MAKERERE UNIVERSITY
COLLEGE OF HEALTH SCIENCES | SCHOOL OF PUBLIC HEALTH

DISSEMINATION

Developing a scalable programme to promote early childhood nutrition and development in rural Uganda: A feasibility study

REPORT

Contents

Summary

The Makerere University Centre of Excellence for Maternal, Newborn & Child Health (CMNCH) in collaboration with University College London, Institute for Global Health organised a dissemination of formative research findings of the British Academy funded project '**Developing a scalable programme to promote early childhood nutrition and development (ECND) in rural Uganda: A feasibility study'.** This dissemination attracted over 50 participants from various sectors such as academia, Ministry of Health, Ministry of Gender, labour and Social Development; Ministry of Education, Luuka Local government, Child Health Development Centre, independent ECND consultants, UNICEF, representatives from Busoga Kingdom and various media houses.

During the dissemination, we explored the inextricable linkages and intersecting areas between ECND and the various sectors against the backdrop of poor child health development, nutrition and stimulation.

Key Messages

- ECND is multi-sectorial involving 3 ministries: Ministry of Gender, Labour and Social Development (MoGLSD), Ministry of Education and Sports (MoES) and Ministry of Health.
- Uganda has a National Integrated Early Childhood Development Policy (NIECD) developed by the MoGLSD which also hosts the ECND secretariat.
- There is strong political will to support ECND at all levels but weak translation of policy into district and community level activities.
- More than 70% of parents were engaged in early learning play activities with their child at home. Homemade /locally made toys are more often used.
- 70% of carers reported that they don't have any children's books for their child
- Many parents believe that 'good feeding' or 'balanced diet, providing 'good care' and 'good health care' are main factor for child development
- A community led approach would likely be most feasible in this setting. This could be through Village Health Teams (VHTs/CHWs) who are already in place as trusted and respected members of the community, with close links to families and their young children.
- There is growing interest and funding for ECND.
- There is paucity of data for ECND; lack of tools for measurement and also not enough knowledge on how to measure
- ECND is a complex area that needs to be unpacked and then an appropriate package designed. There is need for more research in this area. We should leverage effective traditional practices while mindful of socio-economic pressures on families and communities including industrial farming and urbanisation.

INTRODUCTION

On 10th July 2019, Makerere University's Centre of Excellence for Maternal, Newborn & Child Health (CMNCH) in collaboration with University College London organised a dissemination of formative research findings of a project titled **'Developing a scalable programme to promote early childhood nutrition and development in rural Uganda: A feasibility study'.** This study was conducted in Luuka district in June 2018.

OBJECTIVE: To share findings from the Early Childhood Nutrition and Development (ECND) project formative research conducted in Luuka district

Specifically, the formative research aimed to:

1. Identify existing and planned ECND activities within the district services structure
2. Describe the barriers and opportunities for implementing ECND practices and behavior available to families.
3. Assess the family/community perspectives of the feasibility and acceptability of the proposed interventions for implementing ECND.
4. Identify health system strengthening requirements for implementing the intervention

The dissemination attracted over 50 participants from various sectors such as academia (MakSPH, Makerere University College of Health Sciences, University College London), Ministry of Health, Ministry of Gender, labour and Social Development; Ministry of Education, Luuka Local government, Child Health and Development Centre, independent ECND consultants, UNICEF, representatives from Busoga Kingdom and various media houses.

The session began with remarks from the Uganda Principal Investigator, Assoc. Prof. Peter Waiswa, who welcomed participants. We then had a session of self-introductions after which Prof Waiswa introduced MUSPH's partner on the project, University College London, Institute for Global health (https://www.ucl.ac.uk/global-health/) represented by Dr. Daniel Strachan. PRESENTATIONS

Presentation #1: Project Refresh- Background and Premise by Associate Prof. Peter Waiswa,

Prof. Waiswa provided the context for the ECND project. He began by creating a case for ECND and explaining that in Uganda, 6.5 million children are

under 5 years (representing 18.5% of the overall population). Undernutrition accounts for 40% of all child deaths in Uganda while 29% of all children under 5 are stunted. Only 2% of children have 3 or more children's books and these are predominantly in the urban areas.

Cognizant of his multi and cross- disciplinary audience as well as the multi-sectoral/departmental interest in ECND, Prof Peter further explained that Uganda has new ECND policies developed by the Ministry of Gender, Labour and Social Development (MoGLSD) and Ministry of Education and Sports (MoES). However, there is limited evidence to guide implementation of these policies. ECND activities at community level remain untested in Uganda. There is therefore need for succinct evidence on what ECND activities are already available in our communities, what we can leverage and what other strategies we can scale up to further promote early childhood stimulation, nutrition and education. He suggested that Ugandan community health workers, village health team members or VHTs, can be used to further promote ECND activities. Professor Waiswa emphasised that community based approaches are the most promising for impact.

In conclusion of his presentation, Prof Waiswa informed the audience that EU has given Uganda 10m Euros for ECND activities through the Office of the Prime Minister. Eastern Uganda was ear marked as one of the areas of interest here. Therefore there seems to be more interest and funding in ECND activities. Prof. Waiswa ended by posing some key questions or indeed challenges for the assembled stakeholders. These were; how can ECND be best coordinated and achieved at community level? How can you achieve good nutrition and development if you are living in poverty? How do we harness a horizontal approach across the different sectors? And, what cost effective scalable models are available for use?

Presentation #2: Designing an intervention to promote early childhood nutrition and development in Luuka district in rural Uganda: a formative research study of family and community practices

KAP survey findings

By Dr Rebecca Nantanda

Dr Rebecca Nantanda, a technical advisor on the project and president of the Uganda Paediatric Association, presented findings from the KAP survey conducted in Luuka district. The primary focus of the KAP survey was to explore parental practices related to early childhood development. The main objective of the survey was to identify the extent and quality of early learning activities in the home environment and parental behaviours related to infant feeding and nutrition. The survey was conducted in 4 sub-counties in Luuka district with a distribution of peri-urban and rural areas. 320 carers of children under 2 years were interviewed (6months to 2 years).

Dr Rebecca Nantanda responding to a question

Key points from Dr. Nantanda's presentation were as follows:

- More than 70% of parents were engaged in early learning play activities with their child at home.
- Home-made or other basic objects found in or around the home (e.g. sticks and rocks) were the main play materials. However, 70% of carers reported that they don't have any children's books for their child.
- 82% of infants were exclusively breastfed in the first 6 months.
- 78% of carers received information on feeding practices from a parenting program or CHW with the majority of parents reportedly practicing responsive feeding in some form.
- 84.7% of surveyed carers reported talking to their child and encouraging them to eat during meals, 83.8% sit with their child during feeding and 82.6% reported that their child lets the parent know when they are full.
- More than 90% of carers believed that their children understand what they are asked to do and believed that their children learn to do things like other children of their age.
- 27% of carers worked outside the home, and among these 48% take their child to work while 19% left their child alone at home or in the care of another child.
- Exclusive Breast Feeding was found to be higher in the KAP at 82% than the national average 66%.
- 'Good feeding' or 'balanced diet, providing 'good care' and 'good health care' are considered by parents to be the main contributors to child development.
- The majority of carers valued a 'disciplined' or 'well-behaved' child, followed by being 'respectful to others'.
- A comparison of ECND indicators from the UDHS 2016 from Busoga region and Luuka revealed that Luuka district is doing poorly. Most of the indicators in Luuka district are lower than for the wider region. Also, a comparison of indicators from Busoga region with the rest of the country shows that this region is lagging behind, hence the need for more support .

Question and Answer: Clarification was requested as to how the question on breast-feeding was posed. Dr Nantanda responded that this question was asked in the entirety of the EBF strict definition: no liquids, food, or anything else given with the exception of drugs prescribed as needed.

Presentation #3: Designing an intervention to promote early childhood nutrition and development in Luuka district in rural Uganda: a formative research study of family and community practices_Qualitative findings

Dr. Daniel Strachan

Dr Daniel Strachan, a lecturer in global health and development from UCL, Institute for global health informed the audience that the qualitative findings were an opportunity to dig deeper into understanding some of the data from the KAP survey.

Dr Strachan making his presentation

The objectives of the qualitative research were:

- To understand existing and planned ECN&D activities
- To explore current parental knowledge, attitudes and practices in relation to care, nutrition, and psychosocial stimulation of young children
- To explore feasibility and acceptability of proposed activities we thought could potentially work
- To identify requirements for implementing activities & scale up

The National Integrated Early Childhood Development Policy (NIECD) secretariat at the Ministry of Gender, Labour and Social Development (MoGLSD) developed and disseminated in 2016 an integrated ECD policy and operational framework for Uganda. The framework gave the MoGLSD the mandate to coordinate, manage and oversee the implementation of ECD policy across sectors. It designated key responsibilities and activities across the different ministries and sectors.

