



THE REPUBLIC OF UGANDA

THE NATIONAL INTEGRATED EARLY CHILDHOOD DEVELOPMENT POLICY ACTION PLAN OF UGANDA (2016-2021)

Ministry of Gender, Labour and Social Development

March 2016



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Foreword

The Government of Uganda as a signatory to the global and regional frameworks and standards on the rights of the child is committed to ensuring that all children in the country realize their full potential. This commitment is reflected in the formulation of the National Integrated Early Childhood Development Policy and Action Plan of Uganda.

The Vision of the NIECD Policy of Uganda is all children in Uganda from conception to 8 years of age grow and develop to their full potential. It is for this purpose that the NIECD Action plan of Uganda has been developed to realize the vision.

The plan presents an opportunity for the development of comprehensive, integrated, coordinated and multi-sectoral interventions to Early Childhood Development. It also provides guidance and elaborates strategies that Government and partners will employ to undertake the execution of the NIECD policy of Uganda.

The plan provides for a clear organizational framework to integrate and coordinate interventions within and across different sectors and defines roles and responsibilities of key sectors involved in ECD. This plan helps relevant sectors translate the NIECD policy of Uganda into their own operational plans, mobilize funds and report on the progress.

The Action Plan being a companion document of the NIECD policy of Uganda charts a course of action to help achieve the Policy actions. In the spirit of continuous quality improvement, the Plan is a living document that will highlight and mark progress.

The MGLSD will be responsible for monitoring and reporting progress made on the strategies and actions in the Plan. Everyone has a part to play in making the work in the plan a reality. The development of the NIECD Action Plan of Uganda was a highly collaborative endeavor that demonstrates shared responsibility to provide a good start for all children.

I therefore call upon all sectors to embrace this action plan and allocate time, resources and expertise towards its effective implementation.
For God and my Country,


JANAT B. MUKWAYA (HAJAT)
MINISTER FOR GENDER, LABOUR AND SOCIAL DEVELOPMENT

CHAPTER ONE

1.1 INTRODUCTION

The NIECD policy of Uganda seeks to address multi-dimensional needs of young children through building more effective and coherent efforts among sectors to achieve positive early childhood development outcomes for all children. The NIECD policy Action Plan of Uganda provides guidance and elaborates strategies that government and partners will employ to undertake the execution of the NIECD policy of Uganda.

The action plan provides a clear implementation framework to integrate and coordinate interventions within and across different sectors and defines roles and responsibilities of key sectors involved in ECD. The plan is an advocacy tool and reference to raise the visibility of ECD, lobby for increased funding for ECD to expand coverage, particularly of disadvantaged children. This action plan helps relevant sectors translate the NIECD policy of Uganda into their own operational plans, mobilize funds and report on the progress.

1.2 POLICY OVERVIEW

The NIECD Policy of Uganda addresses the need for timely reach of essential ECD services and support for all children, responding to diversity, engagement of parents and families as partners, and harmonizing and maximizing investment across the respective ECD sectors. The NIECD policy of Uganda presents the vision, objectives and goals summarized below.

1.2.1 Vision

All children in Uganda from conception to 8 years grow and develop to their full potential.

1.2.2 Mission

To ensure equitable access to quality and relevant ECD services for holistic development of all Children from conception to 8 years.

1.2.3 Goal of the policy

The goal of the policy is to provide direction and guidance to all sectors for quality, inclusive, coordinated and well-funded ECD services and programs.

1.2.4 Objectives of the policy

The NIECD Policy of Uganda has three objectives;

1. To harmonize existing ECD policy related goals, objectives and strategies and initiatives within and across all sectors.
2. To set, improve and align standards for ensuring access to well-coordinated, quality, equitable and inclusive ECD services within and across sectors
3. To build and strengthen capacity of systems and structures to deliver integrated quality and inclusive ECD programs.

1.2.5 Target Groups

The integrated ECD policy targets a number of stakeholders both primary and tertiary.

The Policy targets all children, including the vulnerable and marginalized, from conception to eight years of age. Within this age range, there are four definitive categories:

- (i) Conception to birth,
- (ii) Birth to three years,
- (iii) three to six years, and
- (iv) six to eight years.

Although all these categories have the same holistic needs, which consist of nutrition, health, nurture, protection, stimulation and training, the emphasis and focus of providing for these needs varies depending upon each category.

In order to provide integrated effective services for the children, the Policy targets the primary care givers of the children. These include parents and those who provide care for children in their absence, such as grandparents, other relatives and care providers in children's homes.

Local Communities are also targeted and empowered to support families and alternative caregivers to provide for the holistic needs of young children, and to safe guard their rights.

1.3 GUIDING PRINCIPLES

The following principles are to be observed and upheld by all stakeholders in the implementation of the NIECD Policy of Uganda and its Action Plan.

1.3.1 Holistic Development of the child

Programs shall be designed in such a way that all the developmental domains (physical, mental, social, emotional and linguistic) of a child are taken care of. These domains are interwoven, complementary and of equal importance. The development of one domain will affect another. Programs shall also pay due attention to the differentiated developmental needs across the four main age cohorts including prenatal and conception; zero to three; three to five; and six to eight years as well as parent education and support.

1.3.2 Equity in Access to ECD Services

ECD programs shall be directed to all children irrespective of gender, geographical location, race, tribe among others. Equal emphasis will be given to the development of both girl and boy children and all forms of gender discrimination should be avoided. Children that are differently abled must also be given adequate opportunities to develop to their fullest potential.

1.3.3 Context Specific

Programs shall be age category appropriate, flexible, sensitive, culturally relevant, affordable and customized to meet special needs of children such as those affected by HIV/AIDS, children and women in conflict situations and children with disabilities and street children among other groups.

1.3.4 Family and Community Engagement

Families, parents and caregivers have the primary mandate for the care and upbringing of young children. Family will thus be the first line of response in ECD service delivery. ECD programs should actively engage and empower

families and communities to participate and own programs for the care and development of their young children.

1.3.5 Good Governance and Accountability

Leadership and accountability of ECD will be shared across sectors based on primary mandates. Clear roles and responsibilities are stipulated for each sector with obligations to abide by the vision, mission, principles, outcomes put forth in the NIECD policy of Uganda. Sectors will commit investment in terms of human, financial and material resources, resource mobilization, quality assurance and reporting and feedback mechanisms.

1.3.6 Rights Based Approach

The Government's commitment to the UNCRC mandates ECD as a right and obligates government to protect the rights of young children to security, basic nutrition, basic health care and basic education. All programs will adopt the Human Rights based approach to programming and promote children's basic right to survival, development, protection and participation, and adhere to the basic CRC principles of non-discrimination, best interests of the child and participation.

1.3.7 Public-Private Partnership

The effective planning and provision of the multidisciplinary needs of young children calls for a shared responsibility and accountability in fulfilling them. The PPP approach will therefore be central in the delivery of programs.

1.3.8 Inclusive and Complimentary Service Provision

Programs will be designed to offer a range of continuous, well-coordinated, complimentary and essential services along a continuum of care from conception to eight years.

CHAPTER TWO

2 STRATEGIC DIRECTION

2.1 INTRODUCTION

The NIECD Policy of Uganda aims at achieving policy integration through strengthened and more effective coordination of sectors to work collaboratively to plan common goals and complimentary strategies that reduce the compartmentalization of the child development and care services. This Action plan will enable the implementation of the following policy actions.

2.2 POLICY ACTIONS

2.2.1 Early Childhood Care and Education

Government of Uganda will ensure that children's early learning at all the different stages of development is implemented and supported. This will focus on increasing access to equitable, quality, integrated, inclusive and developmentally appropriate early learning and stimulation opportunities and programs for all children below eight years.

