



THE REPUBLIC OF UGANDA

THE NATIONAL DEVELOPMENT PLAN (NDP) II AND PROGRAMME-BASED BUDGETING:

BUDGETING FOR EARLY CHILDHOOD DEVELOPMENT



A woman with a black patterned headwrap and a light-colored short-sleeved shirt is smiling and holding a large, rectangular wooden board. The board has a red border with a white zigzag pattern and the Swahili text 'Taata wange mugagga' written in black. Two young children, a boy in a white and blue striped shirt and a girl in a green dress, are sitting on the floor and looking at the board. In the background, another child is visible, and there are some posters on the wall. The scene appears to be an early childhood development (ECD) activity.

Taking a life-cycle approach, this report argues that **early childhood development (ECD)** represents a fundamental component of human capital development (HCD) and is a pre-condition for a healthy and skilled labour force.



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ACKNOWLEDGEMENTS

Government's imminent programme-based budgeting (PBB) reform represents a bold effort to improve expenditure efficiency and effectiveness by systematically linking funding to outcomes, service delivery and results. The PBB framework for early childhood development (ECD) centres on the provision of basic services for children from prenatal to eight years of age.

The research and drafting of the report was led by Soonita Kistamah, in close collaboration with the National Planning Authority (NPA), the Ministry of Finance, Planning and Economic Development (MoFPED), the Ministry of Gender, Labour and Social Development (MoGLSD), the National Council for Children (NCC), and UNICEF, under the visionary leadership of John Ssekamatte, Joseph Enyimu, James Kaboggoza, Martin Kiiza and Diego Angemi.

The ECD budgeting framework was formulated and validated through a highly-consultative process with a wide range of stakeholders committed to the effective delivery of integrated ECD services in Uganda.

Frances Ellery provided editorial inputs, and Mark Turgesen designed the report.

CONTENTS

ABBREVIATIONS	v
FOREWORD	vi
EXECUTIVE SUMMARY	vii
1. INTRODUCTION	1
1.1 The National Development Plan II	2
1.2 Human capital development as a driver of economic development and socio-economic transformation	4
1.3 The role of early childhood development (ECD)	9
2. PLANNING AND BUDGETING FOR EARLY CHILDHOOD DEVELOPMENT	12
2.1 Early Childhood Development (ECD)/Programme Based Budgeting (PBB) CORE PROGRAMME AREAS (CPAs)	15
3. THE WAY FORWARD	28
APPENDIX 1: Government Investment in ECD	32
REFERENCES AND BIBLIOGRAPHY	36

FIGURES

Figure 1	Programme-based budgeting framework for ECD	11
Figure 2	Human capital development value chain	16
Figure 3	HCD life cycle supports growth pillars	18
Figure 4	Differing trajectories of brain and behavioural development	22
Figure 5	HCD - life-cycle analysis	23
Figure 6	Programme-based budgeting framework for ECD	25
Figure 7	Programme areas of Government investment in ECD	44

ABBREVIATIONS

CCD	Care for child development
CPA	Core programme area
ECD	Early childhood development
GoU	Government of Uganda
HCD	Human capital development
LCA	Life cycle approach
MDA	Ministry, department, agency
MoESTS	Ministry of Education, Science, Technology and Sports
MoGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MWE	Ministry of Water and Environment
NCC	National Council for Children
NDP	National Development Plan
PBB	Programme-based budgeting
VCF	Value chain framework

FOREWORD

In identifying human capital development (HCD) as a key area of focus to support Government's objective to achieve Vision 2040, the National Development Plan (NDP) II clearly articulates the importance of streamlining early childhood development (ECD) into policy planning, programming and budgeting. To this end, Government's paradigm shift to programme-based budgeting (PBB) represents an unprecedented opportunity to embed key strategic investments identified in the NDP II into the national budget architecture.

The early years in a child's life are a critically important period where profound and long-lasting development occurs. These years are particularly important for poor and vulnerable children, including children with disability, whose access to high-quality ECD services stands as an important precondition for the realisation of their full potential.

Uganda's vision to become a middle-income country by 2040 remains highly contingent on the Government's ability to safeguard its children's right to contribute to national development. We congratulate our colleagues, UNICEF, and everyone who contributed to the development of this PBB framework for the effective delivery of integrated ECD services in Uganda.

A blue ink signature of Joseph Muvawala, featuring a large loop at the start and a stylized 'J' and 'M'.

Joseph Muvawala
Executive Director,
NPA

A blue ink signature of Pius Bigirimana, featuring a stylized 'P' and 'B'.

Pius Bigirimana
Permanent Secretary,
MoGLSD

EXECUTIVE SUMMARY

Developing human capital - together with increasing production and improving infrastructure and services - has been identified in Uganda's National Development Plan II (NDP II) as fundamental to the socio-economic transformation the country needs in order to achieve Vision 2040. If Uganda is to compete in a global economy and attract inward investment, Government efforts need to focus on cultivating a healthy, educated and skilled workforce in those industries most critical to the nation's economy.

Taking a life-cycle approach, this report argues that early childhood development (ECD) represents a fundamental component of human capital development (HCD) and is a pre-condition for a healthy and skilled labour force. ECD can improve children's health, nutrition, protection, early learning and education, and enable families and communities to support their development and learning. Since the brain grows to 90% of its adult weight by age five, and since 40% of Uganda's population is below five years of age, investing in ECD provides a unique opportunity to improve the cognitive, physical, social and emotional development of the country's future workforce. ECD is particularly important for the 55% of Ugandan children living in poverty.

The National Development Plan II clearly articulates the importance of streamlining ECD into policy planning, programming and budgeting, and the Government's imminent programme-based budgeting (PBB) reform presents a unique opportunity to integrate ECD into the budget architecture. The National Planning Authority - in close collaboration with the Ministry of Gender, Labour and Social Development, the National Council for Children, the Ministry of Finance, Planning and Economic Development, and UNICEF Uganda - therefore embarked on an extensive and highly-consultative process to build consensus in the design of a PBB framework for ECD. This framework clearly identifies four core programme areas (CPAs), (i) Maternal, child health and development; (ii) Early learning

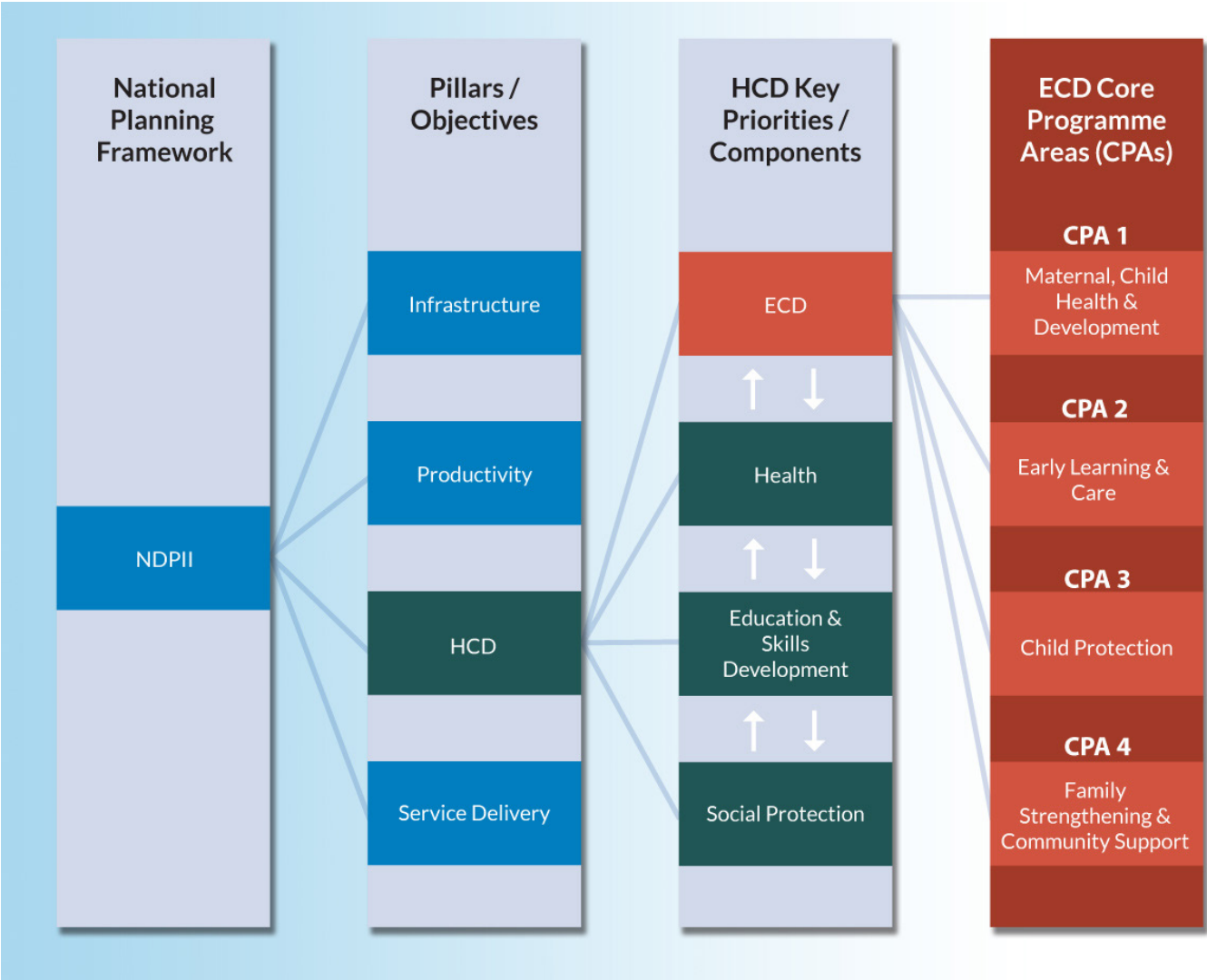
and care; (iii) Child protection; and (iv) Family strengthening and community support. Collectively, the four CPAs aim to provide a holistic and multi-dimensional ECD package founded upon improved health, nutrition, sanitation, hygiene, early stimulation, education, protection, poverty alleviation, and family and community support.