There is mixed awareness of current ECN&D activities among stakeholders. It is also thought that there has been little government support / funding for ECND implementation. The majority of stakeholders and health workers reported that ECND was offered in health education provision for pregnant mothers, postnatally and within young child clinics. At community level, ECND was offered through VHTs during

home visits with a focus on special care and breastfeeding. Uganda has recognised the potential for impact across early childhood from antenatal to school entry in terms of access points for public sector services including by the health, education and social services sectors. There is strong political will to support ECND at all levels but while national policy makers understand the policy imperative and the national plan, there may be weaker translation of policy into district and community level activities. ECD activities are, in general, equated with health and nutrition activities, with little emphasis on child stimulation or the importance of cognitive development. This was true for government stakeholders, VHTs ANC nurses and carers of young children. This constitutes both a challenge and an opportunity

Most carers of young children who were interviewed and who participated in focus group discussions thought that a child's intelligence was pre-ordained and nothing could be done about it. Some suggested that children learn by example (seeing their parents). Play was valued and considered important for a child to be happy but was not seen as stimulating but instead something that children do to be happy and occupied. However, most parents had little time for play as they were at work. Most play was unstructured. The girl child was more involved in structured play because of gender roles such as role playing domestic chores and cooking. Play materials were locally made and often not bought. Most carers had no access to picture or story books but were involved in singing traditional songs and telling stories to their children. Links between play and stimulation were also poorly understood.

From these findings, the need for understanding appropriate language of stimulating play and responsive communication was identified in order to persuade parents of the importance of their involvement and efficacy as ECD changes agents. The qualitative findings further suggest that practical approaches for incorporating stimulating activities and communication with children into busy daily lives may be advocated for and modelled by respected opinion leaders and peers. The influence of poverty on child development in Luuka was also noted as a key challenge. Other challenges included lack of knowledge and awareness, carers being time poor, fathers' traditional roles as the provider of resources but not care, perceived lack of support for frontline workers and VHTs working as volunteers rather than paid staff, and food insecurity. All were seen as potentially undermining stimulation efforts at the household level.

In conclusion, Dr. Daniel suggested, based on the formative research findings, a community led approach would likely be most feasible in this setting. This could be through Village Health Teams (VHTs/CHWs) who are already in place as trusted and respected members of the community, with close links to families and their young children. There is the potential to, in addition, leverage the willingness of multiple stakeholders, carers (fathers inclusive), local and religious leaders as ECND champions.

DISCUSSION (QUESTION AND ANSWER SESSION)

The comments and questions asked arose from the previous presentations. However, some complementary suggestions were also made. Below are some of the questions and suggestions.

1. Children are naturally intelligent. Intelligence is inborn. Can we influence intelligence?
2. How can local play materials influence stimulation?
3. How does ECND compare in families that grow sugarcane and those that don't?
4. How can we have good child nutrition and development in the face of poverty?

5. There was mixed awareness concerning ECND. There is some indigenous knowledge in the community. Can this be teased out vs the knowledge in the books? ***We need to create spaces where knowledge (both local and text book) is discussed while we harness some of the aspirations of good child development. There is need to study the local knowledge***
6. Quantitative findings indicated 82% EBF while qualitative findings showed people are yearning for knowledge. ***Generally surveys are not very good (quite deceptive) in asking questions around different practices. In our work, the qualitative component could more be reliable. There is a supplement in PLOS medicine concerning deceptiveness of surveys*.**
7. What is the relationship between nutrition and hygiene (personal and environmental-WASH)? ***The study did not explore the water and sanitation (WASH) component***
8. Was the cultural aspect investigated e.g food taboos, religious affiliations etc? ***This was not a central focus of our work but we found aspects that resonated with cultural influences. However, we need to dive more into this and address it in our next steps***.
9. In Africa, play is not for adults especially for men. There is negative pressure surrounding men involved in ECND activities. How do you integrate the core values of an African child into the modern ECND practices? ***Play is a broad term and means many things. We found that play is considered for children. So perhaps we need to define the means through which we talk /engage with children (play, verbal interaction etc) rather than the term 'play' .The word 'Play' may be misleading. So we need to unpack what play is. There are different domains of development (e.g. language, physical, cognitive), it would be useful to be more specific regarding the potential impact for advocated approaches.***
10. Stimulation is not only for parents. The society at large takes part especially in the villages. Does stimulation translate into adulthood? ***There's evidence that stimulation links to brain development. If we invest in development of children, we save for the future. Stimulation is lifelong with the first 2 years of life being very critical. Stimulation also plays a big role with regards to disability. It has positive outcomes on unconscious babies/people- may revive consciousness.***

    The environment plays a big role in learning. In parenting, we need to be holistic in our approach.
11. In communities, disabled children were always locked up. How inclusive was this project? ***We were keen on inclusiveness of disabled children. However, this was a challenge methodologically. When mobilising for the KAP survey, there was a challenge in mobilising disabled children because of the over protectiveness of the carers/guidelines and the potential reluctance of mobilisers. One of the advisors of the project is a global leader on disability.***
12. Traditionally, families were 'ECND centres'. There are traditional methods for monitoring growth, creating toys using local materials, passing on knowledge through songs etc. Traditional knowledge was embedded in the society and passed on. How well did the research focus on best traditional practices? ***Clarification: The study was not recommending manufactured toys but rather excited that there were local play materials in the society. The aim for proposed activities and interventions is to build on local knowledge and expertise with complementary, evidence based approaches.***
13. There was more than 70% stimulation. Can you unpack some of the things that they were doing? ***These are unpacked in the larger project report. There are different activities e.g telling stories, songs, etc. Fathers and mothers have different activities.***

14. From the presentation, half the mothers started complementary feeding at 6 months. What were the other half the mothers doing after 6 months if they did not introduce other feeds? Need to emphasize complementary feeding after 6 months: what kind of feeds are given, timing of feeds, quality, quantity, how often? This is a critical time for child development. ***We need in depth understanding of what happens at this time.***
15. What is the hypothesis of this study? ***We wanted to know the current ECND situation in Luuka***.
16. Good results for an area that lacks information. There are different domains of stimulation-physical, social, emotional etc. How is language developed? This study should have challenged what is planned at policy/programmatic level. There is need to dig deeper. Who is the carer in Luuka? What is the community understanding of a carer? There is need to study deeper and systematically package the African ECND practices/road map. This is a good opportunity to do this. ***Many questions are unanswered. There is need to have a multi-disciplinary approach, more time and resources in studying all these ECND aspects. We could interest our students at MakSPH in conducting more studies in this field. From the research, we have rich data however, not all was presented.***
17. The brain is 80% developed by the age of 3 years. Therefore we must invest in ECND.
18. Mothers do stimulate their children. However, we need to find the gaps and address them. We also must empower mothers with knowledge on ECND.
19. What facets of stimulation are we targeting? Are there any differences in stimulation at home *vs* stimulation during institutionalisation e.g day cares?
20. In Luuka, 80% of children who are supposed to be in an ECND facility are not.
21. Findings from this study are a good opportunity for secretariat at MoGLSD since they don't have ECND information for children below 3years
22. It would be beneficial to do a KAP with health workers to find out how much they know about ECND. Health workers are key in passing information during ANC and PNC. ***These are good opportunities for ECND. Currently ANC and PNC clinics mainly focus more on nutrition and less on stimulation.***
23. What parenting programs can we ride on for scale up?
24. What have you learnt with regard to health system strengthening for ECND? ***The focus on this was from the stakeholder interviews. VHTs can potentially take on additional responsibilities. There is need for a multi-sectoral approach.***
25. Proposal on methodological improvement. ***Need to preserve and benchmark best traditional practices. Study the remaining gap between traditional and modern practices and intervene***.
26. It was suggested that case studies of successful people coming from Luuka could be beneficially drafted illustrating how their ECD contributed to their success. ***These positive stories are outliers, the focus must be on those who did not achieve such success and why.***

Key message from Session: ECND is a complex area that needs to be unpacked before an appropriate package is designed. There is need for more research in this area. We should also leverage the best traditional practices. However, we must be cognizant of challenges brought to bear from the broader social ecology of the child such as poverty, large scale or industrial farming (e.g. large sugarcane production and related land leasing from smallholders) and urbanisation.

Presentation #3: Parenting for respectability
By Dr Godfrey Siu

Dr Godfrey Siu contributing to the discussion

Dr. Godfrey Siu from the Child Health and Development Centre delivered a presentation titled '*Parenting for Respectability'*. This was a presentation on the development of a program to improve parenting and prevent gender based violence. There is increasing global and national policy interest to optimise parenting influence. Parenting is at the centre of child development. The NIECD policy provides a framework for the role of parents in ECND. Based on this, Parenting for Respectability (PRP), a 16 session program was developed and it focuses on inequitable gendered socialisation, harsh parenting, expression of parental love, and spousal conflict and disrespect. The program is delivered to groups by a trained facilitator. The PRP program contributes to parental knowledge on ECND and how to respond to different areas of need. It has as a central focus exploring and evaluating creative ways of getting fathers involved in child rearing. Resonating with findings from the formative research, Dr. Siu's work suggested that a desire for social respectability conferred by their child's behaviour could be a fruitful means through which to engage parents, and fathers in particular.

Thought: How can men be inspired to become more involved in ECND?

NEXT STEPS: By Assoc. Prof. Peter Waiswa

1. Uganda in the right place but needs to implement the policies. There is political will but the challenge is how to implement these policies
2. We will collect additional data from the field but are also considering re-designing based on the comments and questions raised.
3. We have applied for a bigger grant to conduct an ECND intervention. Still awaiting a response.
4. A community led approach is more feasible in this setting. We will leverage on the VHTs and local community leaders.
5. We will use an approach called saturation++ that is; multi-channel (saturation), is based on evidence (science), draws on the values, motivations and concerns of Ugandan carers (stories),

emphasises the positive impact on child development of carer actions (self-efficacy), stresses the practical actions that can be taken (steps) and how these can be incorporated into daily life (skills), while showing carers that their peers perform and benefit from these actions (second nature).

