Baseline study on Early Childhood Development (ECD) in Sustainable Comprehensive Responses for Vulnerable Children and their Families (SCORE) project.

Final Report

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Contents

List of Tables

List of Figures

1. Executive Summary

This report presents results of the baseline evaluation of SCORE's ECD program. Sustainable Comprehensive Responses (SCORE) for Vulnerable Children and their families is a seven-year, USAID-funded project implemented by a consortium of partners led by AVSI Foundation. AVSI is a not-for-profit NGO started in 1972 in Italy and in Uganda since 1984. SCORE's ECD program is a new initiative within the existing activities within 6 of the 23 districts. The ECD program is implemented utilizing the Community Play group (CPG) model that includes children under 5 and their parents meeting weekly in a safe space identified and provided by parents. The CPG is led by a facilitator who on a weekly basis meets the children and parents for about two hours and utilizes various approaches including play, storytelling, games, dance, singing, sports, to be able to cover various themes. The reports covers; the summary, methodology, findings, ethical considerations, limitations, conclusions, recommendations and an annex with the tools used.

Evaluation Objective:

The evaluation generated baseline characteristics of the SCORE ECD program at child, parent, and community level

Methods

The evaluation utilized a mixed, quantitative and qualitative approach in which both primary and secondary data was collected and analyzed. Primary data was collected from a randomly selected household-based sample of children attending the AVSI weekly community play groups and a purposive sampling of community leaders and other key stakeholders was employed to be able to interview relevant people. All the six districts were AVSI implements ECD were sampled reaching 395 individuals (115 children, 115 caregivers/parents, 143 individuals in the FGD and 22 KII respondents. The data collection was conducted in December 2017

Findings

Both the quantitative and qualitative surveys proved that there is demonstrable knowledge about ECD among parents/caregivers, community leaders and other key stakeholders. Majority of respondents cited and appreciated the AVSI community play group model as the only existing one in their community. They recommended some areas for improvement including, providing food, increasing play and other scholastic materials in addition to improving the infrastructure in some of the CPGs to include adequate water, sanitation and hygiene facilities and inclusive space. Overall children attending the CPGs score fairly well for their age in the thematic areas of communication, gross motor and personal social skills while the areas of fine motor and problem solving require specific focus as more than half of them were below cut off.

Conclusion

The baseline study provides a status on various parameters both at individual child level and the community perspective on ECD. It also provides great leads on how the SCORE ECD program can better evolve to meet the needs of individual children in the community play groups and also better engage parents/ caregivers and the community towards a stronger ECD model.

Abbreviations and Acronyms

ASQ	Ages and Stages Questionnaire
CPGs	Community Play Groups
LC	Local Councilor
CBT	Community based Trainer
CDO	Community Development Officer
WASH	Water, Sanitation and Hygiene
CCT	
FGDs	Focused group Discussions
KIIs	Key informant Interviews
SCORE	Sustainable Comprehensive Responses (SCORE) for Vulnerable Children and their families
USAID	United States Agency for International Development

2. Introduction

AVSI Foundation through its OVC program Sustainable Comprehensive Responses (SCORE) for Vulnerable Children and their families-USAID Funded incorporated a component of Early Childhood development activities in to their program. The main goal of the SCORE ECD activities is to build the capacity of parents and other caregivers to fulfill their parenting obligations and ensuring children under 5 are safe and protected in the community. The ECD activities used within the program are community play groups and ECD center grouped based activities. The implementation is being done in 6 of the 23 implementation districts of SCORE (Amuru, Nwoya, Mukono, Buvuma, Sironko and Busia). The SCORE ECD activities are aimed at contributing to narrowing the gaps in ECD sector in Uganda. To better implement the ECD portfolio, AVSI Foundation engaged in a process to document/profile and compile baseline parameters in the 6 districts where activities are implemented. The baseline study was conducted utilizing; secondary data review and primary data through KIs, FGDs, and child interviews using the Ages and Stages (ASQ-3) focusing on children at 60 months (5 years).

Literature Review

Early childhood is the period when the child acquires the ability to think, speak, reason and learn skills and acquire certain knowledge and attitudes very quickly with minimal effort. Because of the exceptionally strong influence of early experiences on brain's architecture, the first years of life are a time of tremendous opportunity and equally great vulnerability. Optimal brain development requires a stimulating environment, adequate nutrients and social interaction with attentive caregivers, (Tang, Akaysha C., et al., 2006i).

The demand for ECD interventions is premised the understanding that early years of life are the most critical in determining the cognitive and physical development of a person. Key national and international legal, policy and institutional frameworks define the requirements for a normal and healthy growth and development of a child and therefore coin them into rights of all children, including those living adverse circumstances, obligations of the duty bearers, and delivery mechanism and standards for appropriate services where, especially where deficiency is identified. The United Nations Convention on the Rights of Children (UNCRC-1986), ratified in 1990 by the government of Uganda (and its optional protocols) provides an overarching international legal standard. This has been domesticated in Uganda through the 1995 Uganda Constitution and further operationalized through it associated instruments including the Children Act Cap.59 (2000) which emphasizes the protection of the child by upholding the rights, protection, duties and responsibilities and the National Integrated Early Child hood Development Policy (NIECDP), 2013 whose primary objective is 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.

A baseline study helps a program to better understand the cultural beliefs, concerns, and needs of a community with regard to early childhood development and this information facilitates the development of an appropriate early childhood development initiative. It defines the situation and sets a baseline upon which results shall be measured. Programming for young vulnerable children and their caregivers requires understanding of the types of services and referral mechanisms that are available

in the surrounding community as well as where the gaps exist. Information and recommendations from this baseline study forms the cornerstones for the design planning and implementation of pilot as well as full scale early childhood development program. Using the ages and stages questionnaires, the study profiled the nature and extent of age-appropriate level of knowledge and skills in the community to determine the need for an ECD intervention. Baseline provides an evidence base

Community's awareness of the importance of ECD activities for their children: The importance of caregivers who are able to give the support and stimulation to young children's need is often underestimated and the varying needs of non-traditional caregivers, such as child caregivers, is insufficiently recognized in existing programs aimed at younger children. The convergence of advancing knowledge and changing circumstances calls for a fundamental reexamination of the nation's responses to the needs of young children and their families, many of which were formulated several decades, ago and revised only incrementally.It demands that scientists, policy makers, business and community leaders, practitioners, and parents work together to identify and sustain policies and practices that are effective, generate new strategies to replace those that are not achieving their objectives, and consider new approaches to address new goals as needed.[ii]

Community's knowledge of existing ECD initiatives: Our first years of life are the years in which we most rapidly develop – our bodies and our brains, how we learn skills and how we develop our emotions. Early childhood affects our abilities, our relationships, and our health for the rest of our lives. Having a consistent, responsive caregiver and a safe, stable environment during this time is a critical factor in promoting optimal health and development. A child in the early years is particularly sensitive to adverse effects, making this a very important period in which to address the critical needs of vulnerable children and their caregivers.