The effective implementation of PBB will require the appointment of CPA managers, and the provision of adequate human, physical and financial resources to facilitate the effective coordination of each CPA - including various overarching programme activities, such as identifying suitable baselines and targets for the monitoring framework, carrying out regular monitoring activities, and policy advocacy.

Current Government investment in ECD displays a heavy bias towards health care, while children's rights to protection and early learning and care remain marginalised - as does investment in family strengthening and community support. An important aspect of developing an ECD budgeting framework for PBB is to help visualise the depth and breadth of public investments needed to support the effective implementation of integrated national ECD policies and programmes.

The four CPAs presented in this report favour the holistic and comprehensive development of young children with sub-programmes carefully calibrated to reduce both maternal and child morbidity and mortality, scale up nutrition efforts, entrench child protection, and promote greater and more effective early stimulation and education programmes rooted in family and community support. This budgeting framework is expected to go a long way in supporting the effective implementation of the national integrated ECD policy framework.

FIGURE 1: PROGRAMME-BASED BUDGETING FRAMEWORK FOR ECD





1. INTRODUCTION

In identifying human capital development (HCD) as a key area of focus to support Government's objective to achieve Vision 2040, the NDP II clearly articulates the importance of streamlining early childhood development (ECD) into policy planning, programming and budgeting. In view of the above, and in the interest of integrating national planning and budgeting processes, the National Planning Authority - in close collaboration with the Ministry of Gender, Labour and Social Development, the National Council for Children, the Ministry of Finance, Planning and Economic Development, and UNICEF Uganda - embarked on an extensive and highly-consultative process to build consensus in the design of a programme-based budgeting (PBB) framework for ECD. This process aimed to guide the identification of strategic areas of investment in HCD, with a clear focus on the design of a budgeting framework for ECD consistent with Government's envisaged PBB architecture.

Additional objectives of this endeavor included (i) raising national awareness about the issues affecting young children and the importance of early interventions; (ii) consolidating, articulating and prioritising programmes and activities related to ECD for the maximum benefit of all children, particularly those in rural areas and in difficult circumstances; and (iii) clarifying stakeholder roles and responsibilities in the delivery of effective ECD services for children and families via the effective implementation of the national integrated ECD framework.

This report is structured in two main parts. The first part (chapter 1) introduces the National Development Plan (NDP II), and gradually singles out the role of human capital development (HCD) as a key area of investment and, in turn, early childhood development (ECD) as a key component of HCD. Part two (chapters 2 and 3) presents Government's imminent programme-based budgeting (PBB) reform as a bold effort to improve expenditure efficiency and effectiveness, and outlines the proposed PBB framework for ECD poised to promote greater social and financial accountability over budget execution.



1.1 The National Development Plan II (NDP II)

Vision 2040 aims to catapult Uganda from a peasant to a modern and prosperous economy. Within this strategic framework, the NDP II identifies enhancing HCD as one of the fundamental pillars poised to drive Uganda's socio-economic development and structural transformation. In addition to HCD, the NDP II key areas of focus include (i) increasing sustainable production, productivity and value addition in key growth opportunities; (ii) increasing the stock and quality of strategic infrastructure to accelerate the country's competitiveness; and (iii) strengthening mechanisms for high-quality, effective and efficient service. The role that human capital plays in the growth and development process cannot be overemphasised. This link has been assessed theoretically from different perspectives. Lucas' (1988) work posits the view that accumulation of human capital contributes to the growth process directly by augmenting labour in the production process. It considers the process of human capital accumulation as a choice that individuals make with regard to work versus the accumulation of skills.

Nelson and Phelps (1966) link human capital to growth indirectly through technological adoption. Educational attainment, according to this view, helps in narrowing the income gap across countries by facilitating and hastening the process of technological diffusion. Romer (1990) on his part links growth and human capital through the process of innovation and the creation of new technologies via research and development. Growth, in this case, increases as more human capital is employed in research. In addition, the public sector economics theory categorises some of the main pillars of human capital as public goods with positive externalities.

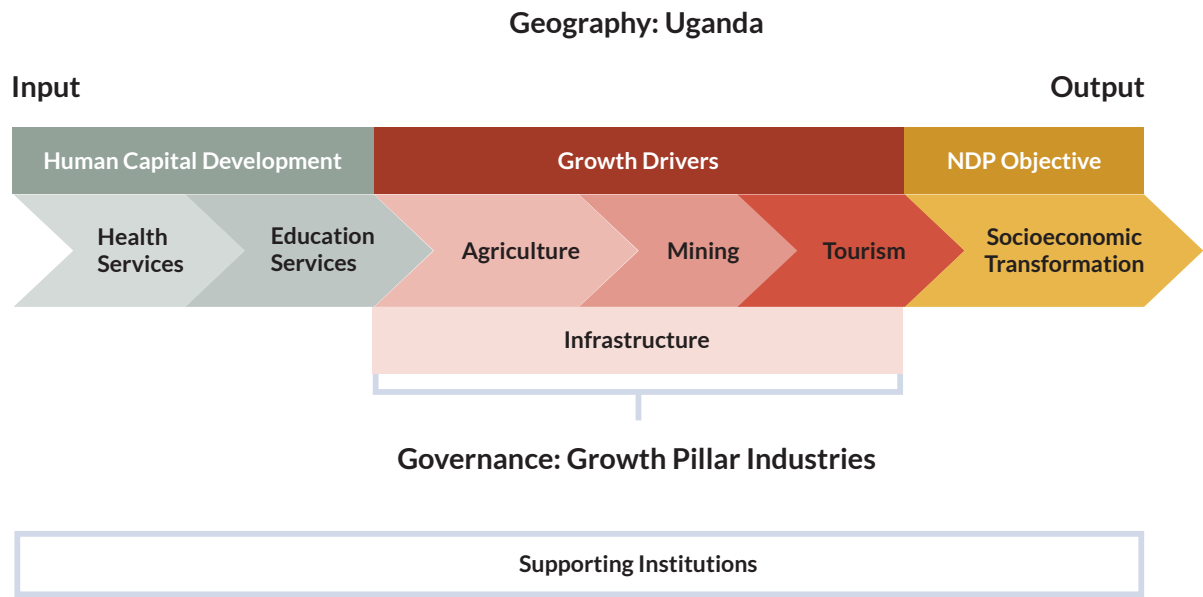


The theoretical predictions are reinforced by empirical evidence that shows a positive association between human capital and rapid growth outcomes. Empirical studies in developing countries show a positive relationship between human capital development (HCD) and important growth factors, such as large-scale production, foreign direct investment, and a more efficient and productive exploitation of other resources. In fact, several publications, including World Bank (1993), Page (1994), Tilak (2002), and Fontana and Srivastava (2011) single out human capital as one of the most important inputs in the Asian development miracle. Recent studies from the African continent, such as Oluwatobi and Ogunrinola (2011), show similar findings - that whereas increased recurrent government expenditure was positively correlated with Nigeria's economic growth, the quality of education was regarded to be far more important than simply the quantity.

