International Child Development Initiatives

NRDO 15 Nascent Research & Development Organisation Uganda

Foundations for the Future Programme

Baseline Study Report

February 2025

Contents

1 Introduction

International Child Development Initiatives (ICDI) and Nascent Research and Development (Nascent RDO-U, Uganda) are implementing the Foundations for the Future programme in Uganda.

The programme focuses on community-based Early Childhood Development (ECD) interventions for children aged 0 to 8 years and their caregivers and is implemented for 2 years (January 2024 – December 2025). It operates in six communities within Uganda's Busoga Sub-Region: Bubaka, Butokolo, Bulamagi, Budhebela, Bwanalira, and Kinawanswa.
The main pillars of this model are:

- **Enhancing a sense of ownership** in the whole community with respect to the health and psychosocial wellbeing of children aged 0-8;
- **Improving health and social integration of children** aged 0-8 through the increased availability of and access to multi-sectoral services for parents and children (including prenatal care);
- **Enhancing and improvement of early learning and parent-child interaction** for children aged 0-8 through strategies that enrich parental skills and practices.

In 2025, ICDI and Nascent RDO-U will conduct an outcome evaluation of the programme. To facilitate this, the organisations carried out this baseline study of the programme's outcomes. The scope of this baseline study is the **analysis and reporting of secondary baseline data on the programme's (expected) outcome results.** These data have been collected, analysed and reported through context analysis exercises, namely the **Household Mapping and Social Norms surveys**, which have been conducted by Nascent RDO-U. The data collected through these surveys are both **quantitative and qualitative findings** from the six target communities. These communities are Bubaka, Butokolo, Bulamagi, Budhebela, Bwanalira and Kinawanswa.

The baseline report **aims to assess the pre-intervention status of the programme's key expected outcomes**:

1. **Community Support:** Communities and stakeholders create an enabling and supportive environment for young children and their caregivers.
2. **Improved Services:** Authorities and service providers enhance the accessibility and quality of ECD services.
3. **Parental Confidence:** Parents feel empowered and capable of providing a safe and nurturing environment for their children.

A main limitation embedded in the baseline study is that its scope has been determined based on the context analysis that has been conducted. This implies that the baseline study's analysis will not provide comprehensive findings on the pre-intervention status of the (expected) outcomes of the programme. Additionally, the context analysis and baseline study employ different methodologies, which they have not been aligned in the design or consistently controlled in their implementation. Due to this, the reliability and accuracy of the baseline study's findings are compromised to a certain extent.

After this introduction, the report presents in section 2 the baseline data and their analysis. Then section 3 provides the conclusions from this analysis.