Children's achievement of age and stage-appropriate growth and developmental milestones [age and stage abilities]: There is a huge opportunity to meet the needs of young vulnerable children, through the many community-based groups supporting vulnerable children and the basic services that are reaching vulnerable communities. However, despite the wide range of responses to vulnerable children, there is still insufficient information about age and stage appropriate skills, particularly among young children. Young children have specific needs and may often be overshadowed in initiatives that collapse children across the ages.

Internationally the statistics are grim. Although 19 out of 20 children in developing countries are expected to survive their first year of life, only about half of these children will reach their developmental potential due to poverty, poor health, insufficient nutrition, deficient care and lack of opportunities for early learning. That's more than 200 million children worldwide, many of whom live in South Asia and Sub-Saharan Africa.iii

Further, enrollment in early childhood programs has remained low; only 15 percent of children in Africa and 18 percent of children in Arab countries have access to pre-primary programs. These figures are particularly dire for rural and poor children. Additionally, about 69 million children are still not enrolled in school, more than 50 percent of whom are girls.iv

In conclusion, to support the growth and development of young vulnerable children, national governments, development agencies, nongovernmental organizations, foundations, and private sector for-profit operators should work together to ensure full funding, implementation and monitoring and

evaluation of the newly launched NIECD policy to provide a coordinated and holistic care for young children; strengthen capacity, at all levels, of ECD service providers; and provide any additional support needed for caregivers to continue to serve as the frontline providers of age and stage appropriate care and support to their children.v

3. Objectives and scope of the Evaluation

The evaluation sought to profile the ECD baseline parameters within the 6 districts where SCORE is piloting the ECD program. Specifically the evaluation sought to respond to the following sub areas and questions:

- Knowledge about ECD: What is ECD and what are its components?
- Existence of ECD facilities in the community: Are there any existing ECD facilities around this community? If yes, what types of ECD activities are available?
- Access and Inclusion of existing ECD activities: Are your children participating in the existing ECD activities in your community?
- Understanding the challenges in the current ECD facilities in the community: What challenges exist if any in the ECD activities in your community?
- Generating areas for strengthening or improving existing ECD facilities: what can be done to strengthen/ improve existing ECD facilities in your community?

4. Methods and Procedures

4.1 Study Design

We utilized a mixed quantitative and qualitative design. Both quantitative and qualitative data was collected and analyzed.

4.2 Participants and study sites:

Primary data was collected from a randomly selected household-based sample of children attending CPGs and a purposive sampling technique was employed for KIIs and FGD interviewees.

4.3 Sample Size:

Structured interviews using the ASQ-3 targeting children 60 months (5 years old) were conducted with a sample of 115 children and their caregivers/parents (making a total of 230 interviews). Besides the structured questionnaire, we conducted 12 focus group discussions (FGDs), 2 per district with males (25) and females (118) separately from among caregivers, facilitators and community members who attend/ participate in the SCORE ECD program in each of the 6 districts. The FGDs were conducted in local languages and audio recorded. In addition, 22 key informant interviews (KIIs) were conducted with a range of stakeholders. Table 1 gives a summary of the number of interviews conducted per district for a **total of 395 individuals**

Table 1 Summary of Interviews by Region

Region	District	FGDs	KIIs	Survey Interviews	
				Caregivers	Children
Central	Buvuma	14	3	20	20
	Mukono	25	4	15	15
North	Amuru	39	4	31	31
	Nwoya	13	3	9	9
East	Busia	28	4	20	20
	Sironko	24	4	20	20
Total		**143**	**22**	**115**	**115**

Source: Fieldwork data

4.4 Data Collection procedure

Structured interviews using the ASQ-3 were conducted with caregivers and children in selected households within the community play group facilities/areas by a team of trained enumerators.

In addition, we conducted FGDs and in-depth interviews with a sub-sample of community members that included parents/caregivers, community volunteers and other community members to elicit in-depth information relating to ECD. KIIs were conducted with some selected individuals to solicit their views on the same.

5. Results

The structured ASQ-3 evaluation questions were analyzed quantitatively, while the FGDs and KIIs were analyzed using the qualitative analysis models. Quantitative analysis reports from the ASQ-3 shows the differences among children and among the domains; communication, gross motor, fine motor, problem solving, personal social and overall. The FGD and KII data is used to particularly respond to the community ECD Baseline parameters.

5.1 Socio-demographic characteristics of the caregivers

Below are tables summarizing the socio-demographic characteristics of FGD participants and KII respondents interviewed in the baseline study.

Table 2: KII participants by gender and role/tittle

Category	F	M	Grand Total
CBT		1	1
CDO		2	2
Community Leader	2	4	6
Head teacher		1	1
Inspector of schools		1	1
Religious leader		5	5
S/C Chief		1	1
Social service - LG	1		1
Local Councilor	2	2	4
Grand Total	**5**	**17**	**22**

Source: Authors' computations from the survey data

Table 3: FGD participants by gender and occupation

Occupation	F	M	Grand Total
Business woman	2		2
Farmer	112	25	137
Hair Dresser	1		1
Student	1		1
Teacher	2		2
Grand Total	**118**	**25**	**143**

Source: Authors' computations from the survey data

Majority of the caregivers were married (78%), followed by those single (11%), widowed (7%) and 3% separated. The number of children per participant ranged from 1-13 with an average of 5 children per participant.