Strategies

- a) Establish a fully-fledged Department in charge of early childhood education.
- b) Strengthen quality assurance of informal and formal early education and care programs and services.
- c) Expand professional development and ongoing support of ECD service providers and actors.
- d) Establish ECD centres at every primary school and support community based centres.

2.2.2 Food Security and Nutrition

GOU shall ensure that all households are food secure and have proper nutrition for proper child growth and development. This will involve

supporting nutritious food production, nutrition care within the household, and Community mobilization to promote the adoption of healthy nutrition behaviors and increased public awareness of the centrality of improved nutrition to community and national development to reduce prevalence of malnutrition among infants and young children, expectant and lactating mothers.

Strategies

- a) Promote micronutrient supplementation and diet diversification.
- b) Promote and improve food security at household and community level.
- c) Promote breastfeeding and optimal feeding practices for infants and young children.

2.2.3 Child Protection

GOU will ensure the protection of all children from conception to eight years and their caregivers to promote children's rights to survival, safety, protection and adequate care at family, community and national level. The Government will strengthen mechanisms for preventing and responding to abuse, exploitation and violence against children, 0-8 years and their caregivers.

Strategies

- a) Advocate for the widespread acceptance and observance of the UNCRC.
- b) Promote national identity for all young children right from birth.
- c) Formulation, update, enactment and enforcement of laws and policies in favor of young children.
- d) Strengthen family, community and national level child protection systems.

2.2.4 Primary Health Care, Sanitation and Environment

GOU shall ensure the right to survival and healthy growth of all young children in Uganda and ensure access to quality primary health care services and safe water and sanitation facilities at household, community and institutional levels for children and their households. The main thrust

for this will be prioritizing stimulation, care and development aspects in the traditional child health and survival programs to ensure children not only survive but also thrive.

Quality Maternal and Child health programs including water and Sanitation, Nutrition and environmental health will be scaled up to reach the most vulnerable children and families through family oriented and community based services.

Strategies

- a) Prenatal & postnatal care
- b) Preventive healthcare for children
- c) Reduce mother-to-child HIV transmission
- d) Increase access to safe water and environmental sanitation.

2.2.5 Family Strengthening and Support

The family will be taken as the first line of response and will be strengthened to provide adequate and holistic care for children 0-8 years. GOU will promote approaches that strengthen families and community capacities including structures and systems in order to expand equitable, effective, and high-quality community-based response to enhance holistic child development.

Strategies

- a) Social-economic strengthening of families and care givers.
- b) Promote parenting and child support programs.
- c) Formulate and implement supportive family policies.

2.2.6 Communication, Advocacy and Resource mobilization

The GOU shall increase its financial allocation to support programmes for young children and families to ensure quality, access and equitable distribution of services to all children, conception to eight years. Efforts will be directed to increasing awareness and commitment to ECD services and programmes by all stakeholders.

Strategies

- a) Develop and implement a comprehensive and sustainable NIECD communication strategy.
- b) Develop and implement a financial Sustainability Plan for ECD programmes.
- c) Advocate for increased budgetary allocation to ECD interventions.
- d) Promote efficiency, transparency and accountability.
- e) Strengthen the policy, legal and institutional frameworks in favour of holistic child development.

2.2.7 Multi-sectoral Partnerships and coordination

GOU shall enhance Partnership and collaboration for effective IECD services in Uganda and set up mechanisms to streamline systems and ensure coordination for efficient delivery of services and programmes. GOU shall enhance mechanisms for partnerships in the provision of early childhood development services while increasing its capacity to coordinate and oversee the implementation of the services delivered by partners to ensure quality, accessibility and equity in provisions of services for all children.

Strategies

- a) Coordinate services and programs to maximize integration and efficiency across sectors.
- b) Enhance the capacity of ECD leaders and service providers.
- c) Ensure quality of ECD services and programs.

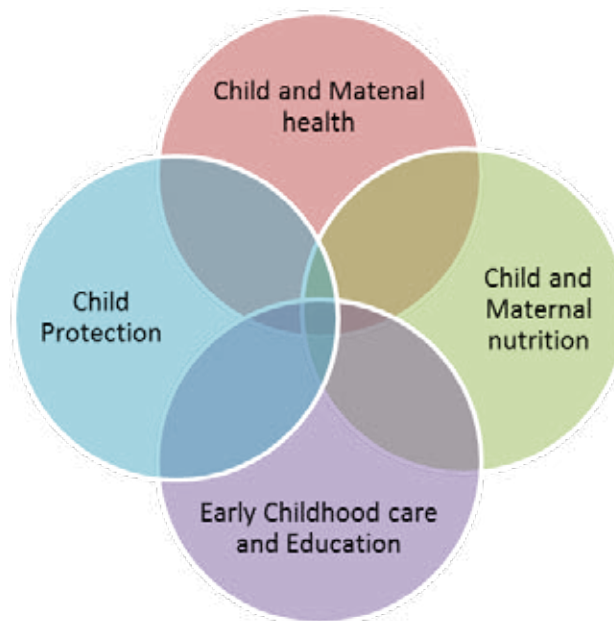
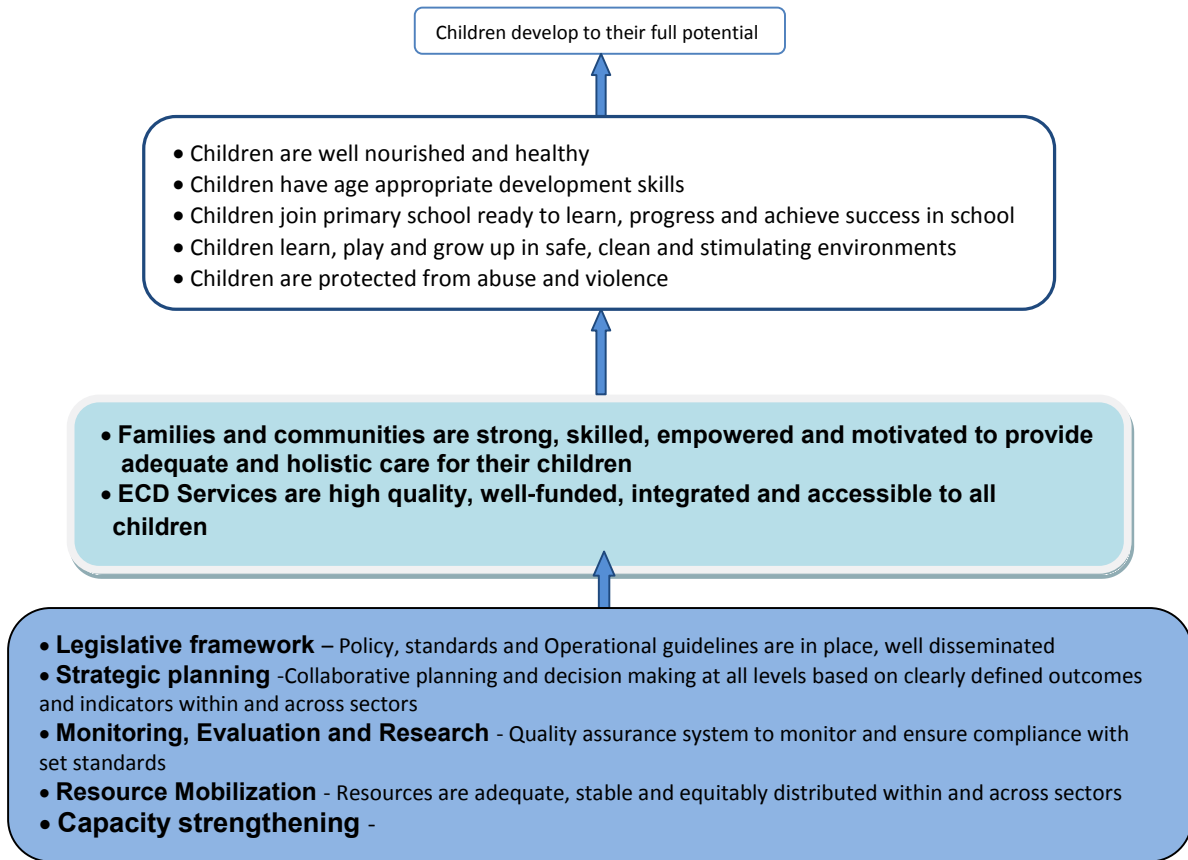
CHAPTER THREE

