

Final Evaluation of the ECDE Project in Karamoja

A Final Report

Submitted to

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SECTION ONE: INTRODUCTION

1.1 Background

Save the Children in Uganda (SCiUG) has been working for the last nine years in poor and underserved pastoralist communities in 6 districts of Karamoja, implementing an Early Childhood Development Education (ECDE) project. Over the last 3 years, the project reached over 33,949 male and female beneficiaries and contributed to increased establishment of community based ECDE centers in the Karamoja Region. The project expanded to the districts of Moroto, Kotido, Nakapiripirit, Kaabong and Amudat. In an effort to improve the quality of ECDE programming in the region, more recently SCiUG has spearheaded the training of trainers for ECDE caregivers and has supported the development of an illustrated caregivers' manual.

The Karamoja ECDE project adopted an integrated approach to early childhood development and education. This involved strengthening links between the partners and the communities including children and evaluated the effectiveness of institutions and services for young children and the best possible way to start a healthy and productive life for a child in Karamoja.

The ECDE project was last reviewed in September 2006. The preliminary findings suggested a successful community based ECDE approach among the pastoral communities of Karamoja and also pointed out the need to consolidate the programme benefits in all the target communities as a means of improving on the programme learning and development.

The project targets children from Karamoja's pastoral communities aged 2-5 years, with a focus placed on early stimulation of the physical, cognitive and psychological maturation/development of children. The project concept is built on indigenous traditional child rearing practices with an integrated package of services and inbuilt framework of child protection and participation.

The project goal was that all children aged 2-5 years in Karamoja were supported to access and complete quality ECDE through relevant community driven initiatives.

1.2 Expected Outcomes of the Project

The project was expected to consolidate the achievements recorded since the review and strive to achieve the following outcomes over the period 2007-2009:

1. 136 target communities¹ would have improved their protection of children against neglect and abuse.
2. 20,873 children (boys and girls) in the 136 ECDE centres would actively and meaningfully participate in activities and decisions affecting them.
3. 1,500 differently able children (boys and girls) from the ECDE programme would be enrolled in 136 ABEK centres and 40 formal schools.

¹ ECDE communities

4. Through participation and awareness, children, parents and the communities would have increased knowledge on children's rights to ensure a quality child development provision to the children and enhanced parental skills.
5. Nutritional and health status of children would be greatly improved as a result of the livelihood and health services provided through networking with the relevant sectors like agricultural extension workers and personnel in health units, enhancing early learning opportunities and reducing malnutrition: increased immunisation coverage in centres and subsequent reduction in childhood morbidity and mortality in target communities.,
6. Case management and disease prevention skills would be enhanced and improved among the target communities as a result of the improved care practices of both health personnel and caregivers.
7. Increased level of awareness of the importance and value of ECDE and participation among the community members through their daily engagement in child care giving.

It is in this regard that SCiUG sought to evaluate the ECDE Project which closed in July 2010 to establish its achievements and performance. The evaluation is expected to generate information that will be used internally to further improve ECDE programming for children between aged 2-5 children.

1.3 Terms of Reference (ToR) for the Consultancy

The following objectives of the consultancy also did constitute its terms of reference.

1.3.1 Objectives of the Consultancy

1. To evaluate the project achievements at the outcome level against the indicators of the project. The evaluation also analyzed the extent to which the project's expected results had been realized at the end of the project
2. To assess the role of ECDE in facilitating transition of children to ABEK and formal school
3. To document what is working well and what is not including issues of the project implementation strategy while providing explanation of facilitating and constraining factors
4. To make specific recommendations for government, Save the Children and communities for improvement of the program while taking into consideration the program context and sustainability requirements

1.3.2 Approach to the Terms of Reference (ToR)

ToR 1: To evaluate the project achievements at the outcome level against the indicators of the project. The evaluation also analyzed the extent to which the project's expected results were realized at the end of the project. The achievements were measured in terms of the design of the project i.e. inputs or activities, outputs and outcomes or impact.

- (i) Achievements here were measured in terms of consonance between planned inputs and actual outputs attained with respect to:
1. Number of communities targeted for improvement in protection of children against neglect and abuse.
 2. Number of children (boys and girls) in ECDE centres actively and meaningfully participating in activities and decisions affecting them.
 3. Number of children (boys and girls) from the ECDE programme who enrolled in ABEK centres and formal schools.
 4. Number of children immunized
 5. Number of children accessing and utilising health services
 6. Number of children coming from food secure households
 7. Number of children coming from households that are aware of good child nutrition practices
- (ii) The following outcomes were measured amongst children, parents and communities:
1. Parents'/guardians' levels of knowledge of children's rights and responsibilities.
 2. Parents'/guardians' known skills for promoting children's rights
 3. Parents'/guardians' known skills for protecting children against abuse and neglect
 4. Levels of parents'/guardians' knowledge of the stages of ECDE
 5. Levels of importance parents'/guardians' attach to ECDE practices
 6. Levels of parents'/guardians' knowledge of child nutrition
 7. Levels of parents'/guardians' knowledge of, and skills in child disease prevention
 8. Levels of parents'/guardians' knowledge of, and putting into practice ECDE concepts like feeding, health, stimulation, social inclusion, early learning needs and interventions
 9. Levels of parents'/guardians' capacity to care for children
 10. Levels of malnutrition amongst children
 11. Health status amongst young children
 12. Levels of infant mortality rates
 13. Levels of child mortality rates

14. Levels of health personnel's knowledge of, and skills in child disease prevention

15. Levels of health personnel's skills in case management of diseases

ToR 2: To assess the role of ECDE in facilitating transition of children ABEK and formal school

This required measuring the following outcomes amongst children and parents/guardians:

1. Levels of interest in early learning generated by ECDE amongst young children
2. Levels of self confidence and esteem generated by ECDE amongst children
3. Levels of mental and cognitive development generated by ECDE amongst the young children
4. Levels of children's participation in playing
5. Levels of parental involvement in child stimulation
6. Levels of parental interest in their children's education
7. Levels of values attached to children's education by parents

ToR 3: To document what was working well and what was not including issues of the project implementation strategy while providing explanation of facilitating and constraining factors

This required assessing the effectiveness of the project through:

1. Determining the extent to which the project achieved its objectives and outcomes
2. Determining the internal and external conditions that enhanced or inhibited the effectiveness of the project in achieving its objectives and outcomes
3. Ascertaining the components (health, nutrition, stimulation, protection etc) of the project that were most effective in promoting ECDE
4. Assessing the extent to which other partners such as health care givers, livelihood services providers, community leaders and members etc contributed to the success of the ECDE
5. Determining the appropriateness and relevance of the project objectives to the ECDE needs of the project area.

6. Determining the relevance of the project activities to the project objectives

ToR 4: to make specific recommendations for the government, Save the Children and communities for improvement of the program while taking into consideration of the program context and sustainability requirements

The recommendations were derived from findings of ToR 1-3, but focused on:

- (a) Relevance (to children, parents/guardians, communities, caregivers, local governments, service providers, other NGOs etc) and effectiveness of the project
- (b) Nature of internal capacities (reproduction of ECDE centres, caregivers, service providers, materials etc) built or strengthened in communities
- (c) Nature of internal resources employed in the project activities especially with regard to finances, materials, transport, management, service providers and caregivers
- (d) Extent to which the project activities had mainstreamed into existing community activities
- (e) Positive or negative unexpected effects the project could have encountered onto which actions should be taken in future projects
- (f) Nature of support required to enhance sustainability of the project in the immediate and long terms
- (g) Strengths and weaknesses that could be built upon and/or improved in future projects

1.4 Evaluation Methodology

1.4.1 Study Design

The ToR for the evaluation dictated use of both quantitative and qualitative designs and secondary and primary sources of data. ToR 1 (i) was answered qualitatively from data obtained through reviewing project documents i.e. proposal, quarterly and annual reports, strategic review meeting reports etc. ToR 1 (ii) 1-9 was answered quantitatively by data obtained from parents/guardians. ToR 1 (ii) 10-13 was answered qualitatively from records of health units and quantitatively from data obtained from parents/guardians. ToR 1 (ii) 14 and 15 was answered qualitatively from data obtained from personnel at health units. ToR 2 was answered quantitatively from data obtained from parents, caregivers in ECDE centres and teachers in ABEK and formal schools. ToR 3 was answered qualitatively from data obtained from SCiUG in Kampala and in Karamoja, from project partners especially health care givers, livelihood services providers, community leaders and members etc. ToR 4 was answered from analysis of data obtained in ToR 1-3.

To ascertain the impact of the project, data were collected from control areas where the project was not implemented. Data that were collected from the control areas included those elicited under ToR 1 (ii) 1-3, 6-7 and 9-15. Data were also collected on enrollment rates of children aged 6 and above in ABEK and formal school.

1.4.2 Study Areas

The study was conducted in Kampala at the SCiUG headquarters and in Moroto, Kotido and Nakapiripit districts of Karamoja region. The study was conducted in the project's catchment areas in Lorengedwat and Lolachat Sub Counties in Nakapiripit, Nadunget and Rupa Sub County in Moroto and Panyangara Sub County in Kotido. With regard to Parishes, data was collected from Kamaturu, Nakala and Natirae Parishes in Nakapiripit, Potongor, Loletio and Lopedot Parishes in Kotido and Lobuneit and Naduketi Parishes in Moroto. Data was also collected from institutions (schools and health centres) namely: Natirae primary school, Nakala ABEK Center, Nakala Health Centre II and Natirae Health Centre II in Lolachat Sub County, Nakapiripit District; Panyangara primary school and Panyangara Health Centre III in Panyangara Sub County, Kotido district; and, Rupa primary school and Rupa Health Centre II in Rupa Sub County in Moroto district.

1.4.3 Selection of Respondents

50 parents/guardians of children in the ECDE programme were randomly selected for interviews from each district. Half of these were males and half were females. 25 parents/guardians without children in the ECDE programme were also randomly selected for interviews from each district in the control areas. Data were further collected from children enrolled in the ECDE centres and those who were not enrolled in ECDE centres in the Karamoja region. 120 children were purposefully selected from Nakapiripit, Moroto and Kotido districts of which 60 children were enrolled in ECDE centres and 60 were from villages where ECDE project was not implemented. Each group of children enrolled and not enrolled ECDE centres consisted of 20 children aged 2 to 5 years. Two groups were selected from each district. Data were also obtained from programme managers in Kampala at the SCiUG country office and in Karamoja and district local government partners in ECDE service delivery especially ECDE centre caregivers, teachers in ABEK and primary schools, health personnel, livelihood services providers, community leaders etc. Table 1 shows the distribution of respondents across the study districts.

Table 1: Distribution of Respondents across the Study Districts

Category of Respondents	Districts					
	Nakapiripirit		Kotido		Moroto	
	Males	Females	Males	Females	Males	Females
Parents with Children Enrolled in ECDE Centres	23	26	26	23	26	26
Parents Without Children Enrolled in ECDE Centres	13	10	15	17	12	8
Children Enrolled in ECDE Centres	10	10	10	10	10	10
Children Not Enrolled in ECDE Centres	10	10	10	10	10	10
Teachers in ABEK/Primary School	2	2	2	2	2	2
Community Leaders	2	2	2	2	2	2
Agricultural Extension Workers	2	2	2	2	2	2
ECDE Care Givers	2	2	2	2	2	2
Health Workers	2	2	2	2	2	2

1.4.4 Methods of Data Collection

Data were collected through use of a multiplicity of methods. Data from project documents were obtained qualitatively while data from parents/guardians were obtained quantitatively through structured interviews conducted by research assistants. Data from children were collected by use of child friendly methods such as observation, drawings, story telling, games, and picture interpretation. A check list of children's well being was also completed using observations and interactions with the children and their care givers. Data from managers of respective ECDE interventions and partners were obtained through key informant interviews using interview guides.

1.5 Data Analysis

Qualitative secondary and primary data were analysed by content analysis along the major themes expressed in each ToR. These were project achievements; extent to which the project's expected results had been realized; the role of ECDE in facilitating transition of children to ABEK and formal school; what worked well and what did not including issues of the project implementation strategy and providing explanation of facilitating and constraining factors; specific recommendations for government, Save the Children and communities for improvement of the program while taking into consideration the program context and sustainability requirements. Broad categories were developed to differentiate and describe ideas expressed by the respondents. These broad categories were further broken down to indicate the nature of achievements registered,

extent to which the project's expected results were realized; the role of ECDE in facilitating transition of children to ABEK and formal school; what worked well and what did not; and specific recommendations for programme improvement taking into consideration both the program context and sustainability requirements.

Quantitative data were analysed with help of the Statistical Package for Social Scientists Software (SPSS. PC). Initially, raw frequencies were generated. The frequencies later served as basis for generation of cross tabulations.

SECTION TWO: INTRODUCTION TO EARLY CHILDHOOD DEVELOPMENT

2.1 Early Childhood Development

Early Childhood Development (ECD) is both a practice and a concept. As a practice, ECD includes early socialisation, readiness for school and education as well as provision of basic health care, adequate nutrition, nurturing and stimulation within a caring and safe environment. This definition of the ECD as a practice is broad and encompasses formal, family and community contexts within which care for the child aged 0-8 can be provided.

As a concept, internationally, ECD is defined as a period of a child's life from conception to age eight for two reasons. First, this time frame is consistent with development psychology's view of the continuum of children's development (Republic of Namibia 1996). Children below age nine learn best when they have objects they can manipulate; when they have chances to explore the World around them; when they can experiment and learn from trial and error within a safe and stimulating environment. At about age nine, Republic of Namibia (1996) adds that children begin to view the world differently. They begin to manipulate ideas and learn concepts mentally and are less dependent on objects. Thus, in terms of learning theory, the time period from birth through age eight presents a learning/development continuum. However, the learning/development continuum itself is categorized into three distinct stages as discussed below.

2.2 Zero to Three Years of Age: The Brain's Attainment of Full Neural Functioning and the Child's First Acquaintance With Its Culture and Language

The infancy stage of 0-3 years is the first stage of early childhood development. After birth, the first two years of life is the time when most of the human being's brain cells grow and the brain attains full neural functioning. These crucial processes are directly affected by the child's nutritional and health status and appropriate stimulation. Thus, this is the time when adequate health and nutrition are very important and when rapid physical growth must be supported by appropriate infant stimulation. Secondly, this is a time when the child becomes first acquainted with its culture and language. From this perspective, it is especially important in contributing to the child's understanding of its self-identity. That is, its gender (male or female), its ethnicity, its language, its religion, its place in the family (first, second or last born), its relatives etc.

2.3 Four to Five Years of Age: Increasing Independence and Readiness for School

The second stage of ECD is age group 4-5 years. This is a time of increasing independence. During this stage, children's needs include opportunities to explore the World, language stimulation and mastery, learning self control, opportunities for socialization, taking responsibility and making choices using play as an avenue for learning through a more systematic but flexible learning framework. Socialization and increased self-control lead to co-operative behaviour, persistence in completing tasks, increased sense of self-worth and self-esteem. Nutritional concerns for this age group assume special significance. Programmes for children of this age group should ensure that the nutritional needs of children are met and all causes for malnutrition among children are addressed at household and community levels.

The key distinction between the ECD needs of 4-5 year olds and 0-3 year olds lies in the ECD need of 4-5 year olds to be prepared for readiness for school. ECD practices for readiness for school include nursery schools, kindergartens and ECD Centres/pre-schools which offer a type of early childhood education programme designed essentially to help children develop their mental and physical skills and learn to interact with others, develop good hygiene and safety habits and develop independence. These schools are major components of pre-primary education. The sole objective of readiness for school ECD practices is to prepare children for entrance into primary schools because it cultivates the fundamental concepts of stimulation, psycho-social, mental and emotional development of the child as required in the holistic approaches of ECD. In preparing children for readiness for school, they should not be subjected to P.1 and P.2 formal school curriculum. They should instead be prepared for that curriculum.

2.4 Six to Eight Years of Age: Transition to Primary School

The third stage of ECD extends between 6 and 8 years. This is another critical time in ECD. This is the period of transition to primary school either from home or from pre-school. This age group is characterised by elements of heightened growth whereby ECD requirements of growth, development, care and protection continue and are complemented by a systematic curriculum that encompasses acquisition of literacy, numeracy and life skills. The major difference between ECD interventions for this age group and lower age groups lies in joining primary school.

The transition to primary school either from home or from pre-school may present problems of adjustment which ECD programmes should help prepare the child to cope with. Programmes in primary one should therefore have an interface with what happens in the pre-school. In cases where children join primary one from home, ECD programmes ought to help the child cope with the new formal school environments, i.e., classroom, play grounds, rules etc. However, Republic of Namibia (1996) quickly cautions that this does not mean that early childhood programmes should become formal experiences for young children. Rather, that there is need for lower primary education to take cognisance of the experiences, skills and knowledge that children bring with them into the primary school if they have had an early childhood programme experience.

2.5 Development is a Process of Change

In both the practice and concept contexts of ECD, development is construed as a process of change in which a child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. Development involves both a gradual unfolding of biologically **and socially** (emphasis mine) determined characteristics and the learning process. Learning is the process of acquiring knowledge, skills, habits and values through socialisation, experience and experimentation, observation, reflection and/or study and instruction. Both the child's physical growth (the child's health and nutrition history and current health and nutrition status) are crucial in the child's overall development. The child's past and current development status either facilitate or inhibit future learning. Thus, learning is part of the development process (Myers 1992).