Table 4: FGD participants by marital status

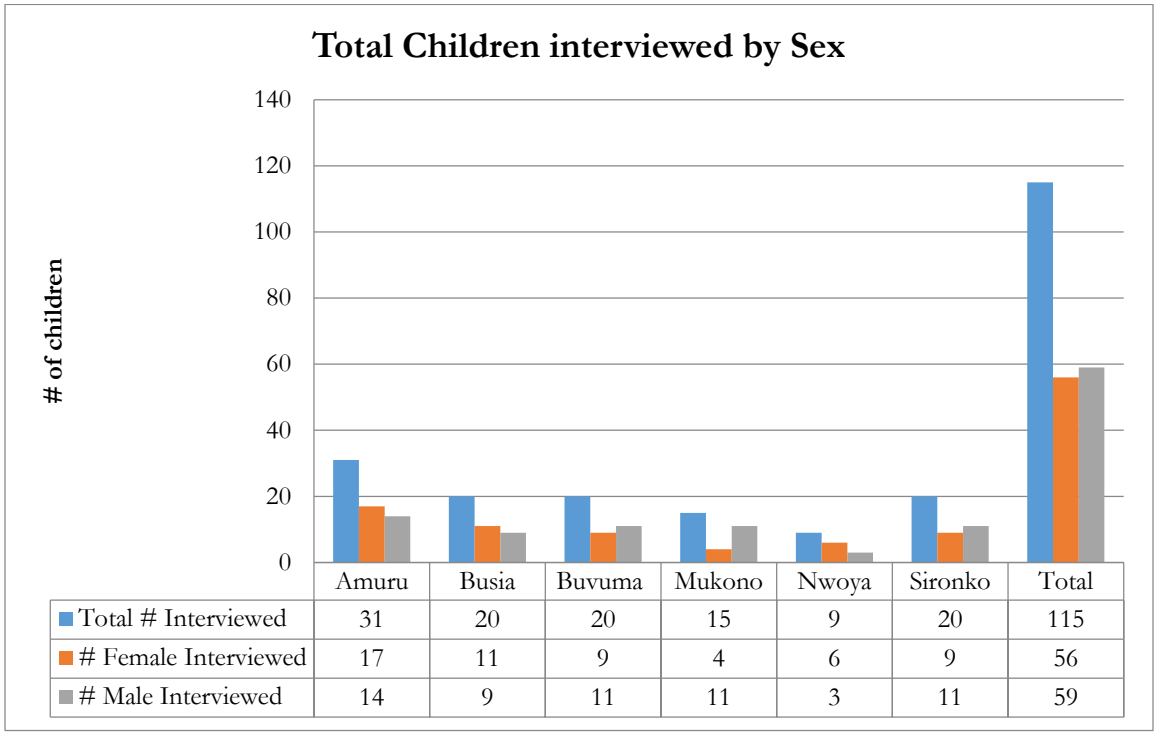
Variable	Count of #	%
Married	112	78%
Separated	5	3%
Single	16	11%
Widowed	10	7%

Table 5: FGD participants – number of children

Variable			
	Mean (SD)	Min	Max
Number of children	5	1	13

Source: computations from survey data

Figure 1: Graph showing children interviewed



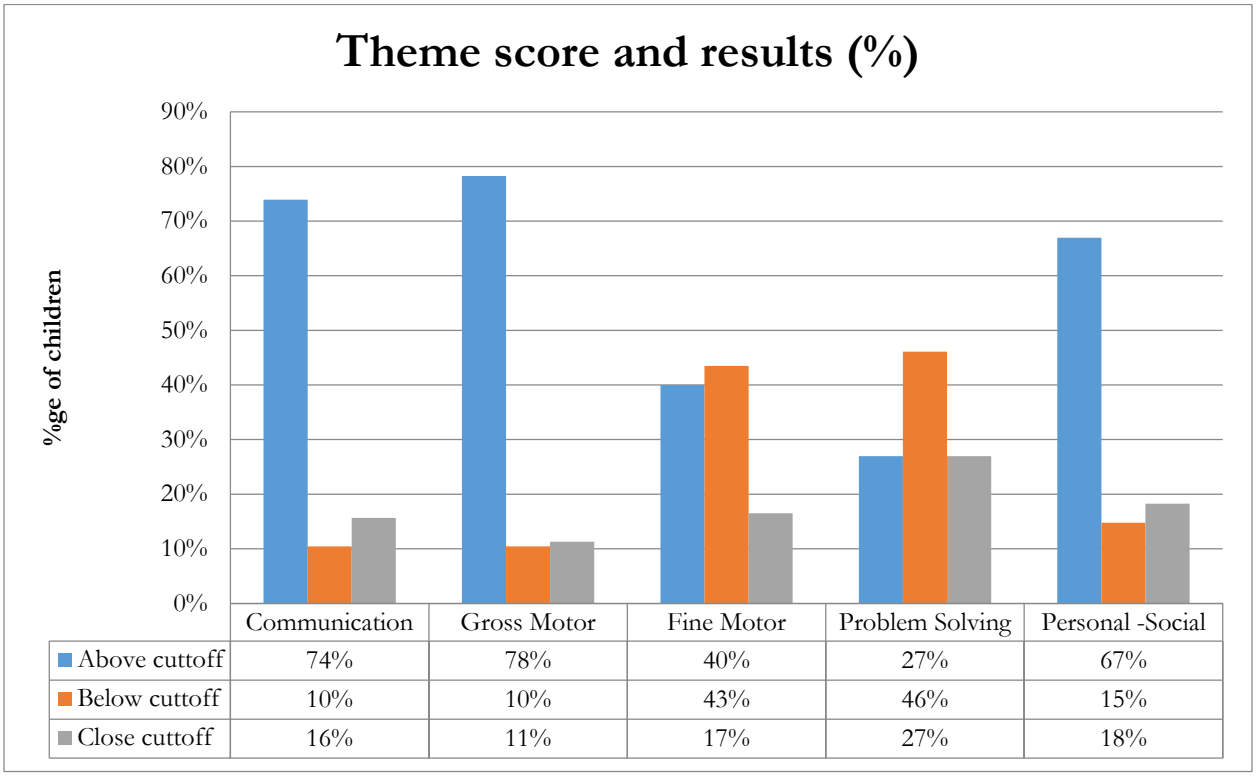
A Total of 115 children were interviewed. Majority of the children interviewed were from Amuru district (27% of the total number of children interviewed), followed by Busia/Buvuma/Sironko (17% each of the total number of children interviewed). The least number of children interviewed were from nwoya district (8% of the total number of children interviewed). 49% of the children interviewed were female and 51% were male. Amuru District registered the highest number of female (17) and

male (14) interviewed and Mukono registered the least number of female interviewed (4). The least number of male interviewed were from Nwoya district (3).