3 IMPLEMENTATION ARRANGEMENTS

3.1 THE NIECD ACTION PLAN OF UGANDA CONCEPTUAL FRAMEWORK

The conceptual framework below highlights that the desired goal of having children develop to their full potential will be attained starting with effective coordination of efforts and resources by Government, private sector, communities and families. The strategies to achieve this include strengthened Policy and legal frameworks, effective resource mobilization, strategic planning and decision making based on clearly defined outcomes and indicators that can be rigorously monitored and evaluated. Families as primary providers must play a critical role in leading and extending the services to children. All the above will support the empowerment and positioning of communities and families to play an instrumental role in the holistic development of a child.

CONCEPTUAL FRAMEWORK



3.2 KEY COORDINATION AND PARTNERSHIP STRATEGIES

3.2.1 Strategic and collaborative Planning

Shared leadership, decision-making and accountability will be promoted across sectors through collaborative planning processes at various levels.

Dialogue to build shared understanding of key roles will be promoted and maintained across and within sectors guided by set standards, agreed benchmarks and desired outcomes set forth in accordance with the vision, mission, and principles of the NIECD policy of Uganda framework. Specifications will include;

- a) Design and implement a strategic implementation Plan.
- b) Joint planning, progress review and reporting sessions.
- c) Establish and manage multi-sector working committees/ subgroups.
- d) Lobby for and ensure delegation of key decision makers from key sectors.
- e) Representation and engagement in sector specific strategic reviews national planning processes and fora.
- f) Institute national and district level inter-agency planning forums.

3.2.2 Strengthening Legal Framework

Standards will be used to integrate services and practices across systems as appropriate. Sectors will be obligated to develop comprehensive early childhood plans that address all types of services and system elements and place the necessary emphasis on the unique and diverse developmental needs and abilities of children of various ages, within the age bracket of 0-8 years ensuring specific emphasis on children in difficult circumstances. Specifications will include;

- a) In-depth policy analysis of laws and policies to establish legislative gaps, needs and opportunities.
- b) Commission a Child Rights assessment inclined towards ECD.
- c) Legal reform to bring the archaic laws in conformity with international standards

- d) Review and enforce laws and ensure strict adherence to policies, standards and operation guidelines.
- e) Commission an audit of existing standards and compliance levels within and across sectors.

3.2.3 Resource Mobilization

The delivery of holistic ECD services in a comprehensive manner will require increasing and securing prevailing investments in addition to identifying new funding streams to cover identified gaps. This will require actions to influence government and private entities at community, district and national level to contribute and secure sufficient, more flexible, stable and sustainable funding and other resources that will be equitably distributed across various types of ECD services and sectors. This will specifically entail;

- a) Development of a mobilization strategy.
- b) Development and update of NIECD Policy of Uganda budgets and funding plans.
- c) Advocating for budget votes for allocation of funding from central government for IECD.
- d) Undertaking studies on innovative funding opportunities for IECD.
- e) Mapping key actors and aligning priorities and interests with respective IECD related priorities and mandates.
- f) Promoting and managing Inter-agency, multi-sectoral private – public partnerships.

3.2.4 Policy Monitoring, Evaluation and Research

This will be undertaken to ensure accountability through systematic and periodical data collection, data analysis and reporting on progress of set outcomes and set benchmarks. Regular and ongoing review and use of data will guide continuous improvement and inform strategic policy planning and practice. Program evaluations will be commissioned to demonstrate accountability and effectiveness. Specific actions will include;

- a) Develop and implement a Monitoring, Evaluation and Research plan.

- b) Institute periodical compliance monitoring, reviews and progress reporting systems.
- c) Develop and maintain a cross-sectoral database and information system.
- d) Devise and implement mechanisms for knowledge management, documentation of lessons and cross-sector learning.

3.2.5 Communication and Advocacy

Strategic communication and advocacy will be employed at all levels to raise the profile of ECD, promote greater awareness on the benefits of ECD and propel the interest and visibility of IECD work. The efforts will also be key in increasing understanding of the requirements and benefits of a comprehensive early childhood development policy and program within and across sectors. Actions will also be undertaken to recruit and engage a broad and diverse constituency of ECD stakeholders to build and support investment in IECD work. Communication and advocacy efforts will particularly target families of young children, sector decision makers and influential entities that will bring valuable skills, insights and resource contributions to the IECD work. Specific actions will include;

- a) Developing an integrated advocacy and communication strategy.
- b) Policy research and studies to inform advocacy interventions.
- c) Promote the National ECD forum.

3.2.6 Training and capacity strengthening

Capacity strengthening will be essential to ensure sufficient numbers and mix of competent personnel from across and within sectors responsible for ECD. The provision of ECD services to communities has been significantly attributed to non-governmental agencies and the efforts of parents and community-based organizations who have vast knowledge, expertise and resources that will be harnessed and expanded through upgrading, tailored training, mentoring and other mechanisms. In this area, the following will be executed;