6. We will foster collaboration between our ECND project team and Dr Siu's team.
7. We aim to shift the narrative from health and survival to stimulation and thriving while challenging notions that cognitive development is innate and beyond the influence of carers

CLOSING REMARKS: By Dr Jesca Nsungwa (Ministry of Health)

Dr Jesca Nsungwa (2nd from the right- next to Dr Strachan)

Dr Jesca Nsungwa, the Commissioner Community Health at the Ministry of Health, applauded the team and stated that the meeting had met her expectations. She further informed the audience that the first care package was developed in 1996 but this was not implemented. She called on the team to take a holistic approach in developing interventions. If we need to impact on young people, and through the life course, ECND is the solution. There is therefore need to do more research in this area. There is need for voices from Civil Society Organisations and academia with regard to driving this agenda. However, there is still paucity of data for ECND; lack of tools for measurement and also not enough knowledge on how to appropriately measure the right indicators. If we can achieve this and simplify and streamline our process, nothing will give us better gains!

Dr. Nsungwa further highlighted that the NIECD policy was launched 2 years ago but is still pending implementation because people do not know how to go about it. We need to study the different ECND models: home based *vs* Community/institution based and apply the appropriate ones where necessary. Community laws and model homes could also be used to foster ECND activities. Dr Nsungwa informed the group that the Ministry of Health could provide counselling cards focusing on play and nutrition for use by the project during the intervention phase and previous work related to assessments of how ECND messaging resonated with teachings from the bible and the Koran. She stressed that the focus must be beyond traditional health focus though, and include families and communities.

Lastly, Dr Nsungwa also called for multi-sectoral collaboration and engagement for ECND. She encouraged integration of ECND into other interventions and policies e.g during savings groups. She further called for an increase in funding especially domestic funding for ECND activities.

DISSEMINATION PROGRAM

EARLY CHILDHOOD NUTRITION AND DEVELOPMENT (ECND) PROJECT DISSEMINATION

10TH JULY 2019

METROPOLE HOTEL

OBJECTIVE: To share findings from the Early Childhood Nutrition and Development (ECND) project formative research conducted in Luuka district

Specifically, the formative research aimed to:

1. Identify existing and planned ECND activities within the district services structure
2. Describe the barriers and opportunities for implementing ECND practices and behavior available to families.
3. Assess the family/community perspectives of the feasibility and acceptability of the proposed interventions for implementing ECND.
4. Identify health system strengthening requirements for implementing the intervention

Time	**Topic**	**Persons responsible**
8.30-9.00a.m	Registration	Dr Monica/Lydia
9.00-9.45a.m	Welcome, introductions Overview of project	Assoc. Prof Peter Waiswa
9.45-10.05 a.m	Presentation of findings from KAP survey	Assoc. Prof. Peter Waiswa
10:05-10:15 a.m	Questions and discussions	
10.15-10: 45 a.m	**BREAK TEA**	**Ms. Lydia Kabwijamu/Dr. Monica Okuga**
10:45-11:15 a.m	Presentation of Qualitative findings	Dr Daniel Strachan
11.15-11.25 am	Questions and discussions	Dr Rebecca Nantanda
11:25-11:45 a.m	Parenting for Respectability Programme (PfR): 'Proof of Concept', Before-and-After Outcome Evaluation of a programme to reduce violence and child maltreatment in Uganda, 2016-2018.	Dr. Godfrey Siu, Child Health and Development Centre, Makerere University
11:45- 11:55am	Questions and Discussion	
11:55-12:05p.m	Remarks	Remarks from the Dean
12:05-12:15 p.m	Remarks	Remarks from the Chief Guest. Dr Jesca Nsungwa-MoH
12: 15-12: 45pm	Interactive session	Dr Daniel Strachan
12.45-1:20 p.m	Next steps	Assoc. Prof Peter Waiswa
1:20 -2.00p.m	**LUNCH** **Departure**	**Ms. Lydia Kabwijamu/Dr Monica Okuga**
Rapporteurs		Ms. Lydia Kabwijamu/Dr Monica Okuga

Attendance list

	ATTENDANCE LIST FOR ECND DISSEMINATION MEETING HELD JUNE 10TH 2019 AT METROPOLE HOTEL, KAMAPALA				
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Gallery






Developing a scalable programme to promote early childhood nutrition and development in rural Uganda: A feasibility study

Technical Advisory Group Meeting
UCL, Wednesday 6th February, 2019

General update

- But – cross departmental interest in ECN&D and community structures in place to support ECN&D focused activities. E.g. Stakeholder meeting held in Nov 2017 – strong buy in across government departments
- ECN&D activities at community level untested in Uganda. VHTs often conduct locally specific tasks, making coordination, harmonisation and scaling a challenge
- Policy stakeholder appetite for understanding current ECN&D status but also what can be done across sectors – need for horizontal approach
- Need for succinct, evidence based materials to lobby and convince
- Premise of seeking cost effective and scalable strategies remains

Project refresh…. Background and premise

- In Uganda there are approximately 6.5 million children under 5yrs representing 18.5% of the national population.
- Increased survival but challenges with thriving
- Only 2% of youngest children under age 5 have three or more children's books or picture books.
- 53.5% of adult household members have engaged in four or more activities to promote learning and school readiness of children age 36-59 months in the last 3 days
- Undernutrition accounts for 40% of all child deaths in Uganda.

– Almost 3 in 10 (29%) Ugandan children age 6-59 months are stunted

- New national Integrated Early Childhood Development policy but limited evidence to guide implementation
- Change in national frontline health worker strategy (to CHEWs) represented an opportunity but CHEWs strategy cancelled

(UDHS, 2016)

Designing an intervention to promote early childhood nutrition and development in Luuka district in rural Uganda: a formative research study of family and community practices

KAP survey

Main project objective

- To develop a scalable intervention to improve early childhood nutrition and stimulation in rural Uganda, and assess its feasibility and acceptability through small scale pre-testing

Purpose of the KAP survey

- Primary focus of the KAP survey was on the parental practices related to early childhood development.
- The main objective of the KAP survey was to identify the extent and quality of early learning activities in the home environment and parental behaviours related to infant feeding and nutrition.

Overview of the survey sections

Section	Details
Part 1: Mother/care giver socio-demographic	Mother age, mother education, partner education, religion and household size
Part 2: Household asset ownership	Household durable and luxury assets, land ownership, source of drinking water, sanitation facility, roof material, and sleeping rooms.
Part 3: Child Demographics	Number of children under5, their age, name of child under2, sex, language spoken to children
Part 4: Early Learning Practices in the home (Learning and Education)	Early learning activities by household members, number of books
Part 5:Early Feeding Practices (Health and Nutrition)	Decision on child feeding, support and information received, exclusively breastfeeding, supplementary food.
Part 6: Responsive Feeding Practices (Health Nutrition)	Washing hand before feeding child, sitting with the child, talking and encouraging to eat, forcing child to eat etc.
Part 7: Disability and Development	Mother self-report on child health and development (seeing, hearing or communicating, walking, etc.) and seeking care
Part 8: Child Protection	Mother work outside home, leaving child at home alone or care of another child, punishment
Part 9: Other	Perception of mother on child development, aspiration for child, radio coverage

Sample size and sampling

District	County/ Municipality	Sub County/ Town Council	Parish	Villages
Luuka	Luuka Municipality	Town Council	Lwanda Kiyunga ward	To be determined when the list is complete
		Bukanga	Kiroba Budondo	
		Bukooma	Bukyangwa Nabyoto	
		Nawampiti	Buyoola Nakiswiga	

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Eligible respondents for the survey

- **A mother or primary caretaker of children under 2 years old (6 months-2 years old)**

– <u>If the mother of an under-two child is not a member of the household or not alive</u>, then the person identified as the primary caretaker of the child should answer the questionnaire.

– The respondent must be at least 15 years old.

Main findings

- **More than 70% of parents were engaged in early learning play activities with their child at home.**
- **70% of carers reported that they don't have any children's books for their child.**
- **Home-made or other basic objects found in or around the home(e.g. sticks and rocks) were the main play materials**
- **82% of infants were exclusively breastfed in the first 6 months.**
- **The feeding decisions were primarily driven by the mother herself.**
- **78% of carers received information on feeding practices from a parenting program or CHW**

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Sample size and sampling

- **Around 320 mother/carer**
- **A multi-stage sampling strategy**

Total sample size	Number sub-counties	Number villages/SC	Total no Villages	No of HHs or respondents per village
320*	4	10	40	8

***Where available, include households with disabled children and potentially disabled carers**

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Main findings-continue

- **Nearly half of carers introduced the first food to their child at 6 months**
- **Majority of parents practice responsive feeding in some form.**

– Specifically, 84.7% talk to their child and encourage them to eat during meals, 83.8% sit with their child during feeding and 82.6% the child lets the parent know when they are full.

- **More than 90% of carers believed that their children understand what they are asked to do and believed that their children learn to do things like other children of their age.**
- **27% of carers worked outside the home, and among them 48% take their child to work while 19% left their child alone at home or at care of another child.**

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Main findings-continue

- Many parents believe that 'good feeding' or 'balanced diet, providing 'good care' and 'good health care' are main factor for child development
- In response to the question of "What type of child do you value? majority of carers valued a 'disciplined' or 'well-behaved' child, followed by 'respectful to others'.
- Majority of carers had aspiration for their child to have a good education and have a good job, for example become a 'doctor', 'teacher' or 'nurse'.