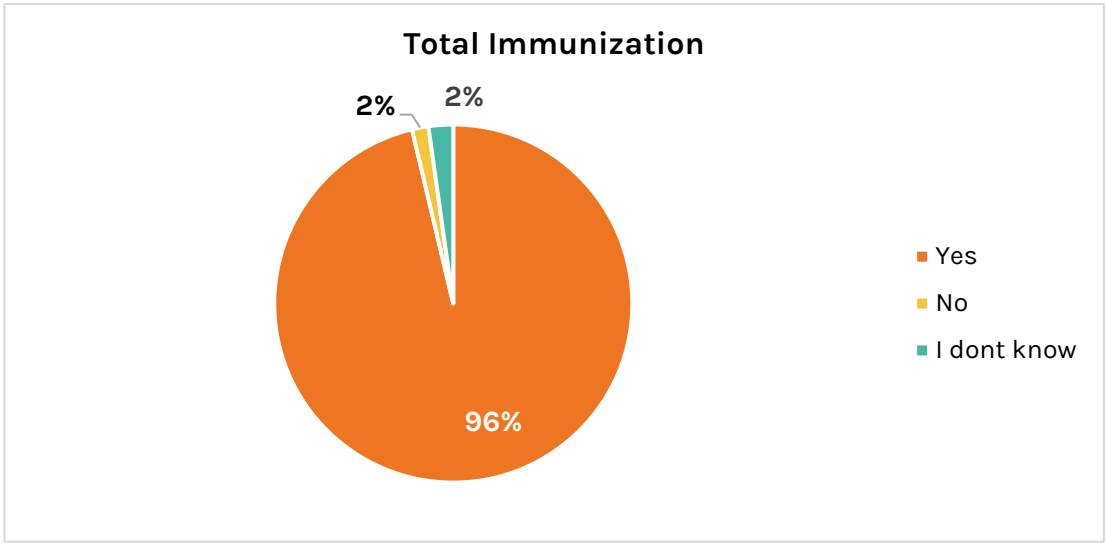
2 Analysis

2.1 What are the pre-interventions levels of children receiving vaccinations in the programme's communities?

In the six communities that were included in the Household Mapping Survey, the majority of the respondents indicated that they have taken their children for immunisation.

In terms of cross-communities' differences, respondents from Kinawanswa indicated the highest percentage of taking their children for immunisation, 92% of households took their children for immunisation, followed by Bwanalira with 98% of households, and Bubaka ranking the lowest with 89% of households taking their children for immunisation.

Graph 1 below illustrates the percentage of the Household Mapping survey's respondents who have taken their children for immunisation.



Graph 1: Caregivers who took their children for immunisation from Household Mapping Survey

The data of this graph illustrate that level of children receiving vaccinations in the programme's communities is adequate.

2.2 What ECD services (with focus on birth registration, nursery attendance and formal education attendance) are available in the programme's communities at the pre-interventions phase?

In the Household Mapping Survey, 3 ECEC services are identified that are available in the surveyed communities:

- Birth registration
- Nursery education
- Formal education

Overall, in Uganda, parents must register the birth of their children at the nearest official registration centre. However, according to the Household Mapping survey, only 7% of children were reported having a birth certificate. From the Household Mapping Survey, it was identified that the biggest impediments for birth registration were the costs relating to the birth registration, the lack of birth documents and the distance to the centres where the birth registration occurs.

Graph 2 below provides the percentages of having a birth registered, as per data from the Household Mapping Survey.

Graph 2: Percentages of birth registration from Household Mapping Survey

Thus, while parents must register the birth of their children, the number is still very low. Even though the birth registration services are available in the programme's communities, there are difficulties that impede its usage.

Nursery attendance was also evaluated in the Household Mapping Survey, and it was noted that the current available nursery schools in the communities of the programme are privately owned and operated. Therefore, accessing nursery school services is not always affordable as 66% of households from the Household Mapping Survey are below the global standard poverty level (*See Graph 3 page 8*).

Most children studied in this Household Mapping Survey are enrolled in school (83%) showing the availability of formal education services within the community. The 17% of children who are not enrolled gave different reasons to why, namely not having enough income to pay school fees (43%), not having enough income to buy scholastic materials (18%), not having schools nearby (6%), and some think education isn't necessary (5%). While schools exist, factors like affordability and location limit their usage.

The awareness of ECD services from the respondents of the Household Mapping Survey varies. The ECD service that the participants were most aware of is the nursery education for children (63%), followed by formal education (structured education system) (28%).

