- **World Vision Uganda:** World Vision supports community programs focused on health, livelihoods, and early learning. They engage families in rural areas through VSLAs, providing training in savings group management to enhance livelihoods while integrating health and education initiatives.

- **Uganda Women's Efforts to Save Orphans (UWESO):** UWESO supports vulnerable families, especially those caring for orphans, by providing health services, nutrition training, and parenting education. They also facilitate VSLAs to support women and caregivers of orphans, improving their financial well-being.

c) Two Age Cohort Targeting Support Programs:

This initiative focuses on targeting two distinct age cohorts with tailored services that ultimately contribute to a single outcome. For example, parenting education for parents and early learning for children in home, community, or institutional centers work together to promote better child outcomes. Several organizations in Uganda provide a two-generation approach through programs targeting these two cohorts, including:

1. **Plan International Uganda**: Plan is a two-age cohort supporting organization that works with different age groups to address their vulnerability. It provides Early Childhood Development (ECD) services for children aged 0-5 by supporting ECD centers and also strengthens primary schools to provide quality education through infrastructure upgrades and teacher training. Plan integrates parenting education into its community programs, focusing on children's rights and girls' empowerment. Additionally, it supports health and nutrition services to promote healthy practices among caregivers.

2. **Oxfam Uganda**: Oxfam focuses on alleviating poverty and promoting social justice through programs that offer nutrition education and health services to improve family diets and overall health, particularly for children. It promotes Village Savings and Loan Associations (VSLAs) as a means to support vulnerable populations, especially women. Oxfam's programs, which primarily target conflict-affected areas, focus on empowering women through VSLAs linked with agricultural training and market access, enhancing both financial stability and food security. Oxfam is active in districts such as Apac, Gulu, and Nebbi.

3. **TPO Uganda**: TPO focuses on mental health support, offering parenting support groups to address emotional well-being and child development. They operate in Kampala and various rural districts, helping families to cope with stress and build resilience.

4. **ActionAid Uganda**: ActionAid conducts parenting education and organizes community support groups to enhance family dynamics and child well-being. Their operations are in Kampala, Lira, and Hoima.

5. **The Hunger Project Uganda**: The Hunger Project implements programs that include parenting education, nutrition training, and women's empowerment initiatives. Their work is focused in Isingiro and Rakai districts.

6. **Danish Refugee Council (DRC)**: DRC provides parenting education and support groups for refugees and host communities, focusing on integration and child welfare. Their operations are primarily in Northern Uganda, particularly in refugee settlements.

From the organizations implementing two-generation models for ECD, several best practices have emerged that can be emulated by other partners. These practices include:

1. **Integrated Service Delivery**: Combining early childhood education with parenting support, health services, and nutrition programs ensures that both children and caregivers receive comprehensive support. For example, Save the Children combines ECD with health check-ups and nutrition programs, ensuring children receive comprehensive care while parents learn about healthy practices.

2. **Community Engagement and Mobilization**: Engaging community members in program design and implementation fosters ownership and sustainability. Organizations like BRAC engage local communities by offering parenting education sessions in accessible locations. Parents incorporate local knowledge and customs into their curricula, enhancing relevance and acceptance.

3. **Peer Support Groups**: Creating support networks for parents to share experiences and learn from one another. For instance, UWESO facilitates support groups for caregivers, enabling them to share challenges and solutions, and fostering a community of mutual support.

4. **Capacity Building for Caregivers**: Offering training sessions that equip parents with practical skills in child-rearing, health, and nutrition. Workshops that focus on positive parenting techniques, child nutrition, and early learning activities are conducted for parents, who then practice these skills with their children.

5. **Home Visiting Programs**: Trained professionals visit families in their homes to provide personalized support and education tailored to their specific needs. For example, ROMCHA conducts home visits where trained health workers offer personalized support to families, addressing specific challenges and providing tailored parenting advice.

6. **Focus on Mental Health and Psychosocial Support**: Incorporating mental health support into parenting programs helps families cope with stress and build resilience. TPO Uganda integrates mental health and psychosocial support into their parenting programs, addressing the emotional well-being of caregivers to improve family dynamics.