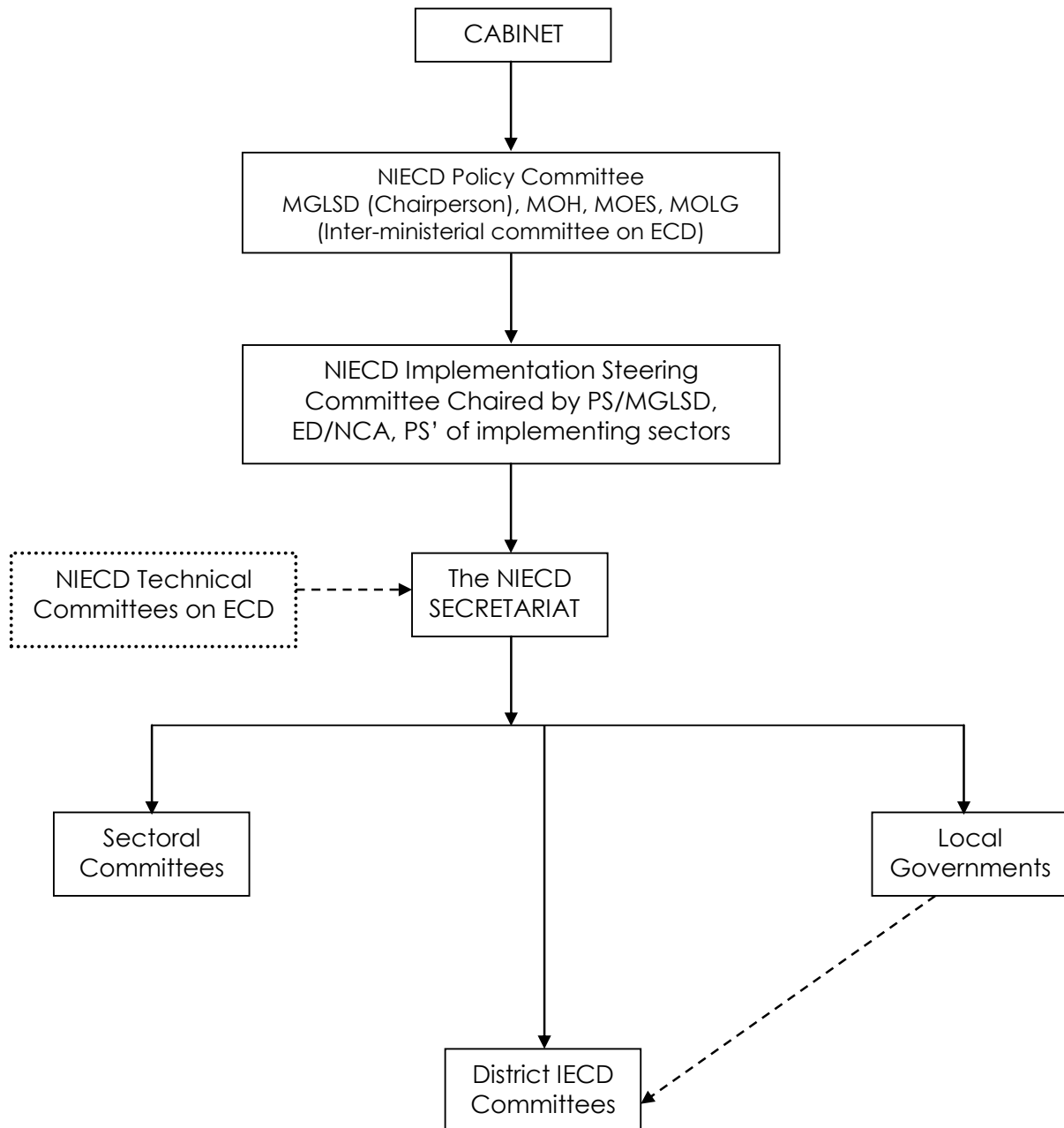
- a) Take stock of and create database of services, key actors and specialized support for ECD.
- b) Design cross-sector early childhood professional development system.

- c) Set and oversee standards for professional training and preparation of care providers.
- d) Develop evidence-based core competencies that will inform institutional training programs.
- e) Take stock and facilitate linkages to credential and licensing entities.
- f) Advocacy to influence and inform work force planning, development and deployment across sectors at national and district level.

CHAPTER FOUR

4 IMPLEMENTATION FRAMEWORK

4.1 THE IMPLEMENTATION STRUCTURE



4.1.1 Introduction

ECD cuts across all government sectors and sections to the smallest unit of society and therefore its implementation calls for a multi-sectoral approach and active involvement of all stakeholders at different levels of society, individually and collectively from the National to the lowest local government.

4.1.2 National Level

The Ministry of Gender, Labour and Social Development will house the framework and will be the lead agency in its implementation. The Minister for Gender, Labour and Social Development will be responsible for reporting ECD Issues to cabinet/ parliament. The Minister will be supported by the Permanent Secretary - Ministry of Gender, Labour and Social Development.

4.1.3 The NIECD Policy Steering Committee

The NIECD Policy of Uganda Steering Committee will be constituted by multidisciplinary stakeholders from different ministries representing different ECD issues on the committee. The role of the Steering Committee will be to provide overall ECD technical guidance and oversee the implementation of the NIECD Policy from the National, to the lower local governments, advocate and lobby for inclusion of and appropriate planning and budgeting of ECD interventions in sector plans and budgets at all levels.

Decisions and matters arising for action from the discussions of the policy steering committee on different ECD issues will be forwarded either upwards to the Minister or downwards to Director Social Protection for action. The Director Social Protection will be supported by the Commissioner Youth and Children who will work hand in hand with the Assistant Commissioners.

4.1.4 The ECD technical Committee

The technical committee will function as the technical arm of the National IECD Policy of Uganda Steering committee. The ECD Technical Committee will consist of designated individuals in the area of ECD from ministries, government bodies, representatives from the UN and other Bilateral Organizations, CSOs/FBOs with a mandate, passion and technical knowledge in ECD. The ECD Technical Committee will be chaired by the Assistant Commissioner Children Affairs and will meet at least twice in a quarter.

The committee shall have powers to co-opt other members or constitute sub committees as they would deem it necessary. The committee shall determine operational protocols upon constitution. The specific roles shall be to:

- a) Advise and maintain cross-sector dialogue with government on ECD policy matters.
- b) Establish and supervise the National ECD Secretariat.
- c) Advocate for and mobilize funding for ECD policy work across sectors.
- d) Submit periodical reports to relevant entities as may be required.
- e) Review and approve periodical ECD policy action plans budgets and reports.
- f) Review, approve and promote formal adoption of standards, regulations and laws for ECD programs.
- g) Provide guidelines for national donor and other actor co-ordination activities.

4.1.5 The National ECD Secretariat

The ECD Secretariat will be established within the MoGLSD under the Department of Youth and Children to support the ECD Technical Committee. The National ECD Secretariat shall be charged with the day to day functions of coordination, management, administration and reporting on programs and activities intended to ensure the smooth implementation of the NIECD Policy. The MoGLSD will designate two Officers from the Department, supported by the Assistant Commissioner Children Affairs, for the Secretariat. The major roles of the ECD Secretariat will include;

- a) Manage all implementation, monitoring and evaluation activities specified under the NIECD Policy of Uganda.
- b) Preparation of National Level multi-sectoral quarterly, Annual, Strategic ECD Plans for integration into sectoral and lower local government plans.
- c) Advocate and lobby for inclusion of and appropriate planning and budgeting of ECD interventions in sector plans and budgets at all levels.

- d) Initiate new ECD programs and interventions.
- e) Ensure Integration of ECD issues in the medium and long term development framework.
- f) To coordinate with relevant sector investment strategic plans to ensure integration of ECD issues.
- g) Propose standards, regulations, laws and present for approval by the NIECD policy of Uganda steering committee.
- h) Develop and guide implementation of the national level plans and budgets for the various functions of the secretariat in accordance with the NIECD Policy of Uganda.
- i) Establish and maintain collaborative partnerships and networks with donor and other actors to participate and support the NIECD policy of Uganda framework.
- j) Conduct systematic monitoring and evaluation at all levels of the NIECD policy.
- k) Provide oversight monitoring support to the District Secretariats.

4.1.6 The National ECD Technical Forum and other Fora;

This policy recognizes the work of independent ECD Technical Working Groups that sustain discussions on ECD at different levels including; The National ECD Technical Forum, the Education Sector ECD Working Group, CSO ECD Working Group, among others.

4.1.7 Local Governments

District Level;

Existing local government structures and systems at district, municipal, county and sub-county/division, parish and village, ECD Centres, Schools, families, parents and individual Children will be utilized to implement the framework. All local government structures shall work in collaboration with relevant ministries, government bodies and CSOs at the national level. Since ECD is mainly community-based, and Uganda has a decentralized structure of governance, implementation of the Policy will take a decentralized approach.

The Chief Administrative Officer (CAO) shall be the ambassador and mouthpiece for ECD at the local government level. The chief role of the CAO shall be to ensure that all departments have integrated ECD issues in their plans and Budgets and that the plans are implemented. The CAO shall designate an Officer specifically in charge of ECD (The ECD Focal Point Officer) in instances where s/he does not exist, whose roles will be to coordinate ECD issues at that level, prepare district based multi-sectoral quarterly, Annual, Strategic Plans to be integrated in departmental plans and to prepare Quarterly, Annual, Bi-Annual, National ECD Reports for presentation to the Steering Committee through the CAO. The ECD Focal Point Officer in collaboration with District Technical Planning Committee shall also be mandated to monitor implementation of the NIECD policy of Uganda framework at that level.