2.6 Child Development is Holistic

Both the practice and concept contexts of ECD view child development holistically. That is, child development cannot be compartmentalised into health, nutrition, education, physical, cognitive, social and emotional variables. All are interwoven in a child's life and mutually reinforce or affect each other. In as much as progress in one improves the other, inadequacy in one variable affects the others for all are developing simultaneously. For example, malnourished children often have learning problems and children with learning problems often have low self-esteem, etc. Therefore, developing a programme and/or policy based on an understanding of holistic development implies taking the whole child into consideration, providing attention to the child's health, nutrition, cognitive, social, emotional and moral needs. Hence, development and learning must be seen holistically and interventions should provide integrated attention to the child, including attention to the needs for protection, food, health care, affection, interaction, stimulation and security provided through consistency, predictability and play allowing for exploration. All these elements should be present to support the child's development. These elements are also consistent with the rights of the child as stipulated in the United Nations Convention of the Rights of the Child (CRC), 1989. These are the rights to survival (nutrition, health care, nurturing), protection (from vulnerability, abuse and neglect), participation (socialization, interaction, play, self expression, to be heard) and development (stimulation, education, social skills etc).

2.7 Development and Learning

Often, the assumption is that development begins at birth and learning begins when a child starts formal school. However, development of a child begins at conception while learning begins at birth. The social, emotional, physical and attitudinal states of an expectant mother not only affect the physical development of the foetus but also influence the quality of care given to the new born baby. Depending on the expectant mother's state, the quality of care ranges from: tender loving in which quality nurturing is provided; to indifference to the physical and psycho-social needs of the baby; outright neglect; and in extreme but unfortunately not isolated cases, abandonment in public spaces; and/or infanticide.

Thus, between conception and child birth, child development is dependant on good care for a mother to meet her nutritional, medical care, pre and post natal interventions, physical, social and emotional needs so as to facilitate proper growth and development of the unborn child.

Therefore, whereas ECD is conceived in terms of practices that facilitate a child's growth and development between birth and age eight, ECD interventions ought to precede age zero by incorporating the period a child is in its mother's womb for this is when development starts. More emphasis should also be placed on a child's pre-school years for a lot of social learning takes place between the time a child is born and when it joins school. The social learning occurs within the context of the socialisation process, and provides the social and cultural capitals that are the foundations for formal learning.

SECTION THREE: PROJECT ACHIEVEMENTS

3.1 Introduction

Before assessing the achievements of the SCiUG ECDE project in Karamoja, it was important to ascertain the socio-economic and demographic characteristics of the parents/guardians because these characteristics tend to have bearing on the way beneficiaries respond to projects. The characteristics are illustrated in table 2 below.

Table 2: Socio-Economic and Demographic Characteristics of Parents/Guardians With Children Enrolled in ECDE Centres

	Districts					
	Nakapiripirit		Kotido		Moroto	
	Males	Females	Males	Females	Males	Females
Age	%	%	%	%	%	%
18-30	52.2	53.8	46.2	52.2	19.2	50.0
31-40	21.7	34.6	30.8	17.4	30.8	23.1
41-50	26.1	26.1	7.7	13.0	46.2	11.5
51+	-	3.8	-	17.4	3.8	15.4
Marital Status						
Married	95.7	96.2	100.0	60.9	100.0	73.1
Single	4.3	-	-	13.0	-	-
Widowed	-	3.8	-	26.1	-	26.9
Level of Education Attained						
None	60.9	92.3	88.5	95.7	92.3	84.6
Lower Primary	34.8	7.7	11.5	4.3	7.7	7.7
Upper primary	4.3	-	-	-	-	3.8
Secondary	-	-	-	-	-	3.8
Ethnicity						
Matheniko	-	3.8	-	-	100.0	100.0
Jie	-	-	100.0	95.7	-	-
Pian	100.0	92.3	-	-	-	-
Pokot	-	3.8	-	4.3	-	-
Sources of Livelihood						
Crop farming; sorghum, greens	4.3	38.5	11.5	17.4	3.8	-
Livestock rearing, selling	69.6	-	69.2	78.3	26.9	26.9
Casual labouring	13.0	7.7	30.8	21.7	7.7	15.4
Extracting resources from the natural environment	56.5	96.2	53.8	78.3	84.6	57.7
Brewing and selling alcohol	13.0	7.7	3.8	4.3	3.8	34.6
Trading	4.3	-	3.8	-	-	-
Begging, relief aid	4.3	3.8	3.8	-	-	7.7
Gold mining	-	-	-	-	-	26.9

Number of Dependants in the ECDE Age Range						
1-4	91.3	99.9	100.0	95.7	88.5	92.3
5-7	8.7	-	-	4.3	11.5	7.7
Age of Dependants in the ECDE Age Range						
Below 1	3.6	11.3	6.5	1.6	2.7	1.6
1-4	75.0	69.4	74.2	75.0	72.6	75.0
5+	21.4	19.4	19.4	23.4	24.7	23.4
Total %	100	100	100	100	100	100
Total (n)	23	26	26	23	26	26

Evident from Table 2 is that majority parents/guardians whose children have enrolled in ECDE centres are youths aged between 18 and 30 years. This was not surprising since the evaluation was conducted amongst parents/guardians who had children in the age range 0-8. Again, majority parents/guardians were married with exception of one quarter of females in both Kotido and Moroto who were widowed. 13.0% of the females in Kotido were single. Majority parents/guardians (84.7%) had never attended any formal schooling while only 13.0% had attained lower primary (1-4) levels of education. Only 1.4% had attained upper primary education and 0.9% had attained secondary education. The parents/guardians interviewed were evenly spread across the Matheniko, Jie and Pian ethnic groups. Expectedly of nomadic communities, livestock rearing is the major form of livelihood followed by extracting resources from the natural environment; gathering wild fruits, charcoal burning, making granaries for sale, stone quarrying and selling water and firewood. Selling casual labour and brewing and selling alcohol are also sizeable forms of livelihoods. Crop farming was mentioned by comparatively fewer parents/guardians with children in ECDE centres. Majority parents/guardians had 1-4 children in the ECDE age range of 0-8 most of whom were aged 1-4 years.

The socio-economic and demographic characteristics of the parents/guardians without children in ECDE centres are shown in Table 3.

Table 3: Socio-Economic and Demographic Characteristics of Parents/Guardians Without Children Enrolled in ECDE Centres

	Districts					
	Nakapiripirit		Kotido		Moroto	
	Males	Females	Males	Females	Males	Females
Age	%	%	%	%	%	%
18-30	46.2	50.0	33.3	62.5	66.7	41.2
31-40	38.5	10.0	41.7	25.0	26.7	52.9
41-50	15.4	40.0	16.7	-	6.7	-
51+	-	-	8.3	12.5	-	5.9
Marital Status						
Married	84.6	77.8	66.7	100.0	73.3	94.1
Single	15.4	11.1	25.0	-	20.0	5.9
Widowed	-	11.1	8.3	-	6.7	-
Level of Education Attained						
None	76.9	90.0	50.0	87.5	73.3	82.4
Lower Primary	23.1	10.0	25.0	-	20.0	17.6
Upper primary	-	-	16.7	12.5	6.7	-
Secondary	-	-	8.3	-	-	-
Ethnicity						
Matheniko	-	-	-	-	93.3	76.5
Jie	-	-	91.7	100.0	6.7	23.5
Pian	100.0	100.0	8.3	-	-	-
Sources of Livelihood						
Crop farming; sorghum, greens	7.7	-	8.3	-	-	-
Livestock rearing, selling	53.8	20.0	66.7	37.5	13.3	41.2
Casual labouring	15.4	-	16.7	12.5	13.3	-
Extracting resources from the natural environment	76.9	10.0	-	62.5	46.7	76.5
Brewing and selling alcohol	7.7	80.0	-	37.5	6.7	29.4
Trading		40.0	-	-	66.7	11.8
Begging, relief aid	-	-	25.0			
Formal sector employment	-	-	8.3	-	-	-

Number of Dependants in the ECDE Age Range						
1-4	69.2	60.0	75.0	100.0	60.0	94.1
5-7	30.8	40.0	25.0	-	40.0	5.9
Age of Dependants in the ECDE Age Range						
Below 1	6.5	4.8	4.5	5.0	27.6	7.3
1-4	48.4	33.3	63.6	55.0	37.6	70.7
5+	45.2	61.9	31.8	40.0	34.5	22.0
Total %	100	100	100	100	100	100
Total (n)	13	10	15	17	12	8

Statistically, there were not many differences socio-economically and demographically between parents/guardians with and without children in ECDE centres. According to Table 3, majority parents/guardians without children in ECDE centres were youths aged between 18 and 30 years. Majority parents/guardians were also married with exception of one quarter of males in Kotido and 20.0% males in Moroto who were single. 11.1% of the females in Nakapiripirit 8.3% males in Kotido and 6.7% males in Moroto were single. Majority parents/guardians (76.0%) without children in ECDE centres had never attended any formal schooling while a 17.3% had attained lower primary (1-4) and 5.3% upper primary (5-7) levels of education. Only 1.3% had attained secondary education.

The interviewed parents/guardians without children in ECDE centres were evenly spread across the Matheniko, Jie and Pian ethnic groups. Livestock rearing is the major form of livelihood followed by extracting resources from the natural environment; gathering wild fruits, charcoal burning, making granaries for sale, stone quarrying and selling water and firewood. Selling casual labour and brewing and selling alcohol were also sizeable forms of livelihoods. Crop farming was mentioned by very few male respondents in Nakapiripirit and Kotido districts and none of the female parents/guardians without children in ECDE centres across all the 3 districts. Majority parents/guardians had 1-4 children in the ECDE age range of 0-8 most of whom were aged 1-4.

3.2 Assessment of the Achievements of the Expected Statistical Outcomes of the SCiUG ECDE Project in Karamoja

The SCiUG ECDE Project in Karamoja had explicitly stated expected outcomes which were attained, with exception of a few, as indicated in Table 4 overleaf. According to Table 4, the project targeted to reach 136 communities to improve the protection of children against neglect and abuse but managed to reach 100. The project further expected 20,873 children (both boys and girls) to enroll in ECDE centres and to simultaneously actively and meaningfully participating in activities and decisions affecting them. This target was surpassed as 25,646 children of whom 10,852 were females and 14,794 males were enrolled. Furthermore, 1,500 differently able children (both boys and girls) from the ECDE programme were expected to enroll in ABEK centres and formal primary schools but the exact figures that did actually enroll were not ascertained. However, overall, 6,730 children of whom 3239 were males and 3500 females made the transition from the ECDE programme to ABEK centres and formal

primary schools. 11,804 children were also originally targeted for immunization which was surpassed to 13,412 (5,556 females and 7,856 males).

Although the nutritional and health status of children was expected improve through improved livelihood and health services provided arising from SCiUG's networking with the relevant sectors, no targets had been set in the project document. Hence it was not possible to ascertain the number of children accessing and utilising health services and the number of children coming from food secure households. However, the project had expected 20,873 children to belong to households that are aware of good child nutrition practices at the end of the project span. This target was surpassed to 25,646 children of whom 10,852 were females and 14,794 were males.

Another expected outcome of the project was that 100 communities should construct temporary shelters to improve learning environments for pre school children. The target was reached. The expected 200 volunteer caregivers selected by communities were trained and surpassed by 20 more volunteers. In addition, 412 community members of whom 240 were males and 174 females were trained to manage and run ECDE centers. Evidently, the project attained most of its quantitative expected outcomes in these regards.

Table 4: Levels of Consonance Between Planned Inputs and Actual Outputs With Respect to Achieving the Project Outcomes

Outcomes	Planned Inputs	Actual outputs
Number of communities targeted for improvement in protection of children against neglect and abuse	136	100
Number of children (boys and girls) in ECDE centres actively and meaningfully participating in activities and decisions affecting them.	20,873	25,646 (10 852 Females and 14 794 Males)
Number of differently able bodied children (boys and girls) from the ECDE programme who enrolled in ABEK centres and formal schools	1,500	Could not be ascertained
Number of children (boys and girls) from the ECDE programme who enrolled in ABEK centres and formal schools	-	6,730 (3 239 Males and 3 500 Females)
Number of children immunized	11,804	13,412 (5,556 Females and 7,856 Males)
Number of children accessing and utilising health services	-	-
Number of children coming from food secure households	-	-
Number of children coming from households that are aware of good child nutrition practices	20,873	25,646 (10,852 Females and 14,794 Males)
Number of communities that have constructed temporary shelters to improve learning environments for pre school children	100	100
Number of community selected volunteer caregivers trained	200	220
Community participation: numbers of community members trained to manage and run ECDE centers	-	412 (240 Males and 174 females)

3.3 Achievements in Disseminating the Knowledge and Practice of ECD Amongst Parents/Guardians

Parents'/guardians' knowledge and practice of ECD (development and care) were assessed alongside the four main stages of the ECD cycle. These are the pre-birth and ages 0-3, 4-5 and 6-8 years. The levels of knowledge of the ECD stages 0-3, 4-5 and 6-8 of parents without children in ECDE centres were not investigated since they had not been exposed to ECD concepts and practices because the SCiUG ECDE project was not implemented in their respective areas.

3.3.1 Levels of Parents'/Guardians' Knowledge of the Pre-Birth Stage of ECD

Parents/guardians with children in ECDE centres exhibited low levels of understanding of child development and learning. As indicated in table 5, only 46.2% of the females in Nakapiripirit, 34.6% of the males in Kotido, 56.5% of their female counterparts, 19.2% males in Moroto and 30.8% of their female counterpart correctly mentioned that a child's development starts at conception. Majority parents/guardians said a child's development starts between 1 and 6 months after birth when a child starts visualizing objects and growing rapidly. The alternate misconception was that child development starts from age 2 when a child starts speaking and can be sent on an errands.

Again, only 23.1% of the females in Nakapiripirit, 17.4% in Kotido and 30.8% in Moroto correctly reported that a child starts learning at birth. None of the males said so, implying that males and many females are very detached from ECDE. For nearly as many males as females (with exception of Moroto) a child starts learning from 3 to 6 months after birth, when it starts seeing, feeling and recognizing its mother. Other respondents said that learning starts from age 2 when a child can be sent on errands.

Table 5: Parents'/Guardians' Knowledge of Child Development

	Districts					
	Nakapiripirit		Kotido		Moroto	
	Males	Females	Males	Females	Males	Females
Knowledge of When a Child Starts Developing	%	%	%	%	%	%
At birth	47.8	23.1	50.0	8.7	69.2	26.9
When a child starts seeing/visualizing objects, 1-6 months, it grows rapidly	30.4	15.4	15.4	30.4	3.8	23.1
At conception	-	46.2	34.6	56.5	19.2	30.8
Age 2 and above, you can send the child on an errand, when it starts speaking	17.4	3.8	-	-	7.7	3.8
Don't know	4.3	1.5	-	4.3	-	15.4
Knowledge of When a Child Starts Learning						
3-6 months, when it starts seeing and feeling, recognizes the mother	65.2	57.7	88.5	73.9	92.3	46.2
At birth	-	23.1	-	17.4	-	30.8
2 years+ when a child can be sent on an errand	34.8	11.5	7.7	4.3	7.7	19.2
Don't know	-	3.8	3.8	4.3	-	3.8
When you take the child to school	-	3.8	-	-	-	-
Total %	100	100	100	100	100	100
Total (n)	23	26	26	23	26	26

3.3.2 Parents'/Guardians' Known Importance of Taking Care of the Needs of Unborn Children

Both the parents/guardians of children enrolled and not enrolled in ECDE centres were aware of the needs for care of an unborn child as Table 6 indicates. According to table 6, 77.9% of the parents/guardians with children in ECDE centres and 70.7% of their counterparts without children in ECDE centers said that if an unborn child is to develop well, its mother should go for ante-natal care while 22.1% of the parents/guardians with children in ECDE centres and 12.0% of their counterparts without children in ECDE centers added that the mother should take traditional herbs.

Table 6: Levels of Parents’/Guardians’ Knowledge of Care Needs of an Unborn Baby

	Parents With Children in ECDE Centres	Parents Without Children in ECDE Centres
Known ways of Taking Care of an Unborn Child	%	%
Mother should go for ante-natal care	77.9	70.7
Mother should feed well	68.5	72.0
Mother should take traditional herbs	22.1	12.0
Mother should not do strenuous work	24.8	33.3
Mother should sleep under a mosquito net	2.7	8.0
Mothers should seek medical care if sick	-	17.3
Importance of This Type of Care		
To avoid complications during birth including miscarriages	28.9	28.0
To facilitate proper development of the yet to be born baby	84.6	88.2
To maintain the mother’s health	1.3	22.7
To prevent mother to child infections	1.3	-
Problems Encountered in Trying To Provide This Type of Care		
Lack of money	36.9	57.3
Inadequate food	45.6	30.7
Distant health centers	37.6	37.3
TBAs distantly located	6.7	-
Insecurity	6.0	30.7
Women in Karamoja can not avoid strenuous work	12.1	1.3
Ignorance	2.0	-
Irresponsible husbands	1.3	-
None	11.4	-
Lack mosquito nets	5.3	-
Total (n)	150	75

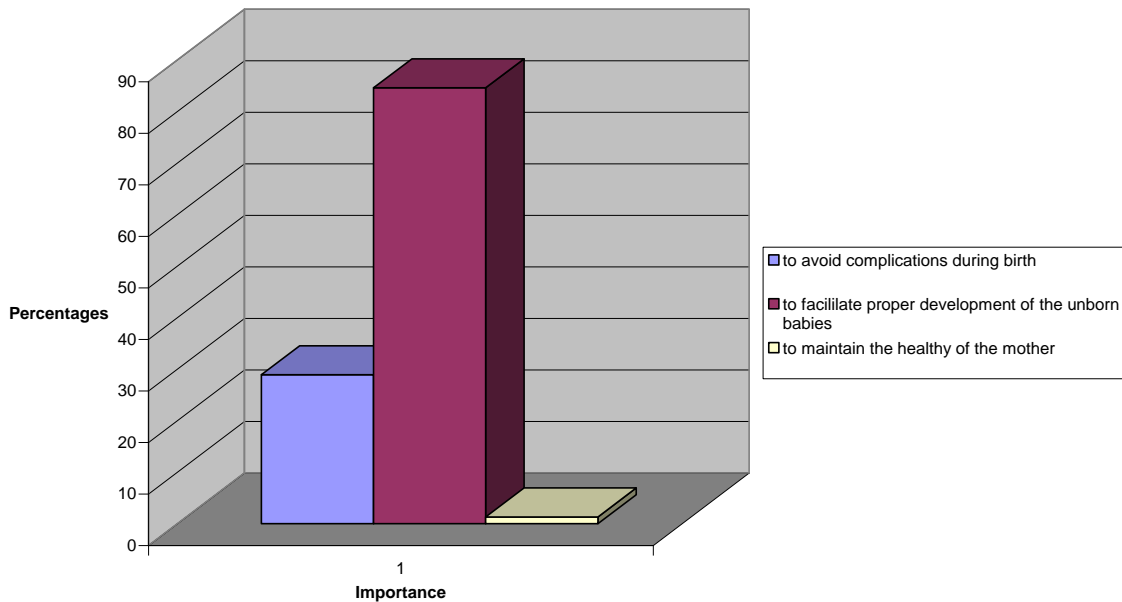
NB: total % is more than 100 due to multiple responses

Table 6 further shows that 68.5% with children in ECDE centres and without children in ECDE centers said that the mother should feed well while 24.8% with children in ECDE centers and 33.3% without children in ECDE centers reported that the mother should not do strenuous work. Protection from malaria in form of sleeping under a mosquito net was mentioned by only 2.7% with children in ECDE centers and 8.0% without children in ECDE centers. There were no variations in responses across districts and gender.