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Support for learning
DHS-2016 (children age 36-59 months)

Indicator	Busoga	National
% children with whom adult HH members have engaged in four or more activities	36.4	53.5
Mean number of activities with adult HH members	2.5	3.4
Percentage of children living with their biological father	73.7	71.5
Percentage of children with whom biological father engaged in four or more activities	1.6	4.4
Mean number of activities with biological fathers	0.3	0.6
Percentage of children with whom biological mother engaged in four or more activities	11.9	22.3
Mean number of activities with biological mothers	1.1	1.8

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Learning materials
DHS-2016 (youngest children under 5)

Indicator		Busoga	National	0-23 months(national)
% children living in households that have for the child	3 or more children's books	1.8	2.2	0.4
	10 or more children's books	0.2	0.3	0.2
% children who play with	Homemade toys	66.6	48.6	30.7
	Toys from shop /manufactured toys	17.4	24.2	20.4
	Household objects /objects found outside	77.6	71.3	53.1
	Two or more types of playthings	64.7	50.2	34.6

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Inadequate care
DHS-2016 (children under5)

Indicator	KAP	Busoga	National	0-23 months(national
% children left alone in the past week	19.3	37.9	23.2	17.8
% children left in the care of another child younger than 10	24.4	32.5	28.3	20.6
% children left with inadequate care in the past week	15.9	46.7	36.9	27.6

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Other evidence

Early learning activities

- Britto et al, 2009 (or World Bank NECD project, 200-2003):

– A majority (86%) of both mothers and fathers reported that they played with the child most days. Almost half reported telling stories, 66% sang, and 33% said that they read to the child on most days.

– parents have very little time for interacting with young children, and children's intelligence is viewed as largely intrinsic.

– 62% of the homes have child reading materials, while other books are available in only 43% of the homes

– 6.5% of the homes have manufactured toys, and 14.5% of the homes have hand-made toys

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Feeding & nutrition status data

Indicator	KAP participants	Busoga region	National level (DHS 2016)
Exclusive breastfeeding under 6 months	82%	-	66%
Minimum acceptable diet in the 24 hours before the survey (all children age 6-23 months)	-	10.4%	15%
Minimum dietary diversity (all children age 6-23 months)	-	31%	30%
Anemia in children age 6-59 months	-	63.4%	53%
Stunting in children age 6-59 months	-	29%	28.9%
Wasting in children age 6-59 months	-	3.6%	3.5%
Underweight in children age 6-59 months	-	9.4	10.5

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Thank you

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Child Demographics

Indicator	No.	%
Number of children under 5 in household		
Mean (SD)		1.6 (0.7)
1	155	48.3
2	130	40.5
3	30	9.35
4-6	6	1.87
Age of the youngest child in months		
Mean (SD)		14.7 (6.4)
0-5 months	1	0.3%
6-11 months	93	29.9%
12-17 months	116	37.3%
18-23 months	72	23.2%
24+ months	29	9.3%
Sex of the youngest child		
Female	169	52.6
Language at home		
Lusoga	317	96%
Other	14	4%

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KAP results

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Play activities at home

Play activities	Practice n(%)		
	Mother	Father	Others
Told stories to the child?	44 (14.2)	247(79.4)	20 (6.4)
Sang songs or lullabies with the child?	302 (97.1)	9 (2.9)	
Counted or drew things with the child?	88 (28.3)	222(71.4)	1 (0.3)
Took the child outside the home compound?	247 (79.4)	62 (19.9)	2 (0.6)
Read books or looked at picture books with the child?	65 (20.9)	243(78.1)	3 (1.0)
Played game with the child?	296 (95.2)	15(4.8)	

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Participants' socio-demographic characteristics

Socio-demographic characteristics	n	%
Mother's age		
<18	2	0.6
18-20	72	22.4
21-25	91	28.4
26-30	85	26.5
31-35	39	12.2
>36	32	10
Marital status		
Never married	10	3.1
Married/Living together	302	94.1
Divorced/separated/ Widowed	6	1.9
Religion		
Catholic	57	17.8
Protestant	129	40.2
Muslim	86	26.8
Pentecostal	35	10.9
Other	66	18
Mother's education		
No Education	17	5.30
Primary incomplete	116	36.10
Primary completed	86	26.80
Secondary incomplete	69	21.50
Secondary and higher	33	10.3
Husband's Education		
No Education	5	1.6
Primary incomplete	75	23.4
Primary completed	59	18.4
Secondary incomplete	92	28.7
Secondary and higher	66	20.6
I don't know/Not applicable	24	7.5
Household size		
Mean (SD)		5.5 (2.3)

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Number of children books and reading materials

	No	%
Number of children books		
Mean (SD)	1.74 (1.2)	
None	208	66.9
1-2	39	12.5
Don't know	64	20.6
Types of things read to the child	No	%
Magazines or newspapers	7	2.3
Books for children including picture books	53	17.1
Books for adults	1	0.3
Posters or wall calendars	24	7.8

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Type of songs and play materials

Types of songs (n=311)	No	%
Popular songs or songs they hear on the radio	32	10.3
Children's songs	180	57.9
Songs in your native language	208	66.9
Songs that help children to learn (counting, colours)	39	12.5
Church songs	114	36.7
Sources and varieties of play materials (n=311)	**No**	**%**
Toys from a shop or market	93	29.9
Home-made toys	181	58.2
Things which make or play music	28	9
Things for drawing and writing	20	6.4
Household objects (e.g. bowls, plates, cups or pots)	98	31.5
Outside objects (e.g. sticks or rocks)	144	46.3
Others	16	5.1

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Responsive feeding practices

Interactions	n	%
Responsive feeding		
Parent sits with child during feeding	269	83.8
Parent talks to child and encourages him/her to eat during meals	272	84.7
Child lets parent know when he/she is full	265	82.6
Parent washes hands with soap and water before feeding	247	77
Controlling indulgent		
Parent has to control child during eating, such as by holding his/her head or body	39	12.1
Parent allows child to eat sweets or snacks to keep him/her happy	163	50.8
Parent tries to get child to finish all of his/her food during a meal	145	45.2
Parent forces child to eat	45	14

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Exclusive breastfeeding

Characteristics	No	%
Exclusive breastfeeding first 6 months	263	81.9
When did you first decide how you would feed the child?		
Before you became pregnant	30	9.3
During pregnancy	64	19.9
After your baby was born	222	69.2
Don't know/ don't remember	5	1.6
Who or what helped with your decision about feeding the child?		
Myself (no one)	183	57
Husband / Mother or mother-in-law / other relative	84	26.2
Doctor/Midwife	115	35.8
Previous experience with other child	19	5.9
Parenting program	10	3.1
Radio or television	9	2.8
Other	1	0.3
Received information on feeding from a parenting program/community health worker	249	77.6
Breast milk given to the child in the first hour after birth	300	93.5

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Carers report of child disability and development status

Disability and development status	n	%
Any difficulty seeing, hearing or communicating	6	1.9
Difficulty in walking or moving arms	12	3.7
Understand what ask to do	294	91.6
Learn to do things like other children his/her age	293	91.3
Discussed the child health with anyone		
Nurse	11	3.4
Family or friends	5	1.6
Received treatment or medication for the health condition	5	1.6

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Complementary feeding

Characteristics	No	%
Age at introduction of first foods		
Between three and five months	11	3.4
At six months	157	48.9
After six months	98	30.5
Not yet started	55	17.1
Drink during first six months		
Breast milk	283	88.2
Water	66	20.6
Fruit Juice	24	7.5
Sugar Water	19	5.9
Other	119	37
Reasons for introducing additional foods/ liquids to the child in addition to breast milk		
Doctor / health visitor/CHW/VHT advice	36	13.1
Friend or relative advice	3	1.1
Previous experience (with another baby)	14	5.1
Baby was hungry	97	35.4
Baby was not gaining enough weight	21	7.7
Poor quality milk/ not enough milk	146	53.3
Baby old enough/right time	75	27.4
Other	11	4.1

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Child protection

Characteristics	No	%
Mother/carer work outside home	88	27.4
No. hours a day work outside home		
Mean (SD)		4.4 (3.1)
No. days in a week work outside home		
Mean (SD)		4.5 (1.7)
Take child to work (n=88)	42	47.7
Left the child alone at home in the past week	62	19.3
No. days in the past week left the child alone at home for more than one hour (n=62)		
Mean (SD)		2.8 (1.6)
Left the child in the care of another child	78	24.4
No. days in the past week left the child in the care of another child for more than an hour		
Mean (SD)		2.3 (1.3)

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What does the child need to develop? Carer' perception

1. 'good feeding'
2. 'balanced diet'
3. 'good care by parents'
4. 'good health care' (immunisation, medication etc.)
5. 'Hygiene'
6. 'Love'

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Aims of the qualitative research

- Understand existing and planned ECN&D activities
- Explore current parental knowledge, attitudes and practices in relation to care, nutrition, and psychosocial stimulation of young children
- Explore feasibility and acceptability of proposed activities
- Identify requirements for implementing activities & scale up

What type of child do you value? Carer' perception

1. 'disciplined'
2. 'well-behaved'
3. 'respectful to others'
4. 'Religious/God fearing/loving'