5.2 Results on the child based thematic growth areas

Utilizing the ASQ-3, 115 children and their caretakers were interviewed using child interview techniques following the consent of their caregivers. Children's growth was assessed and graded into three categories; above cut off, below cut off and close to cutoff along five main themes; communication, gross motor, fine motor, problem solving and personal –social Participant's knowledge on ECD centered on the same variables in both FGDs and KIIs. Below is a graph showing child scores along the different themes

Figure 2: Graph showing child scores along the different themes



	Communication	Gross Motor	Fine Motor	Problem Solving	Personal -Social
Above cuttoff	74%	78%	40%	27%	67%
Below cuttoff	10%	10%	43%	46%	15%
Close cuttoff	16%	11%	17%	27%	18%

Gross motor skills area had the best scores with 78% of children scoring above cutoff point, followed by communication (with 74% of children above cutoff point) and personal-social with 67% of children. Lastly the areas of fine motor skills had 40% of children above cutoff and problem solving and only 27% of children above cutoff – ranking the least scored area for all children.

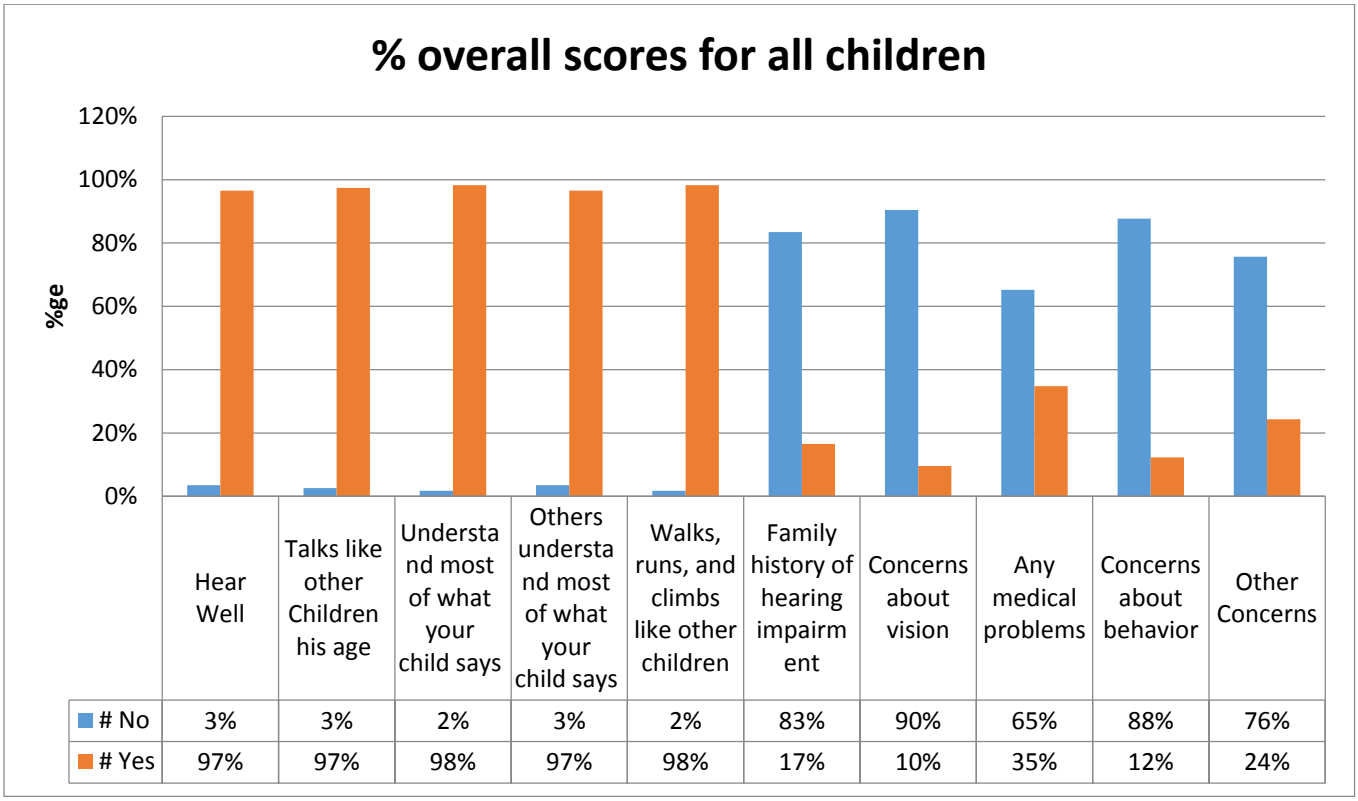
Overall, the two thematic areas of problem solving and fine motor skills are the least developed thematic areas for all children. Below cut off was at 46% and 43% respectively. The next area of concern was the personal social (15%), communication & gross motor at 10% respectively. Finally, problem-solving had the highest percentage of children whose scores were close to cutoff points 27%, followed by personal-social; 18%, fine motor; 17%, communication; 16% and finally gross motor with 11% of the children scoring close to cutoff point.

Child scores by thematic area:

- Communication; 74% of the children interviewed are above cutoff point and on schedule in development, 10% of the children are below cutoff point and requires further assessment with a professional, and 16% of the children are close to cutoff therefore requiring provision of learning activities and monitoring.
- Gross motor;78% of the children interviewed are above cutoff point and on schedule in development, 10% of the children are below cutoff point and requires further assessment with a professional, and 11% of the children are close to cutoff therefore requiring provision of learning activities and monitoring.
- Fine Motor; 40% of the children interviewed are above cutoff point and on schedule in development, 43% of the children are below cutoff point and requires further assessment with a professional, and 17% of the children are close to cutoff therefore requiring provision of learning activities and monitoring.
- Problem Solving; 27% of the children interviewed are above cutoff point and on schedule in development,46% of the children are below cutoff point and requires further assessment with a professional, and 27% of the children are close to cutoff therefore requiring provision of learning activities and monitoring.
- Personal-Social; 67% of the children interviewed are above cutoff point and on schedule in development,15% of the children are below cutoff point and requires further assessment with a professional, and 18% of the children are close to cutoff therefore requiring provision of learning activities and monitoring.

