

NIECD Secretariat NEWSLETTER



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Bushenyi, Ntungamo pledge to establish baby corners

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EDITORIAL

Dear reader,

We bring you the latest edition of the National Integrated Early Childhood Development (NIECD) Secretariat newsletter. The publication covers activities held by stakeholders over the past three months both at national and district level. In this edition, read about the great milestones that have been registered in as far as the NIECD Policy dissemination is concerned.

Between November 2017 and February 2018 alone, the policy was disseminated in 102 local governments, thanks to the great support from our partners UNICEF.

The Ministry of Gender, Labour and Social Development, working with other line ministries, helped all the local governments to kick-start establishment of co-ordination structures. The local governments have since gone ahead to finalise action plans, which were conceptualised during the dissemination. We are confident these action plans will help guide the implementation process.

At this stage, there is need to start measuring our performance in service delivery. In that regard, working with all key stakeholders, we are in advanced stages of developing an integrated Monitoring and Evaluation (M&E) Framework. This framework will identify key interventions, services and service points for children as well as indicators to track progress under the core areas of the programme.

Also read about the implementation of Key Family and Community Care Practices spearheaded by the Ministry of Health. There are also some exciting developments from local governments with few of them pledging to establish baby corners at the workplace for breast-feeding mothers.

The Ministry of Gender, Labour and Social Development, calls upon all stakeholders to continue working together to deliver integrated services to our children.

ENJOY

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Local governments are steadily appreciating the importance of establishing baby corners at the workplace for breast-feeding mothers.

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CONSULTATIONS.

The role of local governments in the implementation of programmes/projects needs no emphasis. That's why MGLSD has made it a point to consult them in developing the NIECD Service Delivery Framework. **More on P.5**

NIECD Policy disseminated in 141 districts and municipalities

POLICY DISSEMINATION.

Structures for implementation now exist in 141 districts/ Municipalities following a mass dissemination exercise for the NIECD Policy. **More on P.4 -5**

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SERVICE DELIVERY FRAMEWORK.

Representatives from five local governments, were invited to Mukono for a two-day workshop to assist MGLSD and other line ministries to develop the IECD Service Delivery Framework (SDF). **More on P.6**

MoH scales up roll out of Key Family & Community Care Practices

ENSURING WELLBEING OF CHILDREN.

In order to ensure the wellbeing of children and women in the reproductive age, the Ministry of Health (MoH) has scaled up the implementation of the recently-reviewed 22 Key Family Care and Community Practices (KFCCPs). **More on P.6-7**

Bushenyi, Ntungamo pledge to establish baby corners

BY SANDE B. ALEX

The importance of exclusive breastfeeding in child development needs no emphasis. Not only is breast-milk the most nutritious food for children, it also provides protection against most child ailments.

Crucially, breast-feeding heavily impacts on physical and mental development of children besides tightening the bond between the mother and their children.

It's against this background that some local government officials are now convinced that they need to establish baby corners at their workplaces to allow breast-feeding female employees spend quality time with their children.

Following the dissemination of the National Integrated Early Childhood Development (NIECD) Policy, Ntungamo and Bushenyi district leaders vowed to establish baby corners in the shortest time possible while others have embraced the idea but are still constrained by space.

The establishment of these corners is expected to reduce on the trips to and from home made by mothers during the day.



Some local government officials have appreciated the need to allow breastfeeding mothers to spend time with their children at the workplace.



FUNDING. Mostly in support of the creation of breastfeeding corners were female officers, who implored their male counterparts in administrative positions to treat the issue of baby corners as a priority.

M&E Framework for integrated ECD enters advanced stages

BY JULIUS SSENSAMBA

The country will soon have a framework to monitor integrated Early Childhood Development service delivery thanks to combined efforts by stakeholders and UNICEF.

Charged with coordinating other stakeholders, the NIECD Secretariat has so far organised two workshops to develop the framework.