3.3.3 Parents’/Guardians’ Known Importance of Taking Care of the Needs of Unborn Children

Parents’/guardians’ of children enrolled in ECDE centres were aware of the importance of taking care of the needs of unborn children as illustrated in Graph 1, overleaf.

Graph 1: Known Importance of Taking Care of the needs of Unborn Children

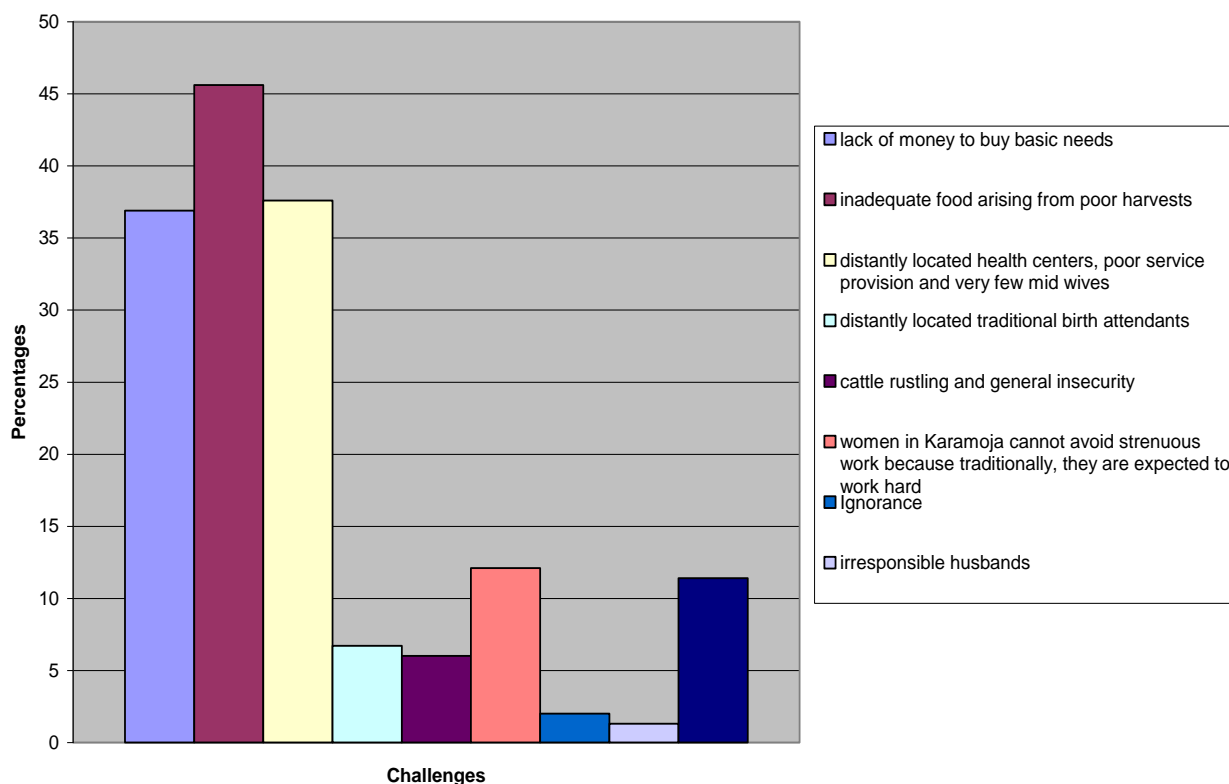


Graph 1 indicates that 28.9% of the parents/guardians with children in ECDE centers said that it was important to take care of the needs of an unborn child so as to avoid complications during birth including miscarriages, 84.6% said it facilitates proper development of the unborn babies while 1.3% said that taking care of the needs of an unborn helps keep the mother healthy. Prevention of mother to child infections was also mentioned by only 1.3%. Again, there were no variations in responses across districts and gender.

3.3.4 Challenges Faced in Providing Care for Unborn Children

Parents with children in ECDE centres mentioned several challenges they could face in providing care for unborn children, as shown in graph 2.

Graph 2: Challenges Faced in Providing Care for Unborn Children

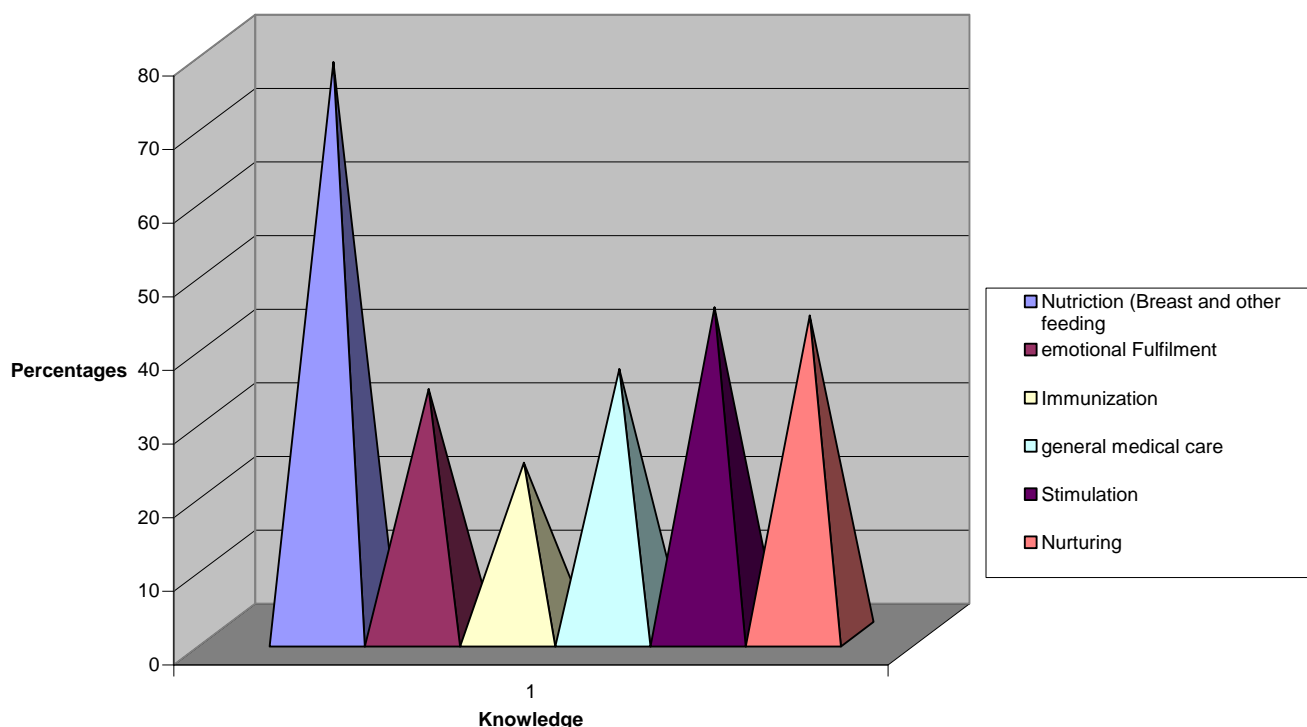


Graph 2 indicates that 36.9% of the parents/guardians with children in ECDE centers reported that lack of money to buy basic needs like food, drugs, clothes etc could hinder provision of such type of care. 45.6% of the parents/guardians mentioned problems of inadequate food for all family members arising from poor harvests while 37.6% said that health centers were distantly located, had poor service provision and had very few mid wives. Traditional birth attendants were also reported to be located in distant places by 6.7%, cattle rustling by neighboring clans and general insecurity were problems reported by 6.0%, while 12.1% said that women in Karamoja could not avoid strenuous work since traditionally, they are expected to work hard. Ignorance was an impediment to providing the requisite care for the unborn babies to only 2.0% the parents/guardians with children in ECDE centers while irresponsible husbands was reported as an impediment to providing the requisite care for the unborn babies by only 1.3%. Interestingly, 11.4% of the parents/guardians with children in ECDE centers said that they anticipated no problems in caring for the yet to be born babies because immunization is freely provided.

3.3.5 Parents’/Guardians’ Knowledge of the ECD Needs of 0-3 Year Olds

Parents/guardians with children in ECDE centers exhibited impressive knowledge of the ECD needs of 0-3 year olds as shown in Graph 3.

Graph 3: Parents'/Guardians' Knowledge of the ECD Needs of 0-3 Year Olds

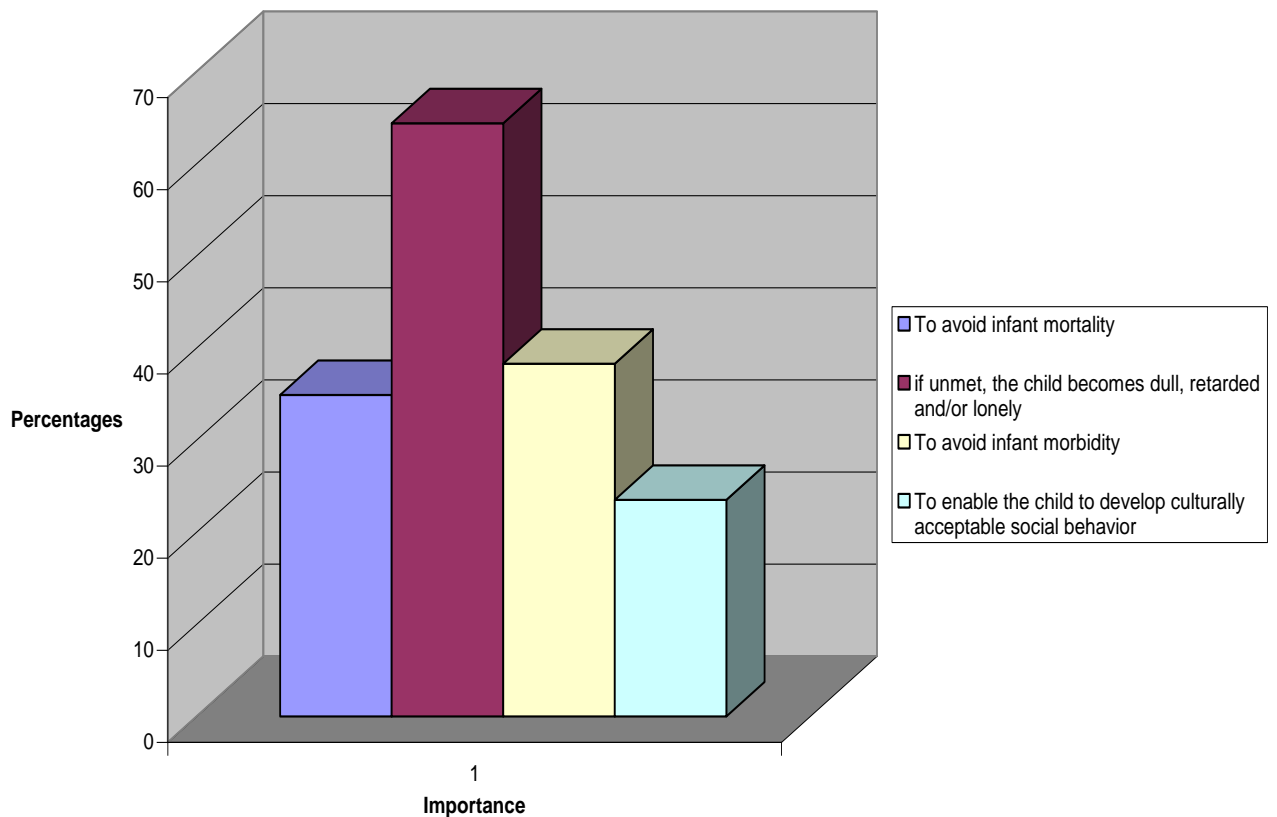


According to Graph 3, nutrition (breast and other feeding) was reported by 77.7%, emotional fulfillment (expressed as love, care and attention) was reported by 33.3%, health care particularly immunization was mentioned by 23.3% while general medical care was reported by 36.0%. Stimulation through play and play materials was reported by 44.4% while nurturing (regular baths, sleep and adequate dressing) was said by 43.3%. Again, there were no variations in responses across districts and gender.

3.3.6 Known Importance of Taking Care of the Needs of 0-3 Year Olds

Asked why these needs were important for a child's development, graph 4 shows that 34.9% said that a child could die if their needs are unmet, 64.4% reported that if unmet, the child becomes dull, retarded and/or lonely while 38.3% said that the child becomes sickly. 23.5% said that if a child's emotional needs are not met, a child does not develop culturally acceptable social behavior, for example, it could become a delinquent that steals, is stubborn or defecates anywhere in the compound.

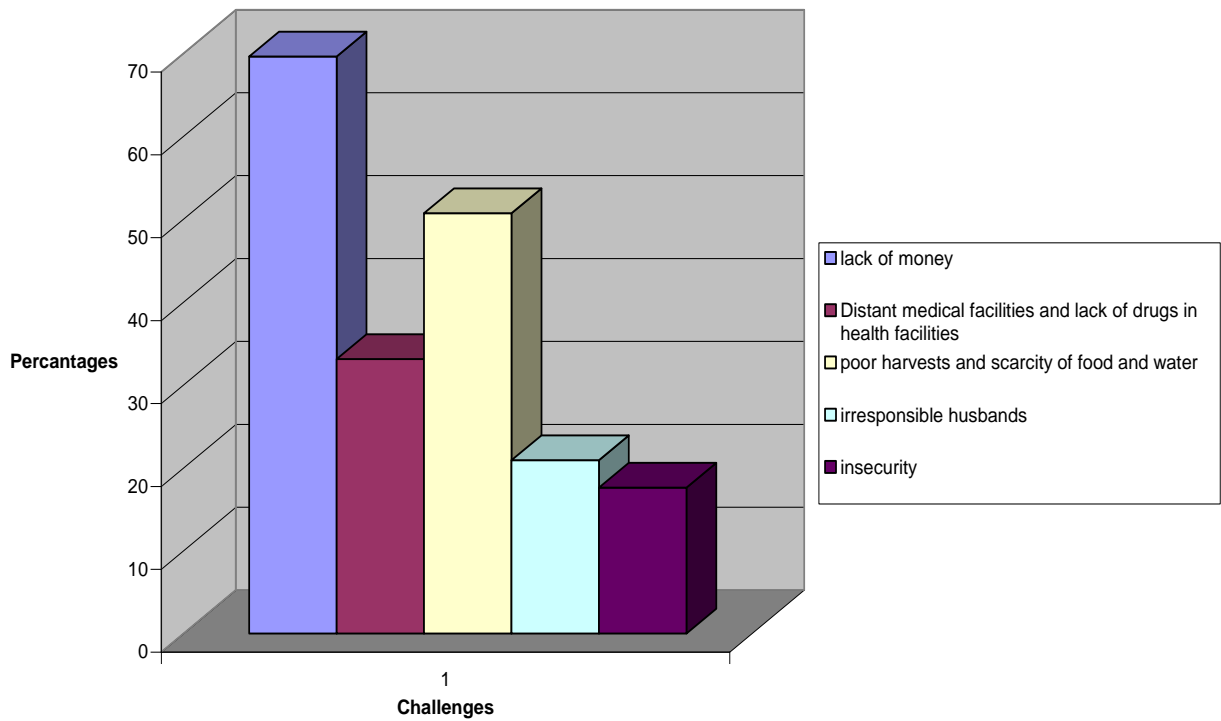
Graph 4: Known Importance of Taking Care of the needs of 0-3 Year Olds



3.3.7 Challenges Faced in Providing Care for 0-3 Year Olds

Graph 5 indicates that 69.6% of the parents/guardians with children in ECDE centers noted that lack of money to meet 0-3 year olds' various needs was the greatest obstacle to providing quality care. Distant medical facilities and lack of drugs in health facilities were mentioned by 33.1% while poor harvests and scarcity of food and water were reported by 50.7% as problems that would hinder provision of quality care for 0-3 year olds. Further, 20.9% of the respondents said that irresponsible husbands could hinder provision of adequate care to 0-3 years also while 17.6% said that insecurity could also pose as obstacles to provision of such care.