The last area of assessment was based on eight overall parameters including; hearing, talking, understanding things, walking and running, family history on hearing, vision, behavior and other medical problems. The following graph shows the findings for all children even though a specific database can be provided to enable the program team determine which specific child needs different activities

Figure 3: Graph showing overall scores



	Hear Well	Talks like other Children his age	Understand most of what your child says	Others understand most of what your child says	Walks, runs, and climbs like other children	Family history of hearing impairment	Concerns about vision	Any medical problems	Concerns about behavior	Other Concerns
# No	3%	3%	2%	3%	2%	83%	90%	65%	88%	76%
# Yes	97%	97%	98%	97%	98%	17%	10%	35%	12%	24%

Of the 115 children interviewed; 3% of children could not hear well, 3% could not talk like other children their age, it was difficult to understand most of what 2% children said, 3% of children could not be understood by others, 2% of children could not walk, run, and climb like other children. 17% of children had a family history of hearing impairment and 10% of children had concerns about their vision. Overall, 35% of children had varying medical problems, 12% had behavioral concerns and 24% of children had other general concerns including; lack of clothes, uniforms, books, and pens. The other concerns also coincide with the findings from focus group discussions in which personal effects and the need for scholastic materials are pointed to as a great need.

5.3 Knowledge about ECD:

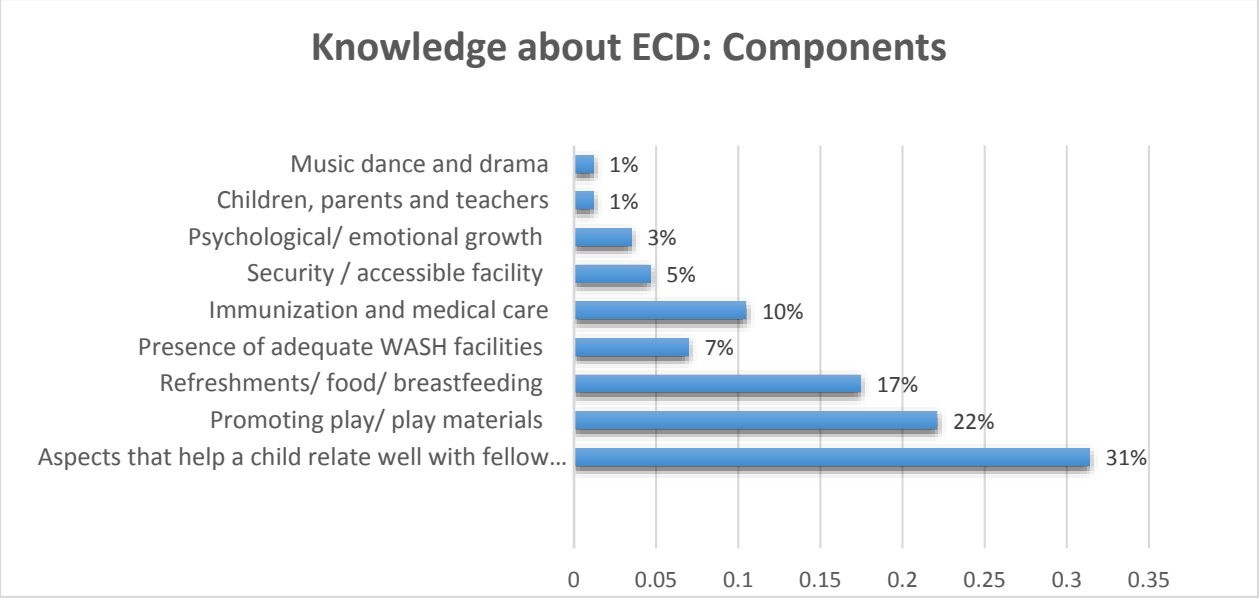
Participant's knowledge on ECD centered on the same variables in both FGDs and KIIs. In responding to the question; what ECD means, participants described it as both a process and period when children 0-5 years are monitored and supported to develop and grow in the various domains including; the physical, psychological, Social (relations), mental and spiritual aspects. Some of the following quotes were raised by participants;

"ECD for me reflects, what we provide for our children in the early ages of their lives and it involves the care you give your child"; KII respondent

Some participants also related it to preparation, citing ECD as related to teaching a child about realities of the world so they are prepared to face them or preparing children under 5 to develop learning skills that are useful in primary

Participants indicated that the components of ECD included; any aspects that help a child relate well with fellow children and adults (social life), sensory development, physical growth, problem solving, and communication (31%), followed by promoting play (22%), feeding and nutritional practices including feeding at the ECD facilities (17%), presence of immunization and other health services (10%), presence of adequate WASH facilities (7%), a secure accessible facility (5%) as detailed in the graph below

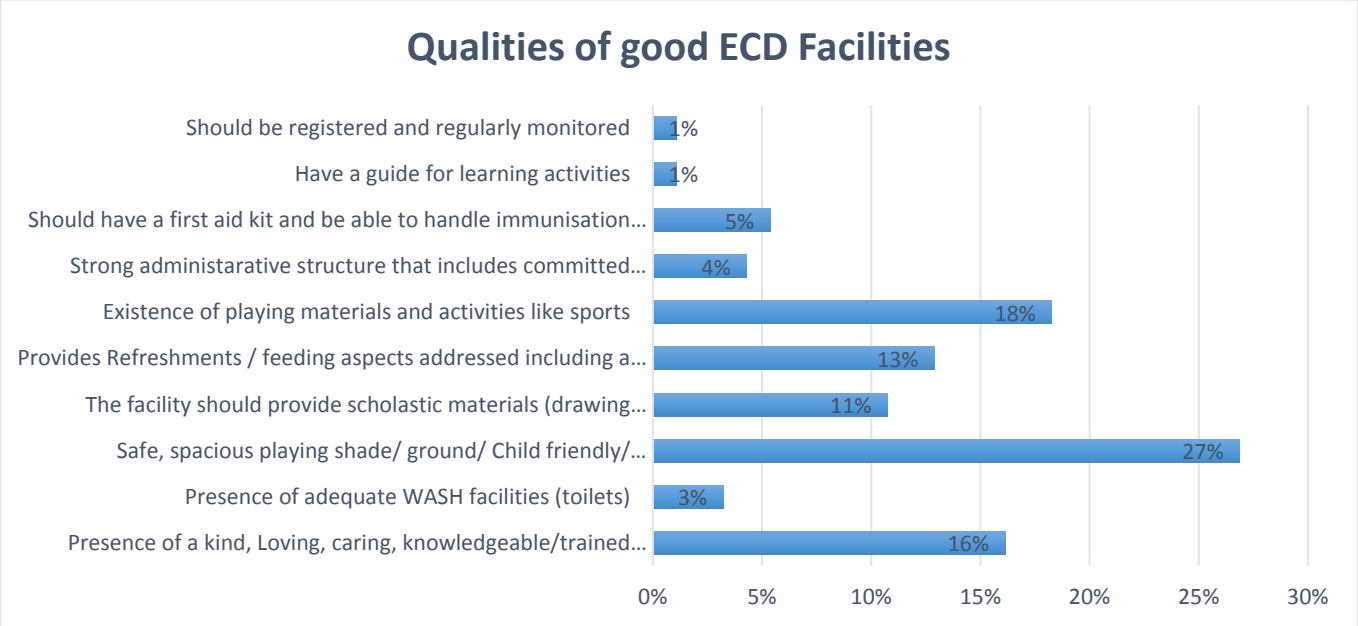
Figure 4: Graph showing Components of ECD