1.2 Human capital development as a driver of economic development and socio-economic transformation

Government efforts to develop human capital at all stages of the life cycle should shape the skill sets of, and add value to, individuals according to the requirements of those industries most critical to the nation’s economy. With this notion in mind, Figure 2 shows a simple value chain model placing HCD at the heart of the national development objectives as embedded in the NDP II. From left to right, the chain begins with, and depends on, HCD in the form of health and education services. For any subsequent segments of the chain to be successful, Government must promote policies that cultivate a healthy, educated and skilled workforce. This critical input allows domestic growth-driving industries - agriculture, mining and tourism - to compete in a global economy, and compete for valuable foreign direct investment to expand domestic production.

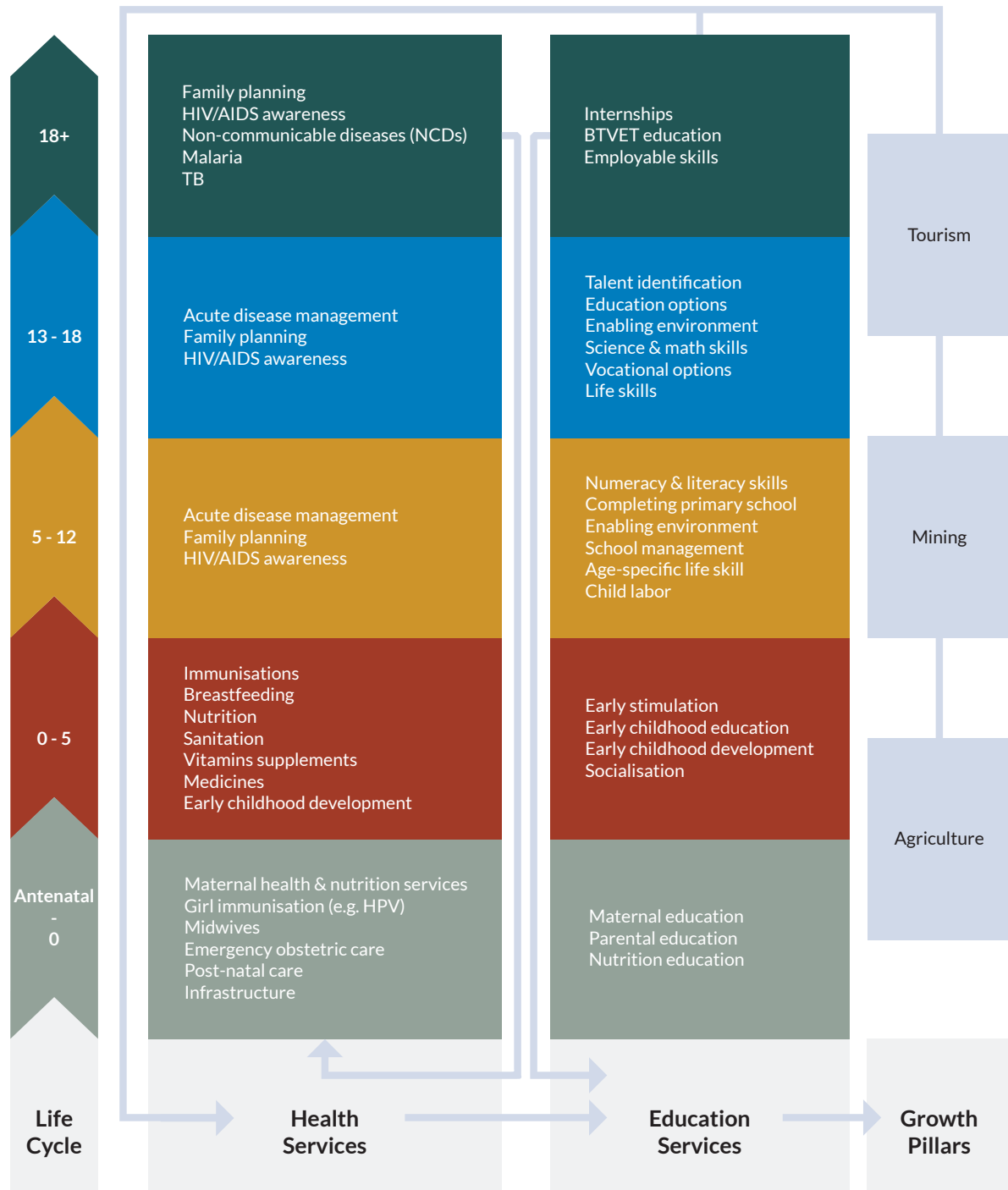
FIGURE 2: HUMAN CAPITAL DEVELOPMENT VALUE CHAIN



The process of HCD spans across different stages of the life cycle. A pragmatic tool for the analysis of HCD within the value chain framework (VCF) is the life-cycle approach (LCA). This tool facilitates the identification of the particular stages in the HCD value chain based on age groups and population characteristics. This can subsequently be used to identify strategic objectives and issues for the different stages, as well as the corresponding intervention areas. The required intervention areas at each stage of the life cycle are important in their own right, but are also intricately linked to one another. It is therefore necessary to be aware of the game changing interventions at the different stages in good time. This approach facilitates implementation of the required interventions in a timely fashion.

Incorporating the LCA and VCF together can provide a roadmap for optimising health and education service delivery that will facilitate economic growth in the three growth pillars, and reduce public spending over the long term. As Figure 3 illustrates, early childhood development (ECD) represents a fundamental component of HCD. Health services begin with perinatal care (antenatal maternal care from a gestational period of 28 weeks that continues through to one week after birth), continue with immunisations and acute care, and complete, in this version of the life cycle, during adolescence with sex education and HIV/AIDS awareness. The last segment loops back to the beginning, creating a cycle, as it equips adolescents with the knowledge and understanding they will need as adults to become responsible parents and raise healthy families. Because healthy bodies create healthy minds, the entire health services component supports the education services component.

FIGURE 3: HCD LIFE CYCLE SUPPORTS GROWTH PILLARS



The education services component follows the same life cycle and, because so much of perinatal care is education-based, the first segment of education services begins in the same manner as health services. Children in the zero to five years age group are provided with access to early childhood education through home-based and community-based services and parents are equipped with the capacity to provide positive child care practices. Children aged five to 12 begin with primary education and are eventually given the option to begin vocational training. Adolescents aged 13 to 17 continue into secondary education, have greater access to a wider array of vocational training, and are eventually equipped to enter college, should they choose. Adults, 18 and older, have sufficient internships and business, technical, vocational educational training (BTVET) to provide them with the necessary skills to be competitive candidates in the workforce. While all segments in the education component build upon one another, the foundation years stand as a defining moment of child development. There are linkages back to health and education services, as each of these sectors requires educated and skilled citizens to fill the roles of doctor, nurse, teacher and principal. Similarly, there are also linkages to the three growth pillars outlined in the NDP II, as each of these industries requires its own unique set of skilled labour to be successful and remain competitive.