7. **Use of Local Resources and Knowledge**: Involving local health workers (VHTs) and educators in program delivery ensures that the services are culturally relevant and contextually appropriate. Leveraging local knowledge and resources enhances the effectiveness and acceptance of the program.

8. **Monitoring and Evaluation**: Regular data collection on child development outcomes and caregiver satisfaction helps inform program improvements. Robust monitoring and evaluation (M&E) systems assess the impact of programs on child development and caregiver empowerment, enabling adaptive management and continuous improvement.

9. **Advocacy and Policy Engagement**: Collaborating with government agencies to align community programs with national early childhood development policies is essential for ensuring program sustainability and impact. Engaging with policymakers helps promote supportive policies for early childhood development and parenting education.

10. **Nutrition and Health Integration**: Providing nutrition education alongside parenting workshops ensures that caregivers understand the importance of healthy diets for children. Addressing nutrition and health as fundamental components of child development within parenting programs is critical.

3.2 EMERGING BEST PRACTICES FOR INTEGRATING ECD AND LIVELIHOODS

Kulea Watoto has now been implemented for two years. This period was largely used for design modifications, refocusing, and bringing partners on board. Most of the emerging promising practices for integrating ECD and livelihoods programming in a two-generational approach have come from both beneficiaries and implementing partners. The practices observed so far are outlined below.

3.2.1 What Works for Two-Generational Approaches in Different Geographic Contexts (Urban vs. Rural)

One of the most frequently discussed emerging practices at both national and local levels is the use of **ComCare**, linked to **Power BI**, a data visualization tool that provides a real-time view of data to improve programming. This practice was initiated when data management became challenging, as aggregating data from the field to the national level was slow and ineffective. The implementers view the Integrated M&E data management system for Kulea Watoto as critical for managing and storing data, linking all aspects of the project for quick snapshots. This data system can provide insights that can be used to improve practices in both rural and urban contexts.

Another effective emerging practice in both rural and urban areas is the **family visioning approach**, where families develop a household vision map and work around it. This approach has been recognised by both partners and beneficiaries as an effective tool for bringing families together as a unit to create household action plans for implementation. The practice integrates five actions for ECD and five for livelihoods, effectively combining the two project components at the family level. For ECD, the actions include: play materials development, paying school fees, providing food, clothing, and education. Under livelihoods, the plan covers creating kitchen gardens, providing shelter, farming (including animal husbandry), enrolling in skilling programs, and starting enterprises. These ten actions have been observed to work in both rural and urban settings, and are crucial in integrating children's nutrition, early learning, and livelihoods for child well-being.

Tailoring support to suit the environment has been an effective initiative, meeting the specific needs of rural and urban areas. For example, Kulea Watoto's support for business startups and business skills training has been more successful in urban areas, where communities have access to ready markets but limited space and security for large-scale enterprises. In contrast, agribusiness and farming have been more effective in rural areas, where land and space are more readily available.

Data collection for the two-generation model by partners for as part of their MEAL was initially planned to be carried out by one person. However, due to the backlog of work, field officers were empowered to start collecting data. Additionally, the centers were provided with registers containing summarized information for easy transmission. This adjustment has made data collection faster and more efficient, benefitting both rural and urban areas. AfriChild who is the research and learning partner needs to engage with these data collection officers as part of their initiation diagnostic research and learning before embarking on overall field work to leverage on this effort.

Daycare options for children aged 0-3 years were observed to be feasible only in urban centers. For example, in urban settings, mothers and caregivers were more willing to send their under-three-year-olds to supervised playgroups. Rural communities, however, found it difficult to embrace the supervised playgroup approach, as many felt their children were too young to be left in such spaces.

The concept of **VHTs** (Village Health Teams) working with families to provide ECD services is more widely accepted in rural settings, where they conduct home visits and support ECD playgroups. How the VHTs were engage however, differs across partners. For example, LABE and Madrasa who are education focused engaged them for parenting programmes on

health related assignments, while KRRC and IRC who are livelihood focused engaged them for health caregiving and nutrition support assignments. In urban areas, however, most families prefer working with health facilities and childcare providers, as they feel VHTs have less time and availability to meet their needs.