The ECD Focal Point person shall also closely work in collaboration with the District OVC Committee, Child Protection Committees, among others, where they exist.

4.1.8 District IECD Secretariat/District IECD Committee

All districts in Uganda shall establish the District IECD Committee to be chaired by the CAO or his delegated official. This committee will have all departmental heads of the district, the LC 5 executive secretary in charge of children affairs, IECD focal person appointed by CAO, Council secretaries for education, health, community services, production, water and sanitation, 1 representative from CSOs, 1 representative from Development partners and 1 representative from the private sector.

This committee will ensure that issues arising from the DIECD Committee are discussed by the District TPC and passed on to the district council.

The functions of the District IECD Committee include:

- a) Review and provide recommendations for periodical plans, budget and reports.
- b) Ensure integration of ECD activities in the district development plans and budgets.
- c) Annual Joint Multi sectoral, assessments, planning and monitoring of IECD Activities and initiatives.

- d) Conduct social communication activities and advocate for increased investment in children at district level.
- e) Build enthusiasm for ECD and promote community involvement in ECD activities at district and community level.
- f) Lead and coordinate priority integrated programs in liaison with the districts or respective line ministries.
- g) Prepare and present periodical plans, reports, budgets on IECD activities to the National secretariat in liaison with the district.
- h) Co-ordinate and guide development of sector and cross-sector programs at district level.
- i) Create or reinforce networks with partners and communities at district level.
- j) Provide technical support to districts and communities on IECD.
- k) Conduct training, supervision and monitoring of IECD at district level.

4.1.9 Sub-County Level/The sub county IECD Committee

This will be chaired by the sub county chief. This will report to the District IECD committee and will ensure coordination of issues at sub county levels. It will also comprise cross sectoral membership at sub county level.

4.1.10 Parish level,

The Parish Chief will be responsible for ECD and will work with Parish Development Committee and Local Council Chairpersons to implement the NIECD Policy of Uganda.

4.1.11 Village level,

The head of the Village Health Team is mandated to steer issues of ECD in collaboration with Child Protection Committees, Child Rights Advocates and CBOs relevant to children in those villages. These will link up with the ECD Centres, Primary Schools, Health Centres, Families, Children's Homes, Parents and the individual Children. The VHT head will report to the Parish Chief.

CHAPTER FIVE

5.1 MONITORING AND EVALUATION FRAMEWORK

An Action Plan shall be developed which will act as a Monitoring and Evaluation tool for all stakeholders to assess progress towards achieving the objectives of this Framework. The Action Plan shall contain at output level specific activities, indicators, targets, timelines and budgets with the responsible actors.

To complement the above, stakeholders shall mainstream / incorporate ECD targets and indicators in their existing monitoring and evaluation systems, procedures and or tools for easy execution of this function. The Steering Committee through its secretariat shall support stakeholders in appropriate execution of this function for better results.

CHAPTER SIX

6.1 COSTING AND FINANCING FRAMEWORK

The budget is the sum of all budget estimates from the programs and activities under each Core Program Area, representing a snapshot of the current ECD priorities for Uganda. The total cost of the five-year NIECD Action Plan of Uganda is Ug Shs 1,248,910.512 million (Table 1). Financing this action plan will require concerted effort from the Government of Uganda, development partners, CSOs, and the private sector. However, the major investor in the nutrition priorities will be the Government of Uganda.

The financing framework is in line with the Medium Term Expenditure Framework (MTEF) of the Ministry and the Ministerial Development Agencies (MDA's) with Early Childhood Development roles. Additional financing is envisaged to be mobilized from development partners and Government of Uganda in line with the Resource mobilization Advocacy strategy. See Table 1:

Table I. Summary of input cost of each CPA (Uganda Shillings in millions)

CPA	2015/16	2016/17	2017/18	2018/19	2019/20	Total	Percent
Early Childhood Care	23,595.510	39,811.280	43,341.930	47,450.480	52,248.360	206,447.548	16.53
Education							
Food Security and Nutrition	69,141.260	117,669.652	128,099.122	140,238.301	154,425.080	531,845.237	42.58
Child Protection		122.000	123.220	124.452	125.697	495.369	0.04
Primary Health Care, water ,Sanitation and Environment	45,600.000	48,433.036	52,721.694	57,580.062	68,235.26	264,739.659	21.19
Family strengthening and support		33,000.000	33,990.000	35,010.000	36,060.000	138,059.691	11.05
Communication ,Advocacy & Resource Mobilization	18,603.000	19,826.810	21,214.687	22,699.715	24,288.695	106,632.907	8.54
Multisectoral partnerships and Coordination		120.000	140.148	144.866	149.487	690.101	0.06
Total	157,059.770	258,998.378	279,630.801	303,247.876	335,532.579	1,248,910.512	100

7 COST OF IECD SERVICES PER CPA
7.1 Table II. CPA 1

Early Childhood Education	2015/16(Base Year)	2016-17	2017-18	2018-19	2019-20	Total	Percent
Establish a fully-fledged Department in charge of early childhood care and education							
Support to establish fully fledged dept of ECD at MoES(20m) at 7% rate	100.000	107.000	114.490	122.504	131.08	575.074	0.28
Strengthen quality assurance of informal and formal early education and care programs and services							
Licensing care givers & institutions (unit cost of shs.80,000) rate of 10%	0.080	0.088	0.097	0.106	0.117	0.488	0.00
Operational standards(lump sum at shs. 50m) rate of amending at 25%	50.000	12.500	3.125	0.781	0.195	66.601	0.03
Inspection of ECD Centers(3 times annual @50m each inspection) rate 10%	150.000	165.000	181.500	199.650	219.615	915.765	0.44
Expand professional development and ongoing support of ECD service providers and actors							
Recruit ECD specialists in each LD(salary of 1m) rate of 10% in 112 LGs	1,344.000	1,478.400	1,626.240	1,788.864	1,967.750	8,205.254	3.97
Establish ECD centers at every primary school and support community based centers							
Number of primary schools	1.188	1.200	1.212	1.224	1.237	6.061	0.00
Number of ECDs to be established.(20% of the	0.238	0.240	0.242	0.245	0.247	1.212	0.00

number of primary schools-5% rate)									
Building cost for each ECD(50 million with 10% rate)	50.000	55.000	60.500	66.550	73.205	305.255	0.15		
Costs of construction in billions	11.883	13202.013	13202.013	13202.013	13202.013	52819.935	25.59		
total salary of each teachers(400,000 rate of 3%)	2,400,000	3,120,000	4,056,000	5,272,800	6,854,640	21,703,440	10.51		
cost of licensing ECD centers	19,012.800	21,123.221	23,467.898	26,072.835	28,966.920	118,643.674	57.47		
Total cost for instructional materials per child(2000/= per child with 15% rate)	475.320	546.618	628.611	722.902	831.338	3204.789	1.55		
Total	23,595.51	39,811.28	43,341.93	47,450.48	52,248.36	206447.548	100.00		