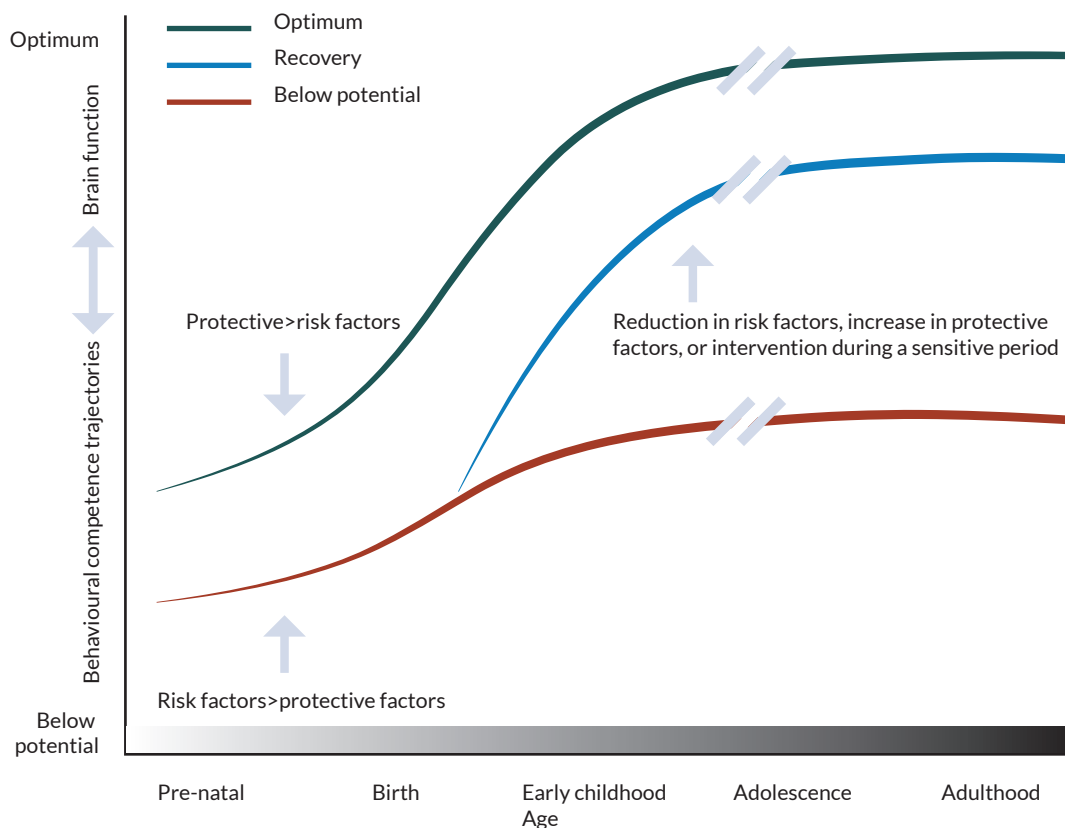


1.3 The role of early childhood development (ECD)

The human capital development life-cycle analysis outlined in the previous section singles out ECD and early foundations as a precondition in support of a healthy and skilled labour force necessary for socio-economic development and structural transformation. ECD can be defined as “a comprehensive approach to policies and programs for children from birth to eight years of age, their parents and caregivers, aimed at protecting the child’s rights to develop his or her full cognitive, emotional, social and physical potential” (UNESCO, 2006). High-quality ECD services will ensure that all Uganda’s children - from conception to eight years of age - have the chance to survive and grow and develop to their full potential. This can be achieved through a holistic approach that improves children’s health, nutrition, protection, early learning and education, and addresses the diverse needs of families and communities so that they can support children’s development and learning.

On the basis that the brain grows to 90% of its adult weight by age five, ECD provides a unique opportunity to invest in cognitive, physical, social and emotional development, thereby setting strong foundations for the safe and healthy development and learning of young children (Figure 4). Moreover, with approximately 40% of the Ugandan population below five years of age, and with 55% of 0-4-year-olds living in poverty (MoGLSD/ UNICEF Uganda, 2014), poor children stand to gain more from ECD intervention programmes and services. Global evidence shows that ECD promotes an equity-based approach and that interventions in the early years have the potential to offset the negative trends and poverty cycle in which poor children are trapped. For all children equally, ECD contributes towards strengthening the foundations for future development and learning, contributing towards building a healthy, educated and skilled population.

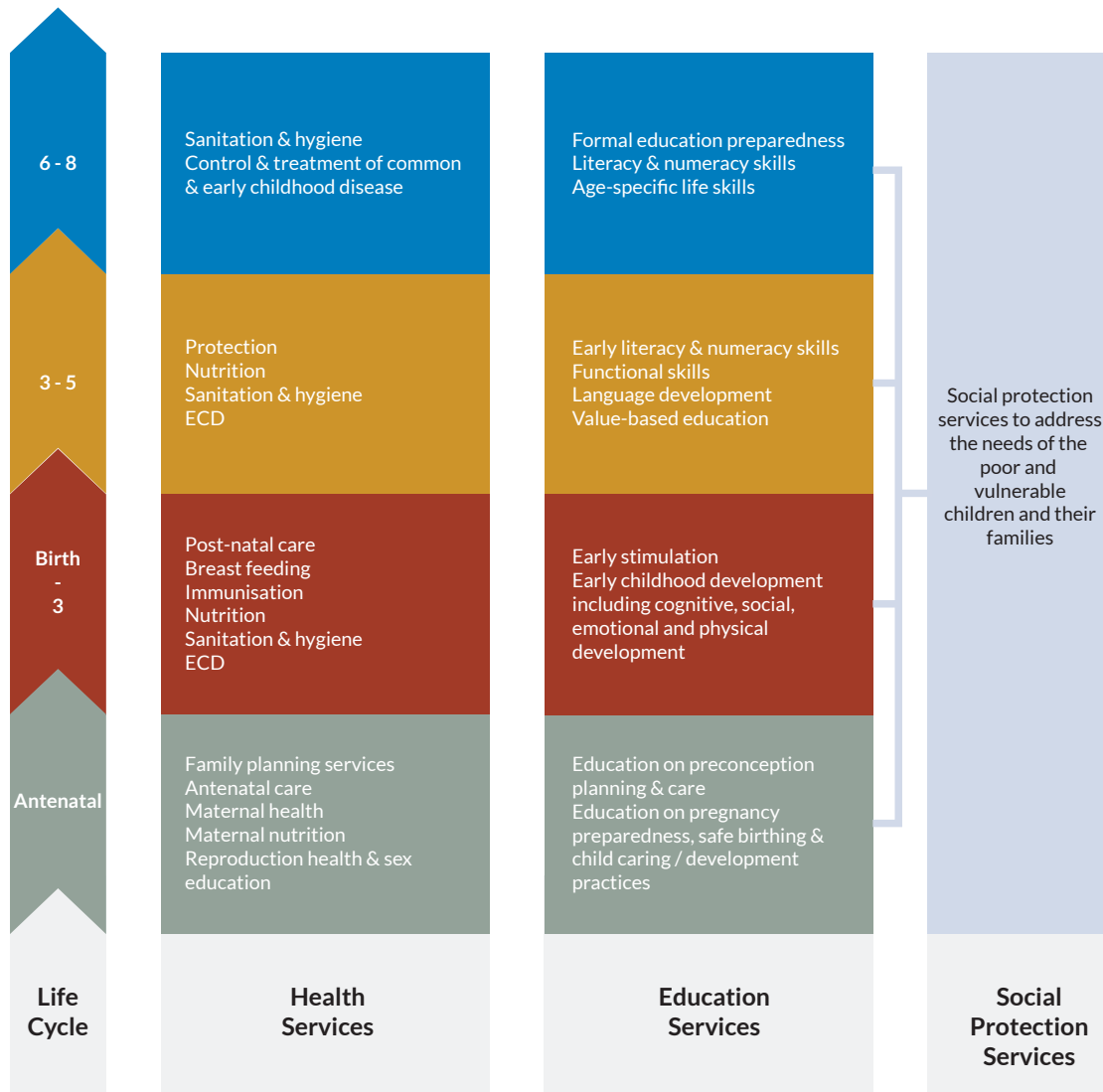
FIGURE 4: DIFFERING TRAJECTORIES OF BRAIN AND BEHAVIOURAL DEVELOPMENT



Source: Grantham-McGregor et al. (2007)

Building on the earlier discussion, Figure 5 outlines the different stages constituting the early childhood years, noticeably characterised by rapid growth and development with each stage of development building on the previous stage. Throughout this whole period, the different domains of development - i.e. physical, cognitive, social and emotional - are interwoven. The success of one domain will depend on the effectiveness of the other. Therefore, a comprehensive set of goals and activities - which addresses maternal and child health, protection, nutrition, family and community support, positive early learning and stimulation experiences, and social protection - needs to be supported and guided.

FIGURE 5: HCD - LIFE-CYCLE ANALYSIS



Under the leadership of the Ministry of Gender, Labour and Social Development (MoGLSD), the Government of Uganda has pursued an all-encompassing approach towards integrated ECD by developing a comprehensive policy framework that lays out concrete commitments and guidelines for young children's survival and holistic development.