Participants indicated that the qualities of a good ECD facilities are various and ranked the presence of a safe, spacious facility with playing space that is secure and with a child friendly environment highest at (27%). Respondents also pointed to the critical need for adequate playing materials (18%),

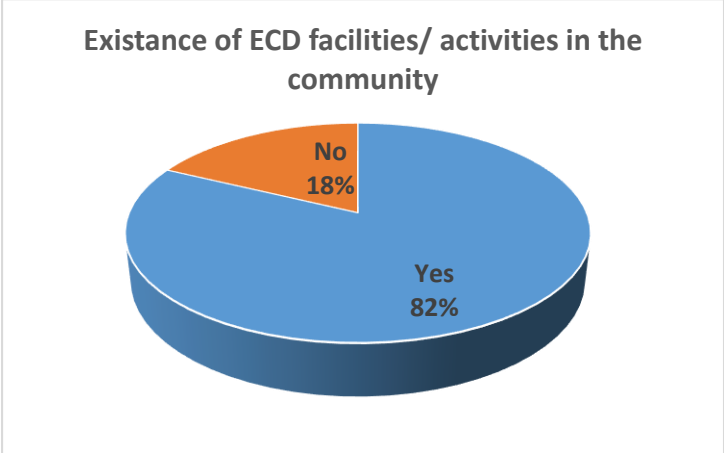
presence of a loving, kind, caring, devoted and trained facilitator (16%), presence of adequate refreshments and scholastic materials at 13% and 11% respectively. These are detailed below;

Figure 5: Graph showing Components of ECD



5.4 Existence of ECD facilities in the community and access/Inclusion of existing facilities and type of services provided

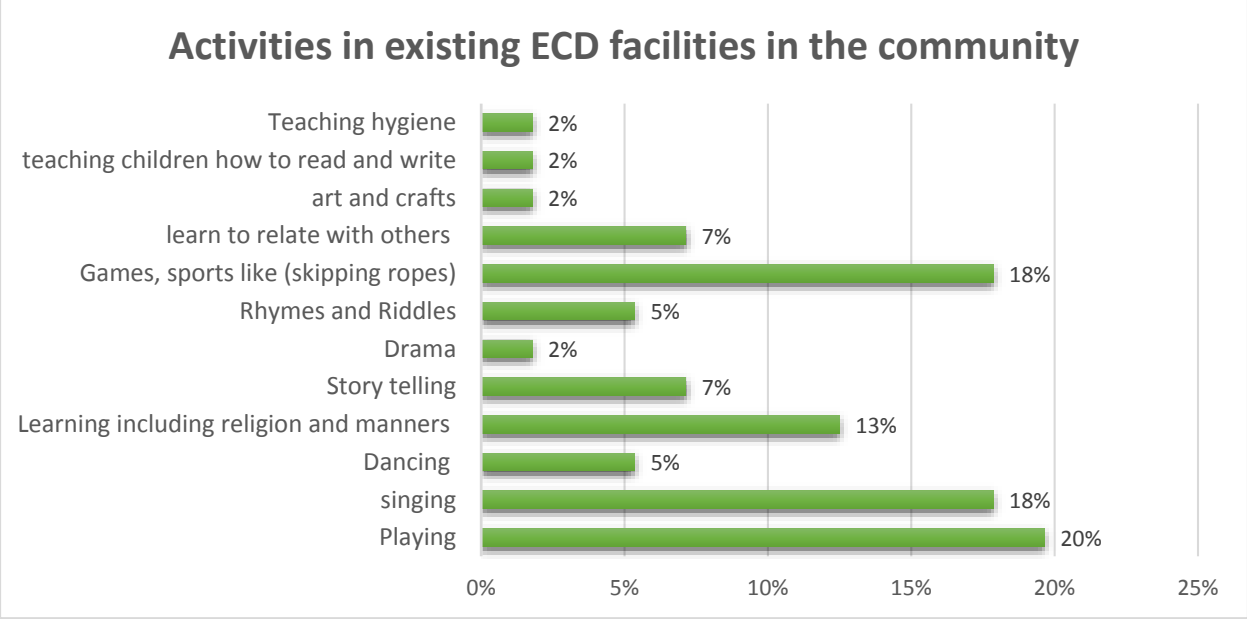
Figure 6: Chart showing existence of ECD facilities in the community



82 percent of participants admitted that there existing ECD facilities around their community. They pointed out towards the AVSI Community Play groups and also mentioned some other few private owned ones as well as some others set up but other NGO/Church based facilities like; Child Fund, Jesuit. Of the 82% who knew about existing facilities, 73% of them had their children attending these facilities and the 27% who declined provided responses including; their children being above 5 years and therefore not eligible for ECD (80%) and the second reason (20%) that relayed that while the respondent worked in the community where ECD facilities exist, their families and children live far off from that area. The types of activity described as existing in ECD

facilities included; playing (20%), singing and games/sports (18%), learning including religion and behavior (13%), learning to relate, storytelling (7%) and several others as below.

Figure 7: Graph showing activities in existing ECD Facilities in the community



5.5 Understanding the challenges in the current ECD facilities in the community:

Inadequate scholastic materials (like colors, paper) were cited as the major challenge that ECD facilities struggle with. The baseline also identified facilitator related challenges including few trained and well facilitated facilitator; these ranked at the same level with limited/ inadequate play materials. There were sentiments that sometimes children fight for toys and other play materials and often parents also join in and support their own.