3.2.2 Linkage Between Livelihood Programming, Children's Nutrition, and Early Learning

Working with **VHTs** has served as a crucial link with health services, as they conduct screening for malnutrition. Children identified with health issues are referred for nutrition services, and the same families receive support for kitchen gardens to grow food for their children. VHTs also train families in children's nutrition. Thus, families engaged in livelihood activities are able to afford and provide adequate nutrition for their children. Well-nourished children are better prepared to learn and succeed in school, while malnourished children often struggle to thrive, and their parents are less able to engage in livelihood activities or provide adequate care and nutrition.

Kulea Watoto has helped parents provide both food and learning opportunities for their children. Early learning requires financial resources from parents, and beneficiaries have reported that they now understand that children who are hungry cannot learn. Livelihood activities support parents in generating income that can be spent on nutritious food and school materials for their children. Many vulnerable families struggled with these basic needs before the intervention.

Parents who engaged in enterprise work and participated in family visioning were able to plan and make resources available for their children's nutrition, health, and early learning in a timely manner. This finding corroborates results from a study in northern Uganda, where a group-based psychosocial intervention with home visits for conflict-affected mothers, which also included an emergency feeding component, improved the availability of play materials, increased mother-child interaction, and reduced maternal anxiety (Jodi et al., 2012).

3.2.2 Best Practices in Integrating Food Security and Livelihood Interventions

Targeted intervention based on the needs of the communities is one of the best practices that has been used in this project. For example, Livelihood beneficiaries in rural areas were primarily engaged in farming, such as animal rearing, crop cultivation, and poultry enterprises, all of which provide food for their families. Once families have secured enough food for themselves, they can sell any surplus to support their livelihoods. In urban areas, beneficiaries specialized in food vending and operating grocery stores, supplying food to their local communities. This approach helps integrate food security and livelihood interventions at the family level.

The use of kitchen gardens has enabled families to access readily available food, alleviating the need to use livelihood funds to purchase food, and allowing those funds to be focused on income generation instead.

Family visioning was also identified as a multi-faceted activity that helped families develop action plans that promote holistic development. These action plans encouraged families to integrate funds from livelihood activities into child well-being, food security, and family planning, minimizing waste and resource misallocation.

3.3 PROGRAM EXPERIENCES FROM PROGRAMME BENEFICIARIES

Kulea Watoto had beneficiaries at different levels, but being a two-generation-focused intervention, most of the experiences described here were gathered from primary and secondary caregivers, as well as program officers at the local level.

3.3.1 Best Practices from Perceived by Program Beneficiaries

Beneficiaries of Kulea Watoto experienced the program's benefits in various ways and have different perception of best practices that led to those benefits. Some saw it as a ladder to help them reach the next level, especially younger beneficiaries, while others viewed it as a much-needed relief, easing their burdens. Below are some examples of how different beneficiaries described the impact:

Giving loans with no collateral

Business loans given to beneficiaries who do not have collateral to guarantee loan payment has been a game changer for some of the project beneficiaries. This loan provided a sense of hope they had not previously imagined possible. One example is a 20-year-old Burundian refugee, who shared her story:

> *"I am a Burundian refugee, now supporting my siblings. I live with my father, a brother, and a sister. Our mother left us when my brother was very young. I stayed at home to care for him while my father went out to look for food. My brother has a lifelong illness and needs expensive medication. My life would have been difficult if not for the support from this project. Without this help, I probably would be a tailor or washing clothes for others with no future. Now, I have hope. I am saving money to go back to school, with dreams of becoming an automotive engineer. I've even applied for interviews with IOM for interpretation work, taken a DIT certificate with Toyota, and applied for vocational training through GRS. If these don't work out, I'll continue with my small savings and go on with life. I now believe I can achieve my dreams."* ....Burundi 1

Another refugee from South Sudan shared a similar experience:

> *"My children no longer disturb me because I now understand that they want to play. I can also now buy milk for them and pay for their school fees, which I was unable to do before. I have play materials that I bought and also some that we made after being taught by Kulea Watoto."* South Sudan refugee

Skilling for Independence

Another best practice explained by beneficiaries is the skilling component that helped change the way they look at life and manage resources given to them. One beneficiary described her experience:

> *"I used to work as a hawker selling clothes, but KCCA always confiscated my items, forcing me to start over each time. I have a 2-year-old child who stayed with a friend in Kawala while I struggled to make ends meet. I was trained on how to interact with and care for my child, and I learned how to save to grow my business. When I received capital from the program, I used it to open a shop. Now, I sell food and drinks. My shop provides money to buy nutritious food for my child, and now I can also help others, like my niece, whom I support now."*...Burundi 3

A Burundian refugee added:

> *"Before receiving the Kulea Watoto support, I was just sitting at home for four years, waiting for my husband to bring something home. But when we enrolled in the Kulea Watoto program, the money we received helped us buy a fridge and start selling drinks. We also got a loan of 2 million that we pay back every month. The Kulea Watoto support gave us a starting point, and now we can manage our own business. The savings and lessons on financial management have given me the courage to take out another loan. Even if the program stopped tomorrow, I wouldn't go back to where I started."* Burundian Refugee.

In a relate setting, the management committee in Kyaka has been able to use the learnings from the trainings to transform from a struggling centre to a more progressive one. One program officer explained:

> *"Some centers that were supported earlier have used that help to achieve even more without waiting for external donors. For example, three centers—St. Peters ECD, Bwiriza ECD, and Pivot ECD—received infrastructure upgrades. Inspired by the support, they were able to set up live fences on their own, as a sign of gratitude for the help they received and to show they can now manage on their own."* Programme Officer, Kyaka

Cooking demonstrations

Use of cooking demonstrations in which parents are taught to integrate different foods in their cooking for better nutrition values excited many parents. This approach helped many parents especially in Kyaka who acknowledged that although the activities themselves were not new, they learned how to do things differently. One beneficiary explained:

> *"We were trained on how to prepare nutritious food for our children. Before, we prepared food separately and gave it to the children whenever we wanted. But after the training, we now prepare silverfish mixed with porridge and greens. We grow the greens at home, unlike before, when we used to buy them."* Refugee woman, Yumbe

Cultivating a Culture of Saving

Some beneficiaries, particularly mothers, who previously depended solely on their husbands, found the practice of saving through the savings groups a good way to build capital. Many of them had business ideas but had no capital to start as savings was perceived to be for those who have excess. One beneficiary from Ayiko Home Learning Centre said:

> *"I'm Zamzam, a caregiver from Ayiko Home Learning Centre, and I was trained in household visioning. I've been inspired to improve my life using the resources I've received. Every time we were trained and facilitated, I saved the facilitation money. Over time, I accumulated enough to buy two cows. I've seen how much progress I can make with what I have."* Caregiver Yumbe.

3.3.2 Unintended consequences that have turned into best practices

While the Kulea Watoto program was designed to achieve specific goals, some unintended consequences arose during implementation that can be classified now as emerging best practices as outlined below:

The first unintended consequence was **periodic submission of ECD enrolment data** as demanded by stakeholders. While many stakeholders had previously not prioritized this information, the presence of Kulea Watoto triggered a demand for periodic collection of ECD demographic and enrollment data, which was then to be submitted to the district. This demand was unanticipated, as data was initially intended to be generated only for internal use by IRC. As one program officer stated:

> *"Collection of ECD enrollment data was not part of the original project plan. However, this data has proved useful for ECD planning, and so it is now being collected as an additional component." Programme Officer Yumbe.*

Another unintended consequence was related to the **use of grants for family wide development**. The funds provided by the program were specifically intended for livelihood and nutrition purposes, but many beneficiaries used the money for other needs, such as school fees, rent, or other household emergencies. This practice is now helping families to cater for more family members, thus supporting both ECD activities and livelihood activities initiated in the family. This is because all family members now start to own the initiatives beyond the two generations as an ERD officer explained:

> *"When we look at the context in Kampala, we provide them with this money but forget that households have other pressing needs, like school fees or rent. By the time we bring the grant, they are already struggling with these issues, and so they end up using part of the money for those needs rather than for its intended purpose. The people are now working as a family. We need to think about how to include these broader needs as well." ERD Officer, Kampala.*

Another unintended consequence was the **expansion of the target group**. While the program targeted parents and caregivers of children under 5 years old, many families with children outside this age bracket also benefited from the grants, especially those with children in candidate classes. As a result, funds that were intended for children under 5 were sometimes redirected to the needs of older children, such as school fees. This resulted in the program benefiting multiple generations within families.