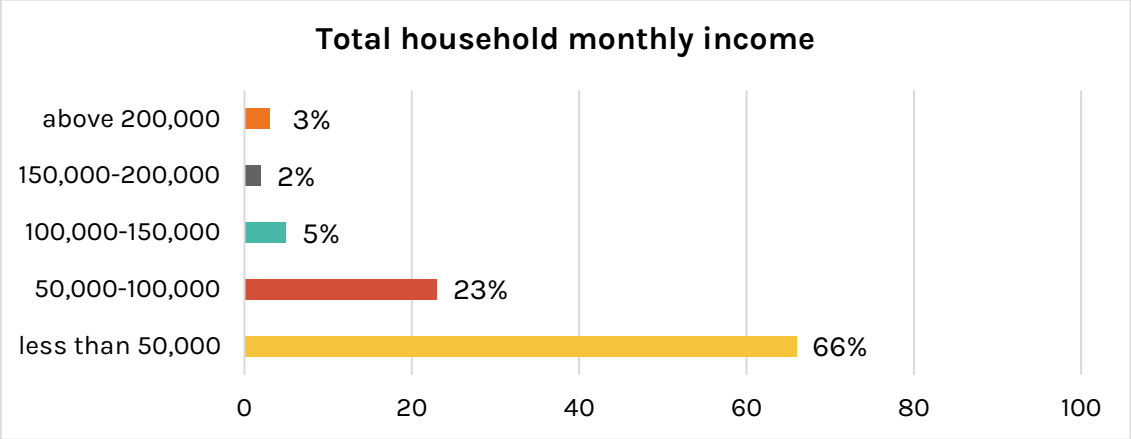
Participants in the Household Mapping Survey also mentioned that due to a lack of sufficient access to ECEC services, 13% of children escort their parents to work while another 3% stay with their grandparents while their parents are working. Additionally, the study also showed that ECD services are not always accessible, such as in the Butokolo and Kinawanswa villages.

The analysis here suggests that birth registration remains low in the programme's communities due to their unaffordable costs, lack of awareness, and accessibility issues, limiting children's access to legal identity and subsequent rights. While nursery education is the most recognized ECD service, it is often unaffordable, leaving some children to accompany parents to work or stay with grandparents. Although school enrolment is relatively high, financial challenges, lack of materials, and distance from schools continue to impede access to early education.

2.3 What are the pre-interventions economic status of households in the programmes communities?

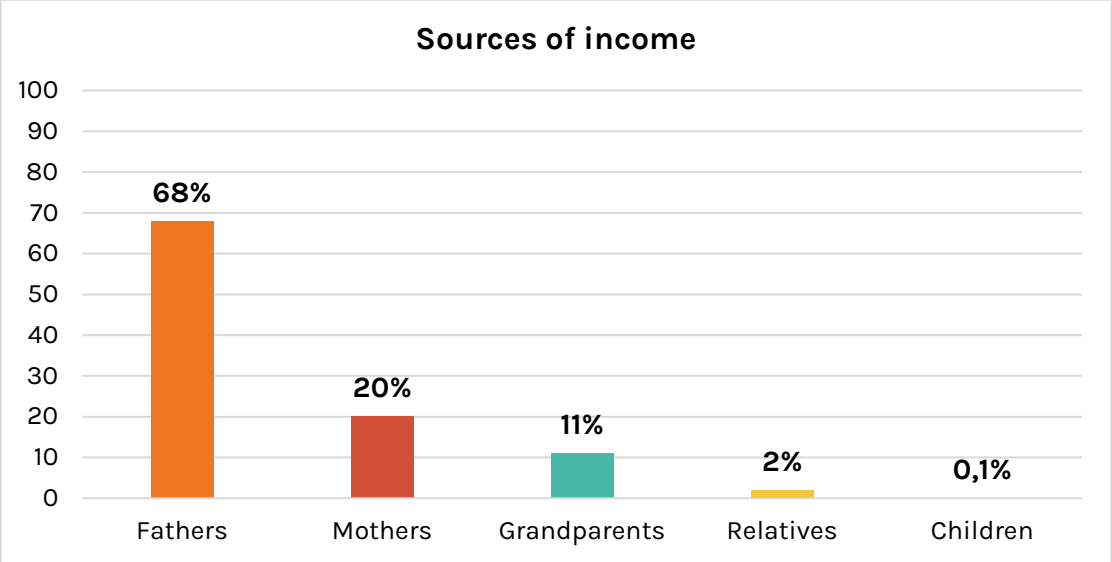
The Household Mapping Survey analysed households' monthly income data, revealing that many of those participating in the study (66%) earn less than 50,000 Ugandan Shilling (UGX) per month. This places these households in a low-income category and below the global standard poverty level of less than one dollar per day. This has significant implications for accessing ECD services, as families may struggle to afford school fees, scholastic materials, and other related costs.

Graph 3 below shows the percentages of households against each monthly income category.