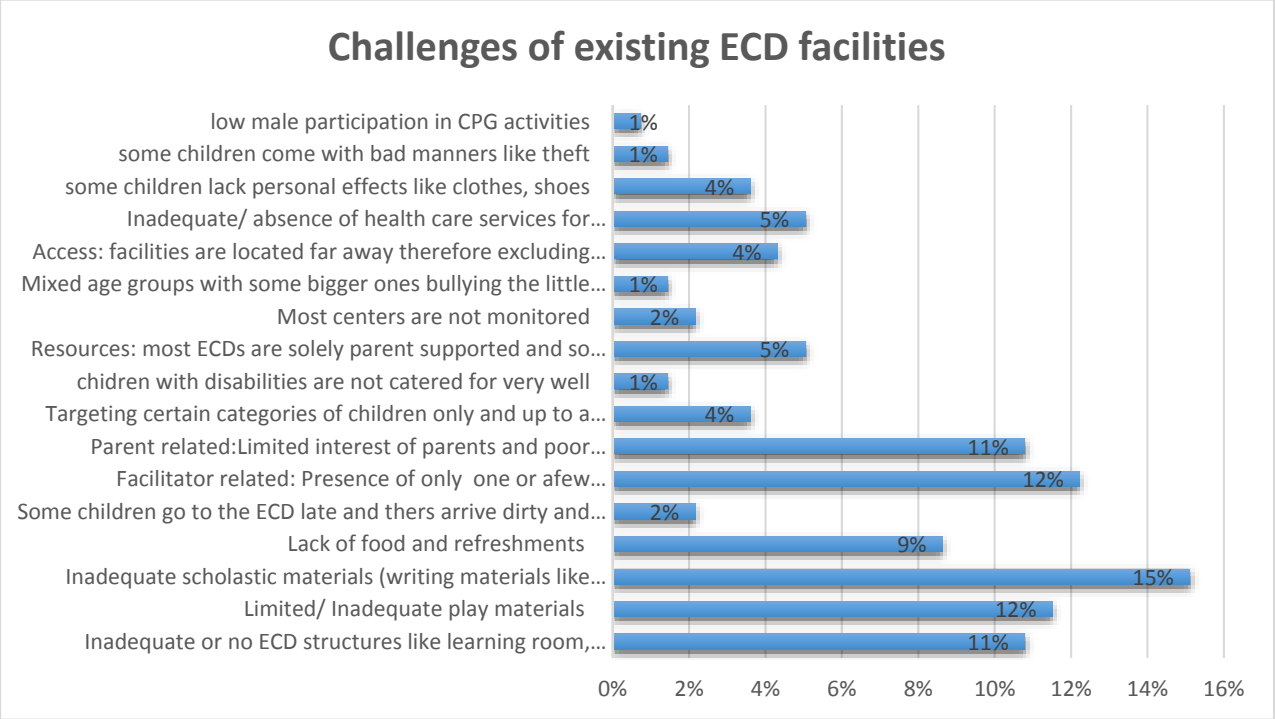
"The toys are too few, children start fighting for them and sometimes parents end up joining the fight to help their children get the toys; this agitates the other parents who end up also fighting back" FGD participant

The study also elicited parent related factors including poor attitude around ECD, bringing their children late, dirty and smelly or sending them alone in addition to not training them well and so other children come to the pay group and attempt to steal other children's items and or CPG toys and equipment.

ECD facilities were also identified as largely lacking structures as in most cases they happen in safe spaces (compounds) that have been offered by the community members or in community service points like churches. Often times the ECD facility has to storage space for equipment, no rest rooms or chairs to sit on and inadequate WASH facilities.

"I think this space we use is not safe, it is not fenced and moreover when rain starts, we have to stop the activities for that day" KII

Figure 8: Graph showing challenges of existing ECD Facilities in the community



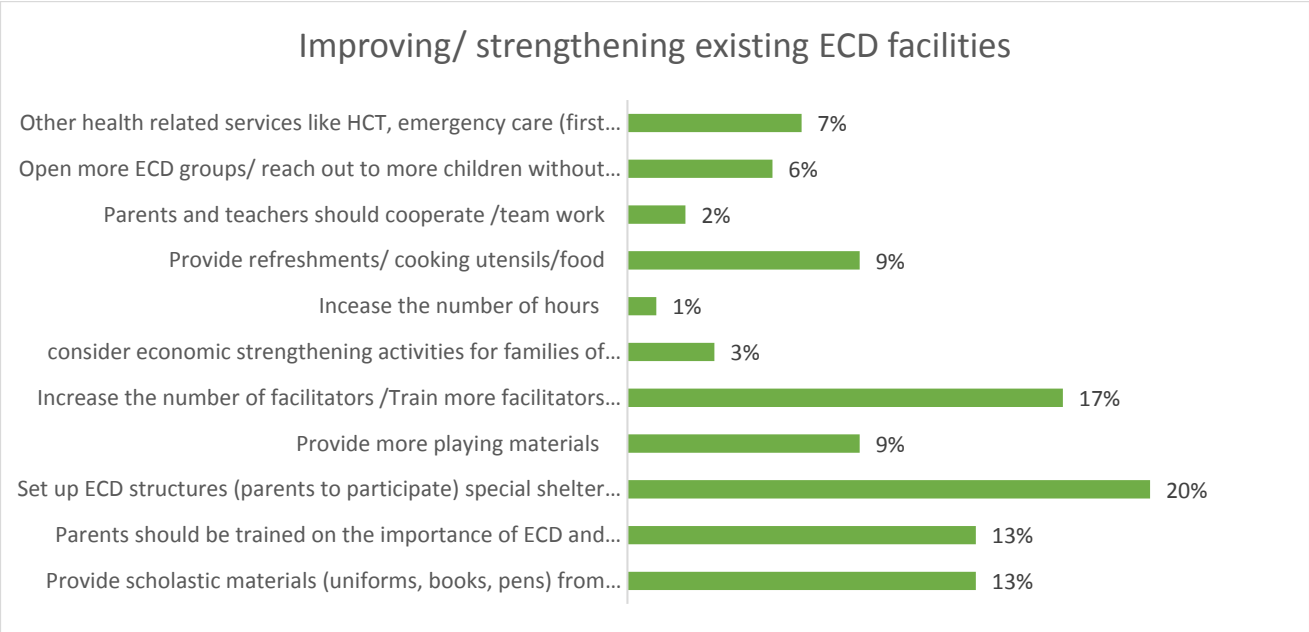
Another challenge that stood out was related to lack of refreshments during the ECD activities. Often children come to the facility hungry and left on an empty stomach. Respondents recommended some support towards this in addition to engaging parents to make a contribution to this effect. Other challenges pointed out included; targeting certain categories of children only[1] and up to a certain limit (most CPGs hold up to 30 children only), children with disabilities are at time not catered for very well, most centers are not monitored, facilities are located far away therefore excluding some children and yet they meet only once a week, inadequate/ absence of health care services for emergency like a first aid kit and yet some children come when they are already sick, some children lack personal effects like clothes, shoes, and low male participation in CPG activities