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Overview of methods – June / July 2018

Method	Number proposed
Ministry and stakeholder interviews	9
VHT interviews	10
ANC nurse interviews	8
Carer interviews	14
Influencer FGDs (fathers & mothers in law)	4
Carer FGDs	2 (mtg twice)

Designing an intervention to promote early childhood nutrition and development in Luuka district in rural Uganda: a formative research study of family and community practices

Qualitative results

Main results – existing and planned ECN&D activities

Topic	Findings (from stakeholders)
Priorities and plans of leaders / stakeholders	• Mixed awareness of current ECN&D activities among stakeholders • Suggested there has been little government support / funding for implementation
Current plans and recent policy developments	• The National Integrated Early Childhood Development Policy (NIECD) secretariat at the Ministry of Gender, Labour and Social Development (MoGLSD) developed and disseminated in 2016 an integrated ECD policy and operational framework for Uganda. • The framework: • gave the MoGLSD the mandate to coordinate, manage and oversee the implementation of ECD policy across sectors • designated key responsibilities and activities across the different ministries and sectors • NB: CHEWs policy (with ECD content) stopped

Main results – carer perspectives

Topic	Findings (NB: carers perspective unless indicated)
Play – is it valued and when and how does it happen?	• Play valued and considered important for child to be happy • Little time outside of work to play (ANC nurse – speaking as mother / carer & VHTs) • Mostly unstructured - play for play itself / for 'fun' • Some discussion of carer initiated play in FGDs while acknowledging the positive impact • Girls engage in more structured play based on gender role
Opportunities for play, stories, singing, games and the availability of toys	• No carers in IDIs had bought toys or had access to books. One carer in FGD mentioned buying a rattle • Children play with available objects like tins and sticks • Carers tell traditional stories and riddles and sing traditional songs • Dolls, balls and rattles made from local materials (often banana fibres)
Daily feeding practices	• Indicated widespread practice of exclusive breastfeeding to six months before introduction of complementary foods • Emphasised need for dietary diversity and approp portion sizes • VHTs emphasised challenges of mother's - lack of food availability and weaning early due to work needs

Current implementation	• Majority of stakeholders and health workers reported that ECND was offered: • in health education provision for pregnant mothers, postnatal and young child clinics • At community level ECND through VHTs during home visits – focus special care and breastfeeding
Shared interest programmes and NGOs operating in Luuka	• RHITES-EC: USAID funded, integrated service delivery focus • COMONETH: MUSPH, health system strengthening and MCH, ANC, PNC, and newborn care focus • Action for Rural Development: nutrition focus, ran women's groups, no longer funded • Family Life Schools? • BIDCAF/BIDICAF?

Main results – challenges introducing ECD activities

Topic	Findings
Challenges to food security	• Poor dietary intake in Luuka attributed to food insecurity • Land leased by sugarcane companies – less local production of diverse foods • Where there is personal production, less commonly consumed and more often sold (source: stakeholders and VHTs)
Knowledge gaps	• Need for ECD training for health workers and carers plus IEC demo materials (ANC nurses) • Mothers need dietary advice for mother and baby – malnutrition not all due lack of availability (ANC nurses) • Lack of knowledge of need for exclusive breastfeeding (acc to VHTs) contrasting with awareness in qual carer sample
Incentives for health workers – especially VHTs	• VHTs have many responsibilities. They require incentives for activities and general support which could be motivating – refresher training, transport means and allowances (stakeholders)

Main results – carer perspectives

Topic	Findings (NB: carers perspective unless indicated)
What makes a child grow and develop well?	• Focus on nutrition, food, shelter, treatment when ill but also love • Food / nutrition, love, care when needed and play (VHTs)
Expectations and aspirations for children	• To eat and grow well, and be healthy • To be well behaved and have good manners • For some respondents, to be physically disciplined ('caned') in order to learn. For others, this was likened to abuse
Perceived role in child's development	• Explaining appropriate behaviour • Singing, playing and engaging with children and showing them love • Ensuring receive care if sick
Perceived role in developing child's intelligence	• Most commonly felt to be pre-ordained – little that can be done • Some suggestion that children can learn by example / watching parents • Enabling play with a range of toys

Main results – challenges introducing ECD activities (cont…)

Topic	Findings
Competing interests on mothers' time	• If mothers are to give child attention they must multi-task • Mother often too busy with chores to give child attention – only when feeding • Call for increased paternal involvement • Some VHTs interpreted lack of time spent with child as lack of love – contrast with carer testimony (ANC nurse and VHTs)
Poverty	• Sometimes awareness of requirements is present (feeding, clothing, accessing care) but not the means (ANC nurse)
Role of fathers NB: Both challenge and <u>opportunity</u>!	• Seen as a challenge by ANC nurses due to barring wife's accessing services, lack of ECD knowledge and having little time for children (ANC nurses) • Contrast carers in FGDs who discussed +ve bond between child and fathers and that they were trusted to make correct decisions for HH (carers) • Fathers clear about traditional gender roles but enthusiastic advocates for loving engagement and support (focus on diet and health) – opportunity for coaching?

Main results – Opportunities when introducing ECD activities

Topic	Findings
Willingness of stakeholder partners to collaborate	• Ministries of health, gender and education (central and district level) and NGOs emphasised willingness to collaborate and communicate institutionally (stakeholders) • Emphasis on importance of engaging local leaders (stakeholders)
Willingness of carers to engage with children	• Parents play and engage – but play of what type? (carers, stakeholders) • Showing love for children was emphasised as important across respondent groups (carers, fathers, MiL, stakeholders) • Some toys exist in communities and can be made from local materials (carers, ANC nurse)
VHTs in place, engage with carers and the community and are trusted	• VHTs already engage with carers but need ECD training (stakeholders) and incentives / 'motivation' (stakeholders) • Influential and trusted due to being local and engaging with families (carers) • Have support of stakeholders, carers, fathers and health professionals

Shared interest groups in Luuka District

Organisation/Program	Aim of project/program	Focus	Coverage/ Who do they reach	How	Our relationship with them
University Research Council/ RHITES- EC (USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES EC) Time line-2016-2021 SOURCE OF FUND- USAID	Improving quality, access to and utilization of health care services through an integrated service delivery approach. Health systems strengthening	• TB, HIV, malaria, maternal, newborn, and child health (MNCH), reproductive health, family planning, nutrition, and water and sanitation • Luuka: HIV/ Improving uptake of ANC with a focus on garnering male support	• 11 districts-jinja, iganga, Busoga, mauyuge, busia, Nanutumba, Kaliro, Kamuli, Luuka. • Reach: pregnant women, men, health workers etc • largely focusing on health facilities – training, mentorship and collecting records on maternal and newborn health to track progress of their interventions	• VHTs, vouchers, community dialogues focusing on male involvement • PS: The dialogues ceased and focus is now on HIV • Health worker mentorships, capacity building	
COMNONETH (Makerere University School of Public Health under the Centre for Maternal, newborn and Child Health). Timeline 2017-2020	Health system strengthening to increase demand, improve access to and utilization of quality MNH services.	MCH- ANC, PNC, NEWBORN CARE	• Pregnant women, health workers • Estimated to reach over 80% of mothers through the CHW network in every village. • CHWs supervised monthly	• VHTs (home visits) • Video shows to pregnant women (care during pregnancy, post-partum and newborn care) • Mentorships and capacity building	Implemented by MakSPH under the Centre for Maternal, newborn and Child Health. Peter is the PI
Action for Rural Development (ARD)	Looking for the contact of Dr. Nelson Mugumira to follow up so I can ably answer. He is my potential only source of info now as they don't have a website	Were subcontracted by RHITES-EC to cover nutrition interventions in Luuka, however their **activities have since stopped.**		• Demonstration gardens. • Food storage etc • **Women groups** (mentioned in stakeholder interview)	No longer funded
Family Life Schools					
BIDCAF or BIDICAF					

NB: Source of info about RHITES- EC and ARD from Luuka District Health Educator, we have so far not independently verified from RHITES or ARD

Main results – channels & content for influencing carers

Topic	Findings
Radio	• Radio not widely owned or listened to and can be unreliable (batteries) (carers) • Prefer to receive info from VHT (carers) • Information on radio is 'proven' (fathers) • Useful for events and key knowledge (fathers)
Groups	• Groups settings for ECD acceptable to stakeholders, carers and fathers • Mixed groups advocated by fathers and one stakeholder though cautioned attendance of fathers unlikely • Groups seen as advantageous for identifying follow up priorities • Easier to sensitise en masse – peer benefits recognised by carers • If about the child, people will come (carers) • Talk about ECD in savings groups – but only when 'we don't have the seeds' (carers)
Acceptability of 'parenting approach in health centres' content	• Content acceptable to carer FGD participants • Enthusiastic feedback for impact of content – but sense that feel it is obvious / patronising • Desirability bias? Appropriate interpretation?

What makes a child grow and develop well?