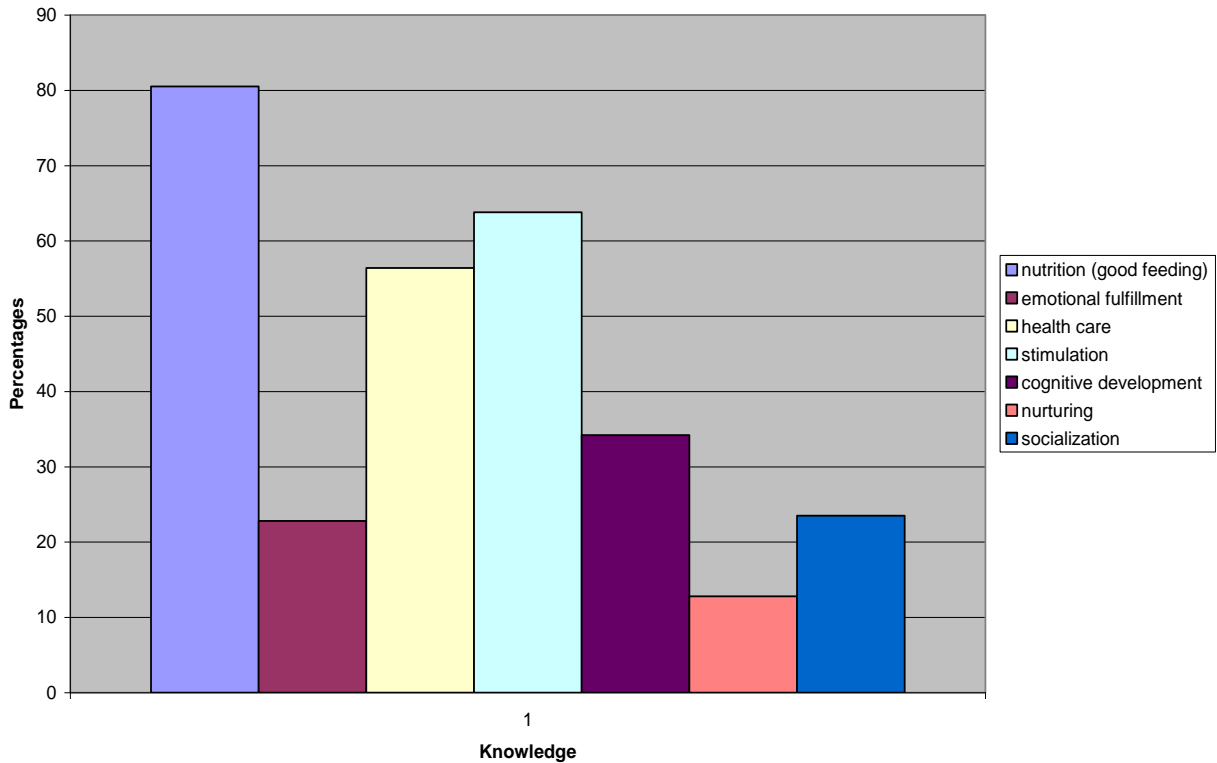
Graph 5: Challenges Faced in Providing Care For 0-3 Year Olds



3.3.8 Parents’/Guardians’ Knowledge of the ECD Needs of 4-5 Year Olds

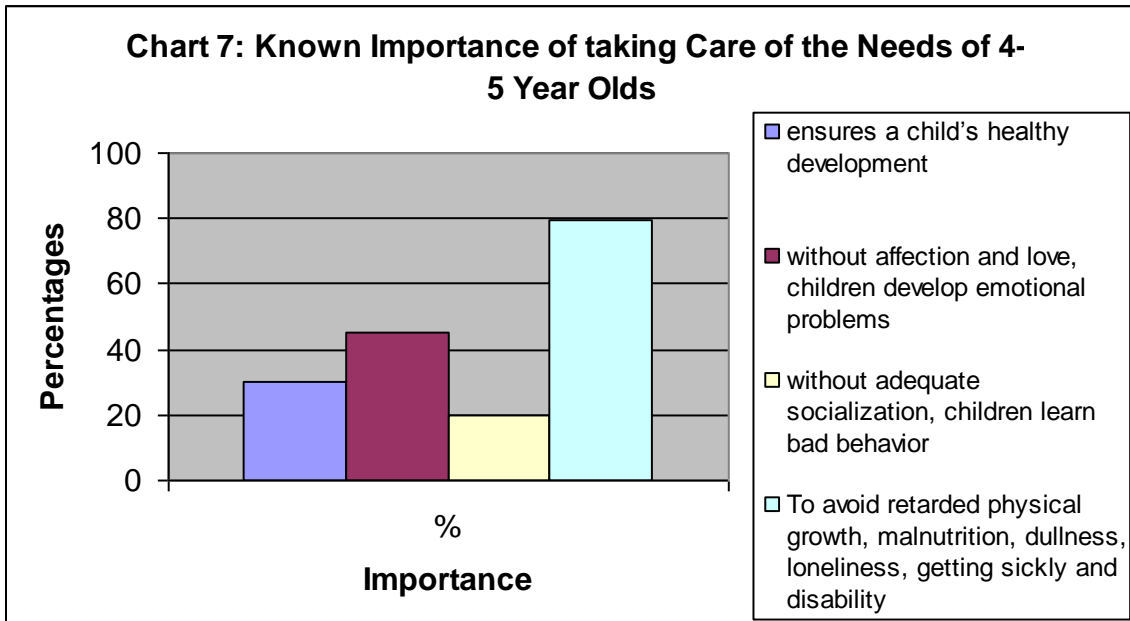
With regard to the ECD needs of 4-5 year olds, graph 6 indicates that nutrition (good feeding) was reported by 83.7% of the parents/guardians with children in ECDE centers, emotional fulfillment (expressed as love and affection) by 20.4%, health care by 66.0%, stimulation through play was reported by 51.7%, cognitive development (pre school education) by 30.6%, nurturing (regular baths, clean and adequate clothing) by 9.5% and socialization especially training children to undertake domestic work and inculcating into children their cultural behavioral traits was said by 27.2%.

Graph 6: Parents'/Guardians' Knowledge of the ECD Needs of 4-5 Year Olds



3.3.9 Known Importance of Taking Care of the Needs of 4-5 Year Olds

Asked about the importance of taking care of the needs of 4-5 year olds for a child’s development, 30.4% of the parents/guardians with children in ECDE centers said it ensures a child’s healthy development, as indicated in graph 7.

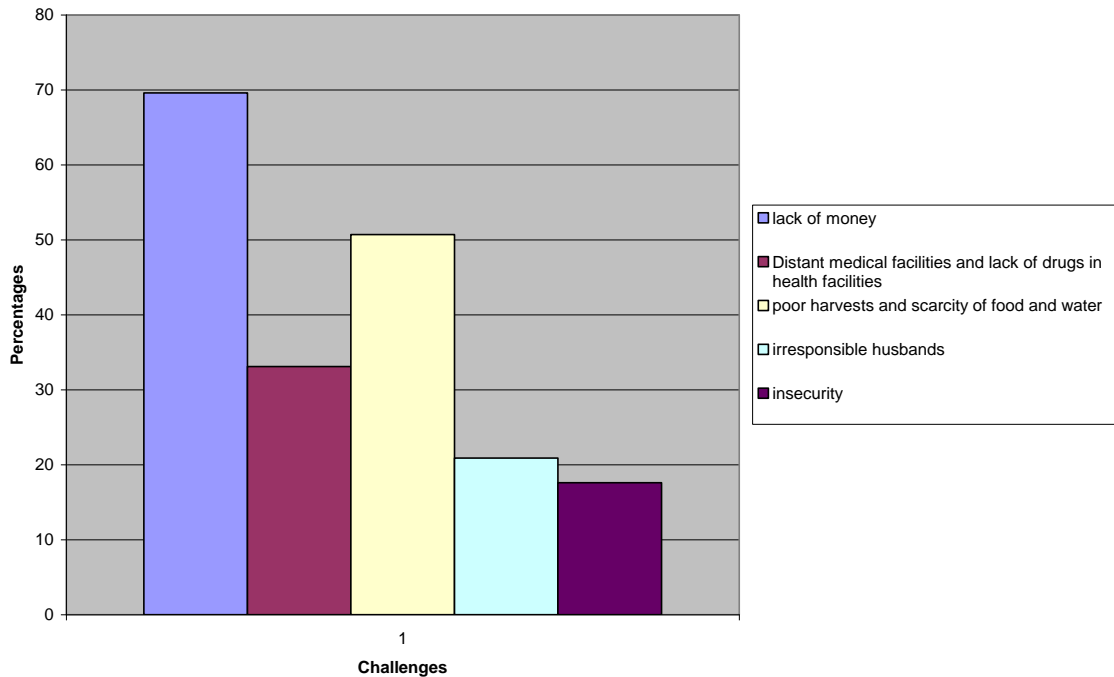


45.3% further said without affection and love, children develop emotional problems like being timid, lack self confidence and get problems with learning while 19.6% were of the view that without adequate socialization, children learn bad behavior, grow up without differentiating good from bad, become violent and subsequently, become socially isolated and/or outcasts. Retarded physical growth, malnutrition, dullness, loneliness getting sickly and disability were reported by 79.7%.

3.3.10 Challenges Faced in Providing Care for 4-5 Year Olds

According to Graph 8, lack of money to meet a 4-5 year olds ECD needs was once again mentioned by 29.9% of the parents/guardians with children in ECDE centers while lack of food and poor harvests were mentioned by 49.7%. Insecurity was said to hinder meeting the needs of 4-5 year olds by 21.8% while negligence of mothers to take children to school/ECDE centres and lack of time for children due to too much work overloads on parents were mentioned by 4.1%.

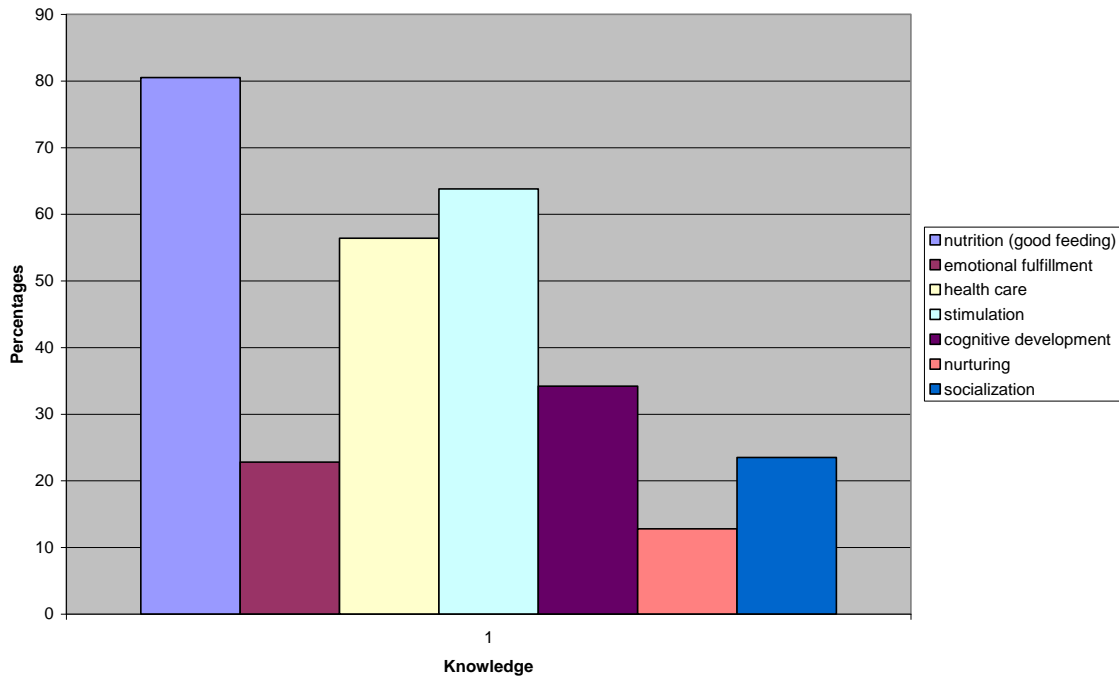
Graph 8: Challenges Faced in Providing Care for 4-5 Year Olds



3.3.11 Parents’/Guardians’ Knowledge of the ECD Needs of 6-8 Year Olds

With respect to the ECD needs of 6-8 year olds, nutrition (good feeding) was reported by 80.5%, cognitive (educational) needs by 34.2%, stimulation by 63.8% while emotional needs (love and affection) were mentioned by 22.8% of the parents/guardians with children in ECDE centers. Details are in Graph 9.

Graph 9: Parents'/Guardians' Knowledge of the ECD Needs of 6-8 Year Olds

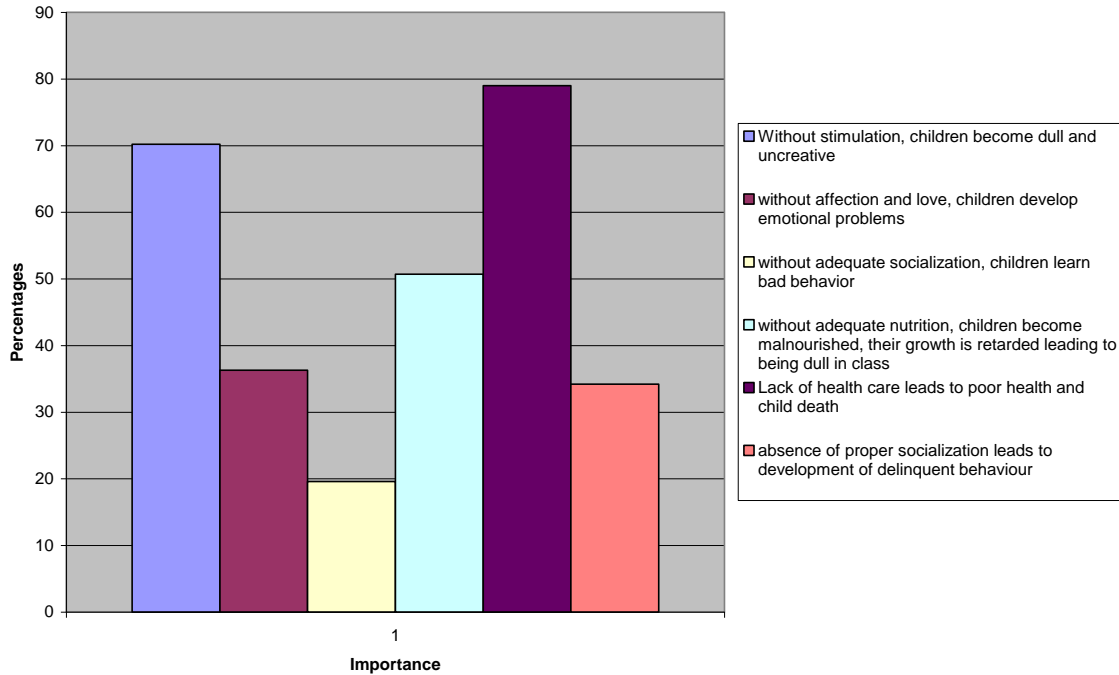


Health care needs were reported by 56.4%, nurturing by 12.8% while socialization especially inculcating into children good morals and behaviour like respect elders and themselves was reported by 23.5%.

3.3.12 Known Importance of Taking Care of the Needs of 6-8 Year Olds

Asked about the importance of the aforementioned care, Graph 10 shows that 36.3% of the parents/guardians with children in ECDE centers said that without love and affection, children become lonely, timid and think that they are hated due to poor emotional development while 26.0% said without adequate health care, children become physically weak and could even die.

Graph 10: Known Importance of Taking Care of the needs of 6-8 year Olds

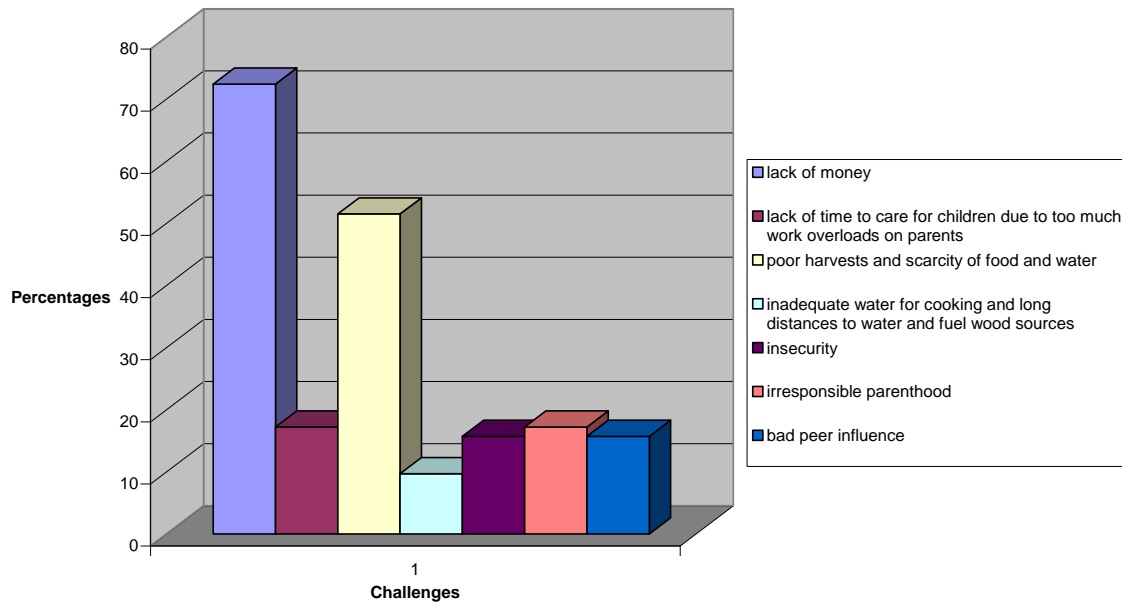


50.7% added that without adequate nutrition, children become malnourished, their growth is retarded leading to being dull in class. Without stimulation, 70.2% said children become dull and uncreative. Lack of health care was linked to poor health and child death by 79.0% while 34.2% of the parents/guardians with children in ECDE centers added that absence of proper socialization leads to development of delinquent behaviour such as indiscipline, begging from neighbors and becoming street children.

3.3.13 Challenges Faced in Providing Care for 6-8 Year Olds

Lack of money required to meet the various ECD needs of 6-8 year olds was once again reported by 72.4% of the parents/guardians with children in ECDE centres as the obstacle to providing the requisite care. Details are indicated in Graph 11.