A call for **greater transparency in resource distribution** is emerging in some areas, as host communities felt that refugees were receiving disproportionate support. Despite the 30-70 host-refugee beneficiary ratio outlined in the program, some host community leaders felt that refugees were receiving more support than locals. One community leader in Yumbe expressed frustration:

> *"...This 30-70 ratio of host and refugee benefiting from the projects is not good. As a community leader in this place, I only see refugees benefiting but not us. We host people are really annoyed. Even the 30-70 is not coming. It is now maybe 5-95%. The people come but you only see refugees benefiting. How do you expect us to support the refugees who are in our area if for us we are being neglected? Many programmes come, even this kulea thing, they are concentrating more with the refugees with the loans, but for us the host, nothing....." leader host Yumbe.*

Finally, one of the unintended consequences of livelihood training and grants was the triggering the **need for childcare services**. As beneficiaries became more involved in income-generating activities, many found it challenging to balance work with childcare responsibilities. Some parents hesitated to spend funds on childcare services, fearing it would impact their businesses. One parent explained:

> *"...The livelihood training is bringing demand for childcare services in that when a parent gets a project, he/she has to do the activity with children, which interferes with work. Some parents also find it difficult to remove money from the business to pay for the child for fear of making it collapse...so, cheaper childcare services by other family members is growing" Parent Yumbe.*

Finally, **high demand** for support services among refugees was observed. Some refugees moved to different areas to access additional funding or opportunities more aggressively than before. One refugee shared:

> *....the help we get is in two ways. Those who had business and those who are starting a business. Those who started just did some business but are badly off. Those who had business, they are boosted and are ok. We fear loans because you cannot get a loan when you don't know how to pay it. We also move to get another organization to give us money. If you stay in one place, that money is not enough, we are really struggling and have to move to get help from all who can give us... Refugee, Kampala.*

3.3.3 Emerging Good Practices among Partners

Implementing the programme is not a smooth sail following the script as provided in the proposal. In some instances, implementers have to be creative enough to solve an emerging challenge by learning from it and devising a solution that is not in the script. Some of such emerging good and promising practices provided by implementing partners are explained below:

Consolidating Research and Learning Partnerships

Research and learning partnerships is a new and an emerging addition to implementation research world over, especially in LMICs. This stems from the realization that most partners previously preferred to work in isolation with limited exposure to what another partner in a similar field and location is implementing. The visits, learning meetings and research have proven to be a strong corrective measure to partners who may have been struggling in some aspects of the model. It has also helped partners see how their work is linked and is relied on by the next partner to reach their overall goals.

Building Relationships Before Grant Implementation

A key emerging practice was working on relationships first, before diving into the actual grant implementation. This approach focused on providing opportunities for trust-building and supporting partners to move toward a middle ground from their previous positions. Prior to Kulea Watoto, partners were primarily implementing what they were already good at in their respective areas. Aligning all partners toward the same goal was critical to ensuring effective implementation. This approach also gave partners the opportunity to witness how the two-generation model plays out in different contexts, which required flexibility in program design.

Cascading Training Approach for Beneficiaries

The initial plan was to conduct group training for all beneficiaries, but this approach proved to be time-consuming. In response, a cascading training approach was introduced. This method created multiple levels of knowledge sharing, with trained individuals supporting others in the chain. As one Program Officer from Yumbe explained:

> *"...We were thinking of training them like a whole group of 100 plus.. so then we said there are getting the information was hard. We had to come up with trainers of trainers to catch up with time. So, we first do the capacity building of all the trainers and we monitor them... Programme Officer, Yumbe.*

Feedback Registers

To enhance community engagement and improve the responsiveness of the program, feedback registers were introduced. These registers allowed communities to voice their complaints, suggestions, and feedback about the program. It also served as a channel for reporting issues with the management committees at various centers. This practice triggered meetings that helped resolve concerns, including the renewal of Community Management Committees (CMCs).