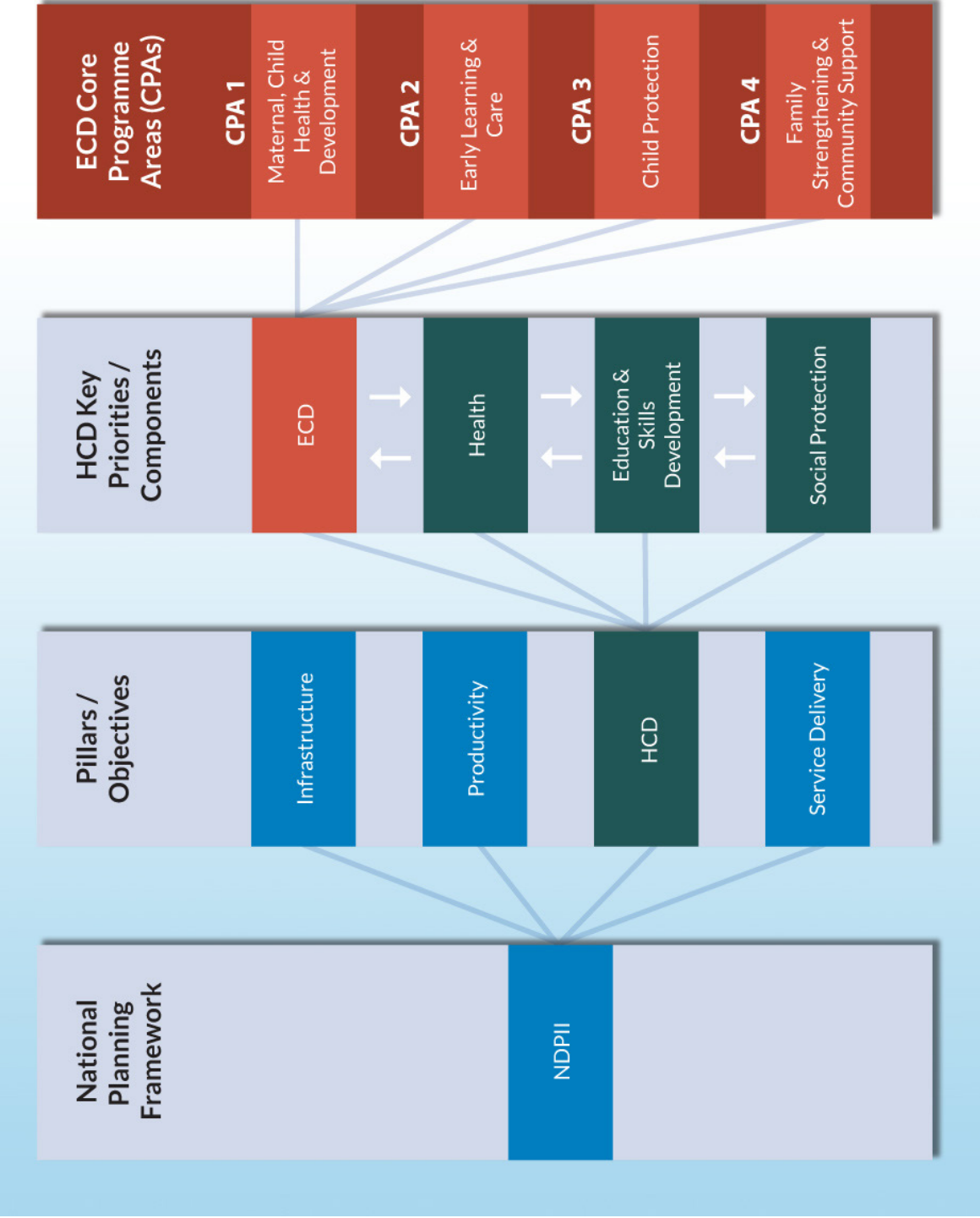
2. PLANNING AND BUDGETING FOR EARLY CHILDHOOD DEVELOPMENT

Government's imminent programme-based budgeting (PBB) reform represents a bold effort to improve expenditure efficiency and effectiveness by systematically linking funding to outcomes, service delivery and results. Embedded in Government's commitment to enhance the delivery of public services, this reform and the formulation of a programme-based budgeting framework for ECD further embodies a paradigm shift to promote greater social and financial accountability over budget execution.

In line with the national integrated ECD framework, the PBB framework for ECD centres on the provision of basic services for children from pre-natal to eight years of age. These services include health care, nutrition, protection, and early stimulation and learning, as well as adequate and appropriate support to families and communities to prioritise children's development. This approach aims to cover all developmental priorities for each of the different sub-stages along the life cycle discussed above within the continuum of care model.

Figure 6 provides a schematic representation of Government's proposed PBB/ECD design. This framework clearly identifies four core programme areas (CPAs), namely (i) Maternal, child health and development; (ii) Early learning and care; (iii) Child protection; and (iv) Family strengthening and community support. Each CPA represents the coherent grouping of related services. Collectively, the four CPAs aim to provide a holistic and multidimensional ECD package founded upon improved health, nutrition, sanitation, hygiene, early stimulation, education, protection, poverty alleviation, and family and community support.

FIGURE 6: PROGRAMME-BASED BUDGETING FRAMEWORK FOR ECD



Section 2.1 presents each CPA as a clearly defined set of services that deliver one or more of the core functions contained in the mandates of public institutions, i.e. Vote Functions. Sub-programmes represent distinct groupings of services and activities that fall within the framework of individual CPAs and are identified separately within each CPA.

The four CPAs have been developed in line with the PBB approach. In the proposed PBB budgeting framework for ECD, each of the four CPAs embraces an overall programme outcome. In addition, each sub-programme is associated with a strategic objective and a clearly defined set of 'required services' and 'responsible MDAs' (i.e. ministries, departments and agencies). The framework also provides a comprehensive monitoring framework with programme and sub-programme-level indicators, with baselines and targets identified in line with the targets set by each respective MDA.

N.B. The effective implementation of PBB requires the appointment of CPA managers, and the provision of adequate human, physical and financial resources to facilitate the effective coordination of each CPA - including various overarching programme activities, such as identifying suitable baselines and targets for the monitoring framework, carrying out regular monitoring activities, and policy advocacy.



A photograph of a smiling woman with dark skin and a black headwrap, holding a young child with dark skin. The child is wearing an orange shirt with a blue rhinoceros graphic. They are outdoors with trees in the background.

2.1 Early Childhood Development (ECD)/Programme Based Budgeting (PBB) CORE PROGRAMME AREAS (CPAs)

CPA1: Maternal, child health and development

1. Maternal health
2. Child health
3. Water supply, sanitation and hygiene
4. Environmental protection

CPA 2: Early learning and care

1. Childcare and stimulation (0-3 years)
2. Early learning (3-6 years)
3. High-quality ECD and early primary education

CPA 3: Child protection

1. Protection of children from all forms of abuse, including violence
2. Child protection system strengthening

CPA 4: Family strengthening and community support

1. Family values and parenting skills
2. Social and economic strengthening of families and communities
3. Community mobilisation

CPA1: Maternal, child health and development

Programme objective: Reduce maternal and child morbidity and mortality through: • Improving health and nutritional status of mothers and children • Increasing access to and utilisation of safe water • Promoting sanitation and hygiene at all levels • Controlling and minimising environmental conditions that negatively affect health-related outcomes • Harnessing non-health sector interventions that impact on maternal, newborn and child vulnerability and deaths. Programme outcome: Children 0-8 years are healthy and grow up in safe and clean environments.				
PROGRAMME OUTCOME INDICATORS		Baseline	Target	
Maternal mortality rate (per 100,000 live births)		438 (2011)	211	
Infant mortality rate (per 1,000 live births)		54 (2011)	30	
Under-5 mortality rate (per 1,000 live births)		90 (2011)	56	
		MONITORING FRAMEWORK		
SUB-PROGRAMMES	Services Required (MDAs)	Routine Activities	Indicator	Baseline Target
1.1 Maternal health The aim of this sub-programme is to ensure that women, especially pregnant women, are informed about and have access to sexual and reproductive health care and family planning. The sub-programme also aims to scale up the coverage of antenatal and postnatal care services, especially in rural and underserved areas through accelerated implementation of the Reproductive, Maternal, Newborn and Child Health (RMNCH) Plan.	1.1.1 Out-patient health care (Local governments)	1.1.1.1 Sexual and reproductive health - targeting young people	Proportion of teen-age pregnancy and motherhood	24% (2011) 15%