The first workshop, which ended December 8 last year in Entebbe, attracted representatives from the Ministry of Education, Ministry of Health, Ministry of Local Government, Ministry of Agriculture, Ministry of Water, Uganda Bureau of Statistics, National Planning Authority, Ministry of Finance, OPM, Office of the President, different CSOs as well as Ministry of Gender, Labour and Social Development.

During the four-day workshop, participants identified key interventions, services and service points



Participants doing group work during the second M&E workshop in Jinja.

for children as well as indicators to track progress under five Core Programme Areas of the NIECD Policy namely; Early Childhood Care and Education; Child Protection; Family Strengthening and Support; Food Security and Nutrition; plus, Primary Health Care, Sanitation and Environment.

The service delivery points proposed for the framework by the participants are households,

ECD centres (pre-primary/nursery schools/kindergarten), primary schools, community groups and health centres.

“It gives me a moment of pride to be part of the process to develop an M&E Framework for IECD. This workshop has been instrumental in unpacking what integrated ECD is,” Ms. Divya Lata, the UNICEF ECD specialist remarked on the last day of the workshop.

4-DAY WORKSHOP

The four-day workshop was officially closed by Mr. Bernard Mujuni, the Commissioner Equity and Rights, Ministry of Gender, Labour and Social Development. In his closing remarks, Mr. Mujuni called upon stakeholders to continue integrating ECD interventions into their plans and allocate resources where possible.

“This framework will guide the sectors in measuring our performance in delivering integrated ECD services to Ugandan children,” Mr. Mujuni noted.

During the second workshop which took place in Jinja (February 27th – March 2nd, 2018), participants reviewed and confirmed the ECD Theory of Change that was developed at the first one in Entebbe.

Participants also defined the minimum package expected from each service delivery point besides developing integration indicators as well as their means of verification. Stakeholders will meet once again in May to put final touches to the task.

Children and Internet: Is your child safe online?

It is holiday time and 11-year old Keith is fiddling with his tablet. He has full access to the internet.

All he does is play online games and search for answers for hard class tasks; at least that is what his parents think he does online. They have no idea about what he encounters online because they are too busy to notice.

Another child, 13-year-old Maria, is struggling with online bullying. A clique in her class mock her body at every turn using digitally-manipulated images. To her peers, it is a joke. To her, it is torture.

The world celebrated Safer Internet Day today last month with the celebration’s slogan as; Create, connect and share Respect: A better Internet starts with you.

It is a call to action for every each of us to play their part in creating a better internet for everyone in particular the children. Protecting children online is a global challenge and Uganda is no exception.

Uganda has the youngest population in the world, with 77% under 30 years of age. Currently, more than 13



Of late, some children have unlimited access to the internet.

million Ugandans use the internet. These usage numbers are expected to grow. With the current surge in access to mobile phones, the need to safeguard the internet has never been greater for Uganda. There is no doubt that over the years, advance in information technology has been responsible for positively impacting our lives. The internet has become the most resourceful space known to man, as limitless information is gathered and shared.

Online abusers

Amid this great advancement lies dangers such as cyber-crime, including online child sexual abuse and cyber bullying. According to the Online Safety Education Toolkit developed by the National Information Technology Authority (NITA), in collaboration with the Internet Society Uganda, there are a number of ways children can be recruited by online abusers.

They can be enticed to develop friendships with strangers via the internet, trained to develop a habit of sharing sexual conversations, something they refer to as grooming, and trained to develop a liking for sharing nude pictures of themselves and others. Consequently, they start getting threats from those strange “friends”, who will demand sex from them and sometimes money extorted from them.

Jane Omburu, a mother of four, recognises the role of parents in this.

“My children spend most of their free time on these social media sites. They obviously face many dangers, but that is the world we live in today. While parents may be blamed for irresponsibility, it has become hard for us to follow our children’s online activity in this fast-paced social media space. “I do not have a Facebook account, for example, but all of my children do. We have to get more involved in our children’s lives if we are to solve this problem,” she says.