Obtaining Commitment from Duty Bearers

An emerging practice was the collection of formal commitments from duty bearers, such as politicians and technocrats, regarding their contributions to the ECD. These commitments were captured in the form of budget allocations and the inclusion of ECD in work plans. This approach has helped focus attention on ECD and instilled a sense of accountability. Additionally, those who participated in advocacy meetings and training on ECD were encouraged to pledge what they would do next, fostering a positive attitude toward early childhood development.

Establishment of Data Visualization Platform

The development of a Monitoring and Evaluation (M&E) platform for data visualization was an unexpected but valuable practice. The platform helped track and manage data in real-time, allowing for timely decision-making and adjustments to improve the program. One M&E Officer explained:

Another critical emerging practice that was not envisaged earlier is the introduction of the M&E platform for data visualization as explained below:

> *"....We set up the M&E system... yah... that guides the overall implementation of the project in terms of data management, documentation of the learnings in terms of how we are gathering feedback from the community, so basically we started with establishing the M&E system that we are all riding on as a consortium. So we came together with them and we were able to set up the different components of the M&E and refining the logical framework, that has indicators that we are tracking in the project, we were able to put up a data flow map with the team. We were also able to agree on how we are collecting feedback, we established a number of feedback mechanism......" MEAL officer.*

Another officer reported that:

"...We agree to use ComCare ... an online platform for data storage. It is linked to Power BI, a visualization software linked to ComCare to help us collect data and visualize in real time. At the end of the day it enables decision makers to use data so timely to improve the programming....." MEAL Officer.

Community Barazas Over Community

Dialogues Community engagement was also enhanced by emphasizing community barazas over traditional community dialogues. Program officers observed that barazas, which were held throughout the day, attracted more participation than shorter community dialogues. One Program Officer from LABE noted:

"...Community barazas has attracted more participation than the community dialogue. The community dialogue just makes the leaders come for a short time, but the barazas take the whole day and communities participate more. This needs to be extended to the livelihoods as well from ECD because it helps to meet more people and get feedback from the community...." Programme Officer LABE

Leveraging Other Actors and Organizations in the Same Space

Another good practice was leveraging the efforts of other organizations working in the same space. In some communities, other partners were already supporting families in areas like livelihoods and ECD, but their focus differed from Kulea Watoto. By agreeing to share responsibilities and focus on the components that had not yet received attention, the partners were able to provide more comprehensive support. One Program Officer explained:

"...We have centres in Bidibidi that were started by Plan International Uganda and supported by other implementers like ADRA, VSO, LABE and IRC. For example in LIMU ECD centre, VSO provides salaries for teachers/caregivers; Plan International provides child friendly spaces; LABE supports them the structure renovations, parenting trainings, and materials development; IRC gives financial support to parents to improve their livelihood and provides the outdoor play materials....In Kyaka II, Fin Church Aid (FCA) supports education, AWYAD supports ECD centres, COTEA and OPM also support ECD with IRC. All the ECD centres were started by communities and the partners came in to support them..." Programme Officer IRC, LABE.

Engaging of Gender Officers for Gender Mainstreaming

Madrasa has adopted a practice of regularly engaging gender officers in trainings and community dialogues to mainstream gender considerations in ECD. This has raised awareness of gender issues in ECD, advocating for gender equity from the very beginning of early childhood education. It has also helped engage male champions in ECD, encouraging more men to take on responsive caregiving roles.

Integration of Host and Refugee Caregivers in ECD Classes

The practice of having ECD classes that utilize the services of host and refugee caregivers is a good emerging practice that has been found useful in closing the cultural gap that exists among children from different background recruited in the same class. Such practice also help to integrate the refugees into the host settings as explained below:

"...LABE establishes centres and works with community volunteers they refer to as para-professionals who are the teachers supporting children's learning within these centres. These include both the hosts and the refugees. They co-teach to cater for language barriers and any cultural difference. Working together reduces tension between the nationals and refugees..." Programme Officer.

Data Quality Checks Across Partners

Many partners collecting similar data from varied interventions posed a challenge of varied data interpretation. This challenge was countered by devising a three distinct but interconnected data quality checks and assessment system for the M&E teams across the partners. These included the independent research pieces and mid line evaluations and the M&E reports which helped to counter data misinterpretation, gaps and differences were getting to be noticed along the way.