5.6 Generating areas for strengthening or improving existing ECD facilities:

When asked what can be done to strengthen/ improve existing ECD facilities in the community, the main areas identified were; setting up ECD facilities that are secure, and WASH inclusive (20%), increasing the number of trained facilitators, sensitizing parents on ECD and its importance, providing scholastic materials, proving more play materials and refreshments, and availing other health related services lie HCT, emergency care (first aid kits).

1 This is the case with the SCORECPGs which target a portion of direct beneficiary household children

Figure 9: Graph showing areas for improving/ strengthening existing ECD facilities



5.7 Key messages:

Respondents were asked to pint to some key take home messages and these below were mentioned;

- SCORE should engage the DEO to supervise/support ECD CPG and center based facilities
- Parents are happy about the ECD facilities as they engage with their children more and feel that their children are much happier
- Men should be encouraged to participate more in the program and involved in child up bringing
- Nearly all respondents appreciated AVSI for the support in the area of ECD
- Parents should be sensitized on hygiene maintenance
- Increase the number of days to twice a week
- Consider other ECD activities like tours, hold Christmas and other celebration parties for children
- Consider setting up an ECD facility in other villages as well like; Turudakatuba -Amuru and in Nakisunga

6. Discussion of findings

The evaluation sought to establish the ECD baseline characteristics at child, parent/caregiver and community level in the 6 districts where AVSI implements the community play group ECD model.

At child level using the ASQ-3 that assesses six development themes, overall, the gross motor skills had the highest scores above cut off point; 78% followed by Communication; with 74% of children above cutoff point and personal-social with 67% of children. The two areas of fine motor; with 40% of children above cutoff and problem solving; with 27% of children above cutoff were the least scored area for all children. Overall, of all the 115 children interviewed; major areas of concern were that 17% of children have family history of hearing impairment, 10% of children had concerns about vision, and 35% of children had medical problems signifying a need for regular medical examination. Lastly, 12% exhibited behavioral concerns and the highest area of concern was that 24% of children had other concerns including; lack of clothes, uniforms, books, pens, and other personal effects.

At caregiver/parent and community level with regard to knowledge on ECD, overall, respondents knew what ECD was and listed various components including; any aspects that help a child relate well with fellow children and adults (social life), sensory development, physical growth, problem solving, and communication (31%), followed by promoting play (22%), feeding and nutritional practices including feeding at the ECD facilities (17%), and presence of immunization and other health services (10%). 82 percent of participants admitted that there was an existing ECD facilities around their community and majority cited the AVSI CPG as an example. Respondents gave various examples of ECD activities including; playing (20%), singing and games/sports (18%), learning including religion and behavior (13%), learning to relate and storytelling (7%).

With regard to challenges affecting the existing ECD facilities, respondents cited, inadequate scholastic materials (like colors, paper) as the major challenge followed by facilitator related challenges including few trained and well facilitated facilitators and limited/ inadequate play materials. The study also found prevalent parent related factors including poor attitude around ECD, bringing their children late, dirty and smelly or sending them alone. ECD facilities were also identified as largely lacking structures as in most cases the CPG is held in safe spaces (parent volunteered compounds or in community service points like churches). Often times the ECD facility has to storage space for equipment, no rest rooms or chairs to sit on and inadequate WASH facilities. Participants recommended setting up ECD facilities that are secure, and WASH inclusive (20%), increasing the number of trained facilitators, sensitizing parents on ECD and its importance, providing scholastic materials, proving more play materials and refreshments, and availing other health related services.

7. Ethical consideration

Both verbal and written consent was sought from all the respondents; caregivers also on behalf of their children under 5 years for the ASQ-3 questionnaire and from individuals in the FGD and the KIIs. During the study, the team did not encounter any individuals who declined to participate, instead several individuals wanted to participate even if the sample sizes and specific sub targets were already found. The interviews were conducted in the local languages, Luo, Luganda and Lugishu except in very few cases where the respondents were preferred to be interviewed in English. The confidentiality of the respondents has been maintained throughout the data management analysis and report writing.

8. Limitations

In some areas, even if the intention of the survery was to establish baselines, we found that some of the ECD facilities were very active, especially the AVSI CPGs and thereby possibly affecting some of the baselines captured. In addition, the study was limited to the areas where AVSI is implenetimg SCORE in which ECD programs are included, also possibly affecting some of the findings. Progress in some of the thematic areas where scores were fairly good including, gross motor skills and communication could have been affected by the prior involvement of children in the CPGs.

9. Conclusion

By and large, the results of both the quantitative and qualitative analysis showed various interesting parameters to consider when setting up, managing running an ECD facility. There is no doubt the SCORE ECD paly group model is appreciated in the community even though additional efforts need to be made to help communities understand better the model so as to get more involved, through contribution of locally made toys, provision of scholastic materials and equipment and feeding while at the facility. The current CPG model needs to take into consideration expanding the thematic areas on problems solving for and the development of fine motor skills to ensure that children's growth and development is all round.

10. Recommendations

The SCORE ECD model is appreciated in the community and is considered as one of those that are fairly accessible and creating a great change for both children and their care-givers. Communities requested that these be increased and some aspects of the model be improved including feeding, scholastic and play materials, increasing the number of trained facilitators, improving the WASH facilities at the CPG safe spaces, finding ways to involve parents including especially the men. Specific focus should be placed on the thematic areas of problem solving and fine motor skills to enable greater benefits for children.

11. Appendix A1: STUDY TOOLS

SURVEY QUESTIONAIRE

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