		1.1.1.2 Family planning	Proportion of family planning service utilisation	30% (2011)	35%
		1.1.1.3 Antenatal care	Proportion of women attending 4 antenatal care visits	39% (2011)	45%
		1.1.1.4 Postnatal care	Proportion of women receiving postnatal care within 48 hours	33% (2012)	70%
			Proportion of new-born babies receiving postnatal care within 48 hours	11% (2012)	70%
		1.1.1.5 Skilled obstetric and new-born care	Proportion of births attended by skilled health personnel	58% (2012)	70%
		1.1.1.6 Education on nutrition	Proportion of districts implementing the 13 high-impact nutrition interventions	20% (2012)	50%

MONITORING FRAMEWORK			
	Indicator	Baseline	Target
SUB-PROGRAMMES 1.2 Child health The aim of this sub-programme is to promote child health outcomes by encouraging birth registration and immunisation, as well as early screening for conditions that may affect child development.	Proportion of children aged 12-23 months fully immunised	52% (2014)	80%
	Prevalence of malaria in under-5s	45% (2009)	25%
	Percentage of children with diarrhoea treated	2% (2009)	30%
	Proportion of children aged 6-23 months receiving minimum acceptable diet	5.7% (2011)	40%
	Prevalence of stunting in under-5s	38% (2006)	32%
	% of children exclusively breast-fed up to 6 months	63% (2011)	80%
	Proportion of under-5s whose births are registered	30% (2011)	90%
	Routine Activities		
Services Required (MDAs)	1.2.1.1 Immunisation services to all children by year 1		
	1.2.1.2 Control and treatment of common and early childhood diseases		
	1.2.1.3 Promotion of appropriate child nutrition practices		
	1.2.1.4 Promotion of exclusive breast-feeding up to 6 months		
	1.2.2.1 Birth registration and issuance of birth certificates		
	1.2.2 Lawful identification / registration (National Identification and Registration Authority - NIRA)		

			Proportion of under-5s who have birth certificates	17% (2011)	80%
1.3 Water supply, sanitation and hygiene The aim of this sub-programme is to promote improved sanitation and hygiene practices. Sanitation and hygiene requires available and accessible safe drinking water. Additional objectives of the sub-programme include the promotion of regular water monitoring and regulation for the provision of adequate and safe water supply for domestic purposes and human consumption.	1.3.1a Rural water supply (Local governments)	1.3.1.1 Safe water sources to communities	Proportion of people living in rural areas with access to an improved water source within 1km	64% (2011)	79%
	1.3.1b Urban water supply (National Water and Sewerage Corporation - NWSC)		Proportion of people living in urban areas with access to an improved water source within 0.2km	72.8% (2011)	100%
	1.3.2 Water and environment sector regulation (MWE)	1.3.2.1 Regular monitoring of water quality	Proportion of districts implementing water quality surveillance and promoting safe water consumption	30% (2009)	50%
	1.3.3a Environmental health and safety (National Environment Management Authority - NEMA) 1.3.3b Public health and safety (Local governments) 1.3.3c Safe sewage disposal (NWSC)	1.3.3.1 Proper waste collection and disposal	Proportion of households with effective waste collection and disposal	N/A	N/A

SUB-PROGRAMMES	Services Required (MDAs)	Routine Activities	MONITORING FRAMEWORK		
			Indicator	Baseline	Target
1.4 Environmental protection The aim of this sub-programme is to promote the implementation of appropriate policies, guidelines and legislation to protect the environment from pollution and degradation. Through the promotion of sustainable development, one of the key objectives of this sub-programme rests in minimising environmental conditions that negatively affect child and maternal health.	1.4.1 Public health (MoH)	1.4.1.1 Control of vectors	Proportion of incidence of water-borne diseases among under-5s	68% (2005)	30%
	1.4.2 Water resource management (MWE)	1.4.2.1 Environmental compliance and enforcement of the law, regulations and standards	Proportion of non-compliant cases legally enforced	N/A	N/A
	1.4.3a Health public education (MoH)	1.4.3.1 Promotion of sanitation and hygiene at all levels	% of households living in rural areas with access to improved sanitation	15.3% (2011)	79%
	1.4.3b Pre-primary and primary education (MoESTS)		% of households living in urban areas with access to improved sanitation	20.9% (2011)	79%

CPA 2: Early learning and care

Programme objective: Provide equitable access to high-quality and child-friendly integrated early childhood development and education programmes and services to all children aged 0-8 years, supported by trained caregivers and teachers. Programme outcome: Children 0-8 years achieve appropriate developmental milestones.					
PROGRAMME OUTCOME INDICATORS			Baseline	Target	
Pre-primary net enrolment rate			9.7% (2011)	50%	
Proportion of children meeting their age and stage developmental milestones			N/A	N/A	
Proportion of children proficient in numeracy and literacy by grade level			N/A	N/A	
		MONITORING FRAMEWORK			
SUB-PROGRAMMES	Services Required (MDAs)	Routine Activities	Indicator	Baseline	Target
2.1 Child care and stimulation (0-3 years) The aim of this sub-programme is to ensure that all children aged 0-3 years are exposed to early stimulation by promoting capacity building of caregivers, community members and other professionals for the provision of home-based and community-based integrated ECD programmes. An additional objective of this sub-programme is to offer formal training to professionals working in kindergartens and nurseries.	2.1.1 Pre-primary and primary education (Local governments)	2.1.1.1 Child friendly day care centres (0-3 years)	Proportion of children aged 0-3 years accessing high-quality integrated ECD programmes	N/A	15%
		2.1.1.2 Home and community-based integrated ECD services that adhere to established norms and standards	Number of community integrated ECD centres registered	16.7% (2010)	25%
			Number of home-based integrated ECD programmes offered	1.3% (2010)	N/A

MONITORING FRAMEWORK			
SUB-PROGRAMMES	Services Required (MDAs)	Routine Activities	Indicator
		2.1.1.3 Early stimulation and education programmes for children with special educational needs (SEN)	Proportion of children with SEN enrolled in day care centres
			Proportion of children with SEN in a community-based centre
2.2 Early learning (3-6 years) The aim of this sub-programme is to prepare children aged 3-6 years for a smooth transition to P1 by providing early learning and development opportunities focused on the development of physical, social, emotional and cognitive skills - including early literacy and numeracy skills.	2.2.1 Pre-primary and primary education (Local governments)	2.2.1.1 Child friendly and high quality ECD centres (3-6 years) attached to primary schools	Proportion of children aged 36-59 months attending high quality integrated ECD programmes
			Number of ECD centres attached to primary schools established
2.3 High-quality ECD and early primary education The aim of this sub-programme is to strengthen the pre-primary sector and provide equitable access to high-quality and developmentally appropriate learning activities for better learning (i.e. literacy and numeracy) outcomes. An additional objective of this sub-programme is to emphasise the need to develop and implement a quality assurance framework that will set norms and standards of operations, licensing, registration and programming of ECD and lower primary education.	2.3.1 Education professional cadre development (Education Service Commission)	2.3.1.1 Capacity building and support for caregivers, nursery, pre-primary and lower primary teachers	Number of care-givers trained and certified in community child care programmes
			3,000

Such efforts are expected to contribute towards bridging the gap in early numeracy and literacy skills by promoting the effectiveness of primary teacher training, fostering professional development through the institutionalisation of in-service training programmes, and the timely provision of high-quality educational materials.	2.3.2 Education sector regulation (MoESTS)	2.3.2.1 Quality assurance framework to set norms and standards, as well as ECD programming guidelines for both formal and informal settings	Number of pre-primary teachers trained in integrated ECD (Diploma)	5.8% (2010)	N/A
			Number of lower primary teachers trained in integrated ECD	N/A	N/A
			Literacy / P3	56.2% (2011)	67%
			Numeracy / P3	69.8% (2011)	75%
			Proportion of districts implementing early learning and development standards	N/A	50%
			Proportion of community ECD centres registered that meet national standards	882 (2014)	2,000
			Number of private ECD training institutions registered with MoESTS and licensed	N/A	N/A