7.2 Table III. CPA 2

FOOD SECURITY AND NUTRITION	2015-16 (base year)	2016-17	2017-18	2018-19	2019-20	Total	Percent
Promote micronutrient supplementation and diet diversification							
Promotion of iron supplements-lump sum 200m annual rate of 5%	200.000	201.000	202.005	203.015	204.030	1,010.050	1.27
Promotion of diet diversification, supplementation Interventions -cost centre(6-8yrs)	2,800.000	560.000	560.000	560.000	560.000	5,040.000	6.32
Promote and improve food security at household and community level							
Protection against shocks at house hold level	29,516.667	5,903.333	5,903.333	5,903.333	5,903.333	53,130.000	66.65
Promotion of commercial agriculture	2,800.000	560.000	560.000	560.000	560.000	5,040.000	6.32
Promotion of likelihood diversity	2,800.000	560.000	560.000	560.000	560.000	5,040.000	6.32
Promote breastfeeding and optimal feeding practices for infants and young children							
Stimulate babies with proper food and nutrition	50.000	60.000	72.000	86.400	103.680	372.080	0.47
Awareness campaigns to improve nutrition	2,800.000	560.000	560.000	560.000	560.000	5,040.000	6.32
Training of community members and VHTs	2,800.000	560.000	560.000	560.000	560.000	5,040.000	6.32
Awareness campaigns to improve nutrition	2,800.000	560.000	560.000	560.000	560.000	5,040.000	6.32
Total	43,766.67	8,964.333	8,977.338	8,992.748	9,011.043	79,712.13	100.00

7.3 Table IV. CPA 3

CHILD PROTECTION	2015-16 (BaseYear)	2016-17	2017-18	2018-19	2019-20	Total	Percent
Advocate for the widespread acceptance and observance of the UNCRC							
Promote national identity for all young children right from birth							
Formulation, update, enactment and enforcement of laws and policies in favor of young children							
Strengthen family, community and national level child protection systems							
Withdrawing children and caregivers from the streets	10.000	10.100	10.201	10.303	40.604	8.20	
Training PSWO, CFPU & Community leaders*	112.000	113.120	114.251	115.394	454.765	91.80	
Total	122	123.22	124.452	125.697	495.369	100	

7.4 Table V. CPA 4

PRIMARY HEALTHCARE, SANITATION AND ENVIRONMENT	2015-16 (Base Year)	2016-17	2017-18	2018-19	2019-20	Total	Percent
Prenatal & post natal care							
Mental health and neurological services	1,400.000	1,820.000	2,366.000	3,075.800	5,198.102	13,859.902	7.57
Preventive healthcare for children							
Immunization, deworming, Vitamin A Supplementation	10,232.983	10,949.292	11,715.743	12,535.845	14,352.289	59,786.151	32.64
And Nutrition services (3-6 years)							
Curative health services (3-6 years)	1,617.017	1,730.20	1,851.32	1,980.91	2,267.94	1,617.01	0.8
VHTs & ICCM program	1,604.50	2,085.850	2,711.605	3,525.087	5,957.396	15,884.43	8.6
Reduce mother-to-child HIV transmission							
PMTCT services to mothers with HIV	15,745.50	16,847.68	18,027.02	19,288.91	22,083.87	91,993.00	50.2
Increase access to safe water and environmental sanitation							
Provide safe water & proper sanitation to children (0-3 yrs)	15,000.000	15,000.001	16,050.001	17,173.501	18,375.646	81,599.150	
Total	45,600.000	48,433.036	52,721.694	57580.062	68,235.26	264739.659	100.00

7.5 Table VI. CPA 5

FAMILY STRENGTHENING & SUPPORT	2015-16 (BaseYear)	2016-17	2017-18	2018-19	2019-20	Total	Percent
Socio-economic strengthening of families and care givers							
Access to & use of micro savings, loans and credit Services and grants	10,000.000	10,300.000	10,609.000	10,927.270	41,836.27	30.30	
Extension of social assistance to vulnerable (0-8 yrs)	8,000.000	8,240.000	8,487.200	8,741.816	33,469.016	24.24	
Vocational training to care givers in Entrepreneurship skills		10,300.000	10,609.000	10,927.270	41,836.270	30.30	
Funding support for small business of care givers to Generate income			-	-	-	-	
Grants to procure equipment & tools for Care givers	5,000.000	5,150.000	5,304.500	5,463.635	20,918.135	15.15	
Promote Parenting and child support programs							
Formulate and implement supportive family policies							
Total	33,000	33,990	35,010	36,060	138,059.691	100	

7.6 Table VII. CPA 6

COMMUNICATION ADVOCACY AND RESOURCE MOBILIZATION	2015 - 16 (Base Year)	2016-17	2017-18	2018-19	2019-20	Total	Percent
Develop and implement a comprehensive and sustainable NIECD communication strategy							
Media Campaigns	1,120.000	1,120.000	1,198.400	1,282.288	1,372.048	6,092.737	5.71
Workshops on IECD	5,600.000	5,992.000	6,411.440	6,860.241	7,340.458	32,204.138	30.20
IEC MATERIALS	11,883.000	12,714.810	13,604.847	14,557.186	15,576.189	68,336.032	64.09
Develop and deliver a financial Sustainability Plan for ECD programmes							
Advocate for increased budgetary allocation to the ECD							
Promote efficiency, transparency and accountability							
Strengthen the policy, legal and institutional frameworks in favor of holistic child development							
Total (in billions)	18,603.000	19,826.810	21,214.687	22,699.715	24,288.695	106,632.907	100

7.7 Table VIII. CPA 7

MULTISECTORAL PARTNERSHIPS & COORDINATION	2015-16 (BaseYear)	2016-17	2017-18	2018-19	2019-20	Total	Percent
Coordinate and integrate services and programmes to maximize efficiency within the service systems across the sectors							
Coordination of service delivery. (0-3 years)		6.000	6.420	6.869	7.350	26.640	3.86
Coordination of service delivery. (6-8 years)		6.000	6.420	6.869	7.075	26.365	3.82
Cross-cutting issues-cost centres(0.3%)							
Enhance the capacity of ECD leaders and service providers							
Ensure quality of services							
Coordination of policy development in ECD related sectors to ensure mainstreaming of ECD issues							
Dissemination of ECD policy, strategic plan to LGs	120.000	123.600	127.308	131.127	135.061	637.096	92.32
Integration of ECD policy action into district/sector plans							
Total	120	135.600	140.148	144.86604	149.486797	690.101	100

CORE PROGRAM AREAS, OUTCOMES, OUTPUTS

CPA	OBJECTIVE	OUTCOME	OUTPUT
1	Early Childhood Care and Education To increase access to equitable, quality, integrated and inclusive early learning and stimulation opportunities and programs children 0-8 years	Children 0-8 years have age appropriate development skills	A fully-fledged department in charge of early childhood education established and functional <ul style="list-style-type: none"> ECD service providers and actors are professionally trained certified and deployed to deliver ECD services. Early education and care programs and services programs adhere to and meet set standards. ECD centers are established and supported at every primary school by GOU Community based ECD centers supported by GOU
2	Food Security and Nutrition To reduce prevalence of malnutrition among infants and young children and expectant and lactating mothers.	Children 0-8 years are well nourished and grow strong	<ul style="list-style-type: none"> increased access to micronutrient services for infants and young children expectant women and lactating mothers have Increased access to and consumption of diversified and nutritious foods for infants and young children Improved practices for optimal breastfeeding and feeding for infants and young children
3	Child protection To ensure safety and protection for young children 0-8 years at family, community and national level	Children 0-8 years are protected from abuse and violence of children	<ul style="list-style-type: none"> Increased awareness, respect and responsiveness to the rights of children, 0-8 years Increased access to opportunities for birth registration right from birth ECD Laws and policies in favor of young children 0-8 years are formulated, updated, enacted and enforced Child protection systems are strengthened at family, community and national level
4	Primary Health Care, sanitation and environment To ensure the survival and healthy growth of all young children in Uganda	Children 0-8 years are healthy and grow up in safe and clean environments	<ul style="list-style-type: none"> Increased access to quality and comprehensive prenatal and postnatal services Increased access to preventive health care for young children and their families Reduced prevalence of mother-to-child HIV transmission