ADAPTED FROM THE NEW VISION

NIECD Policy disseminated in 141 local governments

UNICEF funded the dissemination activity. Following other local governments that were oriented earlier with the support of UNICEF, Plan Uganda and World Vision, only six districts and 11 municipalities respectively are yet to be covered.

BY ROGERS GOLOOBA & ALEX B. SANDE

The National Integrated Early Childhood Development (NIECD) Policy has so far been disseminated in 141 local governments. The local governments include 115 districts and 26 municipalities.

By December 2016, the policy, which was launched three months earlier, had been disseminated in only 19 local governments.

But working with Development Partners UNICEF and other sectors, the Ministry of Gender, Labour and Social Development (MGLSD), which is taking lead in coordination, came up with innovative ways that saw officials from 102 local government units oriented on the policy between November 2017 and February 2018.

The orientation exercise was spearheaded by commissioners from key line ministries with support of NIECD Secretariat programme officers.

Officials from Ministry of Education and Sports, Ministry of Water and Environment, Ministry of Local Government and Cabinet Secretariat, facilitated the meetings at district and municipality levels.

During the half-day meetings, the facilitators gave an overview of the policy whose target is children 0-8 years and their caregivers, besides assisting local government officials to develop integrated action plans.

Overall, 27 officials from eight line ministries facilitated the activity with 3, 060 local government officers across the country participating.

Districts and Municipalities yet to be oriented



A map showing the districts/municipalities that are yet to be oriented on the NIECD Policy.

In most of the districts, IECD interventions were widely welcomed with some suggesting that the policy was long overdue. “This is a policy that should be given serious attention by government and all of us. Our attitude to government programmes is very vibrant and receptive. As the municipality leadership, we shall fulfil our

mandate,” the Kisoro Municipality Mayor Mr. Richard Ndyana said while closing the orientation meeting.

He added: “We embrace this policy with open arms. If we don’t give our children the best, the Uganda of tomorrow will not be the best. You all know that it’s the younger trees that support the sustainability of the forest.”



It is important for children to start learning at a very young age.

UNICEF fully funded the dissemination exercise.

Following others that were oriented earlier with the support of UNICEF, Plan Uganda and World Vision, only six districts and 11 municipalities respectively are yet to be covered.

The Apac Municipality Town Clerk, Mr. Jacob Batyemetto remarked: “We need to develop a culture of responsibility at family, community, district and national levels towards caring for young children. All stakeholders must

be agents of change for integrated ECD service delivery.”

The Zombo Resident District Commissioner, Mr. Isaac Lulaba, said: “Through the National Integrated Early Childhood Development Policy, government has recognised the need for a balance between infrastructure and human capital development. We need a population that can effectively and efficiently utilize the available resources to get out of poverty and contribute to national development.”

DLGS ORIENTED BETWEEN NOVEMBER 2017 AND JANUARY 2018

Kanungu, Kween, Lamwo, Kayunga Rukungiri, Kapchorwa, Kitgum, Mukono Rukungiri MC, Kapchorwa MC, Pader, Mukono Municipality, Kisoro MC, Sironko, Agago, Mpigi Rukiga, Bukwo, Kotido MC, Luwero Sheema, Mbale, Mubende Bushenyi, Mbale MC, Gulu MC, Mityana Ishaka MC, Manafwa, Otuke, Mityana Municipality, Ntungamo, Namisindwa, Lira MC, Kiboga, Ntungamo MC, Bulambuli, Nakasongola, Kyankwanzi, Ibanda, Pallisa, Moyo, Luwero Ibanda MC, Serere, Koboko MC, Nakaseke Mbarara, Butebo, Koboko, Masindi Mbarara MC, Ngora, Maracha, Masindi Municipality, Buhweju, Kibuku, Zombo, Buliisa Kiruhura, Tororo MC, Apac, Masaka Lyantonde,

Busia, Apac MC, Rakai Sembabule, Busia MC, Dokolo, Kalungu Lwengo, Namayingo, Amolatar, Bukomansimbi, Gomba, Kaliro, Kumi MC, Kalangala Bundibugyo, Mayuge, Kaberamaido, Kyotera Ntoroko, Jinja, Amuria, Buvuma Fortportal MC, Jinja MC, Soroti MC, Masaka Municipality, Luuka, Soroti, Mubende Municipality Kabarole, Mayuge, Moroto MC, Bunyangabo, Namutumba, Katakwi, Kumi.