CPA 3: Child protection

Programme objective: Ensure that all children are protected from different forms of abuse and that caregivers, teachers and other adults within the home and other institutions uphold children's rights. Programme outcome: Children aged 0-8 years grow in a safe and nurturing environment.				
PROGRAMME OUTCOME INDICATORS				
Proportion of abused children having access to timely remedial services			Baseline	Target
			N/A	N/A
Proportion of children living in safe and supportive families			N/A	N/A
			MONITORING FRAMEWORK	
SUB-PROGRAMMES	Services Required (MDAs)	Routine Activities	Indicator	Target
3.1 Protection of children from all forms of abuse, including violence The aim of this sub-programme is to empower caregivers, families and communities with relevant knowledge and skills to detect, prevent and respond to child abuse, while creating a protective and enabling environment for child development. The sub-programme also aims to develop and implement appropriate legal frameworks for reporting and responding to integrated child protection services.	3.1.1 Social development public education (MoGLSD, local governments)	3.1.1.1 Capacity building for families and communities to prevent, protect and respond to child abuse	Proportion of priority districts that have programmes to prevent, protect and respond to child abuse	N/A
		3.1.1.2 Streamlined coordination mechanisms for community surveillance, response and monitoring for child protection	Proportion of districts with coordination mechanisms for child protection	N/A
	3.1.2 Social development sector regulation (MoGLSD)	3.1.2.1 Coordination, monitoring and evaluation of child protection policies and programmes	Proportion of districts with functional multi-stakeholder community child protection committees	N/A

	3.1.3 Administration of Justice (Ministry of Constitutional Affairs -MoJCA)	3.1.3.1 Child protection institutional and legal framework	Proportion of abused children accessing justice and legal services	N/A	N/A
3.2 Child protection system strengthening The aim of this sub-programme is to empower child protection service providers with appropriate knowledge and skills to effectively respond to child abuse, both within and outside the home. An additional aim of the sub-programme is to educate and support parents and caregivers, while strengthening community protection mechanisms.	3.2.1 Social development public education (MoGLSD)	3.2.1.1 Capacity building for child protection service providers to respond to child abuse	Proportion of child protection service providers trained in handling and managing child abuse cases	N/A	N/A
			Proportion of children at risk and abused receiving timely and appropriate remedial services	N/A	N/A
			Proportion of families of at-risk or abused children accessing counselling services	N/A	N/A

CPA 4: Family strengthening and community support

Programme objective: Foster socio-economic empowerment of families and communities so that they can better support children's development. Programme outcome: Families and communities are empowered to provide adequate care for children's wellbeing.				
PROGRAMME OUTCOME INDICATORS		Baseline	Target	
Number of families that are benefiting from livelihood programmes and are economically independent		N/A	N/A	
Number of community empowerment programmes implemented and functional		N/A	N/A	
SUB-PROGRAMMES		MONITORING FRAMEWORK		
	Services Required (MDAs)	Routine Activities	Indicator	Baseline Target
4.1 Family values and parenting skills This sub-programme aims to provide care-givers and families with parenting skills in the form of value-based parent support programmes and community-based initiatives that help parents to acquire appropriate knowledge and skills for positive child rearing practices and provide children with experiences and opportunities to promote learning and development.	4.1.1 Social development public education (MoGLSD, local governments)	4.1.1.1 Promotion of parenting knowledge and skills to improve child-care practices, including early stimulation and learning	Proportion of parents / care-givers knowledgeable about integrated ECD services, including parent-ing and family care practices	N/A N/A
4.2 Social and economic strengthening of families and communities The aim of this sub-programme is to provide social assistance and financial support to vulnerable families and communities by investing in the social inclusion of men and women in economic and income generating activities. Interventions and services include micro-financing and income generating activities that will support families and communities to foster social cohesion and economic resilience.	4.2.1 Social protection (MoGLSD)	4.2.1.1 Child-sensitive social protection and family support	Proportion of vulnerable households benefiting from social assistance programmes	4.5% (2011) 6%
		4.2.1.2 Income-generating micro-finance programmes for families and communities	Proportion of families engaged in income-generating activities	N/A N/A

4.3 Community mobilisation The aim of this sub-programme is to strengthen community engagement and commitment by providing every member of the community with an opportunity to participate in the design and implementation of community-level interventions that accurately reflect community priorities. To this end, one of the key objectives of the sub-programme is to train and empower communities in community mobilisation initiatives with a view to promote integrated ECD services and the holistic development of children by focusing on the socio-emotional relationship between them and their caregivers as well as promoting play, communication and early stimulation activities.	4.3.1 Health public education (MoH, local governments)	4.3.1.1 Capacity building for health workers (including village health teams - VHTs) on integrated parenting / child development services and family care practices	Proportion of health workers trained in integrated management of neonatal and childhood illness (IMNCI), including care for child development (CCD)	N/A	50%
			Proportion of VHTs trained in integrated ECD services, including parenting and family care practices	30% - 34 Districts (2011)	63% - 70 Districts
	4.3.2 Social development public education (MoGLSD, local governments)	4.3.2.1 Community mobilisation	Proportion of districts with community mobilisation programmes for child-care and development services	N/A	N/A
			Proportion of community development workers (CDWs) trained in parenting and family care practices, including CCD	N/A	N/A



3. THE WAY FORWARD

Early childhood development (ECD) calls for the adoption of an expanded vision of programme planning and budgeting processes in which owner-ship, execution and management of the integrated and comprehensive ECD interventions are shared among all key stakeholders, and complemented and coordinated in a holistic manner. Further, ECD represents a key and necessary component to deliver on the commitments of the NDP II.

Having clearly articulated the programmatic requirements to effectively deliver integrated ECD services, the careful decomposition of funds allocated to existing Vote Functions allows for the re-assignment of pertinent project and programme funding within current sector budgets vis-à-vis the four CPAs presented in the previous chapter. Notably, in full recognition that existing budgetary allocations were not determined to finance the newly developed CPAs, this analysis is not to be interpreted as a critique of existing budgetary allocation. It is rather intended as an indicative baseline in terms of budgeting for ECD vis-à-vis ECD's key areas of investment.

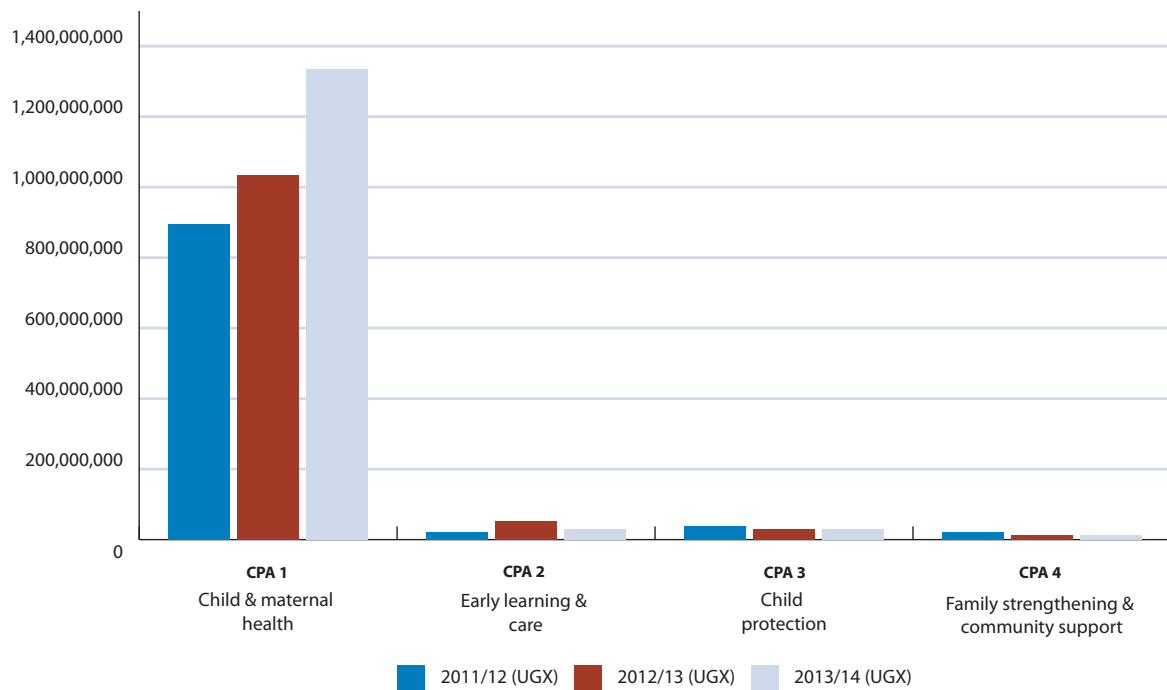


	FY	FY	FY
ECD programmes	2011/12 (UGX)	2012/13 (UGX)	2013/14 (UGX)
CPA 1 Child, maternal health, and development	894,581,520,808	1,035,111,735,462	1,334,183,409,160
CPA 2 Early learning and care	36,942,324,671	29,241,550,000	28,577,192,000
CPA 3 Child protection	21,502,827,561	51,898,341,023	29,559,124,725
CPA 4 Family strengthening and community support	13,270,305,250	12,468,979,008	11,468,389,388
Primary Education	687,824,477,975	736,582,331,044	808,065,119,306
Total / ECD	1,654,121,456,265	1,873,003,711,208	2,220,218,367,250

The table above summarises budgetary allocations to the four CPAs presented in the previous chapter between FY 2011/12 and FY 2013/14. With the exclusion of primary education, allocations to CPA 1 account for the lion's share of existing resources. Budgetary allocations to child protection, early learning and care, and family strengthening and community support are visibly unbalanced (Figure 7). The breakdown of these allocations is presented in Appendix 1.