					<ul style="list-style-type: none"> Increased access to safe water and environmental sanitation for young children and their families
5	Family Strengthening and support	To strengthen the capacity of families to provide adequate and holistic care for children 0-8 years	Families and communities are strong, skilled, empowered and motivated to provide adequate and holistic care for their children	<ul style="list-style-type: none"> strengthened Social-economic capacity of families and caregivers Caregiver and family capacity for parenting and child support strengthened Supportive family policies formulated and implemented 	
6	Communication, Advocacy and Resource mobilization	To increase awareness and commitment to ECD services and programmes by all stakeholders	Increased awareness and commitment to ECD by all stakeholders	<ul style="list-style-type: none"> A comprehensive and sustainable NIECD communication strategy developed and delivered. A financial sustainability plan for ECD programs developed and delivered. Increased efficiency, transparency and accountability for ECD. 	
7	Multisectoral partnerships and coordination	Enhance partnership and collaboration for effective IECD services in Uganda.	ECD Services for children 0-8 years are high quality, well-funded, integrated and accessible to all children	<ul style="list-style-type: none"> Enhanced capacity of ECD leaders and service providers Enhanced quality of ECD services and programs ECD issues mainstreamed across and within sectors Partnerships between GOU and CSO for ECD is strengthened 	

CPA-1-Early Childhood care and Education

Strategic Objective 1- To increase access to equitable, quality, integrated and inclusive early learning and stimulation opportunities and programs for all children below eight years in Uganda.

		Indicators	MoV	Responsible Partners/ Sectors	Supporting agency
Outcome 1.1	Children 0-8 years have age appropriate development skills	% of children 3 years olds demonstrating early Learning and development standards % of children of 6 years demonstrating early learning and development standards % of 8 years old meeting literacy, numeracy and life skills set competencies	NAPE EMIS UDHS	MoES	MoH MOGLSD, MOLG
Output 1.1.1	Establishment of a fully-fledged department in charge of early childhood education established	ECD department in charge of early childhood Education in place and operational	Sector reports	MOES	MOLG,MOPS
Output 1.1.2	ECD service providers and actors are professionally trained and certified and deployed to deliver ECD services.	% qualified or professional ECD actors and providers % of care providers trained and licensed to deliver ECD services % of trained personnel in deployment for ECD services	Sector reports Survey EMIS HMIS	MOES	MOH MOLG MOGLSD
Output 1.1.3	Early education and care programs and services programs	% of ECD programs registered and licensed % of ECD programs/institutions meeting set standards	Sector reports Survey EMIS HMIS	MOES	MOH MOLG MOGLSD

	Adhere to and meet set standards				
Output 1.1.4	ECD centers are Established and supported at every primary school by GOU	% of new entrants to primary one who have Attended some form of organized ECD program for at least one year by age, gender, ability % of ECD centers established and funded by Government %of children enrolled in ECD centers by age, gender, ability	Sector reports Survey EMIS HMIS	MoES	MOH, MOLG ,MOGLSD
PRIORITY PROGRAM INITIATIVES					
<ul style="list-style-type: none"> • Professional development of care providers • Parenting programs with a focus on early learning, care and development • Establishment of ECD centers at primary school and community based ECD centres • Establish operational standards of ECD services • Establish a fully-fledged department in charge of Early Childhood under the MoES • Establish the post of ECD specialist in the department of education in the local governments • Supervision and Inspecting of all ECD services • Provide financial and Technical support to CBES 					

2 – Food Security and Nutrition

Strategic Objective 2 - To reduce prevalence of malnutrition among infants and young children and expectant and lactating mothers.					
	Indicators	MoV	Responsible Partners/ Sectors	Supporting agency	
Outcome 2.1	Children 0-8 years are well nourished and grow strong % Stunting of children under five years % Underweight – prevalence in under-fives % Low birth weight - newborns less than 2.5 kg	DHS NDP HMIS	MOH	MOGLSD, MOLG	
Output 2.1.1	increased access to micronutrient services for infants and young children % of children 6-59 with anemia, vitamin or other mineral deficiency % children 6-59 who receive micro nutrient supplementation and deworming	DHS HMIS	MOH	MOGLSD ,MOLG MOES	
Output 2.1.2	increased access to micronutrient services for expectant women and lactating mothers have % women 15-49 years (adolescents, expectant women and lactating mothers) with anemia % women or other mineral deficiency % women (adolescents, expectant women and lactating mothers) 15-49 years who receive micro nutrient supplementation	DHS HMIS	MOH	MOGLSD ,MOLG	
Output 2.1.3	Increased access to and consumption of diversified and nutritious foods % of families/households that are engaged in production of nutritious foods % of families/households that have diverse sources of food	DHS HMIS	MOH MAAIF	MOLG , MOGLSD, MOES, OPM, CSO	

		% of families/households accessing education and extension services (health, agriculture and nutrition)			
Output 2.1.4	Improved practices for optimal breastfeeding for infants and young children	% of infants who exclusively breastfeed to 6 months % of infants who start breastfeeding within 1 hour of birth % of infants who continue breastfeeding up to 20 -23 months	DHS HMIS	MOH	MOGLSD , MOLG MOES
Output 2.1.5	Improved practices for optimal feeding for infants and young children	% of infants who start receiving solid, semi solids or soft foods at 6 months of age % of infants (6-23 months) who receive minimum acceptable diet(four food groups) % of infants who receive fortified foods	DHS HMIS	MOH	MOGLSD MOLG, MOES
PRIORITY PROGRAM INITIATIVES					
<ul style="list-style-type: none"> • Awareness programs on good nutrition, food taboos, dietary diversification, nutrition practices • Early detection and management of malnutrition among young children and expectant mothers • Nutritional education, assessment, counseling and management of children, adolescents, expectant and lactating mothers • Micronutrient supplementation programs • Promote local production, value addition and diversification of nutritious food • Promote appropriate technology for food production, processing, preservation , handling • integration of nutrition services in all routine & outreach health services and programs • Growth monitoring and promotion • Training, certification and support of nutritionists, health workers and other care providers 					

CPA – 3–Child Protection

Strategic Objective - To ensure safety and protection for young children 0-8 years at family, community and national level

	Indicators	MoV	Responsible Partners/ Sectors	Supporting agency
Outcome 3.1	Children 0-8 years are protected from abuse and violence of children	NDP Survey Police reports ILO reports EMIS HMIS UNHS	MGLSD	MoLG, MoJCA MoIA, Uganda Law Society Legal Aid agencies CSOs
Output 3.1.1	Increased awareness, respect and responsiveness to the rights of children, 0-8 years	Survey reports PSWO reports, police Statistics NGO reports	MGLSD	MoES MIA, JLOS, MJCA
Output 3.1.2	Increased access to opportunities for civil registration right from birth	URSB reports, UNHS, UDHS	MGLSD	MOLG, MOES ,MOH
Output 3.1.3	Child protection systems are strengthened at family, community and national level	URSB reports Sector reports PSWO reports	MGLSD	MoLG MoH MIA