Carers:	
• Nutrition main focus - breast milk, good diet, portion sizes	he needs a lot, feeding, taking water, treatment etc. (IDI_carer_2.4_Lwanda_28.06.18)
• Sleep and safe shelter	am saying that a healthy child should eat well, breast feed well and play well because such things help a child to develop well … and also if he sleeps well with good beddings to cover him … If a child is feeding on cold food the brain will be weak and will not develop mentally well and also if the child also feeds on only one type of food like cassava alone the brain will not be excited (FGD_carer_Nabikuyi_28.06.18)
• Seeking care for the child when they are sick	R: it's me the parent, it's my role I: what is your role? R: finding food for him, taking body temperatures and finding treatment. So such things (IDI_carer_2.3_Lwanda_28.06.18)
• Showing love (also see carer role)	love is the most important. If you show love, s/he grows well. Will not fear you. A kid will feel good all the time. You easily play with the child. Because of the love exhibited, even when sick, a child will still be jolly. (FGD_carer_Lwanda_28.06.18)

Main results – channels for influencing carers (cont…)

Topic	Findings
Church / Mosque	• Suggestions that church services well attended and could be appropriate places for ECN&D engagement • Though one father suggested poorly attended • Other fathers suggested good way to circulate information
VHT	• Acceptable to utilise VHTs in the delivery of ECN&D activities to carers, fathers, stakeholders, health workers and VHTs • Feasibility likely to hinge on incentives, time management and training (VHTs) • Endorsement of role by health workers and respected 'outsiders' important for credibility with carers (VHTs) • Need to collaborate with health facility (VHTs)

What we propose?

What makes a child grow and develop well?

VHT:	
• Play and love – valued (though not always given)	if you play with the child this will prove to this child that you love the child and the child will be happy and the happiness will make this child grow well and will make the child healthy and intelligent, compared to a child who is neglected by the parents whose will always be miserable, a child's playing make the child grow well because the child will always be happy." (IDI_VHT_1.4_Kiyunga_28.06.18)
• Nutrition	There are some women that play with the children because some of them when we tell them about love and care for the children, they take it seriously. There are others that will not take it seriously and they may not play with the children as they will understand things differently. Others will appreciate the love for the children." (VHT_IDI_6.1_NABIKUYI_27.06.18)
• Seeking care when ill	as long as s/he is feeding well and his/her body is happy not falling sick you always know what is happening to the child and you take to the health centre for medication." (IDI_VHT_3.6_NABIKUYI_29.06.18)

Carer expectations and aspirations for children

- To eat and grow well
- To be well behaved and have good manners – strong, consistent emphasis
- To be healthy

The child needs to be fed well giving foods which boast energy (IDI_Carer_3.3_Nabikuyi_29.06.18)

when I am with my child and he is growing well and has good manners it gives me respect from other people of the community because of those good manners. (FGD_carers_Lwanda_5.7.18)

I: why do you want him to have good manners?
R: when you have good manners, you are trusted and people will welcome you always and you will never lack (IDI_carer_2.3_Lwanda_28.06.18)

in most cases falling sick is what worries us most but if he is fine you always see how to do the rest. (IDI_carer_3.3_Nabikuyi_29.06.18)

Carer perceived role in children 'being intelligent'

Range of responses:

- Sometimes felt to be beyond their role, god's will or drew a blank
- For some, nothing can be done
- Some suggestion that children can learn by watching / from parents
- Playing with a range of toys

Prob: Let's say if you want the child to be sharp or more intelligent, what do you do to make this happen?
Resp: Laughs……..,you will help me here, I may not be knowing.(carer_IDI_6.1_Nabikuyi_29.06.18)

some children are born when naturally they are not going to be intelligent however much you feed them. Such children have their brain weak like that forever they will never be intelligent. (FGD_carers_Nabikuyi_28.06.18)

for me I think there's nothing much one can do because some children are naturally born with no social interaction (FGD_carers_Nabikuyi_28.06.18)

sometimes the child sees what the parents are doing and he copies them, so he learns from them (IDI_carer_2.3_Lwanda_28.06.18)

for a child to be intelligent you allow him to play with different toys... buy different things that make noise {the rattles} that make the noise and the child will feel excited and become intelligent (FGD_carers_Nabikuyi_28.06.18)

Carer expectations and aspirations for children

Corporal punishment

- Some examples cited of beating
- Others appeared to suggest it was not desirable – though did not explicitly say so

you tell them not to spoil water and you find them to have done it and many other things so I cane them because they are annoying and so they learn and grow up knowing it (IDI_carer_2.2_Lwanda_28.06.18)

R6: If you show love to a child, s/he grows into a jolly kid, they can never worry about your presence. If you are harsh to a child, first thing that will come to the mind is could be that mummy is going to beat or abuse me. (FGD_carer_Lwanda_28.06.18)

Play – is it valued and when and how does it happen?

- Play valued and considered important for child to be happy
- Notion of brief opportunities for child interaction and play outside of work / other responsibilities (ANC nurse – speaking as mother / carer & VHTs)

M: is it good for you to play with your children
R3: it's good … because the child will forget the bad things and have a smile
(FGD_carers_Nabikuyi_28.06.18)

M: when your child is playing, what you think he learns
R: he learns that there is what they call playing and fun (idi_carer_2.3_lwanda_28.06.18)

you can't say I have this time for playing with my kid … ; now let me say me, who works if I break for lunch I go home and play with my kid for like ten to twenty minutes… For those who stay at home the mother can play with the baby while preparing food, at the time of breastfeeding then when she is feeding food and the baby is not breastfeeding at the time of sleeping when the baby wants to sleep. You do the household chores while playing and attending to your child, if the child wants something you give as you are talking, as you are doing the chores."[IDI, ANC Nurse, BUKANGA HC III]

mothers give less time to their children, you find the mother busy in goats, pigs and cows, so you find the only time the mother has is when breast feeding the child" (KII_VHT_2.5_Lwanda_28.06.18)

Carer perceived role in children 'developing well'

Range of responses:

Many indicated parental role in child's development emphasising:

- Explaining appropriate behaviour
- Singing, playing and engaging with children
- Showing love
- Ensuring receive care if sick

good behaviors start with the parent, you keep telling him what to do and he learns with continuous telling him (IDI_carer_2.2._Lwanda_28.06.18)

At times we move to people's homes and find them feeding their children and also playing with them as they are feeding them … They sing for them. They are ever happy and lively. They also exercise all the time. I also copy and do the same with my child
(FGD_carers_Lwanda_28.06.18)

love is the most important. If you show love, s/he grows well. Will not fear you. A kid will feel good all the time. You easily play with the child. Because of the love exhibited, even when sick, a child will still be jolly (FGD_carers_Lwanda_28.06.18)

what is your role? R: finding food for him, taking body temperatures and finding treatment. So such things (IDI_carer_2.3_Lwanda_28.06.18)

Play – is it valued and when and how does it happen?

- Few carers described structured play or interaction in KIIs – play for play itself / for 'fun'
- Some discussion of carer initiated play in FGDs while acknowledging the positive impact
- Girls appear to experience more structured play based on gender specific role preparation

M: Now like these children of yours 5 months, 2 years and 4 years what do you play with them
R: it really depends, they only play any how they wish (idi_carer_4.1_lwanda_28.6.18)

After feeding a child with food, you have to get time to sing and play with the child. We have rattles, we use them while playing, and this makes a child happy. You make a ball for the baby to play with, this becomes a usual thing to a child. Even when not there s/he will play with it because you initiated it and knows that the ball belongs to him/her
(FGD_carers_Lwanda_28.06.18)

R: a girl is sharper compared to a boy
M: how is that sharpness like?
R: a girl will play bearing in mind that she has to do house work unlike the boy (idi_carer_4.1_lwanda_28.6.18)

Like also the girls were supposed to be in the kitchen with the mother when it approached evening time and observing what the mother was doing so as to learn.
(carer_idi_nabikuyi_29.06.18)

Opportunities for play, stories, singing, games and the availability of toys

- No carers in IDIs had bought toys or had access to picture books. One carer in FGD mentioned buying a rattle
- Children play with available found objects like tins, sticks, and dirt
- Many carers (FGDs) explained that they tell traditional stories and riddles and sing traditional songs
- Dolls, balls and rattles made out of local materials (often banana fibres)

We buy shakers(the rattles), for them to shake, or put small stones in a tin to shake or provide balls that are locally made that they kick and then run after the ball and if a young baby I buy coloured things and puts them above the baby and they keep hanging as the baby is enjoying their movements (FGD_carers_Nabikuyi_28.06.18)

the children demonstrate cooking using tins and they become busy like the mother does. (carer_idi_6.1_nabikuyi_29.6.18)

R7: I remember my mother used to sing for me and therefore I also sing for my children and tell them poems, riddles …
M: ok do you remember being told such stories when you were still young
R7: yes they used to and we know those stories (FGD_carers_Nabikuyi_28.06.18)

all those can be made locally out banana fibres and you makes baby dolls and balls then you give to them to go and play (FGD_carers_Nabikuyi_28.06.18)

Challenges to food security

Poor dietary intake in Luuka attributed to food insecurity

- Land leased by sugarcane companies – less local production of diverse foods
- Where there is production, less commonly consumed and more often sold
- Observation – sugar cane throughout district!