Graph 11: Challenges Faced in providing Care for 6-8 Year Olds



Lack of time to attend to all the 6-8 year olds’ needs was reported by 17.2%, irresponsible parenthood by 17.2% while inadequate water for cooking, long distances to water and fuel wood sources were reported by 9.7%. Food shortages were mentioned by 51.5%, insecurity by 15.7% and bad peer influence by another 15.7%.

The foregoing findings of the final evaluation of the SCiUG ECDE Project in Karamoja indicate that the project has equipped the parents/guardians with considerable knowledge of ECD concepts of nutrition, health, stimulation, social inclusion and early learning needs of children aged 0-8. However, lack of income featured prominently amongst the problems likely to be faced in meeting ECD needs. This calls for strengthening the parents’/guardians’ income earning capacities to enable them improve their economic capacity for childcare. The Grandparents Action Support Programme (GAS) run by Action for Children (AFC) in Kampala and supported by BVLFF is worth drawing lessons from. Lack of food was also mentioned repeatedly as an obstacle to meeting the nutritional needs of children. The project component of improving the food security and nutrition needs of households with children in ECDE centres through partnerships with other actors in the region also requires strengthening. SCiUG concurs with this suggestion when it says that beginning 2011, the primary target for its livelihoods projects in the Karamoja region will largely be households of children who enroll in ECDE centres.

3.3.14 Levels of Knowledge of the Care Requirements for 0-8 Year Olds Exhibited by Parents Without Children in ECDE Centres

The levels of knowledge held by parents without children in ECDE Centres about the care required by children aged 0-8 are illustrated in Table 7.

Table 7: Levels of Knowledge of the Care Requirements for 0-8 Year Olds Exhibited by Parents Without Children in ECDE Centres

Care Requirements	%
Good feeding including breast feeding	82.7
Good medical care	56.0
Immunization	20.0
Care, provision of basic needs, love	45.3
Playing, free expression	53.3
Education including ECDE centers	21.3
Socialization on right and wrong	28.0
Treatment using local herbs	4.0
Clean environment	1.3
Total (n)	75

NB: total % is more than 100 due to multiple responses

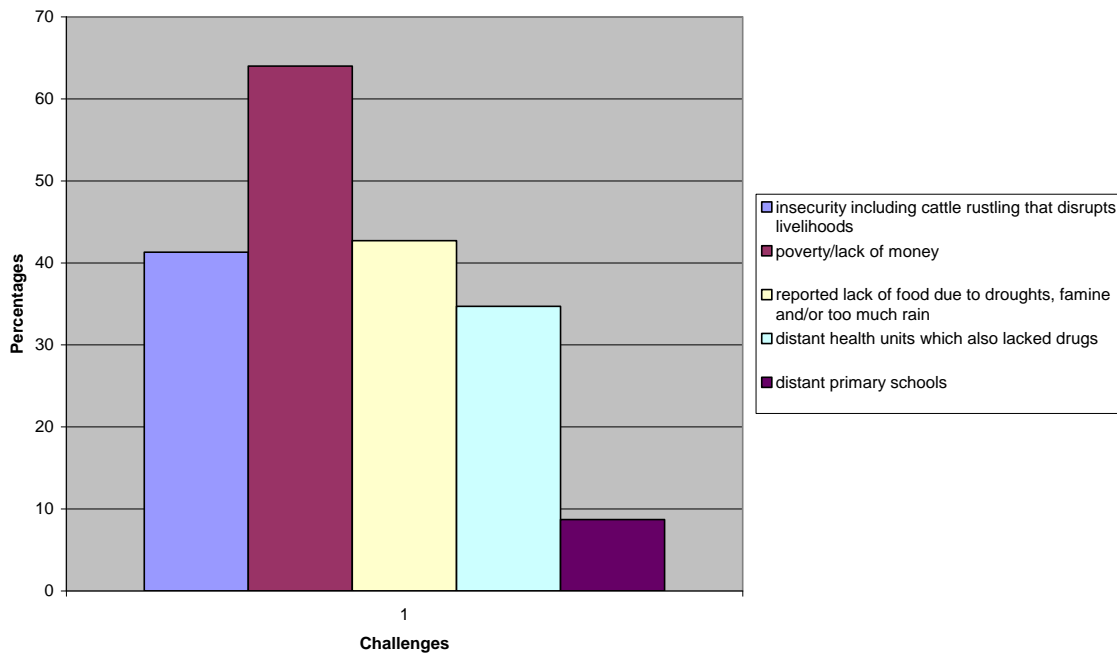
3.3.14 Perceived Importance of Meeting the ECD Needs of Children Aged 0-8 Year Olds by Parents Without Children in ECDE Centres

Parents without children in ECDE centres justified the care requirements for 0-8 year olds as follows; 66.7% said that a child may become sickly or even die if not attended to medically, 73.3% said that without good feeding, a child may get malnourished, retarded, retarded, weak and/or dull, 29.3% reported that without socialization, a child becomes indisciplined, stubborn and immoral while 9.3% said that without immunization, a child could get disabled.

3.3.15 Challenges Faced in Meeting the ECD Needs of Children Aged 0-8 Year Olds Reported by Parents Without Children in ECDE Centres

Asked what problems they were likely to encounter in providing care for 0-8 year olds, Graph 12 shows that 41.3% of the parents without children in ECDE centres cited insecurity including cattle rustling that disrupts livelihoods.

Graph 12: Challenges Faced in Meeting the ECD needs of Children Aged 0-8 Year Olds Reported by Parents Without Children in ECDE Centres



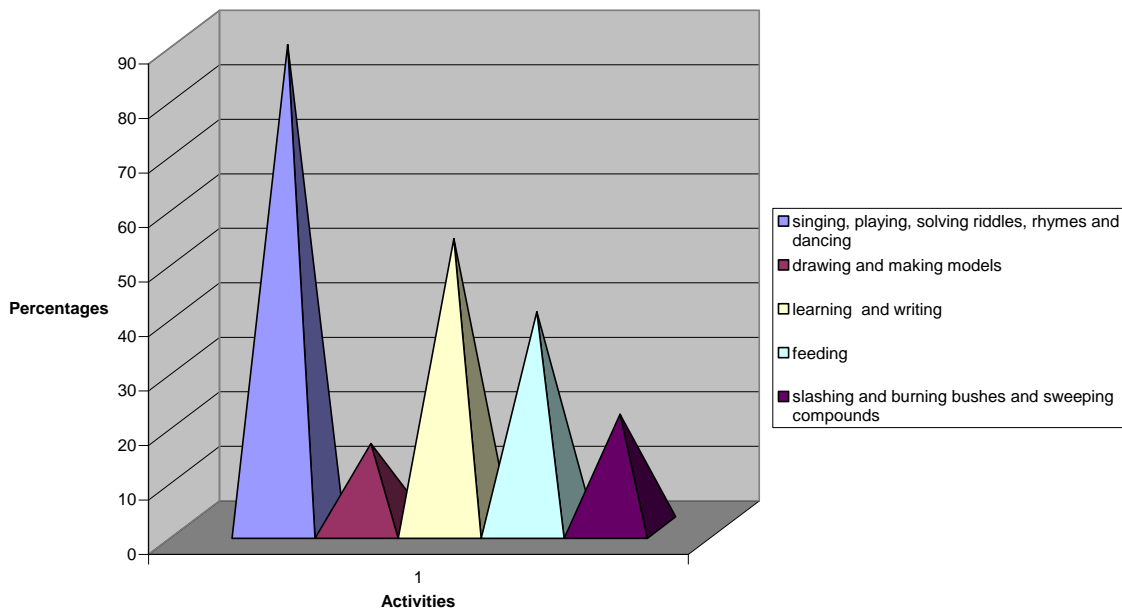
64.0% said poverty/lack of money, 42.7% reported lack of food due to droughts, famine and/or too much rain, 34.7% mentioned distant health units which also lacked drugs while distant primary schools were mentioned by 8.7%.

3.3.16 Levels of Importance Parents'/Guardians' Attach to ECDE Practices

Utilisation of ECDE centres was very high with 67.3% of the of the parents/guardians with children in ECDE centers saying that they utilised the centres 5 days a week while 32.7% said that their children utilised the centres 2-4 times a week. This implies that parents/guardians attached high importance to activities carried out in the centres.

Amongst the activities parents/guardians mentioned as carried out in the centres were singing, playing, solving riddles, rhymes and dancing, mentioned by 88.6%, drawing and making models, reported by 15.4%, learning and writing, said by 53.0%, feeding, said by 39.6% and slashing and burning bushes and sweeping compounds, reported by 20.8%.

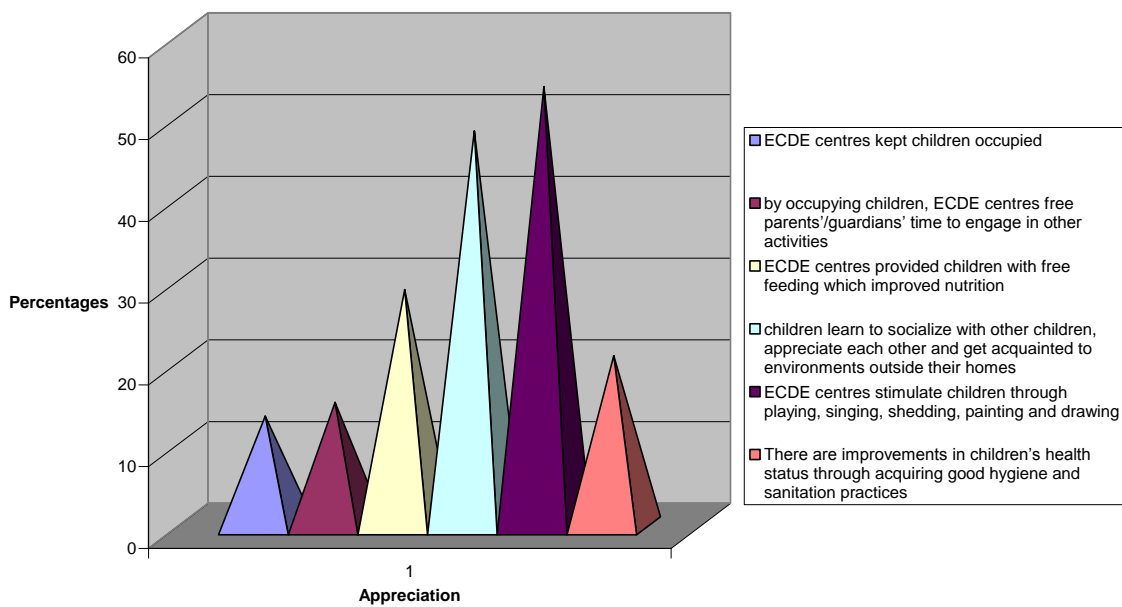
Graph 13: Parents'/Guardians Known Activities Carried out in ECDE Centres



3.3.17 Parents'/Guardians' Appreciation of ECDE Centres and Education in General

Parents/guardians' appreciation of ECDE centres was measured through perceived usefulness of the centres to the parents/guardians and children. Graph 14 shows that 13.4% of the parents/guardians said that the centres kept children occupied while 15.1% of the parents/guardians added that by occupying children, parents'/guardians' time was freed to engage in other activities

Graph 14: Parents'/Guardians' Appreciation of ECDE Centres and Education in General



Of course parents'/guardians' appreciation of activities carried out in ECDE Centres was also reflected in the value attached to what their children gained from the activities; 28.9% said that ECDE centres provided children with free feeding which improved nutrition. In addition, 48.3% reported that children learn to socialize with other children, appreciate each other and get acquainted to environments outside their homes. 53.7% added that ECDE centres stimulate children through playing, singing, shedding, painting and drawing. Improvements in children's health status through acquiring good hygiene and sanitation practices were mentioned by 20.8%. Simulating children early enough to become responsible adults though practicing document work through play was also mentioned. In Kotido, district officials reiterated the parents/guardians sentiments that the centres had freed the latter's time to concentrate on other activities, had improved nutrition through feeding and had helped children better at cooperating and sharing with fellow children. It has freed their time

Asked about the usefulness of the activities carried out in ECDE centres to the wellbeing of children themselves, 37.9% of the parents/guardians said that ECDE centres improved the health and nutritional statuses of children, 31.4% reported that children gained numeracy (can count 1-10) and literacy skills in addition to general knowledge while 32.1% said that children have learnt to share amongst themselves, to socialize better, to speak and to make toys using soil. It was further mentioned that after cattle raids (enemy attacks), children quickly regained a sense of normalcy through play and child to child interaction. In addition, 20.7% of the parents/guardians reported that ECDE centres taught children morals and good manners while 18.6% said the centres promoted good hygiene practices and life skills like hand washing and toilet use in households. Most significant was the 15.0% who said that ECDE centres prepared children for formal school by instilling in them a consciousness for reporting to school in time and raising their interest in school like environments.

3.3.18 Plans Parents/Guardians Had for their Children Currently Attending ECDE Centers When They Outgrow the Centers

Asked what plans the parents/guardians had for their children currently attending ECDE centers when they outgrow the centers, 88.0% of the parents/guardians said that they will enroll them in primary school while 2.7% said they will enroll them in ABEK schools. Only 9.3% said that they had no plans at all because they lacked lack money for formal school requirements like scholastic materials. Evidently, ECDE centres had not only raised children's interest in school but also the parents'/guardians'. For all parents/guardians with but also 92.0% of the parents without children in ECDE centres perceived education as important. Table 8 compares the perceptions of the importance of education held by parents with and without children in ECDE centres .

Table 8: Perceptions of the Importance of Education Held by Parents With and Without Children in ECDE Centres' Perceived Importance of Education

	Parents With Children in ECDE Centres	Parents Without Children in ECDE Centres
Perceived Importance	%	%
education helps children acquire knowledge for future use	63.7	64.0
education improves the welfare and lives of community	28.1	8.0
Education enables a child to become useful to its parents in the future	28.1	36.0
education helps children become disciplined	-	12.0
education influences people to stop cattle rustling	-	6.7
Total (n)	150	75

Table 8 indicates that 63.7% of the parents/guardians with and 64.0% of those without children in ECDE centres said that education helped children acquire knowledge for future use which also provided a child with better future. 28.1% of the parents/guardians with and 8.0% of those without children in ECDE centres further said that education improves the welfare and lives of community members, brings development to communities, promotes good hygiene and sanitation practices and enables communities to get good leaders. Another 28.1% of the parents/guardians with and 36.0% of those without children in ECDE centres added that education enables a child to become useful to its parents in the future, for example by building a house for them and/or supporting parents when the child gets employed in adulthood. 6.7% of the parents/guardians without children in ECDE centres further added that education influences people to stop cattle rustling. Other values of education mentioned by parents without children in ECDE centres included enabling children become aware of their rights, educated girl fetched higher bride price and education facilitates getting employed.

The reasons cited by the few parents without children in ECDE centres for education not being important included perceptions school going children are often indisciplined, those who complete school do not have jobs, educated children become soldiers and kill people and all children are supposed to herd goats.

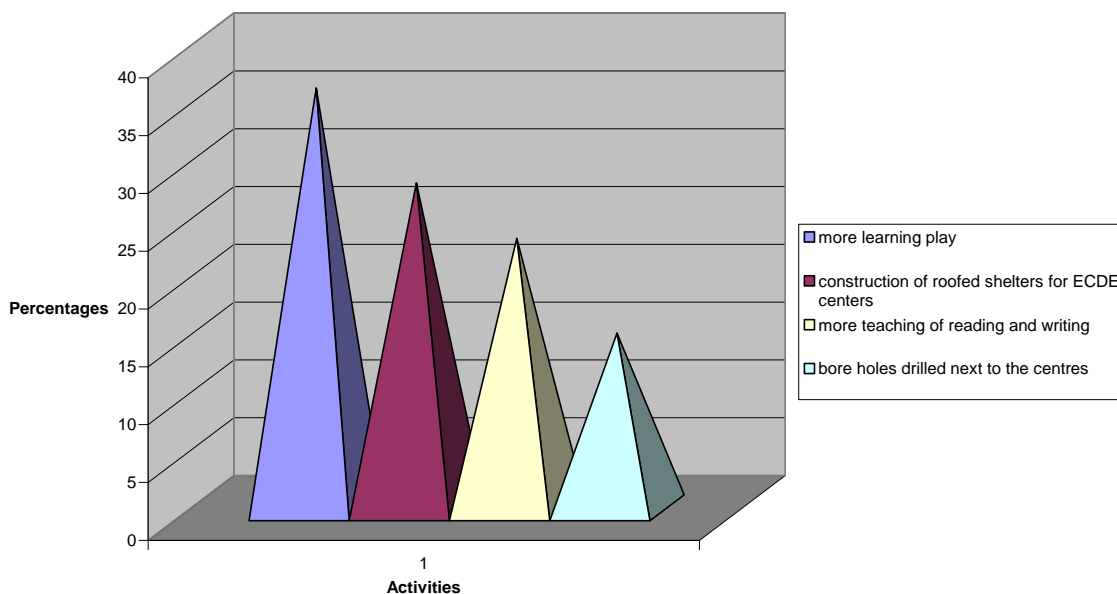
Interviews with the District Education Officers (DEOs) of Kotido and Moroto, LC V Chairman, Moroto and Assistant Chief Administrative Officer (ACAO), Kotido reiterated that communities in the SCiUG ECDE catchment areas had taken on education as an important aspect in the development of their children future. In Kotido district for example, there were 35 (of which 29 were supported by SCiUG) ECDE each with about 130 children enrolled bringing the total enrollment to 4550. And the numbers of children

in the centers keep increasing yet the centers are too small to accommodate all of them. The ECDE project is therefore addressing real needs in the region.