Graph 3: Household monthly income from Household Mapping Survey

Furthermore, household income is generated by all members of the studied households, including parents, children, grandparents, and other relatives living together. Among the contributors, fathers account for the largest share of income (68%), followed by mothers (20%), grandparents (11%), relatives (2%), and children (0.1%). This suggests that traditional roles, such as gender roles, dominate income generation in the surveyed communities. Due to these gender roles, it may limit financial decision-making for example for education.



Graph 4: Contributors of income from Household Mapping Survey

In terms of the different types of income-generating activities, the majority indicated farming (59%), followed by casual work (16%). Additionally, 4% engage in other occupations, such as boda-boda operations, animal rearing, and poultry farming.

To gain further insights into the household's economic status, respondents were asked whether any household members belong to a financial savings and lending groups. The majority (65%) reported that no household members participated in such groups. Although, across villages, there were slight variations in terms of participation in financial savings and lending groups; Budhebela had the highest proportion of members involved in financial savings and lending groups (44%), while Kinawanswa recorded the lowest (29%). Also, when asked about receiving benefits from government programmes, the 91% indicated they had not received any benefits, meaning there is minimal financial support for ECD services.

Based on the analysis above, the overall economic status of the surveyed households is characterised by low incomes which can affect ECD negatively, as households will struggle to afford and allocate resources for accessing these services.

2.4 What health care services during and after pregnancy are available in the programme's communities at the pre-intervention phase?

Participants in the Social Norms Survey described that they regularly visit the nearest health care facility while pregnant (64%) with practices for receiving antenatal care and utilising local herbal remedies. The Survey showed that during and after pregnancy only 4% of women utilised multiple caregivers, preferring traditional providers.

Additionally, the Social Norms Survey reports that pregnancy care varies across different cultural practices. In fact, young mothers in the Kinawanswa village indicated that community attitudes and beliefs significantly influence maternal and child health outcomes. For example, belief that illness is caused by supernatural reasons can lead to a delay of getting proper medical attention which can negative consequences for both the mother and the child.

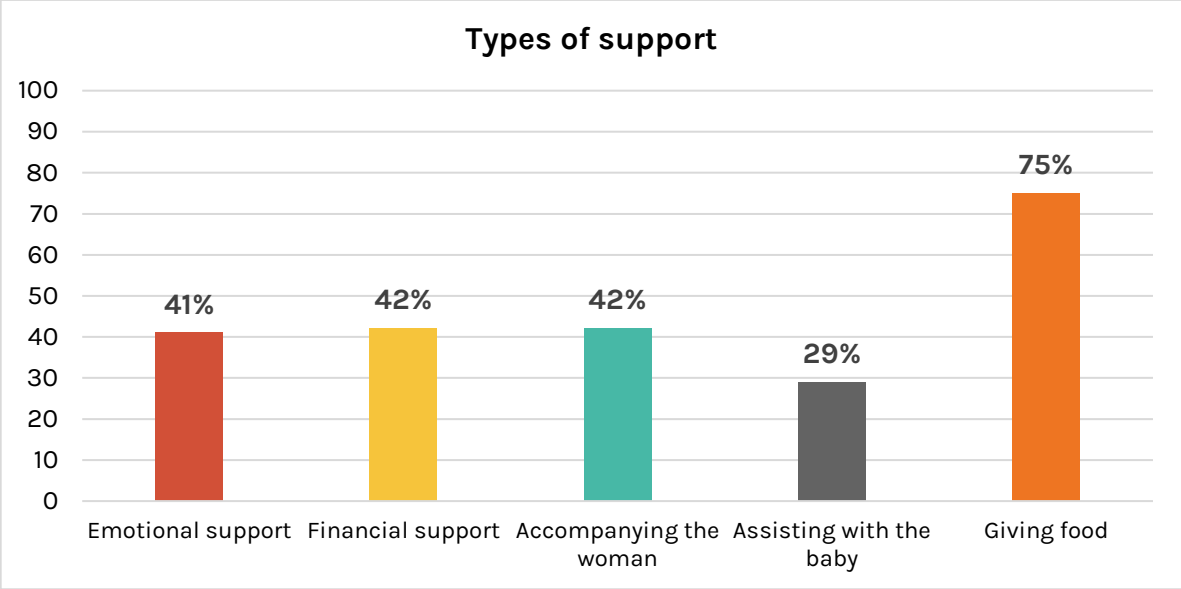
For postpartum care, traditional practices hold a leading role, such as use of pumpkin flowers, use of banana leaves for anti-inflammatory and healing properties, etc., highlighting the relationship between culture and health. However, modern medicine has been integrated and shown significant improvements in maternal health outcomes such as the use of vaccinations has been preventing haemorrhage. A focus group with young mothers in Bulamagi stated that it is common to drink Coca Cola to alleviate cramps. Additionally, another belief that exists is that they should sleep on dry banana leaves until the child's umbilical cord falls off.