We have critical element in Luuka district where we have food insecurity due to the invasion of sugarcane plantations, sugarcanes are in most households even those with a quarter an acre of land think of planting sugarcanes. This has really caused food insecurity… [Implementer, Luuka District]

Yes these days people grow sugarcane for sale and there is not enough land for growing food for home consumption. [IDI, VHT Nabikuyi]

people are producing food but there is a poor culture of consuming that food, they are producing for marketing, you produce and throw to the market, what the child is to eat from home is not saved, and people end up having malnutrition cases [stakeholder, MOGLSD]

"What makes mothers fail to help their children to develop well is poverty, here people are very poor and that is what is making some children stunted, these days the food doesn't yield well so mothers fail to get enough food to feed their children well and at times they need to buy food yet they don't have money, remember this is a mother who is also breastfeeding and she also need to eat well but she doesn't have food to eat" (IDI_VHT_1.4_Kiyunga_28.06.18)

Daily feeding practices

- Carers spoke of exclusive breastfeeding to six months and introduction of complementary foods after that point
- Emphasised need for:
  - Dietary diversity
  - Appropriate portion sizes
- VHTs emphasised same but also challenges of:
  - Mother's lack of food
  - Working so weaned

yeah, we are told to breast feed these children up to 6 months, and I start giving him other foods, Is that bad? … posho etc. … we are told to only to breast feed them (idi_carer_2.2_Iwanda_28.06.18)

am just saying that for a child to grow well he needs to eat dodo beans and different food staffs all together but not to feed on only one type of food (FGD_carers_Nabikuyi_28.06.18)

They should not be given a lot of food because much food is redundant to the body. It is useless. It only makes the stomach grow big (FGD_carers_Lwanda_28.06.18)

Some breastfeeding mothers don't have what to feed themselves, then some mothers do it intentionally saying that they don't want children to make their breasts slippers, then there are mothers who die in labour and the child is cared by another person (IDI_VHT_1.4_Kiyunga_28.06.18)

Challenge of competing interests on carers/mothers time

- If mothers are to give child attention they must multi-task
- Mother often too busy with chores to give child attention – only when feeding
- Call for increased paternal involvement
- Some VHTs interpreted lack of time spent with child as lack of love – contrast with carer testimony

You do the household chores while playing and attending to your child, if the child wants something you give as you are talking, as you are doing the chores."[IDI, ANC Nurse, BUKANGA HC III]

"I: how do mothers divide their time for their children and also do home chores? R : mothers give less time to their children, you find the mother busy in goats , pigs and cows , so you find the only time the mother has is when breast feeding the child" (KII_VHT_2.5_Lwanda_28.06.18)

M: ok so how best can we address such a challenge such that mothers can spare some time for their children R: first of all fathers need to get involved in helping the mothers in house activities since a home is made up of 3 pillars that's mother father and children" (KII_VHT_5.3_Kiyunga_28.6.18)

Probe: What causes them not to play with the children? Resp: Failure to have love with the children because some of them have personal issues." (VHT_IDI_6.1_NABIKUYI_27.06.18)

Challenge (opportunity) of engaging fathers

Fathers emphasised:

- Traditional roles in child rearing but the importance of parents
- The importance of play and the influence of other children
- Physical health and nutrition as principally important for a child to develop well
- The importance of showing love

a good child should eat, drink, and the mother showers it, dress it, look after it, buy for it medication in case of any sickness. It should play with other kids (FGD_fathers_Bukanga_04.07.18)

what I know that for a child to learn it depends on the parents and at times through groups maybe they (children) have gone out there to play with friends that's where they learn most things that we don't understand but mostly us the male parents we don't have much time for those children (FGD_fathers_Bulanga_03.07.18)

if it falls sick then it's taken to a medical personnel and treats it and if you go back home you should supervise it, play with it to see that its body is healthy, every time it goes to sleep it should sleep under a treated mosquito net, cover it well, hats the kind of child that can be healthy (FGD_fathers_Bukanga_04.07.18)

Me what I see as it's the most important is to show and tell their children that they are loved then the rest can follow. And this is because whenever you show and tell their child that they are loved you will show everything like singing to the child, you will play with the child, you will give food, you will talk to the child, comfort and so on (FGD_fathers_Bulanga_03.07.18)

Channels: Groups

- Group settings for ECD acceptable to stakeholders, carers and fathers
- Mixed groups advocated by fathers and one stakeholder though cautioned attendance of fathers unlikely
- Groups seen as advantageous for identifying follow up priorities
- Easier to sensitise en masse – peer benefits recognised by carers
- If child focused, people will come (carers)
- Talk about ECD in savings groups – when 'we don't have the seeds' (carers)

Group would be most effective because if there are a group they can always tell others but if it is one, (this) may end up not reaching others but in a group they go on spreading the news very well because others may decide to keep silent and others will not be silent" [IDI, ANC Nurse, Bukanga HCIII]

it should be the mother and father because they teach about the health of the child unless the topic is targeting only a single sex (FGD_fathers_Bukanga_4.7.18)

I would love it to a combined group mothers and fathers but to my experience what I have seen many times we call fathers but the turn up is not good so the mothers overlap in many of the activities we do but it would have been good to include even the fathers because in the communities they are the providers and the bread winners at home you know the dictatorship in the village even if they are to grow beans or what they dictate over them and yet they are mothers who have put in my efforts. [KI ECD FOCAL PERSON]

"it depends but maybe after a group discussion you may pick individuals because someone may tell you musawo [health worker], me I have such and such a problem then you counsel individually" [IDI, ANC Nurse, Kiyunga HCIV]

P4: It will give a very big burden for you to go and sensitize one person at a time yet when you call people in one place at once it is easy to talk to them at ago ...
P1: In a group you can learn a lot because someone may give an answer and learn from that person (FGD_carers_Nabikuyi_4.7.18)

Opportunities: Village Health Team members

VHTs are:

- Viewed positively due to being local and engaging with families
- Influential and trusted
- Lack training and focus in ECD
- Lack resources and payment (aka 'motivation')
- Have support from stakeholders, carers, fathers and health professionals

"Because these are the health workers who stay with them in the community you as a health worker at the health centre may not be in position to reach there but while these ones can reach them" [IDI, ANC Nurse, Bukanga HC III]

The person we have selected (i.e. VHT) can be the person to mobilize us and give us the information (FGD_carers_Nabikuyi_05.07.18)

They (VHTs) have a very big role to play because they always encourage us to come for health educate where we come and learn health related issues (FGD_carers_Nabikuyi_29.06.18)

"They (VHTs) are doing something but not in relation to early childhood development, like they have been identifying children who need referral to the facility and refer to the health facility, children with danger signs … in regard to early childhood development they haven't been oriented on how that program runs."[KI, ADHO]

R6: the VHT would have managed to influence proper raising of children because when they come and teach the women how to raise a child well
R1: it becomes hard for them to implement what they have to … they work hard.
R4: the VHT can influence but they can do so if the people who sent them can motivate them (FGD_fathers_Bukanga_04.07.18)

Content: 'parenting approach in health centres' content

- Content acceptable to carer FGD participants
- Said there was change but didn't ring true - felt like respondents wanted to suggest there had been a big change due to the film but what it suggested was quite obvious
- Desirability bias? Appropriate interpretation?
- Some respondents said they were already doing these things

E.g. P2: When I left here I and went home, I would throw the ball to my child and he were also throwing it back and the child was happy
M: were you doing the same before you watched the film or not? P2: I would play with the child
M: Was the child not feeling happy then? P2: He would feel happy,
M: Have you noticed any change since we watched the film? P2: Laughter.

P7: Before whenever I would swing the child he could not kiss me, and he could not show that he is happy, but was it yesterday but one, when I swung the child he played a lot and he was so happy and he kissed me so I realized that what was in the film was good message and it is working for us.
All: Laughter

P7: For me I have been doing it all along so I will continue do the same, because dancing I have been dancing regularly, and for singing I sing for the child,

Channels: Radio

Carers:

- Cautioned against radio largely on the basis that they were not always owned or listened to and often unreliable, had no batteries
- Some prefer to get information from the VHT

Fathers:

- Information on radio is proven
- Describe radio alerts re events and key knowledge

There is a time when someone has no a radio or when there is no battery in the radio, but when these VHTs come and tell you, you will understand, they can mobilize people and they say that they need pregnant women in such and such a place, because there are some people who don't listen to the radio (FGD_carers_Nabikuyi_5.7.18)

Hmmm, you are listening to music, on the other station they are delivering very important information, so it becomes hard, so the VHTs are the most appropriate to sensitize (FGD_carers_Nabikuyi_5.7.18)

information passed through the radio is proven and are facts, and they would have removed all the useless information and bring only the important ones (FGD_fathers_Bukanga_4.7.18)

hearing it on radio is ok because many people have radios if you cannot move to the people then we can tune and listen from the radio (FGD_fathers_Bukanga_4.7.18)

I:How did you know that eating helps the children to develop well? R:Some on these I have heard over the radio when yourselves are saying them and some others we just learn them from wherever we were but most of them we here them over the radios (FGD_fathers_Bulanga_3.7.18)

Channels: Church/Mosque

- Suggestions that church services well attended and could be appropriate places for ECN&D engagement
- One father suggested poorly attended
- Other fathers suggested good way to circulate information

In the villages, the VHTS take the information to the Local Councils...at church and other religious places, but all people come to attend, but they come for village meetings "[RELIGIOUS LEADER]

These people[VHTs] are very resourceful, knowledgeable and actually most trusted by the community than even health workers. So in so doing effective sensitization, mobilization and referral, they do these through massive mobilizations, they can even use functions like funeral rites, church services and every corners, so these people are very resourceful…" [KI STAKEHOLDER, IMPLEMENTER]

Me I would listen to my husband as well because he is the one who brought me from my father's home and he is the one keeping me so for any advice from him on health development of the child I take it. Not alone that but even the community people as well as the people from church (FGD_carers_Lwanda_5.7.18)