3.3.18 Other Activities Parents/Guardians With Children in ECDE Centres Wanted Included Onto those Existent in ECDE Centres

Other activities parents/guardians with children in ECDE centres wanted added onto those presently undertaken in ECDE Centres are indicated in Graph 15; 36.3% said that wanted more learning materials like slates, used tyres, crayons, chalk, coloured pencils, radio sets for entertainment and ropes for skipping, 28.1% wanted construction of roofed shelters for ECDE centers, 23.3% wanted more teaching of reading (picture books) and writing (drawing books) while 15.1% wanted bore holes drilled next to the centres. Other needs included furniture like mats, chairs, benches, increase feeding both in terms of quantity and quality, provision of cooking utensils and recruiting more caregivers.

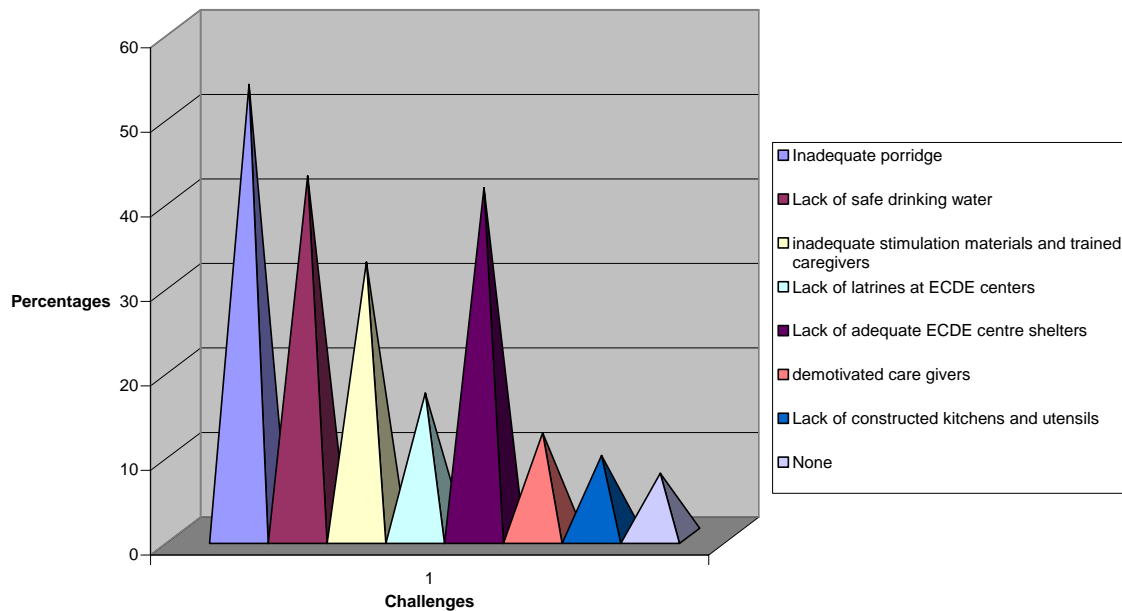
Graph 15: Other Activities Parents/Guardians with Children in ECDE Centers Wanted included Onto Those Existent in ECDE Centers



3.3.19 Challenges Facing Parents/Guardians in Utilization of ECDE Centers

Parents/guardians acknowledged SCiUG's regular reminders of their roles and responsibilities as far as children's wellbeing and development were concerned but of course there were challenges experienced by parents/guardians in utilizing ECDE centers. Graph 16 illustrates that the most mentioned challenge (by 53.4%) was lack of food and/or the little porridge that was not even provided on a regular basis.

Chart 16: Challenges Facing Parents/Guardians in Utilization of ECDE Centers

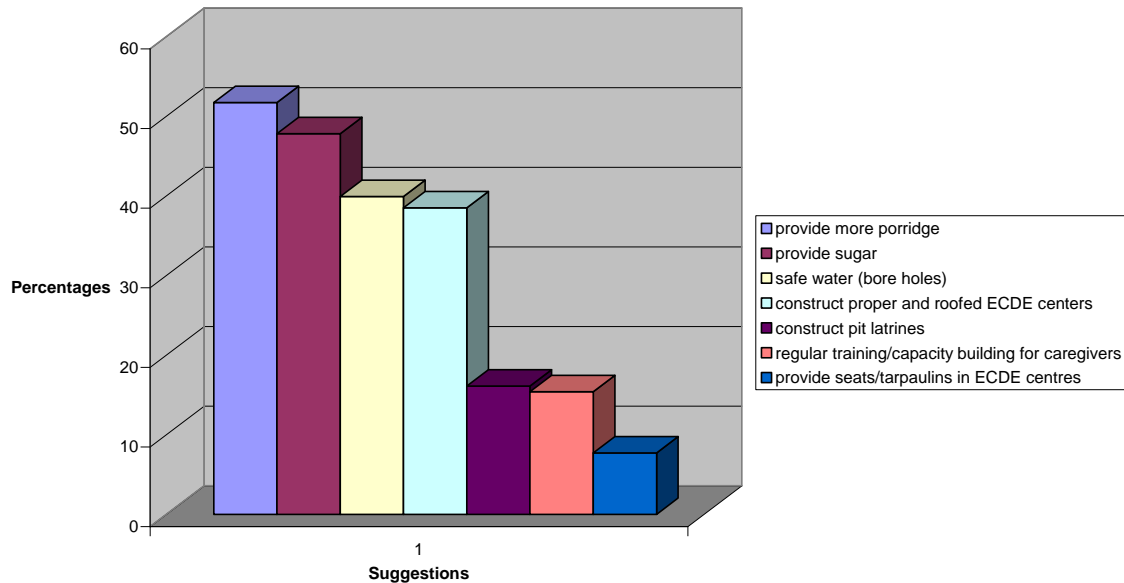


Lack of safe drinking water due to absence of bore holes was mentioned by 42.6% while inadequate drawing, painting and shedding materials, few trained caregivers and caregivers' failure to follow their daily schedule (which involve welcoming children, class hour, free time/children hours and farewell) were reported by 32.4%. Lack of latrines at ECDE centers resulting in children defecating any where within the centers was mentioned by 16.9%, small spaces within ECDE centers, lack of shelter for protection against rain, poor shed construction (communities have tried to construct temporary mud and wattle shelters but they are often destroyed by termites) and generally having no structures within centres were reported by 41.2% and demotivated care givers who do not report to the centres on daily basis was said by 12.2%. Care givers were said to consume some of the food meant for the children by 6.8% of the parents/guardians with children in ECDE centres. Lack of kitchens, utensils, including big saucepans for cooking for large numbers of children was mentioned by 9.5%. Only 7.4% of the parents/guardians with children in ECDE centres said that they experienced no problems at all in utilising the ECDE centres.

District officials added that most ECDE centres operate on seasonal basis because when it is time to harvest or planting, care givers are away tending to their gardens for their caregiver work is voluntary. It was also mentioned by the officials that some communities still prevent children especially girls from going to school fearing defilement and/or to help parents with household chores and that It was added that some care givers were illiterate themselves.

Several suggestions were made for addressing the challenges, most notable of which was that more porridge should be provided such that all children have some. This suggestion was made by 51.7% of the parents with children in ECDE centres. Graph 17 bears the details.

Chart 17: Suggestions Made for Addressing the Challenges by Parents with Children in ECDE Centres



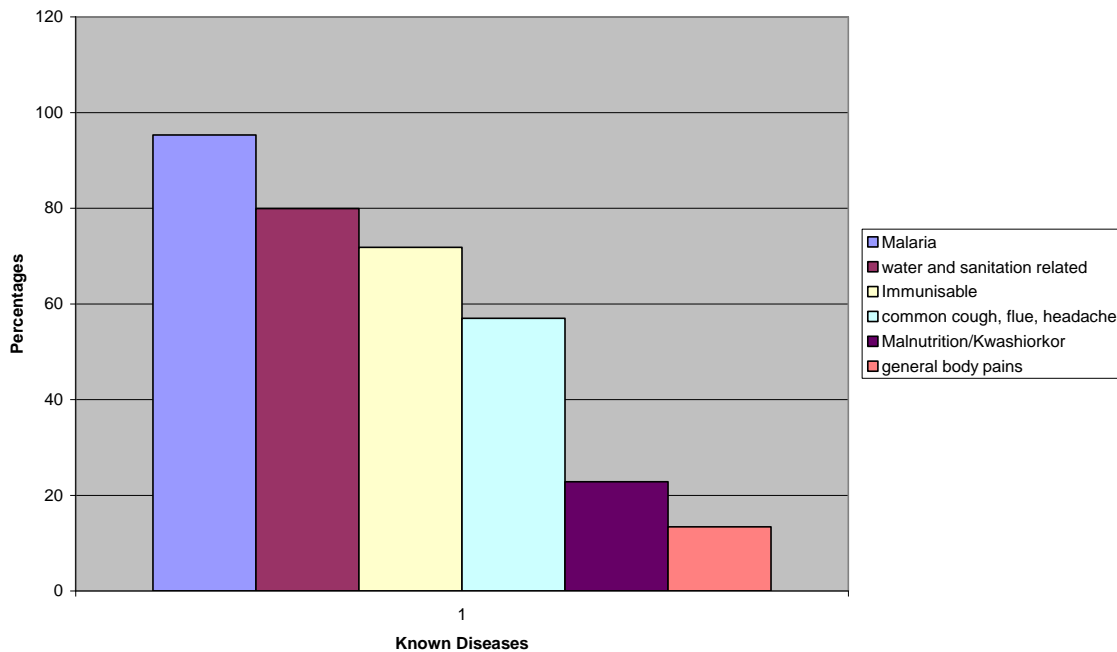
It was also suggested that sugar be provided because children often take bitter porridge. Provision of safe water (bore holes) was suggested by 39.9% while construct proper and roofed ECDE centers was suggested by 38.5%. Further, 16.1% suggested construction of pit latrines, 15.4% wanted more regular training/capacity building for caregivers and 7.7% suggested provision of seats/tarpaulins in ECDE centres (Most animals have been rustled by warriors leaving them with fewer sources of hides and skins for sitting on). Other suggestions included construction of kitchens, provision of more play and learning materials, motivating care givers by giving them food rations, regular trainings, certificates of recognition, recognition, identification items like T-shirts and living stipends, sensitizing parents about the value of education and provision of utensils.

3.4 Achievements of the Project in Health and Nutrition Components of ECDE

3.4.1 Levels of Parents’/Guardians’ Knowledge of, and Skills in Child Disease Prevention

Parents’/guardians’ knowledge of, and skills in child disease prevention were assessed from the point of view of the diseases that are known to afflict children in the ECD age range of 0-8 most, as indicated in Graph 18.

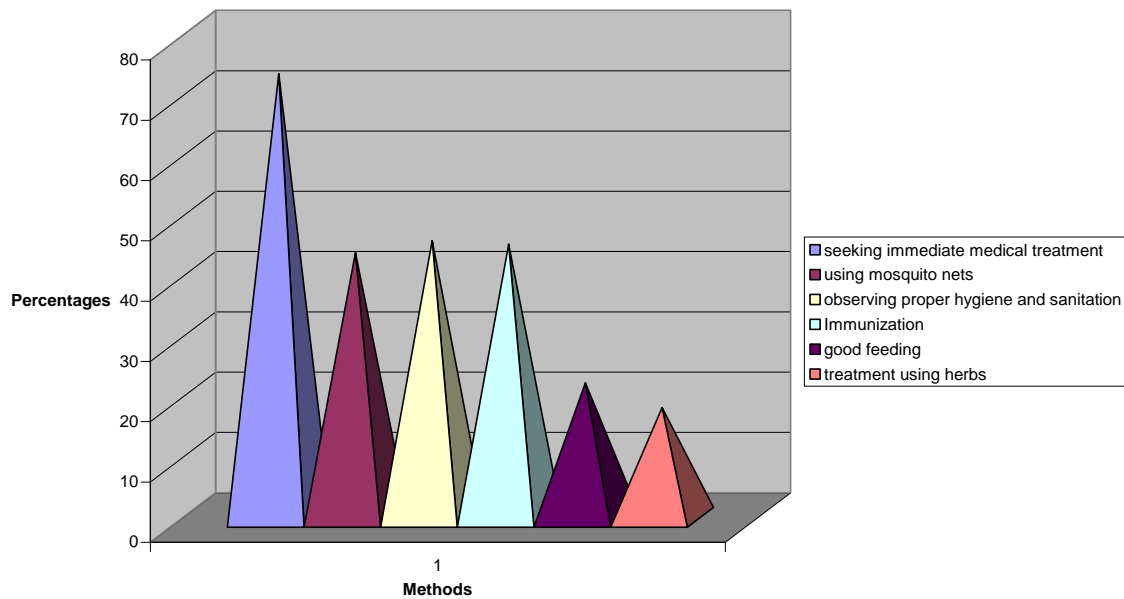
Chart 18: Levels of Parents'/Guardians' Knowledge of Diseases that Afflict Children in the ECD Age Range of 0-8 Years Most



Malaria was the disease most reported by 95.3% of the parents/guardians with children in ECDE centers followed by water and sanitation related diseases (diarrhea, skin rash, cholera, dysentery) mentioned by 79.9%. Immunisable diseases (polio, measles, whooping cough, diphtheria, etc) were reported by 71.8% while common cough, flue, headache etc were mentioned by 57.0%. Malnutrition/Kwashiorkor was reported by 22.8% and general body pains by 13.4%.

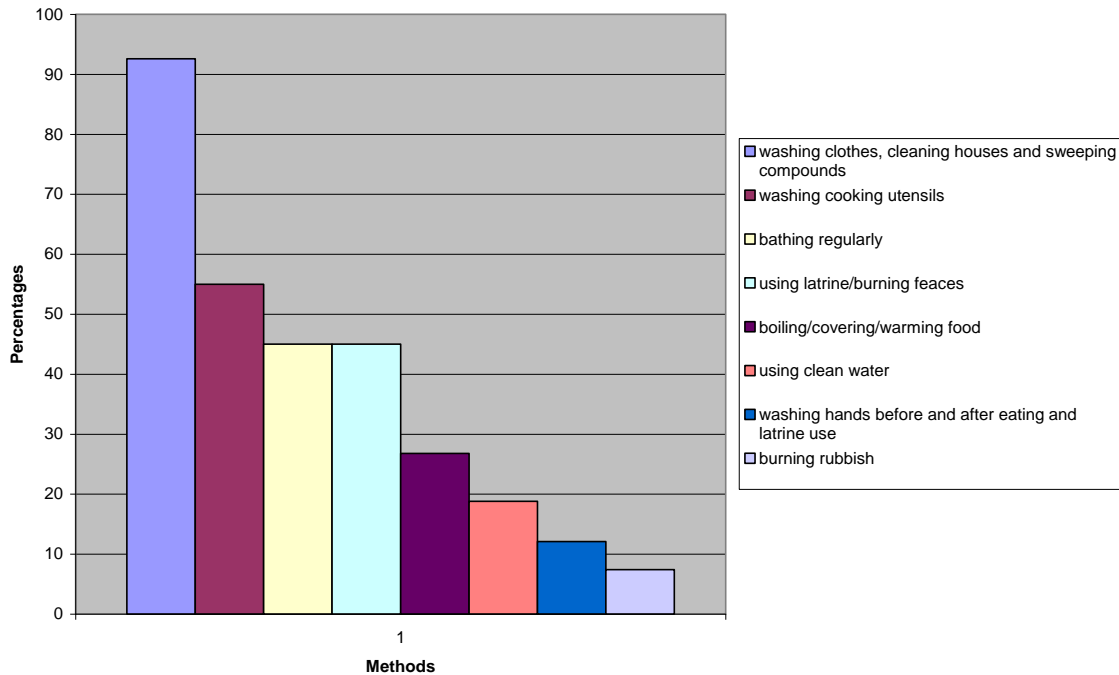
Known methods of reducing illness amongst children included seeking immediate medical treatment, said by 73.6% of the parents/guardians with children in ECDE centers, using mosquito nets, reported by 43.9%, observing proper hygiene and sanitation, reported by 45.9%, immunization, said by 45.3%, good feeding, mentioned by 22.3% and treatment using herbs, said by 18.2%.

Chart 19: Levels of Parents' /Guardians' Knowledge of Methods for Reducing Illnesses Amongst Children



Asked about the methods they use to maintain hygiene and sanitation in households, Graph20 shows that washing clothes, cleaning houses, sweeping compounds and smearing floors with cow dung to prevent jigger infestations was most reported, by 92.6% of the parents/guardians with children in ECDE centers. This was followed by washing cooking utensils (55.0%), bathing regularly (45.0%), using latrine/burning feces (45.0%), boiling/covering/warming food (26.8%), using clean water (18.8%), washing hands before and after eating and latrine use (12.1%) and burning rubbish (7.4%).

Chart 20: Methods Used to Maintain Hygiene and Sanitation in HouseHolds

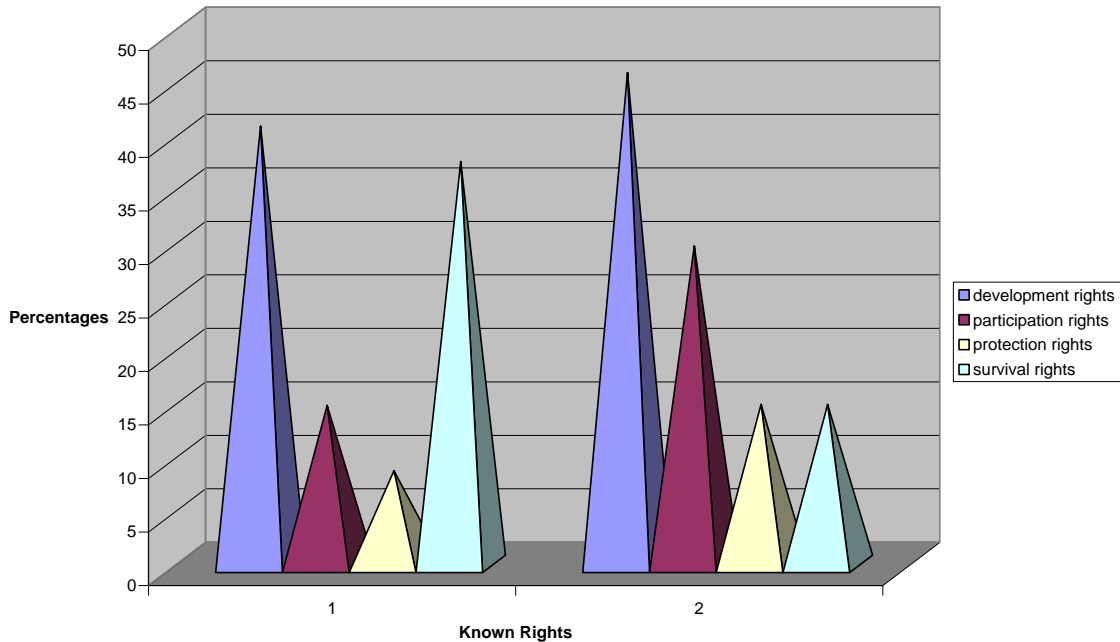


3.5 Achievements of the Project in Protection Component of ECDE

3.5.1 Parents'/Guardians' Knowledge of Children's Rights and Responsibilities

48.0% of the parents/guardians with children in ECDE centres had heard about children's rights compared to 57.3% of the parents without children in ECDE centres! Asked whether they knew the different types of children's rights, development rights (education) were mentioned by 40.9%, participation rights (freedom of expression, playing, equality) were reported by 14.8%, protection rights by 8.7%, while survival rights (health, care, basics needs, food, sleep) were cited by 37.6% of the parents/guardians with children in ECDE centres.