From the Social Norms Survey, it is seen that there are health care facilities that women do go to for antenatal care. However, it is also shown how there are certain norms and taboos that women also rigorously follow which can sometimes lead to delay of getting proper medical attention.

2.5 What type of community support for pregnant women is offered in the programme's communities at the pre-intervention phase?

The Social Norms Survey analysed the different types of community support pregnant women received namely, emotional, financial, and moral support, advice, accompanying the mother, assisting with the baby, giving food, giving gifts and baby showers.

Graph 5 below provides the percentages of the different types of community support that pregnant women receive.



Graph 5: Types of community support from Social Norms Survey

As shown in the graph, the most common support is giving food (75%), practical support such as accompanying the woman (42%), financial support (42%) and emotional support (41%) and assisting with the baby (29%).

However, there are some differences in support provided among different the communities. For example, in Budhebela emotional support is the most common, while in Bulmagi financial support is more prevalent.

The main source of support for pregnant women in the communities are the men who are responsible for the pregnancy (94%), followed by Village Health Teams, VHTs,

(46%) and mothers-in-law (23%). Community members and Senga (traditional birth attendants) also play a role, although their involvement is less extensive.

There are some variations in terms of sources of support among the different communities. For example, in Budhebela the man responsible for the pregnancy is the primary supporter while in Bulamagi, the mother-in-law has a more significant role.

Based on the analysis here, the main type of support given to mothers is support in giving food and the women are majority supported by the men who are responsible for the pregnancy (94%).

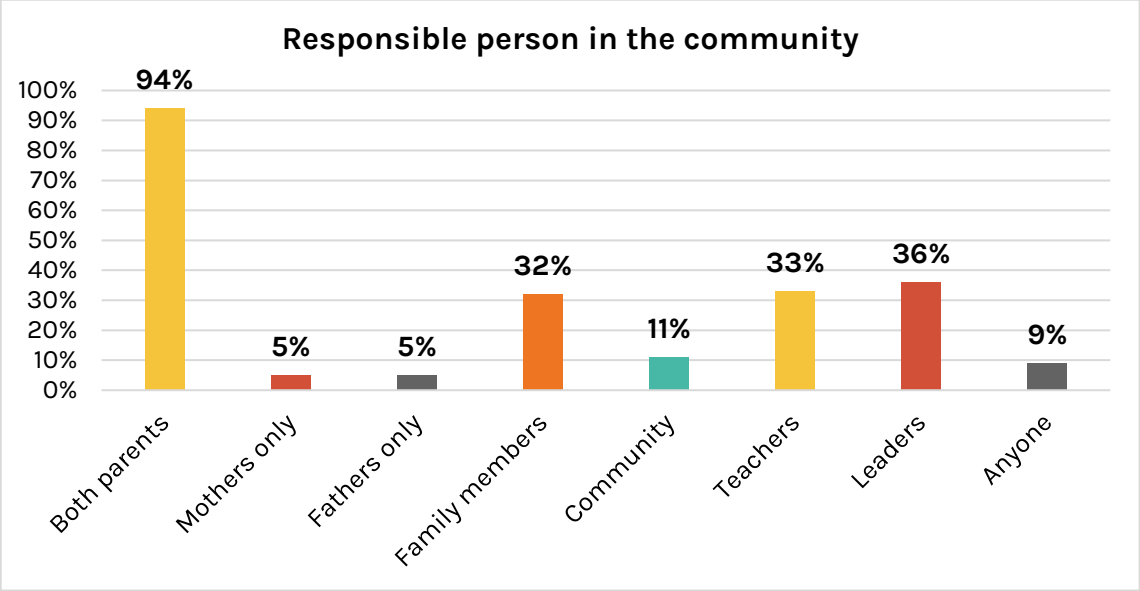
2.6 What roles exist for childcare in the programme's communities at the pre-interventions phase?