	ECD Laws and policies in favor of young children 0-8 years are formulated, updated, enacted and enforced	Laws and policies reviewed, approved or passed favour of young children	Policies Laws Amendment Bills	MGLSD	MJCA, Law Reform Commission, MoLG				
PRIORITY PROGRAM INITIATIVES									
	<ul style="list-style-type: none"> • Creation of community awareness on child rights and ECD as a legal right/entitlement • Reviewing and enacting and strengthening implementation of laws, policies and guidelines • Monitoring and compliance reporting on UNCRC in relation to ECD • Promotion of birth Registration • Promotion of child participation • Strengthen children's capacity to protect themselves friendly environments • Training and capacity building of duty bearers on child rights advocates • Programs to protect children in special circumstances including emergency, extreme poverty, child labour, HIV and AIDS, and armed conflict • Strengthen community based services for PSS, rehabilitation, reintegrate or other form of support 								
CPA –4–Primary Health Care, sanitation and Environment									
StrategicObjective1- To ensure the survival and healthy growth of all young children in Uganda									
			Indicators	MoV	Responsible Partners/ Sectors	Supporting agency			
Outcome 4.1	Children 0-8 years are healthy and grow up in	% reduction in Infant mortality rate (per 1000) % of infants born pre-term(<32 weeks		DHS	MOH	MOGLSD MOWE			

	safe and clean environments	% reduction maternal mortality rate	HH survey HMIS NDP		MOLG
Output 4.1.1	Increased access to quality And comprehensive prenatal and postnatal services	% of pregnant women who receive at least four Regularly scheduled prenatal checkups % of births attended by a trained and skilled health worker % of births taking place in a government or other Quality health facility	DHS HH survey HMIS	MOH	MOGLSD, MOLG, MOWE
Output 4.1.2	Increased access to preventive healthcare for young children and their families	% of infants and young children who received all Immunizations on time Children aged <5 years sleeping under insecticide treated nets	DHS HH survey HMIS	MOH	MOGLSD, MOLG
Output 4.1.3	Reduced prevalence of mother-to-child HIV transmission	% of new-borns receiving ART per 100 babies born to HIV-positive pregnant mothers % of HIV positive expectant mothers enrolled in the Prevention of Mother-to-child Transmission of HIV (PMTCT) programme	DHS HH survey HMIS	MOH	MOGLSD, MOLG
Output 4.1.4	Increased access to safe water and environmental sanitation for young children and their families	% of households using safe water % of households with improved toilet facilities % of households practicing hand washing	DHS HH survey HMIS	MOH, MoWE	MOGLSD, MOLG
PRIORITY PROGRAM INITIATIVES					
<ul style="list-style-type: none"> Integrate and expand routine outreach services to cover all interventions 					

<ul style="list-style-type: none"> Strengthen health worker capacities for management of child illness, ECD quality provision and monitoring of child survival strategies community access to child survival commodities Community based child survival interventions. Build institutional and technical capacity at national, district and community levels for maternal health Promote male involvement 					
CPA – 5 – Family Strengthening and support					
Strategic Objective 1 - strengthen the capacity of families and communities to provide adequate and holistic care for children 0-8 years					
		Indicators	MoV	Responsible Partners/ Sectors	Supporting agency
Outcome 5.1	Families and communities are strong, skilled, empowered and motivated to provide adequate and holistic care for their children	% of parents and care providers who are knowledgeable about holistic child care and development % of parents and care providers who access and use locally available child care services	Survey NHS	MOGLD	MOES MOLG MOH MOWE
Output 5.1.1	strengthened Social economic capacity of families and caregivers	% of parents and other care providers trained and enrolled in group based saving, microfinance schemes and income generation initiatives	Survey NHS	MOGLD	MOES MOLG MFIs, PSFU
Output 5.1.2	Caregiver and family capacity for parenting and child support strengthened	% parents and other care providers supported to access or acquire support(equipment, financial, infrastructure) for child care	Survey NHS	MGSLD	MFPEP, MAAIF, ,OPM

		% of parents and other primary care providers that are enrolled in some form of parenting or child support programs			MFIs, PSF , LGs, CSOs
Output 1.1.3	Supportive family policies formulated and implemented	% increase of employers, institutions/agencies implementing the maternity & paternity law	survey	MGLSD	MOLG
PRIORITY PROGRAM INITIATIVES					
<ul style="list-style-type: none"> Parenting programs and home based care services Strengthen community based family support networks Economic strengthening through group based saving, microfinance schemes and income generation initiatives Awareness Raising Strengthening implementation of Family policies 					
CPA-6-Communication, Advocacy and Resource Mobilization					
Strategic Objective 1 - To increase awareness and commitment to ECD services and programmes by all stakeholders					
		Indicators	MoV	Responsible Partners/ Sectors	Supporting agency
Outcome 6.1	Increased awareness and commitment to ECD by GOU and key stakeholders	% increase in sources and amounts of investment in ECD in each sector % government expenditure on ECD per sector	Increased by GOU to ECD	MFPED, MOGLSD	All ministries, DLGs Parliament, Cabinet
Output 6.1.1	Communication and advocacy on ECD strengthened	A NIECD communication strategy developed and delivered	Policy statements and briefs on ECD	MOGLSD	All sectors & DLGs

Output 6.1.2	ECD resource mobilization, utilization and monitoring strengthened	A financial sustainability plan for ECD programs developed and delivered	Sector budgets & performance Reports	MOGLSD	All sectors & DLGS
Output 6.1.3	Increased efficiency, transparency and accountability for ECD.	NIECD policy of Uganda annual action plans, budgets and reports prepared in time and widely distributed	Sector budgets & performance Reports	MOGLSD	All sectors & DLGS
PRIORITY PROGRAM INITIATIVES					
<ul style="list-style-type: none"> • Design, develop and implement ECD Communication and advocacy strategy • Training and capacity building of policy makers on ECD • Conducting ECD policy advocacy campaigns and policy dialogues on ECD • ECD Policy research, documentation and dissemination of good practice • Design, develop and disseminate IEC materials on ECD • Production of annual state of ECD report 					
CPA-7–Multi-sectoral partnerships and coordination					
Strategic Objective 1 - To Enhance partnership and collaboration for effective IECD services in Uganda					
		Indicators	MoV	Responsible Partners/ Sectors	Supporting agency
Outcome 7.1	ECD Services for children 0-8 years are high quality, well-funded, integrated and accessible to all children	National ECD secretariat and its auspices established and functional ECD Inter-sectoral. technical committees in place and functional	Cabinet memos MOU	MoGLSD,	MoLG, MOH, MOES, MFPED

		NIECD policy of Uganda inter-ministerial coordination committee in place and functional			
Output 7.1.1	Enhanced capacity of ECD leaders, decision makers, public officials and service providers	key ministries and districts recruit and designate staff responsible for ECD ECD workforce training, development and performance evaluation plan developed and implemented standards and guidelines for professional certification ECD care providers are in place and adhered to	MoGLSD,	MoLG, MOH, MOES, MFPED	
Output 7.1.2	Enhanced quality of ECD services and programs	ECD institutions meet set standards of care for children below 8 years Standards, guidelines and regulations for quality assurance established and followed ECD M&E system and guidelines officially established and adhered to	MoGLSD,	NCC MoES, MoH, MOWE & All LGs	
Output 7.1.3	ECD issues Mainstreamed in all sector development plans at National and Local Levels	Sector plans and budgets reflect costed ECD priorities and strategies Standards and guidelines to ensure equality of access to ECD services for children in special circumstances are in place and adhered to	MoGLSD,	NCC MoES, MoH, MOWE & All LGs	
Output 7.1.4	Partnerships between GOU and CSO for ECD is strengthened	A desk to oversee civil society organizations Working in ECD is established within the National ECD secretariat	MoGLSD,	MIA	

		A mandatory procedure to license or register CSO That directly care for children with the secretariat instituted and followed GOU and CSO forum for joint planning, reviews and advocacy instituted and functional		MoGLSD,	MIA
PRIORITY PROGRAM INITIATIVES					
<ul style="list-style-type: none"> • Promote the Public Private Partnership in delivery of IECD • Advocacy and communication • Strategic planning and budgeting • Data collection, supervision and reporting • Monitoring, Evaluation and Research • Capacity building 					

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