3.3.4 Opportunities for integrating two-generation approaches

At the beginning of the program, it was not entirely clear how to recruit beneficiaries who would explicitly benefit from the two-generation approach, with a focus on children under five. However, as the program progressed, the recruitment strategy was adjusted to focus on ECD as the starting point. This allowed for a more effective integration of families, with a greater emphasis on ECD in cohort two.

Collaboration with district officials who had been working in ECD but not necessarily focusing on livelihoods became crucial to expanding the program's impact. KCCA, for example, initially focused solely on ECD, but now they are also supporting livelihood activities, which strengthens the two-generation approach.

Initially, the program sought to use a group-based approach for training families on livelihoods. However, this approach proved challenging as families often could not agree on a common project. The program shifted to a family-focused approach, which allowed for more personalized support and has proven to be much more effective. A family focused approach also introduced other family members beyond the two generations as potential beneficiaries. Thus, exploring a multi generation approach as opposed to a two generation model would include more beneficiaries that are already part of the model.

One challenge of empowering parents through livelihood activities is that it can take away time that would otherwise be spent with children, potentially reducing the quality of ECD services. This created a demand for childcare services, which in turn became another opportunity to provide direct ECD services to children. However, some livelihood activities drain family resources that would be used to support children. More effort needs to be put on education to ring fence funding for ECD in families.

The program's design included a variety of partners implementing different approaches to ECD, such as LABE's home-based model tailored to rural settings and IRC's center-based model suited to urban settings. The diversity of approaches allowed for more flexibility and better integration of the two generations in different contexts.

Another opportunity lies in harmonizing the different partner models and expertise into a more cohesive package. For example, Madrasa, LABE, and IRC all offer slightly different versions of ECD, but combining their strengths could create a more robust intervention model. This could then be piloted and scaled to other regions to ensure comprehensive support for both parents and children.

4.0 CONCLUSIONS

This project is being implemented as a proof of concept intervention to establish if combining ECD and livelihood strengthening leads to improved outcomes for children. Thus, the implementing partners who are used to implementing using different approaches are working together for the first time. Both implementing partners and beneficiaries are learning how to implement the program effectively and how to collaborate in areas where there was no prior knowledge or experience. While the model was developed outside the study sites, the pilot has provided valuable lessons that can be used to refine or adjust the program for future scaling.

A number of lessons have emerged from the intervention. Some lessons were immediately apparent, while others were more covert, often unnoticed by the people directly involved. Many of these lessons related to data gathering and management, particularly in determining what data was needed by different stakeholders and which critical data had been omitted, especially in the context of ECD outcomes.

Progress was also made in terms of collaboration between partners, particularly those implementing similar ECD models but using different approaches. Several compromises were necessary to harmonize models, ensuring they aligned with data collection tools and program goals. These concessions provided valuable lessons for partners who had been long-established experts in their own models, allowing them to identify areas for improvement.

5.0 RECOMMENDATIONS

Based on the experiences of both beneficiaries and implementers, as well as observations from the program sites, the following recommendations were generated for research, policy, and practice:

5.1   Strategic Recommendations for Research

1. **Harmonizing ECD Models:** At present, some beneficiaries are not able to sustain benefits dues to their multiple vulnerabilities. Given the differences in focus across partner models, it is recommended that a study be conducted to identify key functional activities from each model that could be combined to form a hybrid model. Exploring intergration of the graduation model in the two generation model may be something to think about as well to leverage the strengths of each approach while minimizing their drawbacks.

2. **Tracking ECD Outcomes**: The Kulea Watoto data system currently focuses on processes but lacks indicators that track child outcomes in ECD. A study should be conducted to identify trackable child outcomes that can be used to measure the long- term impact of the program. We also need to track children benefiting to avoid multiple registration as some families may enrol children who are not their own for purpose of increasing support that comes to them.

3. **Addressing the Needs of Children Aged 0-3:** The lack of supervised ECD centers for children under three years is a concern. It is recommended that further research be conducted to explore how centers can be designed or modified to cater to this age group, which has been underserved in some areas.

4. **Inclusion of Special Needs**: There is no targeted support for children with special needs within the Kulea Watoto program. A research activity should be conducted to identify and address the needs of children with disabilities or other special requirements.