Districts yet to be oriented:
Pakwach, Amuru, Rakai, Nwoya, Mitooma, Kamwenge.

Municipalities yet to be oriented:
Bugiri, Busia, Entebbe, Kamuli, Kasese, Kira, Makindye Sabagabo, Nansana, Nebbi, Arua, Njeru.

STRATEGIC COMMUNICATION >>

Local governments back SDF, Communication Strategy in the pipeline



Consultant, Mrs Agatha Kafuuko presents the draft Service Delivery Framework to local government representatives.

BY ALEX B. SANDE

Implementation of programmes/projects in Uganda is in most cases determined by the effectiveness of the lowest local government structures.

If things go wrong at district level, service delivery will be stifled even when all the boxes are ticked by the Central Government technical staff.

To avoid hitting a snag in implementation of the National Integrated Early Childhood Development (NIECD) Programme, the Ministry of Gender, Labour and Social Development (MGLSD), has walked side by side with key local government departments.

Besides working with them to develop IECD action plans for their districts, MGLSD has enlisted the involvement of local governments in crafting national documents and tools like the M&E Framework.

Just last month, representatives from selected local governments, were invited to Mukono for a two-day workshop to assist MGLSD and other line ministries to develop the integrated ECD Service Delivery Framework (SDF). The SDF identifies essential services that children 0-8 years need to thrive and develop holistically.

“Of course it is self-defeating to design implementation of any project without the input of local governments. Now that our voices have been heard, implementation should be easy,” Mr. Paddy Galabuzi, the Wakiso District Planner, said while moderating one of the sessions to develop the SDF at Ridar Hotel, Mukono.

While not all local governments were represented, Mr. Galabuzi, who chairs the Uganda District Planners Association, promised to communicate the resolutions of the meeting as the sector leader. The NIECD Secretariat also committed to gather views of more local government officials about the SDF electronically.

The Secretariat is also in advanced stages of organising another meeting to have local governments input in the IECD Communication and Advocacy Strategy, which is being developed with the support of UNICEF. The Communication Strategy has so far been reviewed by the IECD Communications Taskforce and the ECD Technical Committee.

After consulting local governments, the Strategy will be validated, launched and disseminated.



MoH scales up roll out of Key Family and Community Care Practices

KFCPs are those caregiver's actions at the household level to ensure the proper wellbeing of children and women in reproductive age.

BY DR. ISHA GRANT

The Ministry of Health (MoH) Child Health Division has scaled up the implementation of Key Family and Community Care Practices (KFCPs).

Working with line ministries and other key stakeholders, MoH recently reviewed the 22 KFCs to come up with appropriate messages to be disseminated to families and communities.

The KFCPs have also been a basis for developing the National Integrated Early Childhood Development (NIECD) Communication and Advocacy Strategy.

What are KFCPs?

KFCPs have been described by UNICEF and World Health Organisation (WHO) as a minimum set of effective evidenced-based interventions needed to improve child survival and promote healthy growth and development along the continuum of care. Some are home-based practices while others focus on care-seeking outside the home.

Therefore, KFCPs are those caregiver's actions at the household level to ensure the proper wellbeing of children and women in reproductive age.

These practices have been selected because they, by far, have proven to most likely cause an impact on survival, nutrition, growth, wellness and development of a child.