While there is no denying the relevance of CPA 1, especially in view of Uganda's slow progress in achieving the child and maternal health MDG targets, children's rights to protection, early learning and care remain marginalised. Moreover, if families and communities representing the first lines of response are not adequately supported and empowered, the effective implementation of integrated ECD programmes in Uganda could be irreversibly compromised.

FIGURE 7: ECD - PROGRAMME AREAS OF GOVERNMENT INVESTMENT



The aim of developing an ECD budgeting framework for PBB is to help visualise the depth and breadth of public investments required to support the effective implementation of a national integrated ECD framework.

The early years in a child's life are a critically important period when profound and long-lasting development occurs. These years are particularly important for poor and vulnerable children, including children with disabilities, whose access to high-quality ECD services stands as an important precondition for the realisation of their full potential.

Current ECD interventions in Uganda, at both national and regional levels, remain fragmented and poorly funded. To this end, Government's paradigm shift from output-oriented budgeting (OOB) to programme-based budgeting (PBB) represents an important and unprecedented opportunity to strengthen the link between national planning and budgeting processes. In this respect, the Ministry of Finance, Planning and Economic Development's imminent programme budgeting reform provides a unique entry point to embed key strategic investments identified in the NDP II into Government's PBB architecture.

The four CPAs presented in this report favour the holistic and comprehensive development of young children with sub-programmes carefully calibrated to reduce both maternal and child morbidity and mortality, scale up nutrition efforts, entrench child protection, and promote greater and more effective early stimulation and education programmes rooted in family and community support. This budgeting framework is expected to go a long way in supporting the effective implementation of the national integrated ECD framework.



Appendix 1: Government Investment in ECD (FY 2011/12 - FY 2013/14)

CPA 1. Child, maternal health, and development

Sum of Amount	Column Labels		
Row Labels	2011/12	2012/13	2013/14
Water and Environment	279,737,281,194	366,924,806,809	396,155,092,229
Rural water supply and sanitation	75,729,426,929	102,609,180,381	93,484,944,468
Sanitation and environmental services	9,580,000	9,579,162	9,579,162
Urban water supply and sanitation	78,731,957,651	131,134,771,284	158,844,566,208

Sum of Amount	Column Labels		
Row Labels	2011/12	2012/13	2013/14
Health	809,948,422,548	865,392,603,953	1,142,825,092,349
Clinical and public health	23,606,852,188	39,150,495,336	35,715,878,899
Community health management	5,009,480,307	5,283,453,806	5,367,518,526
Health systems development	127,650,427,691	126,309,230,000	196,367,435,774
National referral hospital services	51,040,536,178	32,425,642,923	38,185,045,900
Pharmaceutical and medical supplies	206,811,235,237	208,291,236,940	219,374,586,943
Pharmaceutical and other supplies	48,138,300,544	85,494,330,568	215,326,903,010
Primary health care	225,005,676,971	245,375,382,661	299,956,034,416
Regional referral hospital services	52,848,047,113	59,028,432,402	71,550,915,854

CPA 2. Early learning and care

Sum of Amount	Column Labels		
Row Labels	2011/12	2012/13	2013/14
Education	1,420,673,059,288	1,598,444,505,063	1,769,575,208,376
Education inspection and monitoring			
501 - 850 local governments		2,500,000,000	3,098,500,000
GoU development			
Child-friendly basic education (0176)	98,441,107	88,000,000	
Non-wage recurrent	36,733,802,564	26,543,469,000	25,368,611,000
Wage recurrent	110,081,000	110,081,000	110,081,000

CPA 3. Child protection

Sum of Amount	Column Labels		
Row Labels	2011/12	2012/13	2013/14
Justice, law and order	549,082,646,080	575,940,072,571	654,307,648,696
Human rights	8,903,143,690	10,803,917,686	9,800,407,297
VF - Uganda Registration Services Bureau	1,758,344,127	2,713,703,811	8,715,033,644
Social Development	54,079,633,973	61,668,768,549	47,897,773,689
Social protection for vulnerable groups	10,841,339,744	38,380,719,526	11,043,683,784

CPA 4. Family strengthening and community support

Sum of Amount	Column Labels		
Row Labels	2011/12	2012/13	2013/14
Social development	54,079,633,973	61,668,768,549	47,897,773,689
Community mobilisation and empowerment	10,660,844,666	10,198,134,270	9,771,569,388
Mainstreaming gender and rights	2,609,460,584	2,270,844,737	1,696,820,000



REFERENCES AND BIBLIOGRAPHY

Bennett, J. and Tayler, C.P. (2006) *Starting Strong II: Early Childhood Education and Care*, Paris: Organisation for Economic Co-operation and Development.

Bhargava, A et al. (2001) 'Modelling the Effects of Health on Economic Growth', *Journal of Health Economics* Vol. 20 (3), pp. 423-440.

Fontana, G. and Srivastava, A. (2011) 'India, China and the East Asian Miracle: a human capital development path to high growth rates and declining inequalities', *Cambridge Journal of Regions, Economy and Society* Vol. 4 (1), pp. 29-48.

Grantham-McGregor, S. et al. (2007) 'Developmental potential in the first five years for children in developing countries', *The Lancet* Vol. 369, 2007, pp. 60-70.

Heckman, J.J. (2008) *Schools, skills and synapses*, Cambridge Massachusetts: National Bureau of Economic Research.

Lucas, R.E., Jr. (1988) 'On the Mechanics of Economic Development', *Monetary Economics*, Vol. 22 (1) (July), pp. 3-42.

Ministry of Gender, Labour and Social Development and UNICEF Uganda (2014) *Situation Analysis of Child Poverty and Deprivation in Uganda*, Kampala: MoGLSD/UNICEF.

Ministry of Health (2012) *Annual Health Performance Report, Financial Year 2011/12*, Kampala: Ministry of Health.

Nelson, R.R. and Phelps, E.S. (1966) 'Investment in Humans, Technological Diffusion and Economic Growth', *American Economic Review* Vol. 56 (2) (May), pp. 69-75.

Oluwatobi, S.O. and Ogunrinola, I.O. (2011) 'Government Expenditure on Human Capital Development: Implications for Economic Growth in Nigeria', *Journal of Sustainable Development* Vol. 4 (3) June 2011, pp. 71-80.

Page, J. (1994) 'The East Asian Miracle: Four Lessons for Development Policy', Paper prepared for The World Bank and presented at the National Bureau of Economic Research, Ninth Conference on Macroeconomics.

Romer, P. (1990) 'Endogenous Technological Change', *Journal of Political Economy* Vol. 98 (5), S71-102.

Solow, R.M. (1956) 'A Contribution to the Theory of Economic Growth', *Quarterly Journal of Economics* Vol. 70 (1) February, pp. 65-94.

Tilak, B.G. (2002) 'Building Human Capital in East Asia: What Others Can Learn', National Institute of Educational Planning and Administration, New Delhi, India. Paper prepared for The International Bank for Reconstruction and Development/The World Bank. Washington DC.

UNESCO (2006) *Education For All. Strong Foundations: Early Childhood Care and Education*, 2007 Global Monitoring Report, Paris: UNESCO.

World Bank (1993) *The East Asian Miracle: Economic Growth and Policy*, New York: Oxford University Press.

Uganda Bureau of Labour and Statistics (2013) *National Labour Force and Child Activities Survey 2011/12*, Kampala: UBOS



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THE REPUBLIC OF UGANDA