Childcare responsibilities across the six villages are predominantly shared parenting with both parents handling childcare duties. This is reflected in the percentage of reported shared parenting (94%) across the different villages that were included in the Social Norms Survey. Also, the Social Norms Survey reveals that the traditional gender-based roles are still determining the parenting responsibilities, as the women are the primary caregivers and the men the primary breadwinners.

Family members are also involved in childcare. However, their involvement varies across different villages with reported involvement across all villages at 40%. Community involvement in childcare is lower (11%) but still present.

Additionally, teachers in local schools also have such a role in some areas (33%), especially in Bubaka where their involvement reaches up to 77%. Local community leaders also have a role in childcare (36%). However, their involvement varies among the survey villages.

Graph 6 summarises the different people that have responsibility in childcare in the community, as per data from the Social Norms Survey.



Graph 6: Responsible person in the community, according to the Social Norms Survey.

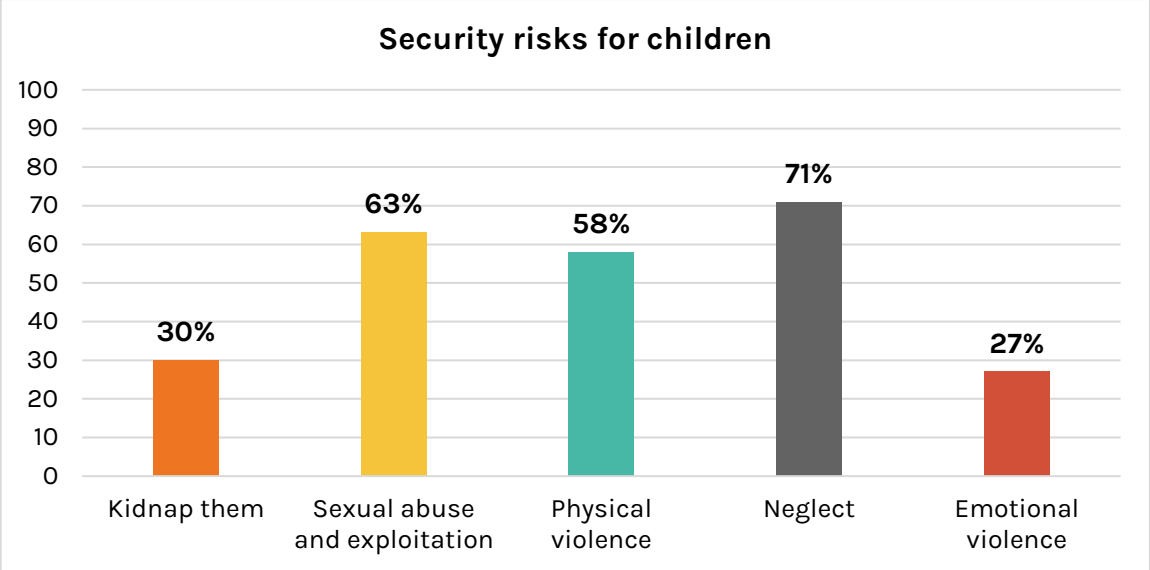
Based on the graph's data, shared parenting is the dominant childcare model, but there are across-villages variations in the support systems and community structures that influence who is involved in childcare.