Chart 21: Parents'/Guardians' Known Rights and Responsibilities of Children



Alternately, amongst parents without children in ECDE centres, development rights were mentioned by 45.9%, participation rights were reported by 29.7%, protection rights by 14.9%, while survival rights were cited by 45.9% of the parents/guardians with children in ECDE centres. Implicitly, parents without children in ECDE centres were more knowledgeable about children’s rights than their counterparts with children in ECDE centres.

The considerably lower mentioning of participation and protection rights indicates that the project is yet to have significant impact in as far as awareness of children’s rights because survival and development rights flow naturally since they directly affect the life and development of a child. Hence, they are a concern of most parents with or without sensitization. On the other hand, participation and protection rights affect the child’s life and development indirectly by enhancing/stifling its social development, which parents may not realize unless they are made aware of it. More sensitization is required in this regard.

3.5.2 Parents'/Guardians' Known Methods of Promoting Children’s Rights

With regard to known methods of promoting children’s rights, Table 8 shows that 33.8% of the parents/guardians with and 39.2% of the parents/guardians without children in ECDE centres said that children’s could be promoted through providing children with educational opportunities including ECDE. Provision of medical care was reported by 16.9% with and 17.6% without children in ECDE centres, feeding by 12.8% with and 13.5% without, parental love and care by 16.9% with and 12.2% without while community sensitization about child rights was reported by 8.1% with and 6.8% without children in ECDE centres. Respecting children’s views, allowing them to play and socializing children to respect elders and behave well were other ways mentioned for promoting child rights, albeit in very low statistical proportions.

Table 8: Known Methods of Promoting Children’s Rights

	Parents With Children in ECDE Centres	Parents Without Children in ECDE Centres
Known Methods	%	%
Provide children with educational opportunities	33.8	39.2
Provision of medical care	16.9	17.6
Feeding	12.8	13.5
Parental love and care	16.9	12.2
Community sensitization about child rights	8.1.	6.8
Allow them to play	-	10.8
Report perpetrators of child abuse to authorities	-	4.1
Listening to their views	4.7	2.7
Observing their rights	3.4	8.2
N/A	52.0	42.7
Total (n)	150	75

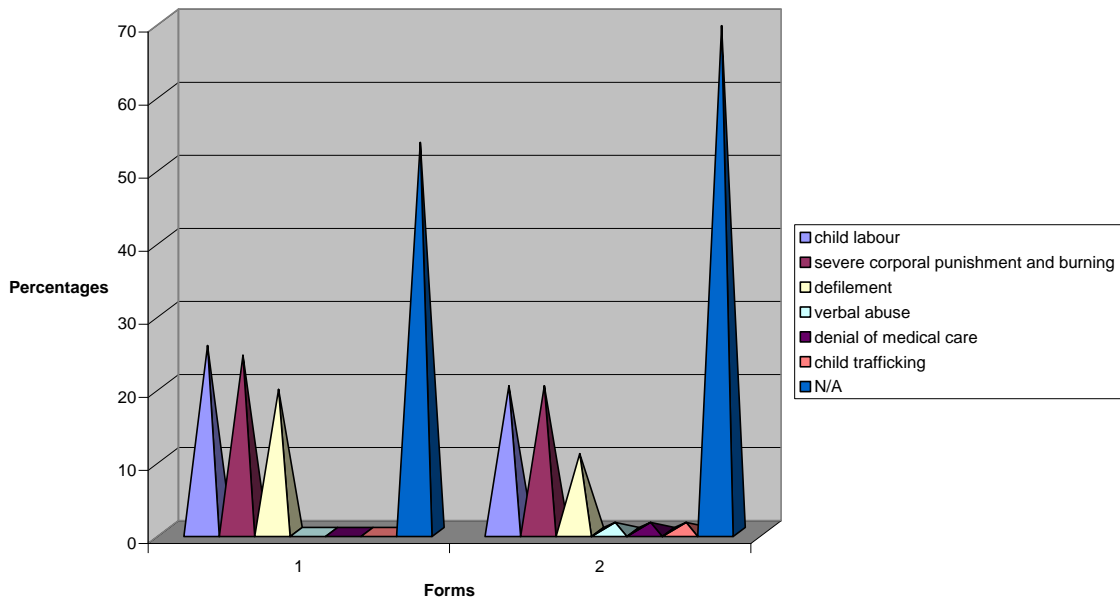
NB: total % is more than 100 due to multiple responses

SCiUG in liaison with its partners has evidently carried out considerable sensitisation regarding child rights. In addition, the project strengthened the capacity of local leaders, district structures and parents to be more responsive to child protection. The project further conducts documentation and sharing of good practices, like role model school visits and children’s parliament. However there is still room for improvement through strengthening the integration of child rights activities in the SCiUG ECDE project in Karamoja.

3.5.3 Prevalence of Child Abuse

46.7% of the parents/guardians with children in ECDE centres and 30.7% of the parents without children in ECDE centres said that children are still abused within their local communities’ structures (Ameto) put in place notwithstanding. The forms of abuse that were mentioned (Graph 22) by parents with children in ECDE centres included child labour (work over loads and turning girls into maids in towns, said by 25.5%, severe corporal punishment and burning, reported by 24.2% and defilement said by 19.5%.

Chart 22: Forms of Child Abuse Metioned by Parents with and without Children in ECDE Centres



Other forms of abuse comprised of isolating children with disabilities, not taking children to school, verbal abuse, denial of food and denial of health care. Amongst parents without children in ECDE centres, defilement was reported by 10.7%, severe corporal punishment 20.0%, child labour by 20.0%, verbal abuse by 1.3%, denial of medical care by 1.3% and child trafficking by another 1.3%.

67.1% of parents/guardians with children in ECDE centres who said that children were abused in their communities had identified cases of abused children. The identified cases included child labour, child battering, scalding with hot water, child trafficking, killing of child albinos, verbal abuse and denial of food especially to orphans. However, only 14.3% of those who had identified cases of abused children did report them. Cases were reported to Local Council I chair persons, police, teachers, elders who head Ameto traditional disciplinary courts and hospitals.

Amongst parents/guardians without children in ECDE centres who said that children were abused in their communities, 25.3% had identified cases of abused children. The cases included severe corporal punishment, defilement, child labour and denial of food and medicine. Nonetheless, only 14.7% of those who had identified cases of abused children did report them. Cases were reported to Local Councils, traditional disciplinary courts (Ameto) and police.

3.5.3 Parents'/Guardians Known Methods of Protecting Children From Abuse

Asked how children can be protected from abuse, 30.4% of the parents/guardians with children in ECDE centres said community sensitisation while 16.3% suggested enforcement of laws addressing child abuse and strengthening the capacity of traditional councils/courts (Ameto). Reporting culprits to authorities including traditional councils/courts (Ameto) and taking children with disabilities to school were also suggested.

Amongst parents/guardians without children in ECDE centres, reporting cases of child abuse to elders' traditional disciplinary courts, courts, police and/or Local Councils was reported by 22.7%, community sensitization by 5.3%, taking children to school by 5.3%, giving children limited work by 1.3% and respecting their views by 6.3%.

3.5.4 Children's Levels of Knowledge of their Rights and Responsibilities

Children's knowledge of their rights and responsibilities was measured using child friendly tools especially pictures. Children were shown pictures of happy and unhappy faces and asked to describe somebody who is happy and what makes him/her happy. Children in ECDE centres identified the happy and unhappy faces and explained what made the people happy thus; when they have eaten, are playing, when they buy clothes, when they are dressed/clothed, when they have scholastic materials. By mentioning what was important in their lives, children were aware of what they liked and what they disliked which introduced them to rights. On the contrary, children not enrolled in ECDE centres did not respond to the two unhappy and happy faces. These children were too shy and timid to talk about the pictures. They instead cringed onto their parents, indicating that they had not had opportunity to interact with strangers.

3.5.5 Children's Known Skills for Protecting their Rights

With regard to children's known skills for protecting their rights, we used pictures showing child abuse such as being beaten. Children were asked to explain what was going on in the pictures and what actions they would take if what was happening in the pictures happened to them. Children enrolled in ECDE centres said that they would run away when beaten, others said that they would hide away and come back later if they have done something wrong while some reported that they make loud noise to scare away someone who was about to beat them. These children added that they would get annoyed when denied food, cry when beaten and cry when hungry or not given food. These responses indicate that the children knew how they could protect themselves from abuse. On the other hand, children not enrolled in ECDE centres merely smiled when shown the sets of pictures of children being abused. They could not talk about them because they were shy. Only one child said that he could make an alarm. Children not enrolled in ECDE centres were therefore not able to tell how to protect themselves.

3.5.6 Children's Levels of Knowledge of Child Abuse

Children's levels of knowledge of child abuse were once again measured using pictures of children being abused. Children enrolled in ECDE centres observed being beaten and denial of food as child abuse within households. Children not enrolled in ECDE centres also pointed at pictures they did not like (children being beaten) but could not explain why they did not like them.

3.5.7 Children's Known Skills for Protecting Themselves Against Child Abuse

Children enrolled in ECDE centres said they would run away if beaten while some said that they would hide and come back later when if they had done something wrong. Making loud noise to scare one who is going to beat them and getting annoyed if denied food were also mentioned. However, children not enrolled in ECDE centres could not respond when asked how they would protect themselves from child abuse. Actually, two boys ran away when asked this question.

3.5.8 Children's Levels of Knowledge of their Responsibilities

Children were presented with pictures and asked what they do at home. Children enrolled in ECDE centres. Responses included washing plates, fetching water, cooking food, baby sitting, collecting firewood and washing plates and cups. Amongst children not enrolled in ECDE centres 5 girls said they fetched water while the rest did not respond. Children said they had responsibilities to their parents and family members.

District officials acknowledged the role of the project in promoting children's rights. It was mentioned that Karamoja region used to have many cases of abuse of children's rights whereby children would be flogged for minor errors and omissions but have since reduced, courtesy of the ECDE project. The region has since adopted community policing whereby parents that abuse children's rights are reported to authorities. Promotion of child rights is being enhanced through sending children to ECDE centers; in fact, many communities are requesting for ECDE centers to be established in their areas, which is evidence of popularity of the project.

3.6 Achievements of the Project in Nutrition/Health Components of ECDE

3.6.1 Levels of Malnutrition Amongst Children

On average, the 6 health workers interviewed reported that they each received 70-90 cases of malnourished children from ECDE centres during the last one year. Malnutrition levels were reportedly on the increase because of due to poverty, alcoholism amongst parents that leads them to neglect children, poor harvests, parents' sharing of the little food provided by health units and Civil Society Organisations (CSOs) to children, fewer cows and little milk available due to cattle rustling.

3.6.2 Health Status Amongst Young Children

All health unit personnel interviewed reported receiving cases of sick children from ECDE centres during the last one year. The numbers ranged from 25 to 400 making an average of 246 cases per health unit. The cases of sick children reporting to health units were said to be on the increase because of unhygienic conditions within homes, poverty that does not allow for provision of enough food, poor feeding, alcoholism amongst parents/guardians that makes them devote little or no time for the care of children, lack of mosquito nets, nomadic movements from place to place which hinder cultivation, famine/hunger, poor nutritional practices arising from ignorance and cattle rustling that resulted in lack of milk.

3.6.3 Levels of Personal Hygiene and Understanding of its Importance Inculcated into Children

Levels of personal hygiene were wanting amongst both the children enrolled and not enrolled in ECDE centres. 90.0% of the children enrolled in ECDE centres had dirty clothes, 80.0% had not bathed while 10.0% had no clothes at all. Amongst children not enrolled in ECDE centres, 98.0% had not bathed, 95.0% had dirty clothes and 20.0% of the boys had no clothes at all. The problem of personal hygiene was worsened by lack of water near the ECDE centres and absence of pit latrines. Children eased themselves anywhere they saw convenient including the bushes near their respective centres. This made the environment surrounding the centres not only unhealthy but also unsafe which negates the very essence of ECDE. For without hygiene and sanitation, some of the tenets of ECDE are seriously compromised. It is very important therefore that the SCiUG ECDE project in Karamoja addresses the hygiene and sanitation deficiencies not only around its centres but also amongst children. Construction of boreholes next to the centres and pit latrines is recommended. Communities could be mobilized to construct pit latrines while local governments and other partners like UNICEF could sink the boreholes. Alternately, SCiUG could simultaneously consider launching fundraising drives specifically aimed at installing water and sanitation facilities within ECDE centres, although this is beyond its mandate. For sinking a borehole costs 15/= million; thus 100 boreholes would require 1.5/= billion, which although apparently costly, would ultimately promote the core tenets of ECDE, thereby reducing water and sanitation diseases in the project communities

3.6.4 Levels of Infant and Child Mortality Rates

All health unit personnel interviewed again reported high levels of infant and child mortality rates in the region which were attributed to poverty that led to inability to afford enough food for families, poor harvests caused by droughts, insecurity and cattle rustling that impede cultivation and reduce cattle herds, respectively and diseases like malaria,

pneumonia and alcoholism. The high levels of infant and child mortality rates were further attributed to nomadic lifestyles and malnutrition.

3.6.5 Levels of Health Personnel's Knowledge of, and Skills in Child Disease Prevention

All health personnel interviewed had received training in prevention of child diseases. missionary and government institutions were the sources of this training. Specifically, health personnel had received skills in general prevention such as immunization, monitoring child growth especially weight and height monitoring, prevention of diarrhea, primary health care, communal health practices, use of mosquito nets, boiling water for drinking, hand washing practices, use of latrines and eating warm food, sensitizing communities about hygiene and environmental health and sensitising mothers about appropriate child care practices. Most of these skills were said to be extended to ECDE centres.

3.6.6 Levels of Health Personnel's Skills in Case Management of Diseases

Again, all health personnel interviewed had received training in disease case management from the same missionary and government institutions. The skills acquired included provision of first aid to children, child assessment especially taking temperatures, weighing children, growth monitoring, general examination, taking health records of children, immunization, making referrals and treatment of malaria and other diseases. Other skills included handling emergencies during pregnancies and preparation of oral rehydration salts. Again, most of these skills were said to be extended to ECDE centres.

3.7 Achievements of the Project in the Early Stimulation Component of ECDE

Early stimulation is one of the major components of ECDE because it promotes learning which starts at birth. Early stimulation encompasses cognitive development and social interaction through play which were measured amongst children enrolled and not enrolled in ECDE centres using different child friendly tools especially drawing, story telling, games, playing, dancing, painting, shading and picture interpretation.

3.7.1 Levels of Interest in Early Learning Generated By ECDE Amongst Young Children

A comparison of data elicited from children enrolled and those not enrolled in ECDE centres indicated that there were tremendous differences between the two groups with respect cognitive skills and interest generated in early learning. For example, children enrolled in ECDE centres ably handled and sorted objects and actively participated in playing, singing and dancing unlike their counterparts who were not enrolled in the centres. The latter did not actively participate in playing, singing and dancing and did not show interest in handling and sorting objects. Children enrolled in ECDE centres ably interacted with strangers (the researcher) by welcoming them and enjoyed listening to the story that was told by the researcher although the children could not narrate one. 70.0% of the children enrolled in ECDE centres played with the ball rolled to them, 80.0% responded to the recorded music played out to them while 70.0% danced to the rhythm of sound produced by drums. On the contrary, children not enrolled in ECDE centres were not used to strangers and feared interacting with them. Only 10.0% of the children not enrolled in ECDE centres listened to the story narrated by the researcher while 90.0% were not concentrating. Many were attracted to the test objects the study employed, like balls that seemed to be new to them but some feared to touch the objects.

3.7.2 Levels of Self Confidence and Esteem Generated by ECDE Amongst Children

Children enrolled in ECDE centres exhibited higher levels of self confidence and esteem compared to their counterparts who were not enrolled in the centres. For instance, 90.0% of the children enrolled in ECDE centres were excited about the music played (*Oli Mugaati Gwa Butter*) translated as you are good like buttered bread, 80.0% danced to the tunes of the music while 70.0% attempted to sing along the played music. The few who did not dance had wounds on their feet. On the contrary, amongst children not enrolled in ECDE centres, levels of self confidence and esteem were low. 80.0% were very shy, only 10.0% danced to the music while none attempted to sing along the music. Even when their mothers who brought them tried to cheer them, they could not respond, underscoring the significance of ECDE in generating self confidence and esteem amongst young children.