Uganda adopted 22 KFCPs beyond health to include child protection, family strengthening, promotion of early childhood development including learning, water sanitation and hygiene etc. as identified and agreed upon by MoH/ UNICEF/ WHO and multi-sectoral partners.

The 22 key family care practices are grouped in to four broad categories.

1. Growth Promotion and Development

These are practices that help a child grow and develop physically and mentally and include good nutrition and psychosocial development.

2. Disease Prevention

These are practices in the household before the onset of a disease to provide protection against disease.

3. Home Management

These are practices that take place in the home to help a child once it is realized that the child is sick or unwell in any way.

4. Care Seeking and Compliance to Treatment and Advice

These are practices that involve going out of the home to seek health care. These practices include;

- i) Recognizing that a sick child can no lon-



Ugandan midwife Esther Madudu listens to the heartbeat of a child in the womb as she assists a mother in the field. Pregnant women should visit a health facility for at least eight times before giving birth. Image: SUAMC - Stand Up for African Mothers Campaign

ger be managed at home

ii) The process of going out to seek further help

iii) Going out of the home to seek any medical service at all including preventive services.

LIST OF KEY FAMILY CARE PRACTICES

1. Keep the newborn warm, umbilical cord and skin clean and hygienic and recognize low-weight (small), sick babies and those at the risk of HIV infected and seek appropriate care.

2. Notify the birth of your child for registration as soon as possible after birth and obtain a birth certificate.

3. Breast feed all infants exclusively until the age of six months.

4. Starting at about six months of age, feed babies freshly prepared energy and nutrient rich complementary foods, while continuing to breast feed the baby up to two years of age and longer.

5. Promote mental and social development during early childhood in the (0-8 years) by communicating and responding to children's needs through talking, playing, affection and providing a stimulating, learning and safe environment.

6. Monitor growth physical and recognize children's developmental difficulties and disabilities for timely intervention and management.

7. Give children, adolescents and women



adequate amounts of micro-nutrients through de-worming them.

8. Ensure wellness and proper development of adolescent by supporting and encouraging them to use adolescents and youth friendly services including getting information about STI/HIV/AIDS and Contraception.

9. Protect children from early pregnancy (including abortions) and other risks by supporting and talking to them to delay sexual relations, avoid smoking, drinking alcohol and drugs.

10. Avoid unwanted pregnancy and ensure appropriate interval /spacing of your children by using appropriate contraceptive methods.

11. Ensure that every pregnant woman gets at least eight antenatal visits from an appropriate health care provider. The mother also needs support from her family and community in seeking care during pregnancy, at the time of delivery, after delivery and lactation period.

12. Ensure that pregnant women and children sleep under insecticide treated nets every night and accept to have their houses sprayed by authorities.

13. Recognize when a child, adolescent and pregnant woman need psychosocial support and seek medical, timely and appropriate care.

14. Follow the health worker's advice about taking medication and the treatment, follow-up visits and referral.

15. Continue to feed and offer more fluids including breast milk to a child when the child is sick.

16. Proper disposal of feces, including children's and wash hands with soap after defecation, before preparing meals and before preparing meals and before feeding children.

17. Give children and pregnant women appropriate home treatment during sickness and recovery.

18. Take children before their 1st birthday to complete a full course of immunization (BCG, DPT, OPV, pneumonia, and measles) and adolescents to receive HPV starts at the age of 10 years.

19. Take appropriate actions to prevent and manage child injuries and accidents in the home and community.

20. Protect children and women from neglect and abuse including exposing them to Female Genital Mutilation (FGM) and take appropriate timely action when it occurs.

21. Ensure that men are involved in the process of offering care to women during pregnancy, Childbirth, and after birth, when accessing family planning.

22. Enroll and keep your children in school to the age of 18.

For more Information on Key Family and Community Care Practices, contact Dr Jesca Nsungwa on jnsabiiti@gmail.com

NATIONAL INTEGRATED EARLY CHILDHOOD DEVELOPMENT SECRETARIAT

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