R2 = Yes it would be good but most of the people don't go there. It would be good but the number (people) is small.
R6 = In churches and mosques it also needed there because those who would have gone there as long as you're on time they also hear whatever has been there and they leave when they have understood and they also tell others if it's a mosque and you go there on Friday they will know and if you go there on Sunday for the church they will also know and those very people go and tell those ones who were not there (FGD_fathers_Bulanga_3.7.18)

Designing an intervention to promote early childhood nutrition and development in Luuka district in rural Uganda: a formative research study of family and community practices

Next steps

Summary against objectives

2. Explore current parental knowledge, attitudes and practices in relation to care, nutrition, and psychosocial stimulation of young children

- Carers responses reflected those of policy stakeholders, opinion leaders, nurses and VHTs in the primacy given to physical health and nutrition as 'ECD'
- Parental focus on physical development linked to shelter, nutrition & seeking treatment
- Intellect and cognitive development were viewed as innate and beyond carer influence
- Importance of 'showing love' emphasised
- Play not seen as stimulating but something that children do to be happy and occupied
- Need to understand appropriate language of stimulating play and responsive communication to persuade parents of the importance of their involvement and efficacy as ECD change agents
- Peer and community views of child behaviour and parenting approaches seen as very important – potential for peer influence

Summary against objectives

1. **Understand existing and planned ECN&D activities**
2. **Explore current parental knowledge, attitudes and practices in relation to care, nutrition, and psychosocial stimulation of young children**
3. **Explore feasibility and acceptability of proposed activities**
4. **Identify requirements for implementing activities & scale up**

Summary against objectives

3. Explore feasibility and acceptability of proposed activities

- Found few opportunities for consciously stimulating activities as families are both time and resource poor
- Links between play and stimulation are also poorly understood
- Practical approaches for incorporating stimulating activities and communication with children into busy daily lives may be advocated for and modelled by respected opinion leaders and peers
- Most study respondents noted the influence of poverty on child development in Luuka. Engaging with such priorities and building a locally appropriate strategy is, we suggest, most likely to be achieved through a community led approach

Summary against objectives

1. Understand existing and planned ECN&D activities

- Uganda has recognised the potential for impact across early childhood from antenatal to school entry in terms of access points for public sector services including by the health, education and social services sectors
- Formalised through an Integrated National ECD Policy and Operational Framework overseen by The National Integrated Early Childhood Development Policy (NIECD) secretariat
- We find that there is strong political will to support ECD at all levels but while national policy makers understand the policy imperative and the national plan, there may be weaker translation of policy into district and community level activities.
- ECD activities are equated only with health and nutrition activities, with little emphasis on child stimulation or the importance of cognitive development. This constitutes both a challenge and an opportunity

Summary against objectives

4. Identify requirements for implementing activities & scale up

- Challenges included: lack of knowledge and awareness, carers being time poor, fathers' traditional role as provider of resources but not care, poverty and food insecurity may also undermine stimulation efforts at the household level, and perceived lack of support for frontline workers and VHTs working as volunteers rather than paid staff
- We identify five potential opportunities for the expansion of effective ECD activities in Uganda:
  1. There is an opportunity to help parents understand the significance of stimulating activities
  2. Village Health Teams are already in place as trusted and respected members of the community, with close links to families and their young children
  3. Local opinion leaders are willing to be mobilised to engage families in ECD activities
  4. Multisectoral collaboration can be strengthened to support effective ECD delivery
  5. National ECD policies can be better translated into local priorities with a clearer set of activities and support.

What we are proposing?

- Moving the narrative from health and survival to stimulation and thriving
- Challenging notions that cognitive development is innate and beyond the influence of carers
- Promoting responsive communication as a 'cross-cutting' parenting and community endeavour where there are few toys and resources and carers are 'time poor'
- Understanding the language of responsive communication – avoid 'play'
- Harness:

– carer's aspirations for their children's future development and happiness
– peer and community influence
– Widespread trust and support for VHTs

What we are proposing?

- Saturation approach
- Theory of change based on 7S:

– Drawing on science, stories
– Implement a saturation approach
– With content emphasising self-efficacy, steps, skills and second nature

- Content based on 'parenting programme in health centre's' content
- Delivered through

– Carer groups (mothers and fathers with children) – facilitated by VHTs with peer interaction and coached ECD content

– Engagement with carers and community members by ECD 'champions' including at church / mosque/ through Priest/Imam and discussions post service

– Ongoing planning and collaboration with national, district and community ECD leaders and stakeholders

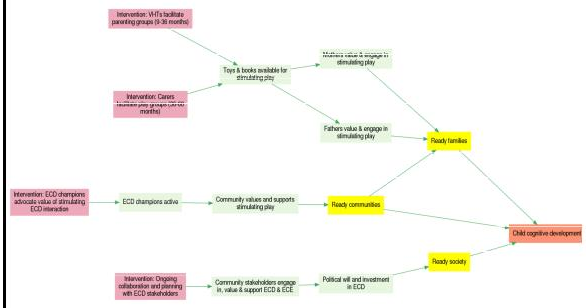
- Leading to improved child cognitive development

What we are proposing?

- Saturation approach
- Theory of change based on 7S:

– Drawing on science, stories
– Implement a saturation approach
– With content emphasising self-efficacy, steps, skills and second nature

Figure 1: Pathways to impact and project beneficiaries



What we think might make a parenting approach effective?

Stories:
Communication based on values, motivations and concerns of Ugandan carers

Science:
Based on evidence from Uganda and other settings

Saturation:
Using multiple channels of communication and influence

Questions, discussion and feedback

Inception meeting: Kampala, Uganda
23-24 November, 2017

- **Support pledged by Ministry of Gender, Labour and Social Development, Ministry of Health and Ministry of Education**
- **Opportunities within CHEWS strategy may face financing challenges - focus on existing VHT cadre**
- **ECN&D activities at community level untested in Uganda. VHTs often conduct locally specific tasks, making coordination, harmonisation and scaling a challenge**
- **Growing grass roots belief that ECN&D is important despite inadequate information provided to families on the benefits**
- **ECN&D activities must be attractive to households but consistently emphasised to the whole community to garner support**
- **Messaging should be: friendly and positive, consistent, relayed to the same population over long term, through a range of communication channels**
- **Involve wider beneficiaries in planning and implementation and provide training for health workers, CHWs, teachers and carers**
- **Proposed research not considered controversial or likely to be unacceptable**

What has been tested in Uganda?

- **7 trials tried different strategies**
- **Majority targeted older babies, preschool or school-aged children**
- **One trial targeted children 6-8 months in SW Uganda, focusing on nutrition and stimulation (intensive intervention)**
- **Majority targeted vulnerable groups: HIV positive children, sever malnourished or displaced families**
- **Most have proven successful but few were embedded within the health system or scalable**

Evidence from Uganda: research context

Study	Location	Target population	Intervention content	Delivery strategy	Intensity and duration	Who delivered?	Findings
Muhoozi et al, 2017	Kabale and Kisoro districts, South-Western Uganda	Mother/children dyads aged **6–8 months**	Stimulation, nutrition, hygiene and sanitation, oral hygiene	6 education sessions, monthly group meetings and monthly follow up home visits	**6 months**	Volunteer community health worker	Positive effect on **cognitive, language**, and **motor development** but not **linear growth.**
Boivin et al, 2017	Eastern Uganda	**2-3 years** old HIV-affected children and their infected mothers	Stimulation and nutrition	Training alternated between caregiver's home and research office	Hour-long biweekly individual training session for **one year**	Trained psychology or social work graduates	Improved **caregiving quality**, but not better **child cognitive outcomes.**
Singla et al, 2015	Rural Parishes of **Lira**, a northern district of Uganda	Mother–child dyads, ages **12–36 months**	Stimulation, nutrition, maternal well-being and hygiene	Sessions either at pre-school or a NGO facility. Parents received 1-2 home visits.	**12 fortnightly** peer-led sessions during 6/7 months. Each session lasted 60–90 min per session. Plus one/two home visits.	Trained community volunteers	Improved **cognitive scores** and **receptive language** scores and **maternal well-being** (depression) but no effect on **child growth.**
Boivin et al, 2013	Kayunga district, Central Uganda	Age **16 months to 5 years** old children with HIV, born to a mother with confirmed HIV.	Stimulation only	Training alternated between caregiver's home and research office	Hour-long biweekly individual training session for **one year**	Trained field team	Improved **visual memory, care quality** by caregivers, and **caregivers were less depressed.**
Morris et al, 2012	Kitgum district, Northern Uganda- Humanitarian setting	Mothers and **infants** attending emergency feeding centres	Stimulation and nutrition	Group sessions in emergency feeding centres with final follow up home visit. Practice and Feedback	**Weekly group sessions for 6 weeks.** Group size ranged from 7-25 persons (Median 16).	Trained psychosocial facilitators in collaboration with a trained nutritional support worker	Improved **caregivers' involvement with** babies, more available **play materials**, and **less sadness** and worry
Britto et al, 2009	35 districts in Uganda	**Under-6 years** old children	Stimulation, nutrition, deworming and community grants	Different platforms: NGO & CBO, Child Health days, Grants to villages, volunteers etc.	6-monthly Child Health Days with integrated services incl deworming, posters, Radio, face-to-face	NGO & CBO, community volunteers	Improved **caregivers' behaviours** and **positive attitudes** supporting development. More supportive of **fathers' involvement.**