3.7.3 Levels of Mental and Cognitive Development Generated by ECDE Amongst the Young Children

Children enrolled in ECDE centres demonstrated higher levels of mental and cognitive development compared to those not enrolled in the centres. For example, 3 children identified and matched figures, all could sort and match shapes and identify and match colours. Of those not enrolled, 5 children failed to match colours and most could not sort shapes. Children enrolled in ECDE centres also had a higher ability to play manipulative games using picture books, paper, pencils and crayons compared to those not enrolled; 5 children drew pictures and symbols using crayons, 50 children scribbled using crayons, others played manipulative games like *Ngikeleeth* while only 3 children left the paper blank without scribbling anything. Children's manipulative skills proved that children had acquired some skills in holding crayons the right way and scribbling. There was difference of ECDE children and Non ECDE children's work. Expectedly, children not enrolled in ECDE centres exhibited low manipulative skills in using picture books, paper, pencils and crayons; 8 children could not hold a crayon, 54 children scribbled using a plain paper and crayons, 20 children refused to touch the ball while 40 could only roll the balls back to the facilitator or a friend. They lacked skills of holding onto the ball, even when directed and encouraged by their parents.

3.7.4 Levels of Children's Participation in Playing

Children enrolled in ECDE centres exhibited excitement in playing using different play materials like swings, climbing ladders and balls. These children also used local materials (sorghum stalks and clay) to make toys and crafts: that included local balls, vehicles, sun glasses, huts, kraals, dolls, radios, animals, people, huts. Some children had also made small arrows and bows. Alternately, children not enrolled in ECDE centres feared to hold or touch the balls and only 10.0% could actively play. Boys here were more active than girls though because a few did touch and play with the balls yet none of the girls did. Ability to use local materials to make play materials was not investigated amongst children not enrolled in ECDE centres because the children came directly from home without them.

SECTION FOUR: THE ROLE OF ECDE IN FACILITATING TRANSITION OF CHILDREN TO ABEK AND FORMAL SCHOOL

4.1 Introduction

As earlier mentioned, one of the expected project outcomes was that 1,500 children should make transition from the ECDE programme to ABEK centres and formal schools. This target was surpassed as 6,739 of whom 3,239 were males and 3,500 females made the transition to ABEK centres and formal schools. It was imperative therefore to assess the role of ECDE in facilitating transition of children to ABEK and formal school. Teachers in ABEK and formal primary schools were interviewed about their perceptions of, and experiences with children joining their respective schools from ECDE centres and those who join directly from home.

4.2 ABEK and Formal Primary School Teachers' Perceptions of the Role of ECDE in Facilitating Transition to ABEK and Formal Primary School

4.2.1 Teachers' Awareness of ECDE Centres

All the ABEK and formal primary school teachers were aware of the ECDE centers in their respective areas and activities carried out therein. The cited activities included learning, playing, feeding on porridge, singing, dancing, socializing amongst children, numeracy and literacy in English and Ngakarimojong. All the teachers interviewed perceived the activities as useful with respect to stimulating children's interest in joining formal school, enhancing physical fitness through physical exercises done at school, acquiring knowledge, promoting nutrition, growth and development through feeding, learning to socialize with each other, co-operating and sharing and in improving children's health.

4.2.2 Transition to ABEK and Formal Primary School

Since the inception of the SCiUG ECDE project in Karamoja, the ABEK and formal primary school teachers interviewed said that 4,994 children had transited from ECDE centres to their respective schools. Children transiting from ECDE centres were reported to be more than those joining ABEK and formal primary school directly from home because the former were already used to the learning environment, hence had more interest in learning. For example, some could already read and write a few letters and also count. Children transiting from ECDE centres were described by teachers in ABEK and formal primary schools as brighter, more active and participatory in class activities, interacted more freely with others more both in and outside classes, attended more regularly, were more punctual and coped more easily with the school environment compared to those who joined school straight from home. However, it was noted that attendance was sometimes tied to serving of food in schools. When food was supplied, attendance was higher than when there was no food served in schools. This has implications for perseverance and completion.

Children transiting from ECDE centres were further said to be more interested in class work and performed better than those who joined straight from home, who were reported to be shy. With regard to persistence, those children joining directly from home were said to have less interest in learning and experience more difficulties in coping than those

from ECDE centers, underscoring the significance of ECDE in facilitating smooth transition. However, it was noted that school feeding played a major role in determining persistence in school because absence of feeding kept away many children from school.

And finally, parents of children transiting from ECDE centres were said to be more interested in their children's education compared to parents of children joining straight from home who sometimes sent their children to school when there was feeding. The former were reported to attend school meetings more regularly and regarded their children's education more highly.

SECTION FIVE: WHAT WORKED WELL AND WHAT DID NOT WORK WELL DURING PROJECT IMPLEMENTATION

5.1 Introduction

This section presents the successes and weaknesses of the project including the challenges encountered during project implementation. The section also assesses the facilitating and constraining factors that could account for the successes and weaknesses, respectively.

5.2 What Worked Well During Project Implementation

5.2.1 Nutrition

Feeding children at ECDE centres was the single most important internal factor that enhanced the effectiveness in enrollment of children. This was because feeding addressed not only the nutritional needs of children enrolled but was also a wider community problem arising from harsh climatic conditions, cattle rustling and general insecurity in the area. Thus, by being assured of porridge, parents not only enrolled their children in big numbers but children were also attracted to the centres.

5.2.2 Early Learning

Early learning through stimulation, play and cognitive development carried out in ECDE centres was another component that was most effective in promoting ECDE, considering the numbers of children who enrolled in ECDE centres, the enthusiasm they had for attending the centres and participation in the centers' activities including drawing, story telling, games, playing, dancing, painting, shading and picture interpretation. Children enrolled in ECDE centres were not only active and enthusiastic but had also developed high levels of self confidence and esteem. They ably interacted with strangers, danced to music, sang along the music played and played using a variety of play materials.

5.2.3 Transition to from ECDE Centres ABEK and Formal Primary School

Data collected from teachers indicated that the ECDE project contributed significantly not only to enrollment in ABEK centres and formal primary schools but also children who transited from ECDE centres were more punctual, attended more regularly, had more interest in class and performed better than their counterparts who joined ABEK centres and formal primary schools straight from home. Thus, transition from ECDE centres to ABEK centres and formal primary schools was a major objective of the ECDE project that enhanced its effectiveness in this regard.

5.4 Extent to Which District and Community Leaders and Members Contributed to the Success of the ECDE Project

Several individuals and groups have played a key role in contributing to the success of the project especially as regards establishing and managing ECDE centres and preparing and serving the porridge to enrolled children. First, community leaders provided the land, contributed some locally available building materials (poles), identified caregivers for training in ECDE and managing the centres and mobilized parents to enroll their children in the centres. In addition, community leaders mobilized community members in building and fencing centers, monitoring activities going on the center to ensure management committees are working harmoniously, in fetching water and firewood and in cleaning

centers. Community members also provided labour for cooking porridge, fetched water for cooking and helped in cleaning the ECDE centres. The children themselves were enthusiastic about the feeding, learning through play, stimulation and cognitive development they received from the centres. Caregivers also manage the day to day running of the centres including caring for the children, serving them porridge and ensuring a safe and stimulating environment for children's early childhood development.

The district officials also offered various forms of support to the project. These include providing technical and management support to ECDE centers, participating in training care givers, monitoring project activities, occasionally transporting donations from partners to the centres, passed an ordinance that all counselors should provide monitoring support in their respective areas and contribute 6.0% to ECDE centre activities in addition to donations in Kind. Kotido district council had also purchased a motor cycle to facilitate monitoring of the project activities.

5.4 What Worked Not Well During Project Implementation

5.4.1 Nutrition and Health

Although the nutritional and health statuses of children were expected to improve through improved livelihood and health services provided arising from SCiUG's networking with the relevant sectors (livelihood and health services), the statuses did not improve much. Poor harvests, poverty to purchase adequate amounts food, lack of food, parental neglect of their children and ignorance were cited as the major problems that impeded the nutritional status of children. Parents/guardians further said that feeding at ECDE centres was not adequate. Subsequently, health workers interviewed reported that there were increasing cases of child morbidity and mortality.

Home based nutritional practices and health status of children were not improved as planned because of the lesser networking between the SCiUG ECDE project and the relevant sectors. Thus, although there was increased immunisation coverage in centres, reducing malnutrition and subsequent reduction in childhood morbidity and mortality in target communities was not achieved.

5.4.2 Narrow Conceptualisation of ECDE in the Design of the Project

Amongst the internal conditions that inhibited the effectiveness of the programme was the narrow conceptualisation of ECDE that focused on children aged 2-5 years. Because of this narrow conceptualisation, the project paid less attention to the pre- birth stage of child development and the infancy stage of 0-2 years. The pre- birth stage of ECDE is significant because development of a child begins at conception while learning begins at birth. The social, emotional, physical and attitudinal states of an expectant mother not only affect the physical development of the foetus but also influence the quality of care given to the new born baby. Depending on the expectant mother's state, the quality of care ranges from: tender loving in which quality nurturing is provided; to indifference to the physical and psycho-social needs of the baby; outright neglect; and in extreme but unfortunately not isolated cases, abandonment in public spaces; and/or infanticide. Between conception and child birth, child development is therefore dependant on good care for a mother to meet her nutritional, medical care, pre and post natal interventions, physical, social and emotional needs so as to facilitate proper growth and development of the unborn child. This ought to have been emphasized to parents/guardians.

The infancy stage of 0-3 years is the first stage of early childhood development. After birth, the first two years of life is the time when most of the human being's brain cells grow and the brain attains full neural functioning. These crucial processes are directly affected by the child's nutritional and health status and appropriate stimulation. Thus, this is the time when adequate health and nutrition are very important and when rapid physical growth must be supported by appropriate infant stimulation. Secondly, this is a time when the child becomes first acquainted with its culture and language. From this perspective, it is especially important in contributing to the child's understanding of its self-identity. That is, its gender (male or female), its ethnicity, its language, its religion, its place in the family (first, second or last born), its relatives etc. By not placing emphasis on this stage of ECDE especially age 0-2, the project demonstrated a weakness in its design.

Because of this weakness in design, the project missed out an important linkage with communities and parents/guardians who take care of the unborn child and those aged between 0 and 2 years. The project laid more emphasis on ECDE centres and less on caregivers within communities and households. Hence, not as many parents/guardians were sensitised about their roles in enhancing the project. The project should have trained community based mobilisers who would in turn sensitise parents/guardians about the theory and practice of ECDE including its significance not only to child development but also in shaping their character in adulthood.

Even the caregivers were not aware of the pre- birth and infancy stages of development! All said that a child starts developing at between 2 months and 1 year and starts learning between 10 months and 4 years! Clearly, the SCiUG ECDE project needs reconceptualising its design.

5.4.3 Ambitious Geographical Coverage of the Project

The SCiUG ECDE project was also extremely ambitious in its geographical coverage. With a budget of 2,100,000,000/= (of which 55.0%, or 1,200,000,000/= contributed by BVLFF), covering the entire Karamoja region implied that resources had to be thinly sprayed for meaningful impact to be realized. Because of the ambitious geographical coverage, key ECDE elements like sanitation, hygiene, safe environment were not included in the design of the project. For example, the shelters constructed were so basic that they did not provide adequate protection from rain and sunshine. Although SCiUG through its local government partners has attempted to mobilize communities to construct pit latrines and provide drinking water in small cans, most of the centers still lacked water sources and pit latrines which compromised children's health besides failing to practically inculcate into children good hygiene and sanitation practices. Water, sanitation and hygiene should be promoted in the next phase of the project.

5.4.4 Lowly Motivated Caregivers

Although caregivers manage the day to day running of the centres including caring for the children, serving them porridge and ensuring a safe and stimulating environment for children's early childhood development, they have low motivation. For they carry out their work voluntarily since some are not paid at all while others are given quarterly incentives worth 20,000/= and the porridge they take at the centres. Yet they work 5 days

a week taking care of 2-5 year olds, which is not a simple feat. In addition, they face several challenges that include lack of firewood, shortages of jerry cans, sauce pans for boiling porridge, plates, cups, basins for serving the porridge very many, are not or are under paid and low care giver/child ratios. Other challenges include lack of people to take care of their homes during the time they are doing the caregiver work, lack of food for self since they do not have time to cultivate and do not earn enough to purchase enough food and insecurity in case of attacks. There is need therefore to find a practical and sustainable solution about facilitation of caregivers.

5.4.5 Lesser Networking Between the SCiUG ECDE Project and Other ECDE Relevant Sectors

The evaluation team did not find any extension workers who had worked in partnership with the project although we interviewed community development officers whose role in the project was to mobilize and sensitise communities on the importance of ECDE. The community development officers cited challenges like lack fuel for transport to centers, insecurity, low commitment amongst parents to enroll children in ECDE centers, insufficient food offered in centres and parents' asking for money for local brew during mobilization tours. Asked what roles they or their respective health facilities played in SCiUG's ECDE centres, health personnel interviewed reported that they treated and referred children, immunization, weighed malnourished children, provided health education to mothers to improve care practices of their children, provided nutritional care in form of plumpy doses and supplied mosquito nets to parents of children.

SECTION SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Karamoja region is disadvantaged both climatically and in terms of infrastructure like educational facilities. The ECDE project therefore addressed the ECDE needs in the area given that the area is deficient in food and formal schools are much fewer. The ECDE needs addressed included nutrition/feeding, stimulation though early learning and mental and cognitive development, socialization and basic literacy and numeracy all of which were relevant to the project objectives. Construction of ECDE centres also facilitated enrollment and later smooth transition to ABEK and formal school by preparing children in readiness for school.

The SCiUG ECDE project in Karamoja was therefore relevant not only to children and their parents/guardians but also communities and local governments. To children and their parents/guardians, the project addressed the gaps in opportunities for early stimulation, nutrition and health care, socialization, cognitive development and readiness for school. As a result, the project has not only seen many children enrolled in ECDE Centres but also many successfully transiting to ABEK and formal primary school. The project and its partners have also popularized the concept and practice of child rights which formerly were not observed. The project has therefore promoted child rights in the region. To communities and local governments, the project again partially contributed to address feeding problems endemic in Karamoja region that is characterized by harsh terrain and climatic conditions. The project has also supplemented the efforts of the region's ABEK programme because it prepares children for transition not only to ABEK but also formal primary school.

The SCiUG ECDE project in Karamoja has generated some internal capacities most notable of which are volunteer caregivers and construction of ECDE centres by communities themselves. Most important is that district leaderships and communities appreciate the significance of the centres not only to child development also the region's development in general. The scope for sustainability of the project in the long term is therefore high. District leaderships in Kotido are making a modest financial contribution toward the running of ECDE centres, have purchased a motor cycle to facilitate monitoring activities while communities selected caregivers, provided land for construction of the centres, local building materials and construction materials. There was also evidence that the project activities were beginning to be mainstreamed into existing community activities which started by passing district ordinances that councilors are mandated to supervise ECDE centres in their respective areas.

The project demonstrated strengths in harmoniously working with parents/guardians, children, caregivers and community and district leaders in implementation. These strengths should be consolidated. The project also exhibited strengths in implementing the socialization, stimulation, generation of interest in early learning and cognitive development components of ECDE. So was the component for preparing children for readiness for school/transition. Nutrition was also fairly achieved.

However, the project met short falls in providing a safe environment because most of the ECDE centre structures were not providing protection to children from sunshine and/or rainfall. Water sources and latrines were also largely not available. Thus inculcating good

hygiene and sanitation practices was not possible since children learn through observation, amongst other forms. Thus, the health component of ECDE could not be adequately promoted without water, sanitation and hygiene resources put in place within ECDE centres.

The project further focused more on ECDE centre based activities and less on home based ECDE practices, yet homes are the foundations of early learning, socialization and care. Community based mobilisers who would have sensitised parents about appropriate child care practices were not identified, mobilized and trained. This was an omission that should be rectified in the future.

Whereas the project addressed the nutritional needs of the children through the feeding programme carried out at ECDE centres, it did not address the feeding needs at the household level. Networking with relevant organisations as earlier proposed would have addressed this need. Caregivers were also weighed down by the high numbers of children and their low or complete lack of remuneration reduced their motivation to serve diligently.

The project was also very ambitious when it spread its activities across the entire Karamoja sub region with a budget of only 1,200,000,000/=. Near similar projects in other parts of Uganda have been carried out in a few sub counties (not even an entire district) with half of that budget. In future programming, geographical coverage should be matched with adequate budgetary resources.

And finally, although community and district leaderships have made some contributions towards implementation of the project, it is far from sustainability. There is still need for strengthening the capacities of caregivers to provide quality ECDE care, need for permanent structures to house ECDE centres which local communities cannot afford and need for more learning materials in ECDE centres. The financial requirements of the project cannot also be afforded by communities and districts which are very resource constrained. Thus in the short to the medium term, SCiUG has to continue supporting the project financially, logistically, materially and technically. It is in this regard that we do make the following recommendations for improvement of the project.

6.2 Recommendations for SCiUG

1. SCiUG should either scale down its geographical coverage of the project or mobilize financial resources commensurate with its current geographical scope of the project.
2. SCiUG should widen its conceptualisation of ECDE to encompass the pre- birth and infancy stages of ECDE.
3. The project design should actively include households as direct participants involved in the care, socialization, early learning and protection of children. A structure of community mobilisers should therefore be created within the design of the project such that the mobilisers become the engines of sensitizing communities, households, parents/guardians and other caregivers about ECDE.

4. Water, sanitation and hygiene resources should be placed next to every ECDE centres because they are key to the very tenets and principles of ECDE itself.
5. SCiUG should endeavor to build safe ECDE centre structures that provide a safe environment and protection of children from the elements.
6. Due to high enrollment, the current centres are too small for the large numbers of children. Bigger ECDE centres could be constructed.
7. More caregivers need to be recruited and trained so as to reduce the low caretaker-child ratios in ECDE centres.
8. The welfare of caregivers needs to be put into consideration for they may lose morale to the detriment of the children's welfare and the project's sustainability and life span in the region.
9. Closer networking with personnel in livelihoods support is required if child nutrition within homes is to be attained.

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