5. **Exploring Savings Group Behavior**: Many beneficiaries enrol in multiple savings groups but struggle to honor their obligations. A study should be conducted to understand the reasons behind this behavior and find ways to cultivate a stronger savings culture in the communities. A digital approach also needs to be explored to track mobile beneficiaries who become multiple recipients.

6. **Researching ECD Participation in Refugee Communities**: Host communities are more engaged in ECD programs, while refugee communities tend to prioritize business opportunities over ECD. Further research should be conducted to understand this phenomenon and how to better engage refugees in ECD.

7. **Revisiting the ECD-Livelihoods Entry Point**: While ECD was initially intended as the entry point, many families showed more interest in livelihood activities first. More research is needed to understand the motivations behind this preference and how to improve ECD uptake and also identify those who enrol for only one aspect of the model and not in the other. Livelihood may be a better entry point to access ECD children instead of the reverse to cater for vulnerable households that may have not been part of ECD.

8. **Developing an ECD minimum package that is integrated into ERD:** At present, ECD and ERD seem to be two separate interventions by different partners implemented on the same beneficiaries.

Further research is needed into developing an ECD minimum package to be delivered to households that are also benefiting from ERD intervention, all delivered by a single partner in a given community. The Monday coordination meetings need to be strengthened further to help harmonise participation and promote better integration and linkage of the two using a single follow up mechanism.

9. **Strengthening Centre Management Committee (CMC):** At present, CMC are the engines that drive and sustain ECD centres. Efforts have been put by the model to strengthen this structure. However, the grants given to them as centres is being interpreted at personal grants. This misconception threatens the cohesion of the members and needs to be revised and emphasised as centre improvement grant and not committee members' personal grants.

10. **Gender sensitivity:** There are instances when both men and women are trained or counselled as one big group. From a gender and a cultural perspective, this approach may seem less sensitive to gender and cultural needs. It is recommended that the two genders be handled separately at the initial stages then later they can be brought together when they are ready to discuss common issues. It may also address the challenge of some genders not participating in some meetings. Gender officers also need to be engaged in all the programmes.

11. **Technical Working Group:** From a managerial and leadership angle, presently IRC oversees the partners. However, it is also one of the implementers. Thus, time comes when it becomes challenging to coordinate in instances where IRC may not be doing what others are doing. It is recommended that a technical working group be put in place to oversee and guide partners including IRC in project implementation.

12. **Kitchen gardens:** While a lot of emphasis is being placed on kitchen gardens, its viability is still a challenge especially in refugee and urban contexts that have limited land spaces to do it. Also, having goats or cows in urban or refugee context is logistically challenging. These two areas need further research to learn the best substitutes for them going forward.

5.2   Strategic Recommendations for Policy and Practice

1. **Adopt a Comprehensive M&E System**: Given the success of the joint M&E system implemented by Kulea Watoto partners, it is recommended that the Ministry of Education and Sports (MoES) adopt a similar comprehensive M&E system for ECD to strengthen the management of early childhood education nationwide.

2. **Addressing High Class Sizes in ECD Centers:** The ECD centers supported by the Kulea Watoto interventions have seen high enrollment numbers, with some classes exceeding 100 children in a single space. It is well known that large class sizes are detrimental to the quality of service provision in early childhood development (ECD). Therefore, it is recommended that Kulea Watoto conducts research to determine the optimal class size for effective outcomes for children. This research can inform future guidelines that the government could adopt, especially if these centers are eventually annexed to primary schools.

3. **Strengthening Childcare for Children Aged 0-3**: In this program, it has been observed that within the refugee settlements, there are playgroups that include children aged 2-5 years, as opposed to the usual 3-5 years. This may indicate a gap or a demand for specific interventions tailored for children aged 0-3 years. It is recommended that the government strengthen childcare services to accommodate children in the 0-3 age group, who are currently being included in programs designed for 3-5 year olds.

4. **Ring-Fencing Funding for Early Learning**: Funding for early learning and stimulation is currently allocated through a programmatic approach. As a result, there is a lack of continuity once such programs expire. It is recommended that the Ministry of Finance, in collaboration with development partners, prioritize and ring- fence funding specifically for early learning. This funding should be integrated into both refugee and national contexts within host countries' national ECD systems, to ensure sustainable improvements in the quality of services.

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