2.7 *How is a safe environment for children ensured in the programme's communities at the pre-intervention phase?*

From the security risks that children normally face in these communities, neglect (71%) is the most common security risks in all villages, with high incidence in Bulamagi (96%) and Kinawanswa (91%). Sexual abuse, and exploitation (63%) is also a significant risk, particularly in Bulamagi (71%) and Budhebela (65%).

Physical violence (58%) is also a significant issue especially in Budhebela (81%), Bulamagi (80%) and Bwanalira (95%). Emotional violence was less frequently reported (27%) but still represents a significant risk. Additionally, kidnapping was a less common occurrence (30%) however remains a more serious threat in Budhebela (51%) and Bulamagi (75%).

Graph 7 below summarise the different security risks that children face and their percentages of being expresses by parents and caregivers, as per data from the Social Norms Survey.



Graph 7: Security risks for children from Social Norms Survey

To ensure the safety of the children there is a variety of methods employed by the parents and caregivers. Table 1 below demonstrates the different methods that are used and their usage-percentages, as per the data of the Social Norms Survey.

Methods of ensuring children safety	% across the villages
Seek support of family members	42%
Support by community members	38%
Bring children to school	48%
Take children to workplace	28%
Keeping children inside the house	10%
Take children to church activities	22%
Take children to children's community activities	11%
Take children to play with other children *(without supervision)*	13%
Assign children domestic chores	7%
Moral support	18%
Set rules	22%
Supervise and monitor	22%

Table 1: Methods of ensuring child safety from Social Norms Survey

The most common is seeking support and care of family members (42%), especially in Bubaka, Bulamagi and Kinawanswa. Community involvement (38%) is also a significant strategy in children's safety, especially in Budhebela, Butokolo and Bwanalira. These highlight the importance of strong community ties to ensure children's safety. A significant number of children are also taken to school (48%), which according to the Social Norms Survey, suggests that education can be seen as a way of protecting the children from harmful influences.

However, there are some practices that are concerning in terms of the children's safety, such as keeping children inside the houses (10%) or taking them to play with other children without supervision (13%). Keeping the children inside the house could negatively affect the child social development, as well as playing with other children unsupervised could cause safety risks as there isn't an adult present in case of danger, injury, etc.

Overall, there are several risks that the children are exposed to, namely neglect and sexual abuse and exploitation. However, there are methods to try and ensure the children's safety mainly by seeking support from others, from family members, community members, going to school, etc.

3 Conclusions

The baseline report aimed to assess the pre-intervention status of the programme's expected outcomes. Based on the baseline analysis, there are ECD services available amongst the communities. However, birth registration is very low mainly due to the costs related to birth registration, lack of documents and the distance to the centres.

Regarding nursery attendance, it is reported that access to them is not always affordable to a lot of households as the available nursery schools in these communities are privately owned and operated.

As for formal education attendance, a majority of children are enrolled in school. However, there are still children not attending due to financial reasons, not being able to pay school fees, or school materials, as well as distances from the schools.

The economic status of households in the programmes at pre-interventions shows that the majority of households are below the global standard poverty of less than one dollar per day. This has significant implications for accessing ECD services, as families may struggle to afford school fees, scholastic materials, and other related costs.

Focusing on care services for pregnant women, there are health care facilities that women do go to for antenatal care. However, it is also shown how there are certain norms, traditional practices and taboos that women also rigorously follow which can sometimes lead to delay of getting proper medical attention. They rely on traditional practices such as sleeping on dry banana leaves until the child's umbilical cord falls off or using the banana leaves for anti-inflammatory and healing properties.

Women receive support from the community, mainly by the men who are responsible for the pregnancy, followed by the Village Health Teams and mothers-in-law. It appears that there is a community support system in place, as they receive different types of support from giving food, accompanying the woman and emotional and financial support.

Childcare responsibilities are predominantly shared parenting with both parents handling childcare duties. The baseline analysis shows that there is traditional gender-based roles, women are primary caregivers, and the men are primary breadwinners.

Furthermore, there are various security risks for children throughout the communities, but there are different methods to employ their safety, namely seeking support from family members and community members and taking children to school.